

Burnout among the Nursing Staffs of a Tertiary Care Teaching Hospital



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Abstract

Burnout which arises out of continuous exposure to stressful work environment has been recognized as a key problem among nurses. The aim of the study was to find out the burnout level and correlation among the separate components in terms of exhaustion, depersonalization and personal achievements among the nursing staffs of a tertiary care teaching hospital, Dibrugarh, Assam, India. The sample comprised of 30 staff nurses working in different in-patient departments of Assam Medical College and Hospital (AMCH). Descriptive survey design was adopted for the study. Sample was obtained through random sampling method and data were collected by using Burnout Self-Test Maslach Burnout Inventory (MBI). The data obtained were analysed in terms of frequencies and percentages and t- test was computed to find out the associations between variables. The results showed that 14 (46.6%) staff nurses experienced low level burnout. Majority of them experienced moderate level of depersonalization 16 (53.3%) and 14 (46.6%) of them experienced high level of depersonalization. Also 18 (60%) of them experienced low personal achievement. Burnout remains significant concerns in nursing, affecting both individuals and organizations.

Keywords: Burnout, emotional exhaustion, depersonalization, personal achievement, Maslach Burnout Inventory (MBI)

Background

Healthcare providers and especially nurses are generally considered a high risk group regarding work stress and burnout and this syndrome has been a major concern in the field of occupational health.¹ Understanding nurses' burnout level and its relationship with occupational stressors is of importance to reduce the health risks among nurses and increase the quality of health services.² Job-related burnout as described by Maslach is a syndrome of emotional exhaustion, depersonalization, and reduced personal accomplishment. Emotional exhaustion is described as a feeling of being overextended and exhausted by one's work. Depersonalization is an unfeeling or impersonal response toward recipients of one's service, care, treatment, or instruction. Reduced personal accomplishment describes feelings of incompetence and unsuccessful achievement of one's work with people.³ Owing to the nature of work,

nursing is a stressful occupation; there is direct exposure to various kinds of working environments and conditions which lead to anxiety and depression.⁴ Although nurses who experience burnout may show less ability or willingness to deliver high quality care, it is also possible that working in environments where quality of care is low may lead to emotional distress and disengagement. Burnout and nurses' perceptions of poor quality of care might also be correlated with each other because both variables reflect nurses' negative assessments of or dissatisfaction with their work situations.⁵

The nursing professional, finds it exposed to different psychosocial risk factors that can generate work stress, this is reflected in the position he/she takes with himself/herself and in his work and family. In response to this chronic work stress, the nursing professionals develop negative attitudes and feelings towards people with whom they work and onto her/his professional role,

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expressing itself emotionally exhausted, this is known as burnout syndrome or burnout.⁶ The nurse's role has long been regarded as stress-filled based upon the physical labour, human suffering, work hours, staffing, and interpersonal relationships that are central to the work nurses do. Since the mid-1980s, however, nurses' work stress has been escalating due to the increasing use of technology, continuing rise in health care costs, and turbulence within the work environment.⁷

Burnout influences the job performance of the professionals who work with other people in challenging situations. It appears to be a common phenomenon among nurses worldwide. Evidence indicates high proportions of nurses in North America, Europe, and Asia experience burnout. Not surprisingly, a number of investigators have shown that job turnover is significantly higher among nurses experiencing burnout.³ For organizations, burnout can be costly leading to increased employee tardiness, absenteeism, turnover, decreased performance, and difficulty in recruiting and retaining staff. Burnout is associated with negative health outcomes for human services workers such as psychologic distress, somatic complaints, and alcohol and drug. For organizations, burnout can be costly leading to increased employee tardiness, absenteeism, turnover, decreased performance, and difficulty in recruiting and retaining staff.³ Reducing nurse burnout by just 10% could prevent thousands of hospital-acquired infections and reduce costs, estimate researchers at the Center for Health Outcomes and Policy Research at the University of Pennsylvania School of Nursing.⁸ Burnout is frequently studied in populations of nurses for several reasons. These reasons include the fact that nursing is a large health care professional body, it has been linked to a high incidence of burnout, the very nature of nursing is based on empathy, compassion and humanisation of medicine, and nurses as professionals are involved with people on an extremely personal level in an environment that is not always conducive to positive consequences.⁹ Nevertheless, work stress and burnout remain significant concerns in nursing, affecting both individuals and organizations. For the individual nurse, regardless of whether stress is perceived positively or negatively, the neuro-endocrine response yields physiologic reactions

that may ultimately contribute to illness. In the health care organization, work stress may contribute to absenteeism and turnover, both of which detract from the quality of care. Hospitals in particular are facing a workforce crisis.⁷

