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CONCISE LITERATURE REVIEW ON BURNOUT AND WORK STRESS AMONG MENTAL HEALTH NURSES IN MALAYSIA

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INTRODUCTION

Burn out and work stress issues are increasing among nurses especially among mental health nurses *(Appelbaum, 1981)*.

These issues had lead most of the nurses to leave the profession and some of them had developed correlate medical illnesses such as cardiovascular problem and other relevant mental health disorders such as emotional disorder and mood disorders *(Hart 1994)*.

This is because they unable to encounter with burnout and work stress. Anecdotal review was conducted through out personal working period had indicated that about 80 percent of the nurses especially in mental health nurse agreed that they had experience stress and burnout during their working period. Hence, reviews about burnout and work stress among mental health nurses in Malaysia have to be explored to validate the anecdotal reviews.

DEFINITION OF WORK STRESS AND BURNOUT

"Work stress may be viewed as the consequence of disparity between an individual's perception of the characteristics of specific work and what is actually being achieved by the individual currently performing the specific work" (Thomas 2004, pp.12). Thus, when work load expectations exceed what is achieved and work stress occur *(Humprey 1988)*.

Burnout is a condition of combined syndrome of emotional exhaustion, depersonalization and reduced personal accomplished that can occur among individuals who do "people work" of some kind *(Carson et al, 1995)*. According *Maslach & Jackson(1986)*, *"emotional exhaustion defined as is the key characteristic of the syndrome and refers to feelings of being emotionally overextended and depleted of one's emotional resources"* *(Wright & Cropanzano 1998,pp. 487)*.

Meanwhile, depersonalization involves negative pessimistic, feel of separated and impersonal attitudes and feelings towards other people and reduced personal accomplished represent to the reduction of feelings of capability and successful achievement in one's work as well as a tendency to assess oneself negatively especially when one's work with other people*(McConnell 1982,*

pp 5). It is response to a severe strain emotional state toward others especially during they are having problem *(van Dierendonck et al. 2001)*.

Burnout is usually associated with working in caring professions, under significant stress, for long period of time *(Wellsells et al.1989)*. Characteristics include:

a) Loss of motivation
b) The development of negative towards the job and others.
c) The loss of sense of humor.
d) A sense of a limited choice of options.
e) A feeling that one is responded upon rather than exercising choice.

(Wellsells et al.1989)

MATERIAL AND METHODS

In order to examine the literature for the types of burnout and work stress among the mental health nurses and its relevant topics, a combined search of CINAHL, MEDLINE, PSYINFO, PSYARCTICLE and Nursing Science was conducted from the 25th of April 2007 to 15th of May 2007 using the following key words: *"burnout, work stress and mental health nurse"*. An additional literature search was conducted in the EBSCO Host Research Databases using the similar key words. There were no findings or relevant studies on CINAHL and MEDLINE. However, a search in PSYINFO, PSYARTICLE and Nursing Science had concluded four papers. Searches in the EBSCO Host Research Databases resulted in six papers. "Critical Thinking and Decision Path Model" was chosen to guide in the searching strategies which emphasized by LoBiondo- Wood and Haber *(2002, pp.120)*. *(See appendix 2)*

Hand searching has yielded four papers from the Journal of Psychosocial Nursing, Journal of Mental Health Nursing, International Journal of Mental Health Nursing and Perspectives in Psychiatry Care. Google scholar was used to assist in searching relevant reference materials and another ten papers were yielded by using the same key words. Personally, Google scholar had provided the easiest access to the desired sources.

This is because the search engine provides multiple accesses to various databases which lead to the exact information *(Burns & Grove 2005)*.

Due to insufficient resources, an attempt to broaden the scope by manipulate the key words from "mental health nurses" to "nurse" was done. As a result, additional four papers that relevant to burnout and work stress among the nurses were yielded via hardcopies and soft copies. Research and studies which were published from 1999 to 2006 were included in the review.

Before closing the phase of he search process, the several inclusion criteria were examined. Exclusion and inclusion criteria reduce the time interval in conducting the search *(Gehlbach 2002)*. Titles and abstracts form the original search were scanned and used to modify the inclusion and exclusion criteria. For example, "work stress", "mental health nurses" and "burnout" were determined to be similar in meaning. Articles were included *"Assylum blues: staff attitudes" (Crabtree 2003)*, *" Stress and burnout in forensic community mental health nursing" (Coffee 1999) " investigation of the relationships among workplace stressors" (Taylor & Barling. 2005), " workplace stress" (Robinson et al. 2003), " stress in community mental health nursing " (Drake et al. 1999), " burnout in psychiatry nursing" (Melchior et al. 1997), " the relationship between emotions and stress" (Humpel 2001), "Burnout and job satisfaction"(Happell et al.2003) " Stress and burnout in community health nursing" (Edwards et al. 2000), " a systematic review of stress and stress management" (Edwards & Burnard 2003), " burnout in community mental health nurses" (Hannigans et al.2000) and " Stressors, burnout and social support" (Jenkins & Elliott 2004)*

