

# *The relationship between burnout, stress and social support: Study of QSUT nurses*

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## **Abstract**

Work overload or burnout can result from the numerous and conflicting expectations placed on nurses by medical and administrative staff in addition to nurse supervisors and managers. Research conducted on nurses reveals that a significant factor in determining the level of burnout they encounter is their personal and professional ideals. In emerging nations, burnout-related work issues are becoming more prevalent in helping professions like nursing. **Purpose:** The aim of this study was to investigate the relationship between social welfare and burnout caused by stress. This essentially means that managers and supervisors in the medical, administrative, and nursing fields place a number of contradicting demands on nurses in their professions. Overwork or burnout may result from this. **Plan, process, and approach:** Investigating if QSUT nurses feel burnout, stress, and social support is the aim of the quantitative study. There are 100 nurses in total taking part in the study 42 males and 58 women. **Design/methodology/approach:** The purpose of the quantitative study is to investigate if QSUT nurses experience Burnout, Stress, and Social Support. There are 100 nurses participating in the study in total (42 men and 58 women). **Findings:**

*Analysis through the T-Test showed that there are gender differences in depletion reporting, where  $t(98) = 3.123$ ,  $p < .05$ , and higher stress, where  $t(98) = -1.113$ ,  $p < .05$ . So, it's women who report higher levels of stress. This analysis also showed that there are differences in personal achievement reporting, where  $t(98) = 3.629$ ,  $p < .05$ . Men report higher levels of personal achievement because they have more confidence in their skills and show more ego in career performance in this profession. Analysis through the T-Test showed that there are gender differences in reporting the alliance you can rely on, where  $t(98) = 2.576$ ,  $p < .05$  and support for your values, where  $t(98) = 2.003$ ,  $p < .05$ . So, it is men who report higher levels of support and support values. Men find themselves more socially supported and see themselves as a source of support for others. The results for regression/stress at work supported the hypothesis that levels of social support (social integration, support for your values) are associated with burnout variables and social integration is the most important factor affecting increased stress at work.*

**Keywords:** *Burnout, Stress and Social Support*

## Introduction

The body and mind react to perceived danger or difficulty by going into stress. It is the body's normal response to circumstances that call for modification, adaptation, or action. Stress can originate from several things, such as environmental influences, life events, and work-related pressures. Stress hormones, such as cortisol and adrenaline, are released by the body in response to stress, inducing the "fight or flight" response. (APS, 2013). Work stress among nurses is a complex issue arising from the demands and pressures of the nursing profession. Factors contributing to stress include high workload, emotional demands, staff shortages, long working hours, shift work, lack of control, interpersonal conflicts, administrative pressures, fear of errors, lack of resources, role ambiguity, patient and family expectations, and organizational culture. These factors can lead to fatigue, stress, and a lack of control over work-related decisions. Addressing work stress requires a holistic approach that includes training on stress management, implementing supportive policies, promoting a positive work environment, and ensuring adequate staffing levels. Recognizing and addressing these factors is crucial for promoting nurses' well-being and improving patient care outcomes (Moustaka, Eleni, and Theodoros C. Constantinidis, 2010). Nursing is a stressful profession due to high workloads, emotional demands, shift work, staff shortages, patient complexity, administrative demands, lack of control, physical demands, risk of infection exposure, ethical

dilemmas, and rapid changes in healthcare. These factors contribute to stress and burnout among nurses. They face demanding tasks like patient care, documentation, and communication, as well as emotional challenges like caring for critically ill patients. Staffing shortages, patient complexity, administrative tasks, lack of control, physical demands, risk of infection exposure, ethical dilemmas, and rapid changes in healthcare policies further exacerbate stress. Healthcare organizations are implementing strategies to support nurses, such as stress management resources, staffing levels, and a healthy work environment (Mohammad Hossein Khalilzadeh Naghneh,<sup>1</sup> Mansoureh Zagheri Tafreshi,<sup>2</sup> Manijeh Naderi,<sup>3</sup> Nehzat Shakeri,<sup>4</sup> Fariba Bolourchifard,<sup>5</sup> and Naser Sedghi Goyaghaj6, 2017). Occupational stress negatively impacts individuals and companies, causing poor physical and mental health, job satisfaction, absenteeism, and turnover. It also impacts patient care standards (Bardhan R, Heaton K, Davis M, Chen P, Dickinson DA, Lungu CT. , 2019).

