INVESTIGATING BURNOUT RISKS AMONG NURSING STAFF IN A LEADING HOSPITAL IN INDIA

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Abstract: Healthcare professionals, particularly nurses, are at risk of experiencing burnout due to prolonged stress and physical or emotional exhaustion. This study aimed to evaluate the level of burnout among nurses in a tertiary care hospital in India and to compare the levels of burnout across different departments. Using the Maslach Burnout Inventory survey tool, the study found that nurses experienced moderate levels of emotional exhaustion, higher levels of depersonalization, and personal accomplishment. The study's findings suggest that burnout is a significant issue for nurses, and that Indian nurses demonstrate different patterns of burnout compared to those in developed countries. The study emphasizes the need to address life-work balance, coping mechanisms, and stress management to reduce the burden of burnout among healthcare professionals.

Keywords: Burnout, Nurses, Tertiary Care Hospital, Emotional Exhaustion, Depersonalization, Personal Accomplishment, Maslach Burnout Inventory

Introduction

Burnout is a complex and multifaceted syndrome that results from prolonged exposure to work-related stress. It is characterized by feelings of emotional exhaustion, depersonalization, and a diminished sense of personal accomplishment (Maslach & Jackson, 1981). Burnout has become a topic of increasing concern for researchers, policymakers, and employers, particularly in the context of the healthcare industry, where burnout rates are higher than in other industries (Shanafelt et al., 2016).

The term burnout was first coined in the 1970s to describe the emotional and physical exhaustion experienced by individuals working in human service professions, such as social work and healthcare (Freudenberger, 1974). Since then, researchers have explored the phenomenon of burnout from various perspectives, including the causes, consequences, and strategies for prevention and intervention.

In the healthcare industry, nurses are particularly susceptible to burnout due to the unique demands of their profession. Nurses are responsible for providing 24-hour patient care, often under stressful and challenging conditions. They are expected to be empathetic, patient, and knowledgeable, while also managing their own emotions and stress levels (Shanafelt et al., 2016). Furthermore, the nursing profession is facing a global shortage, which has increased the workload and stress levels of nurses, leading to high rates of burnout (World Health Organization, 2021).

Several studies have identified the factors that contribute to burnout among nurses, including excessive workloads, insufficient resources and support, poor work-life balance, and lack of control over one's work

environment (Shanafelt et al., 2016; Wurm et al., 2016). Burnout has been associated with negative outcomes for nurses, such as decreased job satisfaction, poor mental health, and reduced quality of care for patients (Dyrbye et al., 2019).

In addition to its impact on individual nurses, burnout also has wider implications for healthcare organizations and the healthcare system as a whole. Burnout can result in increased staff turnover, lower productivity, and reduced quality of care, which can ultimately affect patient outcomes (Shanafelt et al., 2016).

Despite the widespread recognition of the problem of burnout among nurses, there is still much to be learned about its causes, consequences, and effective interventions. This highlights the need for further research to better understand the complex nature of burnout and develop evidence-based strategies for prevention and intervention.

The present study aims to contribute to this body of knowledge by assessing the level of burnout among nurses in a tertiary care hospital in India and comparing the burnout levels among nurses working in different departments. The study will use the Maslach Burnout Inventory survey tool to measure burnout among nurses from various wards. By identifying the factors associated with burnout among nurses, this study will help to inform the development of targeted interventions to reduce the burden of burnout and improve the well-being of nurses, as well as the quality of care for patients.

Materials and Methods

This study was cross sectional. Maslach Burnout Inventory survey tool was adapted to assess the level of burnout among nurses in a tertiary care hospital, Bangalore. It consist of 22 questions with 3 subscales. Emotional Exhaustion (EE) had 9 questions; Depersonalisation (DP) 5 questions and Personal Accomplishment (PA) 8 questions.

- Cross sectional Study was conducted for a period of 6 months among 224 staff nurses in a tertiary care Hospital.
- Data collection was by distributing questionnaire (Maslach Burnout inventory (7- point Likert scale 0 to 6) to the staff nurses.
- Scoring was done based on standard Maslach scoring table
- $P<0.05$ was used to determine the statistical significance. Chi-square was applied to examine the association between years of experience with burnout.

Tool Used in the study: Maslach Burnout Inventory (MBI)

MBI English version has been extensively tested and reported for internal consistency, test - retest reliability and validity (Maslach& Jackson 1996) [22]. Demographic data sheet was developed to collect data including age, gender, marital status, area of work, qualification, working experience in nursing position. The scoring of completed questionnaire was done by using key by Maslach and Jackson (1996) [22]. High scores of Emotional Exhaustion, Depersonalisation and a lower scores of Personal Accomplishment indicate a higher level of burnout. **Table 1**

Maslach Burnout Inventory(22 Questions)
I feel emotionally sensitive from my work
I feel tired at the end of the day
I feel tired when I get up in the morning and have to face another day at work
I can easily understand how patients feel about things

