

The journal has had 5 points in Ministry of Science and Higher Education parametric evaluation. § 8. 2) and § 12. 1. 2) 22.02.2019.

© The Authors 2019;

This article is published with open access at Licensee Open Journal Systems of Kazimierz Wielki University in Bydgoszcz, Poland

Open Access. This article is distributed under the terms of the Creative Commons Attribution Noncommercial License which permits any noncommercial use, distribution, and reproduction in any medium, provided the original author (s) and source are credited. This is an open access article licensed under the terms of the Creative Commons Attribution Non commercial license Share alike. (<http://creativecommons.org/licenses/by-nc-sa/4.0/>) which permits unrestricted, non commercial use, distribution and reproduction in any medium, provided the work is properly cited.

The authors declare that there is no conflict of interests regarding the publication of this paper.

Received: 10.09.2019. Revised: 30.09.2019. Accepted: 30.09.2019.

Professional burnout of nurses employed in non-invasive treatment wards

Katarzyna Tomaszewska

Bronisław Markiewicz State Higher School of Technology and Economics in Jarosław

Bożena Majchrowicz

Uniwersity of Rzeszow

Abstract

Nursing is a profession characterized by multidimensionality, multitasking and a high degree of difficulty. Its performance is associated with exposure to many stressors, which are associated with the provision of help, rescue and protection of human life. The biggest consequences of stress in the work of nurses include the burnout syndrome, which leads to treating the mentees as objects and abandoning the profession. The specificity of work and the involvement of nurses, caring for the good of the patient is a huge psychological burden, which in many cases may lead to the occurrence of so-called burnout syndrome.

Purpose of the study

The purpose of the study was to assess the occurrence of burnout syndrome among nurses employed in non-invasive treatment wards.

Material and methods

The research was conducted among nurses employed in non-invasive treatment wards in the Małopolskie voivodship. The research method in this work was a diagnostic survey. The auditorium questionnaire and a questionnaire standardized by Christina Maslach were used as the research technique. Respondents answered 26 questions from the personal questionnaire and 24 questions from the standardized questionnaire.

The statistical analysis of the collected material was carried out in the Statistica 13.1 package from StatSoft, while the database and graphic design of the results were made in Microsoft Excel. Only non-parametric tests were used to analyze the variables. The statistical significance was assumed to be $p < 0.05$.

Results and conclusions

The overall occupational burnout rate was 65.44. It depended on the age of the respondents and their seniority. Nurses with higher education had a lower rate of occupational burnout. The surveyed people who were better off had a lower burnout rate. More frequent stress experienced an increase in the burnout rate. Low wages and too small nursing staff have an impact on the occurrence of burnout syndrome of nurses. Stress in the workplace is one of the significant factors causing occupational burnout among nurses employed in non-invasive treatment wards.

Key words: nurses, burnout, stress, non-invasive treatment ward.

Introduction

In the literature on the subject, the term "professional burnout" first occurred in 1961 in Graham Green's book "A Burn-Out Case". Its author described the case of an architect, tired of his own work, who lacked the sense of satisfaction with life. Due to the growing symptoms and inability to deal with them, the hero decided to give up his profession and live in the jungle¹. Another person who was interested in the burnout syndrome was the American psychiatrist J. Freudenberger, who in 1974 published an article entitled "Staff burn-out", in which he presented his own observations, which he managed to collect while working in the center for people addicted to drugs. He pointed out that the patients were initially willing to

1 Centralny Instytut Ochrony Pracy – Państwowy Instytut Badawczy: Międzynarodowa karta charakterystyki – Pielęgniarka [as of October 13th, 2018]. Address: <https://www.ciopl/CIOPPPportalWAR/appmanager/ciop/pl>

do charity work, but after a certain time they lost their enthusiasm and stopped talking. The author expressed the supposition that this phenomenon is largely correlated with the deficit of appreciation, as well as with the lack of real results. The employees failed to achieve the intended goals, which depressed them effectively.² Christina Maslach was also involved in the theme of burnout. She was able to describe this type of disorder after conducting a series of interviews with social workers (or with people who worked in occupations that are devoted to social services).³ Interviews allowed her to group specific, recurring symptoms, as well as a complete description of the new disorder. In the final conclusion, the researcher distinguished several dimensions of the syndrome, including emotional exhaustion, reduced sense of personal achievements as well as depersonalization.⁴

Nursing is a profession characterized by multidimensionality, multitasking and a high degree of difficulty. During a typical duty, the nurse deals with medical documentation, care treatments, administration and preparation of medicines by various routes and techniques ordered by a doctor, healing wounds, bedsores and burns. It could be quoted indefinitely, although all these activities require different abilities, skills and predispositions⁵. Although nursing is a wonderful and interesting profession, during work the nurse struggles with time pressure and numerous professional threats. Two of them are stress and burnout syndrome.⁶

