PREVALENCE, PERCEPTION AND EFFECTS OF BURNOUT SYNDROME AMONG NURSES IN KITALE COUNTY REFERRAL HOSPITAL

BY

DANIEL ABURI

A THESIS SUBMITTED IN PARTIAL FULFILMENT OF THE REQUIREMENTS FOR THE MASTER's DEGREE IN CLINICAL PSYCHOLOGY IN MOI UNIVERSITY

DECLARATION

DECLARATION BY CANDIDATE

I hereby declare that this is my original work and it has not been presented

to any institution for academic purposes.

Daniel Aburi

MS/CP/4297/20

Signature: _____ Date: **1st August 2023**

DECLARATION BY SUPERVISORS

This proposal has been submitted for examination with our approval as University supervisors

Dr. Edith W. Kwobah
Mental Health Department
Moi Teaching and Referral Hospital

Signature: _____ Date: _____

Prof. David O. Ayuku
Department of Mental Health and Behavioral Sciences
Moi University

Signature: _____ Date: _____

DEDICATION

I would like to dedicate this work to all the health workers who put in long hours to ensure that they provide quality care. This research is a form of recognition and appreciation to the crucial work that they do, and also an opportunity for them to find better coping mechanisms in the event they experience burnout.

I also dedicate this study to students and graduates of the Bachelor of Medical Psychology as a piece to inspire them to keep making strides in the promotion of mental health. The work that they do to understanding behaviour and promotion of better coping mechanisms in addressing life stressors is much appreciated.

Finally, I dedicate this work to the research fraternity as a way of adding to the pre-existing body of knowledge in search of better ways of providing quality mental health care.

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ABSTRACT

Background: Burnout is a growing health concern among healthcare providers, especially nurses. The World Health Organization defined it as a condition that is characterized by extreme emotional exhaustion, feeling of depersonalization, and having low efficacy towards one's work. In Kenya, studies that have been conducted focused on burnout among other healthcare providers, other than nurses. Most of these studies have been carried out within Nairobi region, with no documented literature from Western Kenya, where Kitale County Referral Hospital is ranked top amongst county referral hospitals in the region. The study findings will inform policy in improving the working conditions of nurses.

Objectives: 1) To determine the prevalence of burnout syndrome, 2) To explore the perception towards burnout syndrome 3) To determine the effects of burnout syndrome among nurses at KCRH.

Methods: This was a cross-sectional study that used mixed methods. A census was done for the quantitative arm, with a total of 269 nurses filling the Maslach Burnout Inventory-Health Service Survey (MBI-HSS), a tool that has been validated and standardized globally. The qualitative arm had 8 participants who were purposively sampled from the quantitative sample and took part in key informant interviews. Descriptive statistics were used for continuous data and frequency listings for categorical variables. Correlation analysis was done to establish a relationship between demographics and burnout. All analysis was carried out at 95% level of significance. Thematic analysis was used to analyse qualitative data.

Results: Majority of the respondents were female (61%), aged between 31-40 years, worked at the facility for more than 5 years and were in outpatient department. Burnout prevalence rate was; emotional exhaustion 16.8% (95% CI; 15.5%-18%), depersonalization 7.6% (95% CI; 6.8%-8.3%), and personal accomplishment 33.2% (95% CI; 31.9%-34.4%). Gender was positively correlated with personal accomplishment (p= .021), while marital status (69% being married) was positively correlated with personal accomplishment (p=.023) and depersonalization (p=.026). Additionally, age (31-40 years) was positively correlated with personal accomplishment (p=.20) while the level of education (71% being diploma holders) was positively correlated with both personal accomplishment (p=.018) and depersonalization (p=.025). From key informant interviews, nurses had a good understanding of burnout. Those who experienced burnout reported low work productivity at the workplace and poor interpersonal relationships at home.

Conclusion: Low burnout was reported among the nurses at KCRH compared to (Ndetei et al., 2008) who reported a 95% rate of burnout. Being married and having a diploma in nursing were significant aspects in lowering the level of burnout the nurses experienced. The nurses could recognize burnout and each of them had varied ways of coping with it.

Recommendations: Institutional leaders to put in place measures to ensure nurses in all facilities get training on the burnout syndrome so that they may understand ways of mitigating it.

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LIST OF ABBREVIATIONS

CBT	Cognitive Behavioural Therapy
IREC	Institution Research and Ethics Committee
MBI-HSS	Maslach Burnout Inventory -Health Services Survey
KCRH	Kitale County Referral Hospital
WHO	World Health Organization

OPERATIONAL DEFINITION OF TERMS

Burnout Syndrome: A condition that is characterized by extreme emotional exhaustion, feeling of depersonalization, and having low efficacy towards one's work.

Depersonalisation: It is used in this research to assess a cold and impersonal approach to patients receiving nursing care or services.

Emotional exhaustion: In this study it means the feeling of being emotionally over-extended and exhausted by the nurse´s work.

Perception: It is the manner in which nurses consider, comprehend, or perceive burnout. In this context, whatever the nurses consider as burnout experience is asked in the form of elements and symptoms of burnout syndrome.

Personal accomplishment: It refers to the nurse's emotions of competence and accomplishment in their work with patients.

Stress: The psychological and physical strain caused by nursing occupational conditions, incidents, or encounters that are hard to control or withstand.

CHAPTER ONE

1.0 INTRODUCTION

1.1 Background to the Study

Burnout syndrome is a worldwide condition that has sparked the research world in a variety of fields, including health care. It is defined as a long-term psychological reaction to continuous job stress marked by feeling of emotional weariness (emotional exhaustion), unfavourable attitudes and thoughts toward service receivers (depersonalization), and feelings of poor achievement or professional failure (lack of personal accomplishment) (Gharghozar, 2020). Nurses' burnout has been reported to be a global challenge that affects majority nurses regardless of their geographical location. Woo, Tang, and Tam (2020) did a study that analysed data from 49 countries focusing on prevalence of burnout, whereby 45,539 nurses were included. From this study, 11.23 percent of the nurses were reported to have burnout. This implies that burnout among nurses has become more common in recent years in numerous nations, causing effects on the physical and psychological well-being of nurses who suffer from it.

The quality of health care in a given nation is determined by the quality of the health care resources they have (Ndetei et al., 2008). Part of the resources are the health care providers; whose state has a significant impact on the quality of care. For decades, burnout has remained a challenge that the health care team faces while in the line of duty. The burnout syndrome has been reported to be much intense among nurses due to the demanding nature of their work (McKnight et al., 2020). The World Health Organization has included this condition in the International Classification of Disease (ICD-11) as an occupational phenomenon (World Health Organization, 2019).

Working within the health sector predisposes one to diverse aspects that can cause them much harm than good. One of the predominant factors is the exhaustion that arises from the high demand of work required in patient care. Majority of the health care team who find themselves taking a heavy hit by this great workload are the nurses (Ruotsalainen, Verbeek & Mariné, 2018). Most often than not, the workload usually escalates to the point of becoming harmful to the individual thus leading to the burnout syndrome. The burnout syndrome is a term that has been existing in the archives of history for a while now but has not yet been documented as an actual medical condition. The World Health Organization recently described it as a condition resulting from chronic stress at work leading to having symptoms of reduced energy levels, high negativism, and low efficacy with one's work (World Health Organization, 2019). In terms of screening for this condition, the Maslach Burnout Inventory is the approved tool that is recommended to ensure a clear channel of standardization has been applied (Ndetei et al., 2008).

Burnout syndrome in nurses has also been linked to mental weariness, decreased motivation, dedication, and performance (Valdez et al., 2019). According to several additional research, has also led to an increase in absenteeism and resignation, as well as worse job satisfaction and poor productivity. Burnout among nurses has a detrimental influence on the quality of nursing care offered to patients and families, as well as destabilizing colleague relationships and promoting negative sentiments toward patients, the profession, and the organization at large. Consequently, burnout is causing an increase on negative impact on service quality, resulting in poor patient outcomes and medical mistakes. These are evidenced by the presence of multiple psychological and work stresses connected to patient and family care, co-workers,

shift work, and the chemical and biological dangers associated with this employment, such as radiation or contact with infectious illnesses (Duarte & Pinto-Gouveia, 2016).

In any profession, people always desire to keep going for higher education so that they can improve their skills and hopefully get a rise in their pay as well. Nurses are no different in this manner because they too desire to improve the quality of their lives and the care they are providing to their patients. However, most hospital facilities do not provide this chance to the nurses leaving them frustrated as they remain in the same position (Klopper et al., 2012). Even when some ask for a study leave to go for further studies, it normally becomes a contentious matter as most employers are not willing to let them go. It thus forces one to choose whether to keep their job or go for that further degree at the expense of losing their jobs (Van der Doef et al., 2012). Such experiences easily get into one's mind and can be a cause for developing burnout, as they gradually begin to resent their place of work as they fail to get fulfilment from it.

According to the organizational theory of burnout, burnout syndrome results from work related stressors as well as inadequate individual coping strategies (Valsania, 2022). This implies that burnout results from an interplay of both external factors that one experiences at work, and internal factors that influence the way nurses perceive and respond to burnout. The external factors at work touch both on the administration aspects such as employee motivation systems and permissions to go for study leaves as well the job condition such as availability of work equipment and the nature of the department. In terms of internal factors, these encompass both personal attributes such as age, gender and one’s level of education as well as the individual’s coping mechanism (Green, 2014).

Studies have been done in this area on the global platform seeking the most plausible solution in solving this condition due to the subjective nature of the burnout syndrome. Raju et al. (2021) conducted a study on burnout among nurses in South India. The study concluded that majority of the study participants had high level of burnout. Vincent et al. (2019) did a study among Intensive Care Unit in the United Kingdom, based on the study findings, almost one-third of Intensive Care Unit team members were at 'high risk' for burnout syndrome, albeit there were significant disparities by domain, gender, age group, and profession. Work stress, perceived social support, self-efficacy, and burnout among Chinese nurse practitioners were investigated by Liu and Aungsuroch (2019). Based on their findings, work stress and perceived social support had a direct influence on the burnout that the nurses experienced. This study however did not find any correlation between self-efficacy and burnout syndrome.

Within the African setup, there are limited published studies that have been done on this subject, and the few that have been documented have focused on revealing the prevalence of burnout syndrome (Van der Doef et al., 2012). One such study was done in the East Africa community to establish the impact of job conditions on the levels of burnout syndrome among the nurses (van der Doef et al., 2012). An interesting study that explored how nurses were coping with the heavy workload was conducted in Uganda to reveal their predicament. The results showed that religion was a crucial factor in helping these nurses to mitigate the intense working conditions without experiencing burnout (Bakibinga et al., 2014).

Nurses make the majority of the health-care workforce in Kenya, and they play an important role in most counties' health-care systems. They are frustrated by increased turnover of patients, insufficiency of work equipment and resources, and the constant

deterioration of service delivery quality, making it impossible to achieve Kenya's health indicators (Tengah & Otieno, 2019). Furthermore, medical workers have been on and off strikes to fight for better terms of service, provision of resources and better working environments, while some have opted to abandon working in public sector and develop own private practice or migrate to foreign countries (Muriithi & Kariuki, 2020). It is against this background that the study seeks to determine the prevalence, perception and the effects of burnout among nurses in Kitale County Referral Hospital.

1.2 Problem Statement

Burnout remains to be a global health care challenge mainly affecting the nurses due to the demanding nature of their work (McKnight et al., 2020). Attempts have been made to solve this syndrome but none yet has been conclusively documented to be the most apt solution (Korczak et al., 2012). Subsequently, the manner in which burnout manifests is highly subjective varying from person to person which makes it complex when seeking the best mode of management (Mbuthia et al., 2017).

Studies that have been conducted in Kenya in regard to burnout and healthcare workers such as Muriithi and Kariuki (2020) examined work-related determinants of nurses' burnout in Pumwani Maternity Hospital, Nairobi City County, Kenya. Kokonya et al. (2014) assessed burnout Syndrome among Medical Workers at Kenyatta National Hospital (KNH), Nairobi, Kenya. While, Afulani et al. (2021) looked at psychological and physiological stress and burnout among maternity providers in a rural county in Kenya focusing on individual and situational predictors.

The above studies that have all been done and documented in Kenya have created gaps that are to be filled by the current study. The first gap, is that most of the studies

have captured other healthcare workers apart from the nurses who are the primary target of the current study. Secondly, none of the studies have been done in Kitale County Referral Hospital which is one of the top leading referral hospitals within the western region of Kenya. Thus, this study sought to determine burnout syndrome among nurses in Kitale County Referral Hospital.

1.3 Objectives

1.3.1 Broad Objective

To determine the prevalence, perception and effects of burnout syndrome among nurses in Kitale County Referral Hospital.

1.3.2 Specific Objectives

1. To determine the prevalence of the burnout syndrome among nurses in Kitale County Referral Hospital
2. To explore the perception towards the burnout syndrome among nurses working at Kitale County Referral Hospital.
3. To determine the effects of the burnout syndrome among nurses in Kitale County Referral Hospital

1.4 Research Question

1. What is the prevalence of burnout syndrome among nurses working at Kitale County Referral Hospital?
2. What perception do nurses working in Kitale County Referral Hospital have towards burnout syndrome?
3. What is the effect of burnout syndrome among nurses at Kitale County Referral Hospital?

1.5 Significance of the study

The perceptions that would be provided by the nurses on the subject matter would be paramount in finding the most plausible primary standard of care in managing burnout syndrome. Consequently, those in the administrative roles will find the results crucial in informing policies when it comes to creating a conducive working environment. Additionally, the findings of this study will be of use to future scholars as a source of reference for other studies.

1.6 Scope of the Study

The study determined to explore burnout among nurses in Kitale County Referral Hospital. The variables of the study were; prevalence of burnout among nurses, perceptions of nurses and the effect of burnout among nurses. The study used a cross-sectional design employing a mixed-methods approach. Data for the study was collected using questionnaires and interview guides. The study was conducted in the months of June to August 2021.

1.7 Justification of the Study

Nurses form a crucial part of the healthcare team in ensuring delivery of quality care to patients. The findings of this study will illuminate the burden of burnout syndrome among the nurses at Kitale County Referral Hospital by exploring the prevalence and effects of the burnout syndrome. Consequently, the study findings will provide a subjective view of burnout syndrome based on the responses of the nurses on how they perceive and cope with this syndrome while still on duty.

1.8 Conceptual Framework

Based on the organizational theory, burnout syndrome is as a result of an interplay between organizational factors and personal factors. From the content gathered from literature on studies that have been done on burnout syndrome, there were factors that were highlighted as precipitating to one developing burnout. These factors fell into three main categories; personal factors, job-related factors and administrative factors. Under each of these broad categories, there were individual factors that influenced one's working environment. Consequently, these factors also helped in shaping one's perception towards burnout hence influencing one's coping mechanism.

