

CAREGIVER BURNOUT AND JOB SATISFACTION AMONG PALLIATIVE  
AND NON-PALLIATIVE NURSES: A MIXED-METHODS STUDY

By

Christina Anne Bridgeman

A Dissertation Presented in Partial Fulfillment  
of the Requirements for the Degree  
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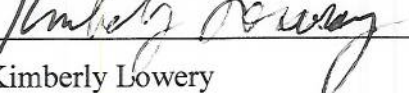
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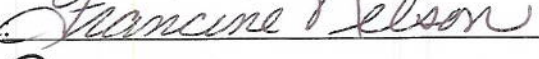
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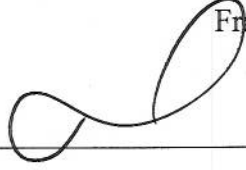
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## **Abstract**

The purpose of the current sequential, explanatory mixed-methods study was to identify and explain differences in levels of caregiver burnout, job satisfaction, and the perceived quality of care provided by nurses working in palliative care and non-palliative care inpatient units at a Florida, Veterans Affairs hospital. A mixed-methods design was used to address the research problem adequately. First, quantitative data were collected using Maslach Burnout Inventory –Human Services Survey and Job Satisfaction Survey instruments. Second, qualitative data were gathered through face-to-face interviews. The population included 157 Licensed Practical Nurses, Registered Nurses and Nurse Managers for the quantitative portion of the study, and 9 Nurse Managers for the qualitative portion. The response rate for each portion of this study was 50%.

Quantitative data were analyzed using one-tailed independent samples *t* test to compare mean scores of burnout and job satisfaction among nurses providing care in the two types of inpatient units. The results were non-significant supporting the null hypothesis of no difference between the groups; however, they did show relationships between years of experience and burnout (negative association) and job satisfaction (positive association). Qualitative data were analyzed using the constant comparative, content analysis method. Perceptions of the nurse managers were revealed through emerging themes and categories. The main categories were support services, time, care provided, and compassion. Firsthand knowledge provided helpful information for leadership that could decrease caregiver burnout and increase job satisfaction, improve the quality of patient care for veterans, increase nursing staff retention, and enhance the work environment.

## Dedication

This dissertation is dedicated to my entire family who I love with all my heart. To my father, Anthony Thomas Miluk (deceased), thank you for instilling the love of learning in me. To my mother, Anne Marie Baker-Miluk, thank you for your never-ending faith in my abilities throughout my life. To my sister Carla Anne Miluk-Goldizen (team-leader), you are a rock of faith; thanks, for being there for me to lean on over the years. To my brother, Walter Anthony Miluk, thank you for keeping the home front steady for all of us. To my sister, Dr. Karen Anne Miluk-Reid, I appreciate you sharing your knowledge about the doctoral process with me and providing helpful information along the way. To my sister, Catherine Anne Baker-Churchill, I am grateful for our good friendship and your support of my educational endeavors; you have always made me feel worthy of such an accomplishment. To my brother, Raymond Anthony Miluk (deceased), I miss you very much but cherish the memories we made together. To my younger brother, Mark Anthony Miluk, I am so very proud of your accomplishments and can never thank you enough for always bringing humor to my days, even when I was struggled most during this journey.

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## Chapter 1: Introduction

Caregiver burnout and job dissatisfaction are prevalent within the nursing profession, which results in the nursing profession referred to as stressful (Burnard, Hebden, & Edwards, 2001). According to the World Health Organization (2008), caregiver burnout is recognized and identified when daily stress and anxieties that have gone unaddressed, slowly weaken the caregiver's well-being. Patrick and Lavery (2006) also supported the idea that high levels of burnout and lower levels of job satisfaction negatively affect the quality of care provided to patients.

Consequently, the relationship between the patient and the caregiver as well as the relationship between the family member, and the caregiver may suffer when nurses begin to experience burnout (Verdon, Merlani, Perneger, & Ricou, 2008). Caregiver burnout can present itself in a variety of ways, from displaying inappropriate behavior to other more subtle forms of stress. Nurses can exhibit inappropriate behavior by having mood swings and fits of rage, and they can be perceived as acting in an unprofessional manner by patients, family members, and fellow employees (Fink, 2005).

Other less obvious characteristics of caregiver burnout may be physical distress or increased absenteeism (Sinclair, 2009; Vahey, Aiken, Sloane, Clarke, & Vargas, 2004). The level of quality care provided by nurses facing caregiver burnout can result in patients and family members feeling unhappy with services received. Patients and family members may also perceive care was not provided with empathy, compassion, and proper respect.

The Bereavement Family Survey (BFS) was designed by the PROMISE Institute to measure the family satisfaction of veterans who died at a Veterans Administration

(VA) facility (Performance Reporting and Outcomes Measurement to Improve the Standard of Care at End-of-Life [PROMISE], 2009). The responses and feedback from some of the family members who participated in the recent national survey, using the BFS at Veterans Administration (VA) hospitals, perceived the nursing staff responsible for providing care to their loved ones as unacceptable. In particular, the Miami, Florida, VA hospital was noted as one VA location where the nursing staff was perceived to be providing unacceptable care. The veterans in the Miami VA hospital at the time of their deaths were receiving care in any of several inpatient units: Extended Care, Hospice, Critical Care Unit (CCU), Medical Intensive Care Unit (MICU), Combined Telemetry and Surgical, Medical, Medical and Oncology wards, and two Community Living Centers (Inpatient Resident Nursing Home Settings).

The reported unacceptable behaviors and actions of the Miami VA nurses referred to in the BFS were similar to the characteristics of nurses who may be experiencing high levels of caregiver burnout and low levels of job satisfaction. Unacceptable actions as perceived and reported by the family members included not responding in a timely manner to their loved ones' needs and not providing care with enough compassion, empathy, and respect for their loved ones. The feedback from the Miami VA BFS indicated that the family members' perception about the quality of care provided to their loved ones was a key component of patient satisfaction.

The BFS feedback further supported the idea that the hospitalization experience of both patient and family member, including the quality of care received by the patient may be affected by the level of caregiver burnout and job satisfaction that nurses may be experiencing. The levels of nurse burnout and influence on job satisfaction are important

issues within the nursing profession (Burnard et al., 2001). Many researchers noted that burnout among nurses may affect their level of job satisfaction and work performance (Sinclair, 2009; West, Dyrbye, Sloan, & Shanafelt, 2009).

Elemary, Essa, and Aly (2011) noted that caregiver's work performance was negatively affected when burnout was present. The results of their study indicated strong associations between levels of caregivers' burnout and levels of elders' psychological abuse. Caregivers are at risk for unintentionally hurting patients; therefore, it is important for hospital nursing leadership to identify and provide education, training, and counseling to caregivers to help find solutions to this problem within the work environment (Elemary et al., 2011).

According to Vahey et al. (2004), the work environment affects nurses' level of burnout. For instance, nursing work environments that allow nurses to have greater autonomy, administrative support, adequate staff, and promote good nurse and physician relationships have higher levels of patient satisfaction and lower levels of nurse burnout. Therefore, it is important for leadership to recognize the importance of supporting a healthy nursing work environment by closely monitoring nursing staffing levels and providing administrative support for nurses in an effort to improve job satisfaction, decrease levels of burnout, and most important, sustain or improve the quality of patient care (Vahey et al., 2004).

Furthermore, Aiken, Clarke, Sloane, Sochalski, and Silber (2002) noted a 40% higher level of burnout among nurses compared to other health care workers, and a four times higher level of job dissatisfaction. The increased level of emotional exhaustion and job dissatisfaction in nurses were associated with nurse-to-patient ratios. Therefore, by

increasing nursing staffing levels, hospital leaders may realize reduced levels of burnout and job dissatisfaction throughout the nursing environment. Additionally, the quality of patient care may improve (Aiken et al., 2002).

In a study by Fink (2005), 30%-40% of nurses reported they felt burned out, resulting in low levels of job satisfaction. Many researchers have looked to find solutions, which may improve the work environment to reduce the levels of caregiver burnout and increase levels of job satisfaction (Brabant, LaVoie-Tremblay, Viens, & LeFrancois, 2007; Matzler & Renzl, 2007; Schalk, Bijl, Halfens, Hollands, & Cummings, 2010). The level of burnout and job satisfaction among nurses may also affect the quality of patient care provided, and the view of the quality of care as perceived by the family members.

Happell, Martin, and Pinikahanal (2003) posited that the nature and magnitude of caregiver burnout and job satisfaction among nurses are not always fully recognized by leadership. Happell et al. found more than 50% of the survey participants indicated a willingness to leave the nursing profession if an opportunity presented itself. If this happened, it would be detrimental to an organization's ability to sustain quality, patient care.

The current study was intended to assist Miami VA leadership to become more aware of how the work environment can affect the nursing staff. The study entailed collecting data and identifying common themes, factors, and opportunities for improvement regarding the levels of staff caregiver burnout and job satisfaction among nurses. The study also extended to how both elements relate to the nurse managers'

perception of the quality of care provided by their staff nurses working in palliative and non-palliative care inpatient units at the Miami, Florida, VA.

Frequently, as caregivers, VA nurses are required to provide extra attention to the veteran patients because they often present many unique and complex health care issues. Veterans Administration health care providers administer services to over 5.6 million veterans across the nation with medical, surgical, and rehabilitative care, along with maintaining special programs like prosthetics, spinal cord injury, post-traumatic-stress-disorder, and traumatic brain injury services (VA, 2011a). The demand for intense services and the complexity of the patient care required places additional burden on the caregiver because the patients' disabilities often require extended, highly specialized care, and often are more challenging than routine health care needs. The number of patients requiring extended care is also on the rise because of the aging of the veteran population (VA, 2011a). Therefore, nurses are subject to experiencing higher levels of burnout more quickly because of the veteran patients' unique and complex health care needs.

Hospital leadership faces many challenges. One core responsibility is to ensure the existing nursing staff is capable, competent, and compassionate in the way health care is provided to patients. By expressing concern for the nurse's well-being, the level of caregiver burnout may decrease and the level of job satisfaction may increase throughout the organization. VA hospital leaders in particular, face additional challenges that affect the core responsibility to ensure the existing nursing staff provides health care in the most proficient and empathetic manner because of the unique and complex health care needs of veteran patients.

Chapter 1 consists of the following sections that pertain to the study (a) the background and description of the problem, (b) the purpose for the study, (c) the significance of the study to hospital leadership, and (d) the research method selected for the study. In addition, Chapter 1 contains (a) the research questions and (b) the conceptual framework, including the definitions, assumptions, scope, limitations, and delimitations involved with the research study.

### **Background of the Problem**

The BFS is a national survey that was recently completed at the Miami, Florida, VA facility. The main purpose of the BFS survey was to measure the level of family satisfaction of health care provided to recently deceased veterans who died at the facility. The Miami, Florida, BFS preliminary results revealed that family members, defined as the decedent's wives, husbands, children, and siblings, perceived the facilities quality of care as less than optimal (PROMISE, 2009).

The BFS findings indicated that the Miami VA caregivers may be experiencing high levels of stress (Hansen, Goodell, DeHaven, & Smith, 2009; PROMISE, 2009), and possibly, high levels of caregiver burnout and job dissatisfaction. Both of which may be negatively affecting the quality of care provided at the Miami facility. Several researchers (Aiken et al., 2002; Happell et al., 2003; Sinclair, 2009) reported that a higher level of burnout is frequently accompanied by a lower level of job satisfaction. The nurses' actions reported in the Miami BFS were considered inappropriate and unacceptable because care was not provided compassionately, empathetically, and respectfully (PROMISE, 2009) as perceived by the family member. The Miami VA's

nursing staff reported behaviors are similar to those reported by nurses who expressed symptoms of caregiver burnout (Ashton, 2008).

The Veterans Administration's mission is to care for the health care needs of veterans. The nature of the many illnesses that affect this patient population can provide additional challenges to the nursing professionals who provide them with care because of the complexity of the health care issues (VA, 2011a). Frequently, hospice or palliative care conditions engage nurses in high stress situations. Nurses provide patients with quality care at all times; thus, providing end-of-life care is part of the health care delivery process. However, as researchers have suggested (Aiken et al., 2002; Happell et al., 2003; Sinclair, 2009), repeated high stress events may affect how caregivers deliver health care and how families perceive the delivery of health care to their loved ones.

In recent years, caregiver burnout and low levels of job satisfaction have been discussed among nursing professionals. A nursing environment is often intense and frequently results in nurses handling both high emotions and high levels of stress (Abushaikha & Saca-Hazboun, 2009; Fink, 2005; Wood et al., 1999). Happell et al. (2003) asserted that hospital leadership might not understand clearly the larger significance of caregiver burnout on nursing staff because they are not present to witness the day-to-day tasks, which routinely challenge nurses and cause nursing staff to experience high-levels of stress, decreasing their ability to perform at peak performance.

Many variables contribute to the high levels of caregiver stress and burnout, including nurses working long hours and feeling pressured to work overtime, which can often result in a nurse's emotional exhaustion (Patrick & Lavery, 2006). Patrick and Lavery (2006) indicated that organizational leadership changes may also contribute to an



employee's emotional exhaustion, sense of depersonalization, and reduced personal contribution to the quality of care provided to patients, affecting the worker's level of burnout. Additional reasons for employee burnout may include the organizational-culture-structure, job tasks, pay, recognition, and effectiveness of existing leadership style (Happell et al., 2003). Additionally, Mitchell (2009) asserted that if work environments improve, so may job satisfaction, decreasing levels of caregiver burnout and improving tenure among nurses.

According to Faller (2010), "Nursing remains in the midst of its most significant shortages in decades" (p. 7). Although the Miami, Florida, VA facility is not experiencing a nursing shortage, it remains important for hospital leadership to acknowledge the nursing staff's well-being to ensure that patients receive quality health care (Hansen et al., 2009). In addition, nurses' perceptions of their work environment and the quality of care they provide often result in feelings of inadequate knowledge in providing end-of-life care to patients, and subsequently, their family (Hansen et al., 2009).

In the BFS results, family members indicated how patient care is delivered is important. The BFS related to the work environment of nurses and reflected concerns expressed by family members. The intent of the current study was to provide leadership with options to improve the existing nursing work environment, help reduce levels of caregiver burnout, and increase levels of job satisfaction among nurses. Mitchell (2009) explained that empowering nursing leadership to affect positive work environment change is important to recruiting, and retaining, qualified nurses.

Although the topics regarding family members' dissatisfaction varied in the Miami BFS survey responses, the negative comments centered on quality of care issues. The comments paralleled unacceptable behavior and actions of nurses (Ashton, 2008). The Miami VA nursing staff may be experiencing caregiver burnout and low levels of job satisfaction based on the reported perceptions of family members. The BFS survey results at the Miami VA facility provided the basis for the study. No formal studies have been conducted with licensed practical nurses, registered nurses, and nurse managers, providing palliative and non-palliative inpatient care at the Miami, Florida, VA hospital to ascertain the level of caregiver burnout, job satisfaction, and perceptions of quality of care provided to veterans.

Considering the negative results from the BFS and research about quality of patient care that can be affected negatively when staff experience burnout and dissatisfaction with their jobs, there is a significant need for this sequential, explanatory mixed-methods study. Part 1 of the current study identified the levels and causes of burnout and job satisfaction in the nursing staff at the Miami, Florida, VA hospital. The focus of the second part of the current study was on investigating the nurse manager's perception of the quality of care provided to patients and the factors that attribute to increased levels of daily stress at the Miami, Florida, VA facility.

### **Statement of the Problem**

In the nursing profession, stress is a major contributing factor in caregiver burnout and high levels of daily workplace stress affects a nurse's job satisfaction because many nurses are unprepared to cope with sustained levels of occupational-based emotional stress (Happell et al., 2003). Unintentionally, nurses who experience significant levels of

caregiver burnout and job dissatisfaction may provide less than optimal levels of quality patient care (Hansen et al., 2009). Engelbrecht, Bester, van den Berg, and van Rensburg (2008) found over 68% of nurses reported high levels of emotional exhaustion; the study results also emphasized that the well-being of patients may be negatively affected by nurses who experience work overload and occupational stress. Nurses who experience work overload and occupational stress often work too many hours, lack balance between work and personal time, and lack support from colleagues and friends (Hinshaw, 2007).

Researchers have reported that caregiver burnout affects the levels of job satisfaction and the work performance of nurses (Sinclair, 2009; West et al., 2009). Additionally, Elemary et al. (2011) noted that the caregiver's work performance was negatively affected when burnout was present that resulted in unintentional harm to patients. Therefore, hospital leadership support making a positive nursing work environment a priority, thus striving to improve job satisfaction, and decreasing levels of burnout in an effort to sustain quality patient care (Vahey et al., 2004).

Moreover, nurses often express concerns about working in a palliative care environment, particularly caring for patients who are actively dying, especially if acting as a mediator between the patient and the family members (Peterson et al., 2010). Reported concerns include a lack of nursing knowledge in four areas (a) dealing with palliative care and end-of-life issues, (b) withholding life-sustaining treatment processes, (c) communicating with patients and supporting the patients' families, and (d) dealing with differences in cultural influences of the care of dying patients (Hansen et al., 2009). Additional reported caregiver concerns include disagreements between nurses and physicians about end-of-life care treatment plans, and the physician's disregard for

patient and family member wishes, along with inadequate pain relief orders for the dying patient (Hansen et al., 2009).

These factors present significant problems in the nursing profession. These factors may also contribute to caregiver burnout, job dissatisfaction, and affect the quality of patient care, at the Miami, Florida, VA facility. The specific problem for the sequential, mixed-methods research study was that nurses who work in palliative care settings may experience increased levels of caregiver burnout and lower levels of job satisfaction more regularly than nurses working in other inpatient units at the hospital do (Peterson et al., 2010).

### **Purpose of the Study**

The location for the sequential, explanatory mixed-methods study was Miami, Florida. The purpose of the current sequential, explanatory mixed-methods study was to identify and explain differences in levels of caregiver burnout, job satisfaction, and the perceived quality of care provided by nurses working in both palliative care and other inpatient units at the Miami VA in Southeast Florida. The study results might help local hospital leadership gain a clearer understanding of the current state of the inpatient nursing workforce and determine appropriate opportunities to improve the work environment.

The factors noted earlier in this chapter have been found to contribute to the quality of patient care provided to patients; thus, the study is significant to nurse administrators and hospital leadership (Faller, 2010). The purpose of the study included two central foci. First, surveying hospital nurses to collect quantitative data reflecting any differences in the levels of caregiver burnout and job satisfaction. Second,

interviewing nurse managers to collect qualitative data to explore perceptions of quality of care provided on their units as well as any contributing factors that add to caregiver burnout, job satisfaction, and stress-related causal factors resulting from working in an intense nursing environment.

The quantitative portion of the study included assessing measurable differences in levels of caregiver stress as calculated by the Maslach Burnout Inventory – Human Services Survey (Maslach, Jackson, & Leiter, 1996), and the Job Satisfaction Survey (Spector, 1997) instruments. The data were analyzed using SPSS Version 18 using a one-tailed test of significance (Pallant, 2007). Study participants included 157 licensed practical nurses, registered nurses, and nurse managers working in one of nine inpatient settings who provide palliative or non-palliative care to hospitalized veteran patients. The nine inpatient units at the Miami, Florida, VA include Extended Care, Hospice, Critical Care Unit (CCU), Medical Intensive Care Unit (MICU), Combined Telemetry and Surgical, Medical, Medical, and Oncology wards, and two Community Living Centers (Inpatient Resident Nursing Home Settings).

The focus of the qualitative portion of the study was obtaining the following data: (a) the nurse managers' perceived level of care their units provide to veterans, (b) the nurse managers' perceived level of stress on a typical day in their units, and (c) contributing factors associated with nursing staff stress. The qualitative data for the study were gathered through open-ended, face-to-face interview questions. The data were analyzed using the constant comparison content analysis method.

Study participants included nurse managers from the above-identified units at the Miami, Florida, VA. Only eight nurse managers, instead of nine, were included as one is

responsible for two units: the Extended Care Unit, and one of the Community Living Centers. Only the nurse managers participated in this portion of the study, as the purpose was to obtain their perception of the quality of care provided to patients on their units. The mixed-methods research study data were analyzed to explain if levels of difference exist in caregiver burnout and job satisfaction among nurses providing palliative care and nurses not providing palliative care at the Miami VA hospital. The aim of the study also was to understand the nurse managers' perceptions about the quality of care provided to veterans on their units, daily stress levels, and factors associated with stress.

For the current study, the independent variables were the different inpatient units where the nurses and nurse managers work providing either palliative or non-palliative care. The dependent variables for the current study were the overall scores of the differences in the levels of caregiver burnout and job satisfaction as obtained from the survey tools. In addition, the population included a diverse group of nurses and nurse managers ranging in skill-level, age, time on-the-job, gender, race, and work experience. The assessment of demographics and environmental issues was used to determine how demographics of a diverse group of nurses and nurse managers might contribute to caregiver burnout and job satisfaction.

### **Significance of the Study**

Caregiver burnout and stress often negatively affect nurses' daily activities and job satisfaction levels. The factors directly affect patient care because caregivers often set high standards for themselves, experience higher levels of burnout and lower levels of job satisfaction, which results in a decrease in the quality of patient care provided (Fink, 2005). Hospital leaders can seek to remove barriers to nursing staff burnout and job

dissatisfaction by acknowledging the intense nursing environment within the organization. Thus, the Miami VA hospital administrators can positively affect the quality of health care provided to veterans. Managers who understand the stressors that affect the nurses' ability to provide consistent quality care amid challenging and stressful circumstances can create a better working environment and increase the nursing staff's levels of job satisfaction.

Leadership at all levels of a health care organization can learn which stress-factors are most frequently reported, and what triggers them in the nursing environment. Hospital administrators and nurse managers who promote a better understanding of the facilities' positive values and beliefs may positively affect the work environment (Faller, 2010; Peschl, 2007). Furthermore, some of the facility's resources may also be devoted to assist the nursing staff in reducing stress and increasing a healthy work-life balance in relation to the nurses' ongoing exposure to extreme emotional experiences. In the current study, identifying stress-factors and acknowledging the significant role the stressors play in impeding staff to perform at the highest level may encourage hospital leadership to engage the nursing staff in a joint effort to develop opportunities that reduce caregiver burnout, ongoing stress, and improve the nurses' job satisfaction.

The current study was significant to hospital leadership because the intent was to provide important information and possible solutions regarding varying levels of caregiver burnout and job satisfaction experienced by nurses providing care to veterans at the Miami, Florida, VA. The VA is a distinctive organization compared to other hospitals or health care facilities, and unique characteristics about the nurse environment may be present. Because no assessment of this nature has been completed at the Miami

VA facility, the results present considerable areas of concern not previously known to managers and hospital administrators.

Sharing research results from the current study with other VA facilities is vital and is planned. Nursing staff at other Veterans Administration facilities may be experiencing similar burnout and job satisfaction factors and could benefit from the findings of the current study. The results from the present study, which identify particular areas of concern, would allow Veterans Administration hospital leadership to address the issues quickly in an effort to improve the quality of inpatient care their veterans receive from staff nurses, and decrease caregiver burnout and improve job satisfaction among nurses. VA hospital leadership may also see an improvement in future BFS scores.

Improving patient care to veterans was of major importance in the current study. According to Latham and Vinyard (2009), employers devoting resources to employee satisfaction is important and yields a positive return on investment. However, Latham and Vinyard's finding have not been applied to a VA hospital setting, and the current study's results may offer Veterans Administration leaders with an important opportunity to increase nursing staff performance. The research results may lead to the identification of key factors in local VA hospital policies that need improvement to affect new employee orientation in a favorable manner. Future research studies may expound on efforts to more closely monitor and identify different patterns in caregiver burnout and job satisfaction throughout other areas of nursing.



## **Nature of the Study**

The nature of the current study involved an overview of the research method selected and the appropriateness of the chosen design. The research method section describes the particular type of method that a study will follow; in this case, the present study was designed with a sequential, explanatory mixed-methods approach. The design appropriateness section explains the exact design used from a variety of options. The current research study used both quantitative and qualitative research methods. Explanations of the research methods and design appropriateness follow.

**Overview of the research method.** The current study employed a mixed-methods style. According to Creswell (2008), a mixed-methods study is a procedure for collecting, analyzing, and mixing both quantitative and qualitative research methods in a single study to understand a research problem . . . it provides a better understanding of the research problem and questions than either method by itself (p. 552).

The mixed-methods approach was chosen because both quantitative and qualitative data were collected to understand the research problem.

Some researchers may prefer the case study approach for addressing nursing topics; however, for the current study, the mixed-methods research helped best to examine the topic for variety of reasons. According to Rocco, Bliss, Gallagher, and Perez-Prado (2003), the main reasons for considering a mixed-methods design include (a) mixed-methods address a more defined and wider range of research questions, compared to case study; (b) mixed-methods achieve triangulation, complementarily, development, initiation, and expansion to a greater degree than case studies; (c) mixed-methods

promote clarity, accuracy, and nuance through a more robust paradigm compared to case studies; and (d) exemplary case studies are often longitudinal examinations of a single event. The intent of the current study was to address a topic with a complex set of issues related to nursing care.

Data triangulation increases both validity and reliability of the data and complementarily increases validity and data interpretability managing overlapping but different aspects of the phenomenon. Rocco et al. (2003) suggested that the selection of mixed-methods research contributes to development of the topic because one method develops another method, adding depth and breadth to the study. The use of mixed-methods expanded the scope of the current study for future research to a greater degree than case study models.

The mixed-methods style was most appropriate for the current research because of the need to obtain additional detailed information that a quantitative method, such as surveying a population, or a qualitative method, such as interviewing or case study cannot secure alone. Neither a quantitative nor a qualitative method could have adequately addressed the research problem or questions for the current study (Creswell, 2008). The choice of a sequential, explanatory mixed-methods study was, as Creswell (2008) noted, “to explain or elaborate on the quantitative results” (p. 560). In particular, the present research study required, “more analysis, specifically through qualitative data collection, is needed to refine, extend, or explain the general picture” (Creswell, 2008, p. 560), related to the nursing environment at a Miami, Florida, Veterans Administration hospital site.