I feel I treat some patients as if they are not important to me
Working with people all day is a real strain/struggle for me
I deal effectively with the problems of patients
I feel exhausted/stressed from my work
I feel I am changing other people's lives through my work in a good way
I have become more uncaring toward people since I took this job
I worry that this job is making me emotionally insensitive
I feel very energetic
I feel frustrated by my job
I feel I am working too much on my job
I don't really care what happens to some patients
Working with people directly puts too much stress on me
I can easily create a relaxed atmosphere with the clients
I feel very happy after working closely with patients
I have accomplished many good things in my job
I feel like I am at the end of my patience
In my work I deal with emotional problems very calmly
I feel patients blame me for some of their problems

Burnout Scoring

Table 2

Domains	Severe	Moderate
Emotional exhaustion	>27	19-26
Depersonalization	>10	6_9
Personal accomplishment	<33	39-34

Results

This study results reveal that there is significantly increased level of burnout among staff nurses.Burnout consequence ranges from mild, moderate and severe burnout. The results of the study are described under the following heading. Description of baseline variable of staff nurses Description of level of burnout.

- Comparison of burnout proportions with various department
- Association between the level of burnout and selected demographic variable

Description of Baseline Variable of Staff Nurse The staff nurses who participated in the study were in the age group between 21-45 years.

The study reveals majority 161 (71.8%), of staff were female, most of staff nurses were married 118 (52.67 %) and single were (46.8%) according to their qualification most of them were GNM (75.8%)) and (15.6%) B.sc and (7.1%) PcBSc and maximum of staff nurses had clinical experience clinical experience of 1-5years (69.64%) and maximum of their working in wards (52%).

Description of Level of Burnout

The data in the present study reveals that in Emotional exhaustion domain Majority 117(52.2%) had moderate level of burnout, 58(25.8%) had severe level of burnout and 49(21.8%) have Low level of burnout. In depersonalization domain, majority117 (52.2%) had severe level of burnout, 87(38.8%) had moderate level of burnout and 20(8.92%) have Low level of burnout. In personal accomplishment domain, majority 191(85.26%) had severe level of burnout. 26(11.6%) had moderate level of burnout and 7(3.12%) had Low level of burnout. Emotional Exhaustion scores shows that nurses experienced Moderate level of burnout and nurses experienced severe level of burnout in personal accomplishment and depersonalization. However, based on the results emphasis must focus to reduce burnout in depersonalization and personal accomplishment domain.

Comparison of Burnout Proportions with Various Departments

There was significant association between burnout proportions and various departments. However nurses experienced lower levels of Personal Accomplishment in all the departments. These results are consistent with most of the studies from other countries (Halm *et al*. 2005, Servellen 1993) which focused on nurse's work and job description rather than area or department where they work. In OPD nurses felt low personal accomplishment compared with other departments, the reason is that they only care for patients for a short time and are not part of the complete care and some will be transferred to other wards. This makes them feel unsuccessful because they cannot see the actual outcomes of the patient.

Association Between The Levels of Burnout and Selected Variables

There was no significant association between levels of burnout and years of experience. The finding shows married nurses are highly burned out in emotional exhaustion domain compared with unmarried nurses, (p=0.047) statistically significant. In the current study married nurses had low personal accomplishment compared with unmarried nurses. It was statistically significant (p=0.035) that unmarried nurses were more burned out in depersonalization domain. Unmarried nurses are starting their career and also work in low positions. This can hamper their autonomy and when compared to married nurses. There was no Statistical significance between male and female nurse's burnout level and this result was consistent with the findings of Kandolin (1993). However, there were only 62 male nurses out of 224 participants in this study, finding cannot be generalized.

Nursing qualification had no significance with the level of burnout and this was consistent with Maslach's (1996) [22] findings.

Key Results of the study

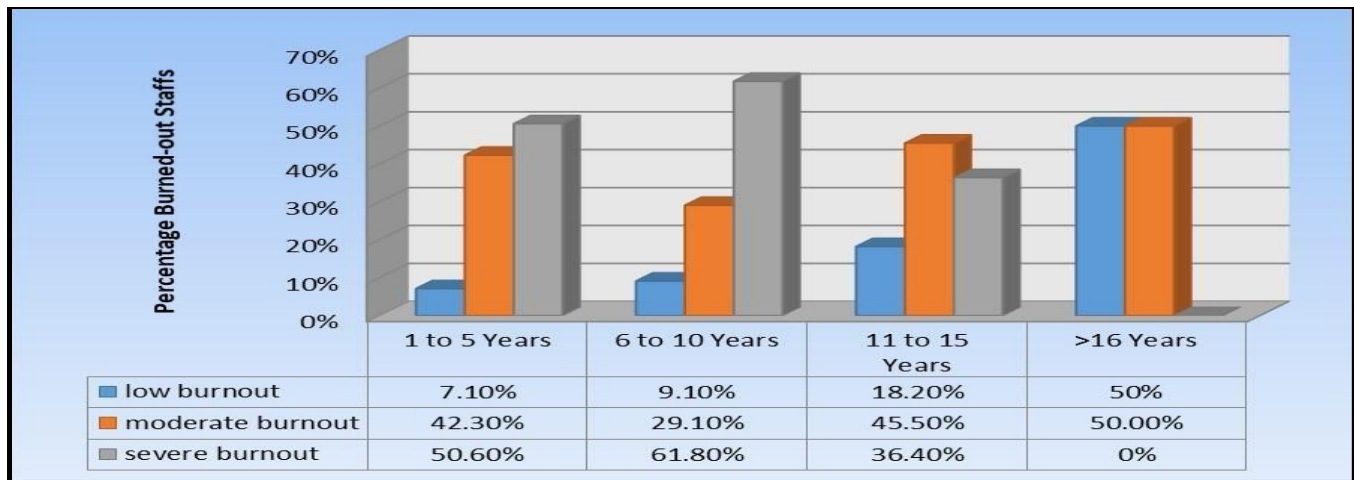|	1 to 5 Years	6 to 10 Years	11 to 15 Years	>16 Years
■ low burnout	7.10%	9.10%	18.20%	50%
■ moderate burnout	42.30%	29.10%	45.50%	50.00%
■ severe burnout	50.60%	61.80%	36.40%	0%

