CHAPTER V

DISCUSSION

Prior to discussion of implication, some limitations of the study must be noted. The frequency and sources of the occupational stress were not studied over a sufficiently extensive period of time; thus, it cannot be known if perceived stress was transient or chronic. The study did not address other potential mediating variables that may have influenced stress, such as coping strategies or social support. Finally, the effects of nursing, organizational impact on such areas as absenteeism and job turnover, and quality of patient and family care, were not addressed.

Among those predictors, the most frequently identified were Experience, Survival and personal maintenance, Conflict with other nurses and supervisors, Conflict with physicians, Inadequate preparation and Autonomy.

Hygiene factors do not motivate because they do not encourage individuals to exert more effort. But hygiene factors must first be satisfied to bring the individual to a point of neutrality, so that the motivators will have an effect.

The strategy for combating burnout can be devided in 4 different methods, viz. stress on hygiene factors, stress on hygiene factors and motivators, stress on motivators and the last strategy is inaction. In the opinion of the researcher, management should stress on hygiene factors because, from this research, we can see that the nurses in Chulalongkorn hospital are not sattisfied in the motivation that is provided by the organization, such as, salary and personal maintenance and other hygiene factors. Hence, priority should be given to improving hygiene factors for yielding satisfaction to employees of the organization. Thereafter, improvement of motivator factors should be implemented to obtain high work performance by the employee.

The researcher also wishes to emphasize that, although the results of this study indicate, beyond any doubt, that personal data factor, occupational stress factor and motivation factor contribute significantly to burnout among professional nurses, it should not be presumed to be totally conclusive, in view of the limited number of predictor variables employed in the analysis program. There may exist other potential predictor variables related to burnout.

It is therefore strongly recommended, that, all possible avenues of approach to this socio-economic malady, currently prevalent among nurses of Chulalongkorn Hospital, be explored further, and an optimum analysis mode formulated to yield more conclusive results.

Managers with insight can recognize the symptoms of burnout in the organization. Once the situation is identified, most competent managers know what steps to take. If top management is aware of burnout in its early phases, sufficient time is available to take corrective action.

RECOMMENDATION

The following recommendations are made based upon the findings of this study.

- 1. In professional nurses with charateristics such as those having low experience, working overtime more than 2 times/month, salary less than 8,000 Bahts, particular attention should be paid to programs for prevention of burnout.
- 2. Special attention should be offered to the professional nurse who is more likely to experience higher degrees of burnout. ie, young, relatively newly employed woman, who is single.
- 3. Education programs might counsel graduates to select sites specific to their needs. Perhaps new graduates should be cautioned about assuming positions in sites where there are limited sources of support and/or the presence of known problems; and

4. Further research should be conducted to continue the search for variables contributing to burnout among professional nurses. An important population to study is the group of professional nurses who have recently left the profession.

Almost all of the research that has been done so far on burnout has studied people at one point in time (and in a single cohort). No comprehensive studies have been done that follow the course of burnout over several time periods. Longitudinal studies of this type would provide extremely valuable information about the development and successive phases of burnout.

One of the major goals in studying the problem of burnout is to determine effective strategies for dealing with it. Once again, ther are many ideas about how to handle burnout but virtually no concrete evidence as to what actually works and what does not. The long-tern impact of any intervention is not easy to assess (largely because it requires longitudinal research), but such evaluations are essential for improving future strategies for change.

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