The consequences of professional burnout for nurses are serious. It results in emotional withdrawal or indifference; reduces the limits of nurses' activity and their contact with patients. Burnout results in a poor quality and quantity of nursing care and has negative effects on the most areas of personal, interpersonal and organizational performance.¹⁰ According to a survey conducted by Dr. Peter Buerhaus and colleagues it was found out that all surveyed nurses see the shortage of nurses in the future as a catalyst for increasing stress on nurses (98%), lowering patient quality care (93%) and causing nurses to leave the profession (93%). Other authors concluded that reducing nursing burnout can improve both well-being of nurses and quality of patient care.¹¹ although, many studies on burnout have been made worldwide, and the same among the nursing profession still needs more attention. The goal of this study is to understand and measure the level of burnout among the nursing staffs of a tertiary care teaching hospital, Dibrugarh, Assam, India.

Need of the Study & Literature Review

Burnout is commonly conceptualised as a multidimensional syndrome consisting of three components: emotional exhaustion, depersonalisation, and reduced personal accomplishment.¹² Burnout is becoming a common phenomenon among nurses. Nurses face many challenges in their daily work due to decreased chances of job advancement and emotional exhaustion which may lead to job dissatisfaction.¹³ An observational study of 431 nurses working in ICU indicates that 68 nurses (16%) were found to have a high degree of burnout, earning high emotional exhaustion and depersonalisation scores together with a low personal accomplishment score.⁴ A literature review indicates that burnout and the commission of errors have many similar contributing factors, particularly in regards to work environment conditions.¹⁴

A cross-sectional and descriptive study of 95 nurses shows that emotional burnout and personal accomplishment level was significantly higher in those

considering leaving the profession, nurses who did not find the profession suitable and those working in units where no precautions were taken against infectious disease.¹⁵ Ilhan MN et al, conducted a study on 418 nurses indicates that emotional exhaustion decreased with increasing age. Total time in the job, weekly working hours, shift-working and the unit where employed influenced burnout scores. Not being happy with relations with superiors, not finding the job suitable, feeling anxious about the future, perceived poor health, problems with personal life and financial difficulties were also factors influencing burnout scale scores.¹ Study on the levels of burnout in nurses indicates that increasing age and fewer working hours were associated with lower levels of emotional exhaustion and depersonalisation. Working overtime was positively associated with emotional exhaustion however further analyses demonstrated that those who worked overtime voluntarily did not differ from workers not working overtime. However feeling pressured/expected to work overtime was positively associated with emotional exhaustion and depersonalisation.¹²

Nurses in Shanghai were suffering from high levels of burnout, which was strongly associated with work-related stress. The nurses showed a high level of emotional exhaustion, moderate level of depersonalization, and low level of reduced personal accomplishment.² Knowledge of the emotional demands facing today's nurses is critical for explaining how work stressors translate into burnout and turnover. Younger nurses also reported significantly higher rates of burnout and this was particularly true among those experiencing higher levels of agitation at work.¹⁶ Nurse staffing affects nurse job satisfaction and quality of care. 45.1% nurses reported high levels of job-related burnout, and 55.6%, job dissatisfaction.¹⁷ Another cross-sectional analyses of linked data from 10184 staff nurses shows that in hospitals with high patient-to-nurse ratios, surgical patients experience higher risk-adjusted 30-days mortality and failure-to-rescue rates, and nurses are more likely to experience burnout and job dissatisfaction.¹⁸

Problem Statement

A descriptive study to assess the burnout level among the

nursing staffs of Assam Medical College and Hospital, Dibrugarh, Assam.

Objectives

To find out the level of burnout among the nursing staff of Assam Medical College and Hospital, Dibrugarh, Assam.

To find out the correlation between the components of burn out level among the nursing staff of Assam Medical College and Hospital, Dibrugarh, Assam.

To find out the association between the demographic variables i.e age, patient ratio, experience and marital status with the components of burnout in terms of exhaustion, depersonalization and personal achievements.

Research Methodology

Research Approach and Design: Quantitative approach with descriptive survey design was selected as it was found to be most suitable for studying the problem under study.

