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Burnout and job satisfaction among nurses in three Spanish regions

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Abstract

Aims: To determine the levels of job satisfaction and burnout syndrome and related factors among nurses in three Spanish regions.

Background: The nursing profession involves high work stress due to emotional involvement, workload and available resources.

Methods: Descriptive multicentric cross-sectional study. Sociodemographic and migration data were collected and participants completed the Job Satisfaction Questionnaire S20/23 and Maslach Burnout Inventory. The data were analysed using descriptive statistical methods using the program SPSS.

Results: The sample included 228 nurses (187 women and 41 men), with a mean age of 37.11 ± 10.87. Reported job satisfaction was medium to high. Overall, values were low in emotional fatigue and medium in depersonalization and personal fulfilment. In terms of migration, 21.59% of the participants had already moved to other Spanish regions or another country, while 18.58% had the intention of doing so.

Conclusion: Nurses with a temporary contract showed a high burnout rate, and high levels of emotional fatigue, depersonalization and lack of personal fulfilment.

Implications for Nursing Management: Strategies are needed to improve working and contractual conditions such as enhancing teamwork, management and leadership skills in nurses; achieving internal promotion; and having higher participation in decision-making and a better balance of power between health institution managers and health professionals.

KEYWORDS

nursing, job satisfaction, burnout syndrome, surveys, questionnaires, Spain

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1 | INTRODUCTION

Workers' job satisfaction has a direct influence on the quality of services, patient satisfaction and organisational development (Lu et al., 2019). Job satisfaction is understood as a favourable perspective, with a balance between people's work expectations, the rewards it offers, interpersonal relationships and management type (Fernández et al., 2019). Unsatisfied health professionals tend to suffer more from mood swings and various psychosomatic complaints, as well as being less efficient, and having higher absenteeism and more frequent job changes (Gandarillas González et al., 2014).

Burnout, classified by the WHO as an occupational disease, is a consequence of chronic stress (Moreno et al., 1990; Pérula et al., 2016). This syndrome has three dimensions: emotional exhaustion, depersonalization and a feeling of low personal fulfilment (Maslach & Jackson, 1981) causing emotional, behavioural, psychosomatic and social alterations, loss of work efficiency and disturbances in the family life (Moreno et al., 1990; Pérula et al., 2016).

Health workers are especially susceptible to burnout (Chemali et al., 2019; Morse et al., 2012). In particular, nurses have a burnout prevalence of 54%, globally (Zhang et al., 2018). The nursing profession involves high work stress due to the psychological and emotional involvement, as they are in direct contact with suffering, pain and death of patients, as well as aspects related to the dichotomy between workload and available resources (Pérula et al., 2016; Ribera Domone et al., 1993). According to the Organisation for Economic Co-operation and Development (OECD), the mean nurse-patient ratio in Europe is 8.8 nurses per 1,000 inhabitants, while this ratio in Spain is 5.6 (Crespo-Montero, 2020).

International organisations like the World Health Organization (WHO), the International Council of Nurses (ICN) and the International Labour Organization (ILO) have identified inadequate working conditions that affect the nursing population (Castillo Avila et al., 2014; Chen et al., 2019) including an increase in workload, a lack of human resources, temporary contracts that diminish job security, a lack of supplies to provide services and low salaries. These factors generate work overload, fatigue, physical and mental exhaustion, and a high level of stress in this profession (Castillo Avila et al., 2014).

In addition, stress levels maintained over time can lead to symptoms of depression (Fernández Sánchez et al., 2019). International studies identified that depression is a reason for absenteeism among nurses (dos Santos Trettene et al., 2020; Méndez-Nieto et al., 2013; Vargas & Dias, 2011; Yun et al., 2010).

The type and temporality of job contracts directly contribute to the satisfaction of the health professionals (Herrera-Amaya & Manrique-Abril, 2008). In 2018, 70.38% of health professional contracts in Spain were temporary (Spanish Ministry of Science, Innovation, & Universities, 2019). This high ratio is partly due to a change in the management of the National Health System as a result of the economic crisis that began in 2008, causing a reduction in human resources, increased unemployment and job insecurity (Galbany-Estragués et al., 2019; Galbany-Estragués & Nelson, 2016).

