



## Effect of group logotherapy on death anxiety and occupational burnout of special wards nurses

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### General Note

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## ABSTRACT

*Background and Aim:* Death anxiety and burnout are among common problems among healthcare workers, especially among nurses, and have an adverse effect on patient care, physical and mental health, and medical expenses. Logotherapy can reduce many psychological problems by giving meaning and purpose to life and work. The aim of the present study was to investigate the effect of logotherapy on death anxiety and burnout among special wards nurses. *Materials and Methods:* This is a quasi-experimental

study, which was performed on two groups of 20 special wards nurses in Amirmomenin Ali Hospital in Zabol in 2018. The data collection tool included three questionnaires demographic information, Temple death anxiety and Maslach job burnout. Before the intervention, both groups completed the questionnaires and then a 5-session one-hour logotherapy test was performed twice a week. The questionnaires were completed again by the two groups after 20 days. Data analysis was carried out using Chi-square and T-test in SPSS ver. 22. *Findings:* Findings showed that the mean death anxiety scores in the experimental group after group logotherapy significantly decreased from 51.15 to 45.05 ( $p < 0.05$ ). Also, the mean burnout scores significantly decreased in the experimental group after group logotherapy training (56.45 to 42.15). The results also showed that there was a significant difference between the three areas of emotional exhaustion, depersonalization, and work engagement in the experimental group after group logotherapy ( $p < 0.05$ ), which indicates the effect of the logotherapy, but it was not effective in the dysfunction dimension ( $p > 0.05$ ). *Conclusion:* The results of the present study revealed that logotherapy reduces death anxiety and burnout among nurses, which can be used as a therapeutic method.

**Keywords:** Logotherapy, Death Anxiety, Burnout, Nurse, Special wards

## 1. INTRODUCTION

Nurses make up the highest manpower in hospitals, and lack of proper utilization of this skilled manpower leads to limited provision of services or an increase in the cost of providing health services (Amini, 2013). They face more physical and psychological stresses due to frequent exposures to patient deaths, long hours of work, few vacations, and short social contact with friends (Rafiey et al., 2007). Special wards nurses may undergo more stress level due to special conditions caused by the work environment and patients. Some of the stressors of the special wards include working with other nurses and health staffs, communication and conversation with the patients and their companions, the need for a high level of knowledge and skills in these areas and high workload, the need for rapid response to immediate situations, and the huge responsibility of patient care (McGrath et al., 2003).

Anxiety is a reaction against an unknown, inner, vague risk of unconscious and uncontrollable source, which is caused by many factors. In this regard, certain types of anxiety are known and named based on their origins, in which death anxiety is one of the most important ones. Death anxiety is a multi-dimensional concept, and defined as an unusual (Abdollahimohammad et al., 2016, Aghajani et al., 2011; Mina Taghiabadi et al. 2018) and great fear of death, accompanied by emotions of thanatophobia (fear of death), or the anxiety when thinking to the process of dying or what happens after death (Martins and McNeil, 2009). Special wards nurses may experience this type of anxiety due to work in special environments and contact with critically ill patients (Yavari, 2014). Most special wards patients will be confronted with death in the near future, which in turn causes a lot of tensions, especially death anxiety in nurses, and can cause symptoms such as excessive fatigue, helplessness, sleep disturbances, decreased sense of sympathy and etc. Aghajani et al. reported that more than half of the nurses working in the public wards (56%) and the special wards (53%) had moderate death anxiety and 17% of nurses in the department public and 30% of special wards nurses experience severe anxiety (Aghajani et al., 2011). Hong et al. (2013) showed in a research that there is a significant positive relationship between death anxiety and providing care for dying patients or observing their death (Hong et al., 2013). Death anxiety is considered as a stressor for nurses that adversely affects the quality of nursing care (Shahdadi et al., 2018).