Fig 1

- There was statistically significant (p=0.03) association between levels of burnout and years of experience in depersonalization domain.
- This study showed that nurses with less work experience (1-10 YRS) experienced higher level of depersonalization.
- Depersonalization Measures an unfeeling and impersonal response towards recipients of one's service, care, treatment or instruction. **Strategies to Prevent Burnout**

Burnout is expensive for employers, society and for individuals. Hence, there is a need to address the issues related to stress and coping strategies to reduce burnout in nurses. Institutional burden because of burnout in nurses is mainly poor quality of service, it can even lead to poor morale among nurses, and this has to be addressed by management to mitigate the factors responsible for nurse's burnout.

Burnout syndrome treatment requires multidisciplinary approach like help from medical, psychological experts, support from private sectors and social groups. (Weber & Jackel-Rainhard 2000).

Discussion-Individual Approach to Reduce Burnout

- Relaxation technique or progressive muscle relaxation(PMR, Golombek 2001) [11], mindfulness-based stress reduction(MBSR, Williams *et al* 2001) and training of emotional competency(TEK, Berking 2010).
- Self-monitoring and self regualtion(Cameron and Leventhal 2003)
- stress management at personal level (Taormina and Law 2000) [34]
- Emotional intelligence (Weng *et al* 2011) [38]
- Family and work life balance to be maintained (ladegard 2011) [18]
- Depression can be counteracted by moderate physical exercise (Dunn *et al* 2005) [8] this can also be used in coping with burnout.

Discussion Organisational and Society Approach to Reduce Burnout

The current priority is to develop an administrative strategy to detect stress in the early stages and prevent nursing burnout. Many authors suggest that discussion and counselling between staff nurses with physicians has shown a positive impact. Some of them have discussed the role of staff support groups has also been studied. The nurse manager can create an environment where staff nurses can freely express the stress factors and learn from others mistakes. Support from one's nurse manager acts as influential drivers for reducing nurse's burnout (Hunsaker, Chen, Maughan and Heaston, 2015).

Consolidated approach should involve family membes support as part of the therapy (Burisch 2010). Interventions designed to specially counteract burnout can be well structured reward system, coping strategies of individuals. Policy formulation must recognize the strange challenges encountered by females and unmarried nurses in their workplace and develop strategies to reduce them. As per this study results and also supported by other studies (Bakker *et al* 2009) that women are at risk for burnout and hence it should be considered as priority.

- Identification of early signs of burnout (Maslach and laiter 2008) [24]

- Involvement of employees in decision making process (Gray-stanley and Muramatsu 2011) [12]

- Co-worker support(Taormina and Law 2000) [34]

- Management support in a structured way (Paisely and Powell 2007) [28] **Conclusions**

Nurses who experience burnouts usually have health problems and their ability to care for the patient decreases. Hence, when we reduce nurses burnout, the nurse shortage can be reduced which will further reduce cost on recruitment and training of new nurses.

Burnout was prevalent among hospital and demographic variable like sex, age, area of working and educational status has no significant effect on burnout. Married nurses experienced high levels of Emotional exhaustion and this can be due to their responsibility at home and hospital.

However unmarried nurses experience high

Depersonalization and reason can be Job uncertainty which can lead to burnout (Msaouel*et al*, 2010) [26]. It suggest that hospital management and departments should consider these nurses and involve in decision making to safeguard and prevent their undesirable experience at work. Nurses in the all department showed lower levels of Personal AccomplishmentBurnout can be linked to work place stress according to European Agency for Safety and Health at Work (2009).

Limitations

The limitation of the study are primarily because of the cross-sectional design. There were less males in the sample which is the limitation. There were many female and studies should be carried out to see why males enter nursing and quit the profession. Hence the findings cannot be generalized to male nurses.

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