**Overview of the design appropriateness.** For the current research study, a sequential, explanatory mixed-methods design was selected (Creswell, 2008). First, quantitative data were collected from nurses using the MBI-HSS (Maslach et al., 1996), and the JSS (Spector, 1997) instruments. Second, qualitative data were obtained using open-ended, face-to-face interview questions. Using an explanatory design fulfilled the need to identify and to explain the different levels of caregiver burnout and job satisfaction in nurses at a VA hospital. In addition, the design provided the understanding of how well nurse managers perceived their unit provides care to patients and identified daily stressors and factors, which increased stress in the nursing staff.

The research design allowed data to be collected to explore possible indications regarding how events, activities, and perceptions are related. The quantitative data cannot be used to identify how the variables interact (Salkind, 2003). The quantitative research measured palliative care or non-palliative care nurses' level of caregiver burnout and job satisfaction. The subsequent qualitative research design probed into specific elements related to caregiver burnout and job satisfaction. The qualitative research obtained the nurse managers' (a) perceived level of nursing care provided to veterans, (b) the nurse managers' perceived level of stress on a typical day, and (c) the real or perceived factors associated with stress in a particular nursing unit.

The survey population for the current study ( $N = 157$ ) was determined by the number of nurses working in the identified inpatient units at the Miami, Florida, VA. The nurses work in the following inpatient units, including Extended Care, Hospice, Critical Care Unit (CCU), Medical Intensive Care Unit (MICU), Combined Telemetry and Surgical, Medical, Medical and Oncology wards, and the two Community Living

Centers (Inpatient Resident Nursing Home Settings). In the current research study, factors such as demographics and environmental issues were assessed from all participants.

The qualitative study involved interviewing the nurse managers from each of the respective inpatient units identified in the study's population. The face-to-face interviews identified how nurse managers perceive the level of nursing care provided to veterans, perceived stress on a typical day, and factors associated with stress in their units. The data from the qualitative study helped answer the research problem better than only conducting a quantitative study because the responses to open-ended questions yielded greater depth to the quantitative section of the current study.

The qualitative study involved interviewing the nurse managers from each of the respective inpatient units identified in the present study's population. The face-to-face interviews identified how nurse managers perceive the level of nursing care provided to veterans, how nurse managers perceived staff stress on a typical day, and the factors associated with nursing staff stress in their units. The perceptions of the nurse managers obtained from responses to the qualitative portion of the study provided valuable insight for hospital administrators, which may help support the need for additional resources provided to nursing staff.

In the current sequential, explanatory mixed-methods research study, surveying both nurses and nurse managers, and interviewing nurse managers helped the researcher obtain helpful data, which provided insight and valuable information for hospital leadership. The chosen mixed-methods design fulfilled the intent of the present study because the immediate, firsthand levels of caregiver burnout and levels of job satisfaction

were examined, rather than only capturing second-hand narrative comments or ex post facto descriptive information obtained from reading reports or documents (Salkind, 2003).

The data from the quantitative portion of the study were analyzed with SPSS Version 18, using a one-tailed test of significance. The one-tailed test of significance was appropriate for the study because the test “has more power, which means that we are more likely to reject the null hypothesis” (Creswell, 2008, p. 197). The specific *t*-test selected for the quantitative data analysis was the independent-samples *t*-test (Pallant, 2007). The independent-samples *t*-test was most appropriate for the present study because the researcher sought to identify whether there was a statistically significant difference in the mean scores of the levels of caregiver burnout and job satisfaction for nurses providing palliative and non-palliative care.

The data from the qualitative portion of the present study were analyzed using the constant comparative, content analysis method. The perceptions of the nurse managers were revealed in the emerging data. Using the data collected, themes were discovered, which were organized into categories drawn from the analysis of the nurse manager’s responses to the open-ended interview questions (Neuendorf, 2002).

### **Research Questions and Hypotheses**

The intent of the current research study was to gather information from formal caregivers. The information provided by the nurses and nurse managers may help the Miami, Florida, VA hospital leadership learn how to create an environment to optimize both job satisfaction and quality of care provided to veterans. The current sequential, explanatory mixed-methods research study involved both quantitative and qualitative

research questions, which were used to obtain data to answer the following research questions.

The research question guiding the quantitative portion of the current research study was as follows:

Is there a significant, measurable-difference in caregiver burnout and job satisfaction levels for nurses working in palliative care versus non-palliative care at the Miami, Florida, VA hospital?

Based on the research question guiding the quantitative section of the current mixed-method study, the following hypotheses were tested:

H1<sub>A</sub>: There is a significant, measurable-difference in the levels of caregiver burnout among nurses working in an inpatient palliative care setting versus an inpatient non-palliative care setting at the Miami, Florida, VA hospital, as calculated by the mean score of burnout on the Maslach Burnout Inventory – Human Services Survey (Maslach et al., 1996).

H1<sub>0</sub>: There is no significant, measurable-difference in the levels of caregiver burnout among nurses working in an inpatient palliative care setting versus an inpatient non-palliative care setting at the Miami, Florida, VA hospital, as calculated by the mean score of burnout on the Maslach Burnout Inventory – Human Services Survey (Maslach et al., 1996).

H2<sub>A</sub>: There is a significant, measurable-difference in the levels of job satisfaction among nurses working in an inpatient palliative care setting versus an inpatient non-palliative care setting at the Miami, Florida, VA hospital, as

calculated by the mean score of job satisfaction on the Job Satisfaction Survey (Spector, 1997).

H2<sub>0</sub>: There is no significant, measurable-difference in the levels of job satisfaction among nurses working in an inpatient palliative care setting versus an inpatient non-palliative care setting at the Miami, Florida, VA hospital, as calculated by the mean score of job satisfaction on the Job Satisfaction Survey (Spector, 1997).

Based on the research question driving the quantitative portion of the mixed-methods study, the following research questions were developed for the qualitative section of the current mixed- methods study:

How do nurse managers perceive the quality of care provided to veterans on their units?

Sub-Question 1: What is the nurse managers perceived level of stress on a typical day?

Sub-Question 2: What factors of the nurse manager job are most associated with stress?

Mitchell (2009) explained the importance of nursing leadership to understand factors that influence caregiver burnout and job satisfaction because of the critical, national nursing shortage. Although a nursing shortage does not exist at the Miami, Florida, VA, obtaining information about staff well-being is important. Data were collected from nurses using the Maslach Burnout Inventory-Human Services Survey (Maslach et al., 1996) and the Job Satisfaction Survey (Spector, 1997) instruments (see Appendixes A and B). The MBI-HSS tool was used to discover levels of nurse burnout with a 22-question survey using a six-point Likert-type scale. The JSS instrument is used

to help identify the level of job satisfaction among nurses working in the identified inpatient areas with a 36-question survey using a six-point Likert-type scale (see Appendix C). Follow-up nurse manager interviews explained (a) perceived level of care provided to veterans, (b) perceived level of stress on a typical day, and (c) factors associated with stress (see Appendix D).

The current study was designed to identify contributing factors that affect levels of caregiver burnout, job satisfaction, and the perception of quality of care provided to patients within the nursing environment. The objective was to identify opportunities for hospital leadership to make change to improve the organization. Ultimately, the intended future goal beyond the current research study was to note if patients and family members will report increased levels of satisfaction with the quality of nursing care provided at the Miami, Florida, VA hospital.

The primary research predictive variables were the overall mean for burden, which is defined in the current research study as the total score of burden and job satisfaction as measured by the MBI-HSS (Maslach et al., 1996), and the JSS (Spector, 1997) assessment tools. The total scores of burnout and job satisfaction were compared between nurses providing palliative and non-palliative care at the Miami, Florida, VA hospital. The criterion variables are exact locations (floor units) where the nurses work.

### **Theoretical Framework**

Herzberg (1966) wrote, “One of the most important functions of a manager is the development of future managers” (p. 91). More than 40 years later, Herzberg’s words remain important and relevant throughout organizations. Multiple research studies involving job satisfaction have been conducted using the theoretical framework of



Herzberg's motivation-hygiene theory (Ahmed et al., 2010; Katz & Kahn, 1978; Reinardy, 2009). Because Herzberg's theory remains central to the study of job satisfaction, the current study also incorporated the constructs of Herzberg's theory and used motivation-hygiene theory as the theoretical framework.

Similar to the focus of Herzberg's critical work, the focus of the present study was to determine job satisfaction levels. Herzberg's (1974) two-factor theory is also referred to in the literature as the satisfier-dissatisfier theory, and as noted in Chapter 2, many researchers have used the satisfier-dissatisfier theory to study organizations. As Herzberg noted, job satisfaction and dissatisfaction are the direct result of varying factors found on-the-job. The two-factor theory is well known in the study of job satisfaction and motivation, and Herzberg's two-factor theory has been considered very influential in the nursing profession (Reinardy, 2009).

Job satisfiers include factors regarding the content of an employee's job or items such as interesting work, being recognized for achievements, and opportunities for growth and advancement. Job dissatisfiers involve the context of the job such as how people are treated, company policy, working conditions, salary, supervision, and relationships with others (Herzberg, 1974). Herzberg's (1974) research is the foundation for the modern day concepts of employee engagement.

Disengagement factors most often reflect job dissatisfaction. Those characteristics are referred to as hygiene factors because such traits can be prevented in the work environment. Satisfiers, or engagement factors, are referred to as motivators because with significant amounts of satisfying characteristics in the work environment,

such traits promote work motivation and create feelings of job satisfaction (Herzberg, 1974; Katz & Kahn, 1978).

Ahmed et al. (2010) noted the “Element of teamwork, that are the same as Herzberg's relationship with co-workers, is found to be positively associated with satisfaction confirming the theory of Herzberg” (p. 72). Ahmed et al. suggested the work environment is particularly important for job satisfaction, thus providing even more reason to conduct the present research study. Veteran Administration nurses provide care to patients with complex health care needs and the level-of-disabilities require extended, highly specialized care.

The work environment is more challenging than providing routine, nursing care (VA, 2011a) and may affect nurse's levels of job satisfaction. Working relationships nurses' experience with one another may also negatively affect the quality of health care provided to patients (World Health Organization, 2008). Consequently, any identifying factors that contribute to the real or perceived levels of job satisfaction may aid hospital leadership in improving the work environment and organizational success (Latham & Vinyard, 2009).

According to Reinardy (2009), Herzberg's (1974) motivation-hygiene theory “dismisses the traditional notion that intrinsic issues such as a salary increase, an enjoyable supervisor or acceptable company policy increases an employee's job satisfaction” (p. 131). However, factors such as employees enjoying their work and receiving recognition for performing well resulted in significantly higher levels of job satisfaction. The current research study was designed to determine factors that also affect

nurse's levels of job satisfaction and consequently identify opportunities for hospital leadership to improve the organization.

The present study's focus was to determine the factors that influence varying levels of burnout and job satisfaction among nurses. For this reason, Herzberg's theory was appropriate because the factors associated with job satisfiers and dissatisfiers were obtained using the MBI-HSS (Maslach et al., 1996) and the JSS (Spector, 1997) instruments. Katz and Kahn (1978) noted that Herzberg's theory is a reminder for leaders to consider the varying needs of staff, how those needs are met, and the consequences an organization may experience if the needs go unchecked. The results from the current research study may be helpful information for the Miami VA hospital leadership, and the findings can be applied to develop various opportunities for employee improvement throughout the nursing work environment.

### **Definition of Terms**

To ensure clarity of meaning for the current study, the following terms are defined within the context of the health care environment; in particular, how the terms are defined within the nursing profession.

**Caregiver burnout.** "Feeling little or no control over their workload, a lack of recognition or rewards for good work, and working in a high-pressure environment" (Frandsen, 2010, p. 51). Burnout is exemplified by "emotional exhaustion, depersonalization and reduced personal accomplishment" (Patrick & Lavery, 2006, p. 43).

**Family members.** Wives, husbands, children, and siblings who provide perceptions of care quality (PROMISE, 2009).

**Hospice care:** “The interdisciplinary team approach of hospice care – with both pharmacological and non-pharmacological methods – takes the fear of pain, death and dying, and helps patients peacefully, respectfully, and with dignity enter their final days” (Rogers, 2009, p. 7).

**Job satisfaction:** “Job satisfaction is composed of the entire complement of beliefs, attitudes, and perceptions that individuals associate with their work environment” (Gavin & Vinten, 2011, p. 22).

**Palliative care:** “Relief and prevention of suffering and improvement of quality of life” (Pastrana, Jünger, Ostgathe, Elsner, & Radbruch, 2008, p. 222).

### **Assumptions**

The present research study may be useful to other health care facilities providing care to veterans and to patients receiving care in palliative care and non-palliative care settings. For the purpose of the current research study, it was assumed that all participants answering the MBI-HSS and JSS survey questions responded openly and honestly. It was further assumed that the nurse managers interviewed provided real-life examples of how they perceive the quality of care provided to unit patients as well as to perceived stressors on a typical day, and to the factors associated with unit stress. The likelihood of nurses participating in this study was assumed good because the opportunity existed for nurses to express how they perceive the work environment. Furthermore, the researcher anticipated positive participation because of the expressed support received by nursing and other hospital leadership at the Miami VA hospital for this study.

## Scope

The current research study was conducted in one VA hospital in Miami, Florida. The quantitative research survey instruments measured and compared the level of caregiver burnout and job satisfaction in nurses working in palliative and non-palliative care units within the facility. The qualitative research interview questions helped to identify the nurse managers' perceived level of nursing care provided to veterans on their units as well as the nurse managers' perceived level of stress on a typical day and how they identify factors associated with stress in their units.

The population consisted of a total of 157 licensed practical nurses (LPN), registered nurses (RN), and nurse managers (NM) for the quantitative portion of the research study ( $N = 157$ ). The population for the qualitative research study consisted of nine nurse managers ( $N = 9$ ). Nurses working in Extended Care, Hospice, Critical Care Unit (CCU), Medical Intensive Care Unit (MICU), Combined Telemetry and Surgical, Medical, Medical and Oncology wards, and the two Community Living Centers (Inpatient Resident Nursing Home Settings) were asked to participate. The results of the current research study may affect all VA hospital facilities by providing leaders with information to improve the quality of nursing care to veterans. However, this study was not without limitations.

**Limitations.** The current research study has a number of limitations. Creswell (2008) explained limitations are identified by the researcher and often relate to weaknesses such as small sample size, errors in measurement, or difficulties in collecting or analyzing data. Furthermore, response rates are routinely low for surveys, (O'Mahony et al., 2010).

One limitation for the present study involved a potential small number of staff completing the quantitative surveys and answering the qualitative interview questions. This limitation; however, did not hold true because VA employees often participate in surveys and are asked for their feedback; in particular, the nurses at the Miami facility should be comfortable responding to study questions because the Miami VA facility belongs to the Veterans Administration's national health care system. The U.S. Department of Veterans Affairs has 5 other VA hospitals in the state and more than 150 across the nation. For the purpose of the current study, only nurses from the Miami, Florida, VA were asked to participate, and Institutional Review Board (IRB) approval has been granted from the Miami, Florida, VA IRB, as well as University of Phoenix IRB.

A second limitation was the present research study's narrow scope and small sample size; this may affect the ability to generalize the data from the Miami VA sample to the entire population of nurses within the VA system. The study was also limited by the participant's willingness to answer the survey questions honestly. Frequently, a limitation existed in terms of the validity and reliability of the study instruments.

The validity and reliability of the instruments used in the quantitative portion of the current mixed-methods study has been established through use in prior studies (Aguayo, Vargas, de la Fuente, & Lozano, 2011). Maslach et al. (1996) explained that three key factors and the multiple studies, which have used the MBI-HSS instrument, have confirmed its validity. The individual's scores were correlated by a spouse or coworker familiar with the subject, correlated with job characteristics associated with burnout, and correlated with other measures believed to be related to burnout and job satisfaction (Hackman & Oldham, 1976; Maslach et al., 1996).

Creswell (2008) explained that reliability means scores from the instrument will result in very similar data consistently. The reliability of the MBI-HSS coefficients was based on samples not used in the item selections to avoid inaccurate inflation of the reliability estimates (Maslach et al., 1996). Cronbach's coefficient alpha ( $N = 1,316$ ) was used to estimate the internal consistency, and reliability coefficients were .90 for Emotional Exhaustion (EE), .79 for Depersonalization (D), and .71 for Personal Accomplishment (PA) for the subscales (Maslach et al., 1996).

Furthermore, the measurement for the standard error for each subscale is 3.80 for EE, 3.16 for D, and 3.73 for PA (Maslach et al., 1996). Forty-five studies published between 2004 and 2009 (Aguayo et al., 2011) found the average reliability obtained with the alpha coefficients without any weighting factor was EE ( $\alpha = .87$  and  $SD = 0.05$ ), D ( $\alpha = .70$  and  $SD = 0.09$ ) and PA ( $\alpha = .76$  and  $SD = 0.08$ ). The minimum coefficients were .66EE, .43 D, .49 PA, and the maximum: .95 EE, .83 D and .94PA.

The JSS instrument has been investigated for validity and reliability many times (Spector, 1985; van Saane, Sluiter, Verbeek, & Frings-Dresen, 2003). All nine subscales measured moderate to strong among each other, and the internal consistency rated a score of 0.60 for coworker to 0.91 for the total scale (Spector, 1985; van Saane et al., 2003). An average of 0.70 for internal consistency was obtained out of a sample of 3,067 participants over 18 months with internal consistency of 0.37 - 0.74 being calculated for a small 43 member sample (Spector, 1985).

Validity was supported on a single employee in studies using various scales for job satisfaction, and a correlation of 0.61 for coworkers to 0.80 for supervision was calculated on five of the subscales from the JSS (Spector, 1985). Consistent with the

claim from both survey developers, Maslach et al. (1996) and Spector (1985), the instruments for the current study are both valid and reliable. The limited time for the participants to complete the survey and devote to answering the face-to-face interview questions may pose yet another limitation to the study. Nursing leadership is supportive of the study and nurse managers understand the importance of gaining new knowledge, which may help improve the work environment.

Nonetheless, even with some limitations present, the results may enlighten future nursing staff regarding the early warning signs of caregiver burnout and job dissatisfaction. Because the VA hospitals are both teaching and learning organizations, the results may impress upon VA leadership the need to understand the significance of addressing employee well-being and the perceived quality of care provided as quickly as possible. Because the Veterans Administration routinely shares best practices across the nation, and the intent of the current study was to share the results with other VA hospitals to benefit the greater good, the current study was expected to move the hospital system closer toward continual improvement in nursing care.

**Delimitations.** For the current study, the researcher identified boundaries, also known as delimitations, which include or exclude the type of participants who will help answer the research questions. The present study was designed to control the limitations by surveying a diverse group of nurses: licensed practical nurses (LPN), registered nurses (RN), and nurse managers (NM), who ranged in age, gender, ethnicity, employee position, work unit, and years employed with VA. Nurses working only in Extended Care, Hospice, Critical Care Unit (CCU), Medical Intensive Care Unit (MICU), Combined Telemetry and Surgical, Medical, Medical and Oncology, and the two



Community Living Centers (Inpatient Resident Nursing Home Settings) were asked to participate in the current study.

For the quantitative portion of the current research study, the intent was to have as many nurses and nurse managers as possible to participate out of the 157 nurses who form the VA population of LPN's, RN's, and Nurse Managers (NM's). By conducting a power analysis, an appropriate sample size can be determined (Cone & Foster, 2006; Creswell, 2008; Murphy & Myers, 2004). For the purpose of the quantitative portion of the current study, the sample size was 128 participants.

The sample size was determined by using the power analysis equation proposed by Cohen (1988) and Buchner, Erdfelder, and Faul (1997). This resulted in a sample size of 128 nurses as the minimum number of study participants needed for a 5% significance level test, with an 80% power to detect a medium effect size, and considering a response rate of 80% (Creswell, 2008; Murphy & Myers, 2004). In social sciences, researchers usually choose medium to large effect size when determining the sample size as compared to a smaller effect size in biomedical research (Cohen, 1988).

For the qualitative portion of the current research study, the number of participants was limited to the nurse managers from the nine inpatient wards who elected to participate in the quantitative portion of the study. The present research study was further delimited to identifying caregiver burnout and job satisfaction scores of LPN's, RN's, and NM's. Furthermore, the NM's perceptions of the quality of care provided to veteran patients and stressors on the unit were sought.

## Summary

Caregiver burnout and job dissatisfaction are prevalent within the nursing profession. Nursing is often referred to as a stressful profession (Burnard et al., 2001) where high levels of burnout and job dissatisfaction affect the quality of care provided to patients (Patrick & Lavery, 2006). Improving the patient experience during hospitalization is apparently of great importance to U.S. Department of Veterans Affairs leadership because VA policy indicates that veterans deserve the highest quality of health care possible (VA, 2011b).

The present mixed-methods research study was used to assess the current levels of formal caregiver burnout and job satisfaction as well as the nurse managers' perception of the quality of care provided to veterans. The quantitative design element of the research study was used to survey all nurses, including nurse managers working within the palliative and non-palliative care inpatient settings at a Miami, Florida, VA hospital using the Maslach Burnout Inventory-Human Services Survey (MBI-HSS) (Maslach et al., 1996), and the Job Satisfaction Survey (JSS) (Spector, 1997) instruments. The qualitative design element of the current research study was used to obtain the perceptions of nursing care provided through open-ended, face-to-face interview questions with nurse managers. The present research study was intended to explain if significant, measurable-differences exist in levels of caregiver burnout and job satisfaction in nurses working in palliative and non-palliative care. The results were presented to hospital leadership in Miami, placing the administrators in a position to take action to improve the nursing staff's organizational environment, if necessary.

The intent of Chapter 2 is to explore the literature regarding related studies that reference caregiver burnout among nurses as well as job satisfaction, factors associated with stress, and perceptions of quality of care provided by nurses. Identifying studies involving care provided in palliative and non-palliative care inpatient settings also helped gain a more comprehensive understanding of the topic. Furthermore, for the current study, reviewing research in the field provided insight regarding any potential gaps in the literature.

## **Chapter 2: Review of the Literature**

Veterans depend on health care providers to care for and treat their illnesses and diseases. The Veterans Administration's vision is to provide veterans with the benefits and services they earned by exhibiting characteristics of compassion, commitment, excellence, trust, and respect (VA, 2011b). Nurses are most often the primary caregivers in both palliative and non-palliative care inpatient settings. The literature reviewed for the present study confirms that nurses experience high levels of caregiver burnout and job dissatisfaction and that the duties associated with providing care cause significant amount of stress.

Hospital leadership must begin to understand better the importance of the issues related to job satisfaction and career burnout in the nursing profession, and how burnout and dissatisfaction among nurses negatively affect the quality of patients' care. By identifying causes of caregiver burnout and job dissatisfaction in the present research, future study results may assist hospital leadership in creating an environment where levels of caregiver burnout are decreased and job satisfaction improves. Furthermore, the families', the patients', and the nurses' perception of the quality of care provided to patients is equally important. Department of Veterans Affairs leadership practices values veteran patient-centered care; thus, any opportunities for improvement are viewed in a positive manner.

### **Title Searches, Articles, Research Documents, and Journals**

The literature review conducted for the current research study involved searching electronic databases including EBSCOhost, Med-Link, and ProQuest, which totaled a review of more than 70 references. A variety of published books was also reviewed and

information identified helped form the basis for the proposal. The main search topics for the present study included caregiver burnout among nurses, job satisfaction, care giving, bereavement, stress, perception of quality of care provided by nurses, and quality of care provided in palliative and non-palliative inpatient settings. As noted in Table 1, the following databases, key words, and resources used for the literature review are presented.

Table 1

*Resources Used for Literature Review*

University of Phoenix Databases	Key Words	Textbooks
EBSCOhost	Caregiver Burnout	Business Research Methods
Med-Link	Burnout among Nurses	Educational Research: Planning, Conducting, and Evaluating Quantitative and Qualitative Research
ProQuest	Job Satisfaction Bereavement Perception of Quality of Care	Work and the Nature of Man Maslach Burnout Inventory Manual SPSS Survival Manual: A Step-by- Step Guide to Data Analysis Using SPSS for Windows

*Note:* Adapted from “Exploring Research,” by J. Salkind, 2003. Upper Saddle River, NJ: Prentice Hall.

### **Literature Review**

The focus of the literature review for the current study was to identify relevant information regarding caregiver burnout, job satisfaction, and quality of care provided by nurses working in palliative and non-palliative care inpatient settings. The literature review provided support for the present study for two important reasons. First, any related studies were reviewed that referenced caregiver burnout among nurses, job satisfaction, factors associated with stress, and perceptions of quality of care in similar settings. Second, studies that also used the Maslach Burnout Inventory-Human Services

Survey (MBI-HSS) (Maslach et al., 1996), and the JSS (Spector, 1997) instruments were reviewed.

**Historical overview of the topics.** Formal caregiver burnout and job satisfaction are not new topics in the literature. The stresses associated with care giving are well documented (Ashton, 2008). Cranny, Smith, and Stone (1992) explained that job satisfaction research has focused on identifying causes of satisfaction and the effects of either job satisfaction or dissatisfaction on turnover and productivity. Understanding the causes with regard to the levels of difference in perceived job satisfaction has progressed quicker than understanding the effects of job satisfaction or dissatisfaction (Cranny et al., 1992). Researchers continue to seek answers to improve the work environment in organizations (Brabant et al., 2007; Matzler & Renzl, 2007; Schalk et al., 2010).

Individuals providing care, also known as the caregiver, continually take from themselves and give to others, the care-seekers (Kahn, 1993). Nurses are often at risk for emotional exhaustion because they continue giving support until they are no longer able to provide for the care-seekers or themselves properly (Kahn, 1993). With regard to the critical component of nurses' emotional exhaustion, Wood et al. (1999) stated, "The consequences of professional caregiver distress have important health policy implications in terms of staff burnout, cost, and the ability of the professional caregiver to provide optimal treatment for residents" (p. 241).

Caregivers may lose emotional resources while engaged in the process of providing care to care-seekers (Kahn, 1993). In a study of nurses in five countries, Fink (2005) reported, "30%-40% said they feel burned out" (p. 53). For this reason, researchers continue to seek answers to improve the work environment in organizations

to reduce caregiver burnout and improve job satisfaction (Brabant et al., 2007; Matzler & Renzl, 2007; Schalk et al., 2010).

