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Project Submission Sheet

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Degree for which thesis is submitted: BA (Hons) Psychology

Title of Thesis: Life Satisfaction and Burnout among Agency and Staff Nurses

Date: 14th March 2025

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Thank-you.

Abstract

The current study attempted to strengthen and expand on previous literature by examining if lower life satisfaction correlated with increased burnout among nurses. Additionally, the study explored if working as an agency or staff nurse impacted life satisfaction and burnout scores. While there is an abundance of previous literature that investigated burnout and life satisfaction among nurses, the researcher was unable to identify any prior research that compared life satisfaction and burnout scores between staff and agency nurses. Participants were recruited through non-probability sampling using a combination of convenience, purposive and snowball sampling methods via social media posts and a poster. A total of 152 participants ($n= 152$) completed an online survey that contained the Burnout Clinical Subtype Questionnaire and the Satisfaction with Life Scale. A Spearman Rho correlation coefficient found lower life satisfaction was associated with increased burnout among nurses, strengthening prior research findings. A Mann Whitney U test found no statistical difference in life satisfaction scores between agency nurses and staff nurses. Finally, an Independent Samples T-Test found that staff nurses experienced higher burnout scores compared to agency nurses. Implications of these results on nursing staff and patients are discussed along with suggestions for future research.

Keywords: Nurses, agency nurses, staff nurses, life satisfaction, burnout

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Introduction

Differentiating between Staff Nurses and Agency Nurses

Staff and agency nurses can be distinguished by the nature of their employment. Staff nurses are employed by one hospital/clinic, whereas agency nurses are contracted temporarily by health care agencies and only work as required (Nurse Partners Inc, 2024; Olubummo, 2017). Agency nurses can provide their services within any number of hospitals or clinics, while staff nurses tend to be fixed to a particular ward in a certain hospital (Bates, 1998). Agency nurses have more autonomy over their scheduled hours by informing their agency when they are available to work, whereas staff nurses tend to have a fixed schedule (O’Flaherty, 2025). Currently, there is not an adequate supply of nurses in the workforce to meet the demand (Tamata & Mohummadnezhad, 2023). The shortages of staff nurses have led to a heightened requirement for medical establishments to seek out agency nurses to reach adequate staffing levels (Castle et al., 2008; Manias et al., 2003).

Burnout

Herbert Freudenberger established burnout syndrome while he was employed as a psychiatrist in a clinic for individuals with substance use disorders in New York (Schaufeli & Buunk, 2003). Over time, Freudenberger noticed the clinic’s volunteers went through substantial shifts in their personality, mood, attitude and motivation (Freudenberger, 1989). A worker that is experiencing burnout was described as both occupationally and emotionally exhausted due to the continuous subjection of work-related challenges (Canu et al., 2021). Burnout has been classified into three subgroups in relation to coping with workplace stress and irritation; 1. Frenetic 2. Underchallenged and 3. Worn-out (Montero-Marin & Garcia-Campayo, 2010). The inability to cope with persistent stress can lead to burnout, resulting in

a loss of emotive feelings, detachment and reduced quality of care for the individuals the burnt-out person attends to (Maslach & Leiter, 2016).

Burnout and Nurses

There was much available literature on the factors contributing to burnout among both nursing and non-nursing samples. Among healthcare workers, prevalence of burnout symptoms is highest among nurses, which negatively impacts patients, other healthcare employees and healthcare establishments (Albendin-Garcia, 2016; Kitaoka & Masuda, 2013; Woo et al., 2020).

Excessive workload, long hours and frequent exposure to stress-inducing events have been attributed to increasing risk of burnout among healthcare workers (Dall' Ora et al., 2020; Gomez-Urquiza et al., 2016; Lorenz et al., 2010; Pines & Kanner, 1982; Reith, 2018). Workplace flexibility was correlated with reduced risk of burnout (Maglalang et al., 2021). Workplace flexibility enables employees to decide when, where and the length of time they engage in work related activities (Hill et al., 2008). As previously mentioned, agency nurses have more autonomy over their work schedule and can inform their nursing agency when they are available to work as well as provide personal preferences for which organization they want to work at (Manias et al., 2003). Flexible working hours was the most frequently given reason for engaging in agency nursing. Flexible working hours generally cannot be accommodated for staff nurses due to rigid hospital scheduling (Manias et al., 2003). According to a study by Hughes and Macantonio agency nurses work fewer hours compared to staff nurses (as cited in Manias et al., 2003). As the literature suggests long hours and an inflexible working scheduling contributes to higher burnout, agency nurses may theoretically have lower levels of burnout due to working less hours and having more autonomy over their working hours compared to staff nurses.

Conflicts within the work environment and poor support has contributed to burnout among nurses (Dall' Ora et al., 2020; Kitaoka & Masuda, 2013). Whereas positive relationships with colleagues and support from managers correlated with reduced occupational burnout (Grochowska et al., 2018). Exclusion and isolation from the wider health care team has been relayed by agency nurses (Manias et al., 2003; Ronnie, 2020). In fact, instances of physical and verbal abuse from staff nurses towards agency nurses has been reported (Manias et al., 2003). Lack of camaraderie between agency and staff nurses was also noted and shadowed by conflict and lack of support (Hass et al., 2006; Manias et al., 2003; Muller & Seekoe, 2014). A qualitative study by Manias et al. (2003) investigated the experiences of agency nurses and found that agency nurses were unable to establish camaraderie with colleagues as their encounters were infrequent. Agency nurses reported that perceptions of belonging and friendship only developed if they were placed on one unit for an extended period (Manias et al., 2003). The lack of camaraderie and support experienced by agency nurses may heighten their risk of burnout.

Butera et al. (2021) and Cohen et al. (2022) compared burnout levels among nursing staff between the first and second wave of the pandemic. Results indicated that nurses who tested positive for burnout were more likely to experience a lack of support from hospital management and colleagues (Butera, 2021; Cohen et al., 2022). Feeling supported during the first wave of the covid-19 pandemic offered some protection against the development of burnout during the second wave (Cohen et al., 2022). The Cohen et al. (2022) study offered an interesting insight and furthers the understanding that support plays in the potential development of burnout but was limited in so far as the sample consisted of nurses working in the same hospital, making it difficult to generalise the results. The department a nurse is stationed to work at may also play a role in burnout (Gomez-Urquiza et al., 2016). Butera et al. (2021) found that within their sample, nurses who worked in the emergency department

had higher levels of burnout compared to nurses working in the intensive care unit (ICU). In fact, 70% of emergency department nurses were at risk of burnout prior to and post the pandemic and burnout risk for ICU nurses increased from 50% pre-pandemic to 67% post pandemic (Butera et al., 2021). This suggests that while burnout risk is overall higher for emergency department nurses, the pandemic had a greater impact for burnout risk on ICU nurses. Increased workload and lack of personal protective equipment were also correlated with elevated burnout risk (Butera et al., 2021). The findings by Butera et al. (2021) are substantial yet failed to address other potential sources of increased burnout such as length of time working as a nurse which could potentially confine the findings. Albendin-Garcia (2016) also found that emergency nurses who worked overtime were at increased risk of developing burnout. Conflicting results were obtained by Grochowska et al. (2018) who found that the type of ward a nurse worked on had no influence on burnout levels. The sample obtained by Grochowska et al. (2018) consisted of nurses working in a range of wards (ICU, neurological, orthopaedic etc.) but did not include the emergency department which may have affected the burnout scores, as this group appears to be at heightened risk of burnout (Albendin-Garcia, 2016; Butera et al., 2021)). Agency nurses are utilized to supplement staffing shortages and can be transferred frequently to different units, depending on where is short staffed (Nurse Partners Inc, 2024; Olubummo, 2017). This may reduce their risk of burnout development, if they are not on a particularly busy or stressful unit for an extended period, such as an emergency department. Unlike staff nurses who tend to be fixed to a particular unit. As such, the researcher posits that the transient nature of agency work may act as a buffer against the development of burnout.

