FACTORS ASSOCIATED WITH STAFF BURNOUT AMONG THE NURSES AND MIDWIVES AT SOROTI REGIONAL REFERRAL HOSPITAL, SOROTI CITY. A CROSS-SECTIONAL STUDY.

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Abstract Background

Elevated levels of staff burnout among the health workers especially among the nurses and midwives led to poor productivity and staff turnover. Therefore, this study was conducted to assess the factors associated with staff burnout among the nurses and midwives at Soroti Regional Referral Hospital, Soroti City.

Methodology

Descriptive cross-sectional research design employing a quantitative approach of data collection using a structured questionnaire by simple random sampling. Data was analyzed by Microsoft Excel and presented as tables, pie charts, and figures.

Results

50 respondents participated in this study, 22 (44%) were between the age group of 31-40 years, 20(40%) were between the age group of 20-30 years while the minority of the respondents 8 (16%) were between the age group of 41-50 years. 32(64%) were females and 18(36%) were males, most of the respondents had a fair relationship with other health workers (60%), and most reported having a physical illness (56%) giving out Peptic Ulcer Disease mostly (71%), the majority disagreed that their workplace recognized employee achievements, many handled 21-30 patients on average in a day (54%), the majority worked for 12 hours (56%), most worked with 2 nurses or midwives per shift (58%) and lastly majority reported to have experienced a disaster 2-3 times (54%).

There is a need to design various strategies to enhance the capacity of workers by creating rewards to cope with the demands of their jobs.

Conclusion

The majority of the respondents reported that they were not supervised frequently, most worked with 2 nurses or midwives per shift, and the majority had never considered leaving their current organization due to limited control over their career path.

Recommendation

The guidelines on staff burnout should be put in place and emphasized to lower the long-term emotional and person-toperson stressors associated with burnout.

Keywords; Staff Burnout, Nurses and Midwives, Soroti Regional Referral Hospital, Soroti City. Submitted: 2024-8-11 Accepted: 2024-11-12

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Background of the study

Burnout is defined as a prolonged response to long-term emotional and person-to-person stressors at the workplace which impairs the ability of the individual to function efficiently thus leading to reduced productivity (Maslach & Leiter 2016).

Globally, 11.23% of nurses struggle with burnout symptoms but also affects other health workers including midwives which greatly affects patients' care in all healthcare organizations. World Health Organization (WHO) reported burnout as a job experience in the International Classification of Diseases (ICD) 11th revision and recognized burnout as an important health matter (Woo et al., 2020).

In Ethiopia, the overall frequency of burnout based on aggregated data among Ethiopian nurses was estimated to be 39% and the nursing profession was regarded as a high-stress career that involves emotional engagement with patients` health and illness, potentially resulting in burnout and job dissatisfaction (Hailay et al., 2020). In Sub-Saharan Africa, 66% of the nurses experienced emotional exhaustion (EE), 60% had depersonalization (DP), and 49% had low personal achievement (LPA) at their workplaces which depicts work burnout (Owuor et al., 2020).

In Kenya, a study by Afulani et al., (2021) stated that at least 85% of the maternity providers reported to have developed moderate stress, 11.5% reported high stress, 65% of them experienced low burnout and 19.6% had high burnout.

In Central Uganda, 51.9% of the midwives experienced extreme stress and 33.2% had frequent stressful working conditions (Mbatudde et al., 2023). Also, another study conducted in Central Uganda showed that 39.8% of the health care professionals including nurses and midwives were found to have significant levels of burnout which reduces the quality of patients' care (Kabunga et al., 2024).

In Northern Uganda, approximately 50% of the nurses experienced remarkably high burnout scores thus high risks of medical errors, staff turnover, decreased productivity, and job dissatisfaction (Udho and Kabunga 2022). In Uganda, including the Eastern region with SRRH inclusive, there were significant levels of psychological distress related to work burnout among health workers including the nurses and midwives during the COVID-19 lockdown, where Psychological Distress (PD) was present in 92.7% of the participants with the majority of them (78.3%) reporting mild to moderate PD and 14.4% reporting severe PD (Kirabira et al., 2022). According to the report from the Human Resource Office (HRO) Soroti Regional Referral Hospital is located in the Soroti district in Eastern Uganda, there is a high rate of staff burnout among nurses and midwives citing continuous work without breaks as a major contributor. Therefore, this study was conducted to assess the factors associated with staff burnout among the nurses and midwives at Soroti Regional Referral Hospital, Soroti City.