Burnout is directly related to death anxiety (Kim and Yong, 2013) and one of the most unavoidable consequences of occupational stress (Naderifar et al., 2017, Saheb Azzamani et al., 2009). The burnout concept consists of three dimensions: emotional exhaustion (physical exhaustion, anxiety, and insomnia), depersonalization (negative response to clients), and the feeling of individual failure (Reduced sense of accomplishment while performing duties) (Maslach, 2001). According to burnout theories, nurses with high idealistic expectations are more likely to suffer from burnout. Such people are at a higher level of risk in situations such as the intensive care unit in which patients require high levels of care (Mirzayi et al., 2010). Working in the intensive care units is of vital importance due to the nature of specialized care, the availability of advanced equipment and technology, stimulants and high stress, therefore, nurses serving in these wards experience a high risk of burnout (Famous et al., 2017; Semra Ayakdas et al. 2018). Burnout not only leads to disrupted physical and mental health status and absenteeism in healthcare workers, but also reduces the quality of services provided to patients, resulting in dissatisfaction with medical services, disrupted diagnosis, treatment, and care. It also may cause annoyance among patients with physical and mental needs, and disappointment (Shahnazdoust et al., 2011). The results of Aziznezhad et al.'s study showed that special wards nurses experience the highest levels of burnout (Aziznezhad and Hosseini, 2006). In a study on nurses in Singapore, Tay et al. reported a mean burnout rate of 33.3%, which ranges between 30% and 80% in different wards of the hospital (Tay et al., 2014). In a study on 5956 nurses working in 302 hospitals in Japan, Asai et al.

showed that 56% of nurses suffered from high burnout (Asai et al., 2007). Ava et al. also found in a study on nurses with a one-year job experience in Germany that 43% of nurses suffered from high levels of burnout (Awa et al., 2010). Having meaning in life is positively related with psychological factors and leads to life satisfaction, good psychological sense, social support (Zanjiran et al., 2015), a reduction in death anxiety (BORJALI et al., 2016), and burnout (Asadi, 2010). Finding the meaning of life is a useful coping skill, because it helps a person to understand the cause of his existence, and the resurrection of meaning makes one enjoy his/her good times and endures his/her bad times (Hamid et al., 2012).

Frankl states that logotherapy is a meaning-based therapy through (Frankl, 1946). Logotherapy believes that occupation is an extensive area where humans can go beyond them; that is, people should look for a way to actualize their human qualities in their work. Frankl believes that all occupations can provide opportunities for man to find a meaning in life (Ghasemi and Shamsai, 2017). This approach prompts humans to see the other part of problems and events of everyday life (BORJALI et al., 2016). Researchers state that there are few studies on the death anxiety of nurses, and nurses continue to face the consequences of such mental disorders (Dadgari et al., 2015). Since burnout can negatively affect other aspects of nursing life (Famous et al., 2017) and the quality of services provided by them (Ranjbar et al., 2017), the aim of this study was to investigate the effect of logotherapy on death anxiety and burnout of special wards nurses.

## 2. METHOD

The present study is a semi-experimental one, which was conducted as pre-test and post-test. The statistical population of the present study includes all special wards nurses (CCU-ICU-PICU-NICU) of Amiral-momenin Ali Hospital of Zabol, Iran in 2018 who met the inclusion criteria.

Inclusion criteria were having an associate degree in nursing or higher, being employed in the intensive care units with a minimum of six months of work experience, age over 24 years, having one job, and having full-time job, and willingness to participate in the research. Exclusion criteria also included lack of attendance at the logotherapy sessions, inaccuracy in completing the questionnaires, having chronic diseases that affect burnout, and a history of any treatment that is related to the logotherapy.

Seventy nurses were selected using convenience sampling. After completing the death anxiety and burnout questionnaires, 40 people who had higher levels of death anxiety and burnout were randomly divided into experimental and control groups, 20 nurses per each group (Abdollahimohammad and Firouzkouhi, 2019).

Data collection tool was a three-part questionnaire completed based on the self-reporting procedure. The first part of the questionnaire was related to the demographic information of individuals, including age, gender, education level, marital status, parents live status, employment status, organizational position, and shift work.

