Research critique: comparison of nurse burnout across army hospital practice envi...

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The study investigates the problem of nurse burnout present at Army hospital settings. The main purpose was to investigate certain nursing practice settings to find the reasons for burnout of personnel employed at a combat support hospital (CSH). Alongside, the other aim was to ascertain the differences in the burnout level between the deployed Army nurses and Army nurses at the U. S. Army hospital center.

The CHS is the unique site at which nursing is first provided to the injured U. S. combats. Later there are evacuated to Army hospitals in the United States and Germany. The duties of military nursing personnel differ in many ways from those of civilian nursing personnel. Army nurses more frequently experience the syndrome of burnout associated with emotional exhaustion, depersonalization and reduced personal accomplishment (Maslach, Jackson, & Leiter, 1996). The concept of burnout is most common for the personnel employed in the health sector. It was first described by the psychiatrist Freudenberger (1975) as a wearing out and becoming exhausted due to extra strains on one’s resources, or energy. In fact, burnout has numerous symptoms and signs.

The study framework is a multidimensional structural process model of burnout developed by Maslach. The instrument for measurement is the Maslach Burnout Inventory (MBI) and the Practice Environment Scale. The MBI-HSS measures emotional exhaustion, depersonalization, and reduced personal accomplishment. The literature review focuses on recent studies of the nursing practice environment and identifies the primary domains of it. These include nursing and support, availability of resources, and collegial staff relationships. The problem under research has been identified in two

earlier studies (Lang, Pfister, & Siemens, 2010; Wain et al., 2010) and similar findings of emotional exhaustion of nurses at twenty-three Army hospitals were also mentioned. The current study was conducted at a deployed hospital setting; therefore its specific findings cannot be generalized to traditional hospital settings. The primary and secondary sources were used. The research uses a cross-sectional design. The study participants were introduced to a Likert-type scale (seven points) to find out about the frequency of their feelings: never = 0 and every day = 6. This helped the researchers to categorize the participants' level as low, medium, or high. The MBI instrument chosen for the study is reliable. An earlier research of similar nature proved that emotional exhaustion was a solid indicator of burnout (Kalliath, O'Driscoll, Gillespie, and & Bluedorn, 2000). Variance analysis and linear regression analysis were applied to analyze the current data.

The ethical standards were observed during the research process: enough information was provided about the study's purpose, its eligibility, risks, etc. The principal investigator took responsibility for the implementation of both related studies and collaborated for data collection. Moreover, the teams were trained on the aspects of the protocols. Consistency and validity of the process was ensured. The sample was the CSH personnel split into two bigger and smaller units across two locations in Iraq: Hospital Central East, and Hospital Northwest. Firstly, from Hospital CE sixty-five nursing personnel volunteered and, secondly, from Hospital NW forty altogether volunteered. To compare nurse burnout across Army hospital environments, data were linked with nursing personnel from a large Army hospital in the U. S. who participated in an earlier burnout study. The final sample size was 257 Army

nursing personnel volunteers, divided into three groups. However, no distinction was made between female and male nursing volunteers. The age group of all participants was one and the same, 26 to 35 years of age. It would add to the research and the data analysis, in particular, if gender was provided. It could then extend the current study further with regard to gender differences in nurse burnout between the nursing personnel.

The hypothesis was that the causes related to nurse burnout depend on specific Army hospital settings. The hypothesis was correct, based on the results that burnout occurs in U. S. Army hospital settings under study and that extended work schedules are a common factor. The findings of the research showed that emotional exhaustion was common among the three groups. The highest score for emotional exhaustion had the U. S. – based Army hospital group together with a higher personal accomplishment from their work. The researchers came to a relevant conclusion that burnout was common across all Army hospital environments. Moreover, they were convinced that the issue needs to be addressed months prior to the personnel’s departure home. If the Army hospital efficiently addressed burnout among their staff, then the personnel deployed in combat zones unfortunately did not have a program that addressed their specific needs.

The current research was the first research ever that investigated an important area of burnout across the army hospital practice. For this reason, the study needs to go on to validate new findings in other geographical locations where the U. S. military nursing personnel is deployed. The future approach to research could also include various research methods.

References

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