With reference to civilizational changes concerning, for example, work and leisure culture, as well as the glorification of competition, and also due to strong emphasis on the surrounding of consumer goods that currently constitute a determinant of social status, in the last time much more people complain about so-called burnout. In general, such condition is defined as emotional, physical and mental exhaustion, growing in relation to stress, poor working conditions and chronic fatigue.⁷ Typically, the burnout is accompanied by a negative attitude regarding the place of employment as well as the profession itself. Employees lose motivation to perform superficial duties, characterize their apathy, boredom and indifference. Rewards or promotions are not able to change the negative attitude about work, which is

2Wilczek- Rużyczka E.: Wypalenie zawodowe pracowników medycznych. Wyd. 1. Wolters Kluwer SA, Warszawa 2014.

3Ostrowska M., Michciak A., Wypalenie zawodowe – przyczyny, objawy, skutki, zapobieganie, [in:] „Bezpieczeństwo Pracy: nauka i praktyka”, nr 8, 2013, 22-25.

4Wilczek- Rużyczka E.: Wypalenie zawodowe (...) wyd cyt 8.

5Chirkowska – Smolak T., Organizacyjne czynniki wypalenia zawodowego, [in:] „Ruch prawniczy, ekonomiczny, socjologiczny”, z.4, 2009, 257-264.

6Bilska E., Jak Feniks z popiołów, czyli syndrom wypalenia zawodowego., „Niebieska linia” nr 4, 2004.

7 Tomaszewska K.: Stres i jego źródła wśród pracowników medycznych. (w) Przybyszewska K., Kłos A., Tomaszewska K. (red.): Wypalenie zawodowe pracowników medycznych w perspektywie wielowymiarowej. Ośrodek wydawniczo - poligraficzny "SIM" Warszawa 2018, 7 - 44

slowly becoming a chore. Lack of satisfaction is associated with a sense of not being able to professionally develop, it has even more destructive effects on the employee's psyche with professional burnout. Stagnation and lack of perspectives can cause excessive fatigue and discouragement. The occurrence of duties also influences this type of feelings. Employees who work beyond their own strength are under constant stress or bear responsibility for too many ventures, eventually lose their mobilization and interest in work.⁸

The work of a nurse in a non-invasive treatment ward is based on an interdisciplinary team conducting both diagnostics and treatment of patients. In the ward, due to the wide range of diseases, the nurse provides patients with comprehensive, holistic care, the essence of which are activities resulting from their competence. A large number of patients, severe health and multi-routine make the nurses are burdened with too many duties, causing fatigue, stress and a sense of work under time pressure. Too small number of nursing staff makes work become a nuisance. Commitment to work, just as care for the good of the patient is a great burden for the nurse - not only physical, but also psychological one, which in many cases may lead to the so-called burnout syndrome. The emergence of burnout syndrome may be a reaction to the long-term occurrence of each of these factors.⁹

Purpose of the study

The purpose of the study was to assess the occurrence of burnout syndrome among nurses employed in non-invasive treatment wards.

Material and methods

The research was conducted among nurses employed in non-invasive treatment wards in the Podkarpackie voivodship. The research method in this work was a diagnostic survey. The auditorium questionnaire and a questionnaire standardized by Christina Maslach were used as the research technique. The respondents answered 26 questions from the personal questionnaire and 24 questions from the standardized questionnaire. The statistical analysis of the collected material was carried out in the Statistica 13.1 package from StatSoft, while the database and graphic design of the results were made in Microsoft Excel. Only non-parametric tests were used to analyze the variables. Only non-parametric tests were used to

8 Wilczek- Rużyczka E.: Wypalenie zawodowe (...) wyd cyt 8

9 Żurawska – Wolak M., Wolak B., Mikos M., Juszczak G., Czerw A.: Stres i wypalenie zawodowe w pracy ratowników medycznych. Journal of Education, Health and Sport, 2015; 5, 7: 43-50.

analyze the variables. The choice of this type of tests was conditioned by failure to meet the basic assumptions of parametric tests, i.e. the compatibility of the distributions of the variables tested with the normal distribution, which were verified by the Shapiro-Wilk test and homogeneity of the variance evaluated with the Levene test. For all numeric variables, descriptive statistics were calculated: mean, median, first and third quartiles, minimum and maximum values, standard deviation. To assess the differences in the average level of the numerical feature in two populations, the U Mann-Whitney test was used. To assess the differences in the average level of the numerical feature in more than two populations, the Anova Kruskal-Wallis test was used, and in the presence of statistically significant relationships, the post-hoc analysis was continued, which in this case was a multiple comparison test. The correlation of two variables that do not meet the normality criterion was calculated using the Spearman rank correlation coefficient. The statistical significance was assumed to be $p < 0.05$.