These conditions contributed to a migratory flow of nursing professionals in search of opportunities for better salaries, greater stability and better quality of life (Galbany-Estragués & Nelson, 2016; Salami et al., 2014). Between 2010 and 2013, 4,580 nurses trained in Spain applied to the Spanish Ministry of Education to validate their nursing qualifications to work in another country within the European Economic Area (Galbany-Estragués & Nelson, 2016). This represents an average ratio of 4.52 nurses for every 1,000 active nurses per year. Nurses departing to other countries during economic crisis at the time that interest of Latin American nurses in work in Spain decreased (Pastor-Bravo & Nelson, 2019) has caused a dire shortage of nurses in health centres in Spain. In this sense, that there is a need to incorporate at least 87,890 nurses into the Spanish Public Health System, 15,514 of which are needed in primary care (Spanish Council of Nurses, 2019). The low number of nurses increases the risk of patient mortality (Needleman et al., 2020). For example, staff shortages induce an increase in job dissatisfaction and burnout among professionals, causing an increase in nursing errors, which lead to the quality of care being affected (Gandarillas González et al., 2014; Meier et al., 2001).

Research on job satisfaction and burnout syndrome among nurses can help to visualize nursing working conditions and needs. In this sense, this study aims to determine the levels of job satisfaction and burnout syndrome, and related factors among nurses in three Spanish regions.

2 | METHODOLOGY

A descriptive cross-sectional multicentre study was conducted. Data were collected between April 2019 and February 2020 in three Spanish regions (Murcia, Lleida, and Galicia).

The inclusion criteria for this study were that the nurses were registered in the nursing associations between the provinces of A Coruña, Murcia and Lleida. An email was sent in July 2019 to the registered nurses belonging to two professional associations (Official Nursing Associations of A Coruña and Lleida). Nurses who graduated from the previous year at the University of Murcia were also notified by corporate mail, as well as nurses of all the departments of two public hospitals in the region of Murcia were also notified in person, through the nursing supervisors of the hospitals, who were given the questionnaires on paper.

Data were collected on socio-demographic variables, training, work situation and migration using: (a) the Job Satisfaction Questionnaire S20/23 (Meliá & Peiró, 1989), consisting of 23 items, with which an overall average of satisfaction and the description of five factors are obtained: satisfaction with supervision (6 items), satisfaction with the physical environment (5 items), satisfaction with the benefits received (5 items), intrinsic job satisfaction (4 items) and satisfaction with participation (3 items). Each item has a Likert scale from 1 to 7, where 1 = very dissatisfied and 7 = very satisfied. A maximum of 160 points and a minimum of 22 points are obtained. (b) The Maslach Burnout Inventory

TABLE 1 Maslach Burnout Inventory subscales

	Low level	Medium level	High level
Emotional fatigue	≤19	19–26	≥27
Depersonalization	≤6	6–9	≥10
Personal achievement	≤33	34–39	≥40

(Maslach & Jackson, 1981), validated in Spanish (Gil-Monte & Peiró, 2000), consists of 22 items with a Likert scale from 0 to 6, where O = never and 6 = every day; it measures the 3 aspects of the syndrome: emotional exhaustion, depersonalization and personal fulfilment (Table 1). Scores below 34 are considered low. High scores on the subscales of emotional exhaustion (>27) and depersonalization (>10) and low scores on self-fulfilment (<33) allow a diagnosis of the syndrome.

The data were analysed using descriptive statistical methods employing the program SPSS. Percentages, measurements of central tendency (frequency and mean-*M*) and dispersion (standard deviation-*SD*) were calculated, and contingency tables were created to analyse the frequencies of different crossover variables.