Job insecurity was linked to burnout among both nursing and non-nursing samples, with employees' feelings of security in their job reducing the effects of burnout (Aybas et al., 2015; Dall'Ora et al. 2020; Tilakdharee et al., 2010). Job insecurity is experienced

differently between agency and staff nurses. For agency nurses job insecurity encompasses the allocation, notice, placement and shift cancellations which led to unreliable payments (Muller & Seekoe, 2014). Staff nurses were unlikely to have their shifts cancelled, yet job insecurity manifested through unanticipated transfers to other units within their organization or schedules being changed unexpectedly (Laine et al., 2009; Sokhanvar et al., 2018). Nurses have also recounted feeling insecure in their jobs due to uncertainty over career enhancement opportunities. Staff nurses find career enhancement more accessible due to greater access to educational/ skill enhancement courses from their establishment, unlike agency nurses who were expected to seek courses from private sources (Laine et al., 2009; Manias et al, 2003; Sokhanvar et al., 2018).

Knowledge deficits and feeling underprepared has additionally been linked to burnout (Zborowska et al., 2021). For agency nurses, a lack of knowledge can stem from being placed in a ward that specialises in an area that they lack experience in. Inappropriate assignment, (for example, a medical/ surgical ward nurse being assigned to the intensive care unit) can cause intense anxiety due to the lack of competency and specific training required (Manias et al, 2003; Muller & Seekoe, 2014). Djukanovic et al. (2023) conducted a qualitative study that explored the experience of agency nurses in Sweden and found that having a thorough orientation prior to beginning a shift gave agency nurses a sense of reassurance. Knowledge deficits can stem from orientation experiences, which can vary from hospital to hospital. Some agency nurses reported an in-depth orientation including information regarding policies and procedures, whereas other agency nurses did not receive an adequate orientation upon arrival to the designated ward (Manias et al., 2003). In the thematic analysis by Hass et al. (2006), the authors found a shared experience of de-skilling and diminished confidence among agency nurses working in an ICU in a London teaching hospital. Agency nurses may be at heightened burnout risk from perceived lack of

knowledge. Conversely, staff nurses can find working in the same unit for an extended period routine and monotonous which can lead to increased stress levels and heightened risk of burnout (Pines & Kanner, 1982).

Life Satisfaction

Life satisfaction can be described as the extent to which a person views the overall quality of their life favourably, or in simple terms; how much a person likes the life they are living (Veenhoven, 1991). Life satisfaction is an important aspect of overall wellbeing (Adams et al., 2016). Low life satisfaction is correlated with adverse outcomes that negatively impact both mental and physical health (Adams et al., 2016; Huebner et al., 2006). High life satisfaction is not just an outcome of positive experiences but rather an active promoter of resilience that is associated with lower perceived stress, high levels of social support, less symptoms of depression and better health (Adams et al., 2016; Huebner et al., 2006).

An individual's overall life satisfaction can be determined by how satisfied they are in certain aspects of their life (Rojas et al., 2006). Family dynamics were revealed to have a significant impact on life satisfaction (Kapteyn et al., 2010; Rojas et al., 2006). Job satisfaction was found to impact satisfaction with life (Iverson & Maguire, 2000). Kapteyn et al. (2010) found that a person's employment had the second largest impact on life satisfaction whereas Rojas et al. (2006) found that health, time for hobbies, personal development, training and education had a more significant impact on life satisfaction than employment.

Life Satisfaction and Nurses

Decreased life satisfaction among nurses can negatively impact the care they provide to patients (Habib et al., 2012). There is a worldwide shortage of nurses and life satisfaction is a major predictor of nurse turnover (Yuan et al., 2024). Nurses who are resilient to stress report higher life satisfaction as it enabled them to cope with workplace challenges including

bullying and violence, as well as acting as a protective factor against emotional exhaustion which is a component of burnout (Itzhaki et al., 2015; Jackson et al., 2007; Manzano Garcia & Ayala Calvo, 2012). A busy schedule and frequent high stress events contribute to decreased life satisfaction among nurses (Ghazwin et al., 2016; Habib et al., 2012; Itzhaki et al., 2015; Wilczek-Rużyczka & Zaczek, 2022). Conflicting results were found by Goksel and Yilmaz (2024) who found that workplace stress was not a significant contributor of life satisfaction scores among nurses. The researcher posits that increased stress is a determinant of decreased life satisfaction as this is corroborated by numerous studies.

Lee et al. (2004) conducted a study on the contributing factors of life satisfaction among Korean nurses. Results indicated higher life satisfaction among nurses who reported higher personal achievement, decreased emotional exhaustion and who perceived contentment with their professional position (Lee et al., 2004). It must be recognised that this study was carried out over 25 years ago and may not be relevant to the experience of modern-day nurses. Additionally, it is important to note that the work culture and values held by the sample of nurses in Korea may not be transferrable to this study's sample.

Life satisfaction has also been correlated with a safe working environment and an employee's overall well-being (Leitão et al., 2019). A nurse's work environment may not always be safe. In actuality, mistreatment towards nursing staff is prevalent with 88.1% of nurses reporting verbal abuse and 58.4% reporting physical abuse in the previous year (Itzhaki et al., 2015). Perception of camaraderie and commitment between nurses enabled them to manage workplace violence and increase their life satisfaction (Itzhaki et al., 2015).

A qualitative study that looked at the experience of agency nurses by Hass et al. (2006) identified feelings of isolation as a theme. These findings could suggest that agency nurses may not feel like part of the wider healthcare team, yet these results are limited by the small sample size ($n=8$). Goksel and Yilmaz (2024) found that workplace bullying was a

significant predictor of life satisfaction. An empirical review of the literature by Hartin et al. (2018) found that bullying is common and somewhat normalised within the nursing profession. In fact, 44% percent of nurses had been bullied in the previous year according to Quine (2001). While a later study found a smaller percentage of 21% (Yildirim, 2009). Nurses reported that bullying was commonly carried out by colleagues who worked on their own unit (Einarsen et al. as cited in Yildirim, 2009). This is important to note as agency nurses can decide that they do not want to be placed on a certain ward if they have a negative experience. This was recounted by an agency nurse during a qualitative interview where she recalled informing her agency not to send her back to a particular ward after another nurse who worked there verbally demeaned her (Manias et al., 2003). The researcher suggests that the transient nature of agency work may protect them from bullying and consequently reduce their risk of lowered life satisfaction as they have the capacity to decide not to go back to the ward where they experienced mistreatment.