Results

The study included a group of 90 nurses. Respondents were divided according to age into four categories. In the age range up to 30 years there were 28 subjects (31.1%), while in the age from 31 to 40 years there were 23 subjects (25.6%), in the age range from 41 to 50 years there were 22 subjects (24.4%) and from the age of 51 and more constituted 17 respondents (18.9%). Seniority in the nursery profession was classified into four-time intervals. Less than 5 years were occupied by 24 respondents (26.7%), from 6 to 10 years employed in the profession of 13 respondents (14.4%), from 11 to 20 years - 22 respondents (24.4%), 21 years and more - 31 respondents (34.4%). There were 32 registered nurses (35.6%), 28 subjects (31.1%) with a bachelor's degree in nursing and 30 master's degree in nursing (33.3%). Most of the examined nurses worked in a two-shift system (84 people - 93.3%).

Studies show that only 38.9% of respondents liked their work, while 61.1% were of the opposite opinion. The reasons for those who like their work are: willingness to help others, nice atmosphere among the staff, the ability to work among people, compliance with interests, job satisfaction, passion, the opportunity to expand their knowledge, fulfill dreams and acquire new skills. In turn, the reasons for which the respondents did not like their work were: too heavy physical work, too low salary, patients' demand, excess of duties, lack of medical

care, stress, a lot of work, a small number of staff, poor working conditions, high responsibility, large requirements and staff shortages. Most respondents also admitted that work in the ward is stressful (86 people - 95.6%) while only 5 subjects (5.6%) confirmed that the nursing staff in the ward is sufficient.

In the workplace, 54 respondents (60.0%) had a friendly atmosphere. 32 respondents (35.6%) were satisfied with their professional work. 55 respondents (61.1%) were satisfied with the cooperation with the immediate supervisor. 71 people (78.9%) felt the lack of strength and energy before starting work. Feeling of irritability and lack of patience with patients were accompanied by 55 subjects (61.1%). The respondents usually often experienced stress at work (52 people - 57.8%) and one respondent (1.1%) very rarely experienced stress at work.

In the examined group of nurses, the level of occupational burnout was assessed using the Ch. Maslach questionnaire. The respondents referred to the 24 statements referred to the subjective feeling of their emotional exhaustion, the presence of the syndrome of symptoms associated with depersonalization as well as regarding the sense of job satisfaction and professional incompatibility. The occupational depression rate was determined in the examined group of nurses at an average level of 66.7%, depersonalization rate at the average level of 61.3%, the professional satisfaction rate at the average level of 31.7%, and the overall burnout rate was estimated at 65.4%. % (Table 1).

Table 1. Presentation of the results of the burnout questionnaire of Ch. Maslach

Ch. Maslach	Descriptive statistics							
	n	\bar{x}	Me	Min.	Max.	Q1	Q3	SD
Emotional exhaustion rate	90	66,67	77,78	0,00	100,00	55,56	88,89	27,32
Depersonalization rate	90	61,33	60,00	0,00	100,00	40,00	100,00	32,40
The job satisfaction rate	90	31,67	16,67	0,00	100,00	16,67	50,00	30,71
Overall indicator of occupational burnout	90	65,44	66,30	3,70	100,00	44,44	85,93	25,41

n- number of observations; \bar{x} - arithmetic average; Me-median; Min-minimum; Max-maximum; Q1-lower quartile; Q3- upper quartile; SD- standard deviation.

Source: own.

The presence of significant statistical dependence between the level of occupational burnout of the examined nurses and their age was confirmed ($p < 0.001$). In the post-hoc test, a

statistically significant difference was found between the level of occupational burnout of people up to 30 years compared to people aged 51 and more ($p < 0.001$) and for people aged 41-50 compared to people aged 51 and more ($p = 0.030$). The lowest level of occupational burnout was recorded among people up to 30 years of age, while the highest among people aged 51 and more (Table 2).