Exists a noteworthy correlation between stress and burnout in the nursing profession. Stress is a normal reaction to difficult circumstances, but mismanaged, long-term stress can lead to burnout—a more severe and persistent condition of physical, mental, and emotional weariness. The most important facets of the connection between stress and burnout in nurses are, Tendency to take on more workload, neglect of their needs, displacement of conflicts, rejection of developing problems, withdrawal, visible changes in behaviour, depersonalization, inner emptiness, depression, and suicide attempts. (Li, X., Jiang, T., Sun, J. et al, 2021).

Burnout is influenced by four primary forms of social support: informational, instrumental, affective, and social interaction. Through direct effect, moderation, and mediational models, social support has been demonstrated to reduce strain, interact with stressors, and alter the link between stressors and strain. A review of the literature found that social support alters perceived stressors, lowers experienced strain, and changes the stressor-strain relationship (Viswesvaran, C., Sanchez, J. I., & Fisher, J., 1999). The variety of social support resources available to long-term care nurses is not well understood, although it can help lessen stress and burnout in the workplace. Support from coworkers especially managers is crucial in lowering long-term care nurses' stress levels. In terms of emotions, practicalities, or education, social support may be helpful. ((Hall, L. M., Wodchis, W. P., & Petroz, U.; McGilton, K. S., 2007).

Because they are more closely associated with job expectations, work-related types of social support have a stronger correlation with burnout than depersonalization or personal achievement. Resources for non-work assistance exhibit the opposite tendency. When it comes to challenging professional interactions, social support has three effects: it lessens actual strain, moderates perceived stressors, and modifies the link between stressor and strain. Different

forms of social support, including informational, instrumental, and emotional support, appear to have different effects on burnout, according to empirical data. Since work-related social support is more closely associated with job expectations, it is more strongly associated with burnout than depersonalization or personal achievement. Resources for non-work assistance exhibit the opposite tendency. When it comes to challenging professional interactions, social support has three effects: it lessens actual strain, moderates perceived stressors, and modifies the link between stressor and strain. Different social support sources, such as informational, instrumental, and emotional support, may have different effects on burnout, according to empirical findings. Future research should consider the possibility that gender moderates the relationship between social support and burnout. Because they are more closely associated with job expectations, work-related types of social support have a stronger correlation with burnout than depersonalization or personal achievement (Thoits, 2011). In difficult professional interactions, social support has three effects: it lessens felt strain, modifies perceived stressors, and modifies the link between stressor and strain (Halbesleben, 2006). Long-term care nursing personnel have access to several forms of social support that may help reduce stress and burnout at work, but their availability is not widely known.

## Materials and Methods

The participants were the nurses of QSUT. N=100 nurses were included in this study

58% were female and 42% male and according to these age groups 24-34 years old, (25%), 35-45 years old (36%), 46-56 years old (24%) over 56 years old (15%), their experience of work varies from 1-5 years-16-20 years. The questionnaires that were used for the realization were: Maslach's Burnout Syndrome Inventory, MBI<sup>®</sup>, Social Support Scale (Cutrona C.E., Russell D, 1987) and Nursing Work Stress Inventory (NSI) Maslach (Maslach, C.; Jackson, S.E.; Leiter, M.P. Maslach, 1996).

## Descriptive Analysis

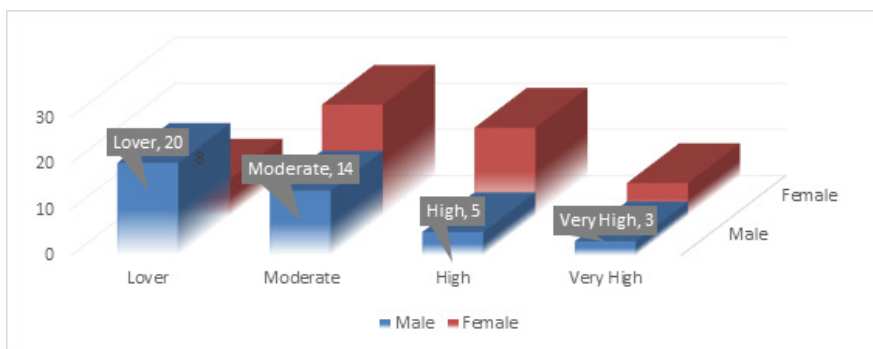
Descriptive data on gender and burnout are presented below. According to the data presented in the table, it results that at the low level, there are 22% of men and 23% of women, at the moderate level there are 14% of men and 15% of women, while at the high level of burnout, there are 6% men and 20% women.