Methodology Study design and rationale

A descriptive cross-sectional study design employing a quantitative data collection technique was used because it was less costly, saved time for data collection, and enabled the researcher to meet the objective.

Study setting and rationale

The research study was conducted at Soroti Regional Referral Hospital, Soroti district. The hospital is located along the Lira-Mbale highway. The district is found in Eastern Uganda in the Teso Sub-region. It's 329kilometers away from Kampala, the capital city of Uganda serves the following neighboring districts, Serere district from the South, Amuria district from the North, Kumi district from the East, Kaberamaido district from the West, Ngora district from the South East, and Katakwi district from the North East. It is a government-run with 273 hospital beds that serve 2100 inpatients and 103,000 outpatients yearly. SSRH employs 350 workers including consultants, general doctors, clinical officers, anesthetists, pharmacists, nurses, midwives, and support staff. It is also a training setting for intern doctors, intern nurses, and student nurses from SSCN. This study setting was chosen because reports have shown an increased rate of burnout among the nurses and midwives thus allowing the researcher to get firsthand information about this problem.

Study population

The target study population was all nurses and midwives who were working at Soroti Regional Referral Hospital, Soroti City.

Sample size determination.

The sample size was determined using Yemen's formula of sample size determination which states that n=N/(1+Ne2). Where "n" was the required sample size, "N" was the estimated number of nurses and midwives at SRRH, and "e" was the maximum allowable sampling error of 10% (equivalent to 0.1). Given an estimated number of 100 nurses and midwives, therefore, n=100/(1+100*0.12)

n=50 respondents.

These respondents were selected from the study population at SRRH on the days of data collection.

The sample size was chosen because it was adequate to generate the required information for the study and it was relatively affordable for the researcher in terms of finance and time.

Sampling procedures

Given a study population of 50 nurses and midwives, a simple random sampling method was used to select the required respondents where the researcher cut 12 small pieces of paper of the same size and color, the researcher then labeled 10 of the papers as YES and then 2 of them NO on each day of data collection. The pieces of paper were then folded uniformly, put in a container, and mixed thoroughly. The researcher invited the participants to come and each one to pick one at random and after unfolding the paper, those who picked "YES" were congratulated and qualified for the study. Those who picked "NO" were thanked for showing interest and released. Data collection took five days to make a total of 50 respondents.

This was done to avoid bias.

Inclusion criteria

Data was obtained from nurses and midwives of Soroti Regional Referral Hospital who were available, and freely willing to consent and participate in the study.

Exclusion criteria

The study excluded nurses and midwives who were not working at Soroti Referral Hospital, and those who were unavailable at the time of data collection.

Definition of variables

These are measurable characteristics that assume different values among the subjects. The study had both independent and dependent variables.

Independent variable

Page | 3 Social factors like marital status and interpersonal relationships among nurses and midwives. Job-related factors like excessive workload and low staffing.

Dependent variable

In the study, the dependent variable was staff burnout.

Research instruments

The researcher used structured questionnaires with both closed and open-ended questions to find out the factors associated with staff burnout among the nurses and midwives at Soroti Regional Referral Hospital, Soroti City. This instrument was used because it was simple and less expensive and collected data from various aspects due to its multiple-choice questions, the study population was able to give the required information, and the privacy of the respondents was respected.

Data collection procedures

The research proposal was presented to the research committee at Soroti School of Registered Comprehensive Nursing and an introductory letter was obtained from the Academic Registrar.

The researcher presented the letter to the Hospital Director of SRRH, Soroti City.

The Director permitted the researcher in writing and then introduced the researcher to the nurses and midwives who were briefed on the purpose of the study. Research assistants were trained on how to use the research instruments.

A pilot study was conducted to assess the validity of the data.

After that, consent was obtained from the respondents, and questionnaires were given out.

The collected questionnaires were checked for completeness Data was collected for five days.

Data management

After filling out the questionnaires, they were collected, compiled, coded, and checked for consistency, and completeness and corrected on each day of data collection to avoid errors. After that, data was kept under key and lock to avoid its alteration.

Data analysis

The data collected was analyzed and then entered into the computer using Microsoft Word and Microsoft Excel where data was presented in tables and figures.

Ethical considerations

The research committee of Soroti School of Registered Comprehensive Nursing approved the topic and proposal. The researcher obtained a formal letter from the school administration which was used to obtain permission from the Director, SRRH.