Agency nurses reported that a reason for working with an agency is that staff nurses were not respected, which was apparent due to inadequate pay and poor working conditions (Manias et al, 2003). Nurses on higher incomes achieved higher life satisfaction scores and are more productive (Leitão et al., 2019; Mirfarhadi et al., 2013). The hourly pay rate for agency nurses is substantially higher compared to staff nurses (O’Flaherty, 2025). It can therefore be theorized that agency nurses may have higher life satisfaction compared to staff nurses due to the higher rate of pay.

Employees who experience incongruity between work and personal life, experience both lowered job and life satisfaction (Dockery, 2023; Ernst Kossek & Ozeki, 1998). Workplace flexibility enables an employee to effectively balance their commitments (Parasuraman & Simmers, 2001). Agency nursing provides a particularly flexible working pattern as they can decide when they are available to work, allowing them to play a more

active role in the social and personal aspects of their lives such as time with partners, family, holidays, outings and attending religious services (Manias et al., 2003; O’Flaherty, 2025). Conversely, staff nurses tend to work a rigid schedule with little room for flexibility (Dhaini et al., 2018). Results from previous studies indicated that flexible working hours have a significant and positive impact on life satisfaction (Dousin et al., 2021; Simpson & Simpson, 2019). Conflicting results were found by Sankar (2018) who suggested that staff nurses were satisfied with a permanent work schedule rather than a flexible schedule. However, the Sankar (2018) study results viewed staff nurses’ preference for a fixed work schedule through the lens of job satisfaction and quality of life and not overall life satisfaction.

The Correlation between Life Satisfaction and Burnout

Numerous studies have found correlations between life satisfaction and burnout (Aktan et al., 2020; Karakose et al., 2016; Wang et al., 2019). This correlation has been found across a range of groups including school principals and vice principals who experienced moderate burnout and average levels of life satisfaction (Karakose et al., 2016). Medical students with low burnout scores also presented with higher life satisfaction scores (Wang et al., 2019). Lastly, burnout presented a negative correlation with life satisfaction among parents of disabled children (Akton et al., 2020).

Studies have investigated the correlation between life satisfaction and burnout among nurses, some suggesting that the level of burnout decreases as life satisfaction increases (Capri et al., 2012). Uchmanowicz et al. (2019) found that the higher the life satisfaction scores, the weaker the perception of burnout among nurses. The Zborowska et al. (2021) study found that life satisfaction was a significant determinant for occupational burnout among nurses. Burnout may impact nurses’ lives by inducing unpleasant emotions and subsequently reducing their life satisfaction (Milutinovic et al., 2023). Martins et al. (2022) found a negative association between burnout and life satisfaction scores among nurses.

However, it is worth noting that Martins et al. (2022) conducted this study during the first wave of the Covid-19 pandemic which may have significantly influenced the results due to increased stress and uncertainty, which may have been confounding variables affecting the results.

Summary of Findings

The available literature suggests that lower life satisfaction is correlated with increased burnout among numerous groups including nurses (Capri et al., 2012; Uchmanowicz., 2019; Zborowska., 2021). To the researcher's knowledge there is no available research studies that directly compared differences in life satisfaction and burnout between agency and staff nurses. Nonetheless, there is an abundance of literature that looked at life satisfaction and burnout among nurses as an overall group. Higher life satisfaction correlated with higher rates of pay (Mirfarhadi et al., 2013). Perception of camaraderie was positively correlated with higher life satisfaction (Itzhaki et al., 2015), as well as higher personal achievement, safe working environment, flexibility, decreased emotional exhaustion and those who were content with their professional position (Dousin et al., 2021; Lee et al., 2004). The literature established the key contributors to lowered life satisfaction as workplace inflexibility, bullying and stress (Ernst Kossek & Ozeki, 1998; Parasuraman & Simmers, 2001; Wilczek-Ruzyczka & Zaczek, 2022).

Analysis of the available literature revealed how these contributors are experienced differently between agency and staff nurses. For example, Mirfarhadi et al. (2013) reported that higher pay contributed to higher life satisfaction and O'Flaherty (2025) reported that agency nurses have a higher pay rate compared to staff nurses. Similarly, workplace inflexibility was associated with lower life satisfaction by Ernst Kossek and Ozeki (1998) and Parasuraman and Simmers (2001). Manias et al. (2003) relayed that agency nurses engaged in agency work as it enabled them to balance commitments due to the flexibility. Flexible work

scheduling is difficult for staff nurses as scheduling tends to be more fixed. Perception of camaraderie was associated with higher life satisfaction (Itzhaki et al., 2015). Agency nurses reported a lack of camaraderie (Manias et al., 2003). With the available research studies and information taken together, this researcher made the tentative inference that life satisfaction scores may be higher for agency nurses compared to staff nurses as although a lack of camaraderie and bullying may reduce agency nurses life satisfaction; the flexibility, higher pay and the transient nature of agency nursing may protect them from conflicts and increased stress which may theoretically buffer against the contributors of lowered life satisfaction.

Evaluation of the literature identified several contributors to burnout such as knowledge deficits, poor support, inflexible schedule, department type, excessive workload, conflicts, long hours and job insecurity (Dall' Ora et al., 2020; Kitaoka & Masuda, 2013; Manias et al, 2003; Muller & Seekoe, 2014; Pines & Kanner, 1982; Reith, 2018). The literature was mainly focused on how burnout affects permanent staff nurses, making generalisation difficult. With this in mind, literature examining the experiences of agency nurses were reviewed by the researcher in order to make connections between contributors and buffers of burnout within the experiences of agency and staff nurses. For example, agency nurses reported a lack of support and camaraderie, knowledge deficits and job insecurity, all of which contribute to burnout (Manias et al, 2003; Muller & Seekoe, 2014; Ronnie, 2020). Staff nurses also experienced multiple contributors of burnout such as workplace inflexibility, stressful working environment, lack of support from management and colleagues, conflict, and working in the same unit for an extended period (Dall' Ora et al., 2020; Gomez-Urquiza et al., 2016; Lorenz et al., 2010; Pines & Kanner, 1982). Interestingly, analysis of the research revealed potential buffers of burnout that exclusively impact agency nurses such as working fewer hours, the ability to be transferred to another unit to avoid conflict and schedule flexibility, which also buffers against lowered life satisfaction. As staff

nurses generally cannot access these buffers, the researcher posits that burnout scores would be higher for staff nurses when compared to agency nurses.

To the researcher's knowledge there is no prior research study that directly compares differences in life satisfaction and burnout scores between agency and staff nurses. Research on agency nurses as a group, is limited.