# Gender and burnout

(Burnout) *Gender Crosstabulation					
Male Female			Gender		Total
Burnout	Low level of Burnout	Count	22	23	45
		% Within (burnout)	48.9%	51.1%	100.0%
		% Within gender	52.4%	39.7%	45.0%
		% of Total	22.0%	23.0%	45.0%
	Moderate level of Burnout	Count	14	15	29
		% Within (burnout)	48.3%	51.7%	100.0%
		% Within gender	33.3%	25.9%	29.0%
		% of Total	14.0%	15.0%	29.0%
	High level of Burnout	Count	6	20	26
		% Within (burnout)	23.1%	76.9%	100.0%
		% Within gender	14.3%	34.5%	26.0%
		% of Total	6.0%	20.0%	26.0%
Total % Within (burnout) % Within gender % of Total		Count	42	58	100
		42.0%	58.0%	100.0%	
		100.0%	100.0%	100.0%	
		42.0%	58.0%	100.0%	

# Gender and Stress

The graph below shows the relationship between work stress and gender. According to him, 20% of men and 8% of women have a low level of stress at work. At the moderate level, 14% are men and 24% are women. At the high level it turns out that there are 5% men and 19% women, while at the very high level there are 3% men and 7% women. According to the data, it seems clear that it is women who show high levels of stress compared to men.



## Gender and social support

According to the table presented in the lower level, there are 0 men and 5 women. At the moderate level, there are 18 men and 42 women. As for the high level of social support, it turns out that there are 24 men and 11 women.

Social support * Gender Crosstabulation					
Male Female			Gender		Total
Social support	Low level	Count	0	5	5
		% Within So- cial support	0.0%	100.0%	100.0%
		% Within Gender	0.0%	8.6%	5.0%
		% of Total	0.0%	5.0%	5.0%
	Moderate level	Count	18	42	60
		% Within So- cial support	30.0%	70.0%	100.0%
		% Within Gender	42.9%	72.4%	60.0%
		% of Total	18.0%	42.0%	60.0%
	High level	Count	24	11	35
		% Within So- cial support	68.6%	31.4%	100.0%
		% Within Gender	57.1%	19.0%	35.0%
		% of Total	24.0%	11.0%	35.0%
Total % Within Social support % Within Gender % of Total		Count	42	58	100
		42.0%	58.0%	100.0%	
		100.0%	100.0%	100.0%	
		42.0%	58.0%	100.0%	

## Age differences in reporting burnout (ANOVA)

N Max.	Burnout		Descriptive					
	Mean	Standard Deviation	Standard Error.		95% Confidence Interval Under Over	Interval for	Mean	Min.
24-34 age	25	16.2	9.7	1.95	12.6	20.2	1	36
35-45 age	36	17.97	13.4	2.24	13.4	22.5	1	48
46-56 age	24	14.58	10.7	2.19	10.1	19.1	1	48
< 56 age	15	12.13	9.6	2.49	6.7	17.4	1	32
Total	100	18.84	11.45	1.14	13.5	18.1	1	48

In the table of Descriptive Statistics, the average Burnout reported by people in the age group of 24-34 years, the average of Burnout is 16.2, with SD= 9.7, among people who belong to the age group of 35-45 years is 17.97, with SD= 13.4, among people for the age group 46-56 years old, the average is 14.58 with SD= 10.7, as well as for people over 56 years old, the average is 12.13 with SD= 9.65. The average lowest limit for people aged 24-34 years is 12.6, for people who belong to the age group 35-45 years old it is 13.4, for people aged 46-56 years old the average is 10.1, as well as for people aged over 56 years old is 6.7. The average highest limit is for people in the age group of 24-34 years, and the average highest limit is 20.2, for people who belong to the age group of 35-45 years, it is 22.5, for people of the age group of 46-56 years, the average is 19.1, as and for people over 56 years old it is 17.4. The minimum reported level of burnout at work for people aged 24-34 years is 1, for people aged 35-45 it is 1, for people aged 46-56 years it is 1 and for people over 56 years old it is 1. The maximum reported level of burnout at work among persons aged 24-34 years is 36, among persons aged 35-45 years is 48, among persons aged 46-56 years is 48 and among persons over 56 years old. is 32. The participants were 25 people aged 24-34, 36 aged 35-45, 24 aged 46-56 and 15 over 56.