The researcher introduced herself and explained the purpose of the study to the respondents. Furthermore, consent was obtained from the participants who were selected from the sample of the study.

All respondents participated in the study when they were freely willing and as well free to quit their participation at any time upon their will. No respondent was forced to participate in the study.

The respondents were assured of maximum confidentiality and privacy and only numbers instead of names were put on the questionnaires.

A consent form was signed by the participants who agreed to take part in the study.

The researcher followed the authorization rules of the professional body regulating nursing research in Uganda Nurses and Midwives' Council (UNMC).

Results

Demographic data of the respondents.

The population that was surveyed in SRRH was nurses and midwives present at that time and their total number was 50.

| Variable | Particulars | Frequency (f) | Percentage (%) | |
|--------------------|-------------------|---------------|----------------|--|
| Age | 20-30 years | 20 | 40 | |
| | 31-40 years | 22 | 44 | |
| | 41-50 years | 8 | 16 | |
| Sex | Male | 18 | 36 | |
| | Female | 32 | 64 | |
| Level of education | Certificate level | 12 | 24 | |
| | Diploma level | 20 | 40 | |
| | Bachelor's level | 18 | 36 | |
| Occupation | Nurse | 28 | 56 | |
| | Midwife | 22 | 44 | |
| Current marital | Single | 20 | 40 | |
| status | Married | 14 | 28 | |
| | Divorced | 3 | 6 | |
| | Widowed | 1 | 2 | |
| | Cohabiting | 12 | 24 | |

Table 1: Frequency distribution table representing respondents` demographic characteristics (n=50)

N= 50, Primary data (2024)

Age: Most of the respondents, 22/50 (44%) were between the age group of 31-40 years, 20/50 (40%) were between the age group of 20-30 years while the minority of the respondents 8/50 (16%) were between the age group of 41-50 years.

Sex: Female nurses and midwives 32/50 (64%) constituted the majority as compared to the males 18/50 (36%).

Level of education: Those who reached the diploma level were the majority 20/50 (40%) followed by bachelor level 18/50 (36%) and the ones of certificate level were 12/50 (24%).

Occupation: Most of the respondents were nurses 28/50 (56%) and the rest were midwives 22/50 (44%).

Current marital status: The majority of the respondents 20/50 (40%) were single, followed by 14/50 (28%) who were married, then 12/50 (24%) were cohabiting, 3/50 (6%) were divorced and lastly 1/50 (2%) was widowed. Social factors associated with staff burnout.

In this study, nurses and midwives were asked about the social factors that led to burnout. This is because their firsthand experience in dealing with the physical and emotional exhaustion of their roles provides valuable insights into the social factors that contribute to burnout. More details are shown in the figures and tables.

Table 2: Frequency distribution table showing the respondents` relationship with other health workers, whether the respondents had any physical illness, and whether they had ever been diagnosed with a mental health problem (n=50)

| Variable | Particulars | Frequency (f) | Percentage (%) |
|--|-------------------|---------------|----------------|
| Relationship with other | Good | 19 | 38 |
| health workers | Fair | 30 | 60 |
| | Bad | 1 | 2 |
| Any physical illness | Yes | 28 | 56 |
| | No | 22 | 44 |
| Specificity of the physical | Hypertension | 5 | 17.9 |
| llness | Diabetes Mellitus | 3 | 10.7 |
| | Peptic Ulcer | 20 | 71.4 |
| | Disease | | |
| Ever been | Yes | 24 | 48 |
| liagnosed with a mental nealth problem | No | 26 | 52 |

| Specificity of the mental | Depression | 10 | 41.7 |
|---------------------------|------------|----|------|
| health problem | Anxiety | 8 | 33.3 |
| | PTSD | 5 | 20.8 |
| | Others | 1 | 4.2 |

Page | 5From Table 2, the majority of the respondents 30/50
(60%) had a fair relationship with other health workers,
19/50 (38%) had a good relationship and 1/50 (2%) had a
bad relationship with fellow health workers.

28/50 (56%) of the respondents reported having a certain physical illness and 22/50 (44%) reported having no physical illness. The majority 20/28 (71%) of those who reported having a physical illness gave Peptic Ulcer Disease most, followed by Hypertension 5/28 (18%), then Diabetes Mellitus 3/28 (11%).