This study was authorized by the Research Commission of the Faculty of Nursing and Physiotherapy of the University of Lleida and the Faculty of Nursing of the University of Murcia.

3 | RESULTS

A total of 228 nurses participated in this study (41 men, 187 women): 130 from Murcia, 54 from Catalonia and 31 from Galicia. The mean age of the participants was 37.11 years (±10.87), 104 (45.61%) were single, and 103 (54.82%) had children. The majority of participants (*n* = 193, 84.64%) lived with their families. Completion of studies was from the class of 1976 to 2018, with 127 (68.28%) participants graduating between 2000 and 2018.

Most of the participants (94.30%, *n* = 215) were currently working as nurses, 77.19% of which were currently employed at hospital departments and 9.21% at public primary health care centres. A minority of 8.33% were actively working at private centres and 5.26% in nursing homes, respectively. On the other hand, some participants (5.70%) had to resort to low-skilled jobs until the next contract as a nurse.

Between January 2017 and January 2018, 40.35% of the participants had one single contract, while 45.61% had more than 2 contracts at once. 42.98% of the participants had rotating work shifts. More than half of the nurses (62.73%) worked less than 10 years in the same company or hospital. More detailed information about the socio-demographic profile of the study population is shown in Table 2.

The average overall job satisfaction obtained was 107.91 ± 29.95 points (67.44%), corresponding to a medium-high satisfaction. Intrinsic job satisfaction (21.10 ± 5.69), satisfaction with the physical environment (23.37 ± 8.03) and satisfaction with participation (13.72 ± 4.96) obtained high averages of satisfaction with few variations (75.35%, 66.77% and 65.33%, respectively). In the case of performance satisfaction, the medium scores had a lower trend with a 68.97% (20.64 ± 7.58). Satisfaction with nursing supervision (line managers) (69.26%) also varied between dissatisfaction and average satisfaction values (29.09 ± 13.72).

TABLE 2 Socio-demographic profile of graduate nurses

Variable	Category	*n*	%
Marital status	Marital Status Single	104	45.61%
	Domestic partnership	17	7.46%
	Married	94	41.26%
	Divorced	8	3.51%
	Widowed	5	2.19%
Children	With children	103	45.18%
	Without children	125	54.82%
Cohabitation nucleus	Family	132	57.89%
	Shared residency	13	5.70%
	Couple	61	26.75%
	Living alone	22	9.65%
Dependents	Having dependents	87	38.16%
	Not having dependents	141	61.84%
Year of graduation	1976–1987	14	7.53%
	1988–1999	45	24.19%
	2000–2011	79	42.47%
	2012–2018	48	25.81%
Further studies	Master´s study	65	28.51%
	Postgraduate	8	3.51%
	Nursing speciality	4	1.75%
	Expert	2	0.87%
	Other bachelor's degree	1	0.43%
	Training courses	1	0.43%
	Not specified	9	3.95%
Current type of work	Nurse	215	94.30%
	Other profession	13	5.70%
Type of job	Employee	219	96.05%
	Supervisor	2	0.88%
	Middle management	6	2.63%
	Management	1	0.44%
Time spent in the company	<3 months	34	14.91%
	3–6 months	22	9.65%
	6 months–1 year	14	6.14%
	1–5 years	9	3.95%
	5–10 years	64	28.07%
	>10 years	85	37.28%
Number of contracts from January 2017 to January 2018	No contract	22	9.65%
	1 contract	92	40.35%
	2–10 contracts	88	38.60%%
	11–80 contracts	16	7.02%