Table 2. The general indicator of occupational burnout and the age of the respondents

Age	Descriptive statistics							
	n	\bar{x}	Me	Min.	Max.	Q1	Q3	SD
Up to 30 years	28	52,94	49,44	3,70	100,00	38,70	66,30	21,67
31-40 years old	23	70,35	77,41	12,96	96,30	66,30	85,93	24,19
41-50 years old	22	62,05	63,33	10,37	100,00	44,44	84,07	26,73
51 years and more	17	83,79	90,74	36,30	100,00	82,96	96,30	19,34
Total	90	65,44	66,30	3,70	100,00	44,44	85,93	25,41
Significance (p)	H=18,97 p<0,001							
	Up to 30 years		31-40 years old		41-50 years old		51 years and more	
Up to 30 years			0,070		1,000		<0,001	
31-40 years old	0,070				1,000		0,411	
41-50 years old	1,000		1,000				0,030	
51 years and more	<0,001		0,411		0,030			

n- number of observations; \bar{x} - arithmetic average; Me-median; Min-minimum; Max-maximum; Q1-lower quartile; Q3- upper quartile; SD- standard deviation, H- Anova Kruskal-Wallis test result; p-significance level

Source: own.

The presence of significant statistical dependence between the level of occupational burnout of the examined nurses and their seniority in the profession was confirmed ($p < 0.001$). In the post-hoc test, the presence of a statistically significant difference between the level of occupational burnout of people working below 5 years as compared to the working people from 11 to 20 years ($p = 0.002$) and in comparison, with the working people 21 and more ($p = 0.001$) was indicated. The lowest level of occupational burnout was recorded among people with the shortest professional experience, while the highest among people with work experience of 11-20 years and 21 years or more. The overall rate of occupational burnout was also statistically significant with the seniority of the nurses in non-invasive treatment wards ($p < 0.001$), and this relation had a positive orientation ($R = 0.4$). This moderate strength correlation proved that along with longer work experience in the internal medicine department, the level of occupational burnout of the examined persons increased. A statistically significant

relationship was found between the level of occupational burnout of the examined nurses and their education ($p = 0.003$). In the post-hoc test, the presence of a statistically significant difference between the level of professional burnout of nurses ($p = 0.002$) was indicated. The lowest level of occupational burnout was registered among the nursing professors and the highest among certified nurses. The presence of significant statistical dependence between the level of professional burnout of the examined nurses and their assessment of their own financial conditions was confirmed ($p = 0.004$). In the post-hoc test, the presence of a statistically significant difference between the level of professional burnout of people assessing their financial conditions as insufficient in relation to those who rated them very well ($p = 0.008$), well ($p = 0.003$) and enough ($p = 0.036$) was indicated. The lowest level of occupational burnout was recorded among those surveyed assessing their financial conditions as insufficient. The presence of significant statistical dependence between the level of occupational burnout of the examined nurses and the frequency of their stress at work was found too ($p < 0.001$). In the post-hoc test, the presence of a statistically significant difference between the level of professional burnout of stress assessors was indicated as very frequent, frequent or rare and very rare ($p < 0.001$). The highest level of occupational burnout was recorded among people most often experiencing stress, and along with the lower frequency of stress, the level of occupational burnout of the examined persons also decreased.

Discussion

Occupational burnout mainly affects the representatives of professions requiring direct, close work with other people and personal involvement in interpersonal contacts, often related to helping other people. A good example of such a profession is nursing. Nurses' work is to save human life, gratitude of patients and their families, but also tension, stress, responsibility for others, the need to make quick decisions and constant contact with people. Unfortunately, all these elements predestine this professional group to increased exposure to professional burnout.¹⁰

Persons working in the nursery profession should be characterized not only by high professional qualifications and relevant competences, but also by certain special character traits and proper attitudes. Nursing is one of the professions that are often treated as a mission or vocation, which unfortunately can be one of the reasons for the complicated professional situation of nurses. Even though the prestige of the nursing profession is high in the eyes of

10 Bartkowiak G.: Psychologia zarządzania, Poznań 1999, 103

the society, the nurses themselves think that their social position is low. The reasons for this are seen in low wages and small opportunities for professional development and promotion. The overall occupational burnout rate of respondents in the own research was at almost two-thirds of the scale, hence it was relatively high. The rates of emotional exhaustion of respondents and depersonalization were also similar. However, the average professional satisfaction rate of surveyed nurses did not exceed one third of the scale.

The widespread occurrence of burnout syndrome among nurses has also been demonstrated in other studies. Research of Gwardy et al.¹¹, which included 191 nurses working in intensive care units also showed that the subjects are exposed to the burnout syndrome. The risk of occupational burnout was also found in the case of students of medical universities. Łoza¹² estimated that a high risk of burnout affects about 25% of all students. Ogińska i Żuralska¹³ examined 112 nurses from Gdańsk and Elbląg nurses for the appearance of burnout syndrome. The results of the authors' research confirmed that almost 20% of respondents present the symptoms and behaviors characteristic of high-intensity burnout, which indicates a high risk of burnout. Moreover, as many as 72.4% of respondents were affected by an average level of risk of occupational burnout. Sowińska et al.¹⁴ showed that 54% of examined nurses from Gdańsk experienced burnout.