Finally, a reference to *"stigma in psychiatry nursing" (Halter 2002)* and *"the impact of ward design on the behavior, occupational satisfaction and well being of psychiatry nurse" (Tyson et al 2002)* was included in the database to support the review. Articles addressing *"aggressive behavior and burnout among staff of homes for elderly" (Evers et al. 2002)*, *"bullying and harassment" (Gilmour & Hamlin 2003)*, *"nurse or physician relations improving or not" (Sirota 2007)*, *"absence of response" (Olofsson et al.2003)* and *"using computerized ambulatory diaries for the assessment of job characteristics and work related stress in nurses" (Johnston et al. 2006)* were eliminated. This is because both of the articles are did not explore the desired topic for the search. Before closing the

search, the following question was posed to determine if there were any further citations not identified in the initial search process *"What is the condition of work stress and burnout among mental health nurses in Malaysia?"* The result revealed no additional citation. Other characteristics of inclusion and exclusion of criteria to be concern were as described in *Appendix 1.*

The citations from these searches were entered into were obtained. Then, the full texts of the articles were obtained and added to the database. A data collection measure was designed that consisted of an abstract formal useful in summarizing research data.

RESULT

The results of the selected papers which have been included in the review were described in *Case 1 - Case 8.* Evaluation of selected research articles in accordance with *Santy and Kneale's* critiquing qualitative research and CASP tool. It reduces time and helps the research on track in his or her searching *(Haines & Donald 2002)*. Six papers and reviews were evaluated in terms of methodological congruence and excellent. Among the criteria that have been appraised were the relevant of the paper o review to the practice, the precision of the findings, the study design as well as the inclusion and exclusion criteria of the study or review *(see appendix 4)*. CASP tool was chosen to assist in critiquing the studies because CASP tool introduces people to the ideas of evidence-based healthcare and through critical appraisal of reviews in an organized manner *(Gray 2001)*.

DISCUSSION

Burnout and work stress remain as one of the major issues among mental health nurses despite most of the studies had revealed various findings and categories that have been placed to define and explore the prevalence and its complication. Furthermore, the findings are reasonable accepted as it basically described through specified assessment tools such as *Maslach Burnout (MBI)*, Job Satisfaction Scale and Satisfaction with Nursing Care and Work Scale. Most of the studies indicated that the mental health nurses experience average burnout and work stress throughout their working period. It is interesting that the gender issues correlate with the level of burnout and work stress. According to *Humpel (2001)*, the male nurses with higher level of emotional competency suffer more stress about their profession abilities *(see appendix 5.1)*.

Case 1

Study	The impact of ward design on the behavior, occupational satisfaction and well being of psychiatric nurses
Articles citation & location	Tyson, et al,2002,New South Wales, Australia
Study purpose & designs	To examine that modifications to the physical environment of psychiatric institutions are associated with positive changes in patients' behavior, attitudes and perceptions (Cross sectional survey)
Intervention	Data for the study were obtained from observation of the staff behavior, questionnaires and interviews.
Study population (settings)	Psychiatry nurses at rural psychiatric hospital in Australia.
Data analysis (result)	The results showed that the new wards were associated with targeted positive changes in behavior and increased burnout but there was no change in job satisfaction
Methodological Consideration (paper)	1) The researchers used different sample (even different number of participants for each item evaluation). This may bias in producing result. 2) Does not include item "job stress" item in the interview. Author only indicate it without any evidence confounding from the study.

Case 2

Study	Stress and burnout in forensic community mental health nurses(FCHMN): an investigation of its causes and effects
Articles citation & location	Coffey,1999, Swansea, UK
Study purpose & designs	This study examines stress and burnout levels among this group using standardized psychometric schedules to enable description of the experiences of these nurses in relation to the established literature. (Cross sectional survey)
Intervention	FCMHNs were sent individually by post an introductory letter with measures attached. A demographic data sheet for background information and instruction for completing the measures used were also enclosed. The measures used were: a demographic data sheet, Maslach Burnout Inventory (MBI), General Health Questionnaire (GHQ) and Community Psychiatry Nurses Stress Questionnaire revised (CPNSQr). Data was analyzed using SPSS
Study population (settings)	104 Forensic Community Psychiatry Nurses working in National Health Service medium secure units in England and Wales.
Data analysis (result)	Findings from the study showed that substantial portions (44.3%) of FCMHNs were experiencing high burnout in relation to emotional exhaustion.
Methodological Consideration (paper)	May not be applicable in other countries' health care system.