The majority of the respondents 26/50 (52%) reported not having ever been diagnosed with a mental health problem while the minority 24/50 (48%) reported having ever been diagnosed with a mental health problem. Most of the respondents who have ever been diagnosed with a mental health problem reported having depression 10/24 (42%), followed by anxiety 8/24 (33%), then post-traumatic stress disorder 5/24 (21%) and one respondent 1/24 (4%) reported to have ever been diagnosed with phobia.

Figure 1: A bar graph showing to what extent the respondents agreed that their workplace recognized employee achievements (n=50)



Figure 1, shows that the majority of the respondents 26/50 (52%) disagreed, 15/50 (30%) strongly disagreed, 8/50 (16%) agreed and the minority 1/50 (2%) strongly agreed about the recognition of the employee achievements at their workplace.

Job-related factors associated with staff burnout.

Participants were asked about the job-related factors that contribute to work burnout.





From Figure 2, most of the respondents 44/50 (88%) were able to report a stressful working environment whereas 6/50 (12%) reported that they were not exposed to a stressful working environment.

| Table 3: A frequency distribution table showing the respondents` length of experience in |
|--|
| the working field, the average number of patients they handled in a day, the duration of |
| their work, and whether they received adequate support from their employers at the |
| workplace (n=50) |

| Variable | Particulars | Frequency (f) | Percentage (%) | | |
|-------------------------|-----------------|---------------|----------------|--|--|
| Length of experience in | 1-5 years | 17 | 34 | | |
| the working field | 6-10 years | 25 | 50 | | |
| | Above 10 years | 8 | 16 | | |
| The average number of | 10-20 | 8 | 16 | | |
| patients handled in a | 21-30 | 27 | 54 | | |
| day | More than 30 | 15 | 30 | | |
| Duration of work | 6 hours | 5 | 10 | | |
| | 12 hours | 28 | 56 | | |
| | Beyond 12 hours | 17 | 34 | | |
| Received adequate | Yes | 17 | 34 | | |
| support at work. | No | 33 | 66 | | |

N= 50, Primary data (2024)

According to Table 3, the majority of the respondents 25/50 (50%) reported having a working experience of 6-10 years followed by the ones who had a working experience of 1-5 years 17/50 (34%), and lastly, the minority 8/50 (16%) had a working experience of above 10 years. 27/50 (54%) of the respondents reported handling 21-30 patients on

average in a day, 15/50 (30%) reported more than 30, and then 8/50 (16%) of the respondents reported handling 10-

20 patients on average. Most of the respondents 28/50 (56%) claimed to spend 12 hours when working, 17/50 (34%) took beyond 12 hours, and then 5/50 (10%) spent 6 hours of work. The majority of the respondents 33/50 (66%) reported that they do not receive adequate support from their employers and the minority 17/50 (34%) claimed to have received adequate support from superiors.



Figure 3: A pie chart representing whether respondents received frequent supervision or monitoring at work by their supervisors (n=50)

From Figure 3, the majority of the respondents 31/50 (62%) were not supervised frequently and the minority 19/50 (38%) received frequent supervision or monitoring at work by the supervisors.

Figure 4: A bar graph representing the number of nurses or midwives that the respondents worked with per shift (n=50)



According to Figure 4, most of the respondents 29/50 (58%) worked with 2 nurses or midwives, 16/50 (32%) worked with 1 nurse or midwife, 4/50 (8%) worked with

3 nurses or midwives, and then 1/50 (2%) worked with 4 nurses or midwives per shift while on duty.

Table 4: A frequency distribution table showing how often the respondents experienced a disaster at their current workplaces (n=50)

| Variable | Particulars | Frequency (f) | Percentage (%) | |
|-----------------|-------------------|---------------|----------------|--|
| Experience of a | Never | 3 | 6 | |
| disaster in the | Once | 13 | 26 | |
| current | 2-3 times | 27 | 54 | |
| Workplace. | More than 3 times | 7 | 14 | |

N= 50, Primary data (2024)

From Table 4, many of the respondents 27/50(54%) had experienced a disaster 2-3 times, 13/50(26%) had experienced it once, 7/50(14%) had experienced it more

than 3 times and lastly the minority 3/50 (6%) had never experienced a disaster in their current workplaces.

Figure 5: A pie chart showing whether the respondents had ever considered leaving their current organization due to limited control over their career path (n=50)



From Figure 5, the majority of the respondents 33/50 (66%) had ever considered leaving their current organization due to limited control over their career path

while the rest 17/50 (34%) had never considered leaving their current organization due to limited control over their career path.