Burnout is a subjective phenomenon or condition that is brought about by interaction of different variables (García-Izquierdo et al., 2018). It is in the face of these factors that one's perception is shaped to influence the manner in which they will handle burnout. Perception is demonstrated based on the coping mechanisms that an individual chooses to display that lead to low or high burnout.

The conceptual framework captures three independent variables; personal factors, job-related factors and administrative factors, one mediating variable; perception and one dependent variable; burnout.

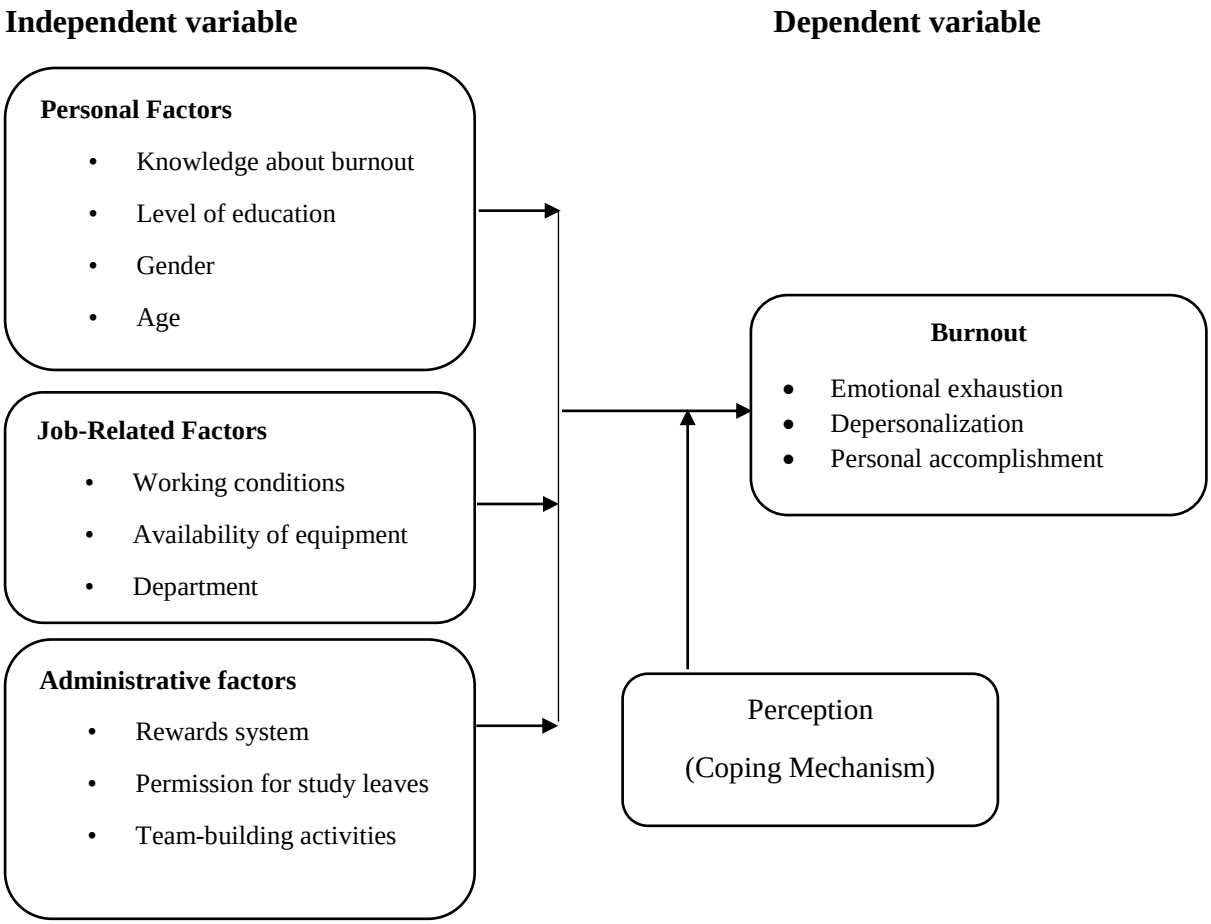

Figure 1.1: Conceptual framework

1.9 Study Limitation

Since the study was done during the Covid-19 pandemic, the findings may not be a true representation of the usual working days within the hospital. However, the interviews tried to capture their experiences before and during the pandemic to cover for this limitation.

The busy schedule of the nurses was another limitation, and this was mitigated by ensuring that there was continuous communication with the nurses so that the researcher could administer the questionnaire and conduct the interviews during their free time or short breaks.

Additionally, due to the on-going Covid-19 pandemic in Kenya, not all the nurses were present at the facility to take part in the census. To mitigate this challenge, the study extended the data collection period to ensure that more than two thirds of the nurse's population was captured to act as a representation of the whole.

The cross-sectional study design that was used had a limitation of only providing data based on a limited period of time. Hence the design was vulnerable to other confounding factors from unrecognized or unrecorded risks within the study setting. Some of these factors included the strict routines of the nurses and the ongoing covid-19 that imposed strict measures that limited the interactions between the researcher and the nurses who took part in the study. A longitudinal study would be recommended in order to mitigate this limitation.

CHAPTER TWO

2.0 LITERATURE REVIEW

2.1 Introduction

This section goes through various literature that focused on burnout syndrome among nurses globally, in Africa and within Kenya. The first segment captures the prevalence of burnout syndrome as it has been documented by different studies. In presenting prevalence, the discussion focused also on burnout levels because of the tool that was used to measure burnout, which is the Maslach Burnout Inventory. The second section focuses on perception towards burnout syndrome, while the third and fourth sections focused on effects and strategies of mitigating burnout respectively.

2.2.1 Prevalence of Burnout Syndrome among Nurses

Eelen et al. (2014) in their study in Belgium that investigated the prevalence of burnout indicated that burnout is a common aspect when it comes to oncologists. They believed that the oncologists were among the healthcare professionals who were at a greater risk of developing burnout. This could be attributed to the fact that the oncology department closely and consistently monitors patients, who in most scenarios usually have a poor prognosis. This is similar also to the nature of work of nurses, which is characterised as being patient centred and labour intensive. A total of 912 health work workers took part in the study. These workers were from different cadres in the hospital, ranging from the physicians, social workers, psychologists as well as the nurses. The study captured two types of data, one focusing on the demographics of the participants while the other capturing the level of burnout that they individually experienced. The Maslach Burnout Inventory was used as the main tool of assessing burnout because it is a standardized tool for measuring burnout.

The study revealed that the prevalence of depersonalization, emotional exhaustion and low personal accomplishment is higher based on the work environment and also the personal aspects of their lives. Based on the study findings, the prevalence of burnout was 51.2% suffered from emotional exhaustion, 31.8% from depersonalization, and 6.8% suffered from lack of personal accomplishment (Eelen et al., (2014). The findings also noted a significant influence from the demographic data that was collected; these were gender, profession and those participants who were working both at the oncology clinic and having teaching posts at universities. It goes without saying that these demographic factors such as gender, did play pertinent role in influencing the level of burnout that the healthcare workers experienced. The study concluded that the medical professionals working at the oncology department experienced aspects of burnout, more so characterised by the component of emotional exhaustion.

The current study at Kitale County Referral Hospital sort to explore any relationship between the level of burnout the nurses experienced and the demographics factors. These particular demographic factors comprised of gender, age, level of highest educational qualification, number of years the nurses had worked at the facility and the department that the nurses were working in.

Adriaenssens, De Gucht and Maes (2015) conducted a study that looked at the determinants and the prevalence of burnout among nurses within the emergency department. In general, it has been reported that the nurses usually experience higher levels of burnout while at work, but this particular study decided to focus on the nurses working at the emergency department. This is mainly alluded to the nature of activities that go on in the emergency department ranging from high turnover of

patients, traumatic and disturbing cases, strange illnesses and the general unpredictability of the department.

This study took a data analysis approach of going through all the quantitative studies that had been done and documented from 1989 to 2014. A total of 17 studies were found that captured the aspect of burnout among nurses. The demographic and personality factors were crucial too in evaluation to determine any relationship between them and burnout. From the analysis that was done, it was noted that the prevalence of the burnout was common among 26% of the nurses who worked within the emergency department. Some of the factors that contributed to the prevalence of burnout included factors such as poor coping strategies as well as the demographic variables among others. It is also important to note that other factors such as one's social support, the demanding nature of the job and the organizational aspects of the place of work influenced the levels of burnout that these nurses experienced. In summation, Adriaenssens, De Gucht and Maes (2015) reported that nurses were experiencing high levels of burnout, but much emphasis was placed on the nurses working at the emergency department.

The frequency of burnout syndrome among resident physicians in Syria was investigated by Alhaffar, Abbas, and Alhaffar (2019). The study had been necessitated by the crisis that had been in Syria for close to a decade, hence crucial to determine the state of mind of the health workers at the field at the time. It was a cross-sectional study that targeted physician residents working within the different hospitals within the country. A total of 12 hospitals were selected to take part in the study, having a total of 3350 participants. To measure the level of burnout, the researchers used a web-based version of the Maslach Burnout Inventory as it is the designed tool for capturing burnout.

According to the survey, 93.75% of inhabitants had a high degree of burnout in at least one of the three areas of the burnout index, and 19.3 percent had a high level of burnout in all three domains. Burnout levels were shown to have a significant relationship with gender, age group, and linked authority characteristics. These were key demographic factors that were captured in order to establish their correlation with the burnout syndrome. However, the study findings indicated that burnout had no significant relationship with one's area of specialization or their nationality. Additionally, it was key to note that burnout was higher among males, residents working within the Ministry of Defence, and emergency medicine residents. These were attributed to the nature of situations that these sites had in common such as being prone to more traumatic cases, high turnover of patients and the general adrenaline arousing unpredictability of the cases coming in (Alhaffar, Abbas, and Alhaffar, 2019).

The frequency of burnout syndrome among health-care personnel working at Gondar University Hospital in Ethiopia was investigated by Bhagavathula et al. (2018). The researcher had found that the climate of the region and the nature of work of the health care providers were stressful to any individual in the region. From this background, they conducted this cross-section study to capture the level of burnout that the health workers in the region experienced. They used a number of tools to collect details such the participant demographics as well as the Maslach Burnout Inventory to measure burnout. A total of 250 health care providers took part in the study, whereby 13.7% of them reported to be experiencing high levels of burnout. The researcher further carried out logistic and multivariate analysis to determine if there was any relationship between the demographic factors and the levels of burnout that the participants experienced. There was a significant correlation (P=0.008) between

burnout and age, as well as other factors such as being male, single and the level of experience (Bhagavathula et al., 2018).

A total of 46,539 nurses from 50 nations were added in the systematic review and 60 studies were added in the meta-analysis, resulting in a total of 112 studies. Burnout characteristics were shown to be prevalent in 12.23 percent of global nurses. Geographical regions, occupations, and the method of burnout assessment utilized all showed significant variances. The prevalence of burnout symptoms was greatest in Sub-Saharan Africa, while it was lowest in Europe. Among all professions, paediatric caregivers had the highest prevalence of burnout characteristics, while Geriatric care caregivers had the least. This is the first research to gather data from published sources and assess the global incidence of burnout characteristics among nurses. The data imply that all nurses, regardless of their speciality or geographical location, have a significant prevalence of burnout symptoms, which require attention and action.

Pradas-Hernández et al. (2018) carried out a comprehensive study and meta-analysis to determine the prevalence of burnout syndrome in paediatric nurses. Despite the available literature indicating that the nurses were experiencing burnout, this study had the aim of tying together all the data collected to understand the actual level of burnout as well as the risk factors of burnout. This study would then have the authority to speak for a greater number of researchers due to its nature of being inclusive of published data. There were 34 researches that targeted burnout symptoms among paediatric caregivers, without constraints on publication date. Many of these research found medium-to-high figures for the three characteristics of burnout, as well as sociodemographic, psychiatric, and work-based factors linked to the condition. The meta-analysis included 1600 paediatric nurses as a sample population. The following rates of prevalence were discovered: (i) mental tiredness, 32% (95 percent CI: 26–

36%); (ii) depersonalisation, 19% (95 percent CI: 12–32%); (iii) poor personal accomplishment, 38% (95 percent CI: 27–48%).

Majority of the paediatric nurses were found to be experiencing moderate to high levels of emotional exhaustion and depersonalization as well as low personal accomplishments. This translates to having a group of nurses who are currently suffering from the weight of the burnout syndrome, and also who are at the verge of sinking deeper into more burnout. It thus calls for measures to be taken to treat the nurses who are already experiencing burnout, and to find ways of changing the situation so that it does not deteriorate. The researchers recommended having various therapies to help the nurses to mitigate the challenges they experience with their work to prevent them from falling into more levels of burnout (Pradas-Hernández et al., 2018).

In Portugal, the burnout syndrome was studied among occupational therapists focusing on prevalence and the risk factors, by Escudero-Escudero, Segura-Fragos, and Cantero-Garlito (2020). This study was carried out among therapists to determine whether they experienced burnout in their line of work. The researchers opted to use an online survey to collect their data which captured demographic information as well. The tool for assessing burnout that was used was the Maslach Burnout Inventory General Survey, a tool that has been well validated to measure burnout. The study comprised 768 occupational therapists, with 90.8 percent of them being women and 9.2 percent being men. The researchers did not provide an explanation as to why most of their study participants were female; a key factor that could have a sway on the findings.

The prevalence was determined using the chi-squared test, and the odds ratios by age were determined using the binary logistic regression model to find the factors linked to the existence of burnout. The researchers discovered that 68.4% of occupational therapists had burnout syndrome, particularly emotional tiredness (63.5 percent). Similarly, there were important and substantial changes in the frequency of burnout syndrome based on age, marital status, and number of children, work field, and workday type. It was established that burnout syndrome offers an obvious risk to occupational therapists' health, which might have direct implications on the work environment, influencing how patients are treated. This research contributes to a greater understanding of burnout and the variables that influence it (Escudero-Escudero, Segura-Fragos, and Cantero-Garlito, 2020).

Lasebikan and Oyetunde (2012) examined burnout prevalence among nurses in Nigeria. This study focused on capturing not only the prevalence of burnout among the nurses, but also the factors that contributed to it. The Maslach Burnout Inventory was the main tool that was used to assess for the levels of burnout. This is because the tool has been used before and has been validated to screen for burnout. The study indicated that there was a higher prevalence rate when it comes to burnout cases. The findings noted that 31% of the nurses had high emotional exhaustion, 24% had high depersonalisation and low personal accomplishment was found at 38%. The study indicated that there are factors that contribute to the high prevalence cases. Some of the factors included poor and unsupportive work environment such as lack of motivation among others. Prevalence was also linked to the personal issues among the nurses and the high prevalence rate of burnout.