Case 3

Study	Job satisfaction and burnout among members of community mental health teams
Articles citation & location	Steve et al, 1997, Samsburg, UK
Study purpose & designs	The study examined the level of job satisfaction and burnout among CMHT (Community Mental Health Team)members and their relationship to personal role clarity, perceived clarify of the team identification, the size and composition of caseloads and the frequently with which clients were seen. (cross sectional study)
Intervention	Sixty teams were randomly sampled from the 302 respondents of earlier survey on the organization and operation of CMHT. All members of the teams were sent a postal questionnaire containing the independent and dependent scale measures and background information on demographics and practice.

Study population *(settings)*	302 respondents of CMHTs in the Sainsbury centre for Mental Health,UK
Data analysis *(result)*	Consultant psychiatrist, social workers, nurses and psychologists were particularly emotionally exhausted and voluntary staff and consultant psychiatrist reported most personal accomplishment. CPNs (Community Psychiatry Nurses) had significantly larger caseloads than psychologists, occupational therapists, generic/support workers and voluntary workers. Nurses (including CPNs) and social workers contributed significantly more days per week to the team than other disciplines. Emotional exhaustion was high among some of the key disciplines, notably social workers, nurses (including CPNs), consultant psychiatrists and clinical psychologists. CPNs had significantly larger caseloads but less than half their case load comprised people with severe and long term mental health problems.
Methodological Consideration *(paper)*	1) only posted questionnaires to the respondents with no follow up conducted. As a result, there may be bias in the result and some other important data such as gesture and other physical indication might be left out.

2) There is no continuation of assessment throughout period of the study as health care and level staff's perspectives on the topic may be vary and very dynamic. |

Case 4

Study	Burnout and Job Satisfaction: A comparative study of psychiatric nurses from forensic and a mainstream mental health service.
Articles citation & location	Happell et al, 2003, Melbourne, Australia
Study purpose & designs	Cross sectional sample study to compare forensic psychiatric nurses with psychiatric nurses from a mainstreamed mental health service in relation to burnout and job satisfaction.
Intervention	The survey instruments were distributed by hand with an information sheet an included Maslach Burn Inventory (MBI), Job Satisfaction Scale (JSS) of Nurses Stress Index and Satisfaction with Nursing Care and Work (SNCW). The Statistical Package for Social Sciences (SPSS) was used to analyze the data. The initial analysis was conducted by calculating frequencies, mean scores and standard deviations. Two- tailed T-test for independent groups: forensic and mainstream psychiatric nurses were used to calculate the difference between elements of burnout and satisfaction with nursing care and work assessed on MBI and SNCW.
Study population *(settings)*	95 Forensic psychiatric nurses and 96 psychiatric nurses employed in a mainstream mental health service in the Melbourne Metropolitan area.
Data analysis *(result)*	1) Maslach Burnout Inventory Emotional Exhaustion: Forensic Nurses demonstrating low level of burnout and medium or moderate burnout for psychiatry nurses employed in mainstream services. Depersonalization: both group of nurses, indicating moderately level of depersonalization. Personal accomplishment: indicate low levels of burnout for both forensic nurses and psychiatric nurses employed in mainstreamed services.

2) Job Satisfaction Scale
Forensic psychiatric nurses are more satisfied with their current situation at work than the nurses from mainstream services.
Responses suggest that forensic nurses are likely to consider finding another job within nursing.

3)Satisfaction with nursing care and work
Forensic nurses were satisfied in subcategory of " satisfactory co-operation and comfort" |

Methodological Consideration (paper)	1) Whole the forensic samples comprise a significance proportion of forensic psychiatric nurses in Victoria, the number of nurses from the mainstreamed psychiatric nurses in Victoria. 2) A further limitation may be seen in the fact that the nurses surveyed represent a cross section of service types including inpatient and community, this information was not collected (largely due to the small overall sample size).

Case 5

Study	Work stress among psychiatric nurses: prevalence, distribution, correlates & predictors
Articles citation & location	Robinson et al, 2003, Canada
Study purpose & designs	To examining the prevalence, distribution, correlates and predictors of vicarious trauma and burnout among registered psychiatry nurses (RPNs). (Quantitative Approach: survey / cross sectional study)
Intervention	The study's survey was constructed based on a literature review. A list of common stressors was a compiled from the literature. Respondents were asked to indicate the extent to which they agreed or disagreed with each of the statements. The survey was mailed to all practicing RPNs in Manitoba, Canada. Addresses are updated routinely because legislation prohibits practice as an RPN without registration.
Study population (settings)	1,015 RPNs in Manitoba, Canada
Data analysis (result)	The RPNs were found to be experiencing high levels of emotional exhaustion (i.e high burnout) and even higher levels of personal accomplishment (i.e low burnout). No significance difference were found between respondents' total scores on the traumatic stress institute belief scale and instrument norms for mental health care professionals.
Methodological Consideration (paper)	The response rate of 29% was disappointing. As a result of the cross sectional design, this study cannot identify whether the levels of vicarious trauma and burn out described represent a change from previous levels in this population. In addition, because the health care system is dynamic, there is concern that results obtained at a specific point in time refer to a system that no longer exists. In some cases, the demographic categories used are too broad to provide detailed information that would be useful and may make it difficult to identify differences within the category. Finally, no attempt was made in this study to control for stress outside the workplace.

