Compassion fatigue and burnout syndrome among medical workers at the Kenyatta National Hospital

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ABSTRACT

Objective: The objective of this study was to establish the prevalence of and factors associated with burnout syndrome and compassion fatigue among medical practitioners and nurses at the Kenyatta National Hospital, Nairobi.

Design: Descriptive cross-sectional.

Outcome measures: Prevalence rates, socio-demographic characteristics, factors associated with and influencing burnout syndrome and compassion fatigue.

Procedure: Proportionate Probability Sampling (PPS) method was used in the recruit medical practitioners and nurses on the basis of qualifications, departments and distribution.

Results: The crude prevalence rate of compassion fatigue was 29.6% while that for burnout syndrome was 94.5%. The prevalence rate of compassion fatigue for the medical practitioners was 12.9% and 33.1% for the nurses. The prevalence rates for burnout syndrome were 96.7% for the medical practitioners and 94.7% for the nurses. The risk factors found out in this study for burnout syndrome included being young or recently employed nurses, senior house officers (SHOs) (5 times higher than consultants), employed by the University of Nairobi, being in the age bracket 21-25 years, working as a practitioner for less than 16 years, being a nurse and married (p=0.033; OR=0.79), a nurse graduate of middle college training, young medical practitioner and carrying out bedside medicine and nursing. Working at Kenyatta National Hospital (KNH) for more than 10 years (p<0.0001; OR =0.21) and having been in the medical practice for more than 16 years among the medical practitioners were found to be protective against burnout syndrome. The factors found to be protective against burnout syndrome in this study included being a medical practitioner (p=0.036), being an administrative and long experience nurse, a medical practitioner employed by the Ministry of Health, Republic of Kenya (p<0.0001), being a medical officer employed by Kenyatta National Hospital, being male (p=0.048), having higher educational levels (p<0.0001; OR=0.56), a medical practitioner having worked for less than 30 years and between 36 and 45 years, practising Protestant religious faith (p=0.014; OR=0.87), a medical practitioner in orthopaedic surgery and dental departments and being a consultant. Working at KNH for more than 10 years (p<0.000; OR=0.21) and practising medicine more than 16 years.

Regression analysis for burnout syndrome showed that ‘self-factors’ contributed 14.0% for both medical practitioners and nurses. Patients and their relatives contributed 42.0% for medical practitioners and 39.0% for nurses while work environment contributed the largest proportion of 54.0% for medical practitioners and 57.0% for nurses. The study found out that there was inverse relationship between compassion fatigue and burnout syndrome among the medical workers at KNH.

Conclusion: Burnout syndrome and compassion fatigue were proved among nurses and medical practitioners at KNH and the prevalence rate among them was higher than that found in other countries in the world. The study also established that the burnout syndrome and compassion fatigue had not been known to the study population before and how it was influencing their outputs at work and their personal levels of functioning. It was found out by regression analysis that compassion fatigue was independent of burnout syndrome among medical workers at KNH.