On the factors that contributed to high levels of burnout, conflicts between the doctors and nurses emerged at the top, leading to most nurses developing emotional

exhaustion. The battle of superiority between the doctors and the nurses has been in existence for decades and was captured in this study to be a key factor in increasing the levels of burnout among nurses in Nigeria. Consequently, inadequate nursing personnel within the facility was another major factor raised. Understaffing of nurses is a crucial factor too that has been common in most African hospitals that is causing the nursing profession to be unbearable (Lasebikan and Oyetunde, 2012).

The other factor was the numerous night shifts that the nurses have to endure instead of being with their families. This greatly led to majority of the nurses to experience low accomplishment to their work because they failed to enjoy it. Within the list was also an issue of the poor wages that these nurses got paid after experiencing such long days and nights in the line of service. These led to most nurses reporting to experience high levels of depersonalization because they felt under-valued for the great work that they committed to do. Lastly, the issue of nurses' hierarchy emerged whereby the nurses in the administrative position were reported to be demeaning to their fellow colleagues. All these factors greatly influenced the level of burnout among nurses in Nigeria (Lasebikan and Oyetunde, 2012).

Khamisa et al. (2016) conducted a more inclusive study among the nurses that sought to understand the various aspects of the nursing profession such as burnout, job satisfaction and their general wellbeing. The researchers carried out a longitudinal study for a year as they tried to evaluate these crucial aspects within the nursing profession. Various questionnaires were used to capture this data, and one of them was the Maslach Burnout Inventory for screening for burnout. Four hospitals took part in the study, whereby a total of 277 nurses were recruited and participated.

There is the aspect of the environment that nurses have been provided to work in which is not conducive in the long run and thus causing the high cases of burnout. According to Khamisa et al. (2016), in such cases, nurses are often faced with various aspects that might endanger their lives such as being infected whenever they are not supplied with the required protective clothing while handling their duties. The study also indicates that the presence of such kind of pressure often makes the nurses to have burnout related from the work environment. The fear of being infected in some of the cases exposes the nurses to depersonalization related burnout.

Woo, Tang, and Tam (2020) used eight academic research databases to conduct a comprehensive review and meta-analysis of burnout symptoms and prevalence among nurses throughout the world. The meta-analysis included further assessments of bias, heterogeneity, and subgroups. A total of 45,539 nurses from 49 countries were included in the systematic review and 61 papers were included in the meta-analysis, totalling 45,539 nurses from 49 countries. Burnout symptoms were shown to be prevalent in 11.23 percent of worldwide nurses. Geographical locations, specializations, and the type of burnout syndrome assessment employed all showed significant variances. The prevalence of burnout symptoms was highest in Sub-Saharan Africa, whereas it was lowest in Europe and Central Asia. Among all disciplines, pediatric nurses had the greatest rates of burnout symptoms and prevalence, whereas geriatric care nurses had the lowest. This is the first study to compile available research and estimate the global incidence of burnout symptoms among nurses.

Isfahani (2019) conducted a systematic review of all published articles on prevalence of burnout among nurses in Iran from 2000 to 2017. The study involved 32 studies that were reviewed. From the studies that were reviewed, the prevalence rate of

burnout among the nurses was determined. The findings of the study indicated that in the Iranian hospitals, the prevalence rate of burnout stood at 25% (95%, Cl 19%-32%) during 2000-2017. The study also noted that the highest rate of burnout among the nurses was in 2009, 75% (95% Cl: 65%-82%) while the lowest rate was in 2016, 0.2% (95% Cl: 0.1%-0.4%). The study concluded that, occupational burnout affects about one-third of nursing staff in Iran. Thus, managers and policymakers should take serious measures to reduce the prevalence of job burnout among nurses.

Burnout levels among primary health care nurses in Spain were investigated by Ortega-Campos et al. (2019). This key study was carried out among 338 nurses within the public health sector and is one of a kind to focus on the issues of personality. Burnout was found in 40.24% of the nurses who were evaluated. Anxiety, melancholy, neuroticism, on-call duty, and seniority-profession were all substantially connected with emotional weariness and depersonalization, while agreeableness was negatively related. These issues of seniority among the nurses keep emerging as one of the major contributors to the burnout that the nurses experience. The aspect of agreeableness is a great quality but can also be deemed as being weak and just following orders that one is given, hence experiencing less burnout. However, the different personalities that people have predispose some to developing burnout than others.

Depersonalisation was also linked to gender, and emotional weariness was shown to be negatively connected to age. Personal success was shown to be negatively connected to anxiety and sadness, while being favourably related to agreeableness, extraversion, and responsibility. The ability for the nurses working within the primary health care to follow the instructions given to them and by nature to be outgoing, predisposed them to experience less form of burnout compared to their counterparts.

In primary health care, there is a significant rate of burnout among nurses. Burnout syndrome is more common in young people who have anxiety and depression and have high neuroticism scores but low agreeableness, responsibility, and extraversion scores (Ortega-Campos et al., 2019).

According to Hailay et al., burnout can be caused by occupational stress like heavy workload, long working period, caregiver-patient ratio imbalance, role conflict and lack of fair treatment (2020). Additionally, burnout led to disagreement in value systems, work engagement such as social isolation from co-workers or management, a lack of appreciation, and poor involvement in decision-making. Liberia's health system, according to the study, is one of the least developed in Sub-Saharan Africa, and it is unable to effectively deal with such tremendous health complications; nurses are underappreciated, their work environment are demotivating, and they are commonly unsafe as they strive continue providing services with constrained equipment and supplies, resulting to burnout. Furthermore, according to Hailay et al. (2020), earlier research in Ethiopia has addressed the incidence of burnout among nurses, but the reported prevalence of burnout across the studies was variable, ranging from 12 percent to 50 percent.

2.2.2 Perception towards the Burnout Syndrome among Nurses

Simply put, perception refers to how someone views things. In this study, the term "perception of burnout" will be used to describe how nurses perceive burnout in terms of its components and features. Although a few scholars (Isfahani, 2019; Hailay et al., 2020) have looked at burnout perception, Maslach and Leiter (2006) found that the most prevalent perspective of burnout among nurses is that it is a kind of job stress.

Nurses who believe they are empowered at work have higher psychological empowerment, which involves a sense of significance, confidence, autonomy, and effect, according to Nursalam et al. (2018). This is based on the findings of their study that focused on finding a relationship between structural empowerment, psychological empowerment, burnout and the quality of the nurses work life. Structural empowerment was defined as all and any measure that have been put at the work place to help the nurses work to be performed in a better manner. It ranged from provision of the resources that were needed while in the line of duty, having ample staff in each shift, being able to be given study leaves and having an approachable administration to handle employee challenges. It was observed that once these structural aspects had been put in place, the nurses were better psychologically empowered to handle the issue that emerged at work. The nurses felt more confident about their work and were also willing to exert themselves because they were aware of the support that the administration had accorded them.

Consequently, their psychological empowerment gave them the ability to combat the aspects of burnout at the workplace such as emotional weariness and low feelings of self-worth. In general, the nurses' quality of life was tremendously improved because of their perceived support. Fatigue is also linked to a disparity between the quantity of nurses and their reported workload. This mismatch can lead to strained nurse-patient interactions, less creativity, and exhaustion (Nursalam et al., 2018)

Majority of the nurses believe that a high workload is linked to poor levels of happiness and an increased risk of health issues. Lack of organizational justice, defined as the extent to which employees believe they are treated unfairly at work and the lack of reciprocity in social interactions. Low organizational justice is a risk factor

for employees' poor physical and psychological health (Soto-Rubio, Giménez-Espert, and Prado-Gascó, 2020).

Certain personality characteristics have been considered important predictors of how individuals perceive and respond to workplace requirements, according to Grigorescu et al. (2018), especially because personality is seen as a reasonably stable factor when compared to unstable situational predictors like workload. In their study, they used the big five personality traits and they studied them to see if there was any correlation with burnout. The findings indicated that the persons who had neuroticism and negative self-esteem were more predisposed to developing burnout. On the other hand, they also noted a negative correlation between nurses who were extraverted and the burnout syndrome. Since personality is an aspect that cannot be changed, this study indicated that having certain personality traits was already a predisposing factor to experiencing burnout at the workplace.

Unfortunately, based on most work environments, the concept that is used is that of one sock fits all, the policies put in place do not account or consider the individuality of the workers. It then translates that there will be a cohort of employees who will constantly find themselves battling with the issue of burnout, not because they are weak, but rather because they are different from other. Without having an all-inclusive work environment, these employees keep struggling and even crumble while on duty due to the excessive demands that would have been placed on them. Furthermore, several novel and sophisticated preventive techniques, as well as personal and collective professional elements seen as stress producers, are important in the formation of burnout across employees (Grigorescu et al., 2018).

Emotional intelligence was investigated by Giménez-Espert and Prado-Gascó (2020) on how it impacts the nurses' general health and how they handle burnout. This study was carried out in Spain during the Covid-19 pandemic among 125 nurses who were sampled on convenience. The researchers used a cross-sectional approach where they collected information on the emotional intelligence of the nurses, their attitudes to towards the nature of their work and the social support that they experienced. The findings of the study indicate that the nurses who had a higher level of emotional intelligence had lower levels of burnout as well as better general health. Furthermore, these nurses were able to have a better way of handling work-related conflicts as well as reported fewer psychosomatic complaints. Emotional intelligence was the main protective tool that was shielding them from the demanding nature of their work.

2.2.3 Effects of Burnout Syndrome among Nurses

In their study, Islam, Ali, Jamil, and Ali (2021) found that occupational burnout leads to emotional depletion. Employees who are depleted not only avoid resource-intensive activities, but also abandon positions that need resources in order to conserve their own resources. Employees who attempt to maintain their performance, on the other hand, prefer to stay with resource-intensive occupations, which depletes resources.

Hayat and Afshari (2020) conducted a study that focused on the impact of workplace bulling and the role that the management would do to help employees mitigate this challenge. Although this study was done among hotel staff and workers, it is much relatable to the nurses because they too are offering service to critical persons. The nurses also experience a form of bullying from their very own superiors as well as doctors who consider themselves superior within the hospital setting. This study indicated that workplace bullying led to depleted energy levels which led to higher

levels of burnout. Negative job-related consequences of burnout include lower in-role and extra-role performance, task performance, job satisfaction, high turnover intention, mental illness, and diminished well-being (Hayat & Afshari, 2020).

Although there is little research on burnout's mediation function, it has been recognized as an explanatory variable between role pressures and work outcomes (Smith et al., 2017). Raja et al. (2018), for example, cited burnout as a factor in the link between workplace bullying and work-family conflict. Workplace bullying leads to burnout and well-being, according to the literature, whereas burnout leads to well-being (Hayat & Afshari, 2020).

In the current study, the researcher sought to determine the effects of burnout as provided by the nurses at Kitale County Referral Hospital. As mentioned by other studies, burnout syndrome at work results in poor work performance which results in poor service delivery. The findings of this study will too provide insight to the quality of service delivery at KCRH in the event the nurses experienced burnout.

Kelly (2020) studied the profession of health workers and it requires one to be fully present in order to provide quality care. This in turn has exposed the healthcare workers to burnout and compassion fatigue due to the demanding nature of their work. This researcher elaborates how burnout is a weighty matter that ought not to be individualized, but rather discussed and managed as a complex institutional matter. The researcher claims that the reasons of burnout include external pressures such as caring for patients and internal pressures such as toxic workplaces, poor communication, discrimination, and more.

Burnout and secondary trauma among health-care workers may be devastating, affecting a large percentage of the workforce and resulting in actual suffering, such as

melancholy, emotional trauma, and suicides. The need to detect, assess, and cure burnout as a top issue for health care providers (Kelly, 2020). At the top list of these health care providers are the nurses because they are the ones closet to the patients. It is of priority that policies be put in place that will adequately cover and protect these professionals from the risks that comes with the nature of their work.

Valdez et al. (2019) indicated that there are certain factors that are found within the work environment that are key in mitigating burnout faced by the nurses. The study indicated that the first aspect of managing burnout at work place is making sure that there is job satisfaction and structural empowerment ($r=0.603$, $p<0.01$) or burnout ($r=0.718$, $p<0.01$). The computed value of r reveals a strong positive correlation. Structural support within the workplace environment empowered the employees to be able to handle burnout as well as have better form job satisfaction. This was a study that was done among 142 nurses who filled an online survey regarding the support the experienced at the workplace and were also screened for the level of burnout that they experienced. It goes without saying that work places where the policies and the administration has put the welfare of the employees first, end up doing better and help employees to love their jobs. Unfortunately this is an alien concept in most hospital within the Sub-Saharan region where the working conditions have been reported to be depressing and one of the major cause of burnout that nurses suffer from (Valdez et al., 2019).

Burnout syndrome among nurses has been linked to the feeling of being tired and worn out as well as being fatigued. In a study that was done by Duarte and Pinto-Gouveia (2016), it was noted that fatigue, tiredness and being worn out are some of the common symptoms of burnout syndrome that are experienced by nurses who are operating within environments that are characterised with high workload and low

number of nurses. The study indicated that in the event that a nurse is extremely fatigued, they end up making some serious errors such when it comes to the medication of a patient. Thus, revealing that burnout can have adverse effect on the nurses and the work that they do.

According to Duarte and Pinto-Gouveia (2016), high burnout syndrome has been associated with increased cases of accidents within the hospital that involves the nurses. Nurses who are emotionally exhausted in most of the cases are often absent minded whenever they are at the hospital. In such cases the nurses are often not careful whenever they handle some of the equipment that are used. Nurses have been found to cut and even pierce themselves as they are involved in poor handling of sharp objects within the facility as they suffer from high levels of burnout. In some of the cases, the nurses have been found to break their legs as they fail to notice slippery floors and stairs due to the fact that their minds and concentration are elsewhere as a result of the burnout that they are facing in the process.

According to a study done by Wang, Chang, Fu and Wang (2012), burnout syndrome has been found to have a negative effect on the personal life of the nurses. Nurses have families and there is the need to ensure that they strive to maintain a good relationship with them. However, burnout has been linked to poor family relations among the nurses. This is because of the fact that they do not spend enough time with the family as in some of the cases they are fatigued to a point that when they get home they go to bed directly. Additionally, it has been noted that nurses who have high burnout levels do not have enough time when it comes to spending with the family. This is because of the workload that they have from work that they sometime carry home.