The Present Study

The present study aimed to either support or undermine previous literature that found lower life satisfaction scores are correlated with higher burnout scores among nurses. The rationale for this study is underpinned by the fact that there is no literature examining the difference in life satisfaction and burnout scores between agency and staff nurses (to the researcher's knowledge). There is also limited research that looks specifically at agency nurses. To address this gap in the literature the present study will investigate if life satisfaction and burnout scores are higher among agency nurses or staff nurses. This study is important as it will address the literature gap, and the results may be utilized in future research to expand on and understand how burnout and life satisfaction impacts nurses.

Apropos to the current reviewed literature the following hypotheses have been developed:

(H1) Lower life satisfaction will correlate with increased burnout scores among both agency and staff nurses.

(H2) Life satisfaction scores will be higher for agency nurses compared to staff nurses.

(H3) Burnout scores will be higher for staff nurses compared to agency nurses.

Methodology

Design

A quantitative, within-participants, cross-sectional design was used for this research study as it analysed a population of nurses at a specific point in time and looked at the variable's life satisfaction and burnout within the nurse sample. For hypothesis one (H1) (Lower life satisfaction will correlate with increased burnout among nurses), life satisfaction is the independent variable, and burnout is the dependent variable. For hypothesis two (H2) (Life satisfaction scores will be higher for agency nurses compared to staff nurses), nurse type (staff or agency) is the independent variable and life satisfaction scores is the dependent variable. For hypothesis 3 (H3) (Burnout scores will be higher for staff nurses compared to agency nurses), nurse type (staff or agency) is the independent variable and burnout scores is the dependent variable.

Participants

Participants were obtained with non-probability sampling using a combination of convenience, purposive and snowball sampling techniques. This enabled the researcher to gather many participants which improved generalisation of the findings. To calculate a representative sample from the population, G*Power statistical software was used which yielded a recommended sample size of 115 participants. The total number of participants obtained in this study was one-hundred and fifty-two ($N= 152$). The participants were made up of 17.76% ($n=27$) agency nurses and 82.24% ($n=125$) staff nurses. A total of 92.8% ($n=141$) participants were female, 5.9% male ($n=9$) and 1.3% were of unknown gender ($n=2$). Nurses who were registered on the general nurse's division were the most represented at 65.1% ($n=99$). Nurses registered in Ireland were the most highly represented at 87.5% ($n=133$), followed by Australia at 7.9% ($n=12$) and then the United Kingdom 4.6% ($n=7$). The age range varied from 25 years to 62 years with the mode age being 28 years of age. The mean age of participants was 40 years ($M= 39.5$, $SD = 10.42$). Inclusion criteria were nurses

who were registered in Ireland, the UK or Australia, and aged eighteen years and above.

Exclusion criteria were non-nurses, under the age of eighteen years. These countries were selected as the researcher was familiar with how the nursing type system worked within these countries.

Measures

Two questionnaires were utilized for this research study: the Satisfaction with Life Scale (see Appendix G) and the Burnout Clinical Subtypes Questionnaire (see Appendix F). Levels of life satisfaction were measured using the Satisfaction with Life Scale (SWLS). The SWLS was created to evaluate an individual's satisfaction with all aspects of their life based on their own judgement (Pavot & Diener, 1993). The SWLS measures life satisfaction on a 7-point Likert scale that ranges from 1 which represents 'strongly disagree' to 7, representing 'strongly agree' (Vassar, 2008). Higher levels of life satisfaction are correlated with higher scores and lower life satisfaction with lower scores. A score of 20 suggests neutrality, which is interpreted that the individual is as equally satisfied as they are dissatisfied (Pavot & Diener, 1993; Vassar, 2008). A score of 5 to 9 suggests severe life dissatisfaction (Pavot & Diener, 1993; Vassar, 2008). Scores between 15 to 19, represent slight dissatisfaction, 21-25 suggest that the individual is slightly satisfied, 26-30 the individual is satisfied with their life while a score of 30+ suggest great life satisfaction (Pavot & Diener, 1993; Vassar, 2008). The SWLS has been analysed for reliability and sensitivity and has displayed strong internal reliability, moderate test-retest reliability and cross-cultural validity (Pavot & Diener, 1993; Sachs, 2003). A meta-analysis that examined the reliability of SWLS scores by Vassar (2008) found that standard deviation was positively correlated with internal consistency. The mean Cronbach's alpha was recorded at ($\alpha = .78$) by Vassar (2008). The SWLS was a suitable measure for use across a range of research domains (Sachs, 2003). The Cronbach's alpha for the present study was recorded at ($\alpha = .87$), which suggests a high level of internal

consistency for the SWLS with this sample. Hence, the researcher felt confident utilizing the SWLS for the present study.

Levels of burnout were measured using the Burnout Clinical Subtypes Questionnaire (BCSQ-12), a 12-item Likert scale measuring occupational burnout. The 12 items are divided into three sections measuring lack of development, neglect and overload (Montero-Marin et al., 2011). Participants can express how much they agree/ disagree with each item on a 7-point Likert scale, which spans from 1, meaning ‘totally disagree’ and 7, meaning ‘totally agree’. For this study, burnout was conceptualised and examined as a whole, as opposed to three separate parts. The minimum possible score is 12 and the maximum is 84, with greater scores indicating higher levels of burnout (Demarzo et al., 2020; Martins et al., 2022). The Burnout Clinical Subtypes Questionnaire was chosen as it has strong reliability and validity (Demarzo et al., 2020; Mohebbi et al., 2019; Montero-Marin & Garcia-Camapayo, 2010). The Cronbach’s alpha of the BCSQ-12 was recorded at ($\alpha = .84$) by Montero-Marin et al. (2011). Hence, the researcher felt confident adopting the same measure. The Cronbach’s alpha for the present study was recorded at ($\alpha = .84$), which suggests a high level of internal consistency for the BCSQ-12 within this sample. The survey was developed via Google forms and made available to the sample via social media platforms. A poster containing a brief description of the study and QR code linking to the study was printed and displayed (see Appendix J).

Procedure

Review of the literature and analysis of similar studies enabled the researcher to formulate the hypotheses for this study. The researcher submitted an Ethics Application form to National College of Ireland’s Ethics Committee who recommended a few minor adjustments. Once rectified, the modified ethics application was forwarded to the researcher’s supervisor for further review. A letter of ethical approval was received from the Psychology

Ethics Filter Committee. (See Appendix A). Once received and the information sheet, consent form, questionnaires, debrief sheet, and poster were reviewed by the researcher's supervisor, then the data collection began. Data were computed into the Statistical Package for the Social Sciences (SPSS) software for statistical analysis (See Appendix I). A Spearman Rho correlation coefficient was used to analyse H1. A Mann Whitney U test was used to analyse H2. Lastly, an independent samples t-test was utilized to examine H3.