However, different results were obtained in the studies of Dębska and Cepuch¹⁵, who in the examined group of 35 nurses did not find people experiencing burnout. The authors associated this fact with a high level of job satisfaction of the respondents. There are also studies in which the degree of burnout of nurses working in different departments was compared. Kowalczyk et al.¹⁶ studied the degree of professional burnout of 102 nurses working in pediatric, internist and surgical wards. The level of occupational burnout varied depending on the department. In the pediatric and internal departments of burnout, 44.1% of

11Gwarda K, Sienkiewicz Z, Kaczyńska A, Gotlib J. Zespół wypalenia zawodowego wśród personelu pielęgniarskiego zatrudnionego w oddziałach intensywnej terapii. *Pielęgniarstwo XXI wieku*. 2015; 2: 56-60.

12Łoza O. Porównanie zespołu wypalenia u studentów dwóch uniwersytetów medycznych (Warszawa, Koszyce). *Psychiatria* 2015; 12, 2: 108–112

13 Ogińska J, Żuralska R. Wypalenie zawodowe wśród pielęgniarek pracujących na oddziałach neurologicznych. *Problemy Pielęgniarstwa* 2010; 18 (4): 435–442.

14 Sowińska K, Kretowicz K, Gaworska-Krzemińska A, Świetlik D. Wypalenie zawodowe i satysfakcja zawodowa w opinii pielęgniarek. *Problemy Pielęgniarstwa* 2012; 20 (3): 361–368.

15 Dębska G, Cepuch G. Wypalenie zawodowe wśród pielęgniarek pracujących w zakładach podstawowej opieki zdrowotnej. *Problemy Pielęgniarstwa* 2008; 16 (3): 273-279.

16Kowalczyk K, Zdańska A, Krajewska-Kułak E, Łukaszuk C, Van Damme-Ostapowicz K, Klimaszewska K, Kondzior D, Kowalewska B, Rozwadowska E. Stres w pracy pielęgniarek jako czynnik ryzyka wypalenia zawodowego. *Probl Piel*. 2011; 3(19): 307–314.

respondents were affected, and 52.8% in the surgical ward. However, Zbyrad's research¹⁷ presents the results of research carried out on a group of 138 nurses from Poznań, which showed a high level of occupational burnout among nurses working in oncology, pediatric and psychiatric wards, and a bit smaller in the internist ward. Therefore, it can be clearly stated that professional burnout is still a current and constantly growing problem, which negatively affects the quality of patient care.

Our research confirmed a significant dependence of the level of professional burnout on the age of the respondents. The burnout rate of people over 51 was significantly higher than the occupational burnout rate of younger people. Similarly, the dependence of the burnout indicator on the length of the work experience of the respondents developed. The level of professional burnout of people working in the nurse profession over 11 years was significantly higher than the level of professional burnout of employees with less than 5 years of experience. There was also a dependence of the level of professional burnout on the level of education. The subjects with a master's degree in nursing showed on average less features of professional burnout than certified nurses.

Reports from the literature confirm the dependence of the level of professional burnout on sociodemographic factors. Studies by Gwarda et al.¹⁸, Dębska et al.¹⁹, Kędra and Sanak²⁰ found that older nurses are more likely to experience burnout syndrome. The results of the last two studies also indicate the dependence of the occurrence of burnout syndrome examined from the seniority of their work. Similar results were also obtained in the research conducted by Ross et al.²¹ Nurses with longer work experience were more exposed to burnout.

In recent years, the nurse profession has undergone rapid changes. Its professionalization has led nurses to perform more responsible tasks, which requires more qualifications and a higher level of knowledge. For nurses with higher vocational education or specialization, the reason for frustration may be the lack of determination of professional competences. An employee who raises his/her qualifications, expects more responsible tasks and raise of remuneration.²² In turn, nurses who do not improve their qualifications may feel

17 Zbyrad T. Ryzyko wypalenia zawodowego pracowników służb społecznych. *Annales Universitatis Mariae Curie-Skłodowska Sectio J* 2017; 30 (4): 87-105.

18 Gwarda K, Sienkiewicz Z, Kaczyńska A, Gotlib J. Zespół wypalenia (...) wyd. cyt. 56-60.

19 Dębska G., Cepuch G.: Wypalenie zawodowe (...) wyd. cyt. 273-279.

20 Kędra E, Sanak K. Stres i wypalenie zawodowe w pracy pielęgniarek. *Piel. Zdr. Publ.* 2013; 3 (2): 119–132.

21 Ross J, Jones J, Callaghan A survey of stress, job satisfaction and burnout among haemodialysis staff. *J Renal Care* 2009; 35 (3): 127-133.