Nurses who set extremely high standards for themselves, typically the most talented nurses, are at the highest risk for experiencing feelings of burnout. Unfortunately, with these individuals, job performance soon deteriorates and patient care begins to suffer (Fink, 2005). Multiple opportunities exist for hospital leadership to determine which factors affect individual stress differences of caregivers and to identify reasons for job dissatisfaction and burnout among nurses to ensure quality health care (Abushaikha & Saca-Hazboun, 2009; Wood et al., 1999). Hospital leaders who support opportunities for improvement may help decrease negative effects on the quality of patient care and increase the well-being of nurses.

**Caregiver burnout among nurses.** Ashton (2008) identified five human dimensions that caregivers often experience during the process of caring for patients and how they affect their wellbeing (a) cognitive functioning, (b) physical health, (c) social interactions, (d) emotional stability, and (e) spiritually. Cognitive functioning can be affected in caregiver burnout, as evidenced by confusion and states of disorganization and disorientation; changes in physical health such as being unable to relax experiencing changes in bodily functions; social changes, including loss of identity and withdrawing from others; emotional changes, by experiencing feelings of anger and anxiety; and spiritual changes because of feelings of abandonment by God (Ashton, 2008). These five dimensions can be experienced by both caregiver and patients; therefore, further affecting the staff's ability to cope during stressful times while caring for patients.

West et al. (2009) posited that work performance and patient care is negatively affected when nurses experience burnout. Elemary et al. (2011) noted that the work performance of caregivers was negatively affected when burnout was present. The study results reflected strong associations between levels of caregivers' burnout and levels of elders' psychological abuse. Unintentionally, caregivers are at risk for hurting patients; thus, it is important to educate, train, and provide counseling to caregivers properly to identify solutions to this problem (Elemary et al., 2011).

According to Vahey et al. (2004), the nursing work environment affects the nurses' level of burnout. Nursing work environments, which allow greater nurse autonomy, provide for ample administrative support and nursing staff, promote good nurse and physician relationships; consequently, such environments enjoy higher levels of patient satisfaction and lower levels of nurse burnout. Therefore, the importance of supporting a strong nursing work environment should be of high importance for hospital leadership and can be accomplished by monitoring nursing staffing levels and providing administrative support for nurses to improve job satisfaction and decrease levels of burnout, and improve the quality of patient care (Vahey et al., 2004).

Aiken et al. (2002) found a 40% higher level of burnout among nurses compared to other health care workers, and a four times higher level of job dissatisfaction was noted. Emotional exhaustion and job dissatisfaction levels were higher in nurses with greater nurse-to-patient ratios. By increasing nursing staffing levels, reduced levels of burnout and job dissatisfaction throughout the nursing environment may result. Additionally, the quality of patient care may improve (Aiken et al., 2002).



Frequently, a variety of factors contributes to feelings of burnout among nursing staff. Some factors include pay, rewards, and occupational stress (Ashton, 2008; Gagnon, 2008). Burnout is the result of an individual's ongoing exposure to work-related stress that promotes negative attitudes, emotional exhaustion, depersonalization, and reduced feelings of personal accomplishment (Jenaro, Flores, & Arias, 2007; Maslach et al., 1996; World Health Organization, 2008). The World Health Organization (2008) also reported that caregivers experiencing burnout indicate work and personal relationships suffer. In the field of psychology, burnout is often recognized as a condition in people who routinely provide care for others and do not care well for themselves (World Health Organization, 2008).

Burnout is known to occur when demands outweigh available resources, which can result in negative feelings (Jenaro et al., 2007). For instance, the feelings may involve several aspects of the job, such as how the organization operates, personal physical well-being, or social concerns (Jenaro et al., 2007). Many other factors also contribute to burnout, and caregivers may experience some, or all of these feelings at varying levels.

These factors are similar in that they correspond to two main categories associated with burnout (a) organizational issues and (b) the nurses' relationship with families, patients, and colleagues (Verdon et al., 2008). The study was designed to assess the level of burnout and to identify factors related to stress and its occurrence using the MBI-HSS and face-to-face interview questions. Verdon et al. (2008) presented the following information, "The current study revealed that almost half of the ICU nursing team felt stressed but felt able to manage this stress well" (p. 155). Such published results support

the notion that it is important to focus on the needs of nurses as their well-being may affect patient care (Verdon et al., 2008). Consequently, striving to improve the organizational environment and relationships among nursing staff may aid in reducing stress and burnout and may reduce the nurses' feelings of suffering (Verdon et al., 2008), as the work environment can increase stress.

Nurses work in an ever-changing environment. The prevalence of burnout depends on the unit where nurses work (Al-Turki et al., 2010). For instance, areas such as the Intensive Care Unit (ICU) or Emergency Room (ER) are found to be stressful and contribute to feelings of burnout, and it was found that nurses who work in units where they experience issues involving death regularly lead to an emotional work environment problem (Al-Turki et al., 2010).

Nurses are required to continue working even after a patient's death (Marshall, 2007). Poor coping skills with tragic events such as the end of another's life can lead to burnout; therefore, nurses need assistance in learning effective skills to deal with death such as guarding against burnout that can lead to improved quality of patient care (Marshall, 2007). Gagnon (2008) also claimed workers are experiencing nursing cases more complex than those in the past are. Without attending to the symptoms of burnout, nurses can begin to feel emotionally and physically exhausted (Fink, 2005; Verdon et al., 2008). Therefore, a need exists for clinicians to be equipped with coping skills that will appropriately prepare nurses with the tools to meet the challenges they certainly will face.

Survival techniques such as becoming emotionally detached, cool, or distant from patients are often the first signs of burnout; however, physical symptoms may soon follow such as headaches, insomnia, and changes in one's weight (Fink, 2005).

Additional symptoms found in nurse burnout that may negatively affect a patient's well-being include mood swings, fits of rage, or inappropriate episodes of crying; such episodes may result in a nurse's poor self-confidence and negative feedback from peers (Fink, 2005). Unintentional outbursts such as these are neither healthy for the nurse nor for the patient. The World Health Organization (2008) stated, "Burnout is the final stage in the stress process when everything falls apart" (p. 3). Clearly burnout and job satisfaction are problems in the health care field that need attention (Abushaikha & Sacca-Hazboun, 2009).

**Factors associated with stress.** According to the National Institute for Occupational Safety and Health (2011), employees experience stress when requirements of the job are non-congruent with their abilities or available resources. Some situational factors that add to a stressful work environment include (a) a lack of balance between work, family, and personal life; (b) few friends and a minimal support network; and (c) a pessimistic outlook on life. Participants in a study about stress and burnout explained that not finding time for themselves, a lack of support from family and colleagues, and working too many hours all attributed to increased feelings of stress (Hinshaw, 2007).

The factors associated with stress in Hinshaw's (2007) study are not unlike those identified by the National Institute for Occupational Safety and Health (2011). Additionally, when employees are not recognized for their good work performance, are not afforded career development opportunities, and do not feel valued within the organizational culture, feelings of stress are often the outcome (National Institute for Occupational Safety and Health, 2011). These factors are apparent in multiple workplace settings besides the health care field.

Factors associated with stress as reported by palliative care providers are similar to those of other health care providers (a) work overload, (b) the effect on one's home life, (c) poor management, and (d) limited resources (Ramirez, Addington-Hall, & Richards, 1998). The significance of the affect of stress can contribute to absenteeism (Verdon et al., 2008). Stress increases when relationships are formed with patients and multiple deaths occur quickly; however, difficulties also occur when working relationships have poorly defined roles (Ramirez et al., 1998). According to the National Institute for Occupational Safety and Health (2011), employees often experience stress when conflict exists regarding job expectations. Stress may be reduced with intervention by leadership to define role expectations.

The style of an organization's leaders also affects the work environment (Brown, 2011). Leadership can reduce stress within the organization by clearly defining roles, identifying goals, and meeting employee needs while continually improving. Managers capable of unlocking the motivation of their employees subsequently can unlock great productivity; thus, improving job satisfaction organization-wide (Brown, 2011).

**Job satisfaction.** Understanding levels of job satisfaction throughout organizations is an important consideration for leadership (Cranny et al., 1992). Predominantly, good leaders care about their employees and want to see them happy, both on and off the job (Cranny et al., 1992). Organizational leadership should care about employees for many reasons; however, three important reasons include (a) to obtain and maintain an excellent workforce; (b) to use time productively; and (c) to provide health care coverage, which enables the employee to stay focused on the job

(Latham & Vinyard, 2009). Leaders must also understand and evaluate the current state of their employees' well-being.

Consequently, identifying key factors that affect employee's job satisfaction and well-being are important for organizational success (Latham & Vinyard, 2009). For organizations to stay competitive, particularly in the health care field, ongoing critique of job satisfaction levels is wise. Such actions help leaders identify opportunities to take action that may improve the work environment (Cranny et al., 1992; Latham & Vinyard, 2009).

A gold standard does not exist indicating which job aspects should be considered when attempting to measure job satisfaction (van Saane et al., 2003). Nonetheless, Blegen (1993) found the relationships between job satisfaction of nurses and potential explanatory factors associated with stress were explored. The data showed that stress was most closely related to job satisfaction of more than 15,000 participants (Belgen, 1993).

Latham and Vinyard (2009) stated, "To stay on the cutting edge, the organization must learn how-to-learn and continuously get better at learning" (p. 33); in hospital settings, head nurses can assist in this process to identify factors that prohibit or hinder nurses from performing at optimal levels while providing quality patient care. Furthermore, Castle (2006) asserted that employee's job satisfaction is related to the inability of an organization to make positive change; thus, possibly negatively affecting their employee's well-being and the delivery of quality of patient care. In addition, Kangas, Kee, and McKee-Waddle (1999) revealed that an environment both supportive and nurturing affects the job satisfaction level of nurses most.

Nurse managers have multiple responsibilities, including striving to achieve the health care organization's main goal of providing high quality care to patients (Zori & Morrison, 2009). Nurse managers also play an important role in the level of job satisfaction experienced by the staff under their supervision, especially the level of job satisfaction among nurses, thus affecting the work environment (Ouzouni & Nakakis, 2009). Ouzouni and Nakakis (2009) identified a significant association between job satisfaction and the quality of leadership in the clinical setting.

Specifically, job satisfaction was lower among staff whose head nurse possessed less effective team building skills. Additionally, the transformational leadership style was related to improving the levels of staff's job satisfaction, which also includes empowering them to affect the leadership-employee relationship (Kalisch, Tschanen, & Lee, 2011; Morrison, Jones, & Fuller, 1997). Murrells, Robinson, and Griffiths (2008) supported that varying management styles within organizations directly affect the levels of nurses' job satisfaction.

A health care organization's structure and processes also affects the nursing staff. Predominantly, factors such as feelings of no support from leadership, poor management, and ineffective supervision were common (Ouzouni & Nakakis, 2009). In addition, nursing staff relationships between professionals are reported as being high stressors. Ouzouni and Nakakis (2009) sought to identify high stressors, including factors from the nurse managers' perspective, which contribute to increases in their stress levels.

#### **Nurse's perceptions of quality of care in palliative and non-palliative settings.**

Maslach et al. (1996) suggested, "Burnout can lead to deterioration in the quality of care or service provided by the staff" (p. 4). Frandsen (2010) asserted that while nurses strive

to improve the quality of life for patients, nurses often do so at risk to their own health. Finding a balance between caring for the patient and for oneself is important, as energy and strength can be depleted quickly (National Cancer Institute, National Institutes of Health, 2008).

As a result, an employee's attitude about work and its inclusion with other areas of life, such as family, community participation, and social interactions (Ikiugu, 2008), plays a significant role in the work-life balance. Someone who is struggling to cope with his or her workload is a first sign that quality is slipping, particularly when staff admit to experiencing difficulties with sleeping, concentrating, being exhausted, and feeling overwhelmed (Frandsen, 2010). Furthermore, differences in personality can influence how individuals perceive feelings of burnout in the work environment, (Alarcon, Eschleman, & Bowling, 2009) including feelings about the grieving process.

In health care, understanding the grieving process is important. Nurses, specifically, provide a great amount of care to patients. Nurses can best support patients by recognizing and acknowledging their grief and helping patients find meaning to their suffering (Ashton, 2008). Nurses are essential to the family members – the bereaved – as they too need help in dealing with the loss of the deceased loved one.

A patient-centered approach focusing on the needs of both the individual and family is important (Pastrana et al., 2008). Palliative care, including sensitivity to a patient's personal cultural, religious beliefs, values, and practices, should be conducted with respect to the caregiver (Pastrana et al., 2008). The patient should be kept involved in planning both the personal care and the management of the illness; nurses play a critical role in keeping the patient involved in health care decisions (Pastrana et al.,

2008). Thus, the patient-centered approach requires a joint effort between all caregiver team members.

A Unit-Based Clinical Leadership program, involving enhanced nurse-physician collaboration, greatly improved the quality of patient care and job satisfaction among all parties at a Pennsylvania hospital (Buckley, Laursen, & Otarola, 2009). Each team consisted of a physician, a nurse manager, a nurse educator, and a quality coordinator. Quality patient care is the result of nurses and physicians collaborating to provide patient-centered care (Buckley et al., 2009; Scherb, Specht, Loes, & Reed, 2011). The Unit-Based Clinical Leadership program example signifies the importance of sharing positive outcomes among leaders in the medical profession, to educate leaders that the nurse-physician relationship is important, and affects the quality of patient-care. Scherb et al. (2011) asserted, “Nurses must feel empowered to address issues that arise from patients, families, and other departments within the organization” (p. 166).

Differences exist in the quality of care provided in palliative and non-palliative inpatient settings, thus supporting the need of increasing education for caregivers (Addington-Hall & O’Callaghan, 2009). Addington-Hall and O’Callaghan (2009) found bereaved relatives reported less satisfactory care in the non-palliative inpatient setting than that received in the in-patient hospice unit. The comparisons drawn from the Addington-Hall and O’Callaghan’s study were based on the bereaved relative’s perception of the quality of nursing care received during the patient’s last three months of life, and if the patient was admitted to a hospital versus a hospice unit. The researcher for the current study examined the quality of care provided to veterans receiving care within a VA hospital setting in a variety of units other than the inpatient hospice unit.



Addington-Hall and O'Callaghan (2009) emphasized the higher quality of perceived care in the palliative care setting based on the response to four questions. The four questions addressed the following areas (a) the family receiving information about the patient's condition; (b) the clarity of the explanations coming from doctors and nurses regarding the family member's medical condition, treatment, or tests; (c) the delivery of medical messaging; and (d) the family's ability to discuss with the medical staff any worries or fears the family may have had about the patient's condition, treatment, or tests. For all questions in the study, the bereaved relatives' answers supported a preference for a palliative care setting for their loved ones, which may pose concerns for those worried about funding for inpatient hospice care (Addington-Hall & O'Callaghan, 2009). Fortunately, the Miami, Florida, VA hospital has a hospice care unit for veterans who need this type of care. An assumption that arose from the Addington-Hall and O'Callaghan's study is that nurses providing palliative care would have higher levels of burnout and job dissatisfaction as opposed to providing better quality of care.

No data exist to provide a comparison to the Addington-Hall and O'Callaghan (2009) study other than what was reported through the PROMISE (2009) survey. The PROMISE survey offered a negative view of the levels of burnout and job satisfaction as perceived by families of bereaved patients. Consequently, intent of the current study was to explore a gap in the literature, as indicated, between Addington-Hall and O'Callaghan's study and the PROMISE survey conducted at the Miami, Florida, VA hospital. The current research study was designed to identify and document differences in caregiver burnout and job satisfaction in palliative care, and other inpatient units as

well as study the nurse managers' perception of the quality of care provided by their units.

The present study was designed to obtain the nurse managers' perception about unit performance, which according to the literature can be a first step in the process to identify if the organization needs improvement (Brown, 2011; Kalisch et al., 2011). According to Kalisch et al. (2011), additional research is needed in this area and by obtaining the nurse manager's feedback; the responses will help to examine the effects of the quality of patient care provided by nurses. The need to gain the nurse managers' perceptions at the Miami, Florida, VA is important because factors including education in palliative care and the existing work environment can affect the caregiver, patient, and family member experience.

### **Relationship of Study to Prior Studies' Research Method and Design**

Mitchell (2009) conducted a mixed-methods study using a correlation and triangulation design to explore the relationships between factors in demographics and work environment. The correlational research design is a quantitative design using correlation statistics to measure and describe relationships between variables, whereas, the triangulation design collects both quantitative and qualitative data simultaneously (Creswell, 2008). For the purpose of the current research study, a sequential, explanatory mixed-methods design was selected because that design fulfilled the need to identify and explain the different levels of caregiver burnout and job satisfaction in nurses. The explanatory design was chosen over the exploratory design because the quantitative data were sought first, followed by collecting the qualitative data to augment and further explain the results (Creswell, 2008).

For the quantitative portion of Mitchell's (2009) research, the Maslach Burnout Survey-Human Services Survey (MBI-HSS) was used, and it was used for the current research. However, in Mitchell's research, the Nursing Work Index (NWI) was used. The NWI is used to explore the hospital environment characteristics, whereas, for the present study, the Job Satisfaction Survey (JSS) was selected because the JSS provides more information specific to high levels of job satisfaction. The nine sub-scales in the JSS survey include (a) salary, (b) promotion, (c) supervision, (d) fringe benefits, (e) contingent rewards, (f) operating procedures, (g) coworkers, (h) work, and (i) communication, and helped obtain the nurses' at the Miami, Florida, VA hospital job satisfaction levels (van Saane et al., 2003).

In the mixed-methods study conducted by Verdon et al. (2008), the MBI was used to assess the level of burnout and identify factors related to stress; however, semi-structured interviews were conducted with nurses. The focus of the interview questions in the Verdon et al. study were on organizational concerns, and patient and family relationships. The Verdon et al. study interviews continued until saturation of the remarks was received.

An exploratory descriptive study design was used by Abushaikha and Saca-Hazboun (2009) to analyze job satisfaction and burnout among Palestinian nurses. The researchers used the MBI to study the nurses along with collected demographics. The results reflected moderate levels of both job satisfaction and burnout (Abushaikha & Saca-Hazboun, 2009). Additional information was needed to answer the research questions for the current study as the nurse managers' perception of the quality of care provided on their unit was also sought.

**Research method for proposed research study.** For the present research study, a sequential, explanatory mixed-methods design was used to explain if differences exist in caregiver burnout and job satisfaction in nurses working in palliative and non-palliative care. First, in the quantitative portion of the current study, the MBI-HSS (Maslach et al., 1996) and the JSS (Spector, 1997) instruments measured the level of nurse and nurse manager caregiver stress and job satisfaction. Second, in the qualitative portion of the current study, the nurse managers' perceptions of the quality of care provided to veterans as well as their perceived levels of stress on a typical day, and factors associated with stress in their units were obtained through open-ended, face-to-face interview questions.

The quantitative data were analyzed with SPSS Version 18. A one-tailed hypothesis test as well as the usual 5%-level of significance was chosen. Creswell (2008) explained the one-tailed test of significance is appropriate for studies similar to the current study because a one-tailed test, "has more power, which means that we are more likely to reject the null hypothesis" (p. 197).

A one-tailed test of significance is also used when research indicates a probable direction of the alternative hypothesis. The qualitative data are analyzed using the constant comparative content analysis method, which is ideal for a mixed-methods research study (Creswell, 2008), such as the current study because collecting additional information was necessary to help answer the research questions. The experiences and perceptions of the nurse managers were revealed through the emerging data, and themes were identified based on the content from the analysis of the responses to the open-ended, interview questions (Neuendorf, 2002).

## **Gaps in the Literature**

The literature review has only briefly addressed the specifics of the current study, although as noted earlier, many studies have been conducted on the topics of caregiver burnout and job satisfaction among nurses within the last 5 years. However, the literature review revealed little to no literature on caregiver burnout, job satisfaction, and the nurse manager's perception of the quality of nursing care provided to patients who were veterans. Many veterans have unique health care issues that require nurses to provide intense care services because the complexity of disabilities require extended, highly specialized care and are more challenging than nurses providing routine health care are (VA, 2011a).

The present study adds to the body of knowledge related to caregiver burnout and job satisfaction in nursing. In particular, the effects of work setting unit (palliative versus non-palliative) on caregiver burnout and job satisfaction were examined by comparing palliative and non-palliative nurses' mean scores of caregiver burnout and job satisfaction. Additionally, the effects of nurses' position (LPN versus RN versus NM) nurses' caregiver burnout and job satisfaction and the association between the nurse's work experience (as measured by the number of years worked in VA), and both caregiver burnout and job satisfaction were examined by computing and testing Pearson correlation coefficients.

## **Conclusions**

Although many researchers have identified and supported the relationship between caregiver burnout and job satisfaction in the nursing profession, none specifically compared levels of caregiver burnout and job satisfaction among nurses

working in palliative care versus non-palliative care inpatient settings in VA hospitals. The sequential explanatory mixed-methods study accomplished the goals for the research related to the current study. A quantitative component of the mixed-methods study using MBI-HSS and the JSS instruments were used to ascertain specific information related to traits associated with caregiver burnout and job satisfaction. Furthermore, the qualitative component of the mixed-methods study was used to identify nurse managers' perceived level of care provided to veterans assigned for care to their unit, the perceived level of stress related to a patient's care on a typical day, and the ability to identify factors associated with stress to the caregivers.

Hospital leadership should understand that "burnout can lead to deterioration in the quality of care or service provided by the staff" (Maslach et al., 1996, p. 4). Veterans and their family members deserve the highest quality of care possible according to the United States Department of Veterans Affairs documents. Therefore, any efforts to identify factors that may hinder nursing staff members from performing at their peak performance must be sought continually as work environments in health care frequently change.

### **Summary**

Chapter 2 included a review of the literature and highlighted key factors associated with the current study. Factors such as caregiver burnout among nurses, job satisfaction, stress, and nurse perceptions regarding the level of quality of care in the unit provided to patients are important when considering what contributes to increased levels of caregiver burnout and decreased levels of job satisfaction. Conducting a literature review helped to identify relevant information regarding these topics. For instance,

Wood et al. (1999) reiterated the importance of leadership identifying and determining factors affecting individual stress differences in caregivers; Wood et al.'s observations may help decrease the distress felt among the caregiver staff. However, the literature review failed to reveal particular characteristics or traits regarding the burnout or job dissatisfaction factors for nurses working specifically in palliative care versus non-palliative care, inpatient settings. In this research study, particulars about the characteristics and factors related to caregiver burnout and job dissatisfaction were sought.

A discussion about the research method needed to complete the present sequential explanatory mixed-methods study follows in Chapter 3. The study design and the appropriateness of the design, the research questions, hypotheses, population, sampling, data collection, and methods for analyses are also included. Additionally, the process for validity, both internal and external, and reliability in the proposed research study is reviewed in the next chapter.

### **Chapter 3: Methodology**

The primary purpose of the current sequential, explanatory mixed-methods study was to identify and explain any differences in the levels of caregiver burnout and job satisfaction among nurses working in palliative and non-palliative care inpatient units at the Miami, Florida, VA hospital. Demographics and environmental characteristics were assessed to determine how they contribute to caregiver burnout and job satisfaction. A secondary purpose of the present sequential, explanatory mixed-methods research study was to obtain the nurse managers' perceptions of the quality of care provided through their work units and the factors that nurse managers perceived as contributing to increased stress in both palliative and non-palliative inpatient units.

The study took place at the Miami VA, in southeastern Florida. The VA hospital in Miami, Florida, opened in 1968, is on 26 acres, and serves veterans in three counties: Monroe, Miami-Dade, and Broward. The specific VA hospital involved with the present study provides primary medical, surgical, and psychiatric services to more than 285,000 veterans. The Miami VA operates 191 hospital beds and is equipped to provide many specialized services for veterans.

The facility is complex, including the following units: a prosthetic treatment center; a spinal cord injury unit; a geriatric research, education, and clinical center; and a 120-bed community living center. Nurses; therefore, are tasked with providing varying levels of care throughout the multifaceted organization and may be required to provide palliative care in the unit assigned. The amount and level of training in how best to provide palliative care to patients may also vary throughout nursing service; thus, potentially affecting the level of nurse burnout and job satisfaction.



In Chapter 3, the research method and design for the current research study, including the appropriateness of the design are presented. The research questions are also presented along with the identified population and sampling framework. Additionally, factors associated with confidentiality, informed consent, geographical area, data collection instruments, validity, reliability of the instruments and of the study itself, follow later in the chapter. Last, the data analysis process used for the current study is explained.

### **Research Method and Design Appropriateness**

The proper research design allows the research objectives to be fulfilled and the research questions to be answered (Cooper & Schindler, 2002). The sequential, explanatory mixed-methods developed for the current research study included two central foci. First, the explanatory quantitative study was used to identify any differences in levels of caregiver burnout and job satisfaction in nurses working in palliative and non-palliative care inpatient settings. Second, an explanatory qualitative study was used to explain the nurse managers' perceptions of quality of care provided by their unit as well as factors that the nurse managers perceive as contributing to increased stress in the nurses' work units.

The sequential, explanatory mixed-methods design was chosen to capture complete information that a quantitative or qualitative study alone would not do sufficiently (Creswell, 2008). The explanatory design for the current study fulfilled the need to explain and to identify differences in levels of caregiver burnout and job satisfaction in nurses providing palliative and non-palliative care as well as to determine the effect of other potential predictors of caregiver burnout and job satisfaction of nurses

in palliative and non-palliative care. The design allowed the researcher to understand how well nurse managers perceived their units provide care to patients and identified daily stressors and other factors, which potentially increase stress in the nursing staff.

The quantitative design element of the present research study was used to survey all nurses including nurse managers working within the palliative and non-palliative care inpatient settings at a Miami, Florida, VA hospital. The survey was used to measure their levels of caregiver burnout and job satisfaction using the Maslach Burnout Inventory-Human Services Survey (MBI-HSS) (Maslach et al., 1996), and the Job Satisfaction Survey (JSS) (Spector, 1997) instruments. The surveyed population for the current study was 157 nurses (population size), ranging from licensed practical nurses (24) through RN nurses (124) and nurse managers (9) on staff at the Miami VA facility.

However, qualitative data were collected only on nurse managers using open-ended, face-to-face interview questions to obtain the nurse managers' perceptions of the quality of care provided by their units, along with daily stressors that may affect care. Each of the identified units' nurse managers completed three interview questions (see Appendix D). Mitchell (2009) explained that quantitative data collection will yield much information, but quantitative data will "not yield some of the unique personal experiences" (p. 97). Therefore, the use of a qualitative data collection method in the current study was appropriate to capture the perceptions of nurses through open-ended, face-to-face interviews.