TABLE 3 Burnout syndrome and time worked in the company

	Emotional fatigue		Depersonalization		Personal fulfilment		Burnout syndrome		Total employees	
Contract duration	***n***	**%**	***n***	**%**	***n***	**%**	***n***	**%**	***n***	**%**
<1 year							9	3.94	57	25
High level	14	6.14	23	10.09	24	10.09				
Medium level	7	3.07	17	7.46	16	7.46				
Low level	36	15.79	17	7.46	17	7.46				
1–5 years							8	3.50	64	28.07
High level	12	8.33	26	11.40	26	8.33				
Medium level	19	14.47	17	7.46	17	9.65				
Low level	33	9.65	21	9.21	21	9.65				
5–10 years						1.32	0	0	22	9.65
High level	3	3.51	6	2.63	6	3.51				
Medium level	8	4.82	6	2.63	6	4.82				
Low level	11	14.91	10	4.39	10	14.91				
>10 years							5	2.20	85	37.28
High level	17	7.46	19	8.33	19	14.04				
Medium level	20	8.77	24	10.53	24	10.53				
Low level	48	21.05	42	18.42	42	12.72				
Total							22	9.64	228	100

TABLE 4 Burnout syndrome, type of contract and shift/hour

	Emotional Fatigue		Depersonalization		Personal fulfilment		Burnout syndrome		Total employees	
Type of contract/shift and schedule	***n***	**%**	***n***	**%**	***n***	**%**	***n***	**%**	***n***	**%**
Permanent/interim staff							1	0.43	8	3.51
High level	2	0.87	1	0.43	5	2.19				
Medium level	1	0.43	1	0.43	0	0				
Low level	5	2.19	6	2.63	3	1.31				
Temporary staff							21	9.21	220	96.46
High level	44	19.29	73	32.02	78	34.21				
Medium level	53	23.24	63	27.63	67	29.38				
Low level	123	53.95	84	34.84	75	32.89				
Flexible and/or irregular timetable							6	2.63	17	7.46
High level	6	2.63	9	3.95	4	1.75				
Medium level	5	2.19	4	1.75	2	0.87				
Low level	6	2.63	4	1.75	11	4.82				
Maximum hours intensive schedule							3	1.31	42	18.42%
High level	10	4.38	11	4.82	18	7.89				
Medium level	10	4.38	13	5.70	11	4.82				
Low level	22	9.65	18	7.89	13	5.70				
Part-time							1	0.43	17	7.46
High level	1	0.44	7	3.07	8	3.51				
Average level	4	1.75	2	0.87	4	1.75				
Low level	12	5.26	8	3.51	5	2.19				

(Continuous)

TABLE 4 (Continued)

Type of contract/shift and schedule	Emotional Fatigue		Depersonalization		Personal fulfilment		Burnout syndrome		Total employees	
	n	%	*n*	%	*n*	%	*n*	%	*n*	%
Fixed part-time						0.87	0	0	2	0.87
High level	0	0	0	0	1	0.43				
Medium level	1	0.43	0	0	1	0.43				
Low level	1	0.43	2	0.87	0	0				
Fixed shift						22.80	3	1.31	52	22.80
High level	12	5.26	13	5.70	15	6.58				
Medium level	14	6.14	17	7.46	19	8.33				
Low level	26	11.40	22	9.65	18	7.89				
Rotating shift							9	3.95	98	42.98
High level	17	7.46	34	14.91	37	16.23				
Medium level	19	8.33	28	12.28	30	13.16				
Low level	62	27.19	36	15.79	31	13.60				

Regarding burnout syndrome, the results obtained in the different dimensions of the scale showed low levels of emotional fatigue (17.56 ± 11.66), medium levels in depersonalization (7.39 ± 5.32) and personal fulfilment as low (36.13 ± 6.93), with an overall average level of professional burnout. As for the burnout subscales: 46 (20.18%) presented high levels of emotional fatigue, 54 (23.68%) medium levels and 128 (56.14%) low levels. 74 (32.46%) showed high levels in depersonalization, 64 (28.07%) medium levels and 90 (39.47%) low levels. 83 (36.4%) displayed high levels in personal fulfilment, 67 (29.38%) medium levels and 78 (34.21%) low levels.

