

CHAPTER 4



RESULTS AND DISCUSSION

This chapter presents the findings from the descriptive correlational study. The findings are organized into four parts: (1) demographic characteristics of the subject, (2) head nurse management style as perceived by staff nurses, (3) staff nurse burnout as perceived by staff nurses, and (4) relationship between management style and burnout. Discussion is conducted based on the research objectives.

Findings

Part I: Demographic characteristics of the subjects

The subjects consisted of 285 staff nurses. The demographic data of the subjects are presented in table 2.

Table 2

Demographic characteristics of the subjects (n=285)

Demographic characteristics	Frequency	Percent
1. Age (Range= 21-55, Mean= 34.31, SD= 8.11)		
21-30	114	40.00
31-40	95	33.30
41-50	70	24.60
51-60	6	2.10
2. Gender		
Female	265	93.00
Male	20	7.00
3. Marital status		
Single	90	31.60
Married	181	63.50
Widowed	8	2.80
Separated	4	1.40
Divorced	2	0.70
4. Educational level		
Auxiliary	68	23.90
Diploma	206	72.30
Bachelor	11	3.90
5. Years of working experience		
1-5	84	29.50
6-10	78	27.40
11-15	33	11.60
16-20	40	14.00
21-25	39	13.70
26-30	6	2.10
31-35	5	1.80

Table 2 (continued)

Demographic characteristics of the subjects (n=285)

Demographic characteristics	Frequency	Percent
6. Special committee		
In-service education & clinical preceptor	123	43.20
Health education	27	9.50
Infection control	19	6.70
Nursing audit	2	0.70
Quality control	4	1.40
Workplace safety	17	6.00
No assignment	93	32.60
7. Personal income per month (1 US Dollar = 8,200 kip)		
300,000-700,000	233	81.80
700,001-800,000	34	11.90
800,001-900,000	15	5.30
>1,000,000	3	1.10
8. Continuing education in nursing care during the last 5 years		
Yes	134	47.00
No	151	53.00

Table 2 shows that most of the subjects were female (93%) with the age range from 21 to 55, with most between 21-30 years old. The average age was 34.31 years (S.D = 8.11). About 63.5% of the subjects were married, 72.3% had a diploma, and 29.5% had 1-5 year-working experience. About 43.2% of the nurses had been assigned to be academic responsibilities. Most of the nurses (81.8%) earned between 300,000-700,000 kip (Lao currency) per month, and 47% have had continuing education in nursing care in the past 5 years.

Part II: Head nurse management style as perceived by subjects.

This part illustrates the mean score of head nurse management style in each dimension as perceived by staff nurses.

Table 3

Mean and standard deviation of head nurse management style as perceived by the subjects (n=285)

Management style	\bar{X}	SD
Benevolent-authoritative system	3.71	0.26
Consultative system	4.44	0.30
Participative group system	5.82	0.18
Overall	4.29	0.48

Staff nurses perceived management style as consultative system ($\bar{X} = 4.44$, SD= 0.30). Benevolent-authoritative system ($\bar{X} = 3.71$, SD= 0.26) and participative group system ($\bar{X} = 5.82$, SD= 0.18) overall mean score were 4.29 and standard division 0.48.

Table 4

Frequency and percentage of head nurse management styles as perceived by the subjects (n=285)

Management style	Frequency	Percent
Exploitive authoritative	0	0.00
Benevolent-authoritative	69	24.20
Consultative	210	73.70
Participative	6	2.10

Head nurse management style as perceived by staff nurses was highest (73.70%) in consultative system. Meanwhile, benevolent-authoritative system was 24.20 percent, and participative system was 2.10 percent.

Part III: Nurses burnout as perceived by staff nurses

This part describes the level of staff nurses burnout in each category as perceived by staff nurses (Table 5)

Table 5

Mean, standard deviation and level of burnout as perceived by the subjects in the three subscales (n=285)

Dimension of burnout	\bar{X}	SD	level
Emotional exhaustion	15.80	6.26	Low
Depersonalization	6.74	3.33	Low
Personal accomplishment	14.34	8.70	High
Degree of burnout			Low

Table 5 shows that emotional exhaustion and depersonalization were rated at low levels (\bar{X} =15.80, SD= 6.26; \bar{X} =6.74 and SD=3.33, respectively), while personal accomplishment was rated at a high level (\bar{X} =14.34, SD=8.70). The result indicated that degree of burnout was low.