According to Creswell (2008), the rationale for a sequential, explanatory design in a mixed-methods study is that "the quantitative data and the results provide a general picture of the research problem; more analysis, specifically through qualitative data

collection, is needed to refine, extend, or explain the general picture” (p. 560). Salkind (2003) indicated that a sequential, explanatory design provides possible indications regarding how points or ideas are related or what they have in common, but the design will not identify which variable causes or variables cause the outcome. Using a sequential, explanatory mixed-methods design fulfilled the intent of the current study by identifying and explaining the different levels of caregiver stress and job satisfaction in nurses as well as obtain the nurse managers’ perception of how well their work unit provides care, any daily stressors faced by a particular unit, and what factors cause increased stress.

The research questions for the current study were best answered using a sequential, explanatory mixed-methods study (Manuel, 2008). Neither a quantitative nor a qualitative method alone could have addressed the research questions for the current study adequately (Creswell, 2008). Choosing a sequential, explanatory mixed-methods study is, as Creswell (2008) noted, to explain or elaborate on the quantitative results. The current study required additional analysis; first through quantitative data collection followed by qualitative data collection, which helps “refine, extend, or explain the general picture” (Creswell, 2008, p. 560) related to the nursing environment at the Miami, Florida, Veterans Administration hospital. Obtaining the nurse manager’s perception through the open-ended interview questions helped gather important information that further explained the current nursing environment in the present study.

The sequential, explanatory mixed-methods design used in the current research study was the appropriate design to investigate the topic in nursing care, for several reasons. For instance, in the current research, studying firsthand levels of caregiver

burnout and stress is desired instead of capturing second-hand comments or past information obtained from reading reports or documents (Salkind, 2003). Therefore, surveying all nurses and interviewing nurse managers captured the data, which may provide insight and valuable information for hospital leadership.

An advantage for the researcher who uses an explanatory design to conduct mixed-methods research instead of a triangulation design is that the researcher does not have to unite or incorporate the two different forms of data. One known difficulty for researchers who use an explanatory approach versus a mixed-methods design is the need to decide what aspect of the quantitative data to use in the report (Salkind, 2003). For the purpose of the current study; however, the researcher did not exclude any of the quantitative data obtained using the survey instruments in the report.

For the purpose of the current study, the sequential, explanatory mixed methods design best accomplished the goals of this research study. An explanatory design was suitable for the present research study because the researcher sought first to identify levels of difference in caregiver burnout and job satisfaction among nurses working in palliative care, and non-palliative care inpatient settings. Second, the nurse managers' perceptions were obtained regarding the quality of care provided on their units, along with daily stressors that may affect care were obtained. The daily stressors may be factors that negatively affect or hinder the ability of nurse managers to perform their duties effectively and possibly decrease the quality of patient care provided to veterans on their units.

## **Research Questions**

The intent of the present research study was to gather information from formal caregivers. The information provided by the nurses and nurse managers may help VA hospital leadership learn how to create an environment that optimizes both job satisfaction and quality of care provided to veterans. The sequential, explanatory mixed-methods research study that was conducted involved both quantitative and qualitative research questions used to obtain data to answer the following research questions.

The MBI-HSS was used to measure the levels of caregiver burnout and the JSS measured job satisfaction. The main independent variable was the locations or work unit of where the nurses and nurse managers, and the dependent variables included the overall scores of the caregiver burnout and job satisfaction as obtained by MBI-HSS and JSS instruments. Other independent variables included important variables that may affect the levels of caregiver burnout and job satisfaction, namely, the nurse's position (LPN, RN, NM), and the number of years of work experience.

The main research question for the quantitative portion of the current study was as follows:

Is there a significant, measurable difference in caregiver burnout and job satisfaction in nurses working in palliative care versus non-palliative care at the Miami, Florida, VA hospital?

Based on the main research question guiding the quantitative section of the current mixed-method study, the following hypotheses were tested:

H1<sub>A</sub>: There is a significant, measurable-difference in the levels of caregiver burnout among nurses working in an inpatient palliative care setting versus an inpatient non-palliative care setting at the Miami, Florida, VA hospital, as calculated by the mean score of burnout on the Maslach Burnout Inventory – Human Services Survey (Maslach et al., 1996).

H1<sub>0</sub>: There is no significant, measurable-difference in the levels of caregiver burnout among nurses working in an inpatient palliative care setting versus an inpatient non-palliative care setting at the Miami, Florida, VA hospital, as calculated by the mean score of burnout on the Maslach Burnout Inventory – Human Services Survey (Maslach et al., 1996).

H2<sub>A</sub>: There is a significant, measurable-difference in the levels of job satisfaction among nurses working in an inpatient palliative care setting versus an inpatient non-palliative care setting at the Miami, Florida, VA hospital, as calculated by the mean score of job satisfaction on the Job Satisfaction Survey (Spector, 1997).

H2<sub>0</sub>: There is no significant, measurable-difference in the levels of job satisfaction among nurses working in an inpatient palliative care setting versus an inpatient non-palliative care setting at the Miami, Florida, VA hospital, as calculated by the mean score of job satisfaction on the Job Satisfaction Survey (Spector, 1997).

The research questions presented for the qualitative portion of the current study were as follows:

To what level do nurse managers perceive the quality of care provided to veterans on their units?

Sub-Question 1: What is the nurse manager's perceived level of stress on a typical day?

Sub-Question 2: What factors of the nurse manager's job are most associated with stress?

The MBI-HSS measured the levels of caregiver burnout and the JSS measured job satisfaction. The independent variables are the locations where the nurses and nurse managers work, and the dependent variables include the overall scores of the differences in the levels of caregiver burnout and job satisfaction as obtained from the survey tools. The open-ended, face-to-face interview questions were used to identify and explain the nurse manager's perception related to the quality of care provided to veterans, along with levels of unit stress the nurse manager experiences each day, and factors most associated with the unit's stress.

### **Population**

The population for the study population was drawn from a diverse group of nurses who met the following licensing criteria: licensed practical nurses (LPN) (24), registered nurses (RN) (124), and nurse managers (NM) (9). The current population ( $N = 157$ ) includes a diverse group of nurses who work at the Miami, Florida, VA Hospital. To ensure that the sample reflected a representation of the Miami VA nursing staff, demographics were collected from the sample, including age, gender, ethnic category, job position, work unit, and years employed by VA (see Appendix C).

Only nurses working at the Miami Veterans Administration hospital, an urban facility that maintains 191 inpatient beds in downtown Miami, Florida participated in the current study, and worked in either a palliative care or non-palliative care inpatient setting at the hospital. The Miami VA is the only facility involved in the current research study.

Ideally, all 157 nurses meeting the licensing criteria could participate in the research; however, it was impossible to gain the support of all potential participants. Some may have been on extended leave or felt uncomfortable about participating in a research study related to their workplace. Additionally, the numbers of staff assigned and separated by work unit were asked to participate in the study, which also accounted for each nurse manager's participation in helping to promote the importance of staff completing the survey instruments.

The following nurse units were surveyed: Extended Care, Hospice, Critical Care Unit (CCU), Medical Intensive Care Unit (MICU), Combined Telemetry and Surgical, Medical, Medical and Oncology wards, and the two Community Living Centers (Inpatient Resident Nursing Home Settings). The CLC is a long-term care facility located at the Miami VA. Palliative care is provided only on the Hospice and CLC units.

Nurses and nurse managers' data were collected using the demographic questionnaire, the MBI-HSS, and the JSS survey instruments. Face-to-face interviews were conducted and audiotaped with each of the nurse managers from the nine identified units who identified themselves on the demographic sheet (see Appendix C). The open-ended interview questions were asked only of the nurse managers.



### **Sampling Frame, Sample Size and Power Analysis**

The Office of the Nurse Executive at the Miami VA was contacted to obtain leadership support and permission to study the nursing staff. Potential participants were hand-delivered copies of the surveys with an Informational Cover Letter (see Appendix E) explaining the purpose and importance of the study, the amount of time necessary to complete the survey instruments, and that participation is voluntary. The informational cover letter also explained that nurse managers will be contacted for further information, and their identity will remain confidential by use of a coded number. Support from leadership was requested to inform staff LPN's, RN's, and nurse managers of the importance of the current study and to encourage the entire nursing staff's participation.

For the current research study, the intent was to have as many nurses and nurse managers as possible from the existing population of 157 LPN's, RN's, and nurse managers actively participate in the study. By conducting a power analysis, an appropriate sample size needed to compare two independent groups can be determined (Buchner et al., 1997; Cohen, 1988). Considering a significance level of 5% (alpha,  $\alpha = 5\%$ ), medium effect size of 50% ( $d = 0.50$ ), a sample size of 51 in each group (for a total sample size of 102) will have 80% power (beta,  $\beta = 0.20$ ) to detect a medium effect size using a one-sided independent samples *t*-test at the usual 5% level of significance.

Considering a response rate of 80%, the total sample size needed was 128 participants. In the current study, because the entire population has been solicited ( $N = 157$ ), the total sample size of 128 was sufficient for the current study. The sample size per group (assuming equal group sample sizes and equal group variances) was

determined using the following equation (Buchner et al., 1997; Cohen, 1988) to calculate the sample in finite populations:

$$n = \frac{2(z_{\alpha/2} + z_{\beta})^2}{\delta^2} \quad (1)$$

where  $Z_{\alpha/2}$  (= 1.96) and  $Z_{\beta}$  (= 0.84) are the quantiles of the normal distribution corresponding to 5% level of significance (Type I error) and 20% (Type II error) respectively, and  $\delta$  is the effect size. Using the formula to calculate a sample in a population and assuming a 80% response rate, approximately 128 responses are necessary to make generalizations about the level of caregiver burnout and job satisfaction among nurses and nurse managers in the Miami, Florida, VA hospital based on the sample size, a 5% significance level, and a 80% power to detect a medium effect size (Creswell, 2008; Murphy & Myers, 2004). In social sciences, researchers usually choose medium to large effect size when determining the sample size as compared to a smaller effect size in biomedical research (Cohen et al., 1988). Moreover, a one-sided Fisher's z test of the null hypothesis that the Pearson correlation coefficient  $\rho = 0$  will have 80% power to detect a  $\rho$  of 0.25 when the sample size is 95 (Buchner et al., 1997) at the usual 5% level of significance.

### **Informed Consent**

Approval to conduct the research for the current study was obtained from the Miami VA Investigative Review Board (IRB) and University of Phoenix (UOPX) IRB. The necessary forms required by the Miami VA IRB were signed, including UOPX Permission to Use Premises, Name and /or Subjects, and UOPX Letter of Collaboration among Institutions. A Waiver of Documentation of informed consent was received from

the Miami VA IRB for use of the MBI-HSS and the JSS; however, nurse managers were required to sign both VA's and the UOPX's informed consent before participating in the face-to-face interview questions.

Interview questions were not asked until after each nurse manager read and signed the informed consent forms. All participants agreed to sign the forms; however, had any failed to comply, the participants would have been thanked for their interest and excused from the room. Permission was also obtained to have the interview recorded using an audio tape recorder and was granted prior to the start of the interviews.

There were no known risks beyond a normal daily conversation in the current study. However, any participants who might have experienced discomfort in response to any of the interview questions would have been directed to visit the Miami Veterans Administration Hospital's Employee Health Office or contact the Employee Assistance Program. There are no fees to access these services.

### **Confidentiality**

Each participant was assured confidentiality in the informational cover letter attached to the two surveys. The letter included the purpose of the current study, that participation is voluntary, and that the option exists not to participate or to withdraw from the study at any time without consequences. Names and social security numbers of the nurse managers were collected for VA Research Service auditing purposes; at VA, all studies are audited throughout the entire process.

Furthermore, participants were informed that all data were to be secured and stored behind the Miami VA hospital's firewall. Data were not transmitted as an attachment to any unprotected e-mail messages. Access to data was limited to only those

authorized to access it, and the authorization access was related to VA-approved research staff. Non-electronic records were maintained behind two locked doors and secured in a locked file cabinet at the Miami, Florida, VA hospital. Data will be stored for the maximum time required by law, according to the VA standards, which is currently indefinite.

All data will remain within the Veterans Administration and given a code number. Only coded data will be shared outside the Veterans Administration. The work units of nurse managers were not revealed; their identity was protected by use of a code number. Participants were informed that the research results may be published in a dissertation or in any other VA-approved document; however, no names will be released. Furthermore, the researcher has been trained in ethical human subject research through the Collaborative Institutional Training Initiative (CITI) and the Veterans Administration Security for Research and Development Personnel program.

### **Geographic Location**

Miami, Florida, was the geographic location for the current study, specifically; Miami-Dade County, which has a population of 2,500,625 in 2009 (U.S. Census Bureau, 2010). The Miami, Florida, VA hospital, a tertiary-care facility is located in urban Miami, within the city's hospital district, known as Civic Center. The Civic Center hospital district is home to the University of Miami, Miller School of Medicine including the Jackson Healthcare System, which is the local health care provider for Miami-Dade County.

## **Data Collection**

The data collected from the current sequential, explanatory mixed-methods study consisted of measures of caregiver burnout and job satisfaction using the MBI-HSS (Maslach et al., 1996), and the JSS (Spector, 1997) survey instruments. The surveys measured caregiver burnout and job satisfaction among nurses, respectively, to identify and to explain levels of difference among those nurses working in palliative and non-palliative care settings at the Miami VA. Data was also obtained through interviewing the nurse managers of the inpatient units to collect perceptions of the quality of care provided by their work units and daily stressors.

According to the Veterans Administration requirements for research, the specific aims of the study were presented to the nursing executives at a regularly scheduled, bi-monthly meeting in a 10-minute presentation. Nurse managers of the respective units received ample copies of (a) the informational cover letter (see Appendix I), (b) the survey instruments (see Appendices A & B), (c) demographic questionnaire (see Appendix C), and (d) a pre-addressed U.S. Government Intra-Office envelope. The envelope was addressed to (a) Christina Bridgeman, Chief, Voluntary Service (135) and (b) to be opened by addressee only. Deadline for participating was 3 weeks from the distribution date.

Nurse managers were requested to remind all participants that their involvement in the study is strictly voluntary, and the nurse manager and any participant may choose to withdraw from the study at any time without consequences. Participants believing they had been harmed by participating in the qualitative portion of the current study

would be informed they might seek counseling through the VA Employee Assistance Program. There is no charge for this service.

Following the data collection process for the two surveys, those individuals who identified themselves as nurse managers were contacted by phone, e-mail, or in-person to arrange for the interview portion of the study. A mutually convenient time was arranged to allow for an audio taped, face-to-face interview following the participant's signing of the informed consent forms (see Appendix F).

A 30-minute block of time was set to complete the interviews. The interviews were conducted in Voluntary Service, Room 1A-101D at the Miami VA hospital. The completion schedule for all nurse manager interviews was 2 weeks, following the initial data collection period for the surveys. There were only eight nurse managers at the Miami VA hospital because one nurse manager was responsible for two units (Extended Care and one of the Community Living Centers), so the proposed period was feasible. Data were secured by being locked in the researcher's office, in a locked file cabinet, and kept confidential by also being placed inside large U.S. Government Intra-Office envelopes.

### **Instrumentation**

The Maslach Burnout Inventory-Human Services Survey (MBI-HSS) (Maslach et al., 1996) is a survey tool designed to assess factors associated with burnout and is recognized throughout the research community. Some factors related to burnout include “job satisfaction, the individual's role in the organization and contribution to the organization, the suitability of the individual to the job, and time-management in an organization” (Gagnon, 2008, p. 92). Numerous researchers have used the 22-question

MBI-HSS tool, and the survey tool was appropriate for the current study because the instrument helped identify the current level of burnout among nurses working in palliative and non-palliative care inpatient settings at the Miami VA hospital. The MBI-HSS was used because “burnout seems to be correlated with various self-reported indices of personal dysfunction, including physical exhaustion, insomnia, increased use of alcohol and drugs, and marital and family problems” (Maslach et al., 1996, p. 4).

In the MBI-HSS, three sub-scales are identified to assess different aspects of burnout to include emotional exhaustion, depersonalization, and lack of personal accomplishments. The tool has been found to be reliable, valid, and easy to use (Maslach et al., 1996); thus an appropriate choice over other instruments such as the Job Diagnostic Inventory (JDI; Hackman & Oldham, 1976) or the Nurse Satisfaction Scale (NSS; Mueller & McCloskey, 1990), which may not have been used as regularly to measure burnout and may not be as reliable or as valid as the MBI-HSS. The MBI is a reliable and well-validated survey tool used often in medical professional assessments (Aguayo et al., 2011; Ballenger-Browning et al., 2011; Lorenzo, Benatti, & Sabino, 2010; West et al., 2009).

The Job Satisfaction Survey (JSS) (Spector, 1997) was designed to assess employees’ attitudes about the job, and their level of job satisfaction. There are nine facets included in this 36-question survey instrument. The facets examined include pay, promotion, supervision, fringe benefits, contingent rewards (performance-based rewards), operating procedures (required rules and procedures), coworkers, nature of work, and communication. Instruments that use the facets approach can better measure and determine job satisfaction dimensions (Macdonald & MacIntyre, 1997). Conversely,

Wanous, Reichers, and Hudy (1997) studied the use of single-item measurement tools or a scale based on a sum of specific job facet satisfactions, such as the JSS.

Wanous et al. (1997) found that “if neither the research question nor the research situation suggest the use of a single-item job satisfaction measure, then choosing a well constructed scale makes sense” (p. 250), such as the JSS. Spector (1997) explained that the JSS is appropriate for use in human service organizations, both in the public and private sectors, particularly because there is no charge for the use of the research tool and the list of job facets is relatively short with only nine in total. The JSS helped answer the research questions in the current study. The nine facets focus on factors, which are important to employees and may help identify areas where hospital leadership can focus attention and resources to improve the work environment for nursing staff.

### **Instrument Reliability and Validity**

**Maslach Burnout Inventory.** The Maslach Burnout Inventory (MBI) is an industry standard for assessing burnout in the medical profession and is a well-validated survey tool (Aguayo et al., 2011; Ballenger-Browning et al., 2011; Lorenzo et al., 2010; West et al., 2009). Maslach et al. (1996) explained that the MBI-HSS’s validity has been confirmed by three key factors and the multiple studies, which have used the instrument (Aguayo et al., 2011). First, the individual’s score was correlated by a spouse or coworker familiar with the subject.

Second, results of the MBI-HSS were correlated with job characteristics associated with burnout. Third, MBI-HSS scores were also correlated with other measures believed to be related to burnout and job satisfaction (Hackman & Oldham, 1976; Maslach et al., 1996). Other measures believed to be related to burnout include



demographics data, job performance, personality measures, and health information, and can be assessed by multiple regression techniques (Maslach et al., 1996). Maslach et al. (1996) noted that the three correlations provided ample support for the MBI's validity because of the variety of factors and characteristics included in the assessment tool.

Reliability means scores from the instrument consistently will result in very similar data (Creswell, 2008). The MBI-HSS reliability coefficients were based on samples not used in the item selections to avoid inaccurate inflation of the reliability estimates (Maslach et al., 1996). Reliability, as measured by Cronbach's alpha coefficient estimated the internal consistency. With a sample of  $N = 1,316$ , observed reliability coefficients were 0.90 for Emotional Exhaustion (EE), 0.79 for Depersonalization (D), and 0.71 for Personal Accomplishment (PA) for the subscales (Maslach et al., 1996).

Furthermore observed standard error values for the subscales were 3.80 for EE, 3.16 for D, and 3.73 for PA (Maslach et al., 1996). In an investigation of 45 studies published between 2004 and 2009, Aguayo et al. (2011) found the average reliability obtained with the alpha coefficients without any weighting factor was, for EE ( $alpha = 0.87$  and  $SD = 0.05$ ), D ( $alpha = 0.70$  and  $SD = 0.09$ ) and PA ( $alpha = 0.76$  and  $SD = 0.08$ ). The minimum values were .66EE, .43 D, and .49 PA, while the maximum values were 0.95 EE, 0.83 D, and 0.94 PA, respectively.

**Job satisfaction survey.** Cone and Foster (2006) explained that an essential criterion for any survey instrument is that reliable data are the results. The Job Satisfaction Survey (JSS) instrument has been investigated for validity and reliability many times (Spector, 1985; van Saane et al., 2003). All of the nine subscales reported

moderate to strong internal consistency. Observed alpha coefficients ranged from 0.60 for coworker to 0.91 for the total scale (Spector, 1985; van Saane et al., 2003).

An average of 0.70 for internal consistency was obtained from a sample of 3,067 participants during 18 months, with values ranging from 0.37 to 0.74 being calculated for a small 43-member sample (Spector, 1985). Validity was supported in employee studies using various scales for job satisfaction, and correlation coefficients from 0.61 for coworkers to 0.80 for supervision were obtained on five of the subscales from the JSS (Spector, 1985). These consistent results support the claim from both survey developers, Maslach et al. (1996) and Spector (1985) that the instruments for the current study were both valid and reliable.

### **Validity and Reliability of the Study**

The focus of this section is on validity and reliability of the study. First, validity is defined as if a specific measure accomplishes what it claims to accomplish (Cooper & Schindler, 2002; Pallant, 2007). Two varieties of validity exist, internal and external. These varieties ask the following questions as posed by Cooper and Schindler (2002): “Do the conclusions we draw about a demonstrated experimental relationship truly imply cause? Does an observed causal relationship generalize across persons, settings, and times?” (p. 432). The following section describes potential threats to both internal and external validity of the current study.

**Internal validity.** The internal validity of a study, according to Leedy and Ormrod (2001), is the “extent to which its design and the data that it yields allow the researcher to draw accurate conclusions about the cause and effect and other relationships within the data” (p. 103). The research design for the current study was appropriate to

answer the research questions, without anticipated threats to internal validity. However, Cooper and Schindler (2002) identified some possible threats to internal validity, such as history (some events occur during the experiment causing changes to occur), maturation (changes occur with the subject), and experimental mortality (composition of study group changes during the testing process). Nonetheless, for the purpose of this research study, threats of internal validity were considered minimal. The data collection occurred within a short period and decreased the opportunity for internal validity threats from possible changes in history, maturation, and the experimental mortality of the study participants.

Cone and Foster (2006) explained that when a mixed-methods design is used, problems in attributing causality might occur for the researcher when attempting to determine or explain relationships from the collected data. Creswell (2008), on the other hand, described that by the researcher first collecting the quantitative data, followed by the researcher collecting the qualitative data, the potential problems with causality may be reduced because the researcher can use the qualitative data to “refine the results from the quantitative data” (p. 560). Furthermore, the design requires that the researcher identify one independent variable at a minimum that is experimental and manipulated by the researcher, and another not manipulated. For the purpose of the current study, the main independent variable was the location where the nurses and nurse managers work, (i.e., palliative versus non-palliative care inpatient units), and the dependent variables included the overall scores of the levels of caregiver burnout and job satisfaction as obtained from the survey tools.

An additional threat to internal validity in a mixed-methods study is that chance exists that certain helpful information may not be collected because of oversight, which

may have helped make the conclusions clearer (Cone & Foster, 2006). However, for the purpose of the present study, ample demographic information (see Appendix C) was requested from the study participants. The demographic information assisted the researcher in arriving at clear conclusions from the data collected.

**External validity.** The external validity of a research study, according to Leedy and Ormrod (2001), “is the extent to which its results apply to situations beyond the study itself, in other words, the extent to which the conclusions drawn can be generalized to other contexts” (p. 105). The research study results may be generalized to apply to other contexts in the field; therefore, threats to external validity are minimized. However, Cooper and Schindler (2002) identified three possible threats to external validity, including the reactivity of testing on X (sensitizing subjects with a pre-test), the interaction of selection and X (selecting a group based on wishing to generalize results), and the other reactive factors (setting for experiment may result in biased responses). For the purpose of the current research, careful planning helped alleviate problems with external validity.

Possible threats to external validity may be reduced by striving to conduct the surveys in proximity to the participants as possible to avoid any changes in the environment, with the participants or the composition of the study group. External validity threats were limited in the current study for a variety of reasons. There was no plan to conduct a pre-test, and the participants were not selected based on a desire to generalize results. The setting for conducting the surveys was as consistent as possible, using paper surveys for the quantitative portion and individual face-to-face interviews for the qualitative portion (Cooper & Schindler, 2002).

**Reliability.** Cooper and Schindler (2002) noted, “Reliability is concerned with estimates of the degree to which a measurement is free of random or unstable error . . . reliable instruments can be used with confidence that transient and situational factors are not interfering” (p. 236). Consistency is also an important factor when considering reliability concerns (Cooper & Schindler, 2002). For the quantitative portion of the current study, a consistent environment for all participants was maintained as the instruments were completed on the individual’s work unit. Additionally, for the qualitative portion of the current study, all nurse managers were interviewed in the same location within the hospital environment.

### **Data Analysis**

The quantitative data obtained from LPN’s, RN’s, and nurse managers using the MBI-HSS (Maslach et al., 1996) and the JSS (Spector, 1997) instruments were used to determine if significant differences existed in caregiver burnout and job satisfaction in nurses working in palliative care compared to nurses not working in palliative care inpatient units. The data were analyzed using SPSS Version 18. A one-tailed alternative hypothesis test was used when comparing both groups. According to Creswell (2008), a one-tailed test is used when previously conducted research indicates a probable direction or an alternative hypothesis; furthermore, said Creswell, a one-tailed test “has more power, which means that we are more likely to reject the null hypothesis” (p. 197).

A one-tailed independent-samples t-test is used when comparing mean scores of two unlike groups of people or conditions (with the knowledge that the difference is in a specific direction, that is, negative, or positive). The test is used to identify if the observed difference between the mean scores of the two groups is statistically significant

(Pallant, 2007). The independent-samples t-test was most appropriate for the current study because the researcher sought to identify if there was a statistically significant difference in the mean scores of the levels of caregiver burnout and job satisfaction (both outcome variables being at the ratio scale of measurement) for nurses providing palliative and non-palliative care. The researcher assumed as well that the observed samples were simple random samples and that the outcome variables have normal distribution over the population from which the samples have been drawn.

Other important independent variables examined are the nurse's work experience as measured by the number of work in VA as well as the nurse's position or title, that is, nurse being an LPN, RN, or nurse manager. Subsequent analyses were performed for the quantitative portion of the study. Relationships between years of work experience (considered as a potential predictor or independent variable) and the levels of both caregiver burnout and job satisfaction (outcome or dependent variables) in nurses working in palliative and non-palliative care units were assessed using Pearson correlation coefficient (Pearson's  $r$ ), and one-tailed test of significance of the observed coefficients.

The Pearson correlation quantifies the magnitude of a linear relationship between two variables measured at the numeric scale (interval or ratio scale). Taking the Pearson correlation coefficient a step further, the square of the Pearson's  $r$ , known as the coefficient of determination ( $r$ -squared), was used as a measure of the amount of variability in the levels of both caregiver burnout and job satisfaction explained by the years of work experience. In this approach, the variables are assumed to have been measured on the interval or ratio scale, to have a normal distribution (dependent

variables), and observed data assumed to be a random sample from the population under study (Field, 2009).

A One-Way Analysis of Variance (ANOVA) was used to investigate the effect of nurse's position on the levels of both caregiver burnout and job satisfaction in nurses working in palliative and non-palliative care units. In this approach, the null hypothesis was that the mean scores are equal (no effect of nurse's position) while the alternative hypothesis (researcher's hypothesis) was that at least two of the mean scores differ (i.e., there are significant differences in the mean scores among nurse's position groups). In this approach, dependent variables (levels of both caregiver burnout and job satisfaction) are assumed to have normal distributions and observed data assumed a random sample from the population under study (Field, 2009).

The qualitative data obtained from nurse managers were drawn from the answers to a series of open-ended interview questions about how nurse managers perceive the quality of care their unit provides veterans. Private interview meetings with the nurse managers provided an opportunity for more candid remarks in lieu of what may be perceived as appropriate in a group setting. The interviews were audio taped and manually transcribed by the researcher using Microsoft Office Word ®.

After the transcription, a constant comparison content analysis was performed. The interview transcripts were analyzed based on emerging themes, which were organized into categories. The constant comparison content analysis method was appropriate, as the researcher wished to score the content to assess characteristics or experiences, and to analyze the employee's description of their work climate within the organization (Glaser & Strauss, 1967; Neuendorf, 2002).

Constant comparison content analysis “allows examination of the data so that the researcher obtains an objective and quantitative description of the data’s contents” (Spiegel, Meier, Goldhirsch, Natale, & Morrison, 2002, p. 346). Additionally, the content analysis method of data analysis was appropriate for the study because individual responses were sought from the participants to identify important points, themes, and key factors associated with the nursing work environment. Furthermore, the nurse managers’ identity remained confidential by use of a code number, and no data were shared outside the VA hospital staff until after coding occurred.

### **Summary**

Chapter 3 includes the study’s research method and design, and the appropriateness of both the research method and design for examining the problem. A sequential, explanatory mixed-methods methodology was chosen to capture additional information that a quantitative or qualitative study would not sufficiently address (Creswell, 2008). The quantitative section of the study was used to capture the differences in the levels of both caregiver burnout and job satisfaction in nurses working in palliative and non-palliative care units, and to determine if there are any other characteristics associated with both caregiver burnout and job satisfaction. The qualitative section of the study was used to describe the nurse manager’s perception of quality of care provided on their unit and the daily work stressors the unit faces.

The research questions (see Appendix D) were presented along with the population sampling, data collection procedures, and rationale. The survey instruments (see Appendices A & B) used in the quantitative design explained what data the researcher sought to capture. The informed consent procedures (see Appendix F) were



discussed along with how the data will be kept confidential. The validity and reliability of the instruments was reported. Data analysis procedures for both the quantitative and qualitative processes were identified and explained.

## Chapter 4: Results

The purpose of Chapter 4 is to report in detail the results of the statistical data analysis procedures for the current research study. Included in the chapter are (a) a description of the purpose of the study, (b) population and a description of the participants, (c) the location for the study, and (d) the selected research design and method. The data collection and analysis processes are also explained for both portions of the current sequential, explanatory mixed-methods research study. Finally, the focus is on the organization of the analysis of the data and the report of the findings.

### Methods

The current sequential, explanatory mixed-methods study's primary purpose was to identify and explain differences in the levels of caregiver burnout and job satisfaction among nurses working in palliative and non-palliative care inpatient units at the Miami, Florida, VA Hospital. The secondary purpose of the current sequential, explanatory mixed-methods study was to obtain the nurse managers' perceptions of the quality of care provided through their units, and factors perceived to contribute to increased stress in both palliative and non-palliative care units. The population for the research included 157 ( $N = 157$ ) licensed practical nurses (LPN's) (24), registered nurses (RN's) (124), and nurse managers (NM's) (9) providing direct patient care. The LPN's, RN's, and NM's worked in Extended Care (LPN's-9, RN's-4, NM's-1), Hospice (LPN's-3, RN's-7, NM's- 1), Critical Care Unit (CCU) (LPN's-0, RN's-22, NM's-1), Medical Intensive Care Unit (MICU) (LPN's-0, RN's-22, NM's-1), Combined Telemetry and Surgical (LPN's-1, RN's-24, NM's-1), Medical (LPN's-2, RN's-15, NM's-1), Medical and

Oncology wards (LPN's-0, RN's-18, NM's-1), and the two Community Living Centers (Inpatient Resident Nursing Home Settings) (LPN's-9, RN's-12, NM's-2).

The work units and potential participants were identified at a meeting arranged with the nurse executive at the Miami VA hospital. All possible work units within the inpatient areas were considered in the current study to identify and select the most appropriate work units and participants to help answer the research questions. After careful review, the specific work units were identified where nurses either provided palliative or non-palliative care, along with the different types of nurse caregivers; LPN, RN, or NM who work on the units and all were selected to be included as the current study's population.

Using an explanatory design helped identify and explain the levels of caregiver burnout and job satisfaction among nurses. The research design also allowed for data collection, which explored possible indications regarding how events, activities, and perceptions are related. Understanding how repeated exposure to stress may affect how health care is delivered by caregivers, and how families perceive the delivery of this health care to their loved ones. It is important for hospital administrators to be aware of the current nursing work environment (Aiken et al., 2002; Happell et al., 2003; Sinclair, 2009).

The quantitative research conducted in the current study was used to measure the levels of caregiver burnout and job satisfaction among nurses who provide palliative or non-palliative care. The subsequent qualitative research design probed into specific elements related to caregiver burnout and job satisfaction from the nurse manager's perspective. The qualitative research was designed to capture the nurse managers' (a)

perceived level of nursing care provided to veterans, (b) perceived level of stress on a typical day, and (c) the real or perceived factors associated with stress in a particular nursing unit.

### **Data Collection**

For the quantitative portion of the present study, data collection involved the use of two instruments; the Maslach Burnout Inventory-Human Services Survey (MBI-HSS; see Appendix B; Maslach et al., 1996) and the Job Satisfaction Survey (Spector, 1997; see Appendix A); both instruments were presented to the participants along with a Demographic Sheet (see Appendix C). The MBI-HSS included three sub-scales (a) emotional exhaustion, (b) depersonalization, and (c) personal accomplishment. The JSS had nine sub-scales, which included (a) pay, (b) promotion, (c) supervision, (d) fringe benefits, (e) contingent rewards, (f) operating procedures, (g) coworkers, (h) nature of work, and (i) communication. The Demographic Sheet was used to obtain personal background information about each individual participating in the current study. The seven variables were age (20-49 = young, and 50-60+ = old), gender (male and female), ethnic category (non-Hispanic white, non-Hispanic black, Hispanic or Latino, and Other), position (LPN, RN, and NM), palliative or non-palliative care provider, work unit, and years employed by VA.

For the qualitative portion of the current study, data to answer the research questions were collected from nurse managers who identified themselves as such on the Demographic Sheet and agreed to participate in the qualitative portion of the current study. The Demographic Sheet was distributed with the two survey instruments during the data collection process of the quantitative portion of this study. The data to answer

the research questions were obtained using open-ended questions that were asked of participants during a 30-minute, face-to-face interview.

The intent of the face-to-face interviews was to identify how well each nurse manager perceived the care provided to patients on each unit, and to identify daily stressors and other factors that increase stress in the nursing staff. Following the interviews and after transcription, data analysis in the form of constant comparison content analysis was conducted on the interview responses. Emerging themes were identified and further structured into categories.

The data collection process was conducted as outlined in Chapter 3, following approval being received from both University of Phoenix and Miami VA Hospital Institutional Review Boards. Data collection began after consulting with the nurse executive at the Miami VA Hospital and obtaining approval to present the research study at the bi-monthly Nurse Manager's meeting on March 14, 2012. At the meeting, the nurse managers were briefed on the research study, including that participation was voluntary and anyone participating could withdraw from the study at any time.

All the nurse managers were given a packet for all the nurses on their units, including themselves. The packets included an Informational Cover Letter (see Appendix E), MBI-HHS and JSS surveys (see Appendices B & D), and a Demographics Sheet (see Appendix C). Attached to the documents was a pre-addressed U.S. Government Intra-Office envelope, which was used to return the completed forms.

Data were first collected over a 3-week period for the quantitative portion of the study. Each work unit was visited once a week during the first week, twice a week during the second week, and daily during the final week to encourage participation and

collect completed packets. Sixty-four packets were collected from the  $n = 128$ , that is, 50% of the sample responded to the quantitative portion of the current study.

Data for the qualitative portion of the present study were collected next, over a 1-week period. Four nurses identified themselves as nurse managers on the Demographic Sheet. Each was contacted via telephone to participate in the second portion of the current sequential, explanatory mixed-methods study. Following each participant signing of the informed consent documents, the 30-minute face-to-face interviews commenced; all being audio taped.

Data for both portions of the current study were protected behind two locked doors and secured in a locked file cabinet within the Voluntary Service Office at the Miami VA Hospital. Only coded data were shared outside of the Veterans Administration after being assigned a code number. The work unit of participating nurse managers was never revealed; each participant's identity was protected by a coded number.

The MBI- HSS and the JSS measured levels of caregiver burnout and job satisfaction, respectively. These were the main outcome variables under study. The main independent variable for the current study was the location of the nurses and nurse managers' work, that is, palliative care unit or not. Other independent variables included demographic variables described on the Demographic Sheet, namely age, gender, ethnic category, position, work unit, and years employed by VA. The dependent variables included the overall scores of the levels of caregiver burnout and job satisfaction, as obtained from the returned surveys. The responses to the open-ended interview questions helped to identify and explain the nurse manager's perception related to the quality of

care provided to veterans, along with levels of unit stress the nurse manager experiences each day, and factors most associated with the unit's stress.

### **Data Analysis**

The findings including visual displays of the present sequential, explanatory mixed-methods study are reported in the next section. Data are reported in the order in which the data were collected, beginning first with a discussion about the personal background information gathered from the Demographic Sheet. Second, the results of the MBI-HSS and JSS instruments, which were used in the quantitative portion of the present study are reported, and third, for the qualitative portion of the present study, the results from the face-to-face interviews with the nurse managers are described.

All data collected were sufficient to answer the research questions for the quantitative and qualitative portions of the study. Identifying and explaining the levels of caregiver burnout and job satisfaction among nurses working in palliative and non-palliative care inpatient units was the first step. Next, obtaining the nurse manager's perceptions of the quality of care provided through their units, and factors perceived to contribute to increased stress in both palliative and non-palliative care units added to the information collected from the first portion of the current study.

The completed questionnaires were scored using the scoring key developed by Maslach et al. (1996) and Spector (1997). The final scores consisted of three sub-scores: Emotional Exhaustion (EE), Depersonalization (DP), and Personal Accomplishment (PA). Maslach et al. identified that on the questionnaire any higher scores of EE, DP, and a lower score of PA is associated with a higher level of burnout. Spector identified that on the questionnaire negatively worded questions must be reverse scored. The nine sub-

scales included (a) Pay, (b) Promotion, (c) Supervision, (d) Fringe Benefits, (e) Contingent Rewards, (f) Operating Conditions, (g) Coworkers, (h) Nature of Work, and (i) Communication.

**Quantitative data analysis.** For the quantitative portion of the current study, data were entered into SPSS 18 to begin data analysis. Data analysis included the use of descriptive statistics regarding the participant's personal background information. A one-tailed independent samples *t*-test was used to compare the mean scores of both caregiver burnout and job satisfaction among nurses providing care in palliative and non-palliative care inpatient units. A one-way analysis of variance (ANOVA) was performed to explain the affect of nurse's position (LPN, RN, and NM) on levels of caregiver burnout and job satisfaction. Finally, a Pearson Product-Moment Correlation was computed and tested to identify if any significant linear relationship existed between years of experience with VA on levels of caregiver burnout and job satisfaction.

The statistical methods chosen above (independent samples *t*-tests, one-way analysis of variance, and Pearson linear correlation coefficient) assume that the population from which the data were randomly sampled has a normal distribution. They assume as well that samples are independent. When the hypothesis of normality of data is rejected, non-parametric tests (Mann-Whitney U test, Kruskal-Wallis, and Spearman correlation coefficient) equivalent to parametric tests mentioned above are used instead.

In the analyses involving the relationships between both *MBI-Human Services* and *Job Satisfaction* variables and experience, the variable *Experience* is considered as a potential predictor of both *MBI-Human Services* and *Job Satisfaction* outcome variables; therefore, Pearson's *r* and the simple linear regression (in search for a linear relationship)



were both appropriate methods to use. In simple linear regression models, only the dependent variable needs to have a normal distribution. It is also known that testing the significance of the slope of the linear relationship is equivalent to testing the significance of the linear (Pearson) correlation coefficient. Moreover, squaring the Pearson's  $r$  leads to the coefficient of determination ( $r$ -squared, obtained from the simple linear regression), which presents the percentage of variability in the dependent variables explained by the independent variable. The Spearman correlation method (Spearman's  $\rho$ ) is used when either one or both of the variables are measured on the categorical or ordinal scale as well when interval or ration scale variables violated the normal distribution requirement.

There are several statistical tests, which can be used to determine quantitatively (up to some level of significance) if a given data set is drawn from a normally distributed population. The two tests available in SPSS are the Shapiro-Wilk  $W$  Test for Normality and the Kolmogorov-Smirnov  $D$  Test. The Shapiro-Wilk  $W$  Test for Normality is valid for data sets whose size is between 3 and 2000 (inclusive).

The Shapiro-Wilk's Test was used for the current study. The null hypothesis of the Shapiro-Wilk  $W$  Test for normality is that the population from which the data were sampled is normally distributed. The test rejects the hypothesis of normality (null hypothesis) when the  $p$ -value is less than or equal to 5%. Passing the normality test only allows the presumption that no significant departure from normality was found.

**Qualitative data analysis.** For the qualitative portion of the current study, the recorded interviews were first transcribed, and the responses were typed into a table formatted with headings, which reflected Participant Code and Statements using

Microsoft Office Excel ®. The tables were reviewed to identify and underscore key statements from each participant. Important themes were then documented for each participant, which supported answering the main research question and the two sub-questions.

## **Findings of the Study**

### **Quantitative portion of the current study.**

*Descriptive statistics.* Descriptive statistics were used to summarize the participants' personal background information. Table 2 displays the frequency counts for the selected demographics with noted missing variables (2-3%). Over three-quarters of the participants (79.0%) were women (as shown in Table 2). The data reported are consistent with other similar nursing units.

The participants' ages included young adults (20-49) and older adults (50-60+). The five categories initially recorded were combined to two groups to increase the size of each group. Combining initial data resulted with nearly equivalent groups, young adults (48.4%) and older adults (50%). An equal percentage (18%) of Non-Hispanic White (NHW) and Hispanic or Latino (HL) participated in the current study (Table 2). The next highest percentage of nurses participating in the current study was Non-Hispanic Black (NHB) with 23% followed by the highest number of participants (41%) who reported *Other* (OT) as ethnicity.

Table 2

*Frequency Counts for Demographics*

Age		<i>F</i>	<i>P</i>	Gender		<i>F</i>	<i>P</i>
Young		31	49.2	Male		13	21.0
Old		32	50.8	Female		49	79.0
Total		63	100.0	Total		62	100.0
Missing		1		Missing		2	
Total		64		Total		64	
Ethnic Groups			Professional Title				
NHW		11	18.0	LPN		9	14.8
NHB		14	23.0	RN		48	78.7
HL		11	18.0	NM		4	6.6
OT		25	41.0				
Total		61	100.0	Total		61	100.0
Missing		3		Missing		3	
Total		64		Total		64	
Palliative or Non-Palliative Care Setting			Extended Care Work Unit-Palliative Care Setting				
No		15	23.8	No		54	84.4
Yes		48	76.2	Yes		10	15.6
Total		63	100.0	Total		64	100.0
Missing		1					
Total		64					
Hospice Work Unit-Palliative Care Setting			Critical Care Work Unit-Palliative Care Setting				
No		57	89.1	No		54	84.4
Yes		7	10.9	Yes		10	15.6
Total		64	100.0	Total		64	100.0
Medical Intensive Care Work Unit-Palliative Care Setting			Telemetry and Surgery Work Unit-Palliative Care Setting				
No		53	82.8	No		56	87.5
Yes		11	17.2	Yes		8	12.5
Total		64	100.0	Total		64	100.0
Medical Work Unit-Palliative Care Unit			Medical and Oncology Work Unit-Palliative Care Unit				
No		56	87.5	No		58	90.6
Yes		8	12.5	Yes		6	9.4
Total		64	100.0	Total		64	100.0
Community Living Center One-Palliative Care Unit			Community Living Center Two-Palliative Care Unit				
No		54	84.4	No		56	87.5
Yes		10	15.6	Yes		8	12.5
Total		64	100.0	Total		64	100.0

Registered nurses were the highest number of participants (78.7%) followed by licensed practical nurses (14.8%). The lowest percentage of participants was the nurse managers (6.6%) (see Table 2). The breakdown of participants according to work units follows. Seventy-six percent of nurse participants identified themselves as providers of palliative care (see Table 2).

Only seven of the participants work in Hospice care, 10.9% of the total sample. Of the 64 nurses, 10 (15.6%) indicated they work in the extended care unit. Critical Care has 10 nurses out of 64 for 15.6% of the total sample. Medical Intensive Care has only 11 out of 64 for 17.2% of the sample. The number of participants in both the Telemetry and Surgery work unit and Medical work unit was eight (12.5%) out of 64, as shown in Table 2.

The Medical Oncology work unit has six out of 64, 9.4% of the sample. The Community Living Center One has only 15.6% of the sample while Community Living Center Two has 12.5% of the sample. It is noted that 12 out of the 64 participants (18.8%) perform work in more than one work unit. Indeed, 11 perform work in two units, and one acknowledged working in four units.

Table 3 highlights the descriptive results of the scores of the Maslach Burnout Inventory – HSS, the Job Satisfaction Survey (JSS), and the number of years of experience. For the Maslach Burnout Inventory (MBI), the scores for the whole sample ranged from 0 to 109, with the *Mean (M)* = 59.48 and the *Standard Deviation (SD)* = 20.20. For the Job Satisfaction Survey (JSS), the scores for the whole sample ranged from 77 to 200, with the *M* = 135.95 and the *SD* = 27.67. Finally, the number of years

participants has been with VA ranged from 0 to 32. The mean and standard deviation values were 11.15 and 8.08 years, respectively.

Table 3

*Descriptive Statistics for MBI-Human Services, Job Satisfaction and Experience*

	<i>N</i>	Min	Max	<i>M</i>	<i>SD</i>
MBI-Human Services	63	0	109	59.48	20.20
Job Satisfaction	64	77	200	135.95	27.67
Experience	62	0	32	11.15	8.08
Valid N (listwise)	61				

The Shapiro-Wilk W Test for normality for variables *MBI-Human Services*, *Job Satisfaction*, and *Experience* led to the following results (for the entire sample). For both *MBI-Human Services* and *Job Satisfaction* variables, no evidence of significant departure from normality was found. For *Experience* variable, data did not support a normal distribution (Table 4).

Table 4

*Tests of Normality for MBI-Human Services, Job Satisfaction and Experience*

	Shapiro-Wilk		
	Statistic	<i>df</i>	<i>P</i>
MBI-Human Services	.99	61	.79
Job Satisfaction	.99	61	.74
Experience	.92	61	.001

The normality requirement is fundamentally important for both *MBI-Human Services* and *Job Satisfaction* because they are the outcome or response variables under study (dependent variables). The different statistical procedures and tests that were applied to them assume the normal distribution (*t*-test, ANOVA). Other variables, such as *years of experience*, *Palliative Care Settings*, and *Professional Title groups* are considered as independent variables or potential explanatory variables, which were used

to explain the variability in the observed scores of both *MBI-Human Services* and *Job Satisfaction*.

Examining the data distributions (steam-and-leaf plots, Box-whiskers diagrams), only one score for the MBI scale appeared to be an extreme value (among the lowest values), potentially an outlier data point. This issue of possible outliers is discussed further when relating both *MBI-Human Services* and *Job Satisfaction* to years of experience to see if the years of experience could explain the variability observed in the MBI and JSS scores.

Normality within Palliative Care Settings groups (palliative versus non-palliative) and Professional Title groups (licensed practical nurses (LPN), registered nurses (RN), and nurse managers (NM)) tests results (see Table 5 and Table 6) showed that there is evidence of absence of normal distribution only in one subgroup, non-palliative care unit, with respect to the *MBI-Human Services* variable. However, this did not pose a problem in using a parametric test to compare both care settings groups with respect to the *MBI-Human Services* variable due to the robustness of the parametric tests when there is departure from the normality assumption in one group or both groups to be compared. Again, the normality assumption is a requirement when testing the difference between groups defined by Palliative Care Settings and Professional Title groups.

Table 5

*Tests of Normality for MBI-Human Services and Job Satisfaction within Palliative and Non-Palliative Care Setting Groups*

Palliative Care Settings	Shapiro-Wilk		
	Statistic	df	P
MBI-Human Services			
No	.80	15	.003
Yes	.97	45	.25
Job Satisfaction			
No	.95	15	.51
Yes	.99	45	.998

Table 6

*Tests of Normality for MBI-Human Services and Job Satisfaction Within Nurse Professional Groups (Licensed Practical Nurses, Registered Nurses and Nurse Managers)*

Professional Title	Shapiro-Wilk		
	Statistic	df	p
MBI-Human Services			
LPN	.92	9	.38
RN	.98	47	.51
NM	.77	4	.06
Job Satisfaction			
LPN	.92	9	.42
RN	.98	47	.64
NM	.91	4	.49

Other normality tests were performed for the MBI-HSS sub-scales' data and the JSS sub-scales' data within palliative and non-palliative care work unit groups. There was evidence of absence of normal distribution only in few subgroups, mostly due to small sample sizes. For cases in which one or both subgroups did not show evidence of normality, Mann-Whitney and Kruskal-Wallis tests (equivalent to independent *t*-test and

ANOVA test proposed earlier) were performed. Due to the robustness of the parametric tests when there is departure from the normality assumption in one group or both groups to be compared, parametric tests and equivalent non-parametric tests led to the same conclusions. Therefore, parametric based p-values were reported.

**Caregiver burnout and job satisfaction: Palliative care status.** The research question for the quantitative portion of the current study was as follows:

Is there a difference in caregiver burnout and job satisfaction in nurses working in palliative care versus non-palliative care at the Miami, Florida, VA hospital?

H1<sub>A</sub>: There is a significant measurable difference in the levels of caregiver burnout among nurses working in an inpatient palliative care setting versus an inpatient non-palliative care setting at the Miami, Florida, VA hospital, as calculated by the mean score of burnout on the Maslach Burnout Inventory – Human Services Survey.

H1<sub>0</sub>: There is no difference in the levels of caregiver burnout among nurses working in an inpatient palliative care setting versus an inpatient non-palliative care setting at the Miami, Florida, VA hospital, as calculated by the mean score of burnout on the Maslach Burnout Inventory – Human Services Survey.

Table 7 reflects the mean scores of MBI scores for both palliative and non-palliative nurse providers.

Table 7

*Levels of Caregiver Burnout (MBI) in Palliative and Non-Palliative Care Settings*

Palliative Care Settings	<i>M</i>	<i>N</i>	<i>SD</i>
No	61.40	15	20.77
Yes	59.06	47	20.39
Total	59.63	62	20.33



To address the research question and  $H_1$ , an independent samples  $t$ -test was conducted to compare caregiver burnout scores among nurses working in a palliative and non-palliative care setting. There was no significant difference in the mean scores for the non-palliative care providers and palliative care providers ( $M = 59.06$ ,  $SD = 20.38$ ;  $M = 61.40$ ,  $SD = 20.77$ ;  $p = .35$ ) respectively. The difference in the mean score was 2.34 (95% CI: -9.81; 14.48). The result was statistically non-significant, failing to support the research hypothesis ( $H_1$ ). Observed data do support the null hypothesis ( $H_{1_0}$ ) of no difference between the two groups (palliative and non-palliative care units).

***Job satisfaction (JSS).***

$H_{1A}$ : There is a significant measurable difference in the levels of job satisfaction among nurses working in an inpatient palliative care setting versus an inpatient non-palliative care setting at the Miami, Florida, VA hospital, as calculated by the mean score of job satisfaction on the Job Satisfaction Survey.

$H_{1_0}$ : There is no difference in the levels of job satisfaction among nurses working in an inpatient palliative care setting versus an inpatient non-palliative care setting at the Miami, Florida, VA hospital, as calculated by the mean score of job satisfaction on the Job Satisfaction Survey.

The mean scores of job satisfaction for both palliative and non-palliative providers are shown in Table 8.

Table 8

*Levels of Job Satisfaction (JSS) in Palliative and Non-Palliative Care Settings*

Palliative Care Settings	<i>M</i>	<i>N</i>	<i>SD</i>
No	136.24	15	28.19
Yes	135.62	48	28.05
Total	135.77	63	27.86

To address the research question and H<sub>1</sub>, an independent samples *t*-test was conducted to compare job satisfaction scores among nurses working in a palliative and non-palliative care setting. There was no significant difference in the mean scores for the non-palliative care providers and palliative care providers ( $M = 136.24$ ,  $SD = 28.19$ ;  $M = 135.62$ ,  $SD = 28.05$ ;  $p = .47$ ) respectively. The difference in the mean score was 0.62 (95% CI: -15.99; 17.22). The result was statistically non-significant failing to support the Research Hypothesis H<sub>2</sub>. Observed data do support the null hypothesis (H<sub>2o</sub>) of no difference between the two groups.