Case 6

Study	Identifying sources and effects of carer fatigue and burnout for mental health nurses: a qualitative approach.
Articles citation & location	Taylor & Barling, 2004, Australia
Study purpose & designs	Aimed to identify work related problems to assist mental health nurses to locate the sources and effects of carer fatigue and burnout, set up a dialogue between the participants and the identified sources of stress in workplace to address the identified problems and make recommendations to the Mental Health Division of an area health service to prevent and manage stressors in the practice of mental health nursing. (Qualitative approach study)
Intervention	Data collection was via semi structured interviews are used to externalize the problem. Participants were encouraged to share their experience through practice stories. Each participant was interviewed initially for approximately 1 hour, to allow sufficient time to identify the influences of carer fatigue. The interviews were and are taped for later verbatim transcription. Themes and sub themes were identified which gave insights into what was being communicated about nurses' experiences. Next, the interviews were transcribed onto computer disk and each interview was analyzed separately to locate sources and effect of care fatigue.
Study population (settings)	Registered nurses working as mental health nurses with average 5 years mental health experience, English spoken and lived within 100km radius of the local area (Lismore, New South Wales, Australia)

Data analysis *(result)*	The sources of work related problems for mental health nurses that contribute towards their experiences of carer fatigue and burnout were: a) Employment insecurity and inadequate in the workforce. b) Issues with management and the system. c) Difficulties with the nature of the work. d) Inadequate resources and services. e) Problems with doctors. f) Aggressive and criminal consumers. g) Undervaluing consumers and nurses. h) Physical and emotional constraints of the work setting. i) Nurse-nurse relationships and horizontal violence. In relation to the effects of workplace stress, the findings of our research reflect burnout syndrome. Participants spoke of emotional exhaustion, depersonalization and reduced personal accomplishment manifesting variously in tiredness and insomnia setting boundaries and limits, trying to cope by various means, thinking of other options and specific personal problem.
Methodological Consideration *(paper)*	No follow up interviews were required as a means of data validation as sufficient time was given to the validation process during the initial interview. As to the validation process during the initial interview. As no participants were uncomfortable with having the conversation recorded, note taking will be recommended.

Case 7

Study	Stress in community mental health nursing: comparing teams
Articles citation & location	Drake & Bimblecombe, 1999, Hertfordshire, United Kingdom
Study purpose & designs	This study investigates and compares the reported stress levels and causes of stress in nurses working in two community treatment team offering rapid assessment and intensive home treatment and in nurses working in three generic community mental health teams (CMHT). (Descriptive study)
Intervention	The principal tool used was a revised version of the CPN Stress Questionnaire. The scale was originally a 66 item scale derived from open-ended interviews with CPNs, which was later reduced to 48 items. A factor analysis of the 48 items further grouped them into 10 factors with related themes. The relevance of the questionnaire in measuring the stress levels of CTT staff was tested through trials with CTT staff not participating in the subsequent study. The statistical significance of differences between the item and factor scores of the two types of services was assessed by use of 2 tailed Mann-Whitney U tests, while student's T test or Chi square test assessed difference in the demographic data. Analysis was carried out by SPSS 6.0
Study population *(settings)*	Two community treatment teams (CTTs), three generic community mental health teams (CMHTs) in Hertford, UK
Data analysis *(result)*	It is clear that there is no evidence to support concerns that working in a team, providing rapid assessment and intensive home treatment for those with severe acute mental health problems, is necessarily more stressful than working in a generic community mental health. Indeed, this study tentatively suggests that, at least at times and with appropriate structures in place, the reverse may be true.
Methodological Consideration *(paper)*	The scale of the study was small with 16 CTT staff and 13 CMHT staff participating. The use of the stress questionnaire which was specifically designed for generic CPN usage might have missed areas unique to CTT practice which may in them be significant stressors. A more significant criticism would rightly refer to the influence that particular incidents or changes in client group may have on stress, particularly with the CTTs. In these teams, client profiles and numbers can change rapidly and may members of staff may be working with a particularly difficult or distressing situation at any other time. Therefore, this study can be only being seen as a snapshot in time rather than a static description of stress level.