Yuguero et al. (2017) carried out a study to find out if there was any relationship between burnout syndrome and empathy among nurses and general physicians in Spain. These health workers were asked to fill and anonymously send in the Maslach Burnout Inventory for measuring burnout and the Jefferson Scale of Physician Empathy for measuring empathy. From the finding, the nurses and physicians who took part in the study reported to be experiencing low levels of burnout. However, what was intriguing was the positive correlation that was established between empathy and burnout. Nurses who had low empathy were reported to have higher levels of burnout. It then translates that these nurses with high levels of burnout were already experienced some level of emotional challenges hence the less empathy.

The current study employs a qualitative approach in seeking the nurses' perception and effects of burnout syndrome to their work, empathy being a factor to be explored. Yuguero et al. (2017) findings on empathy will be compared to those of the current study to seek for similarity based on how the nurses experienced burnout.

Mbanga et al. (2018) investigated the factors that contribute to burnout among Cameroonian nurses. During the months of January to June 2018, a cross-sectional study was conducted, recruiting nurses from both state-owned and private hospitals in Cameroon's English-speaking regions. The Oldenburg Burnout Inventory was used to measure burnout (OLBI). This tool has been validated and used in various studies to measure studies among different occupations. In a study of 143 nurses (mean age 29.75 6.55 years), a univariate regression analysis revealed that being in a personal relationship (Beta = 2.25) substantially explained 3.8 percent of the variation in burnout ($R2 = 3.8$, $F (1, 125) = 4.89$, $p = 0.029$). Being in a personal relationship provides and individual with the social and moral support to be able to deal with the challenges that they face at work. Nurses whose marital status is single are usually

predisposed to experiencing higher levels of burnout because it is speculated that they have lesser social support compared to a married couple (Mbanga et al., 2018).

Burnout Syndrome and shift work among nursing personnel were investigated by Vidotti, Ribeiro, Galdino, and Martins (2018). The study discovered that people working the day shift had considerably higher levels of burnout syndrome, which was linked to aspects such as high demand, limited control, inadequate social support, unhappiness with sleep and financial resources, being a nurse, and sedentariness. The nature of the nursing profession usually requires a lot from these practitioners because it goes beyond their intellectual and physical strength to their emotional and psychological reserves (Vidotti, Ribeiro, Galdino & Martins, 2018). With the scarcity of resources that most hospitals experience, it makes the situation much harder and more stressful. Professionals who worked the night shift, had limited social support, were unsatisfied with their sleep, had children, did not have a religion, had only worked in the institution for a short time, and were a nursing technician or assistant were considerably more likely to have high levels of the syndrome. This is because working at night places a much more emotional and psychological strain on these nurses as they have to endure being away from the families when every member if the family is at home. Consequently, continuous lack of quality sleep deprives one's mind of the energy required to handle any challenging situation hence predisposes them to burnout.

De Oliveira et al. (2019) conducted a study on burnout syndrome preventative strategies in nurses: An integrative literature review. The study discovered that the methods used to deal with burnout were mostly helpful, with some showing better effectiveness than others. Only three therapies were found to have a satisfactory improvement in burnout among the 30 trials reviewed, these were systematic nurse

supervision, basic nursing care, and a psycho-oncological training programs, which were all included in the burnout training curriculum.

2.2.4 Strategies of Managing Burnout Syndrome

The burnout syndrome is a condition that creeps in through a startling manner without the awareness of the individual. It could be likened to having a depressive disorder, however, in this case, it is pressure and stress that has resulted from one's place of work. When assessing how it manifests, it affects each individual differently making it complex to find one main cause or mode of managing it. However, there are key factors that have been known to be precipitating parameters for one to develop the syndrome.

On the top list, is the concept of administration where the nurses feel left out when it comes to the making of fundamental decisions concerning the quality of care of their patients (Koy et al., 2015). The nurses are the primary health care providers who spend the most time with the patient. When decisions are made without involving them, it makes them feel insignificant in the role of patient care and can affect one's efficacy to work. The continued occurrence of such incidents may lead one to have a poor attitude towards their work hence start to experience burnout (Mbuthia et al., 2017).

Since the burnout syndrome has been in existence for a while, there have been several attempts to try and find a solution to this challenge. As above mentioned, the main features of burnout are depersonalization, reduced personal accomplishments, and emotional exhaustion, which are all uniquely expressed from person to person (Ewers et al., 2002). It then makes it difficult to create a cure that will work for every individual across the various statuses of life. There has not been an authoritative voice

that is sufficiently backed up by research to provide a solution to this startle yet lethal syndrome (Korczak et al., 2012). However, there have been significant strides that have been made in exploring different therapies in trying to solve this condition.

Burnout training is offered to the individuals on how to handle intense moments of pressure without shutting down for long periods. This training becomes efficient in managing burnout in a real-life situation of working in a hospital facility. In the same light, participants who were taken through psychosocial training were perceived to have better outcomes when handling burnout regardless of their working environment (Ewers et al., 2002).

The most common therapy that has been employed to manage burnout for decades is the cognitive behavioural therapy abbreviated as CBT. CBT was born in the 1950s by a group of behavioural therapists such as B.F Skinner and Ivan Pavlov (Teater, 2016). The rationale behind CBT is that the quality of one's thoughts has a direct impact on the nature of the behaviour they will display and vice versa. Hence by having a faulty way of thinking will negatively influence one's actions thus leading to a dysfunctional and distressful life. It is by altering one's thoughts and perceptions that one can have a better quality of life.

Additionally, other studies also revealed that resilience training was effective in reducing the levels of burnout that one would experience (García-Iquierdo et al., 2018). The concept is drawn from the reality of making do within one's situation of the circumstances are not able to be altered. Farsi, Habibi and Lashkari (2014) indicates that burnouts is a significant factor when it comes to reduced cases of productivity among the nurses. The study indicated that in most of the cases, nurses are often tired due to the workload and in such a situation it makes it hard for them to

be able to concentrate on their work. They end up doing poor work in the process and in some of the cases, they end up being slow and thus accomplishing a few tasks that they have been given.

McKnight et al. (2020) did a longitudinal ethnographic study among neonatal nurses in Kenya to try and understand the nature of work of these cohort. These nurses are usually forced to work and very stressful and time-demanding environments that in most cases are usually matters of life and death. One nurse can be tasked to look after 40 neonates in a new-born unit all by themselves ensuring that each of these little ones is attended to and gets the care they required. Not to forget to mention that as they are working in this unit, they still are experiencing a shortage of quality resources and equipment that are up to standard to provide quality care. Such kind of working environment usually places an immeasurable amount of pressure and stress on an individual hence causing a majority of them to experience burnout.

Reducing the workload that is faced by the nurses is one of the strategies that can be used to ensure that there is effective management of the work related burnouts in most of the hospitals. This is based on the fact that the workload that the nurses are facing in some of the cases makes them to be poor performers as they are often tired and worn out to handle all the duties that they have been given effectively. The study indicates that having nurses to share the duties in a manner that does not affect their overall wellbeing is critical. This is because it eliminates any chance of the nurse being overwhelmed. This they note as being one of the issues that is facing developed countries as the ratio of nurses to the patients is low and thus making a nurse to have to attend to even over 100 patients on a daily basis which is an indication of the extreme burnout that the nurses are facing in the process (McKnight et al. 2020)

Collaborative nursing care, which is characterized by all health workers regardless of their cadre working together to help clients, is another supportive strategy. This was due to the fact that nurses were normally perceived as lesser superior by their counter parts hence loading them all the heavy lifting while at work. Such occurrences not only do they make the nurses get to do a lot more work, but they also make them to feel depersonalized and less motivated to do their work (Duarte & Pinto-Gouveia, 2016). Thirdly, a factor that cutting deeply, is the perception that their hard work positively impacted the patient outcomes. The human mind is wired in such a manner that it desires to see more positive results compared to the negative. The nurses too desire to see them same thing, that the work they put in to take care of patients does actually pay-off when the patients get better. However, whenever nurses experience loss of a patient, they take it in hard, some even self-blaming wondering if there is anything they could have done differently. It thus leads to them developing not only post-traumatic stress disorder, but the burnout syndrome too (Mealer et al., 2009). Consequently the work place becomes a battle field that they have to put in extra energy for them to deliver their best.

Furthermore, there are factors that are needed within the workplace to ensure that there is effective management of the burnout related issues that are affecting most of the healthcare workers. The study indicated that based on the effects that burnout has on the nurses, there is the need for the management of the hospital to ensure that they create an avenue whereby the nurses are able to air the challenges that they are facing while at work that might be key in ending the prevalence of burnout. For instance, Vidotti, Ribeiro, Galdino, and Martins (2018) in their study indicated that within hospitals that are found in the developed countries, there are offices that handle burnout issues that are tasked with the responsibility of even giving out those affected

by the burnout syndrome, some days off so that they can manage the conditions that they have (Mealer et al., 2009).

Wisetborisut et al. (2014) reveals that the introduction of shifts is key in the management of employee related burnouts and this is mainly when it comes to the health sector. The study indicates that in situations where nurses are not in a position to have different shifts then there are cases of burnout as it make their work redundant as they will be dealing with the same routine over and over. Breaking the monotony that is faced by the nurses when it comes to handling their duties is critical in making sure that nurses are able to experience different environments and thus making them to avoid experiencing burnout. Thus, shifts are to be used in a manner that ensures that there is effective rotation of the nurses within the workplace.

Adebayo and his colleagues (2020). Lessons learned from the qualitative charting research on strategies for preventing burnout among early career doctors in Nigeria. Burnout is a big concern among early career doctors in Nigeria, according to the findings. Low staff strength, excessive work hours, incorrect counselling, a lack of job description and specification, and trainer abuse of authority are some of the reasons of burnout out. The respondents suggested that work policy review, medical workforce strengthening, stakeholder dialogue on early career doctors' welfare, frequent psychological reviews of early career doctors, and the provision of free yearly medicals be investigated in order to ameliorate the issue of burnout among early career doctors. In conclusion the participants believed that burnout difficulties among early career doctors were frequent, and that this had an impact on their performance and the overall quality of treatment in the Nigerian health system. Based on our results, there is a pressing need in Nigeria to address the issue of emotional tiredness among early career doctors.

Zhang, Yao, and Yiu (2020) investigated the effects of controlling emotions in the workplace on job burnout in construction project managers. The study focused on analysing two aspect of emotionally dealing with different work situations; surface acting and deep acting. Surface acting was described as faking emotional responses, a common behaviour that most people do while at work to avoid running in trouble with the management. Most employees would rather surface act and people please rather than openly and boldly speak up their mind to address the issues at hand. Even though for the moment that may seem to be working, it the long run, these employees ended up developing more burnout because they were unfulfilled at their workplace. The second concept was deep acting which meant that an individual had to look in the inside and truly reflect the emotions that they were experiencing. It seemed like a daunting thing to do because at times it meant having to be is disagreements with the figures if authority at the workplace, but in the long-run, it liberates one's mind. Employees who openly expressed their emotions and thoughts at the end of the day felt that they were heard, that their work had meaning and overhaul experienced less burnout.

As a coping strategy, the nurses were encouraged to be able to speak up their minds and not allow a build-up of these emotions within themselves. These meant also that the nurses required more and more open forum sessions with their other cadres in the hospitals, more so the doctors, so that they can share the same concerns. A workplace that had encouraged free communication and open sharing of emotions promoted a positive work environment and the members of the staff reported to experience less burnout. Preventive measures and a psychoeducation plan should be established within the mandated occupational health monitoring program and carried out by

occupational doctors in collaboration with mental healthcare practitioners in the workplace, according to our recommendations (Zhang, Yao, and Yiu, 2020).

Sweileh (2020) conducted a study on burnout and compassion fatigue among healthcare practitioners, including research trends and scientific analysis of publications. The search yielded 4416 publications from 1978. In the recent decade, the number of publications has increased dramatically. Eight study themes were found in the retrieved papers: seven for burnout and one for emotional exhaustion. Estimated 35 percent of the articles retrieved were about nurses, 34% were about doctors, 11 percent were about clinical instructors, and the other papers did not mention a specialty. Each article in the listed publications got an average of 21.2 citations. Nursing accounted for three of the top ten active journals, with three in general medicine, one in health promotion, one in neuroscience, one in psychiatry, and one multidisciplinary magazine. The United States came in first with 1292 articles (28.3%), followed by Portugal (n = 258; 5.5%) and the United Kingdom (n = 257; 5.7%). Mayo Clinic (n = 93; 2.1%) was the most active institution, Harvard University (n = 45; 1.0 percent) and University of Washington, Seattle (n = 44; 1.0 percent) came in second and third, respectively. A total of 16,208 individuals contributed to the publication of the documents found, with an average of 4.6 writers per piece. T.D. Shanafelt (n = 78; 1.8 percent), L.N. Dyrbye (n = 53; 1.0 percent), and C.P. West (n = 47; 0.8 percent) were the most involved authors. A total of 462 publications (11.7 percent) acknowledged financing.

From the above literature, burnout syndrome is a concern among the healthcare team, including the nurses, regardless of their geographical location or area of specialization. On this background, the current study seeks to find out the experience of the nurses at Kitale County Referral Hospital in regard to burnout syndrome.

CHAPTER THREE

3.0 METHODOLOGY

3.1 Study Site

The study took place in Kitale County Referral Hospital which is in Trans Nzoia County in Kenya. The facility is one of the hospitals that was upgraded into a county referral hospital in the new administration structure of the health care system. Consequently, as a newly upgraded county referral hospital in the region and out of the convenience, the researcher sort to determine how the nurses experienced burnout syndrome while at work. The facility works 24 hours a day attending to patients from all parts of the county as well as other adjacent counties. Key departments that it has are the medical wards, the comprehensive care clinic, the surgical wards, the paediatric section, the obstetrics, and gynaecology unit, the psychiatric wards, and the gender-based violence unit.

3.2 Study Population

This study focused on the nurses working in various departments in Kitale County Referral Hospital. The hospital has a total of 300 nurses (Kitale County Referral Hospital, 2021).

3.3 Study Design

The study was a cross-sectional study employing a mixed-methods approach as well as a sequential explanatory design. The study begun with the quantitative phase where nurses in the hospital were screened for burnout syndrome to determine its prevalence in the study region. The screening was done by the use of the Maslach Burnout Inventory. The Maslach Burnout Inventory is a psychological assessment instrument comprising 22 symptom items pertaining to occupational burnout. The original form of the MBI was developed by Christina Maslach and Susan E. Jackson with the goal

of assessing an individual's experience of burnout (Maslach, Jackson & Leiter, 1997). The Maslach Burnout Inventory captures three dimensions of burnout: emotional exhaustion (EE), depersonalization (DP), and personal accomplishment (PA). The reliability of the MBI was tested by studies of Iwanicki & Schwab (1981) and Gold (1984) that showed consistency in their results through time periods of a few weeks, 3 months, and 1 year for test-retest reliability. Cronbach alpha ratings of 0.90 for emotional exhaustion, 0.76 Depersonalization, and 0.76 for Personal accomplishment were reported by Schwab (1981) and very similar ratings were reported by Gold (1984). The Maslach Burnout Inventory was thus a standardized tool for measuring burnout globally hence no need to pilot it in this study. This was followed by a qualitative phase, which aims at exploring nurse's experiences with the burnout syndrome. To achieve this, the study used key informant interviews to capture the perceptions and the effects of burnout among these nurses. Key informant interviews were preferred because they provided confidentiality to enable the nurses to freely give their views and experience with burnout syndrome.

