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Research Article

PREVALENCE OF BURNOUT AMONG NURSING STAFF: AN EXPERIENCE FROM A TERTIARY CARE HOSPITAL IN INDIA

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ABSTRACT

Objective: The present study aimed to assess the prevalence of burnout in staff nurses at a tertiary care hospital and to examine the relationship of socio-demographic factors with burnout.

Methods: In this present cross-sectional study, data from 100 staff nurses were collected using the Maslach Burnout Inventory (MBI) and Modified Kuppuswamy Scale. It was analyzed to find out the burnout level.

Results: All the participants were females with mean age of 27.36±3.258 years. Most of participants (68%) belonged to the upper middle socioeconomic class. High level of burnout was reported in 33% participants in depersonalization and 28% in personal accomplishment domain, respectively. Medium level of burnout was found in 37%, 46%, and 25% of participants in emotional exhaustion, depersonalization, and personal accomplishment domains, respectively. About 63% of participants reported low level of burnout in emotional exhaustion domain.

Conclusion: The present study reported a medium and high level of burnout in depersonalization and personal accomplishment domains among significant number of participants which needs to be addressed for efficient human resource management at tertiary care hospital.

Keywords: Burnout, Emotional exhaustion, Depersonalization, Personal accomplishment.

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INTRODUCTION

In an effort to offer the greatest services possible, every institution modifies its workplace in a unique way to make it ideal for its employees. Nevertheless, many studies have reported the burnout among the working staff. The term "burnout" was first used by the psychologist Herbert Freudenberger (1974), a psychologist, who first introduced the word "burnout" in a journal when he discussed job dissatisfaction brought on by stress at work. Burnout is conceptualized as a state of psychological as well as physical exhaustion in the setting of unrealistic expectations and constant situational stress. It leads to depersonalization and a state of reduced personal accomplishment in people suffering from it [1].

The professional practice of nurses may be impacted by burnout. It may also be a factor in the decline of registered nurses' job efficiency and job satisfaction, as well as their assessment skills and judgment. Because burnout affects work performance, patient care may suffer as a whole. Burnout in nurses is a mental, emotional, and physical condition brought on by prolonged overwork as well as lack of job satisfaction and support. Physical or emotional tiredness, job-related cynicism, and a poor feeling of personal success are some common burnout symptom [2].

Burnout manifests itself in a variety of ways, including a lesser sense of competence and success in one's career, dissatisfaction with one's job obligations, a sense of failure, a lack of judgment and comprehension, a sense of ongoing oppression and exploitation, and decreased job performance. The social, physical, and psychological well-being of the individual is adversely affected by this condition. Burnout is linked to a loss of ethics, poor work performance, absences, improper patient interaction, and a high rate of job switching [3,4].

Due to the demanding nature of their jobs and high levels of stress, nursing staff experience job burnout at a rate between 13 and 27%, which is much higher than the general population [5,6].

According to a survey, the majority of nurses (84.2%) reported having a moderate degree of job satisfaction. Nurses reported low levels of personal accomplishments (39.5%), moderate levels of emotional tiredness (38.8%), and low levels of depersonalization (72.4%) [7]. Burnout in nurses can lead to greater absenteeism rates, decreased job satisfaction and a higher likelihood of resigning. Role stress was shown to have a detrimental impact on nurses' commitment to their jobs and sense of job satisfaction [8].

It has been shown that a rise in role conflict, role ambiguity and role overload cause a rise in fatigue and disengagement. Role conflict and ambiguity were strongly associated with burnout, with role ambiguity serving as a greater predictor. Numerous studies indicate a substantial correlation between bad practice settings and inadequate staffing numbers in terms of both patient outcomes and nurse burnout [9-11].

Health experts and hospital administrators have attempted to address the issue of "burnout" in hospitals all around the world. Each institution should perform separate research to discover the causes of burnout and take action to alleviate them because the causes differ between them. To determine the causes and the extent of burnout among the nursing staff, the current study was carried out at our institute.

Aims and objective

The aim of the study was to assess the prevalence of burnout in staff nurses at a tertiary care hospital and to examine the relationship of socio-demographic factors with burnout.

METHODS

Ethical approval

Institutional ethics committee.

Study design

It was a hospital-based descriptive cross-sectional study conducted among nursing staff working at a tertiary care hospital in Himachal Pradesh, India.

Purposive sampling was done. Informed written consent was obtained from each participant. Data regarding age, sex, and socioeconomic class (as per modified Kuppuswamy scale) were collected. Maslach Burnout Inventory (MBI) was then administered to assess the level of burnout.

Sample size
100 staff nurses working at tertiary care hospital.

Inclusion criteria
The following criteria were included in the study:
- Nurses who were employed for at least one completed year.
- Nurses who gave consent to take part in the study.

Exclusion criteria
The following criteria were excluded from the study:
- Nursing staff who refused to give consent to participate in the study.
- Nursing staff having previous history of psychiatric illness.

Tools used
Following assessment tools were applied for the purpose of study:

Modified Kuppuswamy scale
This scale, developed by Kuppuswamy in 1976, consists of a composite score that takes into account the education, employment, and monthly income of family head to provide a score of 3–29. Total score below 5 represents lower class, 5–10 represent upper lower class, 11–15 indicate lower middle class, 16–25 highlight medium class, and 27–39 denotes upper class [12].

Maslach Burnout Inventory (MBI)
MBI was used to quantify burnout. There are three main parts to the inventory: 1) Emotional exhaustion — 7 items; 2) depersonalization — 7 items; and 3) personal achievement — 8 items. The responses to each question are: Never, few times per year, once a month, few times per month, once a week, few times per week, and every day. Each participant receives a point on a seven-point Likert scale that runs from zero to six for rating [13]. MBI is a reliable and valid psychometric tool to assess burnout accurately among health-care professionals.

Statistical analysis
Data were analyzed using the GraphPad Prism software. Descriptive statistics was applied to calculate mean and standard deviation. Number or percentage was used to represent the proportions. Data are presented using appropriate table and graphs.

RESULTS

All the participants were females with mean age of 27.36±3.258 years. Among total 100 participants, 68% belonged to the upper middle class, 16% belonged to the upper class, 15% belonged to the lower middle class, and 1% belonged to the upper lower class (Fig. 1).

Burnout assessment revealed that in emotional exhaustion domain, 37% participants were found to have medium burnout and 63% had low burnout. In depersonalization domain, 33% participants had high burnout, 46% had medium burnout and 21% had low burnout. In personal accomplishment domain, 28% participants had high burnout, 25% had medium burnout, and 47% had low burnout (Table 1).

When burnout was analyzed as per the socioeconomic conditions, the individuals in upper-class exhibit emotional exhaustion score of 13.75±7.151, depersonalization score of 10.19±5.718, and personal accomplishment score of 34.63±9.330. The individuals in upper middle class exhibit emotional exhaustion score of 13.97±6.220, depersonalization score of 10.49±6.266, and personal accomplishment score of 34.40±10.86. The individuals in the lower middle class exhibit emotional exhaustion score of 17.33±7.365, depersonalization score of 11.07±6.530, and personal accomplishment score of 40.47±3.378. The individuals in the upper lower class exhibit emotional exhaustion score of 15, depersonalization score of 3, and personal accomplishment score of 42 (Table 2).

DISCUSSION

In the present study, high level of burnout was reported in 33% and 28% participants in depersonalization and personal accomplishment domains, respectively. In depersonalization domain 33% subjects had high and 46% had medium level of burnout. In personal accomplishment domain, 25% of participants had medium level of burnout and low level of burnout in 47% of participants. Occupational exhaustion domain had low level of burnout in 68% participants. Unlike present study, in an earlier study by Raju *et al.*, majority (83%) of the nurses had high level of burnout, 3% had very high level of burnout and 14% had moderate level of burnout [4]. Reason for this disparity could be increased work load in government sector in comparison to private sector.

Almost half of the respondents (46.9%) showed high emotional exhaustion in a study done by Abdo *et al.* whereas, 44.9% had moderate levels of depersonalization, 97.7% showed highly reduced personal accomplishment, and 14.4% showed high depersonalization. Most of the participants (66.0%) had a moderate level of burnout and 24.9% of them had high burnout. [14]. In comparison, our study observed only 28% of participants with high level of burnout in personal accomplishment but almost similar percentage of participants (46%) with moderate level of burnout in depersonalization domain.

In a study conducted on 444 emergency department employees, Hamdan *et al.* noted that 64.0% had high emotional exhaustion, 38.1%

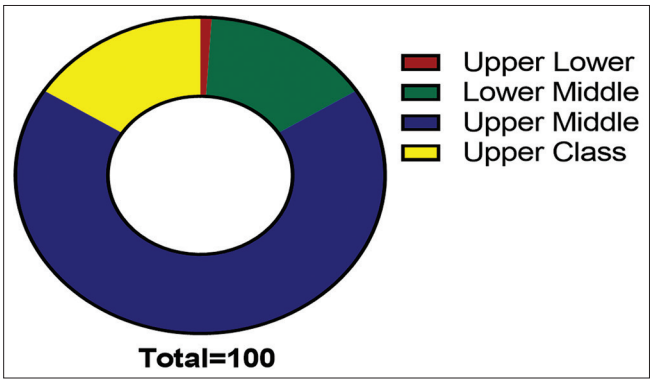

Fig. 1: Socioeconomic class (as per modified Kuppuswamy scale)

Table 1: Level of burnout in various psychological domains

	Low	Medium	High
Emotional exhaustion	63	37	0
Depersonalization	21	46	33
Personal accomplishment	47	25	28

Table 2: Socioeconomic status wise burnout in various psychological domains

Socioeconomic Status	Emotional exhaustion (mean±SD)	Depersonalization (mean±SD)	Personal accomplishment (mean±SD)
Upper class	13.75±7.151	10.19±5.718	34.63±9.330
Upper middle class	13.97±6.220	10.49±6.266	34.40±10.86
Lower middle class	17.33±7.365	11.07±6.530	40.47±3.378
Upper lower class	15	3	42

experienced high depersonalization, and 34.6% felt poor personal accomplishment. Doctors (72.3%) experienced emotional weariness more frequently than did nurses (69.8%) and office employees (51.4%). Compared to doctors (32.1%), nurses (48.8%) had considerably higher rates of depersonalization [15]. In our study also high and medium level of burnout was observed in depersonalization domain among 33% and 46% of nursing staff.

Occupational burnout symptoms among hospital nurses during the SARS-CoV-2 pandemic were examined by Kangarlou *et al.* The burnout symptoms were correlated with the workload, pandemic fear, and other factors. During SARS-CoV-2 pandemic, out of 831 nurses, approximately half reported having moderate burnout symptoms. The fear of the nurses correlated significantly with emotional exhaustion (r=0.71, p=0.001) depersonalization (r=0.67, p=0.02), and personal accomplishment (r=0.63, p=0.05). Mental demand (r=0.74, p=0.01) and effort at work (r=0.68, 0.001) correlated significantly with emotional exhaustion (r=0.51, p=0.03) [16].

A cross-sectional study carried out for assessment of burn-out among staff nurses working in another tertiary care health center in North India found high levels of emotional exhaustion (45.7%) and depersonalization (24.7%) [17]. However, in our study, majority of the participants had low level of burnout in emotional exhaustion domain (63%). More number of nurses (33%) had high level of burnout in depersonalization domain in the current study.

Limitations

There are few limitations pertaining to this study. The results should be interpreted in context of these limitations. Study population consisted of only female nursing staff. Current study is only an observational study, thus no conclusions about causality could be drawn from it. Future studies should be planned and carried out keeping in view the above methodological limitations. They could have a larger sample size and including male nursing staff. Further longitudinal studies should be conducted regarding burnout with cause – effect relationship and also before and after an intervention being done.

CONCLUSION

This study suggests that nursing professional's job has significant burnout in psychological dimensions. Nurses experienced excessive physical and emotional strain due to the stress, panic and overwork brought on by the recent pandemic. These elements may contribute to further problems including anxiety, sadness, and persistent tiredness. Workplace wellness programs can be used to address and manage the issue of burnout among nursing staff. Nursing administrators should take the required actions to minimize burnout among nursing staff and raise the standard of care.

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AUTHOR'S CONTRIBUTION

Dr. Navdeep Joshi framed the research question, objectives and did data collection, Dr. Saurabh Yakhmi prepared the manuscript, conducted data analysis, and compiled results, Dr. Ravi Chand Sharma wrote the discussion, implications, and conclusion, Dr. Ankit Sood organized and reviewed the manuscript.

CONFLICT OF INTEREST

None declared.

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