Table 6

Frequency and percentage of staff nurses burnout as perceived by the subjects (n=285)

Dimension of burnout	Level of burnout		
	Low	Moderate	High
Emotional exhaustion	171 (60%)	96 (33.70%)	18 (6.30%)
Depersonalization	150 (52%)	117 (41.10%)	18 (6.30%)
Personal accomplishment	4 (1.40%)	9 (3.20%)	272 (95.40%)

The results showed that 171 (60%) subjects were at a low level of emotional exhaustion, 96 (33.07%) subjects at a moderate level, and 18 (6.30%) subjects at a high level of burnout. 150 (52%) subjects were at a low level of depersonalization, 117 (41.10%) subjects at a moderate level, 18 (6.30%) subjects at a high level. While for personal accomplishment 4 (1.40%) of subjects were at a low level of, 9 (3.20%) subjects at a moderate level, and 272 (95.40%) subjects at a high level of burnout.

Part IV: Relationship between head nurse management style and the staff nurses burnout as perceived by staff nurses

To examine the relationship between head nurses management style and the staff nurse burnout in each category as perceived by staff nurses, Pearson's correlation coefficients was used (Table 7).

Table 7

Relationship between head nurses management style and staff nurses burnout as perceived by the subjects (n=285)

Burnout	r	p value
	Management style	
Emotional exhaustion	-.07	0.19
Depersonalization	-.11	0.05
Personal accomplishment	0.03	0.56

From table 7, the result showed that there was negatively significant relationship between management style and depersonalization with a weak relationship ($r = -.11$, $p=0.05$). Moreover, there was no relationship between management style and emotional exhaustion and personal accomplishment.

Discussion

Discussions of the results are presented in the following order according to the researcher objectives as follows:

Part I: Head nurse management style as perceived by staff nurses

The study showed that a significant or majority (73.70%) of the nurses perceived the management style of the head nurses to be consultative (Table 4). This result is similar to a previous study by Winyaratana (2000) in Thailand. The result of that study showed that staff nurses perceived management style were consultative (61.51%). Furthermore, Kaewnak (1999) showed that 50.40% of the nurses perceived the management style of the head nurses to be consultative system. And another study, in Indiana, USA by Moss and Rowles (1997), the staff nurses perceived head nurses management style consultative system at 51%. Lately, Arab et al., (2006) studied perception of staff nurse toward their manager's leadership styles; they found that only 11.4 % t believed that their leadership style was consultative.

According to Likert's theory, the consultative system superiors have substantial confidence in subordinates. Subordinates' ideas are sought and freedom to discuss work with the superior is felt. Goal-setting responsibility is felt by a substantial proportion of personnel. Employees generally behave in way to achieve organization goals. Communication flows down and up but information is limited and viewed with caution. Rewards, occasional punishment and some involvement are motivating forces (Pugh & Hinings, 1981, cited in Phillips, 2009). And another study in Dolan (2003) the result show that the majority of respondents perceived their manager as consultative management style, which reflects the manager's use of staff

ideas and opinions and their frequent involvement of staff in decision making. The perception of consultative style indicates that the participants had positive relationship with and substantial confidence in their unit.

In Lao, staff nurses perceived their head nurse were consultative system. The possible reasons include that staff nurses were respected to the head nurse, while junior nurses also respect to senior nurses in Laotian culture. In the meeting, open communication is provided by head nurses; however, staff nurses do not really express their opinions. They wait for the decisions and orders from head nurses and doctors. Furthermore, most staff nurses (72.30%) earned diploma degree and some (23.90%) got auxiliary degree (2 year-programs (Table 2)). Most of them have never been trained in nursing management.

According to organizational structure, when staff nurses have encountered problems regarding nursing practice or ethical dilemma, they usually consult with their head nurses, then, most of head nurses also consult the physicians who are the head of department. So that suggestions and decisions are from the head of department. Staff nurses rarely make decision by themselves (Hospital Manual, 2004).