3.4 Sample Size

Objective 1

The study adapted the census approach and included all the 300 hundred nurses in the hospital. The nurses were contacted in person through face to face interaction and requested to take part in the study. Census approach was selected for the study in order to ensure that all the members of the target population are given a chance to take part in the study. The questionnaires were issued to 269 nurses who were available at the time of the study.

Objectives 2 and 3

8 Key informant interviews were conducted among the nurses in KCRH. These interviews were carried out after the administration of the Maslach Burnout Inventory survey (MBI). They were stratified into two categories based on the level of burnout of the participant. From the nurses who scored a high level of burnout based on the MBI, 4 male nurses and 4 female nurses were asked to take part in the interviews.

3.5 Sampling Technique

For the quantitative phase, the study adapted a census approach hence all the nurses at the KCRH were included in the study. For the qualitative phase, purposive sampling was used to identify the nurses who took part in the qualitative interviews. Both male and female nurses were recruited for this phase to ensure that both genders had been well represented. The number of years that one would have worked in the facility helped in determining the participants for the interviews. In the first category of those of those who had scored highly in the MBI, one male nurse and one female nurse with an experience of more than five years working in the facility were selected. In the same category, one male nurse and one female nurse with a working experience of less than two years were also chosen. A total of four nurses were identified for this category. In the second category of those with a low score in the MBI, the same criteria was used as in the first category. Therefore, a total of four nurses were also selected for this second category. To be able to capture the role of the administration in burnout management, one administrative nurse was also interviewed. In summation, 9 nurses were selected but only 8 took part in the study.

3.6 Eligibility Criteria

3.6.1 Inclusion Criteria

Nurses who were working at Kitale County Referral Hospital at the time of the study. Both genders were included, and those involved in an administrative role were also included. All the nurses must have worked at the facility for more than 6 months.

3.6.2 Exclusion Criteria

Nurses who were on leave were excluded from the research. Nurses who were on visiting basis as well as student nurses on their attachment period were excluded as well from the study. Additionally, nurses who refused to provide consent were also excluded.

3.7 Data Collection Instruments

For the quantitative phase, the study adapted Maslach Burnout Inventory-Human Services Survey (MBI-HSS) which is a standard tool for measuring burnout and a researcher formulated questionnaire guide. This tool has been used before in Kenya to screen for burnout among nurses in Mathare Mental Hospital in a study conducted by Ndetei et al. (2008). The tool was developed by Christina Maslach and Susan E. Jackson and published in 1981 to measure for burnout (Maslach, Jackson & Leiter, 1997). It takes about 10 minutes to complete, measuring the three components of burnout, which are emotional exhaustion, depersonalization and personal accomplishments. The study used the MBI-HSS scale as captured in table 3.1 for scoring.

Table 3.1: MBI-HSS Scoring

Burnout level	Emotional exhaustion	Depersonalisation	Personal accomplishment
High	≥27	≥10	0-33
Moderate	19-26	6-9	34-39
Low	0-18	0-5	≥40

Source: Maslach, Jackson and Leiter (1997).

MBI-HSS was used as a self-administered questionnaire with a total of 22 items. The items have been broken down to capture the three components of burnout syndrome; nine items on emotional exhaustion, five items on depersonalization and eight items on personal accomplishments. The tool has adapted a Likert scale to provide responses with options of never (0), a few times per year or less (1), once a month or less (2), a few times per month (3), once per week (4) a few times per week (5) and every day (6).

The Burnout Inventory-Human Services Survey (MBI-HSS) was examined in the study using Cronbach's alpha coefficients to establish validity and reliability of perceived burnout among nurses. The reliability level that is accepted is ≥0.7 as indicated by Kombo and Tromp (2006), which was also adapted in this study. In order to ensure the validity, the study used experts, like university lecturers of research departments and other experts of the respective field reviews, including university supervisors.

For qualitative phase, interview guides were developed. The main domains of these guides included knowledge, perception and effects of burnout. One guide focused on asking the general nurses about their experience with burnout and how they cope with the syndrome. The second guide was specific for the administrative nurses to capture

ways in which they deal with burnout at the facility and explore the measures that have been put in place to manage this syndrome *(see Appendix IV and Appendix VI).*

The interview guide underwent a pilot testing phase before it was administered to the participants. The pilot study involved interviewing 4 nurses from Uasin Gishu District Hospital, Eldoret, which is a facility that is on the same level with Kitale County Referral Hospital. This exercise was to assess the accuracy of the tool, as well as make amends to the questions that were not well understood to the participants**.** It also helped in determining the duration of the interview session.

Member Checking

Member checking is the procedure where a researcher checks his/her understanding of the data with the participants by summarizing, repeating or paraphrasing their words and asking their veracity and interpretation (Given, 2008). This exercise was done after the data had been analysed and all the 8 participants were asked to verify the provided information to be true to what they shared during the interview phase.

3.8 Study Procedure

Upon getting approval from Institutional Research and Ethics Committee (IREC) (IREC/2020/179), and National Commission for Science, Technology and Innovation (NACOSTI) (Licence No: NACOSTI/P/21/9391), the researcher sought permission from KCRH medical superintendent after informing him about the study. Afterwards, the nurse in charge at KCRH was informed about the study and requested through the medical superintendent to provide a list and the contact information of the nurses working within the facility. From this list, all the nurses were contacted in person where the details of the study were explained to them. Those who were willing to take part in the study were consented by the researcher by signing the consent form. The

researcher then administered the questionnaire to the participants, which took approximately 10 minutes (Muriithi & Kariuki, 2020). The questionnaire was administered in a quiet room at the time convenient for the participants. The nurses were informed that the researcher might contact them at a later date to seek more information regarding their experience with burnout *(see Appendixes II, VIII, 1X & X).*

For qualitative interviews, the selected participants were contacted by the researcher in person and requested to take part in the interviews. This was after two weeks after taking part in the questionnaire so as to determine whether they were in the category of low or high burnout. The researcher scheduled a date and time convenient for the participant if they agreed to participate. Before the start of each interview, the participants were taken through the consent form and made aware of the confidentiality and privacy of the exercise. They were also informed about providing the consent for them to be recorded during the interviews. The willing participants signed the consent form before the start of each interview. These interviews were carried out in a quiet room away from disruptions at the convenient time that the participant indicated *(see Appendix II).*

3.9 Data Analysis

The Statistical Package for Social Sciences (SPSS) software Version 25.0 was used to code and analyse the questionnaire findings leading to descriptive statistics. Descriptive statistics such as mean, median and std. deviation were used for continuous data. Frequency listings were used for categorical variables. All analysis was carried out at 95% level of significance.

For the qualitative phase, this data was analysed thematically using the six-step procedure as noted by Creswell (2014). The first step entailed transcription and

translation (where applicable) of all the recorded interviews. The second step involved familiarization with the data where the researcher read through all the transcripts again. The third was the beginning of the coding process. During coding, the researcher identified, arranged, and systemized the ideas, concepts, and categories uncovered in the data. The third step was open coding which is the procedure of developing codes of information. The fourth step was the axial coding to determine the relationship of codes generated during the open coding phase and grouping similar codes together. At this stage, several codes were merged, turning some codes into categories. The fifth step was selective coding which is grouping the different categories and codes into themes. These themes were corresponded to the research questions of the study. The sixth step was the production of the research report stage which entailed embarking on giving an explanation of the data in a manner that would make sense to a reader. (Creswell, 2014)

For the quantitative phase, all the 269 questionnaires were well filled out and none was incomplete. For the qualitative interviews, one participant was not available to take part in the interviews, hence 8 interviews were done. However, saturation had been achieved from the 8 interviews that were done, hence the researcher did not replace the unavailable participant.

3.10 Ethical Consideration

Before Conducting the Study

The researcher sought approval from the IREC committee to ensure that the study had met the ethical guidelines before proceeding to the study region. Consequently, the researcher sought permission from the medical superintendent at Kitale County Referral Hospital before contacting any of the nurses at the facility *(see Appendix I).*

Before contacting the participants, the researcher piloted the interview guide at Uasin Gishu District Hospital to check for its validity and reliability.

During the study

The researcher sought consent from each participant before collecting their information and responses. As for the qualitative interviews, the participants were made aware that the sessions were being recorded so that they can give their permission during the consenting stage. Administration of the questionnaire and conducting of the key informant interviews were done in a quiet place where privacy and confidentiality was upheld. During the interviews, each participant was given a unique identification number so as to protect their identities while recording.

3.11 Dissemination Plan

Upon conclusion of the study and analysis of the collected data, the researcher convened a meeting at the KCRH facility with the staff under the authority of the medical superintendent. This meeting shared the findings of the study and explained its relevance to the staff working in this facility as well as the managerial arm overseeing the hospital. Additionally, the thesis will be deposited in the University repository and the researcher will write a manuscript to be published in peer reviewed journals.

CHAPTER FOUR

4.0 DATA ANALYSIS, PRESENTATION AND INTERPRETATION OF FINDINGS

4.1 Demographic Information

The study sought to find out the demographic information of the respondents. Findings of the study are captured in Table 4.1.

Table 4.1: Demographic Information

Variable	Frequency	Percentage
Department		
Outpatient	61	22.7
MCH		11.2
Inpatient	99	36.8
CCC	19	7.1
Surgery	35	13.0
Psychology	14	5.2
Labs	11	4.1
Working Years at KCRH		
1-2 years	55	20.4%
3-5 years	76	28.3%
>5 years	138	51.3%
Gender		
Male	104	38.7%
Female	165	61.3%
Marital status		
Married	186	69.1
Single	68	25.3
Divorced	3	1.1
Separated	4	1.5
Widowed	8	3.0
Age		
18-30 years	68	25.3%
31-40 years	132	49.1%
41-50 years	55	20.4%
>50 years	14	5.2%
Education		
Diploma	193	71.7
Higher Diploma	17	6.3
Bachelor's	49	18.2
Masters	10	3.7
Total	**269**	**100%**

Findings of the study presented in Table 4.1 shows that 22.7% of the respondents belonged to the outpatient department, 11.2% the MCH, 36.8% inpatient department, 7.1% belonged to the CCC department, 13% surgery department, 5.2% psychology department and 4.1% belonged to the laboratory department. Thus, it can be concluded that a majority of the study participants belonged to the inpatient department. The study also collected data from all the departments indicating that there was no bias in terms of the sources of information.

From the Table, 20.4% of the respondents have worked at KCRH for a period of one to two years, 28.3% have worked for three to five years and 51.3% have worked for over 5 years. The findings can be interpreted to mean that majority of the healthcare workers at KCRH have worked within the hospital for over five years. The data also indicates that the nurses working there have been working for some time and thus indicating that they are better placed at giving informed decisions about the study questions in relation to their work and experience with the hospital.

As shown in Table 4.1, a majority of the respondents were female at 78 (58.6%) and male were 55 (41.4%). The findings indicate that the data for the study was collected from both gender and thus eliminating any case of gender bias that might have impacted negatively on the study.

Results indicates that 186 (69.1%) if the respondents were married, 68 (25.3%) were single, 3 (1.1%) were divorced, 4 (1.5%) were separated and 8 (3%) were widowed. From the findings, a majority of the study participants were married.

Findings reveal that a majority 132 (49.1%) of the respondents were between 31-40 years, 68 (25.3%) were between 18 and 30 years. 55 (25.3%) were between 41 to 50 years and 14 (5.2%) were above 50 years.

A majority 193 (71.7%) of the participants had diploma education. 17 (6.3%) had higher diploma, 49 (182%) had bachelor's degree and 10 (3.7%) had masters. The findings indicates that the respondents had good educational background and thus they were in a position to give well informed responses as they could read and understand the questions effectively.

4.1.2 Demographics Correlational Analysis

The study assessed the relationship that is there between the demographic data and the burnout syndrome among the nurses using linear regression as the primary test statistic. The findings of the correlation is captured in Table 4.2.

Table 4.2: Demographics Correlational Analysis

Demographic	Emotional exhaustion	Depersonalization	Accomplishments
Department	.071	.270	.880
Years worked	.291	.771	.401
Gender	.539	.098	.021
Marital status	.112	.026	.023
Age	.714	.096	.020
Education	.764	.025	.018

Correlation is significant at the 0.05 level.

The findings of the study indicates that there was no significant relationship between the department that the nurses belonged to and burnout syndrome as all the p-values obtained were higher than 0.05. This implied that the department that the nurses worked in had no influence on the level of burnout that they experienced.

There was no significant relationship between the years the nurses worked at KCRH and burnout syndrome as all the values obtained were higher than 0.05. This implied that regardless of the number of years the nurses had worked at KCRH, it had no influence on the level of burnout they experienced.

Gender had no significant relationship with emotional exhaustion and depersonalization, but was positively correlated with personal accomplishments with a p-value of .021. This implied that gender had a positive influence on the level of burnout the nurses experienced. Since majority of the respondents were female, it then further implied that female nurses experienced higher levels of personal accomplishment.

Marital status had no significant relationship on emotional exhaustion. However there was significant positive relationship between marital status and depersonalization (p=.026) and personal accomplishments (p=.021). This implied that the nurses who were married experienced higher levels of personal accomplishment and lower levels of depersonalization.

There was no significant relationship between the age of the nurses and the levels of emotional exhaustion (p=.714) and depersonalization (p=.096). However, there was a positive correlation between age and personal accomplishment (p=0.20). This implied that nurses who were between the age-brackets of 31-40 years experienced higher levels of personal accomplishment.

Education had a significant relationship with depersonalization (p=.025) and personal accomplishments (p=.018). However, there was no significant relationship between education and emotional exhaustion (p=.764). This implied that nurses who had a diploma in nursing experienced lower levels of depersonalization and had higher levels of personal accomplishment.