The second part included the death anxiety questionnaire. A 15-item questionnaire (Templer) was used to measure death anxiety and each item was answered based on the five-point Likert scale, with a possible score range of 15-75. Lower score indicate a lower death anxiety and vice versa. Validity and reliability of the questionnaire were studied in Rajabi & Bohrani's study and a correlation coefficient of 0.73 was obtained (Gh and Bohrani, 2001). Thomas et al. also measured its reliability as 76% and internal consistency as 0.83 by using a test-re-test (Dadgari et al., 2015). The internal reliability of the questionnaire was evaluated by the researcher, which was 0.86. The Maslach Burnout Inventory (MBI) was used to measure burnout. The instrument consisted of 25 items and four components of emotional exhaustion (9 items), depersonalization (5 items), dysfunction (8 items), and engagement (3 items) and two scores are considered for the individual (frequency score and severity score). The burnout is confirmed if the person has a high level of emotional exhaustion and depersonalization or low level of personal performance (MOUMENI et al., 2010). Maslach and Jackson (2014) calculated the Cronbach's alpha coefficient of 0.71 to 0.90 for the internal reliability of each subtest, as follows: 86% for emotional exhaustion, 81% for depersonalization, 82% for personal competency, and 76% for engagement (Kelly and Cross, 1985). The internal reliability of the questionnaire was evaluated by the researcher, which was 0.86.

Before the beginning of the training, both groups were pre-tested. Then, the experimental group received 5 sessions of 1-hour group logotherapy (table 1) (two sessions each week) and the control group did not receive any intervention. Two groups completed the burnout and death anxiety questionnaires 20 days after completion of the logotherapy sessions (Martins and McNeil, 2009).

The study approved by Zabol university of Medical Science (Ethic code: IR.ZBMU.REC.1397.093). All ethical considerations were observed in this study. Categorical data was analyzed using chi-square test and the numerical ones by t-independent test. Calculations were performed using SPSS ver.22.

**Table 1** Logotherapy sessions (Frankl, 1967, Translated by Milani and Salehyar, 2013)

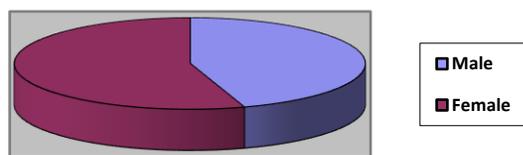
Sessions	Description
First session	Introduction of group members and therapists to each other, making the members aware of the group rules, the general purpose and the expectations of the members of each other, a brief statement about death anxiety, burnout, life, and meaningful and purposeful work
Second session	Defining the logotherapy, its emergence, the purpose of the logotherapy, and a brief acquaintance with Victor Frankl, the founder of the logotherapy and his life (the suffering and tragic events of his life that made him to change), the expression of general statements on the theories of logotherapy
Third session	Talking about thinking of life meaning, seeking meaning (e.g. bringing examples), finding the meaning of suffering, flexibility, choice and decision-making in difficult situations, discussion of how to pay attention to the process of a task done by each person, manifestation of meaning at any moment while doing it
Fourth session	Providing an explanation of the main elements of human spiritual structure (freedom, responsibility, spirituality), conscience, transference, and transient life (for example), Providing an explanation of suffering and death, group dialogue about self-sacrifice for others, Thinking about others as the most important experience beyond the work and the individual himself/herself to achieve meaning
Fifth session	General discussion on the flexibility of meaning at any moment of life, a general overview of the materials presented at previous session, summarizing the materials in the group with the assistance of members, receiving comments and feedback on sessions

### 3. RESULTS

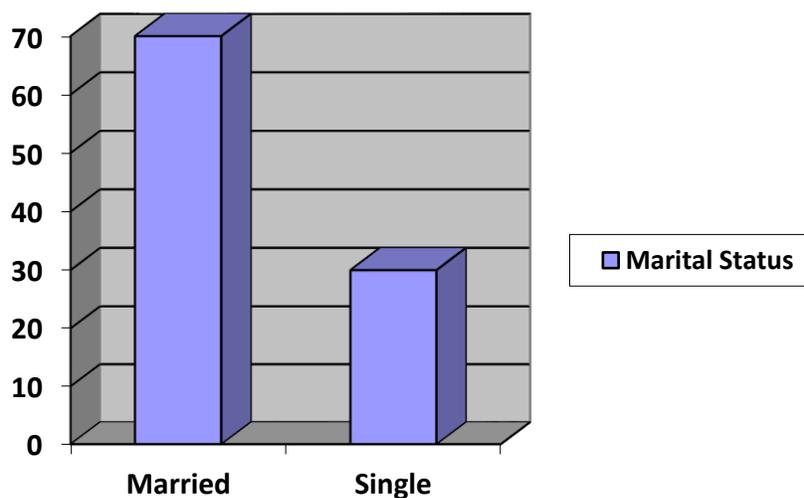
The findings showed that there was no significant statistical difference between the gender, marital status, employment status, shifts, and education level in the control and intervention groups ( $p > 0.05$ ) (Table 2) (figure 1 and 2).

**Table 2** Demographic characteristics of participants

variable		Test group		control group		Score Z	P
		Frequency	Percentage	Frequency	Percentage		
gender	Men	9	%45	6	%30	0/96	0/327
	women	11	%55	14	%70		
marital status	Married	14	%70	15	%75	0/12	0/723
	Single	6	%30	5	%25		
Employment status	Compulsory	2	%10	5	%25	4/44	0/223
	Covenant	7	%35	10	%50		
	Official	11	%55	5	%25		
shift	Morning	3	%15	0	%0	3/29	0/369
	Evening	3	%15	3	%15		
	in circulation	14	%70	17	%85		
Education level	Bachelor	20	%100	20	%100	1/02	0/50



**Figure 1** Gender of participants



**Figure 2** Marital status of participants

**Table 3** Descriptive statistics of overall scores of death anxiety in the experimental and control groups before and after the intervention

Variable	Intervention	Number	Mean (SD)		Score t	95% confidence limit	P
			Test group	control group			
death anxiety	Before	20	51/15(9/22)	50/85(8/95)	0/10	-5/52,6/12	0/917
	After	20	45/05(7/34)	52/40(7/30)	-3/17	-12/03,2/66	0/003

**Table 4** Statistical description of overall scores of frequency and severity of burnout in the experimental and control groups before and after the intervention

Variable		Intervention	Test group		control group		P
Burnout	Frequency	Before	56/45	18/98	66/90	28/86	0/164
		after	42/15	13/19	71/35	19/13	P<0/001
	Severity	Before	69/55	21/29	77/10	27/68	0/340
		after	52/5	16/93	81/85	19/63	P<0/001

Table 5 shows that there is a significant difference in emotional exhaustion, depersonalization, and work engagement after intervention in the experimental group ( $p < 0.05$ ), which indicates the effect of the Logotherapy on these three areas. However, it was not effective on the dysfunction dimension of burnout ( $p > 0.05$ ).

**Table 5** Statistical description of burnout scores for each area in the experimental and control groups before and after intervention

Intervention	Burnout areas	Number	Test group		control group		P
			Average	Standard deviation	Average	Standard deviation	
Before	Emotional exhaustion	20	27/70	12/29	31/70	18/04	0/418
	Dysfunction	20	25/75	12/76	21/90	8/87	0/275
	Personalization	20	9/40	9/62	14/5	6/79	0/06
	Occupational involvement	20	6/70	6/38	9	4/25	0/188
After	Emotional exhaustion	20	19/85	8/48	32/65	15/55	0/02
	Dysfunction	20	21/35	9/85	24/4	6/59	0/275
	Personalization	20	6/40	6/45	15/40	6/02	P<0/001
	Occupational involvement	20	4/90	4/75	9/40	3/42	P=0/001

#### 4. DISCUSSION

Findings of the present study suggest no difference in gender, marital status, employment status, work shift, and education level between nurses in experiment and control group.