Experience for Participants

Participants found out about the study via a social media post or a poster that contained a brief description of the study and a link to the survey (see Appendix B and Appendix J). When the participants first opened the survey, they were presented with the information sheet explaining the nature and purpose of the study, the subject matter of the questions that would be asked, criteria for partaking along with the potential risks and benefits. They were also informed that the results of the study would be presented in a dissertation, to be submitted to the National College of Ireland and potentially be submitted for publication in academic papers and/or presented in conferences (see Appendix C). The email address of the researcher and supervisor was made available on the information sheet that participants were advised to contact if they had any further queries or concerns. The information sheet also explained that taking part was completely voluntary and participants could withdraw at any time, without penalty. Participants were informed that the study was confidential, and that individual participants could not be identified. It was explained that due to this, once they submitted their responses, it would not be possible to retract them.

A consent form was at the end of the information sheet. Participants were unable to move onto the questionnaire without ticking the consent form box which confirmed their willingness to participate. (See Appendix D).

After consenting to take part, participants were brought to the demographics section. There they were asked to select which country they were registered, age, gender, how long they have been registered for, if they are an agency or staff nurse and which division they were registered to work in. Participants then responded to the Burnout Clinical Subtypes Questionnaire (See Appendix F) and the Satisfaction with Life Scale (see Appendix G). The final section of the survey was the debrief that again explained the nature of the study and provided contact information for support lines specific to healthcare workers in Ireland, the United Kingdom and Australia. Participants were also thanked for their participation. (See Appendix H).

Ethical Considerations

The researcher obtained a letter of ethical approval from the National College of Ireland prior to collecting any data from the participants (See appendix A). Participants had to be over the age of eighteen to take part in the study. A consent form containing details of the study had to be read and a box ticked before participation (see Appendix D). The study was anonymous, and the researcher had no way of identifying participants. While the researcher did not anticipate that the survey would cause distress, participants were provided contact information for support services in Ireland, the UK and Australia. The researcher while under supervision is responsible for the safekeeping, analysis and reporting of the data obtained. The National College of Ireland have responsibility for the data generated by the research. All local copies of data saved on personal password protected devices/laptops will be deleted by the student's NCI graduation date or three months after the researcher exits the NCI psychology programme. It is the researcher's responsibility to ensure adherence to the required ethical principles during the completion of the study. Anonymised data will be stored on National College Ireland servers in line with National College Ireland's data retention policy. It is envisaged that anonymised data will also be uploaded to a secondary

data repository to facilitate validation and replication, in line with Open Science best practice and conventions.

Results

Descriptive Statistics

The present data was obtained from a sample of 152 participants ($n = 152$). The sample contained 17.8% ($n=27$) agency nurses and 82.2% ($n=125$) staff nurses. This sample consisted of 92.8% females ($n=141$), 5.9% males ($n = 9$) and 1.3% were of unknown gender ($n= 2$). A large proportion were registered on the general division 65.1% ($n= 99$). A total of 42.8% of participants were registered for 16 years or more ($n= 65$), followed by 25.7% who were registered between 1-5 years ($n= 39$). Nurses registered in Ireland were the most highly represented 87.5% ($n=133$), followed by Australia at 7.9% ($n=12$) and then the United Kingdom at 4.6% ($n=7$). The age range varied from 25 years to 62 years with the mode being 28 years of age. The mean age of participants was 39 years ($SD = 10.42$). Descriptive statistics for age, burnout scores and life satisfaction scores are presented in Table 1. Descriptive statistics for demographic variables are presented in Table 2.

Table 1*Descriptive statistics for Age, Burnout Scores and Life Satisfaction Scores*

Variable	<i>M</i> [95% CI]	Median	SD	Range
Age	39.57 [39.90, 41.24]	39.50	10.42	37
Burnout	44.20 [42.45, 45.96]	45	10.94	67
Life Satisfaction	21.12 [19.99, 22.25]	21.50	7.04	29

Note. This table represents the continuous variables.

Table 2

Frequencies for the current sample of Gender, Nurse Type, Years Registered and Country of Registration

Variable	Frequency	Valid %
Gender		
Female	141	92.8
Male	9	5.9
Gender Unknown	2	1.3
Nurse Type		
Staff Nurse	125	82.2
Agency Nurse	27	17.8
Years Registered		
1-5 yrs	39	25.7
6-10 yrs	28	18.4
11-15 yrs	20	13.2
16 plus yrs	65	42.8
Country of Registration		
Ireland	133	87.5
United Kingdom	7	4.6
Australia	12	7.9

Note. This table represents the demographics of the categorical variables.

Inferential Statistics

Hypothesis One

Preliminary analyses were implemented to ensure that there was no violation of the assumption of normality; life satisfaction was non normally distributed. Accordingly, a Spearman Rho correlation coefficient was calculated in lieu of a Pearson's correlation coefficient to determine if lower life satisfaction correlated with increased burnout among nurses. There was a strongly negative correlation between life satisfaction scores and burnout scores ($r = -.536$, $n = 152$, $p < .001$). The correlations between burnout scores and life satisfaction scores are represented in Table 3.

Table 3

Spearman's Rho correlations between Burnout and Life Satisfaction

Variables	1.	2.
1. Burnout Total	1.00	-.536***
2. Life Satisfaction Total	-.536***	1.00

Note. Statistical significance: * $p < .05$; ** $p < .01$; *** $p < .001$

Hypothesis Two

A Mann-Whitney U test was performed to determine if life satisfaction scores were higher for agency nurses compared to staff nurses as sample groups were non-equally distributed. Fail to reject the null as there was no statistically significant difference in life satisfaction scores between agency nurses and staff nurses ($U = 1554.5$, $Z = -.642$, $p = .521$).

Hypothesis Three

An independent samples T test was conducted to determine if burnout scores were higher for staff nurses compared to agency nurses as sample size was non-equally distributed. Preliminary analyses were performed to ensure that there was no violation of the assumptions

of normality and homogeneity of variance. There was a significant difference in scores, with staff nurses ($M= 44.99$, $SD= 10.87$) scoring significantly higher than agency nurses ($M= 40.56$, $SD= 10.70$), $t(150)= -1.93$, $p= .028$, one-tailed. The magnitude of the difference in the means (mean difference = -4.44 , 95% CI: -8.98 to 0.11) was small (Cohen's $d= .41$). This result indicated that burnout scores were statistically significantly higher for staff nurses compared to agency nurses.

Discussion

The present study aimed to explore the relationship between life satisfaction and burnout among nurses. The reviewed literature found some associations of burnout and life satisfaction and that the contributors and buffers of life satisfaction and burnout can be experienced differently between agency and staff nurses. This study aimed to examine if lower life satisfaction correlated with increased burnout among nurses and if there was a statistical difference in life satisfaction and burnout scores between agency nurses and staff nurses.

The results of this present study support the first hypothesis (H1) that lower life satisfaction scores will correlate with increased burnout scores among both agency and staff nurses. The second hypothesis (H2) was not supported by the statistical analysis of the results; life satisfaction scores were not statistically significantly higher for agency nurses compared to staff nurses. Results supported the third hypothesis (H3) which found burnout scores were statistically significantly higher for staff nurses compared to agency nurses.