4.2 Objective 1: Prevalence of Burnout

The study sought to find out the prevalence of burnout syndrome among the nurses. Although MBI is the gold standard for evaluating burnout, the way that term is used by academics varies widely. For instance, some people have defined burnout as having significant levels of either emotional exhaustion or depersonalization. In the end, burnout is a complicated, ongoing, and heterogeneous construct that shows different signs in various people. In this study, all the three aspect of burnout were measured where high levels in emotional exhaustion and depersonalization were interpreted as high burnout. Whereas having high levels of personal accomplishment was interpreted as having low burnout. The syndrome's symptoms include emotional exhaustion, depersonalization, and a lack of personal accomplishment. From the responses in the MBI, multinomial regression was used to establish the scoring percentage of each of the three aspects of burnout. Findings of the study are captured in Table 4.3.

Table 4.3: Prevalence of Burnout among Nurses

Burnout subscales	**Number (%)**	**95% CI**
MBI - Emotional exhaustion		
Low	190 (70.6%)	16.8% (15.5-18)
Moderate	54 (20.1%)	
High	25(9.3%)	
MBI-Depersonalization		
Low	115 (42.8%)	7.6% (6.8-8.3)
Moderate	54 (20.1%)	
High	100 (37.2%)	
MBI-Personal accomplishment		
Low	110(40.9%)	33.2%(31.9-34.4)
Moderate	46(17.1%)	
High	113(42.0%)	

The findings of the study indicates that the response of low emotional exhaustion was 70.6%, moderate emotional exhaustion was 20.1% and high emotional exhaustion was 9.3%. The overall emotional exhaustion prevalence was at 16.8% (95% CI; 5.5%-18%). Thus, indicating that there was generally low emotional exhaustion. This implies that nurses at KCRH experienced low levels of burnout.

The depersonalization prevalence is Low (42.8%), Moderate (20.1%) and High (37.2%). The overall depersonalization prevalence at 7.6% (95% CI; 6.8%-8.3%), and thus, there was a generally low depersonalization. This also implies that nurses at KCRH experienced low levels of burnout.

On the other hand, the prevalence of personal accomplishment is low (40.9%), moderate (17.1%) and high (42.0%). Thus, there was a high personal accomplishment among the nurses. The overall prevalence of personal accomplishment was high at 33.2% (95% CI; 31.9%-34.4%).This implied that nurses at KCRH experienced low levels of burnout.

In summation, nurses at KCRH experienced low emotional exhaustion at 16.8%, low depersonalisation at 7.6 % and high personal accomplishment at 33.2%, hence the burnout level was low.

4.3 Objective 2: Perceptions of Burnout

Objective 2 and 3 were grouped into four themes that guided the interview process. The themes were;

a) Nurses view of burnout,
b) Health workers most affected by burnout,
c) Effects of burnout
d) Strategies to manage burnout.

4.3.1 Nurses View of Burnout

The study sought to find the perception of the interviewees regarding what burnout is. Most of the responses that were given indicated that the nurses were aware of what burnout is based on their experiences and those of their colleagues. The main aspects that made the nurses to perceive what they were feeling as being burnout was based on the presence of stress, being drained, feeling exhausted, overworked mind and feeling of being overwhelmed.

Some of the responses given by the interviewees were as follows;

Interviewee A stated that:

> *"When I hear the word burnout, ok what comes to my mind is stress, you feel drained, exhaustion."* (Male, 32 years)

Interviewee C responded that:

> *"Burnout is being exhausted possibly after a long working hours from work and at the same time not necessarily also from work some other activities that also can make you also get exhausted."* (Female, 35 years)

Interviewee H stated that:

> *"Burn out I think is the condition where someone finds himself or herself in a tired full way she can't think or he can't think beyond more things, because she is overwhelmed with what she is doing."* (Female, 41 years)

Interviewee D stated that:

> *"I normally think of getting worn up, you get worn up physically, psychologically, emotionally especially."* (Male, 37 years)

4.3.2 Causes of Burnout

Some of the common factors that were listed in the interview include; stress, shortage of staff, long working hours, large number of patients to handle, lack of enough time to handle the patients, working overtime, lack of motivation and lack of appreciation by the employer.

Some of the responses that were given during the interview are as follows;

Interviewee A stated that;

> *"So, about burnout, mostly as nurses we experience burnout due to the shortage that we have in most of our departments and this has been the case with the onset of COVID-19. So you find sometimes you have so many clients to take care of, you work for longer hours so at the end of the day you are exhausted ,you feel drained sometimes you are demotivated. Yeah so this mostly comes because of the shortage that mostly we are experiencing in our various departments*." (Male, 32 years)

Interviewee B stated:

"Sometimes it pressure of work, the workload, yeah. Most of the time its workload like today we have really worked and this was the case during the onset of COVID-19 within the country." (Male, 31 years)

Interviewee C stated that:

> *"In our environment, long working hours and then also the patients are the key, depending on the way the number of staff and the number of patients, will make you work more and sometimes when you get tired you cannot give the good services to these patients because you are tired so and the end of the day you will find that some of these patients you might not give them the time they need."* (Female, 35 years)

Interviewee G stated that:

> *"Because in our set up, in our place of work, you will find that most of us work for long working hours, may be you come at 7:00 o'clock ,you go at around six, and the number of patients, remember patients come with different conditions, so you will have to handle each patient differently. So at the end of the day, if you can see up to 50 patients or 30 to 50, you will find that you will not be also thinking so you will find you see patients exceeding the target that*

you are supposed to see, so at the end of the day in the evening you are tired, so may be sometimes you will find that you cannot even talk to your colleagues in a good way." (Female, 38 years)

Interviewee H stated that:

"Ok, the kind of work we do, it means you have to be there throughout and you cannot leave your station until somebody else comes up you hand over to that person. Sometimes you find that there is nobody who comes to relieve you, nobody is coming to relieve you of your duties so that you can go and rest so that you find yourself working throughout the day and throughout the night. Another thing is maybe because of the shortage of workers, you find because we are not enough, you find that you work so many hours without resting. Another thing is you find you are working but you get emotionally drained maybe because of the kind of work you're doing, the kind of cases you're handling. There are cases which we handle for so long they will drain you emotionally, physically so you get a burnout. Also there is no motivation, you are doing all these but you're even motivated may it be financially, may it be with a cup of tea or even some breaks, sometimes you hold even your bladder because of that patient for so long. (Female, 41 years)

On the other hand, interviewee F indicated that:

"One could be lack of motivation, work overload and lack of appreciation by maybe your employer. We have not been motivated since the onset of COVID-19 despite the work overload that we have been able to have." (Female, 34 years)

4.3.3 Health Worker Category Mostly Affected by Burnout

The interviewees were asked to mention the category of workers whom they perceived to be greatly affected by burnout levels. From the interviews various

categories were mentioned. Some of the categories included; elderly nurses, those who had underlying illnesses, those who work for long hours and those working in theatres and emergency departments.

Some of the responses given are as follows.

Interviewee F responded that:

> *"Nothing really because the overtime tends to, working overtime tend to be hectic so at times when you are discharging your duties and then whoever was supposed to relieve you comes in late or she comes in late, you see, you end up overworking yourself so I think that's one of the major cries for people who at least they are supposed to be a reliever at the same time they tend to come late."* (Female, 34 years)

Interviewee D:

> *"Mostly people who work from morning to evening especially, ok, like me I am a nurse, I feel I'm in that category of people who normally get burnout."* (Male, 37 years)

Interviewee C:

> *"People who work in emergency department, in theatres and sometimes those who work in the ward because of the conditions and, conditions of the patients they normally attend to."* (Female, 35 years)

On further probe as to why the burnout is common among those working in theatre and emergency, interviewee C responded that:

> *"Sometimes, you see like me I work in minor theatre here, you find that people come with septic wounds and they are so intense you find that it is very difficult, before you finish one dressing you find that you are so much exhausted. Yeah."*

4.3.4 Effects of Burnout on Nurses

Based on the responses from the interviewees, burnout led the nurses to have poor interpersonal relationships with their fellow colleagues while at work. Subsequently, it led to lack of motivation to enjoy their work and some developed a dislike to work in certain department that were associated with hectic workload. Additionally, the interviewees reported that burnout affected their personal lives at home where they experienced poor interaction with their family members. Some of the responses that were given are as follows;

Interviewee A stated that:

> *"Ok, when you have burnout when you go back home obvious you are not that productive, you just need adequate rest, so it can impact negatively in your family, on my side it won't affect me that much because I know how to cope because as a nurse, I know that burnout is something to expect. Yeah, so during my training even during my practice I just learn how to cope with burnout."* (Male, 32 years)

Interviewee C:

> *"Sometimes when you are tired, you will go with the same and you are tired at home, may be you will find somebody wants this, may be the children wants something and you feel like getting a rest and they are disturbing you, sometimes you might end up beating that child. So you find that impact affects your family also."* (Female, 35 years)

Interviewee E:

> *"Definitely if you talk to somebody negatively, this person will also answer you negatively and you will not like it. Yeah, You see that one will affect you, the way you handle somebody, It makes me not be positive about my work, yeah, and when you become negative, don't be positive about your work you*

will not enjoy, so I didn't enjoy my work, when I'm bitter like that, when I'm having a burnout, I don't enjoy my work, I don't associate well with people. So that will affect my work, it will affect even my personal life because I can even carry it at home." (Male, 35 years)

Interviewee F:

"Yes, definitely, there's a case of a colleague, she had a very terrible accident sometime back then she was assigned to go to maternity. You know what the experience in maternity is a very different case like somebody who works maybe in a different department such that maybe he's not even overworking such that, for her case, she had to undergo the spinal surgery, so she need not to, maybe sit down for long hours maybe to encroach, so she was preferring maybe she get deployed to another different department of her preferred choice. Yeah." (Female, 34 years)

Interviewee G:

"Once you are very tired, you get very angry, so and you see beating children anyhow becomes part of yeah, even abusing workers at home." (Female, 34 years)

CHAPTER FIVE

5.0 DISCUSSION, CONCLUSION AND RECOMMENDATIONS

5.1 Introduction

This section focused on making a comparison between the findings of this study and other studies that were discussed in the literature review. Discussion on similarities and differences of the study findings are compared with other studies that focused on burnout syndrome. The study objectives will guide the discussion and draw conclusions and recommendations.

5.1.1 Objective 1: Prevalence of Burnout

The findings are interpreted to mean that the prevalence of the burnout syndrome among the nurses in Kitale County Referral Hospital is low. This was interpreted from the individual scores of the sub-scales of Maslach Burnout Inventory where emotional exhaustion was at 16.8%, depersonalisation at 7.6% and personal accomplishment at 33.2%.

Findings of the study are in disagreement with the findings of Ortega-Campos et al. (2019) where burnout was found to be 40.24% of the nurses who were evaluated. This could be associated to the fact that the nurses worked within a different setting, which in this case was the primary health care. Anxiety, melancholy, neuroticism, on-call duty, and seniority-profession were all substantially connected with emotional weariness and depersonalization, as found by the study of Ortega-Campos et al. (2019). They reported that agreeableness was a personality trait that enabled one to combat and withstand the burnout syndrome. Depersonalisation was also linked to gender, and emotional weariness was shown to be negatively connected to age. This translated to the fact that the older one got, the better they were able to handle burnout.

These findings were consistent with those of this study as a positive correlation was found between age and burnout. Personal success was shown to be negatively connected to anxiety and sadness, while being favourably related to agreeableness, extraversion, and responsibility. Among public health care, there was a significant rate of burnout among nurses, an aspect that was contrasting with the current study. The Ortega-Campos et al. (2019) study concluded that the burnout syndrome was more common in young people who have anxiety and depression and have high neuroticism scores but low agreeableness, responsibility, and extraversion scores.

Woo, Tang and Tam (2020) in their study noted significant differences between geographical regions, specialties and type of burnout measurement used. This is in contrast with this study because the findings of the study indicated no significant relationship between the department that one worked and the level of burnout that they experienced. Woo, Tang and Tam (2020) also noted that the Sub-Saharan African region had the highest burnout syndrome prevalence rate while Europe and Central Asia region had the lowest. From the studies done in the Sub-Saharan Africa, scarcity of resources has been one of the major factors that has contributed to this high levels of burnout. Although the prevalence of burnout syndrome at KCRH was low, the nurses also reported a scarcity in resources at the workplace, an area that is recommended for further research.

The study is in agreement with the findings of Eelen et al. (2014) who indicated that burnout is a common aspect when it comes to oncologists. This is because the oncologists and the nurses tend to share the same experiences when it comes to patient care. Additionally, Eelen et al. (2014) specifically reported that the health care providers in the oncology department who suffered the greatest burnout were the nurses. The study revealed that the prevalence of depersonalization, emotional

exhaustion and low personal accomplishment is higher based on the work environment and also the personal aspects of their lives.

Furthermore, findings of Adriaenssens, De Gucht and Maes (2015) concurs with the findings of the current study. The study noted that the prevalence of the burnout was common among 26% of the nurses who worked within the emergency department. Some of the factors that contributed to the prevalence of burnout included factors such as coping strategies as well as the demographic variables among others. Some of these demographic factors are marital status and age, both of which were positively correlated with the current study. Participants who were married and were between the ages of 31-40 years experienced less burnout based on the coping mechanisms that they developed.

Pradas-Hernández et al. (2018) posted contrasting results to that of the current study. The study indicated that the prevalence rate for burnout among the nurses was mainly in moderation and in some instances there were higher levels of burnout. Additionally, on the quantitative study, the findings indicated that among the 1600 paediatric nurses, the prevalence values were; depersonalisation, 21%, emotional exhaustion 31% and personal accomplishment 39%. These high values that this study reported could be because the study focused on only paediatric nurses who may be prone to handle high workloads. That greatly differs from this study that focused on all the nurses, with majority being from the in-patient department.

Based on running a correlational analysis of the demographics of the nurses, the study findings were consistent with the findings of Bhagavathula et al. (2018) who did a study among health-care providers in Ethiopia. Both studies indicated that there was a significant correlation between marital status, level of education and the level of

burnout that one experienced. Bhagavathula et al. (2018) found that the health care providers who were unmarried were not only at a greater risk of developing burnout, but were also experiencing it. In comparison with the current study, most of the nurses were married and they reported to be experiencing lower levels of burnout.

Lastly, findings of the current study are in contrast with the findings of Lasebikan and Oyetunde (2012). Their study noted that 31% of the nurses had high emotional exhaustion, 24% of high depersonalisation and low personal accomplishment was found in the 38%. The study indicates that there are factors that contribute to the high prevalence cases. Some of the factors included poor and unsupportive work environment such as lack of motivation among others. Prevalence was also linked to the personal issues among the nurses and the high prevalence rate of burnout.

5.1.2 Objective 2: Perception of the nurses towards burnout syndrome.

Most of the responses that were given indicated that the nurses were aware of what burnout is based on how they experienced and described it. The key aspects that made the nurses to be in a position to perceive what they were experiencing as being burnout was based on the presence of stress, being drained, feeling exhausted, having an overworked mind and feeling of being overwhelmed.