Another reason might be staff nurses were not familiar with concepts or systems of management style. So, they did not understand that their managers had consultative behavior. As mentioned by Arab et al., (2006), staff nurses in Iran also did not really understand concepts of consultative system. Similarly, staff nurses are not familiar with a consultative system. They never attend conferences or workshops related to management, especially management style. Moreover, patients who received medical services from the hospital still complained about quality of services

and also suggested the hospital to improve its services (Meeting seminar from the hospital, 2009).

However, the result of study found that some staff nurses perceived their head nurses were benevolent-authoritative system of management on their unit, as represented at 24.60%. The previous studies also found that nurses perceived benevolent-authoritative system (Nakata & Saylor, 1994; Leveck & Jones, 1996). Moss and Rowles's study in 1997 found that 33% of staff nurses perceived their head nurses as benevolent-authoritative system of management. Study by Kaewnak (1999) also showed that 13.71% of the nurses perceived the management style of the head nurses to be benevolent-authoritative system of management. Interestingly, the study by Arab et al, (2006) found that 77.4% of staff nurses perceived their head nurses as benevolent-authoritative system of management.

According to Likert (1967), the benevolent-authoritative system, management has only condescending confidence and trust in employees, such as a master has toward the servants. The bulk of the decisions and goal setting of the organization are made at the top, but many decisions are made within a prescribed framework at lower levels. Rewards and some actual or potential punishment are used to motivate workers. Any interaction takes place with some condescension by management and fear and caution by employees. Although the control process is still concentrated in top management, some control is delegated to middle and lower levels. An informal organization usually develops, but it does not always resist formal organizational goals.

In Laos, the head nurses receive daily report from nurses and weekly conferences within their wards, and are always busy due to many patients. In

addition, communication is usually ineffective. Mostly it is one-way communication from the top administrator to staff nurses and other health personnel (Manual of Orientation, Nursing Department, Mahosot Hospital, 2004). This characteristic of communication appeared in all three hospitals. The top management informs or gives information to staff in the unit level without asking for staff's participation. Head nurses usually notify doctors for any news or reports to the hospital presidents. One head nurse mentioned that the problem from ineffective communication resulting in delayed services.

Those above situations indicated that communication is limited and downward in study hospitals. Upward communication may exist in the form of a suggestion system, but employees are intimidated to share ideas. Goals and decision making are made by top and middle management while subordinates are occasionally consulted for input or problem solving. Orders are issued downward. Rewards and some actual or potential punishments are the motivating forces. Therefore, the control remains high in the organization, and staff is not involved in the setting of unit goals (Likert, 1967).

Moreover, Lao PDR, hospital administration has been centralized. All health care services are provided by the government. Health care services are mainly provided by staff nurses but the levels of these services are not adequate for all Lao people. In reality, head nurses had a hard time to effectively manage health services according to the mentioned duties and responsibility due to their ability, level of education, knowledge and skills.

Lastly, the staff nurses desire a management style approaching the participative group system, with an overall 2.10 percent indicating a desire to be

more involved in the decision making processes. Similarly, the study by Arab et al, (2006) found that 0.8% of staff nurses perceived their head nurses the participative group system, while Moss and Rowles's study during 1997 found that 13% of staff nurses perceived their head nurses as the participative group system. In contrast, the study by Kaewnak (1999) found that 32.26% of staff nurses perceived their head nurses the participative group system.

According to Likert's theory (1967), the high producing managers operate within a participative system. In this system, there is a high degree of group loyalty with favorable attitudes and trust among peers, subordinates and superiors. Group problem solving, personal interactions and high levels of consideration also are present. All staff is encouraged to participate. For the participative system, head nurses use ideas expressed from the staff and ask for the staff's opinions on matters that affect their work. This result reveals that not many staff nurses perceived their head nurses' management style behavior as participative. Staff nurses rarely have participated in decision making, planning, or evaluating processes.