Hypothesis One

H1 was examined through a Spearman's rho correlation. Results indicated that nurses who scored lower on the Satisfaction with Life Scale scored higher on the Burnout Clinical Subtypes Questionnaire. This result can be interpreted as that having a lower level of life satisfaction is associated with higher burnout among the nurses who participated in this present study. The findings of H1 were consistent with and provide backing to previous research that found decreased levels of life satisfaction were significantly associated with increased burnout levels among nurses (Martins et al., 2022; Uchmanowicz et al., 2019). While the results of this present study found a correlation between lower life satisfaction scores and increased burnout, it is not possible to infer causality i.e. it did not determine if the decreased life satisfaction resulted in higher burnout scores or if there was a confounding

variable influencing the burnout scores among participants. It is also not possible to infer the direction of the relationship between the two variables, i.e. did the life satisfaction scores influence the burnout scores or did the burnout scores influence the life satisfaction scores. Life satisfaction is a promoter of resilience ((Adams et al., 2016; Huebner et al., 2006). Previous research has found significantly negative relationships between resilience and burnout and that higher resilience makes burnout more manageable (Guo et al., 2018; Kutlutkan et al., 2016). As resilience reduces the impact of burnout, this may potentially explain why nurses within this sample who had higher life satisfaction scores also had lower burnout scores.

Hypothesis Two

Hypothesis two (H2) was examined through a Mann Whitney U Test. The results indicated that there was no statistical difference of life satisfaction scores between agency and staff nurses. These findings did not support the hypothesis. Review of previous literature found multiple key contributors to lower life satisfaction which included an imbalance between work and personal commitments, high stress and busy schedules (Ernst Kossek & Ozeki, 1998; Habib et al., 2012). Previous literature correlated higher life satisfaction with a safe working environment, overall well-being, camaraderie, higher pay and respect (Leitão et al., 2019; Manias et al, 2003; Mirfarhadi et al., 2013). A flexible working schedule was frequently correlated with higher life satisfaction within previous literature (Dousin et al., 2021; Ernst Kossek & Ozeki, 1998; Simpson & Simpson, 2019).

The results of this present study were unexpected as contributors to higher life satisfaction had been associated with many aspects of agency nursing such as the higher rate of pay and flexible working hours that can enable time with friends, partners and hobbies. All of which had been identified as contributors to higher life satisfaction by previous literature (Manias et al, 2003; Parasuraman & Simmers, 2001). Unlike staff nurses whose schedule

tends to be more rigid and had lower pay. Therefore, the researcher had posited that agency nurses would have higher life satisfaction scores compared to staff nurses. It can be suggested that there may be other factors impacting the life satisfaction of nurses within this sample that is not related to nurse type. Family dynamics may be playing a more pivotal role than employment in nurses life satisfaction scores (Kapteyn et al., 2010; Rojas, 2006).

Hypothesis Three

Hypothesis three (H3) was examined through an Independent Samples T test and found that burnout scores were higher among staff nurses compared to agency nurses. Previous literature correlated higher burnout with stress, excessive workload, conflict, poor support, job insecurity and knowledge deficits (Dall' Ora et al., 2020; Kitaoka & Masuda, 2013; Manias et al, 2003; Muller & Seekoe, 2014; Pines & Kanner, 1982; Reith, 2018). Workplace flexibility and support from management and colleagues were associated with reduced risk of burnout (Hill et al., 2008; Maglalang et al., 2021). Analysis of previous research found that agency nurses experience high levels of isolation, job insecurity and knowledge deficits, all of which were linked to burnout. Yet staff nurses experienced higher levels of burnout in this present study. The flexible schedule that is available to agency nurses may be acting as a buffer against contributors to burnout. As previously mentioned, excessive workload and long shifts have been correlated with burnout in previous studies. Agency nurses can control when they work, unlike staff nurses who tend to work a rigid schedule. Another factor to consider is the possibility that agency nurses may be taking time off when they experience excessive stress or are working less hours compared to staff nurses. This was corroborated by Hughes and Macantonio (as cited in Manias et al., 2003). who found that agency nurses tend to work less hours compared to staff nurses.

Implications of Findings

Burnout and life satisfaction play a substantial role in nurses deciding to leave the profession (Cohen et al., 2022; Yuan et al., 2024). It has been predicted that the nursing shortage could reach 12.9 million worldwide by the year 2035 (Tamata & Mohummadnezhad, 2023). Inadequate nurse staffing is associated with substandard safety and worsened patient outcomes. Therefore, it is important to explore and address these issues in order to improve nurse retention and to gain insight into how these experiences may impact life satisfaction and burnout scores, as there have been correlations found between life satisfaction and job contentment (Glaz, 2024; Lee et al., 2004). As burnout scores were higher for staff nurses, it could be suggested that if a nurse is experiencing high levels of burnout, switching to agency nursing may alleviate some of the burnout symptoms. Alternatively, hospital administrators could implement interventions for their permanent staff that could mediate the factors increasing burnout and lowering life satisfaction, for example introducing flexible scheduling and higher pay. Another option is hospital administrators could apply the ethos of magnet hospitals, which are hospitals characterised by commitment to flexible working hours, professional development and good communication between staff and managers (Havens & Aiken, 1999; Mc Clure et al., 1983; Upenieks, 2003, as cited in Chen & Johantgen, 2010). Nurses who work in magnet hospitals report less burnout, higher job satisfaction and are more likely to remain in their positions compared to nurses who worked in standard hospitals (Laschinger & Leiter, 2006; Kelly et al., 2011). This impacts the care provided, as patients in magnet hospitals have lower levels of mortality compared to non-magnet hospitals (Aiken et al., 1994).

Strengths and Limitations

The present study contributed to current literature by strengthening previous research findings that associated lower life satisfaction with increased burnout among nurses. There

were no available research studies that compared life satisfaction and burnout between agency and staff nurses. This led the researcher to review aspects of nursing that had previously been correlated with life satisfaction and burnout and analysed how these correlations were experienced differently by agency and staff nurses. This is a novel study (to the researcher's knowledge) that compared burnout and life satisfaction scores between agency and staff nurses. As such, this study has impacted the literature surrounding nurses but there is still much room for investigation in this field. The current study used a quantitative, within-participants, cross-sectional design as it enabled the researcher to find and interpret snapshot results within a reasonably short time frame. The study is limited as the researcher can only theorise why burnout was higher among staff nurses and did not obtain any further insight into the participants own perceptions of why their burnout levels may have been elevated. This will be discussed further in the suggestions for future research section below.

Suggestions for Future Research

The present study utilized a cross-sectional design. A cross-sectional design was advantageous for demonstrating preliminary evidence that could be utilized in the future for planning a more advanced research study (Wang & Cheng, 2020). The researcher suggests that a longitudinal design may be beneficial for future studies to analyse the same participants who worked as an agency nurse at one point in time and a staff nurse at another point in time. Potentially this could provide greater insight into any changes in scores of life satisfaction and burnout upon transfer to a different nurse type. This design could strengthen findings that suggest working as an agency nurse is correlated with reduced burnout scores. A combination of quantitative and qualitative design may provide an in-depth look into participants own perceived reasons behind the contributors and buffers of higher burnout.