22 Kędra E, Nowocien M. Czynniki stresogenne a ryzyko wypalenia zawodowego w pracy pielęgniarek.

that they are less rewarded, which may translate into a higher rate of occupational burnout. The fact of greater exposure to burnout of nurses with secondary education than nurses with higher education was also confirmed in the studies of Nowakowska et al.²³

Less than half of the respondents in their own research declared that they liked their work. There was also a significant relationship between feeling job satisfaction and the level of professional burnout. People who liked their work had an average rate of occupational burnout lower than those who did not feel job satisfaction.

In the studies of Rzeźnicki et al.²⁴ the largest group of respondents declared that they did not feel satisfaction with their work. Lack of satisfaction with work was also associated with the frequent occurrence of burnout syndrome in the study group. Also Dębska and Cepuch²⁵, Wilczek-Rużyczka and Król²⁶ stated that job satisfaction and occupational stress are strongly negatively correlated with each other. Therefore, higher job satisfaction means lower level of employee stress, and thus a greater exposure to occupational burnout. Zwoźniak i Kupcewicz²⁷ carried out research among 130 nurses employed in psychiatric treatment facilities from Olsztyn, Węgorzewo and Działdowo. The respondents assessed the sense of satisfaction with their life at the average level (18.6 points on the SWLS scale). A similar result was obtained in studies by Wysokiński et al.²⁸ The authors examined 891 nurses from three voivodeships, stating that the average value of the life satisfaction index was 19.6 points. on the SWLS scale and that this result corresponds to the average life satisfaction results of nurses in other countries. An important result of the authors' research was also the fact that the satisfaction of the lives of Polish nurses is lower than the average result of the entire Polish population.

Own research has also proved that wage conditions and the number of nurses in the ward influence the incidence of burnout. The respondents in their own research who assessed

Pielęgniarstwo Polskie 2015; 3(57): 293-306.

23 Nowakowska I, Roszak K, Rasińska R, Bańkowska A. *Pielęgniarstwo – zawód szczególnie narażony na wypalenie zawodowe – Część II. Doniesienie z badań.* *Pielęgniarstwo Polskie* 2017; 2 (64):

24 Rzeźnicki A., Cichońska D., Sawczuk K., Stelmach W.: Wypalenie zawodowe pielęgniarek – analiza zjawiska w wybranych placówkach medycznych. *Przedsiębiorczość i Zarządzanie* 2017; XVIII (7): 169-181.

25 Dębska G., Cepuch G.: Wypalenie zawodowe (...) wyd. cyt. 273-279.

26 Wilczek-Rużyczka E., Król M.: Poziom stresu i styl radzenia sobie z nim u pielęgniarek psychiatrycznych. IN: Międzynarodowa konferencja. Model zdrowego stylu życia jako zadanie interdyscyplinarne. Universitas M. Curie-Skłodowska Lublin 2003; 43 (supl. 13): 431-435.

27 Zwoźniak E., Kupcewicz E.: Poczucie satysfakcji z życia a strategie radzenia sobie ze stresem w pracy pielęgniarek zatrudnionych w oddziałach psychiatrycznych. *Przedsiębiorczość i zarządzanie* 2014; XV (12, część I): 281-295.

28 Wysokiński M., Fidecki W., Kachaniuk H.: Satysfakcja z życia polskich pielęgniarek, *Problemy Pielęgniarstwa* 2009; 1 (3): 167-172.

their material conditions as insufficient had a significantly higher burnout rate than those who had a good or very good financial status. In addition, the respondents who shared the opinion that the nursing staff in the ward were sufficient were more likely to be exposed to burnout.

Literature reports also point to a close relationship between financial conditions and the feeling of burnout. According to Kędra and Sanak²⁹ the main cause of occupational stress, and thus burnout, are, according to 80% of nurses surveyed, low wages. Pietraszek et al. also reached similar conclusions.³⁰ In turn, according to Wzorek³¹, nurses in the neurological department and those working in clinics complain primarily about bad organization and nervous atmosphere at work. Skorupska-Król et al.³² found, however, that the lack of an adequate number of nurses is one of the factors affecting the occurrence of burnout.

One of the most serious factors causing the occurrence of burnout is stress experienced in the workplace. Own research showed significant relationships between the frequency of stress experienced in the workplace and the burnout rate. People who most often experienced stress had a significantly higher burnout rate. Moreover, the widespread consequence of stress is occupational burnout in the literature. Research by Schneider-Matyka et al.³³ proved a significant effect of stress on the occurrence of burnout. Similar conclusions were also presented in the studies by Kowalczyk et al.³⁴ and Zbyrad.³⁵ Similar results were also presented in the foreign research of authors. Gandi et al.³⁶ found a frequent occurrence of emotional exhaustion and depersonalization among nursing staff exposed to frequent stress. The occurrence of professional burnout among the nursing staff is a disturbing and dangerous phenomenon, as it concerns both the individual sphere of employees and the professional sphere, with emphasis on efficiency and effectiveness in the implementation of nursing tasks.