Setting: This study was conducted in different In-patient's wards of Assam Medical College and Hospital, Dibrugarh.

Population: The population included entire staff nurses working in the in-patient department of AMCH Dibrugarh.

Sample and sample size: 30 numbers of nurses working in the different in- patient wards were selected for the present study.

Sampling technique: The sample was selected through random sampling method.

Development and Description of Tool

Tool: For the present study Burnout Self-Test Maslach Burnout Inventory (MBI)¹⁹ was used to collect data. The tool used for this study is divided into three parts.

Part I: consist of demographic variables of the respondents.

Part II: consists of Burnout Self-Test Maslach Burnout Inventory (MBI) consisting of 3 sections (A, B and C) to determine the risk of burnout, and to explore three components:

Section A: consist of 7 questionnaires to determine the

risk of Burnout (or depressive anxiety syndrome),

Section B: consist of 7 questionnaires for depersonalization and

Section C: consist of 8 questionnaires for personal achievement on a 6 points rating scale. Each section is added and categorized into low, moderate and high level.

Validity & Reliability: For the present study Maslach burnout inventory (MBI) tool was used which is a standardized tool developed by Maslach and Jackson (1986). The reliability was found between 0.71 to 0.84.

Procedure for Data Collection: Ethical consideration was fulfilled by seeking the written permission from the administrative authority of AMCH Dibrugarh. Detailed explanation was given and consent was obtained from the participants before inclusion in the study. Data were collected from 30 randomly selected staff nurses working in the different wards of AMCH. The questionnaires were administered and data were collected using interview method. At the end, the researchers terminated the data collection procedure by thanking the participants for their cooperation and participation.

Findings

Section I: Characteristic of the respondents

Table No.1: Frequency & Percentage of Socio demographic variables N=30

Demographic Variables	(f)	%	Mean	SD
Age			10	7.21
20-30 years	8	26.6%		
30-40 years	18	60%		
Above 40 years	4	13.3%		
Patient ratio			7.5	7.14
1:10	2	6.6%		
1:20	4	13.3%		
1:30	20	66.6%		
More than 1:30	4	13.3%		
Experience			7.5	2.52
Below 5 years	10	33.3%		
5-10 years	8	26.6%		
10-15 years	4	13.3%		
More than 15 years	8	26.6%		
Marital status			15	16
Married	26	86.6%		
Unmarried	4	13.3%		

From above Table no.1 it is observed that out of 30 staff nurses, majority of them, 18 (60%) belongs to the 30-40 years. Majority of the staff nurses, 20 (66.6%) handle more than 30 patients individually per shift. 10 (33.3%) and 8 (26.6%) had experience below 5 years and 5-10 years and >15years respectively. Majority of them i.e. 26 (86.6%) of the participants were married.

Section II: Level of Burnout

Table No.2: Frequency, Percentage, Mean, Standard deviation of Level of Burnout among staff nurses N=30

Level of burnout	(f)	(%)	Mean	(SD)
Sec A: Burnout (depressive anxiety syndrome)				
Low level	14	46.6%	10	6.93
Moderate	14	46.6%		
High level	2	6.6%		
Sec B: Depersonalization				
Low level	0	0	15	1.41
Moderate	16	53.3%		
High level	14	46.6%		
Sec C: Personal achievement				
Low level	18	60%	10	6.93
Moderate	6	20%		
High level	6	20%		

From above Table no.2, it is observed that out of 30 staff nurses 14 (46.6%) experienced low level as well as moderate level burnout in burnout (depressive anxiety syndrome) section. Majority i.e.16 (53.3%) of them experienced moderate level of burnout in depersonalization section whereas 14 (46.6%) experienced high level of burnout. In personal achievement section majority of them i.e. 18 (60%) experienced low level burnout.

Section III: Association between level of burnout and demographic variables

There was no association found between age and sec A (depressive anxiety syndrome) & sec B (Depersonalization) except between age and sec C (Personal achievement) ($\chi^2 = 6.28$). All the 3 sections of

burn out level were found to be associated with patient ratio i.e.(Sec A $\chi^2=10.47$, Sec B $\chi^2= 10.11$ Sec C $\chi^2=15.13$).

There was no association found between the years of experience, marital status and all the other sections of burnout level.