Case 8

Study	Burnout in community mental health nurses: findings from all Wales stress study
Articles citation & location	Hannigans et al, 2000, Cardiff, United Kingdom
Study purpose & designs	To investigate the causes, moderators and outcomes of stress amongst community mental health nurses (CMHNs) in Wales (cross sectional study)
Intervention	Questionnaires based on Maslach Burnout Inventory and inductory letter were sent to each sector managers and data were analyzed using Statistical Package for the Social Science for windows (SPSS)
Study population (settings)	614 Community Mental Health Nurses in Wales
Data analysis (result)	One quarter of the respondents was found to possess negative attitudes toward their clients and approximately one in seven experienced little or no sense of satisfaction with their work. Working in an urban environment and lacking a supportive live manager were indicators for higher emotional exhaustion. CMHNs were significantly more likely to have negative attitudes towards their client if they: were male; worked with an elderly care caseload; lacked job security; and had an unsupportive line manager.
Methodological Consideration (paper)	One limitation of the study reported on here is the relative low response rate of just under 50%. As a result, the findings is not really or may not be reliable and validity. Caution needs to be exercised therefore in the generalization of findings from this study to the wider population of CHMNs both in Wales and in the UK.

Mental health nurses also have showed from the studies of having of the highest burnout and work stress apart from other profession such as occupational therapist, psychiatrist, social workers and psychologist. This is because mental health nurses particular community psychiatry nurses had significantly ad larger caseloads and contribute more days per week to their duty than other profession *(Kanste 2006)*.

Only one study was found which concern on the overall view about the psychiatry profession and the present condition and attitudes about mental health services in Malaysia *(Crabtree 2003) (see appendix 5.2)*. Furthermore, the author did explored and found that the mental health nurses did have work stress and burnout which were lead to job dissatisfaction *(Crabtree 2003)*. This is due to gendered roles, unqualified to prescribe medication, fear of becoming deskilled in comparison with other discipline of nursing and feeling of vulnerability.

However, it was an ethnography study which all the findings only concern on the lifetime experience.

In addition, there was no indication any specific assessment tool to evaluate the burnout and work stress level among the mental health nurses.

Hence, it is doubtful to accept the findings as the indication of the exact condition of the burnout and work stress among the mental health nurses in Malaysia

which may result biases for the review's interpretation of the findings. According to *Courtney (2005)*, specific assessment tool is essential in proving and validating the findings in any studies. In addition, it will help to make sure that the findings are equal in term of its interpretation and to avoid any possible performance biases in the study.

Systematic review by *Edwards and Burnard (2003)*, had propelled that among factors that cause burnout and work stress among the mental health nurses were administration and organization concerns, client-related issues, heavy workload, inter professional conflict, financial and resources issues, professional self doubt, home or work conflict, staffing levels, changes in the health service, maintenance of standards, giving talks and lectures, length of waiting lists and poor supervision. However, these factors may not be the same, once concern in other countries' mental health setting. For instance, anecdotally, in Malaysia, cultural sensitivity strictness and complex community norms, religion and belief issues and public stigmatization have to be considered as among potential causative factors toward burnout and work stress among Malaysian mental health nurses.

In addition, most of the studies do not discuss on family and personal factors. These factors have to be investigated as these may contribute to burn out a

and work stress. For instance, limited family quality time, relationship problem and inadequate personal and leisure time should be counted in determining the causative factors.

It is obvious from the review that the community psychiatry nurses had experienced burnout and work stress more than the other sub specialized mental health nurses *(Drake & Bimblecombe 1999, Edward et al.2000 & Steve et al.1997).*
Three studies had indicated that the community psychiatry nurses' burnout and work stress occur due to increasing workloads, increasing administration and lack of resources. This is because the community psychiatry nurses have to manage the holistic aspect of the patient and have to play a role as a medium to collaborate with the other medical personnel in giving the treatment to the patient *(Coffey 1999).*

Most of the mental health nurses who had the experience of burnout and work stress will normally have various physical and psychological complications *(Humpel 2001, Taylor & Barling 2004, Coffee 1999, Tyson et al. 2002 & Robinson et al. 2003).* The most common complication was the mental health nurses were basically preferred to move out or transfer to the other nursing disciplines apart from mental heath discipline due to low self esteem, poor working environment and job satisfaction *(Taylor & Barling 2004, Hannigans et al.2000 & Robinson et al.2003).* The second most common complication of burnout and work stress is the absenteeism *(Taylor & Barling 2004 & Robinson et al.2003).* The burnout and work stress affected mental health nurses appear not keen to work and contribute continuously to their duty by giving reckless excuses to go to work or completing their daily routines *(Robinson et al. 2003 & Jenkin et al. 2004).*