Table 5: A frequency distribution table showing respondents` percentage of workload dedicated to palliative care patients and the emotions they experienced most frequently when dealing with patient loss (n=50)

| Variable | Particulars | Frequency (f) | Percentage (%) | | |
|-----------------------------|---------------|---------------|----------------|--|--|
| Percentage of | Less than 20% | 10 | 20 | | |
| workload | 20-40% | 16 | 32 | | |
| dedicated to | 41-60% | 13 | 26 | | |
| palliative care patients | Above 60% | 11 | 22 | | |
| Emotions | Sadness | 26 | 52 | | |
| experienced most | Guilt | 13 | 26 | | |
| frequently when | Anger | 3 | 6 | | |

| dealing with patient loss | Frustration | 6 | 12 |
|------------------------------|-------------|---|----|
| | Others | 2 | 4 |

N= 50, Primary data (2024)

Page 9 From the frequency distribution table 5, 16/50 (32%) of the respondents gave 20- 40% as a percentage of workload dedicated to palliative care patients followed by 13/50 (26%) reported 41-60%, then 11/50 (22%) gave above 60%, and the minority 10/50 (20%) reported that less than 20 % was a percentage of workload dedicated to palliative care patients. Most of the respondents 26/50 (52%) gave sadness as the emotion experienced most frequently when dealing with patient loss, then followed by 13/50 (26%) who reported guilt, 6/50 (12%) reported frustration, 3/50 (6%) gave anger and a few 2/50 (4%) reported empathy, shock, and denial.

Discussion

Demographic data of the respondents.

The study was dominated by nurses and midwives between the age group of 31-40 years who contributed up to 22/50 (44%) of all the 50 respondents and this could be because they have established themselves professionally, gained expertise, and developed strong clinical skills and due to their interest in advancing healthcare knowledge Minority 8/50 (16%) of the respondents belonged to the age group of 41- 50 years which could be explained by them nearing retirement and transitioning to non-clinical roles and this explains why a few participated in the study. The study respondents' demographics showed a significant female majority which is attributable to the disproportionally high number of women pursuing nursing and midwifery careers. This gender imbalance in the profession explains why females comprised 32/50 (64%) of the study respondents while males accounted for 18/50 (36%). The majority of the respondents had attained a diploma level 20/50 (40%) whereas the minority held certificates 12/50 (24%). Diploma-level education was the most prevalent due to the majority of certificate-holding nurses and midwives upgrading to diploma level, likely driven by the Ministry of Health's requirements.

Most of the respondents were nurses 28/50 (56%) and the rest were midwives 22/50 (44%). This is because nurses were easily accessible by the researcher on the days of data collection as many midwives were fully engaged in handling multiple responsibilities, including managing obstetrical emergencies in the maternity ward, providing antenatal care, offering family planning services, and receiving newborns in the operating theatre.

The majority of the respondents 20/50 (40%) were single. Single nurses and midwives predominated most because they often work long and irregular hours, including nights, weekends, and holidays, and this can make it challenging to maintain relationships as the job requires a significant time commitment and can limit opportunities for socializing. Such demanding schedules can lead to less time spent with spouses. The minority of the respondents 1/50 (2%) was widowed probably due to the marrying of older partners increasing the likelihood of widowhood.

Social factors associated with staff burnout.

From the study findings, a significant number of the respondents 30/50 (60%) had a fair relationship with other health workers. This could be due to interpersonal conflicts, workload, staffing levels, poor communication, role ambiguity, and cultural and language barriers. The minority of the respondents/50 (2%) had a bad relationship with other health workers which could probably be attributable to personal issues or biases, patient-related stress, and external pressures or expectations. This finding is consistent with that of the study done by Roomaney et al., (2017), which revealed that conflicts with colleagues at the workplace were identified as a major predictor of burnout.

The majority of the respondents 28/50 (56%) reported having a physical illness, most probably as a result of exposure to physical work demands (lifting, standing, and walking), exposure to infectious diseases, chemical and radiation exposure, and a high-stress environment. The minority of the respondents 22/50 (44%) lacked a physical illness. This could be due to luck or chance, effective coping mechanisms, and low exposure to occupational hazards. This study correlates with the findings of Adbaru et al., (2019), which showed that 50.4% of the nurses suffered from burnout and that burnout was remarkably associated with poor health status and the presence of health problems among nurses.