29 Kędra E, Sanak K. Stres i wypalenie (...) wyd. cyt. 119–132.

30 Pietraszek A., Charzyńska-Gula M., Łuczyk M., Szadowska-Szlachetka Z., Kachaniuk H., Kwiatkowska J.: Analiza przyczyn stresu zawodowego w opinii pielęgniarek. *Journal of Education, Health and Sport*. 2016; 6 (9): 643-652.

31 Wzorek A.: Porównanie przyczyn stresu wśród pielęgniarek pracujących na oddziałach o różnej specyfice. *Studia Medyczne* 2008; 11: 33–37.

32 Skorupska-Król A., Szabla A., Bodys-Cupak I.: Opinie pielęgniarek na temat czynników stresogennych związanych z ich środowiskiem pracy. *Pielęgniarstwo XXI wieku* 2014; 1(46): 23-26.

33 Schneider-Matyka D., Róż D.A., Szkup M., Jurczak A., Wieder-Huszla S., Grochans E.: Analiza wpływu stresu na wypalenie zawodowe pielęgniarek. *Problemy Pielęgniarstwa* 2017; 25 (4): 245–251.

34 Kowalczyk K., Zdańska A., Krajewska-Kułak E., Łukaszuk C., Van Damme-Ostapowicz K., Klimaszewska K., Kondzior D., Kowalewska B., Rozwadowska E. Stres w pracy pielęgniarek(...) wyd. cyt. s.307–314.

35 Zbyrad T. Ryzyko wypalenia zawodowego pracowników służb społecznych. *Annales Universitatis Mariae Curie-Skłodowska Sectio J* 2017; 30 (4): 87-105.

36 Gandi JC., Wai PS., Karick H.: The role of stress and level of burnout in job performance among nurses. *Ment Health Fam Med*. 2011; 8(3): 181–194.

Results

1. Selected sociodemographic factors influence the occurrence of burnout syndrome among nurses employed in non-invasive treatment wards.
2. People who like their job are less burnt professionally.
3. Low pay and too little nursing staff are influenced by the occurrence of the burnout syndrome of internal nurses.
4. Stress in the workplace is one of the factors causing occupational burnout among internal nurses.

Literature

1. Bartkowiak G.: Psychologia zarządzania, Poznań 1999, p. 103
2. Bilska E., Jak Feniks z popiołów, czyli syndrom wypalenia zawodowego., „Niebieska linia” nr 4, 2004.
3. Centralny Instytut Ochrony Pracy – Państwowy Instytut Badawczy: Międzynarodowa karta charakterystyki – Pielęgniarka [as of January 2nd, 2018]. Webpage: <https://www.ciop.pl/CIOPPPortalWAR/appmanager/ciop/pl>
4. Chirkowska – Smolak T., Organizacyjne czynniki wypalenia zawodowego, [in:] „Ruch prawniczy, ekonomiczny, socjologiczny”, z.4, 2009, 257-264
5. Dębska G, Cepuch G. Wypalenie zawodowe wśród pielęgniarek pracujących w zakładach podstawowej opieki zdrowotnej. Problemy Pielęgniarstwa 2008; 16 (3): 273-279.
6. Gandi JC., Wai PS., Karick H.: The role of stress and level of burnout in job performance among nurses. Ment Health Fam Med. 2011; 8(3): 181–194.
7. Gwarda K, Sienkiewicz Z, Kaczyńska A, Gotlib J. Zespół wypalenia zawodowego wśród personelu pielęgniarskiego zatrudnionego w oddziałach intensywnej terapii. Pielęgniarstwo XXI wieku. 2015; 2: 56-60.
8. Kędra E, Sanak K. Stres i wypalenie zawodowe w pracy pielęgniarek. Piel. Zdr. Publ. 2013; 3 (2): 119–132.
9. Kowalczyk K, Zdańska A, Krajewska-Kułak E, Łukaszuk C, Van Damme-Ostapowicz K, Klimaszewska K, Kondzior D, Kowalewska B, Rozwadowska E. Stres w pracy pielęgniarek jako czynnik ryzyka wypalenia zawodowego. Probl Piel. 2011; 3(19): 307–314.
10. Łoza O. Porównanie zespołu wypalenia u studentów dwóch uniwersytetów medycznych (Warszawa, Koszyce). Psychiatria 2015; 12, 2: 108–112

