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The Gap between Nurses’ Personal Values and Their Implementation on Burnout in the Workplace

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Purpose:

According to the World Health Organization (WHO) (2006), “Workplaces are considered healthy when employees and managers collaborate to continually improve and protect the health, safety and well-being of all employees and the sustainability of the workplace.”

Burnout is an ongoing negative experience arising from a variety of work stressors (Maslach, Schaufeli, & Leiter, 2001). This experience clearly affects the welfare of workers. Pines (2005) divides burnout into three components; physical, emotional, and mental exhaustion. Studies have examined the causes of burnout in the workplace, including in the caregiving professions, and found that there are both environmental and personality factors (Wang, Lui and Wang, 2015). The effect of personality factors on the extent of burnout relates to individuals’ beliefs and personal values. Schwartz's (1992) theory emphasizes the centrality and importance of personal values in people’s lives, their choices, and the shaping of their behavior. The model presents a circular structure of 10 values that create a sequence of personal motivations and describes their interrelations: self-direction, stimulation, hedonism, achievement, power, security, conformity, tradition, and universalism (Schwartz, 2012).

Any gaps between personal beliefs and values, and their application at work, are a source of internal conflicts that can affect decision-making, behavior, and the extent of burnout. The present study examined the effect of the gap between the personal value system and the degree of its implementation in clinical practice on the well-being of nursing staff, as expressed by their degree of burnout.

Methods:

A quantitative descriptive study, using the following questionnaires: The Shorter Schwartz's Value Survey (SSVS) (2003), include 21 items based on the full-length Schwartz Value Survey, examines the top ten personal and cultural values which are used as guiding principles in people's lives. The participants were asked to indicate the degree of importance of each statement.

Questionnaire on the degree of implementation of personal values in clinical practice based on the SSVS and adapted to examine the second research question about the degree of implementation of values.

A demographic information questionnaire, which included questions about age, gender, religious affiliation, marital status, work role, academic degree, and professional seniority.

A questionnaire on the degree of burnout, composed of 10 self-reported statements evaluated on 7-point frequency scales - the BMS - Burnout Measure Short Version - (Pines, 2005).

Questionnaires were completed by 425 nurses that work in hospitals and public health – Israel, (70.1% women) with a mean age of 39.2±10.25 years. Most of them were married (78.6%). Participants were of different faiths: 191 (44.9%) were Jews, 127 (29.9%) Muslims, 67 (15.8%) Christian, 35 (8.2%) Druze, with the remaining not registering religious affiliation. 237 (50.8%) were academic nursing staff holding a
B.A.; 97 (22.8%) were registered nurses; and 29 (26.4%) held an M.A. A further 194 (45.6%) had completed an advanced nursing course.

Results:

There is a degree of burnout among nursing personnel, the highest description ratings of burnout were tiredness and disappointment with people. Demographics had an effect on burnout: age had a significant positive relationship with difficulty sleeping ($r = 0.12$, $p < 0.05$) There is a significant difference between men and women with respect to three parameters of burnout: hopelessness ($F(1,423) = 7.90$, $P < 0.05$), a trapped feeling ($F(1,423) = 17.97$, $p < 0.001$) and depression ($F(1,423) = 6.20$, $p < 0.05$). The trend noted for these three parameters was for men to report them more than women. Men reported more than women for hopelessness ($M = 2.96$, $SD = 1.56$) compared to women ($M = 2.54$, $SD = 1.37$); a trapped feeling - men ($M = 3.26$, $SD = 1.50$); women ($M = 2.60$, $SD = 1.46$); and depression - men ($M = 2.09$, $SD = 1.30$); women ($M = 1.76$, $SD = 1.16$). There was no significant difference between men and women with regard to general burnout.

The academic qualification of the respondents also affected general burnout, the deference was significant ($F(2,412) = 3.65$, $p < 0.05$). Nurses with degree of M.A. and Phd

The gap between the personal values of security ($F(1,423)= 98.3$, $p <0.001$), achievement ($F(2,422)= 67.5$, $p <0.001$)and hedonism ($F(3,421)= 48.5$, $p <0.001$) and their application in the clinical setting were the greatest contributors to burnout. The work place, that is, the type of department in which the study participant worked, was the only demographic variable to affect the extent of the gap between these three personal values and their application on burnout, the internal department has the strongest affect.