Most of those who had a physical illness reported Peptic Ulcer Disease mostly 20/28 (71.4%) because of the stress that is related to the high pressure at work, the emotional demands of the job, and due to irregular meal times while the minority 3/28 (10.7%) gave Diabetes probably due to the effect of aging. Similarly, this study is in agreement with the findings of Adbaru et al., (2019) which affirmed that burnout was remarkably associated with poor health status and the presence of health problems among nurses. The majority of the respondents 26/50 (52%) reported that they had never been diagnosed with a mental health problem. This could be due to the various coping mechanisms they used to cope with the work-related stress for example exercises, seeking counselling, taking breaks, and listening to music. The minority of the respondents 24/50 (48%) reported that they had ever been diagnosed with a mental health problem. This could be related to the high-stress environment, long working hours, and high

patient-to-nurse and midwife loads. Most of the respondents 10/24 (41.7%) reported that they had ever been diagnosed with depression probably because of poor work-life balance, emotional attachment to patients and families, dealing with difficult or demanding patients, and witnessing patients suffering or death. The minority, 1/24 (4.2%) specified phobia as a mental health problem that

10 (4.2%) specified phobia as a mental health problem that they had ever been diagnosed with. This could be due to the fear of making mistakes or being sued, fear of needles, blood, death or dying, and dead bodies. This study correlates with the findings of Higgins, et al., (2020) who stated that having a mental diagnosis is a risk factor for burnout.

The majority of the respondents 26/50 (52%) disagreed that their workplace recognized employee achievements. This could be attributed to the absence of employee motivation systems in place, lack of employee reward systems, and lack of management support systems to boost employee morale. A minority of the respondents 1/50 (2%) strongly agreed that their workplace recognized employee achievements probably because of the clear criteria for recognition and rewards. The findings correspond with the study of Albendín-García et al., (2021) which stated that burnout was also associated with failure to recognize the midwives for the wonderful work they do.

Job-related factors associated with staff burnout.

The majority of the respondents 27/50 (54%) handled 21-30 patients in a day. This could be due to the high numbers of admissions and referrals from the lower health facilities for example Health Centers 2, 3, and 4 since the researcher's area of study is a regional referral hospital. This therefore increased the number of patients that are handled at the hospital on various wards, and thus the nurses and midwives were more vulnerable to experiencing burnout. A minority of the respondents 8/50 (16%) handled 10-20 patients on average in a day, the reason being some clinics for example Art Clinic usually received a few clients who came for such services at the hospital. These findings are in correspondence with the study done by Mohammad., et al., (2020) which revealed that high workloads predisposed to burnout.

Most of the respondents 28/50 (56%) spent 12 hours working in the ward and this is related to the high numbers of admissions and referral cases to the hospital and caring for patients with diverse patient needs and probably due to the frequent exposure to traumatic situations like COVID 19 outbreaks and thus such nurses and midwives were more likely to report burnout. A minority of the respondents 5/50 (10%) spent 6 hours working and this could be due to them working in unbusy clinics. This is contrary to the study done by Wan, et al., (2022) which showed that working longer hours (over 9 hours) was a protective factor of burnout.

The majority of the respondents 31/50 (62%) were not frequently supervised at their workplace and this could

maybe due to limited resources for example staffing and budget, high patient-to-staff ratios, prioritization of clinical tasks over supervision, lack of standardized supervision protocols and inadequate leadership support hence the inadequate supervision of the nurses and midwives accountable for work burnout. A minority of the respondents 19/50 (38%) reported receiving frequent supervision and monitoring at work by the supervisors. This could be due to a few supervisors who visit these same wards each time of supervision. This correlates with the study done by Shorofi, & Karimzadeh, (2015) which revealed that inadequate support from the supervisors was significantly associated with work burnout.

The majority of the respondents 27/50 (54%) stated to experienced a disaster 2-3 times in their current workplace. This could be attributed to the various disease outbreaks that these nurses and midwives were exposed to, for example, COVID-19, Yellow fever, Ebola, Measles, and Anthrax outbreaks. The minority of the respondents 3/50 (6%) reported to have never experienced a disaster and this could be related to them having just entered the profession (between 1-5 years) and thus had minimal chances of getting exposed to disaster. These findings correlated with the study conducted by Mattei et al., (2017) which showed that experiencing an earthquake was found to be a significant predictor of burnout, indicating that traumatic events can have a profound impact on an individual's mental and emotional state, leading to increased risk of burnout.