Discussion

Level of Burnout

Out of 30 staff nurses 14 (46.6%) experienced low level as well as moderate level burnout in burnout (depressive anxiety syndrome) section. Majority i.e.16 (53.3%) of them experienced moderate level of burnout in depersonalization section whereas 14 (46.6%) experienced high level of burnout. In personal achievement section majority of them i.e. 18 (60%) experienced low level burnout.

A similar study was conducted by Xiao-Chun Zhang⁴ among ICU nurses in Liaoning, China where 68 nurses (16%) were found to have a high degree of burnout, earning high emotional exhaustion and depersonalisation scores together with a low personal accomplishment score. Abushaikha L, Saca-Hazboun H¹³ concluded in his study that moderate levels of job satisfaction and moderate burnout are present among the staff nurses.

Conclusion

Burnout is a concept that has sustained the interest of nurses and researchers for several decades. These concepts are highly relevant to the workforce in general and nursing in particular. Despite this interest and relevance, the effects of burnout on nursing staffs, patient outcomes, patient safety, and quality care are not well defined by evidence. Although the present study shows that there is a low and moderate level of burnout in burnout (or depressive anxiety syndrome) section, a moderate level of burnout in depersonalization section and a low level of burnout in personal achievement section in the staff nurses of the tertiary care teaching hospital, there is a great need for comprehensive studies that will examine these dynamics in a way that will yield more solid evidence on which to base practice. The present study will help the health care providers and their administrators in identifying the burnout levels and accordingly to plan out measures to increase the efficiency of the health care

providers and to decrease the level of burnout.

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References

1. Ilhan MN, Durukan E, Taner E, Maral I, Bumin MA. Burnout and its correlates among nursing staff: questionnaire survey.2008; 61(1):100-6.
2. Xie Z., Wang A. & Chen B. Nurse burnout and its association with occupational stress in a cross-sectional study in Shanghai. J Adv Nurs. 2011; 67(7):153746.
3. Doris C. Vahey, Linda H. Aiken, Douglas M. Sloane, Sean P. Clarke, and Delfino Vargas. Nurse Burnout and Patient Satisfaction.Med Care. 2004; 42(2 Suppl): I15766.
4. Xiao-Chun Zhang, De-Sheng Huang and Peng Guan. Job burnout among critical care nurses from 14 adult intensive care units in northeastern China: a cross-sectional survey. BMJ Open 2014;4
5. Poghosyan L, Clarke S P, Finlayson M, Aiken L H. Nurse burnout and quality of care: Cross national investigation in six countries. Res Nurs Health. 2010; 33(4): 288-98.
6. Verdugo A, Patricia L, Bocanegra P, Migdolia B. Prevalence of burnout syndrome in nursing staff of a third level hospital Boyaca, Colombia.Enfermeria global N°29 Enero ;2013: 89.
7. Jennings BM. Advances in patient safety. Rockvillie(MD).Patient Safety and Quality: An Evidence-Based Handbook for Nurses.1st ed. US:Agency for Healthcare Research and Quality (US); 2008 Apr. p 2-137-48. Available at www.ncbi.nlm.nih.gov/books/NBK2668/
8. Potera, carol. Reducing Nurse Burnout Might Reduce Hospital-Acquired Infections. AJN 2012;112(11): 15.

9. Hall E. (2004). Nurse burnout in a high stress health care environment: prognosis better than expected? PhD thesis. University of Otago New Zealand.
10. Forough Rafii, Fatemeh Oskouie, and Mansoureh Nikravesh. Factors involved in nurses' responses to burnout: a grounded theory study BMC Nurs. 2004; 3: 6.
11. AACN fact sheet (internet). Rosseter R J: Nursing shortage fact sheets by American Association of Colleges of Nursing. 2014 (cited 2014 Apr 24). Available at www.aacn.nche.edu/media-relations/nursing-shortage. 2014
12. Kent Patrick. Judy F. Lavery. Burnout in nursing. Aust J Adv Nurs 2007; 24(3):43-8.
13. Abushaikha L, Saca-Hazboun H. Job satisfaction and burnout among Palestinian nurses. East Mediterr Health J. 2009; 15(1):190-7.
14. Hoskins n. Kelley. (2013). The possible role of burnout in nursing errors. PhD thesis. University of Central Florida Orlando.
15. Kapucu SS, Akku^o Y, Akdemir N, Karacan Y. The burnout and exhaustion levels of nurses working in haemodialysis units. J Ren Care 2009; 35(3):134-40.
16. Erickson R., Grove W. "Why Emotions Matter: Age, