



OCCUPATIONAL BURNOUT AMONG NURSES IN TERTIARY CARE CENTRE OF CENTRAL INDIA- A CROSS SECTIONAL STUDY.

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ABSTRACT

Background and objectives: Nursing profession involves spending a great deal of mental, emotional and physical energy on caring for others. This cross-sectional study explored the prevalence of symptoms of burnout syndrome among nurses working in Tertiary care center of Central India. **Methods:** 159 staff nurses working in a Tertiary care center were interviewed by using "Copenhagen Burnout Inventory" questionnaire. **Results:** About 24.52% showed scores that indicate burnout. Of these 48.42% showed personal burnout, 42.76% had work-related burnout, and 8.17% had client-related burnout. **Conclusions:** The occurrence of burnout among nurses is alarming as it not only takes a toll on their physical and mental health but also reduces their working efficiency and motivation.

KEYWORDS : Burnout syndrome, Work-related burnout, Client-related burnout.

INTRODUCTION

Nursing is an extremely stressful profession, with nursing stressors being the largest predictors of burnout. Nursing profession involves spending a great deal of mental, emotional and physical energy on caring for others. (Divinakumar, 2014). Nurses often find themselves beleaguered by direct and continuous contact with clients, disruptive patients, mounting desk work, excessive workload, and shift work (Kar, 2014).

Burnout brings about an unpleasant state of mind and adversely affects their level of satisfaction, commitment, and performance. It negatively affects the health and personal lives of the employees experiencing it as well as services received by their patients, students, clients, or customers. Furthermore, studies have found correlations between burnout and absenteeism, intention to quit, actual turnover, and decreased job performance (Divinakumar, 2014).

However, burnout has not been studied extensively in India and even less in the public sector hospitals in Central India. Present study attempted to explore the prevalence of symptoms of burnout syndrome among nurses working in Tertiary care center of Central India.

MATERIAL AND METHODS

Present Descriptive cross sectional study was a questionnaire-based survey carried out on 159 staff nurses working in a Tertiary care center of Central India. The study protocol was reviewed and validated by the Institutional Ethics Committee. The duration of the study was two months, from August to September 2019. Study subjects were interviewed by using questionnaire based on "Copenhagen Burnout Inventory". Burnout was recorded on three parameters, personal burnout, work-related burnout, and client-related burnout.

Assuming the prevalence of occupational burnout among nurses to be 12.4%, as per a study done in Mumbai. (Divinakumar, 2014)., the estimated sample size came out to be 116 (Absolute precision : 6%, Confidence limit : 95%).

A list of all 830 nurses working in the Tertiary Care Center was

obtained from the matron office and by using systematic random sampling, every fifth nurse was included. Thus total number of staff nurses included in the study 159. Informed consent was obtained after apprising the study subjects about the nature and the purpose of the study.

RESULTS

Of the total 159 respondents, 97.48% (n = 155) were female and 2.51% (n = 4) were male. The average age of the respondent was 35 years (standard deviation 6.828). The average working hours recorded was 42 h. Twenty-nine had <5 years of experience and 130 had over 5 years of experience. About one fourth of the participants i.e. 24.52% (n = 39) showed scores that indicate burnout.

Table 1: Percentages of responses recorded for each question on the Copenhagen burnout Inventory.

Sr. No.	Questions	Percentages of responses				
		Always	Often	Sometimes	Seldom	Never
Personal burnout						
1.	How often do you feel tired?	21.38	26.41	44.02	5.66	2.51
2.	How often are you physically exhausted?	23.89	22.01	39.62	11.32	3.14
3.	How often are you emotionally exhausted?	5.66	13.83	37.10	30.18	13.20
4.	How often do you think: "I can't take it anymore"?	1.25	10.06	31.44	31.44	25.78
5.	How often do you feel worn out?	8.80	22.01	37.73	16.35	15.09
6.	How often do you feel weak and susceptible to illness?	3.14	9.43	29.55	28.30	29.55

Work-related burnout						
7.	Is your work emotionally exhausting?	42.13	29.55	18.86	7.54	1.88
8.	Do you feel burnt out because of your work?	24.52	16.35	26.41	16.98	15.72
9.	Does your work frustrate you?	3.14	5.03	23.27	27.67	40.88
10.	Do you feel worn out at the end of the working day?	5.66	10.69	18.86	37.10	27.67
11.	Are you exhausted in the morning at the thought of another day at work?	1.25	12.57	30.81	29.55	25.78
12.	Do you feel that every working hour is tiring for you?	4.40	10.06	23.27	20.12	42.13
13*	Do you have enough energy for family and friends during leisure time?	22.64	24.52	22.64	13.20	16.98
Patient-related Burnout						
14.	Do you find it hard to work with clients?	4.40	1.88	16.35	19.49	57.86
15.	Do you find it frustrating to work with clients?	18.23	29.55	22.01	18.23	11.94
16.	Does it drain your energy to work with clients?	1.25	3.14	18.86	28.93	47.79
17.	Do you feel that you give more than you get back when you work with clients?	8.17	15.09	25.15	30.18	21.38
18.	Are you tired of working with clients?	2.51	2.51	9.43	16.98	68.55
19.	Do you sometimes wonder how long you will be able to continue working with clients?	4.40	3.14	5.03	7.54	79.87