It was obtained that 9.65% ($n = 22$) of the respondents had burnout syndrome, of which 6.58% ($n = 15$) worked in a hospital, 1.31% ($n = 3$) in primary care, 0.88% ($n = 2$) in a nursing home and 0.88% ($n = 2$) in private facilities, of which 8 workers had been working between 1 and 5 years, and 5 had been working for less than 3 months; 5 workers had been working for more than 10 years, and 4 had been working between 6 months and a year (Table 3). All shifts/schedules, except for part-time and fixed part-time, had the highest burnout values (Table 4).

In terms of migration, 18.58% of the nurses had the intention of relocating, 73.80% of which stated where they wanted to migrate. The majority of nurses (61.29%) wanted to move to other Spanish regions, 16.13% had the intention of leaving the country (France, Germany, Ireland, Norway, the United States or the United Kingdom), 9.67% considered both options (abroad or moving to another region) and 12.90% had doubts about where they would go. At the time of the survey, 21.59% had already migrated to another region.

4 | DISCUSSION

This study highlights the employment situation of nurses in three Spanish regions (Murcia, Lleida and Galicia), showing a discontent population with few years of work experience. Nurses mainly work at public health institutions and have been working for <10 years, and are mostly temporary staff. Also, nurses displayed average values of burnout and satisfaction with the services and lower values of satisfaction with the nursing supervisors.

The average overall satisfaction obtained in this study was medium to high, with similar results to those obtained in other studies carried out in other Spanish regions (Cantabria) (Gandarillas González et al., 2014), as well as Argentina (Fernández et al., 2019) and Peru (Vásquez Sosa, 2007). The lowest values were obtained in the assessment of services, promotion and supervision, congruent with the results from studies carried out in hospitals in Argentina, Chile and Venezuela (Fernández et al., 2019; Garrido et al., 2020; Parada et al., 2005). Nonetheless, another Spanish study (Gandarillas González et al., 2014) reported higher scores for satisfaction with nursing supervision.

Concerning emotional fatigue, our results confirmed the values reported in a previous study carried out regarding nurses in eight hospitals of the region of Murcia in 2010 (Abad-Corpa et al., 2013), and slightly higher rates of emotional fatigue were retrieved in another study performed in Andalusia in 2015 (Cañadas-De la Fuente et al., 2015). Compared to other international studies, emotional fatigue values were slightly lower than those obtained in nurses from Venezuela (Parada et al., 2005) or Brazil (Vidotti et al., 2018) and in two systematic reviews of burnout syndrome in nurses from Asia, America and Europe (Chemali et al., 2019; Monsalve-Reyes et al., 2018).

However, our data did not coincide with the results of these studies in the fields of personal fulfilment and depersonalization (Parada et al., 2005) (Cañadas-De la Fuente et al., 2015; Monsalve-Reyes et al., 2018). This may be because our study sample includes mostly young and temporary contract nurses, with frequent job changes and with little possibilities for promotion or job recognition. These circumstances might cause increased depersonalization and little personal fulfilment. All these factors contribute to the fact that the mean rate of burnout syndrome in our study was slightly higher than in the aforementioned studies (Abad-Corpa

et al., 2013; Cañadas-De la Fuente et al., 2015; Monsalve-Reyes et al., 2018; Parada et al., 2005; Sturzu et al., 2019; Vidotti et al., 2018).

Taking into account the type of contract, we observed that nurses with a temporary contract showed high burnout rates, even in professionals who only worked at the same department for 1 year or less. These findings provide a new vision of young nursing professionals, with little seniority, and who were not as present in previous studies (Cañadas-De la Fuente et al., 2015; Sturzu et al., 2019; Vidotti et al., 2018).

Contradictory data have been found regarding seniority and burnout syndrome. While the Spanish study by Cañadas (Cañadas-De la Fuente et al., 2015) shows that seniority in the workplace favours workers with lower levels of burnout, other international studies show that seniority in the workplace led to higher values of burnout (Sturzu et al., 2019; Vidotti et al., 2018).