Conclusion

Overall, this present study found some evidence to suggest that lower life satisfaction is correlated with increased burnout among nurses. Life satisfaction scores were not found to be higher for agency nurses compared to staff nurses and burnout scores were higher for staff nurses compared to agency nurses. While this study provided some new contributions to the literature surrounding nurses, a significant amount of future research is required.

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Appendices

Appendix A

Letter of Ethical Approval from Nation College of Ireland Psychology Ethics Filter Committee



National College of Ireland
Mayor Street, IFSC, Dublin 1, Ireland
Coláiste Náisiúnta na hÉireann
Sráid an Mhairs, IFSC
Baile Átha Cliath 1, Éire

Tel: +353 1 449 8500
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Website: www.ncirl.ie

Date: 08/11/2024

Ref: Ethics Approval Number: 08112024x21190666

Proposal Title: *Life Satisfaction and Burnout among Agency and Staff Nurses*

Applicant: Sinead Halton

Dear Sinead,

Thank you for your application to the NCI Psychology Ethics Filter Committee, and for responding to clarification requests related to the application. I am pleased to inform you that the ethics committee has approved your application for your research project. Ethical approval will remain in place until the completion of your dissertation in part fulfilment of your BA Honours Degree in Psychology at NCI.

Please note that:

- Students are responsible for ensuring that their research is carried out in accordance with the information provided in their application.
- Students must abide by PSI ethics guidelines in completing their research.
- All procedures and materials should be approved by the supervisor prior to recruitment.
- Should substantial modifications to the research protocol be required at a later stage, a further amendment submission should be made.

Sincerely,

Dr Robert Fox

Chairperson, Psychology Ethics Filter Committee

Ethics Committee members: *Dr Robert Fox (representative on the NCI Research Ethics Subcommittee), Dr Michelle Kelly, Dr Amanda Kracen, Dr Conor Nolan, Dr Lynn Farrell, Dr Fearghal O'Brien, Dr David Mothersill, Dr Michele Kehoe, Dr Barry Coughlan, Dr Conor Thornberry, Dr Brendan Cullen, Cassandra Murphy, Eden Bryan.*

Appendix B

Post for Participant Recruitment

Hello! My name is Sinead Halton. I am a nurse and psychology student. For my final year psychology project, I am researching life satisfaction and burnout on staff and agency nurses. If you have five to ten minutes free and would like to take part, please click this link to open the questionnaire; [Link will be made available here]. If you know anyone who may be interested in taking part, please feel free to share this with them.

Thank you!

Researcher: Sinead Halton. Can be contacted at x21190666@student.ncirl.ie

Supervisor: Dr Conor Nolan. Can be contacted at Conor.Nolan@ncirl.ie

Appendix C

Information Sheet

Life Satisfaction and Burnout among Agency and Staff Nurses

You are being invited to partake in a psychological research study. Before agreeing to take part, please read this document carefully. If you have any further questions or input, please contact myself or my supervisor using the details available at the bottom of this page.

What is this study about?

I am a final year student in the BA Psychology programme at National College of Ireland. I have also been working as a nurse for the past five years. As part of the psychology degree, I must carry out an independent research project. My career as a nurse is what inspired this research which is investigating if lower levels of life satisfaction is linked to higher levels of burnout among registered nurses. I also aim to explore if there are differences in reported life satisfaction and burnout between agency and staff nurses.

This project is being supervised by Dr Conor Nolan D.Psych.BAT Chartered Behavioural Psychologist (C. Behav. Psychol., Ps.S.I.).

What will taking part in this research study involve?

If you decide to take part in this research, you will be asked to firstly read a consent form and tick the box if you are happy to take part. Please note that you will be unable to proceed onto the next section unless you have ticked this box.

You will then be asked some general background information including where you are registered, which division of nursing you are working in, your age, how long you have been a nurse and if you are an agency or staff nurse. You will NOT be asked to disclose personal identifying information such as your name, address or contact details. This study is completely anonymous, and I have no way of identifying you.

You will then be asked to complete two questionnaires that contain questions relating to life satisfaction and burnout. This should take no longer than ten minutes to complete.

Who can take part?

You are welcome to take part in this study if you are over the age of eighteen years and are registered as a nurse in either Ireland, United Kingdom or Australia.

Do I have to take part?

Choosing to complete, or not complete, this questionnaire will have no impact on your job or responsibilities. All participation is completely voluntary and in no way linked to your employment. Taking part in this research is completely up to you. If you decide not to partake this will have no consequences for you. You can stop and withdraw from the study at any time with no consequences to you. To stop, simply exit out of the browser.

Once you have submitted your answers to the questionnaire, it will not be possible to withdraw your data from the study, as the questionnaire is anonymous and individual responses cannot be identified.

This questionnaire contains items asking about your life satisfaction and levels of burnout.

There is a small risk that these questions may cause some individual's discomfort. If there is a risk that these questions may cause you extreme discomfort, please do not take part in the study.

What are the possible benefits and risks of taking part?

There are no direct benefits to you for taking part in this study. However, the information collected will contribute to research that helps us to understand the link between life satisfaction and burnout among nurses and if agency or staff nurses have different experiences of life satisfaction and burnout.

There is a small risk that some of the questions contained within this survey may cause some discomfort for some participants. If you experience this, you are free to stop and exit the questionnaire. Contact information for relevant support services are also provided at the end of the questionnaire.

The questionnaire is anonymous, I will not be able to identify any participant from the data they provide.

If you have any questions regarding data protection for this research project, you can contact the NCI data protection officer, Niamh Scannell (Niamh.Scannell@ncirl.ie). Answers to the questionnaire will be anonymous and stored securely in a file on the researcher's computer.

Data will be retained and managed in accordance with the NCI data retention policy.

Anonymised data may be archived on an online data repository and may be used for secondary data analysis.

What will happen to the results of the study?

The results of this study will be presented in my final dissertation, which will be submitted to National College of Ireland. There is the possibility that the results may be submitted for publication in academic papers and/or presented in conferences.

Who should you contact for further information?

If you have any queries or concerns, you are more than welcome to contact myself, the researcher at x21190666@student.ncirl.ie

Alternatively, you can contact my supervisor Dr Conor Nolan at

Appendix D

Participant Consent Form

- I have read and understood the purpose and nature of this study.
- I am aware that taking part in this research is voluntary and that I can withdraw from this study at any time without consequences to myself.
- I am aware that I can contact the researcher and/ or supervisor if I have any questions or concerns.
- I understand that my anonymity will be preserved. I understand that my data will be retained and managed in accordance with the NCI data retention policy, and that my anonymised data may be archived on an online data repository and may be used for secondary data analysis.
- I understand that the results of this study will be presented as a final year psychology dissertation project and may be sent for publication in academic journals or presented in conferences.
- I am aware that once my answers have been submitted, they cannot be withdrawn due to the anonymity of this study.