Apart from that, most of them had experienced emotional distress and other medical related psychological illnesses such as high blood pressure and other cardiovascular disease due to work stress and burnout *(Taylor & Barling 2004, Coffee 1999, Tyson et al, 2002, Crabtree 2003, Humpel et al. 2001, Edward et al. 2000& Edward & Burnard 2003).* Moreover, according to *Duffin (2005),* half the nurses in the United Kingdom are experiencing loss of sexual appetite.
As a result, this will affect the nurses' marital and other social relationship as they started to feel stress and insecure toward their spouses. In addition, some of mental health nurses had also developed negative attitudes toward themselves and clients *(Hannigans*

2000, Taylor & Barling 2004 & Jenkins & Elliot 2004). According to *Hannigans (2000),* negative attitudes towards their clients are become irresponsible, inconsistent and insensitive in giving treatment.
The reviews had concluded the most common effects of burnout and work stress among mental health nurses are:

a) the ability to solve problems and satisfy cognitive requirements of the work are impaired
b) they begin to perceive patients, families and clients from a negative, judgmental perspective and label them as problems or troublemakers
c) they feel administration is not helping them or concern on their job performance and these feelings are showed through anger toward the work environment, peers and administrators
d) interpersonal contact between them and patient is affected that result in lower self esteem
e) Perceptions on their self image begin to change negatively, accompanied by swings in emotional character
f) Rigidity increases and their personal and social life changes through withdrawal and isolation
g) They do not apply the skills of to be aware and sensitive to the patient's needs

(Tyson et al.2002, Coffee 1999, Edward et al.2000, Edward & Burnard 2003, Steve et al.1997, Robinson et al.2003, Taylor & Barling 2004, Harpel et al.2003, Drake & Bimblecombe 1999, Melchior et al. 1997, Hannigans et al.2000 & Halter 2002)

Nevertheless, stigmatization also had propelled the negative attitudes of nurses toward themselves *(Halter 2002).* This is because, most of psychiatric nursing prefer not to do anything toward the negative perception about their work from the public and even from the nursing students and colleagues *(see appendix 5.3).* As a result, they may experience low self esteem and feel not worth to stay put in psychiatry despite psychiatry field have big problem in lack of workforce.

LIMITATION OF THE REVIEW

There were limited resources about burnout and work stress among the mental health nurses in Malaysia. This is because there were limited primary studies had been conducted on this particular topic *(within Malaysia context)* despite had been a verbal issues among the mental health nurses in Malaysia. In addition, most of the studies in this review were conducted in certain countries such as from Great Britain, Canada and Australia. Furthermore, only few studies found from

Cochrane and EBSCO database as well from CINAHL which is may be due to limited reviews availability.

As a result, there might be some relevant studies will be missed out during the review. Google Scholar was used to conduct the search for appropriate literature to assist in completing the task. However, some of the studies which were listed in the Google Scholar require subscription fee and appear to be access only to the studies' abstracts. Nevertheless, most the listed studies were mainly secondary sources despite of lack of primary quantitative and qualitative sources to support this review. Biases may occur during the stage of analyzing, synthesizing and interpreting the findings as it only conducted by one person only *(Crookes & Davies 2004)*. There might be some of the findings had been missed out during the process that could be useful as strong evidence to support the review.

CONCLUSION

Burnout and work stress need to be explored as the availabilities of recent studies were limited due to lack of primary and secondary resources, particular in Malaysia.

It is disappointed for not to be able to find any study about mental health nurses' burnout and work stress condition apart from ethnographic study by Crabtree, 2003. It is recommended other type of study should be conducted such as systematic review, descriptive study and Randomized Controlled Trials incorporate with specific and reliable assessment tools for indicating the epidemiology of burnout and work stress. Further investigation or research should be conducted in local context as most of the local related causative factors such as cultural sensitivity and family and community context will interestingly to be explored through proper research. It will be beneficial experience to explore how far those factors can affect the condition of burn out and work stress among mental health nurses.

In term of aspect of practice, the reviews were adequate for any parties to encounter burnout and work stress. An immediate intervention has to be implemented to sustain the mental health nursing workforce and maintain optimal its standard of care in fulfilling patients' needs. The reviews have concluded that there will be possibility for the mental health nurses to experience severe negative responses toward their personal and professional matters if there were no action to be taken. All the studies which had been reviewed had indicate it should be considered as universal issue as studies from Canada, Asia and United Kingdom stated that burnout and work stress are the prolonged issues and indirectly resulting reduction in workforce.

Government or ministry of health especially for Malaysia has to be alert about these issues as it may cause big problem in maintaining the dynamic mental health care services. It is recommended to conduct awareness among medical personnel and the public to appreciate and acknowledge the role of mental health nurses and several profitable benefits and advantages such as 14 extra days off, special allocation for course, training and workshop attendances and special allowances for any psychiatry nurses can be implemented to encourage more nurses to join and stay put in mental health nursing. MJN
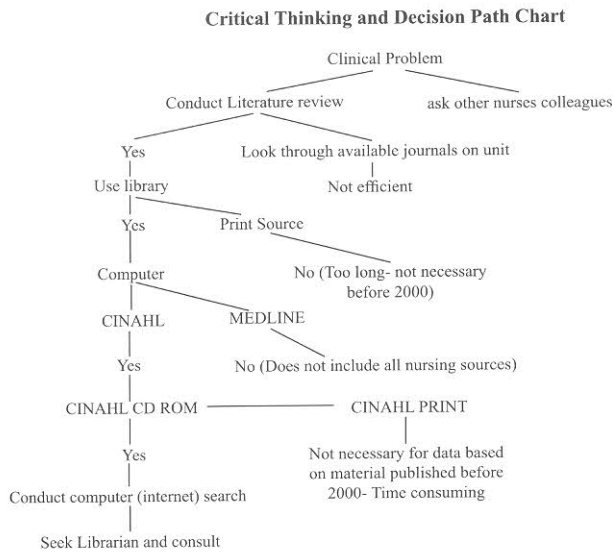
APPENDICES

Appendix 1

CRITERIA	LIMITATION OF SCOPE
Year of Publication	5 years duration
The ranking of database search engine	CINAHL, PSYINFO, MEDLINE, COCHRANE, Health Source: Nursing Academic Edition
Personnel *(who conduct the research)*	Medical Personnel, Nurses
Additional Values of the databases	Certain research review based on when and where the studies conducted and what was the political, social, economic, religious and cultural condition at the time of research.
Language	English
Keyword	Limit or specify selection based on keywords.

(Hamer & Collinson 2005)

Appendix 2

Critical Thinking and Decision Path Chart

Clinical Problem

Conduct Literature review — ask other nurses colleagues

Yes — Look through available journals on unit

Use library — Not efficient

Yes — Print Source

Computer — No (Too long- not necessary before 2000)

CINAHL — MEDLINE

Yes — No (Does not include all nursing sources)

CINAHL CD ROM —————— CINAHL PRINT

Yes — Not necessary for data based on material published before 2000- Time consuming

Conduct computer (internet) search

Seek Librarian and consult

Appendix 3

STUDY & AUTHORS	RESULT	REASON EXCLUDED
Role stress in nurses: review of related factors and strategies for moving forward. *(Chang et al.2005)*	Role Stress especially work overload has been reported as one of the main reasons for nurses leaving the workforce.	Study did not related the review topic
Aggressive behavior and burnout among staff of homes for elderly. *(Evers et al 2002)*	The result showed that emotional exhaustion is related to the number of weekly working hours and to the physical and psychological aggression.	Study did not related to the review topic
Factors of the Maslach Burnout Inventory among Finnish nursing staff *(Kanste et al.2006)*	The study confirms that burnout among Finnish nurses is due to emotional exhaustion, depersonalization and reduced personal accomplishment	Study did not specified to mental health nurse level
Nurses' job dissatisfaction and turnover intention: Methodological myths and an alternative approach *(Takase et al.2005)*	There are three myths relating to nurses' job dissatisfaction and turnover intention which are certain environmental characteristics, environmental reinforcement and linear relationship with independent variables.	Study did not related to the review topic
Using computerized ambulatory diaries for the assessment of job characteristics and work-related stress in nurses. *(Johnston et al. 2006)*	Study had found that two methods were reliable which were demand control model of work-related strain and model of effort reward imbalance.	Study did not related to the review topic
Investigation of the relationships among workplace stressors, ways of coping and the mental health of Chinese head nurses *(Xianyu & Lambert 2006)*	The top three workplace stressors identified by the head nurse were workload, death/dying and conflict with physician. Top three ways of coping identified by the head nurses were positive reappraisal, planful problem-solving and self control.	Study did not specified to mental health nurse level
Absence of response: a study of nurses' experience of stress in the workplace. *(Olofsson et al. 2003)*	The study found several factors that lead to absenteeism which were not acknowledged, frustration, inadequacy, Powerlessness and hopelessness	Study did not specified to mental health nurse level

Appendix 4

Year of Publication:	within 5 years duration
The ranking of Database / evidence:	Level 1;Cochrane, TRIP, Level 2; CINAHL, MEDLINE
Individual conducted the study:	The psychiatrist, Nurses, Occupational Therapist, Psychologist, Medical Scientist
Language:	English