In summary, one-tailed independent samples *t*-tests were used to compare mean scores of burnout and job satisfaction among nurses providing care in palliative and non-palliative care inpatient units. As depicted in Table 9, the observed mean scores from both surveys are quite similar in the palliative care settings.

Table 9

*Survey Results in Palliative and Non-Palliative Care Settings*

Palliative Care Settings		Job Satisfaction	MBI-Human Services
No	<i>M</i>	136.24	61.40
	<i>N</i>	15	15
	<i>SD</i>	28.19	20.77
Yes	<i>M</i>	135.62	59.06
	<i>N</i>	48	47
	<i>SD</i>	28.05	20.39
Total	<i>M</i>	135.77	59.63
	<i>N</i>	63	62
	<i>SD</i>	27.86	20.33

There were no statistically significant differences between the nurse's responses from the palliative and non-palliative care settings. Consequently, the results support the null hypothesis of no difference between the two groups.

**Caregiver burnout and job satisfaction: Nurse's staff position.** Participants were divided into three groups according to professional title (LPN, RN, and NM). Table 10 and Table 11 present the mean values of MBI and JSS scores among the nurse professional groups (licensed practical nurses, registered nurses, and nurse managers).

Table 10

*Levels of Caregiver Burnout (MBI) in Nurse Professional Groups*

Nurse Professional Title	<i>M</i>	<i>N</i>	<i>SD</i>
LPN	66.44	9	20.94
RN	58.13	47	19.31
NM	77.75	4	8.26
Total	60.68	60	19.59

Table 11

*Levels of Job Satisfaction (JSS) in Nurse Professional Groups*

Nurse Professional Title	<i>M</i>	<i>N</i>	<i>SD</i>
LPN	130.82	9	36.94
RN	134.78	48	25.51
NM	134.65	4	22.94
Total	134.19	61	26.83

To explore the affect of nurses' staff position on levels of caregiver burnout, as measured by the Maslach Burnout Inventory – HSS, a one-way analysis of variance (ANOVA) was conducted. This is the appropriate statistical method used to compare more than two group means (Field, 2009). The ANOVA test indicated that the mean score for each group, LPN's ( $M = 66.44$ ,  $SD = 20.94$ ), RN's ( $M = 58.13$ ,  $SD = 19.31$ ), and NM's ( $M = 77.75$ ,  $SD = 8.26$ ) did not differ significantly from each other ( $p = .098$ ). There was no statistically significant difference at the 5% level of significance in mean scores for the three groups.

Similarly, to explore the affect of the nurses' staff position on levels of job satisfaction, as measured by the Job Satisfaction Survey, a one-way analysis of variance (ANOVA) was also conducted because participants were divided into three groups according to professional title (LPN, RN, and NM). The mean scores for each group, LPN's ( $M = 130.82$ ,  $SD = 36.94$ ), RN's ( $M = 134.78$ ,  $SD = 25.51$ ), and NM's ( $M = 134.65$ ,  $SD = 22.94$ ) did not differ significantly from each other ( $p = .92$ ). There was no statistically significant difference at the 5% level of significance in mean scores for the three groups.

***Years of work experience as potential predictor of caregiver burnout and job satisfaction.*** The relationships between the caregiver burnout (as measured by the Maslach Burnout Inventory –HSS) and the years of experience (as measured by the respondent's demographic sheet) as well as between the job satisfaction (as measured by the JSS) and years of experience were investigated using Pearson correlation coefficient (Pearson's  $r$ ). Preliminary analyses were performed including generating scatter plots (Figure 1 and Figure 2), which helped identify the nature of the relationships between the variables. On these graphs, the dots represent the observed data points while the line represents the line that best fits the data points (or line of best fit) in a simple linear regression model.

**Caregiver burnout levels and years of experience in VA.** The scatter plot depicts a small negative relationship between caregiver burnout (MBI scores) and years of experience. Less experienced nurses tend to have higher levels of burnout, while more experienced nurses have less burnout. As shown in Table 12, the negative correlation between the two variables,  $r = -0.24$ , although considered small or weak (correlation

coefficient in absolute value less than 0.25), is a statistically significant relationship with a borderline one-tailed p-value ( $p = .03$ ).

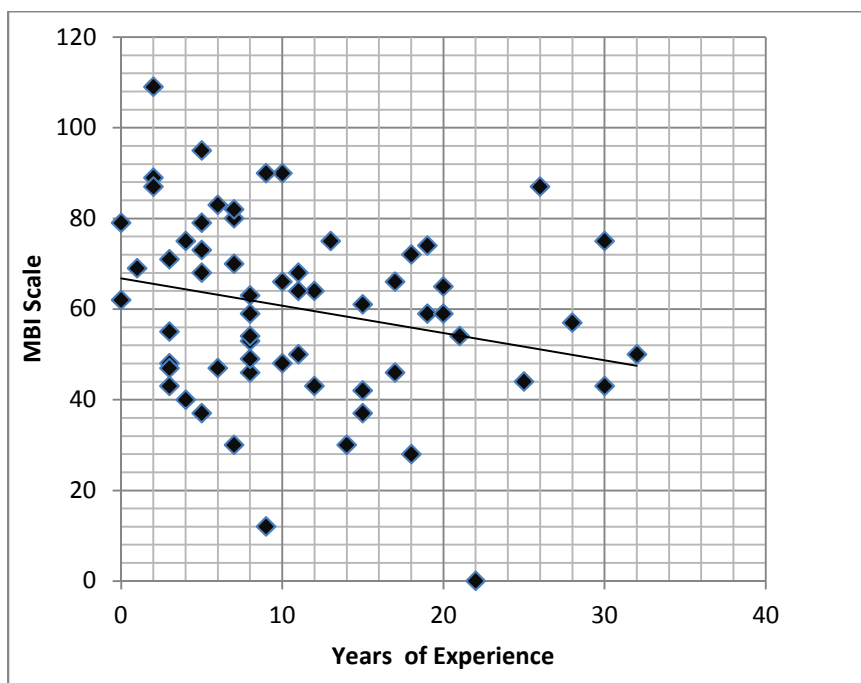


Figure 1. Scatter plot of caregiver burnout (MBI) and years of experience.

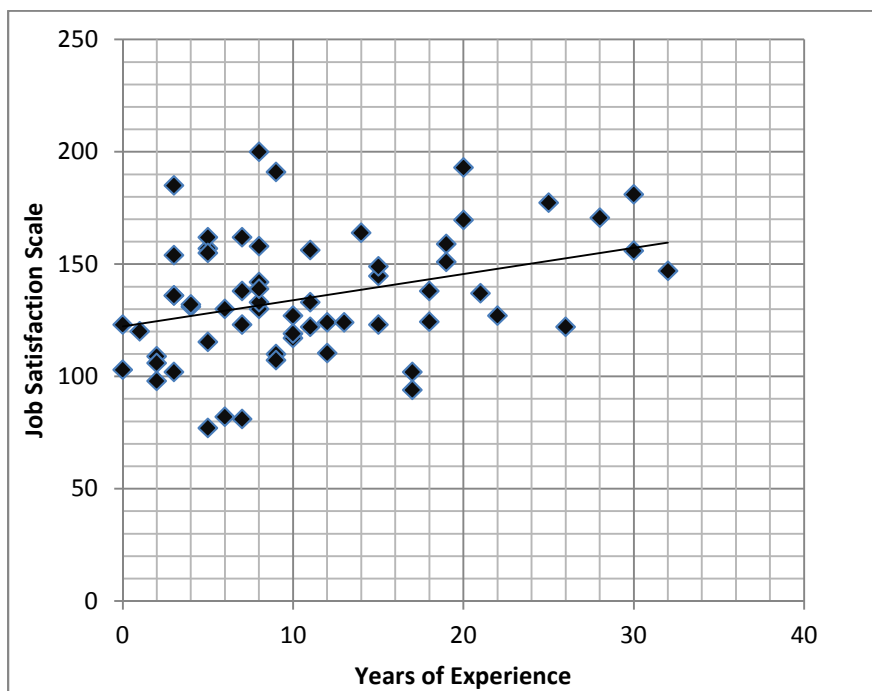


Figure 2. Scatter plot of job satisfaction (JSS) and years of experience.

The simple linear regression model that fit the data showed a negative slope, that is, higher levels of caregiver burnout were associated with fewer years of work experience. As a measure of goodness of fit of the model, the square of the Pearson's  $r$  (r-square) showed that only 5.8% of the variance in the MBI scores is explained by the number of years of work experience.

Table 12

*Correlations Between MBI-Human Services, Job Satisfaction and Years of Experience*

		Years of Experience	MBI-Human Services	Job Satisfaction
Experience	$r$	1	-.24	.34**
	$p$		.03	.004
	$N$	62	61	62
MBI-Human Services	$r$	-.24*	1	-.50**
	$p$	.03		.00
	$N$	61	63	63
Job Satisfaction	$r$	.34**	-.50**	1
	$p$	.004	.00	
	$N$	62	63	64

Note: \* Correlation is significant at the 0.05 level (1-tailed).

\*\* Correlation is significant at the 0.01 level (1-tailed).

This small r-square implies that the model would need to be improved by adding other potential predictors. It implies as well that data may present possible outliers (see Figure 1) that affect the goodness of fit. However, the examination of the residuals of the model (using a plot of the standardized residuals by the standardized predicted values) revealed that all the residuals were within 3 standard deviations (SD). Under the normal distribution, 99.73% of the distribution is within 3 SD and 98.75% of the distribution is within 2.5 SD. There were no data outside 3 SD, but one case outside 2.5 SD (with values:  $MBI = 0$ ,  $years\ of\ experience = 22$ ).

***Job satisfaction levels and years of experience in VA.*** The scatter plot showed a positive relationship in which job satisfaction and experience increase in the same direction. Less experienced nurses tend to have lower job satisfaction scores, while more experienced nurses tend to have higher job satisfaction scores. Table 12 showed there was a moderate, positive correlation between the two variables, with higher levels of job satisfaction associated with more years of experience, as shown in Figure 2.

The observed correlation coefficient is statistically significant ( $r = .34$ , one-tailed  $p = .004$ ), although considered moderate (correlation coefficient in absolute value between 0.25 and 0.75). The simple linear regression model that best fit the observed data showed that higher scores of job satisfaction were associated with more years of work experience. In this model, only 11.4% of the variance in the JSS scores is explained by the number of years of work experience (see *r-square* = square of the Pearson's  $r$ ).

Again, the small *r-square* value implies that the model would need to be improved by adding other potential predictors. The examination of the residuals of the model (using a plot of the standardized residuals by the standardized predicted values) revealed that all the residuals were within 3 standard deviations (SD). There were no data outside 3 SD, but one case outside 2.5 SD (with values:  $JSS = 200$ ,  $years\ of\ experience = 8$ ).

***Caregiver burnout (MBI) Sub-Scales and Palliative Care Setting.*** The final analysis of the caregiver burnout (MBI-Human Services) was conducted by comparing the mean scores on each of the three sub-scales and the palliative or non-palliative care setting. These sub-scales include emotional exhaustion, personal accomplishment, and

depersonalization. Table 13 reflects the mean scores of MBI sub-scales within the palliative and non-palliative care units.

One-tailed independent samples *t*-test was performed for each sub-scale. There were no statistically significant differences between the palliative and non-palliative care settings with respect to the sub-scales' mean scores as shown in Table 13. All the *p*-values (observed significance levels) ranged from 0.28 to 0.37, and were greater than the usual 5% level of significance, as shown in Table 13. There were no statistically significant differences between the nurse's responses from the palliative and non-palliative settings for all the three MBI-Human Services sub-scales.

Table 13

*Levels of Caregiver Burnout Sub-Scales in Palliative and Non-Palliative Care Settings*

Sub-Scales by Palliative Care Setting	<i>n</i>	<i>M</i>	<i>SD</i>	<i>p</i> *
Emotional Exhaustion				
No	15	22.47	12.92	0.28
Yes	47	19.96	15.15	
Personal Accomplishment				
No	15	33.13	12.05	0.37
Yes	47	34.11	9.30	
Depersonalization				
No	15	5.80	4.11	0.30
Yes	47	5.00	5.45	

*Note:* \* *p*-values based on one-tailed independent samples *t*-test.

***Job Satisfaction (JSS) sub-scales and palliative care setting.*** The final analysis of the Job Satisfaction Scale was conducted by comparing the mean scores on each of the seven subscales of the JSS and the palliative or non-palliative care setting using. The JSS sub-scales include (a) pay, (b) promotion, (c) supervision, (d) benefits, (e) contingent rewards, (f) operating procedures, (g) coworkers, (h) nature of work, and (i)



communication. Table 14 shows these nine sub-scales' mean scores by palliative setting groups.

Table 14

*Levels of Job Satisfaction Sub-Scales in Palliative and Non-Palliative Care Settings*

Sub-Scales by Palliative Care Setting	<i>n</i>	<i>M</i>	<i>SD</i>	p-value*
Pay				
No	15	13.27	5.82	0.47
Yes	48	13.37	5.08	
Promotion				
No	15	13.47	4.90	0.41
Yes	48	13.81	4.93	
Supervision				
No	26	17.89	5.43	0.26
Yes	48	16.79	5.66	
Benefits				
No	15	15.62	4.37	0.22
Yes	48	16.65	4.47	
Contingent Rewards				
No	15	11.98	4.98	0.41
Yes	48	12.39	5.97	
Operating Procedures				
No	15	11.82	4.20	0.26
Yes	48	12.54	3.49	
Coworkers				
No	15	16.33	3.87	0.22
Yes	48	17.27	4.21	
Nature of Work				
No	15	20.07	4.13	0.31
Yes	47	19.43	4.26	
Communication				
No	15	15.8	5.40	0.09
Yes	48	13.79	4.82	

*Note:* \* p-values based on one-tailed independent samples *t*-test.

Again, one-tailed independent samples *t*-test was used for each sub-scale. As shown in Table 14, none of the observed differences indicated any statistically significant difference between palliative and non-palliative care settings with respect to the sub-

scales' mean scores. The p-values (observed significant levels) ranged from 0.09 to 0.47, and were greater than the usual 5% level of significance. There were no statistically significant differences between the nurse's responses from the palliative and non-palliative care settings for all the nine JSS sub-scales.

The study results support the null hypothesis of no differences between palliative and non-palliative units with respect to both caregiver burnout and job satisfaction scales. There were indeed no statistically significant differences between the nurse's responses from the palliative and non-palliative care settings. Observed data showed statistically significant linear relationships between years of experience and both caregiver burnout (negative association) and job satisfaction (positive association), although the amounts of variance in both caregiver burnout and job satisfaction accounted for by the years of experience were small (5.8% and 11.4% respectively).

*Qualitative portion of the current study.* The qualitative portion of the current sequential, explanatory mixed-methods study was used to obtain the perceptions of the four participants during the data collection process. Reviewing the transcribed data resulted in identifying emerging themes and subsequent categories. The themes and categories illustrated personal work experiences, which may influence each nurse manager's perception of the quality of care provided to patients on each unit. The data also helped to identify daily stressors and factors, which may increase stress in the nursing staff.

The research study findings will be organized and presented in alignment with the research question and sub-questions. This section presents the detailed analysis of the open-ended, face-to-face interviews of the nurse managers who identified themselves, as

such, on the Demographic Sheet (see Appendix C). A description of participant demographics, a discussion regarding the informed consent, data coding and analysis process, and thematic categories relevant to the central research question and two sub-questions is presented.

Nine nurse managers of the identified work units were the population for the current study. The work units included Extended Care, Hospice, Critical Care Unit (CCU), Medical Intensive Care Unit (MICU), Combined Telemetry and Surgical, Medical, Medical and Oncology wards, and the two Community Living Centers (Inpatient Resident Nursing Home Settings). Since the inception of the study, changes in responsibilities for one of the nurse managers occurred. Two work units were combined. The combined work units included one of the Community Living Centers and the Extended Care Unit; thus, the combined work units reduced the number of potential participants (population size) to eight.

Out of the eight nurse managers for the qualitative portion of the study, only four participated because these individuals identified themselves as nurse managers on the Demographic Sheet (see Appendix C). Nonprobability sampling was used for the current study, specifically, quota sampling. Quota sampling was appropriate as the participants only needed to possess the characteristic of holding the professional title of nurse manager (NM) (Salkind, 2003). For the present study, eight NM's were available and four NM's self-selected within the quota sample. The quota sample size was sufficient to represent the population and answer the research questions adequately.

As described on the Informational Cover Letter (see Appendix E), the four nurse managers were contacted by telephone to arrange for the 30-minute, face-to-face

interviews. Each agreed to a convenient time and an electronic invitation was sent via Microsoft Office Outlook ® Appointment Calendar. Before the audio taped interviews began, each nurse manager completed the necessary Informed Consent documents (see Appendix F). Participants were informed that participation was voluntary and that at any time they could withdraw from the study without any consequences. The participants were also told that the interviews would be transcribed and assigned a coded number to protect confidentiality.

Each participant was assigned an individual identifier, which assured the protection of the confidential information given by each participant, distinguishing each as nurse manager 1, nurse manager 2, nurse manager 3, and nurse manager 4. Following the completion of the four audio taped interviews, each was transcribed into Microsoft Office Word ® Documents. The documents were reviewed for accuracy of content. The intent was to identify how well each nurse manager perceived the care provided to patients on each unit, and to identify daily stressors and factors, which increase stress in the nursing staff.

The research questions for the qualitative portion of the current study were as follows:

To what level do nurse managers perceive the quality of care provided to veterans on their units?

Sub-Question 1: What is the nurse manager's perceived level of stress on a typical day?

Sub-Question 2: What factors of the nurse manager's job are most associated with stress?

Following the interviews and after transcription, data analysis in the form of constant comparison, content analysis was conducted. First, the transcribed interviews were reviewed for accuracy from the audiotape, and the responses were typed into tables in Microsoft Office Excel ®. Each table included headings to reflect Participant Code, Statements, and Emerging Themes.

The tables were reviewed to identify significant statements and underscored. Each coded participant's responses were documented by identifying and referencing important themes according to the main research question and each sub-question. Emerging themes were identified, which were organized into categories.

Responses to the main research question resulted in four main categories: (a) Support Services, (b) Time, (c) Care Provided, and (d) Compassion. Each category was identified because of emerging themes and sub-themes associated with each. The themes related to each category are described.

**Theme 1: Lack of support services throughout the different work units.**

Support Services were recognized as a main category. Three out of four participants perceived a lack of support services to be a contributing factor in the quality of care provided to veterans on their units. Nurse manager 1 reported, "Nurses need supportive services; everything they need to do their job needs to be available so they can do their job." Nurse manager 2 explained, "Sometimes I only have one nursing assistant in the morning, I need two every shift."

Nurse manager 3 stated, "Sometimes you are stressed out because you are trying to get their trays." In addition, Nurse manager 3 stated, "The nurse has to look for the stretcher, put the patient on the stretcher, and then escort takes the patient. Outside

transport can do these things.” The sub-themes included (a) Lack of Nursing Assistant Support and (b) Lack of Resources to Perform Job (see Table 15).

Table 15

*Responses to the Main Research Question – Support Services*

Main Research Question	Main Category	Major Theme	Sub-Themes
To what level do nurse managers perceive the quality of care provided to veterans on their units?	Support Services	Lack of support services throughout the different work units	Lack of nursing assistant support Lack of resources to perform job

**Theme 2: Lack of time to do all that I needed.** Time was recognized as a main category with three out of four of the participants perceiving time constraints to be a contributing factor in the quality of care provided to veterans on their units. Nurse manager 1 explained, “Barriers of time are an issue.” Nurse manager 3 explained, “Patients may like the nurses to spend more time with them.” Nurse manager 2 reported, “They cannot provide the care they would like because of time.” The sub-themes included (a) Unable to Provide the Desired Level of Care, (b) Care Provided on Nurses Schedule Instead of Patients, and (c) Patients want Nurses to Spend More Time with Them (see Table 16).

Table 16

*Responses to the Main Research Question - Time*

Main Research Question	Main Category	Major Theme	Sub-Themes
To what level do nurse managers perceive the quality of care provided to veterans on their units?	Time	Lack of time to do all that I needed	(a) Unable to provide the desired level of care  (b) Care provided on the nurse's schedule instead of patients  (c) Patients want nurses to spend more time with them

**Theme 3: Perceived level of care provided.** Level of Care was recognized as main category with three out of four of the participants reporting care is at the highest level and one participant reported care is good.

Nurse manager 1 reported, “Care is at the highest level.” Nurse manager 3 stated, “Care is very good” and, nurse manager 4 reported, “We provide excellent quality care.” Nurse manager 2 stated, “I believe the level of care is good.” The sub-themes included (a) Care is at the Highest Level and (b) Care is Good (see Table 17).

Table 17

*Responses to the Main Research Question – Level of Care*

Main Research Question	Main Category	Major Theme	Sub-Themes
To what level do nurse managers perceive the quality of care provided to veterans on their units?	Level of care	Perceived level of care provided	(a) Care is at the highest level  (b) Care is good

**Theme 4: Depth of compassion.** Compassion was recognized as a main category with all four of the participants reported compassionate care is provided throughout the work units. Nurse manager 1 reported, “You have the knowledge to care

for the patient and family during the healing process, but the nurses need supportive services.” Nurse manager 2 stated, “I create teamwork within my unit and fix immediate problems.”

Nurse manager 3 explained, “The nurses bring in things from their house.” Nurse manager 4 reported, “Our goal is to meet the needs of our veterans and their family.” Nurse manager 4 also reported, “I work very hard as a nurse to follow through to meet their needs.” The sub-themes included (a) Nurses have the Necessary Knowledge to Care for the Patient, (b) All Bases are Covered and Issues are Resolved, and (c) Going the Extra Mile (see Table 18).

Table 18

*Responses to the Main Research Question - Compassion*

Main Research Question	Main Category	Major Theme	Sub-Themes
To what level do nurse managers perceive the quality of care provided to veterans on their units?	Compassion	Depth of compassion	(a) Nurses have the necessary knowledge to care for the patient  (b) All bases are covered and issues are resolved  (c) Going the extra mile

Responses to sub-question one resulted in three main categories: (a) Perceived Level of Stress, (b) Fluctuating Census, and (c) Patient Care Needs. Each category was identified because of emerging themes and sub-themes associated with each. The themes related to each category are described below.

**Theme 5: Stress levels.** Perceived Level of Stress was recognized as a main category with one participant reporting the perceived level of stress at 0 to 3 (low), one at



3 to 8 (medium), 25% at 5 to 10, and one at 8 to 10 (high), respectively. Twenty-five percent of the participants reported the perceived stress level at 0 to 3, 25% at 3 to 8, 25% at 5 to 10, and 25% at 8 to 10, respectively.

Nurse manager 1 reported, “My stress never goes below a 5 and can go up to a 10, usually twice a day.” “My stress is between a 3 and an 8, a 3 or 4 when there are only 12-15 patients on the unit and an 8 when there are 20 patients on the unit”, reported Nurse manager 2.

Table 19

*Responses to Sub-Question One – Stress Levels*

Main Research Question	Main Category	Major Theme	Sub-Themes
What is the Nurse Manager’s Perceived Level of Stress on a Typical Day?	Perceived level of stress	Stress levels	(a) Level 5 to 10
			(b) Level 3 to 8
			(c) 0 to 3

Nurse manager 3 explained, “If I have the appropriate staff, I would say an 8 or 9. If like the other day, I only had two RN’s on the floor that was like a 10”. “Stress level on a typical day is a 3. There are times when you are getting a lot of admissions in and you have to make sure you have enough staff”, explained nurse manager 4. The sub-themes included (a) Level 5 to 10, (b) Level 3 to 8, (c) Level 8 to 10, and (d) Level 0 to 3 (see Table 19).

**Theme 6: New admissions.** A Fluctuating Census was recognized as a main category with three out of four participants reported that a fluctuating census is a key factor most associated with perceived levels of stress. Nurse manager 1 explained, “Staff

nurses have no or very little control over the pace of when patients come to the unit.”

Nurse manager 4 reported,

There are times when you are getting a lot of admissions in and you have to make sure you have enough staff. You need to make sure you have enough nurses to provide the care you need to take care of them. (Nurse manager 4)

Nurse manager 1 explained, “It is very difficult to plan when you don’t know where patients are coming from or what level of care they will need.”

“My stress is a 3 or 4 when there are only 12-15 patients on the unit and an 8 when there are 20 patients on the unit”, reported nurse manager 2. Nurse manager 4 explained further, “Because the census fluctuates; sometimes, you can send a nurse to help out on another unit. Every day you are not sure if you’re going to get a new patient, 1 or 2.” The sub-themes include (a) lack of control over new admissions and (b) number of patients on work unit (see Table 20).

Table 20

*Responses to Sub-Question One – New Admissions*

Main Research Question	Main Category	Major Theme	Sub-Themes
What is the Nurse Manager’s Perceived Level of Stress on a Typical Day?	Fluctuating census	New admissions	(a) Lack of control over new admissions  (b) Number of patients on work unit

**Theme 7: Level of care patient requires.** Patient Care Needs was recognized as a main category with three out of the four participants reported that varying patient care needs is a key factor most associated with perceived levels of stress. Nurse manager 1 explained, “Patients coming out of surgery have very high levels of pain and need very

close monitoring, thus adding to the stress level.” Nurse manager 2 stated, “Your stress level goes up because you have to sit with the patient, sometimes 45-minutes to sit and push the drug.”

Nurse manager 4 explained, “Nurses want to provide the palliative care by providing pain management; get them comfortable, spend time with the patient and family, get them what they need.” The sub-themes include (a) High Pain Levels and (b) Time Required (see Table 21).

Table 21

*Responses to Sub-Question One – Level of Care Patient Requires*

Main Research Question	Main Category	Major Theme	Sub-Themes
What is the Nurse Manager’s Perceived Level of Stress on a Typical Day?	Patient care needs	Level of care patient requires	(a) High pain levels (b) Time required

Responses to sub-question 2 resulted in three main categories: (a) Patient Care and Patient Satisfaction, (b) Lack of Support Services, and (c) Staffing Challenges. Each category was identified because of emerging themes and sub-themes associated with each. The themes related to each category are described.