*Reverse score

Table 1 represents the percentage of each response provided by the participants for the questions of the CBI. Of the total study subjects 21.38% reported that they feel tired and 23.89% felt physically exhausted. Emotional exhaustion was reported by 42.13% respondents while 18.23% found it frustrating to work with clients. Prevalence of personal burnout, work-related burnout, patient-related burnout is seen in Table 2. Of all the respondents, 24.52% (n = 39) recorded scores that indicate burnout. About 48.42% (Standard deviation [SD] 18.37) respondents had personal burnout, 42.76% (SD 18.66) had work-related burnout, and only 8.17% (SD 17.18) had

client-related burnout [Fig.1].

Table 2: Prevalence of personal burnout, work-related burnout, patient-related burnout, and percentage burnout of respondents (burnout = mean score ≥ 50)

	Maximum	Minimum	Mean	SD	Percentage burnout (mean ≥ 50)
Personal burnout	91.67	4.17	47.09	18.37	48.42
Work-related burnout	92.86	3.57	48.31	18.66	42.76
Patient-related burnout	100	0	26.54	17.18	8.17

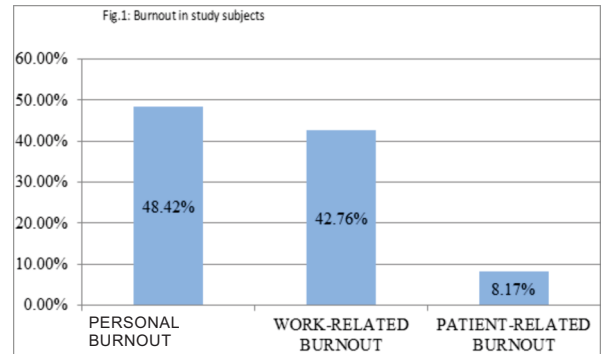


Figure 1. shows bar graph of the prevalence of burnout

DISCUSSIONS

Burnout is a concept in human services/ health care professions documented since 1974. Freudenberger proposed this term to describe a state of emotional exhaustion among people working in human service and health care. (Divinakumar, 2014). It is a psychological state characterized by symptoms that broadly fall under three distinct domains of emotional exhaustion, depersonalization or cynicism and reduced professional efficacy. (Dhusia, 2019).

In this study 24.52% participants had mean scores indicative of burnout according to the CBI which is lower than that in the study done by Fabio Giorgi et al in Italy (31.4%).

Our results showed a general trend of high scores in all three parameters of CBI. We found 48.42% of the nurses in our sample to be suffering from Personal Burnout which is a non work oriented burnout measure, 42.76% had work related burnout and only 8.17% had features of patient related burnout.

The levels of burnout in all domains in our study were significantly higher than the burnout rate calculated by Divinakumar K J et al at Mumbai. He noted 27.2% of the nurses were suffering from Personal Burnout which, 14.7% had work related burnout and 9.4% had features of patient related burnout. (Divinakumar, 2014).

The prevalence of burnout was found to be 69% among nurses in a study carried in south India. (Saravanabavan, 2019).

In a study by Rajeswari H. et al., majority of the nurses 54% reported moderate level of burnout and 46% reported severe level of burnout. (Rajeswari, 2015).

Study done by Sudha Katyal at Chandigarh showed that Government hospital nurses have high level of burnout as compared to their counterparts working in private hospitals. (Katyal, 2013).

Nurses working in a general hospital had been observed to have a higher level of burnout and lower job satisfaction than psychiatric nurses showed in a study done by Jubin Mathew et al at Jharkhand. (Mathew, 2013).

Burnout syndrome not only adversely affects the emotional and physical health of the nurses who suffer from it but it also affects their ability to treat patients effectively and empathically. Primarily, attention should be directed to identifying the symptoms of burnout syndrome and addressing them through strategies on various levels. On an administrative level, more jobs must be created in public sector hospitals. Stress management strategies such as meditation and psychological counseling should be made available to the nurses.

Although a sample size of 159 cannot be representative of the entire population of nurses working in public sector hospitals throughout the country, it provided us with an insight into the grave issue of burnout in the country.

Study limitations

We had a few drawbacks to our study like, the data collection was restricted to nurses in only one tertiary care centre of central India, and the sample size was small. More extensive studies with larger sample sizes should be carried out to get more accurate and generalizable results. Measures were obtained from self-reports and may, therefore, reflect bias in reporting. Participants may have underestimated or overestimated their levels of burnout and work-related stress. Therefore, further study could examine ways to explore the causal connection between occupational stress and burnout.

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None

CONFLICTS OF INTEREST

None

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