Appendix 5

Included study in the review

Study	The relationship between emotions and stress among mental health nurses
Articles citation & location	Humpel et al, 2001, Australia
Study purpose & designs	To explore whether individual dispositions, such as emotional competency and trait affectivity are related to work stress and the emotions experienced as a consequence of the stress. (Descriptive Study)
Intervention:	Questionnaires were given to the mental health nurses. The questionnaires outlines based on three measures (emotional competency, mental health professional stress scale and trait affectivity). The time available in nurses' busy schedules is limited, necessitating limiting the measures used, so that a maximum of 15 minutes of their time required.
Study population (settings)	Mental health nurses at three mental health inpatient units in regional Australian hospital.
Data analysis (result)	The male nurses with higher level of emotional competency suffer more stress about their professional abilities. Nurses who have more doubt about their professional abilities appear to experience less positive and more negative emotions as a result. The findings relating emotional competency to the stress subscale of CRD and ROP and experienced emotions were not anticipated.
Methodological Consideration (paper)	The necessitating limiting the measures used due to time constraint may result methodological issues.

Appendix 5.2

Study	Asylum Blues: Staff attitudes towards psychiatric nursing in Sarawak, East Malaysia
Articles citation & location	Crabtree, 2003, Sarawak, East Malaysia
Study purpose & designs	Focus on the accounts of nursing staff in relation to attitudes towards psychiatric work and patients. (Qualitative Research: Ethnographic approach)
Intervention:	Data collection from 45 semi structured interview of extensive critical observation, the use of hospital records and multiple interviews, few of which were structured using a formalized interview schedule. Data were analyzed into multiple and branding levels of indexing codes relating to emerging themes and patterns.
Study population (settings)	Members of staff of all ranks in Hospital X (Mental institution), Sarawak, Malaysia

Data analysis (result)	The issue of quality of staff in terms of training, professionalism, personal commitment. Aspects of nursing role, however, this is subject to specifically designated and gendered roles, whereby "nurses" are always women and are largely assigned a skilled but supportive role and are normally unqualified to prescribe medication of even the most mundane variety. A logical hypothesis would suggest that the rewards and reasons for choosing work in a psychiatric institution also differ for men and women, respectively. Few female nurses found work at the hospital as attractive as some of their male counterparts did. Nurses in interview frequently expressed the fear of becoming deskilled in comparison with general nursing colleagues elsewhere. Feelings of vulnerability therefore seemed to remain unendorsed and poorly supported with resulting symptoms of "burnout" evident in many members of staff and as conveyed in interviews.
Methodological Consideration (paper)	Interview focuses on certain medical personnel despite the study stated that all staff from all rank. Some information may beneficial which from other medical personnel such as Health Attendants, Pharmacist, receptionist and assistant nurse. There no statement of the usage of any specific assessment tool to evaluate burnout that relates to asylum blues. The study did not have condition for the study as well.

Appendix 5.3

Study	Stigma in Psychiatry Nursing
Articles citation & location	Halter, 2002, Canton, Ohio
Study purpose & designs	To develop a greater awareness of the existence of stigma associated with psychiatry nursing (review)
Intervention:	A review of the literature of 14 published and unpublished papers.
Study population (settings)	Published literature
Data analysis (result)	Students rank psychiatric nursing low on their choice of careers and describe the work as "boring, depressing, and slow paced, unchallenging, unrewarding, uninteresting and too difficult. Public perception of the role of psychiatric nurses concluded that people become stigmatized by coming in contact with mental health professionals. Psychiatric nursing's silence on negative perceptions and perhaps stigmatization by nursing students, colleagues and the general public is both noteworthy and alarming.
Methodological Consideration (paper)	Different perspective will occur if the study conducted in other countries. Hence, it may have different results compare to this study.

Appendix 5.4

Study	Burnout in Psychiatry Nursing: a meta-analysis of related variables.
Articles citation & location	Melchior et al,1997
Study purpose & designs	The relative strengths of a number of variables on burnout among psychiatric nurses (meta analysis of related variables)
Intervention:	Identify all relevant published and unpublished studies through an extensive search strategy was used by computer search
Study population (settings)	Published studies several indexes such as MEDLINE and Psydit
Data analysis (result)	Numbers of variables on burnout among psychiatric nurses noted which are job satisfaction, staff involvement and support with organization showed a negative correlation with burnout.
Methodological Consideration (paper)	Selection bias occurs when published studies will show results that are more often statistically significant and have larger effect sizes than unpublished studies. The unpublished studies or contradictory studies are less frequently available for inclusion in meta analysis. Only three consist totally of psychiatric nurses out of 9 studies which are not adequate to explore the specific variable survey the psychiatric nurses. It wills not the same with other nurses.

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