11. Nowakowska I, Roszak K, Rasińska R, Bańkowska A. Pielęgniarstwo – zawód szczególnie narażony na wypalenie zawodowe – Część II. Doniesienie z badań. *Pielęgniarstwo Polskie* 2017; 2 (64):
12. Ogińska J, Żuralska R. Wypalenie zawodowe wśród pielęgniarek pracujących na oddziałach neurologicznych. *Problemy Pielęgniarstwa* 2010; 18 (4): 435–442.
13. Ostrowska M., Michciak A., Wypalenie zawodowe – przyczyny, objawy, skutki, zapobieganie, [in:] „Bezpieczeństwo Pracy: nauka i praktyka”, nr 8, 2013, 22-25.
14. Pietraszek A., Charzyńska-Gula M., Łuczyk M., Szadowska-Szlachetka Z., Kachaniuk H., Kwiatkowska J.: Analiza przyczyn stresu zawodowego w opinii pielęgniarek. *Journal of Education, Health and Sport*. 2016; 6 (9): 643-652.
15. Ross J, Jones J, Callaghan P. A survey of stress, job satisfaction and burnout among haemodialysis staff. *J Renal Care* 2009; 35 (3): 127-133.
16. Rzeźnicki A., Cichońska D., Sawczuk K., Stelmach W.: Wypalenie zawodowe pielęgniarek – analiza zjawiska w wybranych placówkach medycznych. *Przedsiębiorczość i Zarządzanie* 2017; XVIII (7):169-181.
17. Schneider-Matyka D., Róż DA., Szkup M., Jurczak A., Wieder-Huszla S., Grochans E.: Analiza wpływu stresu na wypalenie zawodowe pielęgniarek. *Problemy Pielęgniarstwa* 2017; 25 (4): 245–251.
18. Skorupska-Król A., Szabla A., Bodys-Cupak I.: Opinie pielęgniarek na temat czynników stresogennych związanych z ich środowiskiem pracy. *Pielęgniarstwo XXI wieku* 2014; 1(46): 23-26.
19. Sowińska K, Kretowicz K, Gaworska-Krzemińska A, Świetlik D. Wypalenie zawodowe i satysfakcja zawodowa w opinii pielęgniarek. *Problemy Pielęgniarstwa* 2012; 20 (3): 361–368.
20. Tomaszewska K.: Stres i jego źródła wśród pracowników medycznych. (w) Przybyszewska K., Kłos A., Tomaszewska K. (red.): Wypalenie zawodowe pracowników medycznych w perspektywie wielowymiarowej. Ośrodek wydawniczo - poligraficzny "SIM" Warszawa 2018, 7 - 44
21. Wilczek-Rużyczka E., Król M.: Poziom stresu i styl radzenia sobie z nim u pielęgniarek psychiatrycznych. IN: Międzynarodowa konferencja. Model zdrowego stylu życia jako zadanie interdyscyplinarne. Universitas M. Curie-Skłodowska Lublin 2003; 43 (supl. 13): 431-435.
22. Wilczek- Rużyczka E.: Wypalenie zawodowe pracowników medycznych. Wyd. 1. Wolters Kluwer SA, Warszawa 2014.

23. Wilczek-Rużyczka E, Zaczyk I. Wypalenie zawodowe polskich pielęgniarek – meta analiza badań. *Hygeia Public Health* 2015; 50(1): 9-13.
24. Wojdak- Piątkowska M.: Stres, lobbing, wypalenie zawodowe, GWP Gdańsk, 2007, 169.
25. Wysokiński M., Fidecki W., Kachaniuk H.: Satysfakcja z życia polskich pielęgniarek, *Problemy Pielęgniarstwa* 2009; 1 (3): 167-172.
26. Wzorek A.: Porównanie przyczyn stresu wśród pielęgniarek pracujących na oddziałach o różnej specyfice. *Studia Medyczne* 2008; 11: 33–37.
27. Zbyrad T. Ryzyko wypalenia zawodowego pracowników służb społecznych. *Annales Universitatis Mariae Curie-Skłodowska Sectio J* 2017; 30 (4): 87-105.
28. Zwoźniak E., Kupcewicz E.: Poczucie satysfakcji z życia a strategie radzenia sobie ze stresem w pracy pielęgniarek zatrudnionych w oddziałach psychiatrycznych. *Przedsiębiorczość i zarządzanie* 2014; XV (12, część I): 281-295.
29. Żurawska – Wolak M., Wolak B., Mikos M., Juszczak G., Czerw A.: Stres i wypalenie zawodowe w pracy ratowników medycznych. *Journal of Education, Health and Sport*, 2015; 5, 7: 43-50.