The majority of the respondents 33/50 (66%) reported having never considered leaving their current organization due to limited control over their career path. This is attributed to work overload, limited resources, and high patient loads, among others. The minority of the respondents 17/50 (34%) reported that they had never considered leaving their current organization due to limited control over their career path, because they may have been so proud of their career and probably have peace in it. This study is in correspondence with the findings done by Shorofi, & Karimzadeh, (2015) which indicated that the workplace stressors for nurses were limited autonomy and control over their career path.

Conclusion.

This study showed that the majority of the respondents were between the age group of 31-40 years (44%), most of them were females (64%), the majority attained a diploma level (40%), many were nurses (56%) and the majority were single (40%).

Most of the respondents had a fair relationship with other health workers (60%), the majority had one dependent at home (42%), most reported having a physical illness (56%), citing Peptic Ulcer Disease mainly (71%), majority of them had never been diagnosed with a mental health problem (52%), and lastly majority disagreed that their workplace recognized employee achievements.

The majority of the respondents worked between 6-10 years (50%), many handled 21-30 patients on average in

a day (54%), the majority worked for 12 hours (56%), most did not receive adequate support at work (66%).

The majority of the respondents reported that they were not supervised frequently (62%), most worked with 2 nurses or midwives per shift (58%), the majority reported having experienced a disaster 2-3 times (54%), the majority had ever considered leaving their current

majority had ever considered leaving their current organization due to limited control over their career path (66%), most reported that 20-40% was the percentage of workload dedicated to palliative care patients (32%) and lastly the majority gave sadness as an emotion experienced most frequently when dealing with patient loss.

Recommendations.

The Ministry of Health should work together with the district authorities and should consider designing strategies to reduce work burnout by equipping Soroti Regional Referral Hospital with all the necessary resources for example, gloves, drugs, syringes, needles, aprons, beds, trolleys, and others to minimize work burnout that results from inadequate equipment at the hospital, ensuring adequate staffing of the nurses and midwives at work, making frequent supervisions at the hospital so that to enhance diligence of work, reducing on the length of the working period, at least 8 hours to ensure that all the necessary services are provided fully to the patients. Furthermore, The Ministry of Health should create educational opportunities for nurses and midwives to upgrade themselves.

The hospital management should provide training that focuses on stress inoculation, relaxation, time management, and assertiveness programs.

Nurses and midwives should also work on the creation of a good team spirit and sufficient peer support in their situation.

The hospital administration system should enhance the capacity of workers by creating rewards to cope with the demands of their jobs.

The hospital management should provide counseling and anticipatory coping skills for those exposed nurses and midwives.

Implications to nursing and midwifery practice.

Nurses and midwives have to feel concerned about staff burnout by stressing to the hospital director about the high levels of emotional exhaustion that they are always exposed to, hence filling the gaps which can significantly reduce staff burnout among them.

The guidelines on staff burnout should be put in place and emphasized to lower the long-term emotional and personto-person stressors associated with burnout in Soroti Regional Referral Hospital.

There should be utilization of the findings of the study by the hospital director, therefore nurses and midwives Journal of World Health Research Vol. 2 No. 1 (2025): January 2025 https://doi.org/10.71020/jwhr.v2i1.24 Original Article

should be encouraged to find various ways to cope with different stressful situations at the workplace.

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List of Abbreviations

DP: Depersonalization.
EE: Emotional Exhaustion.
HRO: Human Resource Office.
ICD: International Classification of Diseases.
LPA: Low Personal Achievement.
MoH: Ministry of Health.
PD: Psychological Distress.
PTSD: Post Traumatic Stress Disorder.
SDG: Sustainable Development Goal.
SRRH: Soroti Regional Referral Hospital.
SSCN: Soroti School of Registered Comprehensive Nursing.
UN: United Nations.
UNMER: Unanda Nurses and Miduipas Examinations

UNMEB: Uganda Nurses and Midwives Examinations Board.

WHO: World Health Organization.

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Conflict of interest

The author declares no conflict of interest.

Author contributions

NMA, YS, and BN gave a hand in data collection, and JK and DM contributed to the data presentation and analysis Page | 12 of the findings.

Data availability

Data is available upon request.

Informed consent

All the study participants consented to the study.

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