## Homogeneity of variance test

Bornout				
Levene	statistic	df.1	df.2	df.3
	1.927	3	96	.130

The results obtained from the Homogeneity of Variance Test test whether the variances of the four groups are the same. p value= .130. If p is less than or equal to  $\alpha$  ( $\alpha = .05$ ), the assumption that the variances are homogeneous is rejected. The significant p-value is .130, that is, greater than  $\alpha$ , and consequently the assumption on the homogeneity of variance is quite satisfactory.

## Discussion

Three questionnaires were given to each of the 100 participants in the study's selected sample. The sample's age spans from 24 to less than 56 years old. Chart 2's age graphic displays that the age group of 35–45 years old makes up 36% of the sample, while the 24–34-year-old age group makes up 25%. Different age groups experience burnout, work-related stress, and social support in different ways. One of the sample's demographics, gender, reveals that the majority of the sample's participants are women, who exhibit higher levels of stress and burnout along with lower levels of social support. This is because there were more women in the sample overall, which is also supported by the literature and other studies. Halbesleben discovered that there were no differences in correlations between the three characteristics of burnout (personal achievement, depersonalization, and emotional weariness) and social support as a source (Halbesleben, 2006).

When social support sources were considered as moderators, however, it was discovered that work-related social support sources were more strongly linked to burnout than depersonalization or personal accomplishment due to their closer association to job expectations. When it came to non-work support resources, the opposite pattern was observed. The author made two suggestions for implications at the conclusion of the piece. Initially, distinct social support sources (such as emotional, instrumental, and informational support) might impact the three burnout components differently, and more research of this kind could clarify how those kinds of resources interact with the burnout dimensions. Second, there's a chance that gender will moderate the link between burnout and social support. Future studies examining the connection between burnout and support must consider gender. Employee burnout at counselling centres was examined by (Ross, R.R., Altmaier, E.M., & Russel, D.W., 1989) in relation to difficult work situations and social support. Four sources of social support were explored in their study: friends/relatives, spouse, coworkers, and supervisors. While support from spouses and friends/relatives had no discernible effect on burnout in an organizational environment, it was discovered that social support from supervisors and coworkers was linked to reduced levels of burnout but did not operate as a moderator. Additionally, they discovered that certain types of support (such as security, a dependable alliance, and access to food) as well as age, experience, and married status were linked to reduced levels of burnout. They concluded that the consequence of employment demands for an individual receiving specific types of social support from various sources of the differential relationship should be taken into consideration. Work experience, another demographic of the study group,



ranging from 1-5 years to over <20 years of work experience. The findings of the graphic representation of work experience show that the intervals of 1–5 years (22%), and 11–15 years (23%) make up the bulk of the sample. This is represented in graph 3. The distribution of social support, stress, and burnout varies depending on the stage of a worker's career. Work experience, another demographic of the study group, ranging from 1-5 years to over <20 years of work experience. The findings of the graphic representation of work experience show that the intervals of 1–5 years (22%), and 11–15 years (23%) make up the bulk of the sample. This is represented in graph 3. The distribution of social support, stress, and burnout varies depending on the stage of a worker's career.

The ANOVA table results indicated that the tiredness level varies statistically significantly with age, with  $F(3, 96) = 1.045$ ,  $p < .05$  rejecting the null hypothesis. The average burnout level for nurses is 16.2 for those in the 24-34 age range, 17.97 for those in the 35-45 age range, 14.58 for those in the 46-56 age range, and 12.13 for those above 56. This can be explained by the fact that nurses between the ages of 35 and 45 lack enough coping strategies to handle the demands of their jobs.

To summarize, the reduction of burnout through social support is more effective when it is viewed as originating from diverse sources and taking on different forms, as opposed to when it is viewed as a universal notion. Furthermore, there is not enough empirical evidence to draw a broad judgment on the mitigating role that social support has in reducing job stress and job burnout. In the end, it seems that the coexistence of direct and moderated impact theories is supported by the current literature assessment (Viswesvaran, C., Sanchez, J. I., & Fisher, J., 1999)

## Conclusion

In summary, stress resulting from staff issues such as inadequate staff management, inadequate resources, and security risks is the primary factor influencing burnout and job satisfaction among nurses, and perhaps other health professionals as well. Burnout affects a nurse's mental health and well-being, which probably affects performance, productivity, and the standard of patient care. In addition to reducing the level of burnout, the staff must be instructed to cope with and manage stress and increase the level of job satisfaction, which can also affect the reduction of the negative effects of burnout on nurses' overall health. This might be accomplished by implementing evidence-based policies designed to improve work environments for nurses, giving them the tools, they need to do their jobs well and feeling more secure, ultimately leading to better patient and nurse outcomes.

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