Previous studies recommended that head nurses should have more participative style. Kim (2002) studied the relationship between management style and job satisfaction in the strategic planning process. She found that participative management was related job satisfaction. Moreover, Kanter (1993) stated when managers use participative management, employees feel empowered, so that they will perform better, be more committed to the organization, and be less likely to leave, all of which collectively influence the effectiveness of the organization.

Part II: Burnout as perceived by staff nurses

Three subscales of burnout were discussed in detail as follows:

Table 5 shows that the degree of overall staff nurse burnout at was at a low level. Similarly, Beaver, Sharp, Cotsonis (1986) measured burnout among 98 educated and employed certified nurse midwives. The findings revealed that the majority of respondents reported low levels of burnout. This might be because staff nurses in Lao, PDR are satisfied with their job as the government officers, even though, and there has been a high work load for nurses. Governmental positions are considered as a secured job and have better fringe benefits compared to the others.

There are no private hospitals in Laos. Therefore, staff nurses do not compare their salaries and benefits with nurses in the private sector. The nursing profession in Laos is considered as a high rank job in society (after JICA and other agencies have developed nursing in Laos). Moreover, Schaufeli (1990) reports that burnout often occurs at a relatively young age, below 30-40 years. Gutierrez et al, (2005) found that there were statistical differences with nurses without burnout syndrome age more than 33 years ($p=0.001$) and seniority ($p=0.05$). This study found that low levels of burnout. The average age of the subjects was 34.31 years old. About 63.5% of the subjects were married. About 72.3% had a diploma degree, 23.90% had auxiliary degree. It has been shown that people who have higher education will have higher burnout compared to less education (Maslach, Jackson, & Leiter, 1996). The explanation is that the older age and married are more satisfied with their life so that they can adapt themselves to any changes. They will be more engaged with their work (Maslach, Jackson, & Leiter, 1996).

Moreover, reward system has been also provided by the government. This reward help motivate hospital staff to remain working, although, there has been high workload. During the past years approximately 16 nurses in central hospitals received the rewards in categories 3 and 4 (Central Hospital Report, 2008).

The results also showed that emotional exhaustion and depersonalization were rated as low level ($\bar{X}=15.80$, $SD= 6.26$; $\bar{X}=6.74$, $SD=3.33$, respectively), while personal accomplishment was rated as high level ($\bar{X}=14.34$, $SD=8.70$). Discussion is as follows:

1. Emotional exhaustion. The result of this study showed that emotional exhaustion perceived by the staff nurses was a low level ($\bar{X}= 15.80$, $SD= 6.26$). About 171 subjects (60%) rated their emotional exhaustion as low (Table 5). The average age of the subjects was 34.31 years old. They are considered adult and mature, resulting in more patience and ability to control their emotions. Moreover, most of the subjects (43.20%) have worked for more than 11 years. This is congruent with the study done by Partrick (2006), who assessed level of burnout in nurses and whether or not individual or work characteristics would be associated with this syndrome. He found that increasing age and fewer working hours were associated with lower levels of emotional exhaustion.

At the same time, when considering more details, the results also shown that 96 subjects (33.07%) rated their emotional exhaustion as moderated level. Similar to other studies, for instance, Theucksuban (2008) in Thailand and Mallirou, Moustaka, and Konstantinidis (2008) in Greece, which found burnout level of staff nurses were at a moderate levels. In addition, Xu (2009) reported that registered nurses perceived moderate level of burnout in China. Furthermore, Lin et al., (2009)

studied the level of burnout and factors that contribute burnout in nurses in the People's Republic of China. The results showed moderate levels of emotional exhaustion. This might be that the staff nurse burnout may be affected by long periods of providing care because they have high workload. Staff nurses work 24-hour shifts, except ICU, ER, and post cardio-surgery units. Nurses usually complain about the 24-hour shift because they are very tired. According to health statistics in Laos, the patient-nurse ratio in OPD was 49: 1 and 15: 1 for IPD. Increasing workload leads to more emotional exhaustion (Santos, Alves, & Rodringues, 2009).

Additionally Yu et al., (1989) stated that the impact of burnout on the nurse and the organization may directly or indirectly affect the quality of nursing care provided to patients and their families.

