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To identify the prevalence of nurses experiencing burnout and its causes in a community hospital in Singapore

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## Introduction

Community hospitals in Singapore provide rehabilitation and sub-acute inpatient care to prepare patients better for home while reducing readmissions to acute hospitals. During Covid-19, community hospitals were constantly occupied while supporting acute hospitals by receiving patients that were not infected, increasing existing burnout in nurses. Many nurses in community hospitals experience burnout as they provide time-consuming activities of living training and supervise chronically diseased patients receiving inadequate support in staffing and resource stressors causing them to leave. Thus, there is an urgent need to examine the prevalence and causes of burnout in a community hospital to improve nurses' working conditions and ultimately increase the retention rate.

## Aims

To identify the prevalence of nurses experiencing burnout and its causes in a community hospital in Singapore.

## Methodology

A cross-sectional study was conducted among 52 registered nurses at a community hospital in Singapore. An anonymous survey eliciting data on demographics, burnout (measured using the Maslach Burnout Inventory, MBI) and burnout causes (measured using the Practice Environment Scale of the Nursing Work Index, PES-NWI for burnout assessment) was used with the Pearson correlation test.

## Results

RN Burnout Scores (Distribution in low, moderate/high and high levels, mean and standard deviation) (N=52)									
Risk of Burnout	Emotional Exhaustion		Cut-Off Points	Depersonalisation		Cut-Off Points	Personal Accomplishment		Cut-Off Points
	N	%		N	%		N	%	
Low/ Low- Moderate	34	65.4		39	75		31	59	
High	18	34.6	≥27	13	25	≥13	21	40	≤31
	<i>Mean</i>	<i>SD</i>		<i>Mean</i>	<i>SD</i>		<i>Mean</i>	<i>SD</i>	
	23.98	10.99		9.02	5.85		32.42	8.25	
	<i>Min</i>	<i>Max</i>		<i>Min</i>	<i>Max</i>		<i>Min</i>	<i>Max</i>	
	3	51		0	25		10	48	

Age, MBI & PES-NWI Subscales (Variables Correlations for RN [N=52])		Age	Emotion Exhaustion	Depersonalisation	Personal Accomplishments	Nurse Participation in Hospital Affairs	Nursing Foundations for Quality of Care	Nurse Manager Ability Leadership and Support of Nurses	Staffing and Resource Adequacy	Collegial Nurse Physician Relations
Age					0.18 p=0.21					
Emotion Exhaustion		-0.17 p=0.24								
Depersonalisation		-0.05 p=0.74	<b>0.70**</b> p < 0.01							
Personal Accomplishments		0.18 p=0.21	-0.15 p=0.28	-0.11 p=0.43						
Nurse Participation in Hospital Affairs	Pearson Correlation		-0.11 p=0.42	0.02 p=0.88	<b>0.30*</b> p=0.04					
Nursing Foundations for Quality of Care			0.08 p=0.59	0.1 p=0.48	0.02 p=0.88	<b>0.47**</b> p < 0.01				
Nurse Manager Ability Leadership and Support of Nurses			-0.15 p=0.28	-0.12 p=0.40	0.1 p=0.50	<b>0.70**</b> p < 0.01	<b>0.42**</b> p < 0.01			
Staffing and Resource Adequacy			-0.21 p=0.14	0.05 p=0.74	<b>0.30*</b> p=0.03	<b>0.63**</b> p < 0.01	0.26 p=0.06	<b>0.44**</b> p < 0.01		
Collegial Nurse Physician Relations			-0.17 p=0.22	-0.14 p=0.32	0.24 p=0.09	<b>0.59**</b> p < 0.01	<b>0.46**</b> p < 0.01	<b>0.59**</b> p < 0.01	<b>0.39**</b> p ≤ 0.01	

Co-relation coefficient indicating the effect of Organizational Factors of work environment nurse on Burnout in nurses (N=52).

This study showed emotional exhaustion in 34.6% (18) of nurses, depersonalisation in 25% (13), and reduced personal accomplishment in 40% (21). Generally, a moderate number of nurses display a high risk of burnout. The overall work environment was considered favourable, with only two subscales of PES-NWI ("Nurses Participation in Hospital Affairs" and "Staffing and Resource Adequacy") correlated with the subscale of MBI Personal Accomplishments. In addition, all subscales of PES-NWI are closely correlated to each other.

## Recommendations

A more extensive self-administered survey online in multi-hospitals is encouraged for the burnout results to be generalisable to all community hospitals or settings. Alternatively, randomised controlled trials could be considered for the registered nurses working in community hospitals, testing for more possible interventions to reduce burnout. In addition, qualitative studies on the registered nurses working in community hospitals can also gain deeper insight into their workforce experiences.

## Conclusion

Nurses working in community hospital exhibit burnout risk comparable to the acute setting in Asia countries, deserving further attention. Burnout in the nurses was not entirely attributed by the working environment, although there are some correlations in the PES-NWI and MBI surveys. This study recommends implementing policies to ameliorate the work environment, such as increasing workforce hire and promoting nurse decision-making by providing more leadership courses.