- I am happy to take part in Sinead Halton's study titled 'Life Satisfaction and Burnout among Agency and Permanent Staff Nurses'.
- All my potential concerns/ questions have been adequately addressed.
- The information sheet has made me aware of how my data will be managed.
- I am aware that I cannot access my individual results due to anonymity.
- I understand that my data, in an anonymous format, may be used in further research projects and any subsequent publications.
- I agree for my data to be used for further research projects.

Please tick the box if you have read and agree to the above*

Appendix E

Demographic Questions

Q1). Please select where you are registered to work as a nurse:

1. Ireland
2. United Kingdom
3. Australia

Q2). Please select how long you have been registered as a nurse:

1. 1-5 years
2. 6-10 years
3. 11- 15 years
4. 15 years plus

Q3). Are you predominantly employed as a permanent staff nurse or agency nurse?

1. Permanent Staff Nurse
2. Agency Nurse

Q4). Which Nursing Division are you registered on (You have the option to select more than one if dual registration applies to you).

1. General nurses' division
2. Psychiatric nurses' division
3. Intellectual Disability nurses' division
4. Children's nurses' division
5. Midwives' division
6. Public health nurses' division
7. Nurse tutors' division
8. Midwife tutors' division

9. Nurse prescribers' division

10. Midwife prescribers' division

11. Advanced nurse practitioners' division

12. Advanced midwife practitioners' division

Q5). Please enter your age in years

Q6). Please enter your gender

Appendix F

The Burnout Clinical Sub-types Questionnaire

For this section, please select how much you agree or disagree with each statement

- 1) Totally disagree
- 2) Strongly disagree
- 3) Disagree
- 4) Unsure
- 5) Agree
- 6) Strongly agree
- 7) Totally agree

for the following items;

- 1). I think the dedication I invest in my work is more than I should for my health.
- 2). I would like to be doing another job that is more challenging for my abilities.
- 3). When things at work don't turn out as well as they should, I stop trying.
- 4). I neglect my personal life when I pursue important achievements in my work.
- 5). I feel that my work is an obstacle to the development of my abilities.
- 6). I give up in response to difficulties in my work.
- 7). I risk my health when I pursue good results in my work.
- 8). I would like to be doing another job where I can better develop my talents.
- 9) I give up in the face of any difficulties in my work tasks.

- 10). I overlook my own need to fulfil work demands.
- 11). My work doesn't offer me opportunities to develop my abilities.
- 12). When the effort I invest in work is not enough, I give up.

Appendix G

The Satisfaction with Life Scale

For this section, please select how much you agree or disagree with each statement

- 1) Strongly disagree
 - 2) Disagree
 - 3) Slightly Disagree
 - 4) Neither agree nor disagree
 - 5) Slightly Agree
 - 6) Agree
 - 7) Strongly Agree
-
1. In most ways my life is close to my ideal.
 2. The conditions in my life are excellent.
 3. I am satisfied with my life.
 4. So far, I have gotten the important things I want in life.
 5. If I could live my life over, I would change almost nothing.

Appendix H

Debrief Sheet

Thank you for your participation in this research study. This study looked at the impact life satisfaction has on burnout among nurses and if agency and permanent staff nurses have differing experiences of life satisfaction and burnout.

If you are based in Ireland and require any additional support, please contact Practitioners Health Matters at 0857601274 or email confidential@practitionerhealth.ie or you can contact the HSE Employee Assistance Programme (staff counselling service) at 0818327327

If you are based in the United Kingdom and require any additional support please text SHOUT to 85258.

If you are based in Australia and require any additional support please contact the Ahpra nurse & midwife support line at 1800 667877.

Appendix I

Evidence of Statistical Analysis

Tests of Normality

	Kolmogorov-Smirnov ^a			Shapiro-Wilk		
	Statistic	df	Sig.	Statistic	df	Sig.
BurnoutTotal	.055	152	.200 [*]	.985	152	.105
LifeStaisfactionTotal	.093	152	.003	.970	152	.002

*. This is a lower bound of the true significance.

a. Lilliefors Significance Correction

Correlations

			BurnoutTotal	LifeStaisfaction Total
Spearman's rho	BurnoutTotal	Correlation Coefficient	1.000	-.536 ^{**}
		Sig. (2-tailed)	.	<.001
		N	152	152
	LifeStaisfactionTotal	Correlation Coefficient	-.536 ^{**}	1.000
		Sig. (2-tailed)	<.001	.
		N	152	152

^{**}. Correlation is significant at the 0.01 level (2-tailed).

Ranks

	NurseType	N	Mean Rank	Sum of Ranks
LifeStaisfactionTotal	Agency Nurse	27	81.43	2198.50
	Permanent Staff Nurse	125	75.44	9429.50
	Total	152		

Test Statistics^a

	LifeStaisfaction Total
Mann-Whitney U	1554.500
Wilcoxon W	9429.500
Z	-.642
Asymp. Sig. (2-tailed)	.521

a. Grouping Variable: NurseType

Group Statistics

	NurseType	N	Mean	Std. Deviation	Std. Error Mean
BurnoutTotal	Agency Nurse	27	40.56	10.703	2.060
	Permanent Staff Nurse	125	44.99	10.874	.973

Case Processing Summary

		N	%
Cases	Valid	152	100.0
	Excluded ^a	0	.0
	Total	152	100.0

a. Listwise deletion based on all variables in the procedure.

Independent Samples Test

		Levene's Test for Equality of Variances				t-test for Equality of Means				95% Confidence Interval of the Difference	
		F	Sig.	t	df	Significance One-Sided p	Two-Sided p	Mean Difference	Std. Error Difference	Lower	Upper
BurnoutTotal	Equal variances assumed	.014	.905	-1.928	150	.028	.056	-4.436	2.301	-8.984	.111
	Equal variances not assumed			-1.948	38.483	.029	.059	-4.436	2.278	-9.046	.173

Descriptives

		Statistic	Std. Error
Age	Mean	39.57	.845
	95% Confidence Interval for Mean	Lower Bound	37.90
		Upper Bound	41.24
	5% Trimmed Mean	39.21	
	Median	39.50	
	Variance	108.631	
	Std. Deviation	10.423	
	Minimum	25	
	Maximum	62	
	Range	37	
	Interquartile Range	19	
	Skewness	.346	.197
	Kurtosis	-1.016	.391

Appendix J

Poster for Participant Recruitment

**Are you an AGENCY or STAFF
NURSE who would like to contribute
to Psychological Research looking at
burnout and life satisfaction?
If you are interested, please click the
link in the description and it will bring
you to the study**

Researcher: Sinead Halton.

Can be contacted at

x21190666@student.ncirl.ie

Supervisor: Dr Conor Nolan.

Can be contacted at

Conor.Nolan@ncirl.ie

Appendix K

Evidence of Permission to Display Poster

Dear Sinéad,

I wish to confirm that I gave you permission to place your notice at the Whitty reception desk in Mater Misericordiae which you took down today.

It was a pleasure meeting you. I wish you every success.

Sincerely,