**Theme 8: Continuity of care.** Patient Care and Patient Satisfaction were recognized as a main category with three out of the four participants reported that the need to deliver patient care and patient satisfaction are most associated with stress. Nurse manager 1 reported, “Need a conductor on the unit; this person provides just-in-time training, something doesn’t get lost in the cracks, patient discharge education for patient and family.” Nurse manager 2 reported, “Educating patients take a long time.” “Case managers work with the doctors; if we ever get an assistant nurse manager on the unit, it

will come out of your ceiling,” stated nurse manager 3. The sub-theme was Training and Discharge Education (see Table 22).

Table 22

*Responses to Sub-Question Two – Continuity of Care*

Main Research Question	Main Category	Major Theme	Sub-Themes
What factors of the nurse manager’s job are most associated with stress?	Patient care and patient satisfaction	Continuity of care	Training and discharge education

**Theme 9: Resources needed to perform job.** Lack of Support Services was recognized as a main category with three out of the four participants reported that the lack of support services are most associated with stress. Nurse manager 1 reported, “Nurses experience trouble with escorts; escorts only come to pick up patients from nurses station.” Nurse manager 3 stated, “We don’t have clerical support.”

“Need support from Supply, Processing, and Distribution, Nutrition and Food Service, and Intravenous Team”, stated nurse manager 2. “Equipment is needed to make the medication cart run and there is only one on the unit, where two are needed,” reported nurse manager 1. Nurse manager 2 also reported the need for two medication carts on the unit. The sub-themes included (a) Escorts, (b) Clerical, and (c) Other Departments (see Table 23).

Table 23

*Responses to Sub-Question Two – Resources Needed to Perform Job*

Main Research Question	Main Category	Major Theme	Sub-Themes
What factors of the nurse manager's job are most associated with stress?	Lack of support services	Resources needed to perform job	(a) Escorts (b) Clerical (c) Other departments

**Theme 10: Availability of nurses.** Staffing Challenges was recognized as a main category with all four participants reported that staffing challenges are most associated with stress. Nurse manager 1 reported, “I had 10 nurses leave out of 20, either quit or retired.” “Scheduling of staff coverage is difficult; nurses are complaining due to shift assignments because of lack of staff to cover,” was reported by nurse manager 2.

Nurse manager 3 stated, “Staffing levels are going down through the hospital.” “You need to make sure you have enough staff to meet the needs of the patients,” was reported by nurse manager 4. The sub-theme is nursing shortage (see Table 24).

Table 24

*Responses to Sub-Question Two – Availability of Nurses*

Main Research Question	Main Category	Major Theme	Sub-Themes
What factors of the nurse manager's job are most associated with stress?	Staffing challenges	Availability of nurses	(a) Nursing shortage (b) Staff coverage (c) Patient needs (d) Staffing changes across the hospital

The themes and categories provided sufficient data to answer the research questions. The data reported were used to answer the research questions for both

portions of the study. The findings include the levels of caregiver burnout and job satisfaction among nurses working in palliative and non-palliative care inpatient units. The findings from the qualitative portion of the current study helped to further identify and explain the nurse manager's perceptions of the quality of care provided through their units, and factors perceived to contribute to increased stress in both palliative and non-palliative care units. The main themes include: (a) Lack of Support Services, (b) Lack of time to do all that I needed, (c) Perceived Level of Care Provided, (d) Depth of Compassion, (e) Stress Levels, (f) New Admissions, (g) Level of Care Patient Requires, (h) Continuity of Care, (i) Resources Needed to Perform the Job, and (j) Availability of Nurses.

### **Summary**

The purposes of the current sequential explanatory mixed-methods study was first to measure and explain levels of caregiver burnout and job satisfaction, and the perceived quality of care provided by nurses working in both palliative and non-palliative care inpatient units at the Miami VA in Southeast Florida. The intent of the present study was also to obtain helpful information for health care leaders, which may assist in improving awareness and understanding of factors that affect nurse turnover rates throughout the Miami VA health care environment. The purpose of the current study was achieved because both the quantitative and qualitative data provided information that answered the research questions.

Descriptive statistics and frequency counts were used to describe the study's population and personal background information. The independent samples *t*-test tested the hypotheses that the levels of caregiver burnout and job satisfaction of palliative and

non-palliative inpatient nurses were, on average, significantly different. A one-way analysis of variance was used to highlight the effect of nurse's position (title: LPN, RN, and NM) on the levels of caregiver burnout and job satisfaction respectively. Pearson's Product-Moment Correlation was used to identify any linear relationships between both the levels of caregiver burnout and job satisfaction and the years of work experience. Finally, group comparisons (palliative versus non-palliative care) of the mean scores of each of the sub-scales for the two survey instruments (MBI-HSS and JSS) were also conducted.

To address the two research questions for the quantitative portion of the study, both hypotheses associated with the research questions (alternative hypotheses) were tested and rejected at the usual 5% significance level, that is, observed results supported the null hypotheses of no significant differences between the palliative care settings with respect to the levels of caregiver burnout and job satisfaction. There was a positive and significant relationship between years of experience and job satisfaction, and the negative association between caregiver burnout and years of experience was at the borderline. The levels of caregiver burnout and job satisfaction among palliative and non-palliative care nurses were not statistically different depending on nurse position. The levels of each sub-scale of caregiver burnout and each sub-scale of job satisfaction among palliative and non-palliative care nurses were not statistically or significantly different.

To address the main research question and two sub-questions for the qualitative portion of the study, constant comparison content analysis was performed to analyze the data from the nurse manager's face-to-face interviews. Ten themes emerged including: (a) Lack of Support Services, (b) Lack of time to do all that I needed, (c) Perceived Level

of Care Provided, (d) Depth of Compassion, (e) Stress Levels, (f) New Admissions, (g) Level of Care Patient Requires, (h) Continuity of Care, (i) Resources Needed to Perform the Job, and (j) Availability of Nurses.

Additionally, the following main categories were identified from the main research question: (a) Support Services, (b) Time, (c) Level of Care, and (d) Compassion. For Sub-Question 1, the main categories identified were: (a) Perceived Level of Stress, (b) Fluctuating Census, and (c) Patient Care Needs. Finally, for Sub-Question 2, the main categories identified were: (a) Patient Care and Patient Satisfaction, (b) Lack of Support Services, and (c) Staffing Challenges. The categories provided helpful information to share with leadership, which may improve both the quality of care provided to patients and the nursing environment.

## **Conclusion**

A presentation of the findings based on statistical analysis was included in Chapter 4, including visually summarized tables and figures. Discussed were the results of the statistical analysis of levels of caregiver burnout and job satisfaction of palliative and non-palliative inpatient nurses as well as nurse's years of work experience. The nurse manager's perceived level of care provided veterans on the work unit, the nurse manager's perceived level of stress on a typical day, and contributing factors associated with nursing staff stress was analyzed using constant comparison content analysis.

A thorough discussion of the findings of the study and interpretation of the data results, including inferences about the important findings and lessons learned along with personal interpretations and views to broader social significance will be presented in Chapter 5. The results of the analysis are connected to leadership implications and



identify benefits for leaders in health care, particularly, the nursing profession.

Recommendations for future research are also included in Chapter 5.

## **Chapter 5: Conclusions and Recommendations**

Chapter 5 includes a summary of the research problem, the purpose of the research, and the chosen research methods. Chapter 5 is organized by the major headings: (a) Research Problem and Purpose; (b) Research Method and Data Analysis: A Review; (c) Conclusions; (d) Assumptions: Implications, Limitations, Delimitations; (e) Recommendations; and (f) Summary. Included in these sections are a discussion of the findings of the study and interpretation of the data results, including inferences about the important findings and lessons learned along with personal interpretations and views to broader social significance. The results of the analysis are connected to leadership implications and identify areas of focus for leaders in health care, particularly, the nursing profession to consider when caregiver burnout and job satisfaction are reviewed as part of the many workforce challenges. Recommendations for future research are also included in Chapter 5.

### **Research Problem and Purpose**

The research problem for this sequential, explanatory mixed-methods study is nurses who work in palliative care settings may experience increased levels of caregiver burnout and lower levels of job satisfaction more regularly than those nurses working in other inpatient units at the hospital (Peterson et al., 2010). The study's primary purpose was to identify and explain differences in the levels of caregiver burnout and job satisfaction among nurses working in palliative and non-palliative care inpatient units at the Miami, Florida, VA hospital. Other variables, such as years of work experience and nurse's position that could affect the levels of caregiver burnout and job satisfaction

among nurses working in palliative and non-palliative care inpatient units were examined.

The secondary purpose was to obtain the nurse manager's perceptions of the quality of care provided through their units, and identify factors perceived to contribute to increased stress in both palliative and non-palliative care units. The nurses held titles such as licensed practical nurse (LPN), registered nurse (RN), and nurse manager (NM). Instruments used to measure the variables were a demographic questionnaire, Maslach's Burnout Inventory, Spector's Job Satisfaction Survey, and a face-to-face interview with participating nurse managers.

### **Research Method and Data Analysis: A Review**

Mixed-methods research was used for the current study. A need existed to obtain complete information, which a quantitative or qualitative method alone could not secure. The choice of a sequential, explanatory mixed-methods study is, as Creswell (2008) noted, "to explain or elaborate on the quantitative results" (p. 560). Through face-to-face interviewing techniques, obtaining the nurse managers perceptions about the nursing environment at the Miami, Florida, Veterans Administration hospital site was important for this study to elaborate upon aspects of the quantitative instruments that measured job burnout and job satisfaction.

Data analysis results were reviewed in Chapter 4 to identify relevant aspects that may aid Miami VA health care leaders to make better workplace decisions, especially in the nursing work environment. Focusing on the positive significant relationship between years of experience and job satisfaction, and the negative significant but borderline association between caregiver burnout and years of experience are areas hospital

leadership may want to explore further. The main barriers, from the nurse manager's perspective include lack of support services, lack of time, expected high level-of-care, and devotion to providing compassionate care, which hospital leadership may also consider when the nursing work environment is being considered. In the section that follows, implications for leadership within the hospital organization globally and possible intended changes in the organization are discussed. Finally, recommendations for action by key stakeholders and future research are included in this chapter.

## **Conclusions**

The purpose of this current research study was to answer two questions. The first question focused on identifying and explaining differences in caregiver burnout and job satisfaction in nurses working in palliative care versus non-palliative care units. The second question was used to determine the extent to which nurse managers did perceive the quality of care provided to veterans on their units. The intent of the second question was to explore if caregiver burnout and job satisfaction had any effect on the perception of nursing care within the hospital's units. Conclusions related to each research question and sub-questions, respectively, are presented.

**Discussion of the findings for the quantitative portion of the study and results.** The research questions and hypotheses for the quantitative portion of this study were as follows:

Is there a difference in caregiver burnout and job satisfaction in nurses working in palliative care versus non-palliative care at the Miami, Florida, VA hospital?

H1<sub>A</sub>: There is a significant, measurable-difference in the levels of caregiver burnout among nurses working in an inpatient palliative care setting versus an

inpatient non-palliative care setting at the Miami, Florida, VA hospital, as calculated by the mean score of burnout on the Maslach Burnout Inventory – Human Services Survey (Maslach et al., 1996).

H1<sub>0</sub>: There is no significant, measurable-difference in the levels of caregiver burnout among nurses working in an inpatient palliative care setting versus an inpatient non-palliative care setting at the Miami, Florida, VA hospital, as calculated by the mean score of burnout on the Maslach Burnout Inventory – Human Services Survey (Maslach et al., 1996).

H2<sub>A</sub>: There is a significant, measurable-difference in the levels of job satisfaction among nurses working in an inpatient palliative care setting versus an inpatient non-palliative care setting at the Miami, Florida, VA hospital, as calculated by the mean score of job satisfaction on the Job Satisfaction Survey (Spector, 1997).

H2<sub>0</sub>: There is no significant, measurable-difference in the levels of job satisfaction among nurses working in an inpatient palliative care setting versus an inpatient non-palliative care setting at the Miami, Florida, VA hospital, as calculated by the mean score of job satisfaction on the Job Satisfaction Survey (Spector, 1997).

To address the research question and hypotheses (H<sub>1</sub> and H<sub>2</sub>), a one-tailed independent samples *t*-test was used to compare mean scores of burnout and job satisfaction among nurses providing care in palliative and non-palliative care inpatient units. There were no significant differences between the palliative and non-palliative care settings. The results were non-significant leading to accepting the null hypotheses of

no difference between the two groups. The results did not support the research hypotheses ( $H_1$  and  $H_2$ ) and led to rejecting them.

An analysis of variance showed that nurse's position did not affect significantly the levels of caregiver burnout and job satisfaction in nurses working in palliative and non-palliative care units. The results supported the hypotheses of no differences in the mean scores of caregiver burnout and job satisfaction among LPN, RN, and NM nurses groups. Using the Pearson correlation test, data showed that there was a positive and significant relationship between years of experience and job satisfaction on one hand, and on the other hand, there was a negative association between caregiver burnout and years of experience although at the borderline. Both associations, although statistically significant, they were weak to moderate.

The variables of burnout and job satisfaction, focused on in this study should not be considered as identical constructs (Spector, 1997) even though the mean scores for both showed virtually no difference between the palliative and non-palliative care providers. These results were consistent with another study, which concluded that burnout levels in palliative care or in other similar settings are not higher than in other contexts (Martins Pereira, Fonseca, & Sofia, 2011). Burnout, as identified by Spector (1997) is a response from an emotional standpoint, compared to job satisfaction, which results from an individual's attitude.

In the present study, there was a medium, positive relationship between higher levels of job satisfaction and more years of experience on the job. The described finding in the current study is similar to the findings from the Zeytinoglu et al. (2007) study, which also reported higher levels of job satisfaction among nurses with increased years of

work experience. Although no significant difference in the two variables were present in the results of the current study, it remains important to monitor closely the effect of the years of experience working with the organization on the nurse's levels caregiver burnout and job satisfaction within the two work unit groups (palliative and non-palliative care). In the present study, there was a small negative relationship between the levels of caregiver burnout and the years of experience on the job. Similarly, there was a moderate positive relationship between the levels of job satisfaction and the years of experience on the job.

#### **Discussion of the findings for the qualitative portion of the study and results.**

To address the current study's main research question and two sub-questions, constant comparison content analysis was performed to analyze the data from the nurse manager's face-to-face interviews. After data collection and analysis, several themes emerged and main categories were identified. Each coded participant's responses were documented by identifying and referencing important themes. Emerging themes were identified, which were organized into categories.

Ten themes emerged including (a) Lack of Support Services, (b) Lack of time to do all that I needed, (c) Perceived Level of Care Provided, (d) Depth of Compassion, (e) Stress Levels, (f) New Admissions, (g) Level of Care Patient Requires, (h) Continuity of Care, (i) Resources Needed to Perform the Job, and (j) Availability of Nurses.

Additionally, the following main categories were identified from the main research question (To what level do nurse managers perceive the quality of care provided to veterans on their units?) (a) Support Services, (b) Time, (c) Level of Care, and (d) Compassion. For Sub-Question 1 (What is the nurse managers' perceived level of stress

on a typical day?), the main categories identified were (a) Perceived Level of Stress, (b) Fluctuating Census, and (c) Patient Care Needs. Finally, for Sub-Question 2 (What factors of the nurse manager's job are most associated with stress?), the main categories identified were (a) Patient Care and Patient Satisfaction, (b) Lack of Support Services, and (c) Staffing Challenges. The categories provided helpful information to share with leadership, which may improve both the quality of care provided to patients and the nursing environment.

In a similar study conducted by Kaasalainen et al. (2011), many nurses commented on the nursing shortage and the lack of support services for nursing staff to perform the necessary duties associated with providing quality patient care. Some nurses in the Kaasalainen study referenced the poor accessibility of equipment, services, and the medication processes, along with the high workload, which limited the amount of time that could be spent with each patient. In the study conducted by Zeytinoglu et al. (2007), the research team also noted an increased workload and a lack of organizational support are contributing factors associated with increased levels of stress for nurses. These aspects (Patient Care and Patient Satisfaction, Lack of Support Services, and Staffing Challenges) are similar to the categories found in the current study.

### **Assumptions**

The assumption is that the current study results offer relevant and useful information for other health care facilities providing care to veteran patients and to patients receiving care in palliative care and non-palliative care settings. No reason exists that those participants who answered the MBI-HSS and JSS survey questions were different from the population of nurses, and did not respond openly and honestly. The



nurse managers interviewed provided real-life examples of how they perceived the quality of care provided to unit patients. The nurse managers also provided perceived stressors of a typical day and features associated with unit stress.

The response rate was 50% for the quantitative portion of the study, and 50% for the qualitative portion of the study. The response rates may be attributed to the expressed support received by nursing and other hospital leadership at the Miami VA hospital for conducting the current study. Nursing leadership at the hospital appeared to understand the importance of gaining new knowledge, which may improve the nursing work environment at the Miami VA. The high percentage of staff that chose to participate in the study was expected because surveys are popular within the VA and staff is often asked for their input.

### **Limitations**

The current research study's limitation included a small number of staff willing to participate by completing the surveys for the quantitative portion of the study and agreeing to answer the interview questions for the qualitative portion of the study. The sample size remained small even with efforts to increase the population size by encouraging participation with the work units. Based upon an identified sample of 128, only 64 (50%) responded versus the 80% expected response rate.

A few potential reasons may exist for the lower than expected response rate. Some may have felt uncomfortable about participating in a research study related to their workplace, or been on extended leave. The work units are also very busy and the limited available time to deliver patient care may have been a factor in some staff not

participating, and some staff may not have been given a survey packet by their nurse manager.

A low response rate affects the generalizability of the results of the study. However, the current study's sample was adjusted for power analysis. Although a small sample size and unbalanced group sizes (non-palliative group size is 15, and palliative group size is 47) are valid concerns, the power analysis revealed that the available sample size achieved power of 84% in detecting group differences at the 5% level of significance and effect size of 80% (Buchner et al., 1997; Cohen, 1988). Moreover, the sample of 64 achieved power of 80% in detecting correlations different from zero (Buchner et al., 1997; Cohen, 1988).

### **Delimitations**

For the current study, the delimitations included controlling the sampling of the population by only surveying a select, diverse-group of nurses. The sample included individuals working in the following employee positions: LPN, RN, and NM, who ranged in age, gender, ethnicity, employee position, work unit, and years employed with VA. The sample further consisted of nurses and nurse managers, working only in Extended Care, Hospice, Critical Care Unit (CCU), Medical Intensive Care Unit (MICU), Combined Telemetry and Surgical, Medical, Medical and Oncology, and the two Community Living Centers (Inpatient Resident Nursing Home Settings).

### **Implications**

Identifying differences in levels of caregiver burnout and job satisfaction among nurses, working in palliative care and non-palliative care inpatient units is an important factor for health care leadership to consider. Equally important for health care leadership

is to have a clear understanding of how nurse managers perceive the quality of care provided to veterans, the perceived level of stress, and to identify, which elements of the position are the most associated with the stress.

The results from the quantitative portion of the current study showed that a statistically significant relationship did not exist between the levels of caregiver burnout and job satisfaction among nurses working in palliative and non-palliative care inpatient units at the Miami, Florida, VA hospital. However, the results of the qualitative portion of the current study identified major themes and categories regarding the quality of care provided to veterans, perceived levels of stress, and elements most associated with stress in the nursing work units.

**Implications to leadership in the organization.** The results of the data analysis from the quantitative portion of the current study showed that caregiver burnout and job satisfaction scores between nurses at the Miami VA hospital who work in a palliative or non-palliative care inpatient unit are statistically not different, resulting in no significant findings. In the present study; however, there was a medium, positive relationship between higher levels of job satisfaction and more years of experience on the job. The described finding in the current study is similar to the findings from the Zeytinoglu et al. (2007) study, which also reported higher levels of job satisfaction among nurses with increased years of work experience.

Although no significant differences between work unit groups in the two variables were present in the results of the current study, it remains important to monitor closely the effect of the years of experience working with the organization on the nurse's levels of caregiver burnout and job satisfaction within the two work unit groups (palliative and

non-palliative care). In the present study, there was a small negative relationship between the levels of caregiver burnout and the years of experience on the job. Similarly, there was a moderate positive relationship between the levels of job satisfaction and the years of experience on the job.

Even though all the quantitative results are not statistically significant, the study results remain important for hospital leadership because even the small differences between groups or the small level of association between years of experience and both job burnout and job satisfaction may lead to sizeable consequences. Hospital leadership should become involved in learning the reasons such differences and associations exist and take the required measures, particularly because of the high costs associated with staff turnover and the pressure placed on hospitals to improve palliative care practices (Tilden, Thompson, Gajewski, & Bott, 2012). An opportunity also exists to decrease caregiver burnout and increase job satisfaction between both types of nurse providers.

The qualitative findings may provide leadership with the confirmation that nurses are neither burned out nor satisfied with the work environment; consequently, prime candidates for considering departing the organization to look for a better position elsewhere because of specific elements that affect the work units at the Miami VA hospital. Leadership has the opportunity to retain the existing nursing staff and not sit idly as some nurses leave their posts. Hospital training and retention have already incurred heavy investments in many of these nurses, and such losses of skilled nurses add to the growing nursing shortage in America (Etheridge, 2007; Poldervaart, 2010).

The results of the qualitative portion of the current study also provided several important areas for leadership to consider improving on, as identified from the

perceptions shared by the nurse managers. Perceptions are also an important factor when considered in concurrence with quantitative data (Glenna, Welsh, Lacy, & Biscotti, 2007; Poldervaart, 2010). Although a sole perception may not be enough information to base organizational change, multiple accounts of the same work scenario does provide reinforcement that a problem may exist, and that the problem is hampering the fostering of an effective work environment. By focusing attention on the results of the qualitative data from the current study, the findings may help improve the work environment by focusing on those aspects of the workplace or work unit that may easily be adapted or changed and have a widespread, positive result for the nurses and help decrease staff turnover.

**Implications to leadership globally.** The nurse shortage is an urgent problem within the global environment and the vacancy rate is predicted to increase by 20% by 2020; unfortunately, hospitals will mostly be affected by increasingly high turnover rate of registered nurses (Poldervaart, 2010; Wagner, 2006). Researchers have emphasized the importance of reducing nursing staff turnover, and how this reduction in turnover would assist in lowering the cost of care throughout the entire health care system (Tilden et al., 2012). The quality of care palliative patients receive during hospitalization and leading to death would be another additional benefit of a stable nursing workforce; a consistent workforce provides increased levels of continuity of care (Tilden et al., 2012).

To circumvent the existing nursing staff from considering leaving the established hospital organization, nursing leadership must take an active role in managing the negative elements most closely associated with affecting the nurse's work environment. The results of the current study reflect common-themed factors for nurse leadership to

consider throughout the industry. The elements outlined in the qualitative portion of the current study are not unique; the components are basic and routine with regard to a nurse's work environment. By examining the main categories identified from the qualitative portion of the current study, the opportunity exists for similar health care organizations to avoid experiencing unnecessary negative-outcomes as these aspects may also affect other hospital organizations besides the Veterans Administration hospitals.

**Intended change in the organization.** A possibility exists for the Miami VA nursing leadership to decrease the level of caregiver burnout and improve job satisfaction between both the palliative and non-palliative care nursing providers. Taking the opportunity to consider process improvement initiatives on any of the variety of factors associated with the results of this current study may lead to an improvement in the existing work environment for the Miami VA nurses. Small changes are possible that would not affect the budget nor require additional staff, such as improving communication and coordination efforts of support services. If nursing leadership involved key players willing to work together for the common good, the day-to-day nursing environment at the Miami VA hospital may result in more satisfied staff and improve the quality of care provided to veterans hospitalized in the Miami VA work units.

### **Recommendations**

The results of the current study may provide health care leadership with new knowledge intended to reduce caregiver burnout and improve job satisfaction among the Miami VA nursing staff. In addition, the results may help to improve the Miami VA nurse manager's perceived level of quality of care provided to veterans, reduce the

perceived level of stress, and potentially eliminate or reduce the variety of factors most associated with stress in the nurse manager position.

**Recommendations for action by key stakeholders.** Local nursing leadership has several opportunities to improve the work environment of the Miami VA nursing staff. A review of the existing processes associated with hospital support services would be the first priority. By improving hospital support services, nurses would have additional time with their work units to provide enhanced levels of patient care, including providing care that is more compassionate. Increasing the level of community volunteer participation throughout all hospital work units, where appropriate, is another facet of care that may positively affect the nursing work environment. With more volunteers on the units, nurses would be able to focus time and attention on providing direct-patient care.

By improving hospital support services, the perceived levels of stress of nurses may be affected positively, allowing the staffs to more easily address patient care needs more easily. The fluctuating census could be addressed at the micro-level with improved communications as early as possible, with the affected work unit to allow additional time to arrange for the appropriate levels of nursing coverage. Ultimately, the levels of patient care as well as patient and family satisfaction would be positively affected because of improved support services. The staffing shortages may also see a decrease with less stressed nursing staff and an improved nursing environment.

**Recommendations for future research.** Caregiver burnout and job satisfaction among palliative care and non-palliative care nurses requires further study. Based on the literature reviewed, only a small number of studies have been conducted. In contrast,

many studies have been carried out related to burnout and job satisfaction in nurses from various countries, but not many researchers in the United States have addressed the specific work unit settings selected for the current study.

The negative results of not addressing issues associated with the nursing environment have widespread effects throughout the entire health care organization. Further investigation into the issues linked with the perceptions of the nurse managers and leaders most closely associated with the direct caregivers is also important because these issues are the underlying reasons that affect the stress levels of the staff. To promote research in the area of obtaining information about the perceptions of nurse managers is appropriate, as the consequences of high levels of burnout and low levels of job satisfaction affect patients and the family members along with the nursing professionals (Martins Pereira et al., 2011). Another recommendation would be to include an examination of the different educational preparation of nurses and nurse managers in managing stress, burnout, and how to recognize factors that are contributors to increasing levels of stress in the nursing work environment.

The current study was limited in geographical scope and could be replicated throughout VA Hospitals within the entire state of Florida. The results could be generalized to include VA nurses across the nation. The additional data collected from other VA hospitals may provide beneficial information to affect change nationally, resulting in enhanced quality of care for patients along with an improved work environment for nursing staff.



## Summary

The main purpose of the current sequential, explanatory mixed-methods study was to identify and explain any differences in the levels of caregiver burnout and job satisfaction among nurses who work in palliative and non-palliative care inpatient units at the Miami, Florida, VA Hospital. The secondary purpose was to obtain the nurse managers' perception of the quality of nursing care provided through their units and the elements perceived to contribute to increased stress in both palliative and non-palliative care units.