2. Depersonalization. The result of this study showed that depersonalization was at a low level as perceived by the staff nurses ($\bar{X} = 6.74$, $SD = 3.33$). About 150 subjects (52%) rated their depersonalization as low (Table 6). Maslach, Jackson, and Leiter (1996) stated that emotional exhaustion and depersonalization should be correlated. Therefore, both these dimensions are at a low level. The possible explanation may be that in this study the subjects perceived more support from the work setting. Pavlakis et al., (2010) demonstrated that when the nurses got more support, the levels of depersonalization were be lower. In Vientiane, staff nurses have benefit from the hospitals' policies. That is, staff nurses have holidays for 15 days per year. They also have maternity leave for 3 months to take care of their baby at home. In addition, they are also entitled for civil servant health insurance. Therefore, they do not need to pay for basic medical services.

At the same time, when considering more details, the results also shown that 117 subjects (41.1%) rated their depersonalization as moderated level. Similar to previous studies (Vahey et al., 2004; Theucksuban, Nantsupawat, 2008; Kim et al., 2009), which showed moderate level of depersonalization. This might be that the staff nurse burnout may be affected by long periods of providing care because they have high workload. As mentioned before, in 2008 there were 209,062 outpatient visits, 82,470 inpatients at Mahosot Hospital; 85,046, outpatient visits and, 12,495 inpatients at Setthatilath Hospital; and 85,196 outpatient visits and 50,765 inpatients at Mittaphab Hospital (Statistic records from Hospital, 2009). High workload leads to more depersonalization.

3. Personal accomplishment. The result of this study showed that personal accomplishment was at a high level as perceived by the staff nurses (\bar{X} =14.34, SD= 8.70). About 272 subjects (95.7%) rated their personal accomplishment as high (Table 6). Similarly to Patrick and Lavery (2007), who assessed levels of burnout in nurses in Australia, the results showed that Victorian Australian Nursing Federation members exhibited high personal accomplishment. Moreover, Gulalp, Karcioğlu, Sari, and Koseoglu (2008) studied characteristics of staff related to burnout in emergency department. The results showed that the mean score of personal accomplishment was 22.3.

The reasons might be that nursing profession is more recognized and praised lately in Lao society. When nurses provide good quality care to patients, nurses can receive a higher level of recognition and praise from the patients and their families. Staff nurses can solve problems and progress toward to the goal attainment, and nurses feel satisfied with their job achievement. In addition, the hospital also

provides rewards to nurses who provided best nursing care to motivate them each year. These may result in increased personal accomplishment of nurses.

At the same time, when considering more details, the results also show that 9 subjects (3.2%) rated their personal accomplishment as moderate. Similar to Lin et al., (2009), who studied to examine the level of burnout and factors that contribute burnout in hospital nurses in the People's Republic of China and they found moderate levels of personal accomplishment. It was similar to the study of Kim et al (2009) in Korea, where the staff nurses perceived a moderate level of personal accomplishment.

Part III: Relationship between head nurse management style and staff nurses burnout as perceived by staff nurses.

The result showed that there was negative relationship between management style and depersonalization with a weak relationship ($r = -.11$, $p=0.05$). This result indicated that management styles with a high score led to reduce depersonalization. Moreover, there was no relationship between management style and emotional exhaustion and personal accomplishment. It is similar to Sarmiento et al. (2004) the results revealed that management style was significantly negatively related to depersonalization. Similar to one previous study, Jorgensen (1985) investigated the level of burnout among faculty in collegiate nursing programs and its relationship to management behavior of the dean, collegial support, and faculty workload. Significant negative relationship ($p < .001$) was found between burnout and management style approval positive feedback. Dick (2007) found that in the human service organizations, significant negative relationships ($p < .001$) were found between burnout and collegial support, participative management style. Additionally, Angermeier et al. (2009) examined the impact of participative management style on

employee outcomes by using Likert's Profile of Organizational Characteristics. The results indicated that participative management provided 79 percent lower burnout.

Even though this study found a significant or majority (73.70%) of the nurses perceived the management style of the head nurses to be consultative, which is close to participative group of management style. So, these situations lead to lower burnout.