Conclusion:

The study is based on the assumption that a better fit between the personal and professional values of the professionals and the organization will enable the implementation of personal values at work and in the organization.

The results of the study show that there is a degree of burnout among nursing personnel, in all the familiar expressions of burnout as documented by others (Maslach, Schaufeli & Leiter, 2001). In contrast, personal characteristics have led to variability in the expression of burnout. It has been shown that a team that works in the same institution can have expressions of burnout at different intensities, which reinforces the claim that personal characteristics have an impact on the extent of burnout (Geuens, Braspenninckx, Bogert & Frank, 2015).

Male nurses, for example, suffer more than female ones from feelings of hopelessness, depression and being trapped. These feelings may be related to the public perception that nursing is a profession for women (Hadid & Khatib, 2015) and to a similar perception among professional colleagues (Khatib and Hadid, 2017).

The importance that professionals attach to certain values varies and depends on personal characteristics such as age, seniority at work, gender and marital status. Various studies have also shown differences between generations and genders regarding the ranking and importance of different personal values and these have been explained by differences in social, economic and educational characteristics (Jime'nez-López, Roales-Nieto, Seco & Preciado, 2016). A study by Warshavski, Barnoy and Kagan (2017) found differing perceptions of the importance of the values innovation, power, leadership and marketing by age groups. and in other studies (Fung, Ho, Zang, Zang & Noels, 2016).

The results of the study reinforce the claim that the value system is individual, complex and dynamic. This was reflected in two things. The first is the reported order of importance of values for individuals and the
other is the differences in this order according to personal and professional characteristics. Our results show that the value of *stimulation* is ranked low in terms of importance. This finding is consistent with findings from other studies (Moyo, Goodyear-Smith, Weller, Robb & Shultruf, 2016).

The three main values whose lack of implementation contributes significantly to the increase in the level of burnout in employment are *security*, *stimulation* and *pleasure (hedonism)*. These have been found to be key motivators in the choice of nursing as a profession that ensures employment and economic security, offers opportunities for professional and academic advancement in the era of academization and professionalization of nursing, and gives the satisfaction of humanitarian assistance and assistance (Wilkes, Cowin & Johnson, 2015).

Institutions should recognize the negative impact of the gap between personal values and the ability to implement these values within the framework of their work in the organization and should aim to reduce them. This reduction may directly improve the performance of teams, reduce burnout phenomenon of "professional dropout" and affect professional functioning in general.

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**Keywords:**
Burnout, Personal values and values implementation

**References:**

Geuens, N., Braspenninck, M., Bogert, P. & Frank, E. (2015). Individual vulnerability to burnout in nurses: The role of type D personality within different nursing specialty areas. *Burnout Research, 2*, 80-86. [https://doi.org/10.1016/j.burn.2015.05.003](https://doi.org/10.1016/j.burn.2015.05.003)


Abstract Summary:

Any gaps between personal values, and their application at work, are a source of internal conflicts that can affect the extent of burnout. Institutions should recognize the negative impact and should aim to reduce them

Content Outline:

Burnout is an ongoing negative experience, threaten the welfare of patients, and caregiving. Personal beliefs and values, their degree of application at work, and the gap between them are a source of internal conflicts that affect decision-making, behavior, and the extent of burnout.

A quantitative descriptive study, using a questionnaire consisting the Shorter Schwartz’s Value Survey (SSVS), the degree of implementation of personal values in clinical practice based on the SSVS, a demographic information questionnaire and BMS - Burnout Measure Short Version.

Participants, 425 respondents, (70.1%) women and (29.9%) men.
The highest rating of expression of burnout was as tiredness and disappointment with people. Demographic details have an effect on burnout. The gap between the importance of applying the values of security, achievement and hedonism made the greatest contribution to burnout. The work place affect the relation between the gap and burnout.

A team that works in the same institution can have expressions of burnout at different intensities, personal characteristics have an impact on the extent of burnout. The work environment including physical conditions, and organizational culture, is an important factor in the development or prevention of burnout at work.

Health organizations must recognize the negative impacts of the gap between personal values and the values actually applied in the organization and act to reduce them.

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