The findings of the present research indicate that there is no significant difference between the experimental and control groups in terms of the pre-intervention level of death anxiety, and the two groups were identical; however, the death anxiety scores decreased significantly in the experimental group that received logotherapy training after the intervention, which indicates the effect of logotherapy on decreasing the death anxiety of the subjects. Ghasemi-Toosi et al. (2016) also found that logotherapy could reduce the death anxiety in midwives and special wards nurses (Ghasemi and Shamsai, 2017). Borjali (2016) also showed that logotherapy reduces the mean death anxiety in patients with gastric cancer (BORJALI et al., 2016). Muni (2005) showed a research that 13 sessions of death-related training and lectures have significantly reduced the death anxiety in young nurses (Mooney, 2005). Li (2014) also showed that a curriculum based on death anxiety, burnout, and end-of-life law had a significant effect on reducing death anxiety (Lee et al., 2004). Mello and Oliver (2011) showed in their research that education of how to seek meaning in life and a greater understanding of the spiritual and mental needs of dying patients reduce death anxiety and burnout and improve the status of professional relationships with patients (Melo and Oliver, 2011). Velaei (2015) also stated that logotherapy leads to a significant reduction in the death anxiety in the elderly population (Valaei and Zalipoor, 2015). These findings are consistent with the results of others studies (Dahl et al., 2004, Payne et al., 1998, Abdel-Khalek and Tomas-Sabado, 2005). ; however, they are inconsistent with the findings of Chunchin et al. (2006), Peters et al. (2013) who compared anxiety and contrary to the current research, other researches did not address the effectiveness in reducing it and the role of other factors in it (Chen et al., 2006, Peters et al., 2013).

The results of the present study showed that logotherapy can significantly reduce the burnout in special wards nurses. Findings of the present study show that logotherapy can decrease emotional exhaustion, depersonalization, and work engagement, but it has no significant effect on the dysfunction dimension. Findings of Asadi's research (2010) show the effect of logotherapy on all dimensions of job burnout, even dysfunction, which can be due to differences in the study population (Asadi, 2010). The study population of Asadi's research included school teachers. Long et al. (2010) also found that older nurses suffered from less emotional exhaustion, depersonalization, and individual failure, which is attributed to the fact that people with low age and low work experience, due to lack of sufficient work experience and fear of mistakes in critical situations, experience higher stress and thus less depersonalization levels than others who have high experience and experience (Lang et al., 2010). Aiken et al. (2002) concluded in their study that the emotional exhaustion was increased by 1.09 times for each year of work experience (Aiken et al., 2001). This may be explained by the fact that due to the problems of nursing profession and existing difficulties, the increasing work experience reduces nurses' tolerance to emotional excitement.

The present study concludes that logotherapy can reduce the frequency and severity of burnout, which is consistent with the results of other studies (Mascaro and Rosen, 2006, Nagata, 2003). One of limitations of the present research includes guiding logotherapy sessions as viewpoints and attitudes of some of the participants on the concept of life, and the researcher attempted to

redirect session's content towards Frankl's theoretical framework. Another problem of the present research was coordination between the work shift of the special ward personnel to determine the time of the logotherapy sessions, and the required time was allocated by the researcher who collaborated with the research subjects. Also, the occurrence of personal problems or the death of relatives of the subjects can lead to changes in the sense of exhaustion or anxiety of their death, which causes inconsistency in the result of the research.

## 5. CONCLUSION

In conclusion, the results of this study indicate the effect of logotherapy on death anxiety, the frequency and severity of burnout; it is thus suggested that logotherapy be used as a psychological intervention to reduce the death anxiety and burnout rate.

### Conflicts of interest

None declared

### Financial resources

None declared

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