The study found that the nurses at KCRH believed that a high workload is linked to poor levels of happiness and an increased risk of health issues. This perception regarding their work led them to feel demotivated about their work and hence feeling depersonalized. According to the literature, this think can lead to employees experiencing lack of organizational justice, which is defined as the extent to which employees believe they are treated unfairly at work and are not being well appreciated. This lack organizational justice is a risk factor for employees' poor

physical and psychological health (Soto-Rubio, Giménez-Espert, and Prado-Gascó, 2020).

The study findings are in agreement with the findings of Nursalam et al. (2018) who found that nurses who perceive to be empowered in their workplace had increased psychological empowerment, which includes a sense of meaning, confidence, autonomy and impact. This was captured in the current study where the nurses at KCRH sort for better ways of employee motivation at work from the administration. Some of the nurses reported that they had not been motivated in any way since the onset of the Covid 19 pandemic while others reported to be working long hours. Such factors usually lead to employees feeling less empowered hence being predisposed to developing burnout syndrome.

Certain personality characteristics have been considered important predictors of how individuals perceive and respond to workplace requirements, according to Grigorescu et al. (2018). Personality then acts as the bedrock for developing coping mechanisms that an individual chooses to combat the stresses that they face in their line of work. Poor coping mechanisms lack the ability to withstand stress hence lead to development of the burnout syndrome. From the findings of this study, some nurses reported to have developed coping mechanisms such as listening to music and taking walks as a means to avoid getting burnout. There is need for further study to establish how different coping mechanisms were influenced by one's personality.

According to Hailay et al. (2020), work demands such as work overload, long work hours, role stress, absence of fair treatment and conflict in values are some of the precipitating factors of burnout. Additionally, job resources such as lack of support from co-workers or managerial staff, lack of appreciation, and poor involvement in

decision-making are also largely contribute to burnout. This is because these factors influence to shape one's perception towards work and work related stress which often leads to burnout. The findings of this study do concur with Hailay et al. (2020) in that there is need for the employer to find measures to appreciate their staff. Some of the suggestions from the nurses at KCRH is for them to be given team building platforms to help them release work-related stress.

Based on the findings of Khamisa et al. (2016), a conducive working environment is crucial to the quality of work that the employees submit at the end of the day. Consequently, a conducive place of work increases the workers performance as well as their mental health state. From the findings of the current study, the nurses described their work environment as a place requiring long working hours, having staff shortage and with a high workload. Such an environment is not conducive to the nurses, hence negatively influencing their perception towards work, making them to feel depersonalised and at risk of suffering from burnout syndrome.

Kelly (2020) concurs with the current findings by arguing that the causes of burnout stem from external pressure of caring for patients and pressure from organizational policy and practices, including unhealthy work environments, poor communication and stigma. The nurses at KCRH reported to be experiencing high workload, which in turn increases the pressure at work thus putting them at risk of developing emotional exhaustion.

The current findings are also in agreement with Mbuthia et al. (2017) who noted that nurses are the primary health care providers who spend the most time with the patient. When decisions are made without involving them, it makes them feel insignificant in the role of patient care and can affect one's efficacy to work. The continued

occurrence of such incidents may lead one to have a poor attitude towards their work hence start to experience burnout.

5.1.3 Objective 3: Effects of Burnout syndrome on Nurses

The effects of burnout have been categorised into the effects at workplace and how they also affect the personal lives of the nurses. In terms of effects at work, burnout has been linked to the following; low productivity, feeling tired at the workplace and too drained to attend to patients. Regarding personal life, there are impacts of burnout such as accidents, spending less time with family, resulting in poor interaction with family and friends. In occasions, the nurses show bad attitude when interacting with other people outside work such as assaulting domestic workers at their homes, and the situation could escalate to punishing their children for no reason.

Findings of the study agrees with the findings of Hayat and Afshari (2020) who noted that burnout consequent negative job-related outcomes such as decreased task performance, poor job satisfaction, high turnover intention, mental illness and diminution well-being. This was reported by the nurses at KCRH who reported not to be productive at the workplace and also not enjoying their work. These effects lead to one experiencing low personal accomplishment at work leading to them being predisposed to developing burnout syndrome. (Smith et al., 2017).

According to Kelly (2020), the consequences of burnout and secondary trauma among health care professionals can be severe, affecting a large section of the workforce and resulting in actual suffering, such as depression, emotional trauma, and suicide. The need to detect, assess, and cure burnout is a top issue for health care providers. This was reported in the current study where some nurses experienced less to no empathy when dealing with patients at the work place.

Burnout syndrome among nurses has been linked to the feeling of being tired and worn out as well as being fatigued. In a study that was done by Duarte and Pinto-Gouveia (2016), it was noted that fatigue, tiredness and being worn out are some of the common burnout symptoms that are experienced by nurses who are operating within environments that are characterised with high workload and low number of nurses. The study indicated that in the event that a nurse is extremely fatigued, they end up making some serious errors such as when it comes to the medication of a patient. Thus, revealing that burnout can have adverse effect on the nurses and the quality of work that they do.

Additionally, Duarte and Pinto-Gouveia (2016) found that high burnout syndrome has been associated with increased cases of accidents within the hospital that involves the nurses. Nurses who are emotionally exhausted in most of the cases are often absent minded whenever they are at the hospital. In such cases, the nurses are often not careful whenever they are handling some of the equipment that are used. Nurses have been found to cut and even pierce themselves as they are involved in poor handling of sharp objects within the facility as they suffer from high levels of burnout. In some of the cases, the nurses have been found to break their legs as they fail to notice slippery floors and stairs due to the fact that their minds and concentration are elsewhere as a result of the burnout that they are facing in the process. This aspect was also mentioned in the current study of a case scenario of a nurse who hurt their spine while on duty and had to undergo spinal surgery.

According to a study done by Wang, Chang, Fu and Wang (2012), burnout syndrome has been found to have a negative effect on the personal life of the nurses. Nurses have families and there is the need to ensure that they strive to maintain a good relationship with them. However, burnout has been linked to poor family relations

among the nurses. This is because of the fact that they do not spend enough time with the family; as in some of the cases they are fatigued to a point that when they get home, they go to bed directly. Additionally, it has been noted by Yuguero et al. (2017) that nurses who have high burnout levels do not have enough time when it comes to spending quality time with their families.

Consequently, Valdez et al. (2019) findings reflect on the outcomes of the current study. Their findings indicated that there were certain factors that are found within the work environment that are key in the management of the burnout levels that are faced by the nurses. The study indicated that the first aspect of managing burnout at work place is making sure that there is job satisfaction and structural empowerment.

Additionally, Casucci, Locke, Henson and Qeadan (2020) noted that the use of programs such as having regular team building activities enhances the fight against burnout while at work and this is based on the significant role that they are able to play in the process. This was also proposed by the nurses at KCRH who believed that such activities could help them reduce work related stress and not be at risk of developing burnout.

McKnight et al. (2020) notes that reducing the workload that is faced by the nurses is one of the strategies that can be used to ensure that there is effective management of the work related burnout in most of the hospitals. This is based on the fact that the workload that the nurses are facing in some of the cases makes them to be poor performers as they are often are tired and worn out to handle all the duties that they have been given effectively. The study indicates that having nurses to share the duties in a manner that does not affect their overall wellbeing is critical. This is because it eliminates any chance of the nurse being overwhelmed. This they note as being one of the issues that is facing developed countries as the ratio of nurses to the patients is low

and thus making a nurse to have to attend to even over 100 patients on a daily basis which is an indication of the extreme burnout that the nurses are facing in the process.

Mealer et al. (2009) have noted from their study that there are factors that are needed within the workplace to ensure that there is effective management of the burnout related issues that are affecting most of the healthcare workers. The study indicated that based on the effects that burnout has on the nurses, there is the need for the management of the hospital to ensure that they create an avenue whereby the nurses are able to air their challenges that they are facing while at work that might be key in ending the prevalence of burnout. For instance, the study indicated that within hospitals that are found in the developed countries, there are offices that handle burnout issues that are tasked with the responsibility of even giving out those affected by the burnout some days off so that they can manage the conditions that they have.

Wisetborisut et al. (2014) reveals that the introduction of shifts is key in the management of employee related burnouts and this is mainly when it comes to the health sector. The study indicates that in situations where nurses are not in a position to have different shifts then there are cases of burnout as it make their work redundant, as they will be dealing with the same routine over and over. Breaking the monotony that is faced by the nurses when it comes to handling their duties is critical in making sure that nurses are able to experience different environments and thus making them to avoid experiencing burnout. Thus, shifts are to be used in a manner that ensures that there is effective rotation of the nurses within the workplace.

The conceptual framework of the study had four variables. The three independent variables of the study are; personal factors, job related factors, and administrative factors while the dependent factor is burnout. Perception which is directly linked to

one's coping mechanism is the mediating variable. The findings of the study were able to further illuminate this framework where all the independent variables emerged clearly on how they influenced burnout. From the findings, the personal aspects of the nurses such as their marital status and their personal believes were found to have an influence on how they managed burnout.

Furthermore, the job-related and administrative factors also emerged as factors that had an impact on how the nurses coped with burnout. The three independent variables directly had an influence on the kind of coping mechanism that each individual used hence leading to either high or low levels of burnout. In summation, the level of burnout that the nurses at KCRH experienced was greatly influenced and determined by the independent variables; personal, job-related and administrative factors as well as the mediating variable; perception.

5.2 Conclusions

Based on objective one, nurses at Kitale County Referral Hospital experienced a low prevalence of burnout, which was illustrated through low emotional exhaustion of 16.8%, low depersonalisation of 7.6% and high personal accomplishment of 33.2 %.

On the second objective, nurses at Kitale County Referral Hospital are aware of what burnout is based on how they experienced and mitigated it. The major aspects that makes the nurses to be in a position to perceive what they were feeling as being burnout was based on the presence of stress, being drained and feeling exhausted, overworked mind and feeling of being overwhelmed.

On the third objective, the effects of burnout at Kitale County Referral Hospital affected the work life and personal life of the nurses. In terms of effects at work, burnout has been linked to the following; low productivity, feeling tired at workplace

and too drained to attend to patients. On the other hand, there are personal impacts of burnout such as accidents, spending less time with family, poor interaction with family and friends and other times they often show bad attitude when interacting with other people outside work and even beating children for no reason in their homes.

5.3 Recommendations

Based on the findings of the study, the following recommendations have been made;

(a) Objective one of the study was on the prevalence of the burnout syndrome which was established as being low. Based on this finding, nurses at KCRH should continue to work on their coping mechanisms so that they be better placed to handle and manage burnout while at work or at home.

(b) The second objective of the study was on the perception of the nurses at KCRH towards burnout. From the study, it was established that the nurses had a good understanding of burnout and knew how to recognize it. The study recommends that the nurses all the nurses need to be sensitized towards the burnout syndrome so that they are always well equipped to perceive and manage burnout.

(c) The third objective of the study was on the effects of burnout syndrome, which was established that it affects both the quality of their work and their personal lives. The study recommends that institutional leaders should put in place measures to ensure nurses at KCRH get training on the burnout syndrome so that they may understand ways of mitigating it. Additionally, the facility should continue to provide more trainings on burnout management to ensure none of the nurses are experiencing burnout.

5.4 Areas for Further Study

i. Effect of coping mechanisms in managing burnout syndrome among nurses at Kitale County Referral Hopsital.

ii. Influence of personal attributes of nurses in managing burnout syndrome at Kitale County Referral Hospital.

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APPENDICES

Appendix I: Letter of Introduction (Kitale County Referral Hospital)

To: The Medical Superintendent

Kitale County Referral Hospital

Date: *ddmmyyyy*

From: Daniel Aburi, Master's Student, Moi University.

RE: PERMISSION TO CONDUCT RESEARCH AMONG NURSES AT THE HOSPITAL

My name is Daniel Aburi, a graduate student at Moi University taking my masters in Clinical Psychology. I am required to carried out a study as part of my academic requirement among nurses titled "Burnout among nurses in Kitale County Referral Hospital"

The study seeks to capture the experience of nurses in regard to burnout within hospital. The study activities will include administration of a standardized questionnaire to all the nurses in the hospital and key informant interviews for a few selected nurses. Capturing their experience with burnout will be provide instrumental information to the policy makers in ways of managing burnout at the work place.

Your assistance will be highly appreciated.

Sincerely

Daniel Aburi

Researcher

Tel: +254771374830 Email: dnaburi@gmail.com

Appendix II: Informed Consent Form

Study Title: Burnout among Nurses in Kitale County Referral Hospital

Name of Principal Investigator: Daniel Aburi

Name of Organization: Moi University

Introduction: You are being asked to take part in a research study. This information is provided to tell you about the study. Please read this form carefully. You will be given a chance to ask questions.

If you decide to be in the study, you will be given a copy of this consent form for your records. Taking part in this research study is voluntary. All the information that you shall provide will be treated with confidentiality and will not be used against you in any way. You may choose not to take part in the study. You are also free to withdraw from this study at any time. If after data collection you choose to quit, you can request that the information provided by you be destroyed under supervision- and thus not used in the research study.

Purpose of the study: The purpose of the study is to find out the understanding that the nurses in Kitale County Referral Hospital of burnout. It is meant to capture their knowledge and experience with the burnout syndrome

Number of people taking part in the study: If you agree to take part in the study, you will be among the three hundred nurses taking part in the study.

Procedures for the study: If you agree to be in the study, we will protect your identity. You will participate in the administration of a standardized questionnaire to measure burnout. After which, a few of the participants will be contacted to take part in one on one interviews with the researcher. You may or may not be selected to take

part in these interviews. If you will be selected for these interviews, they will last approximately for 30 minutes.

Risks of taking part in the study: There are no major risks for being in the study. However, while on the study, you might experience some discomfort in answering some of the questions.

Benefits of taking part in the study: There are no direct benefits to your participation. However, your contributions may be informative to the research community that seeking to provide a standardized care of the management of burnout.

Alternatives to taking part in the study: There are no alternative procedures to this study.

Confidentiality of records: Your name or other information that may identify you will not be associated with your answers during this interview, the recording, transcription, or any other notes made by the note taker. We will transcribe the interview from the recording and destroy the audio file. The transcribed documents will be stored in secure locations and digital files will be protected with passwords. Only members of the study team will have access to the data.

Reimbursement: You will not receive any form of payment for taking part in this study.

Contact information: For more information about the research, your rights as a participant, or any other concerns, please contact:

- The lead researcher, Daniel Aburi, 0717374830
- Moi University/Moi Teaching and Referral Hospital Institutional Research and Ethics Committee (IREC) on 0787 723 677

Voluntary nature of study: Your participation in this study is voluntary. You may refuse to participate and there will be no penalty for refusing. If you agree to participate, you may choose to discontinue your participation at any time or request that the information that you gave be withheld without penalty.