Our study found that nurses working in rotating shifts had a 1.5 times higher risk of burnout than those working in fixed shifts, which is consistent with other studies. Nurses in Andalusia showed lower values of personal fulfilment in rotating shifts, which are associated with a higher risk of burnout (Cañadas-De la Fuente et al., 2015). A study performed in France reported that nurses working day shifts showed higher rates of burnout than those working night shifts (Vidotti et al., 2018).

Existing literature indicates that emotional burnout and depersonalization are associated with increased rates of job abandonment (Boamah et al., 2017; Garrido et al., 2020; Jourdain & Chênevert, 2010; Van der Heijden et al., 2010), while social support received from supervisors and colleagues (Jourdain & Chênevert, 2010; Van der Heijden et al., 2010) are considered protective factors. In this study, we found high percentages of emotional exhaustion, depersonalization and dissatisfaction with supervision, which could mean a loss of well-trained professionals that would intensify the lack of health professionals in Spain (Spanish Council of Nurses, 2019).

Approximately 40% of participants had migrated or intended to migrate to another region or foreign country. This can be explained by the fact that the migratory flow of nurses abroad has been increasing, especially in the last decade. This has been a result of the situation of unemployment, precarious recruitment and the abandonment of the nursing profession (Galbany-Estragués & Nelson, 2016; Salami et al., 2014).

This study has some limitations, such as the sampling recruitment, non-representative samples and the limitations of a multicentre study such as the heterogeneity in clinical practice among centres (Youssef et al., 2008). Information collection techniques may have introduced a voluntary bias in the responses because in two of the three regions the invitation to fill in the questionnaire was by sending a link by email, while in one of the regions the participants were invited to participate directly in person, which might have pressured them to participate. In addition, it has not been possible to establish some comparisons between groups. The majority of our participants were temporary staff, which made it difficult to compare them to the small sample of permanent staff. Another limitation was the unequal proportion of responses to the test in the different regions. Our data were not comparable between men and women, reflecting the reality of the profession, which is mostly female. Furthermore, future research is needed to examine these differences and the contrast of the pre- and post-pandemic situation. The situation of the COVID-19 health crisis that we have experienced so dramatically in Spain has led to collapsed health care services, exhausted health professionals and has shown the need for more nursing professionals (Huang et al., 2020; Serrano Gallardo, 2020; Turale et al., 2020).

5 | CONCLUSIONS

Nurses hired temporarily and with little seniority show high levels of emotional fatigue, depersonalization and lack of personal fulfilment. The results suggest that nurses may be suffering from psychological problems, such as stress and anxiety. Due to precarious working conditions, economic crisis, the migratory flow of nursing professionals is increasing, causing a significant lack of nurses in health institutions, which could translate into an increase in patient morbidity and mortality. This situation should alert health authorities and managers to ensure the safety and quality of care for patients.

6 | IMPLICATIONS FOR NURSING MANAGEMENT

Our findings may be useful to propose new strategies to improve work conditions, especially in those Spanish regions where more labour supply is needed. The results of this study suggest that it is necessary: (a) to enhance teamwork, management and leadership skills to improve nursing supervision; (b) for professionals, to have greater participation in decision-making to favour a balance between managers of health institutions and health professionals, which increases the involvement of professionals; (c) to improve recruitment, reducing the eventuality to reduce the burnout syndrome and the migration of nursing professionals to other regions or countries; and (d) for newly graduated nurses, to get coaching and mentorship in the practical work.

CONFLICT OF INTEREST

Any conflict of interest is declared.

AUTHOR CONTRIBUTIONS

MG, JB and MP designed the study. LA, MP and ER collected the data. MP, LA, JB and FB analysed the data. ER and EB supervised the data. LA, MP and FB wrote the manuscript. MG, JB, EB and ER critically revised for important intellectual content.

ETHICAL APPROVAL

This study was authorized by the Research Commission of the Faculty of Nursing and Physiotherapy of the University of Lleida and the Faculty of Nursing of the University of Murcia.

DATA AVAILABILITY STATEMENT

The data that support the findings of this study are available from the corresponding author upon reasonable request.

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