The results of the current study reveal that there were no statistically significant differences between the mean scores of the two groups (palliative and non-palliative care providers). However, results revealed significant associations between the number of years of work experience and the levels of both caregiver burnout and job satisfaction among nurses who work in palliative and non-palliative inpatient units. The results also revealed the nurse managers' perceptions of the quality of care provided to patients through identification of themes and main categories of issues, which nursing leadership may wish to consider that may reduce the stress level, improve the quality of patient care, and enhance the nursing work environment.

The literature review included in Chapter 2 maintained that formal caregiver burnout and job satisfaction are not new research topics. Stresses associated with providing care (Ashton, 2008), causes of job satisfaction or dissatisfaction, and turnover (Cranny et al., 1992) are well documented. Researchers have also found that nurses work in an ever-changing environment (Al-Turki et al., 2010). Wood et al. (1999) and Abushaikha and Saca-Hazboun (2009) recognized that nursing leadership has multiple

opportunities to improve the work environment to ensure quality health care is provided to all patients. Clearly defining the roles and expectations of nursing staff, leadership reduces stress because the employee's needs are being met (Brown, 2011).

Chapter 3 described the methodology used to collect the data, which were shown in textual and visual format. The current study included obtaining the levels of caregiver burnout and job satisfaction among 64 licensed practical nurses, registered nurses, and nurse managers at the Miami, Florida, VA hospital under study. Four nurse managers described their perceptions of the quality of care provided in their individual work units and the issues perceived to contribute to increased stress in both palliative and non-palliative care inpatient units.

The intent of Chapter 4 was to summarize the results of both the quantitative and qualitative data analyses. The study's research questions were answered. The perceptions of the nurse managers provided the greatest benefit of all results generated from the current study. The most revealing category capable of quickly improving the nursing work environment is for Miami VA leadership to consider addressing the lack of support services throughout the inpatient units as identified by the nurse managers for both palliative and non-palliative care units.

Chapter 5 included a detailed explanation of the findings and conclusions for the current study, along with implications for local leadership, and recommendations for action by key stakeholders. The chapter also included the assumptions, limitations, and delimitations of the study. Future research recommendations were also addressed in the chapter.

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### Appendix A: Job Satisfaction Survey

<b>JOB SATISFACTION SURVEY</b>  Paul E. Spector  Department of Psychology  University of South Florida  Copyright Paul E. Spector 1994, All rights reserved.							
PLEASE CIRCLE THE ONE NUMBER FOR EACH QUESTION THAT COMES CLOSEST TO REFLECTING YOUR OPINION ABOUT IT.		Disagree very much	Disagree moderately	Disagree slightly	Agree slightly	Agree moderately	Agree very much
1	I feel I am being paid a fair amount for the work I do.	1	2	3	4	5	6
2	There is really too little chance for promotion on my job.	1	2	3	4	5	6
3	My supervisor is quite competent in doing his/her job.	1	2	3	4	5	6
4	I am not satisfied with the benefits I receive.	1	2	3	4	5	6
5	When I do a good job, I receive the recognition for it that I should receive.	1	2	3	4	5	6
6	Many of our rules and procedures make doing a good job difficult.	1	2	3	4	5	6
7	I like the people I work with.	1	2	3	4	5	6
8	I sometimes feel my job is meaningless.	1	2	3	4	5	6
9	Communications seem good within this organization.	1	2	3	4	5	6
10	Raises are too few and far between.	1	2	3	4	5	6



11	Those who do well on the job stand a fair chance of being promoted.	1 2 3 4 5 6
12	My supervisor is unfair to me.	1 2 3 4 5 6
13	The benefits we receive are as good as most other organizations offer.	1 2 3 4 5 6
14	I do not feel that the work I do is appreciated.	1 2 3 4 5 6
15	My efforts to do a good job are seldom blocked by red tape.	1 2 3 4 5 6
16	I find I have to work harder at my job because of the incompetence of people I work with.	1 2 3 4 5 6
17	I like doing the things I do at work.	1 2 3 4 5 6
18	The goals of this organization are not clear to me.	1 2 3 4 5 6
	<p style="text-align: center;">PLEASE CIRCLE THE ONE NUMBER FOR EACH QUESTION THAT COMES CLOSEST TO REFLECTING YOUR OPINION ABOUT IT.</p> <p style="text-align: center;">Copyright Paul E. Spector 1994, All rights reserved.</p>	Disagree very much Disagree moderately Disagree slightly Agree slightly Agree moderately
19	I feel unappreciated by the organization when I think about what they pay me.	1 2 3 4 5 6
20	People get ahead as fast here as they do in other places.	1 2 3 4 5 6
21	My supervisor shows too little interest in the feelings of subordinates.	1 2 3 4 5 6
22	The benefit package we have is equitable.	1 2 3 4 5 6

23	There are few rewards for those who work here.	1 2 3 4 5 6
24	I have too much to do at work.	1 2 3 4 5 6
25	I enjoy my coworkers.	1 2 3 4 5 6
26	I often feel that I do not know what is going on with the organization.	1 2 3 4 5 6
27	I feel a sense of pride in doing my job.	1 2 3 4 5 6
28	I feel satisfied with my chances for salary increases.	1 2 3 4 5 6
29	There are benefits we do not have which we should have.	1 2 3 4 5 6
30	I like my supervisor.	1 2 3 4 5 6
31	I have too much paperwork.	1 2 3 4 5 6
32	I don't feel my efforts are rewarded the way they should be.	1 2 3 4 5 6
33	I am satisfied with my chances for promotion.	1 2 3 4 5 6
34	There is too much bickering and fighting at work.	1 2 3 4 5 6
35	My job is enjoyable.	1 2 3 4 5 6
36	Work assignments are not fully explained.	1 2 3 4 5 6

## Appendix B: MBI- Human Services Survey

# MBI-Human Services Survey

Christina Maslach & Susan E. Jackson

*The purpose of this survey is to discover how various persons in the human services, or helping professionals view their job and the people with whom they work closely.*

Because persons in a wide variety of occupations will answer this survey, it uses the term *recipients* to refer to the people for whom you provide your service, care, treatment, or instruction. When answering this survey please think of these people as recipients of the service you provide, even though you may use another term in your work.

**Instructions:** On the following pages are 22 statements of job-related feelings. Please read each statement carefully and decide if you ever feel this way about *your* job. If you have *never* had this feeling, write the number “0” (zero) in the space before the statement. If you have 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. An example is shown below.

**Example:**

**How often:**

<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>
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	Every day

**How Often      Statements:**

**0-6**

1. \_\_\_\_\_ I feel depressed at work.

If you never feel depressed at work, you would write the number “0” (zero) under the heading “How Often.” If you rarely feel depressed at work (a few times a year or less), you would write the number “1.” If your feelings of depression are fairly frequent (a few times a week but not daily), you would write the number “5.”

## MBI-Human Services Survey

### How often:

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	Every day

### How Often      Statements:

0-6

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 my 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 toward people since I took this job.
11. \_\_\_\_\_ I worry that this job is hardening me emotionally.
12. \_\_\_\_\_ I feel very 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 C: Demographics Sheet

**Age Range:**

- 20-29  
 30-39  
 40-49  
 50-59  
 60+

**Gender:**

- M  
 F

**Ethnic Category:**

- White, non-hispanic  
 African American  
 Hispanic or Latino  
 Other

**Position:**

- Licensed Practical Nurse  
 Registered Nurse  
 Nurse Manager

**My Duties Include Providing Palliative Care:**

- Yes  
 No

**Work Unit:**

- Extended Care Ward  
 Hospice  
 Critical Care Unit (CCU)  
 Medical Intensive Care Unit (MICU)  
 Combined Telemetry and Surgical  
 Medical Floor Ward  
 Medical and Oncology Ward  
 Community Living Center Unit One (Inpatient Resident Nursing Home)  
 Community Living Center Unit Two (Inpatient Resident Nursing Home)

**Years Employed by VA:**

\_\_\_\_\_

### **Appendix D: Face-to-Face Interview Questions**

To what level do nurse managers perceive the quality of care provided to Veterans on his or her unit?

Sub-Question 1: What is the nurse manager's perceived level of stress on a typical day?

Sub-Question 2: What factors of the nurse manager's job are most associated with stress?

## Appendix E: Informational Cover Letter



Department of Veterans Affairs

Medical Center  
1201 Northwest 16<sup>th</sup> Street  
Miami, FL 33125-1693

In Reply Refer To: 545/135

### Informational Cover Letter

#### CAREGIVER BURNOUT AND JOB SATISFACTION AMONG PALLIATIVE AND NON-PALLIATIVE NURSES: A MIXED METHOD STUDY

Dear Sir/Madam:

**Purpose:** The purpose of this study is to (1) identify and explain differences in levels of caregiver burnout and job satisfaction among nurses working in palliative and non-palliative care inpatient units, and (2) explain the nurse manager's perceptions of the quality of care provided to Veterans on his or her unit, and factors that attribute to increased stress and daily job satisfaction.

**Eligibility Criteria - Nurses who meet the following criteria:** Licensed Practical Nurses (LPN), Registered Nurses (RN), and Nurse Managers (NM) working in Extended Care - Ward 9AB, Hospice, Critical Care Unit (CCU), Medical Intensive Care Unit (MICU), Medical Floors - Wards 11 and 12, and the Community Living Center (CLC).

Although you will not get direct personal benefits from taking part in this research study, your responses may help us understand more about levels of caregiver burnout and job satisfaction in the nursing environment. The possibility exists that your work environment may improve based on the results of this study being communicated to leadership.

We hope to conduct surveys with you, as your answers are important to us. Of course, you have a choice about whether or not to complete the surveys, but if you do participate, you are free to skip any questions or discontinue at any time. Your participation is strictly voluntary, you are not obligated to participate, and your job status will not be affected if you do, or do not participate. Your responses to the surveys will be kept confidential to the extent allowed by law, and individual results will not be discussed with supervisors. When we write about the study you will not be identified.

There are no known risks to participating in this study; however, any participant who may experience discomfort or stress may visit the Employee Health Office or contact the Employee Assistance Program free of charge.

You will not be compensated for your time or participation. Completing the demographic sheet and surveys, should take no longer than 30 minutes. Please return completed surveys in the attached, pre-addressed US Government Messenger Envelope. If you identify yourself as a nurse manager you will be contacted individually, at a later time, to participate in the second portion of this study. Research consent will be sought.

If you have any questions about the study, please feel free to ask; my contact information is given below. If you have complaints, suggestions, or questions about your rights as a research volunteer, contact the staff in the Miami VA Research Office at 305-575-7000 ext. 4465. Thank you in advance for your assistance with this important project.

Sincerely,

Christina A. Bridgeman, MHRM, Chief, Voluntary Service, Principal Investigator  
Miami VA Healthcare System, 305-575-3140, Christina.bridgeman@va.gov  
Doctor of Management Student - University of Phoenix

IRB Approval: 01/21/2011  
Continuing Review due by: 07/18/2011

## Appendix F: Informed Consents

### UNIVERSITY OF PHOENIX

Informed Consent: Participants 18 years of age and older

Dear Nurse Manager,

My name is Christina A. Bridgeman and I am a student at the University of Phoenix working on a Doctor of Management in Organizational Leadership degree. I am conducting a research study entitled Caregiver Burnout and Job Satisfaction among Palliative and Non-Palliative Care Nurses: A Mixed-Method Study. The purpose of the research study is to (1) identify and explain differences in levels of caregiver burnout and job satisfaction among nurses working in palliative and non-palliative care inpatient units, and (2) explain the nurse manager's perceptions of the quality of care provided to veterans on his or her unit, and factors that attribute to increased stress and daily job satisfaction.

Your participation will involve a 30-minute, face-to-face interview. Your participation in this study is voluntary. If you choose not to participate or to withdraw from the study at any time, you can do so without penalty or loss of benefit to yourself. The results of the research study may be published but your identity will remain confidential and your name will not be disclosed to any outside party.

In this research, there are no foreseeable risks to you beyond having a normal daily conversation. Although there may be no direct benefit to you, a possible benefit of your participation is that your work environment may improve based on the study results being communicated to Miami, Florida, VA hospital leadership.

If you have any questions concerning the research study, please contact me.

As a participant in this study, you should understand the following:

1. You may decline to participate or withdraw from participation at any time without consequences.
2. Your identity will be kept confidential.
3. Christina A. Bridgeman, the researcher, has thoroughly explained the parameters of the research study and all of your questions and concerns have been addressed.
4. If the interviews are recorded, you must grant permission for the researcher, Christina A. Bridgeman, to digitally record the interview. You understand that the information from the recorded interviews may be transcribed. The researcher will structure a coding process to assure that anonymity of your name is protected.
5. Data will be stored in a secure and locked area. The data will be held for an indefinite period per VA IRB regulations.
6. The research results will be used for publication.



“By signing this form you acknowledge that you understand the nature of the study, the potential risks to you as a participant, and the means by which your identity will be kept confidential. Your signature on this form also indicates that you are 18 years old or older and that you give your permission to voluntarily serve as a participant in the study described.”

Signature of the interviewee \_\_\_\_\_ Date \_\_\_\_\_

Signature of the researcher \_\_\_\_\_ Date \_\_\_\_\_



Department of Veterans Affairs

# VA Research Consent Form

Page 1 of 2

**Title of Study:** Caregiver Burnout and Job Satisfaction among Palliative and Non-Palliative Care Nurses  
A Mixed Methods Study

**Principal Investigator:** Christian A. Rodriguez  
Professor of Research Study, NIA

IRB Approval: OS 136 (2011)  
Continuing Follow-up By: OS 128 (2012)  
Version 1.0

YAMC: 10001/248

### PURPOSE OF STUDY AND HOW LONG IT WILL LAST

You are being asked to take part in a research study because of your position as a nurse manager here at the Miami VA. The purpose of this research study is to (1) identify and explain differences in levels of caregiver burnout and job satisfaction among nurses working in palliative and non-palliative care inpatient units, and (2) explain the nurse manager's perceptions of the quality of care provided to Veterans on his or her unit, and factors that attribute to increased stress and daily job satisfaction. The interview should last no longer than 30 minutes.

### DESCRIPTION OF THE STUDY INCLUDING PROCEDURES TO BE USED

This mixed method, exploratory study will include both the collection of quantitative and qualitative data to identify and explain whether a difference exists in caregiver stress and job satisfaction in nurses working in palliative care and nurses not working in palliative care.


The quantitative study will include assessing differences in levels of caregiver stress measured by the MBI-HSS (Maslach et al., 1986), and the JSS (Spector, 1997) instruments. Completing both surveys should take no longer than 30 minutes to complete only in the study area of each participant.


The qualitative study will focus on providing the following data: (a) the Nurse Manager's perceived level of care for his or her patients Veterans, (b) their perceived level of stress on a typical day, and (c) factors associated with their perceived level of stress and job satisfaction. The qualitative study will be conducted through an interview with the Nurse Manager. The interview should last no longer than 30 minutes.

the Miami VA. For the purpose of this research informed consent is only required for the qualitative study as no personally identifiable information is being collected for the quantitative study.

Subject's Identification (ID, plate, or give last-name, first, middle and include complete S.S.N.)

[Empty box for subject identification]

	<b>VA Research Consent Form</b> Page 2 of 4
<b>Title of Study:</b> Caregiver Burnout and Job Satisfaction among Palliative and Non-Palliative Care Nurses: A Mixed Method Study	
<b>Principal Investigator:</b> Christina A. Bridgeman Sponsor of Research Study: N/A	IRB Approval: <u>05/26/2011</u> Continuing Review due by: <u>05/26/2012</u>
<b>VA Form 10-1086</b>	
<p>If you agree to be in this study, the following will happen to you: Because you identified yourself as a nurse manager on the demographic sheet, the Principal Investigator (PI) will contact you to arrange for a face-to-face interview. The interview will consist of open-ended questions regarding the perceived level of care your unit provides Veterans, (B) perceived level of stress on a typical day, and (c) factors associated with stress. The PI will record the interview and transcribe the information into a Word Document.</p>	
<p><b>DESCRIPTION OF ANY PROCEDURES THAT MAY RESULT IN DISCOMFORT OR INCONVENIENCE:</b> The face-to-face interview should last no longer than 30 minutes. You do not have to answer questions you do not want to.</p>	
<p><b>EXPECTED RISKS OF STUDY:</b> Taking part in this study may involve some added risks including the potential for physical, psychological, or social stress; however, no known risks have been identified except some participants may experience minor discomfort or stress from answering the interview questions. Any participant who experiences any discomfort will be directed to visit the Employee Health Office or contact the Employee Assistance Program, free of charge.</p>	
<p><b>EXPECTED BENEFITS OF STUDY:</b> Anticipated benefits to the subject(s) include the opportunity to be included in your research and to contribute to the knowledge of the research community. There are no direct benefits to the subject(s) from this study.</p>	
<p><b>OTHER TREATMENTS AVAILABLE:</b> You do not have to take part in this study if you do not want to. Your participation is strictly voluntary.</p>	
<p><b>COMPENSATION:</b> The Department of Veterans Affairs will pay for required medical treatment for any study-related injury. An injury is considered study-related if it is caused by study activities that are different from the treatment you would have received if you were not in the study. The VA will not voluntarily pay medical treatment of other injuries or illnesses or any other type of compensation. You do not, however, give up your right to pursue this or other compensation by signing this consent or by being in this study.</p>	
<p><b>PAYMENT FOR BEING IN THE STUDY:</b> There will be no payment to any participant for being in this study.</p>	
<p><b>USE OF RESEARCH RESULTS:</b> VA Form 10-5223, Consent for Use of Names and/or Values must be signed since the interview will be recorded. Your name and other personal health information will not be released to other parties not mentioned here unless you give us specific written permission to do so. Upon request, research results will be made available at the completion of the entire study. You will be told and given in writing any new information that might affect your decision to be in the study.</p>	

 Department of Veterans Affairs	<b>VA Research Consent Form</b> Page 2 of 2
<b>Title of Study:</b> Caregiver Burnout and Job Satisfaction among Palliative and Non-Palliative Care Nurses: A Mixed Method Study	
<b>Principal Investigator:</b> Christina A. Bridgman Sponsor of Research Study: N/A	<b>IRB Approval:</b> 051261301 Controlling Number: 051261301
<b>VA MCS:</b> Mixed / 546	<b>Version Date of IRB:</b> July 10, 2011
<p>You may ask any questions you want about the study and we will try to answer them. If you do refuse or withdraw the care you are entitled to at the VA will not be affected in any way.</p>	
<p><b>USE OF RESEARCH RESULTS: CONFIDENTIALITY STATEMENT:</b>          Records identifying you may be inspected by the sponsor of this study, the study investigator and his personnel or by one or more Federal governmental agencies for regulatory purposes. In addition, the Institutional Review Board (IRB) that approved this research may have access to this informed consent document as well as to your records for auditing purposes. The purpose of these audits is to help ensure that the research is being conducted in an appropriate manner and is in the public interest. Your name and other information identifying you will be protected to the fullest extent possible. It is possible that information shared with these groups could result in a loss of your privacy although employees of these groups are obligated to protect confidentiality.</p>	
<p>Your name and other personal identifiable information will not be released to other parties not mentioned here unless you give us specific written permission to do so.</p>	
<p>You may contact the investigative team at the numbers listed on the last page of this consent document to report a research-related injury, for answers to your questions about the research or to voice concerns or complaints about the research.</p>	
<p>If you have any questions about your rights or about medical care because of problems caused by being in the research study, you may call the Chief of Medical Administration Service or his representatives at (305) 575-7000, extension 3031. You can call either the Patient Advocate's Office at (305) 575-2392 OR Institutional Review Board (IRB) Office at (305) 575-7000, ext 4465 to obtain answers to questions about the research; to voice concerns or complaints about the research; to obtain answers to questions about their rights as a research participant; in the event the research staff could not be reached; and in the event the subject wishes to talk to someone other than the research staff. You may also contact these numbers to check whether this study is a valid, VA-sponsored study.</p>	
<p><b>SPECIAL CIRCUMSTANCES:</b> The Principal Investigator can take you out of the study if for any reason she feels it is in your best interests to do so or if your being in the study must be stopped for administrative reasons.</p>	
<p>Veterans will not be required to pay for medical care and services received as a part of a VA research program. If a veteran is receiving medical care and services from the VA that are not part of this study, and is a veteran described in federal regulations as a "category 7" they may be required to pay co-payments for the care and services that are not part of this study.</p>	
<p>VA Form          JAN 1990 10-1086</p>	



VA Research Consent Form

Page 2 of 3

Title of Study: Caregiver Burnout and Job Satisfaction among Palliative and Non-Palliative Care Nurses:  
A Mixed Method Study

Principal Investigator: Christina A. Bridgeman  
Sponsor of Research Study: N/A

IRB Approval: 05/26/2011

Continuing Review due by: 05/25/2012

VAMC: 7516

Version: 05/26/2011

You will receive a copy of this document for your information. You may, if you want, show this document to family members, physicians, or friends and ask their advice.



**VA Research Consent Form**

Page 2 of 2

Title of Study: Comparison of an 1100 Calorie Diet with a 1600 Calorie Diet in the Treatment of Type 2 Diabetes Mellitus

Principal Investigator: Christopher A. Bridgman  
 Director of Research Studies, VA

IRB Approval: 01-10-11  
 Continuing Review due by: 01-10-12

VA Form: 10-1086

Version Date of IRB: May 16, 2011

Research Subjects Rights: I have read or have had read to me all of the above. Ms. Bridgman has explained the study to me and answered all of my questions. I have been told of the risks or discomforts and possible benefits of the study. I have been told of other choices of treatment available to me.

I understand that I do not have to take part in this study, and my refusal to participate will involve no penalty or loss of rights to which I am entitled. I may withdraw from the study at any time without penalty or loss of VA or other benefits to which I am entitled.

The results of this study may be published, but my records will not be revealed unless required by law.

In case there are medical problems or questions, I have been told I can call Dr. Triana at ext. 4282 during the day and the Emergency Room at 305-575-7000, ext. 4994 after hours. If any medical problems occur in connection with this study, the VA will provide emergency care.

I understand my rights as a research subject, and I voluntarily consent to participate in this study. I understand what the study is about and how and why it is being done. I will receive a signed copy of this consent form.

Subject's Signature or LAR (Legally Authorized Representative)

Date

Signature of Person Obtaining Consent

Date

Person Obtaining Consent (Title)

## Appendix G: Permission to Use Existing Survey

### Job Satisfaction Survey

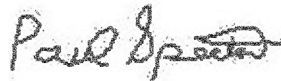
December 21, 2011

Dear Cristina Bridgeman:

You have my permission to use the JSS in your research. You can find details about the scale in the Scales section of my website. I allow free use for noncommercial research and teaching purposes in return for sharing of results. This includes student theses and dissertations, as well as other student research projects. Copies of the scale can be reproduced in a thesis or dissertation as long as the copyright notice is included, "Copyright Paul E. Spector 1994, All rights reserved." Results can be shared by providing an e-copy of a published or unpublished research report (e.g., a dissertation).

Thank you for your interest in the JSS, and good luck with your research.

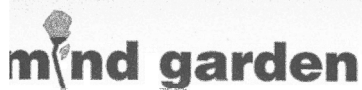
Sincerely,

A handwritten signature in black ink that reads "Paul E. Spector". The signature is written in a cursive style with some loops and flourishes.

Paul E. Spector, Ph.D.

Distinguished Professor and Director

Industrial/Organizational Psychology Doctoral Program

**Appendix H: Permission to Use Existing Survey****Maslach Burnout Inventory - Human Services Survey**

855 Oak Grove Avenue, Suite 215  
Menlo Park, CA 94025 USA

December 13, 2010

Christina Bridgeman  
7421 Alton Road PMB 580  
Miami Beach, FL 33109  
USA

Dear Christina Bridgeman,

As we discussed via today's telecon, Mind Garden will provide you with permission to use the Maslach Burnout Inventory (MBI) instrument when you purchase a license(s) to use the instrument.

Your purchase, via Order 14269 for the MBI Manual, provides you with permission to provide one copy of the MBI instrument marked "Sample" to

~~your internal business partners for their review.~~

~~\_\_\_\_\_~~

  
Chris Couitas  
Mind Garden, Inc.



## Appendix I: Letter of Collaboration

### UNIVERSITY OF PHOENIX

#### LETTER OF COLLABORATION AMONG INSTITUTIONS

Date: January 3, 2011

To: Office of the Provost/Institutional Review Board

University of Phoenix

This letter acknowledges that the Miami VA Healthcare System is collaborating with Ms. Christina A. Bridgeman enrolled in the Doctor of Management program at University of Phoenix in conducting the proposed research. We understand the purpose of this research is to identify levels of difference in caregiver burnout and job satisfaction among nurses working in palliative care and non-palliative care inpatient settings, and will be conducted under the supervision of Dr. Timothy Delicath.

This project will be an integral part of our institution/agency, will be conducted as a collaborative effort, and will be part of our curriculum/research/data/service delivery model.

Sincerely,



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Robert M. Jackson, M.D.  
ACOS for Research  
Miami VA Healthcare System

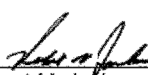
**Appendix J: Permission to Use Premises****UNIVERSITY OF PHOENIX****PERMISSION TO USE PREMISES, NAME, AND/OR SUBJECTS**  
(Facility, Organization, University, Institution, or Association)**Miami VA Healthcare System**

Check any that apply:

I hereby authorize Ms. Christina A. Bridgeman, student of University of Phoenix, to use the premises (facility identified below) to conduct a study entitled Caregiver Burnout and Job Satisfaction among Palliative and Non-Palliative Care Nurses: A Mixed Method Study.

I hereby authorize Ms. Christina A. Bridgeman, student of University of Phoenix, to recruit subjects for participation in a study entitled Caregiver Burnout and Job Satisfaction among Palliative and Non-Palliative Care Nurses: A Mixed Method Study.

I hereby authorize Ms. Christina A. Bridgeman, student of University of Phoenix, to use the name of the facility, organization, university, institution, or association identified above when publishing results from the study entitled Caregiver Burnout and Job Satisfaction among Palliative and Non-Palliative Care Nurses: A Mixed Method Study.

  
\_\_\_\_\_  
Robert M. Jackson, M.D.  
ACOS for Research  
Miami VA Healthcare System  
1201 N.W. 16<sup>th</sup> Street  
Miami, FL 33125

2/10/11  
Date