PARTICIPANT'S CONSENT: In consideration of all of the above, I give my consent to participate in this research study. I will be given a copy of this informed consent document to keep for my records. I agree to take part in this study.

Participant's Name: _____

Participant's Signature: _____ **Date**: _____

Name of Person Obtaining Consent: _____

Signature of Person Obtaining Consent: _____ **Date**: _____

Appendix III: Informed Consent Form (Audio Recording)

Study Title: Burnout among Nurses in Kitale County Referral Hospital

Name of Principal Investigator: Daniel Aburi

Name of Organization: Moi University

This study involves the audio recording of your interview with the researcher. Neither your name nor any other identifying information will be associated with the audio file or the transcript. Only the research team will be able to listen to the audio recording.

The audio files will be transcribed by the researcher and erased once the transcriptions are checked for accuracy. Transcripts of your interview may be reproduced in whole or in part for use in presentations or written products that result from this study. Neither your name nor any other identifying information (such as your voice) will be sued in presentations or in written products resulting from the study.

Immediately following the interview, you will be given the opportunity to have the audio recording erased if you wish to withdraw your consent to audio recording or participation in this study.

By signing this form, you are consenting to:

Having your interview taped; ☐

Having the tape transcribed ☐

Use of the written transcript in presentations and written products ☐

By checking the box in front of each item, you are consenting to participate in that procedure

This consent for audio recording is effective until December 31, 2022. On or before that date, the tapes will be destroyed.

Participant's Name: _____

Participant's Signature: _____ **Date**: _____

Name of Person Obtaining Consent: _____

Signature of Person Obtaining Consent: _____ **Date**: _____

Appendix IV: Maslach Burnout Inventory (ES)

Please fill up the following information:

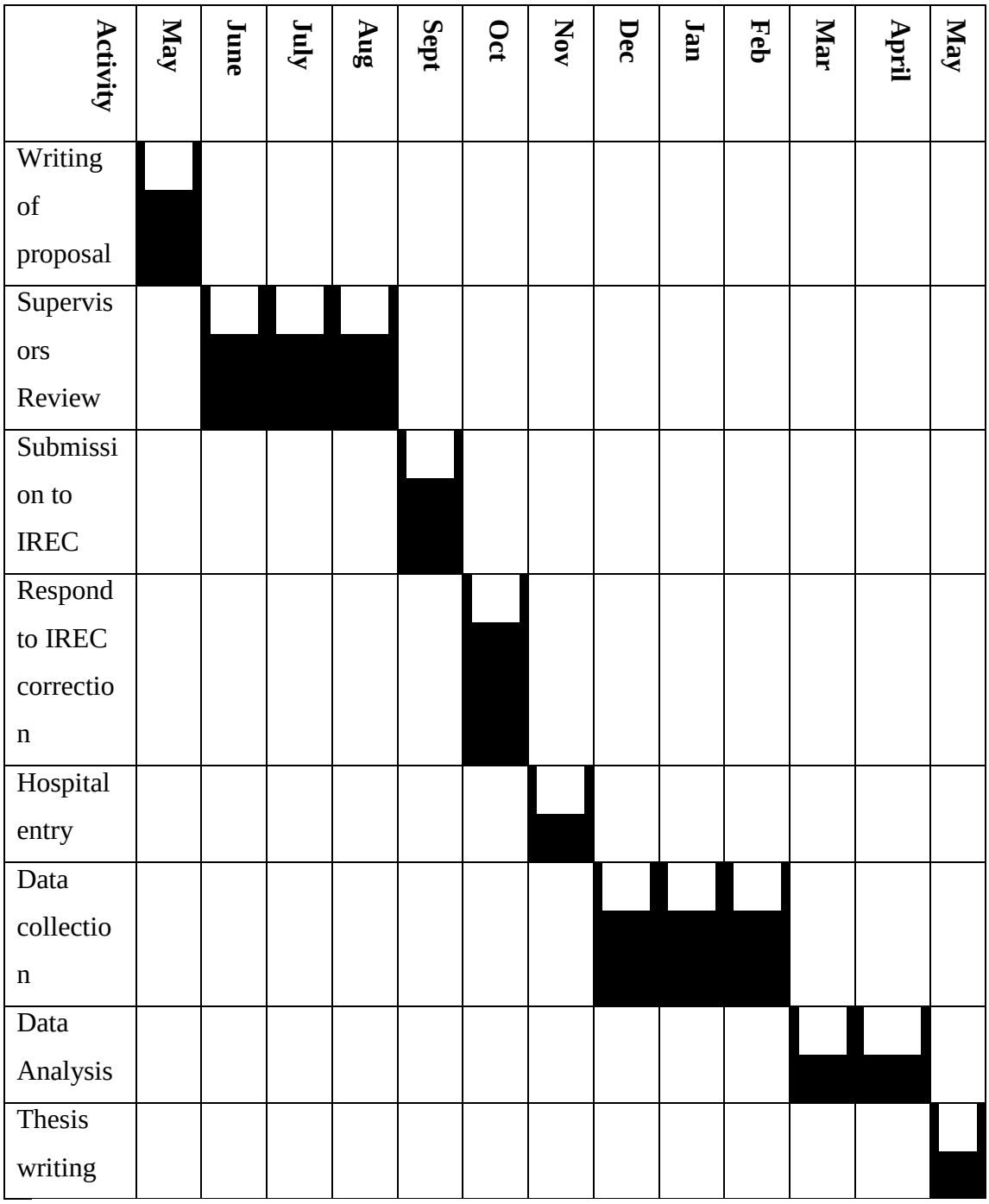
1. Name Initials: ……. Tel No.: ……...
2. Name of the Department: .....
3. Number of years worked at Kitale County Referral Hospital: …….
4. Gender (please tick one):
   a) Male [ ]
   b) Female[ ]
5. Marital status
   a) Married [ ]
   b) Single [ ]
   c) Divorced [ ]
   d) Separated [ ]
   e) Widowed [ ]
6. Your age bracket in years
   a) 20- 30 [ ]
   b) 31-40 [ ]
   c) 41-50 [ ]
   d) Above 50 [ ]
7. Your highest level of professional qualification
   a) Diploma [ ]
   b) Higher National Diploma [ ]
   c) Bachelor's degree [ ]
   d) Masters [ ]
   e) PHD [ ]
   f) Others, please specify ……...

Please read each statement carefully and decide if you ever feel this way about *your job*. If you have never had this feeling, write "0" (zero) in the space before the statement. If you had this feeling; indicate how often you feel it by writing the number (from 1 to 6) that best describes how frequently you feel that way.

0	1	2	3	4	5	6
Never	A few times a year or less	Once a month or less	A few times a month	Once a week	A few times a week	Everyday

QUESTIONS	0	1	2	3	4	5	6
1. I feel emotionally drained from my work.							
2. I feel used up at the end of the workday.							
3. I feel fatigued when I get up in the morning and have to face another day on the job.							
4. I can easily understand how many recipients feel about things.							
5. I feel I treat some recipients as if they were impersonal objects.							
6. Working with people all day is really a strain for me.							
7. I deal very effectively with the problems of my recipients.							
8. I feel burned out from my work.							
9. I feel I'm positively influencing other people's lives through my work.							
10. I've become more callous towards people since I took job.							
11. I worry that this job is hardening me emotionally.							
12. I feel energetic.							
13. I feel frustrated by my job.							
14. I feel I'm working too hard on my job.							
15. I don't really care what happens to some recipients.							
16. Working with people directly puts too much stress on me.							
17. I can easily create a relaxed atmosphere with my recipients.							
18. I feel exhilarated after working closely with my recipients.							
19. I have accomplished many worthwhile things in this job.							
20. I feel like I'm at the end of my rope.							
21. In my work, I deal with emotional problems very calmly.							
22. I feel recipients blame me for some of their problems.							

Appendix V: The Study Work plan



Appendix VI: Qualitative Interview Guide (Nurses)

Study Title: Burnout among nurses in Kitale County Referral Hospital.

Introduction.

Burnout is a growing concern among the nurses both locally and at the global stage. This tool is to help capture the knowledge, perception and the practices that nurses have towards managing burnout. All the responses are welcomed and there is not wrong or right response. Kindly feel at liberty to speak freely and truthfully regarding the experience you have heard towards burnout.

1. When you hear the word burnout, what comes to your mind?
    a) What are some of the things that contribute (lead) to burnout?
2. What category of people are mostly affected by burnout? Why?
3. Have you or someone you know experienced burnout?
    a) How did you know it was burnout?
    b) How did this affect; you individually? Your patients? The health facility?
4. How did you manage this burnout?
    a) Individual strategies, facility-level strategies, national-level strategies
    b) How effective were these strategies?
5. What can be done to make it easy for nurses to manage burnout?
    a) Individual level strategies, facility-level strategies, national level strategies

Appendix VII: Qualitative Interview Guide (Administrative Nurses

Study Title: Burnout among nurses in Kitale County Referral Hospital.

Introduction.

Burnout is a growing concern among the nurses both locally and at the global stage. This tool is to help capture the knowledge, perception and the practices that nurses have towards managing burnout. All the responses are welcomed and there is not wrong or right response. Kindly feel at liberty to speak freely and truthfully regarding the experience you have heard towards burnout.

1. When you hear the word burnout, what comes to your mind?
    a) What are some of the things that contribute (lead) to burnout?
2. What category of people are mostly affected by burnout? Why?
3. Have you or someone you know experienced burnout?
    a) How did you know it was burnout?
    b) How did this affect; you individually? Your patients? The health facility?
4. How do the nurses at your facility cope with burnout?
5. What measures has the hospital put in place to manage burnout among nurses?
    a) At the individual level, at the departmental level, at the facility level?
6. What challenges has the administration faced in the process of managing burnout?
7. What strategies has the administration put in place to help nurses overcome burnout?

Appendix VIII: Institution Research and Ethics Committee approval

INSTITUTIONAL RESEARCH AND ETHICS COMMITTEE (IREC)

MOI TEACHING AND REFERRAL HOSPITAL
P.O. BOX 3
ELDORET
Tel: 33471//2/3

MOI UNIVERSITY
COLLEGE OF HEALTH SCIENCES
P.O. BOX 4606
ELDORET
Tel: 33471/2/3

13th January, 2021

Reference: IREC/2020/179
Approval Number: 0003751
Daniel Aburi,
Moi University,
School of Medicine,
P.O. Box 4606-30100,
ELDORET-KENYA.

Dear Mr. Aburi,

BURNOUT AMONG NURSES IN KITALE COUNTY REFERRAL HOSPITAL

This is to inform you that ***MU/MTRH-IREC*** has reviewed and approved your above research proposal. Your application approval number is ***FAN: 0003751.*** The approval period is **13th January, *2021 – 12h January, 2022.***

This approval is subject to compliance with the following requirements;

i. Only approved documents including (informed consents, study instruments, MTA) will be used.
ii. All changes including (amendments, deviations, and violations) are submitted for review and approval by ***MU/MTRH-IREC***.
iii. Death and life threatening problems and serious adverse events or unexpected adverse events whether related or unrelated to the study must be reported to ***MU/MTRH-IREC*** within 72 hours of notification.
iv. Any changes, anticipated or otherwise that may increase the risks or affected safety or welfare of study participants and others or affect the integrity of the research must be reported to ***MU/MTRH-IREC*** within 72 hours.
v. Clearance for export of biological specimens must be obtained from ***MU/MTRH-IREC*** for each batch of shipment.
vi. Submission of a request for renewal of approval at least 60 days prior to expiry of the approval period. Attach a comprehensive progress report to support the renewal.
vii. Submission of an executive summary report within 90 days upon completion of the study to ***MU/MTRH-IREC.***

Prior to commencing your study; you will be required to obtain a research license from the National Commission for Science, Technology and Innovation (NACOSTI) https://oris.nacosti.go.ke and other relevant clearances. Further, a written approval from the CEO-MTRH is mandatory for studies to be undertaken within the jurisdiction of Moi Teaching & Referral Hospital (MTRH), which includes 22 Counties in the Western half of Kenya.

Sincerely,

PROF. E. WERE
CHAIRMAN
INSTITUTIONAL RESEARCH AND ETHICS COMMITTEE

cc CEO - MTRH Dean - SOP Dean - SOM
Principal - CHS Dean - SON Dean - SOD

Appendix IX: NACOSTI Approval

REPUBLIC OF KENYA

NATIONAL COMMISSION FOR SCIENCE, TECHNOLOGY & INNOVATION

Ref No: **868022**

Date of Issue: **15/March/2021**

RESEARCH LICENSE

This is to Certify that Mr.. Daniel Aburi Ontomwa of Moi University, has been licensed to conduct research in Transnzoia on the topic: Burnout among nurses in Kitale County Hospital for the period ending : 15/March/2022.

License No: **NACOSTI/P/21/9391**

868022

Applicant Identification Number

Director General
NATIONAL COMMISSION FOR SCIENCE,TECHNOLOGY & INNOVATION

Verification QR Code

NOTE: This is a computer generated License. To verify the authenticity of this document, Scan the QR Code using QR scanner application.

Appendix X: Kitale County Referral Hospital Approval

REPUBLIC OF KENYA

COUNTY GOVERNMENT OF TRANS NZOIA
DEPARTMENT OF HEALTH
HEALTH CORPORATE SERVICES

Office of the Director (H.C.S.)
health-corporate-services@outlook.com

P.O. Box 4211-30200, Kitale
Tel: +254-722-540-959

25th May, 2021

To: Mr. Daniel Aburi,
Moi University,
School of Medicine,
P.O. Box 4606 – 30100,
Eldoret,
Uasin Gishu County.

Dear ***Mr. Daniel Aburi,***

RE: RESEARCH AUTHORIZATION

Following your application for authority to carry out research on the topic ***"Burnout among Nurses in Kitale County Referral Hospital"***; I am pleased to inform you that the authority is hereby granted.

Please note that the authority granted is only administrative and is subject to the following requirements:

i. Approval from a competent Institutional Ethics Review Committee (IERC);
ii. Approval from the National Commission for Science, Technology and Innovation (where applicable);
iii. Approval from the health facility at which the research is to be conducted (the host institution).

Please ensure that your research is conducted within the time stipulated in your application. Any extensions shall require fresh endorsement.

With Best Wishes.

Sincerely,

DIRECTOR
HEALTH CORPORATE SERVICES
25 MAY 2021
COUNTY GOVERNMENT OF TRANS NZOIA
P. O. Box 4211 - 30200, KITALE

Dr. Masibo W. Sammy,
Director - Health Corporate Services,
County Government of Trans Nzoia.

Vision: A Healthy and Nationally Competitive County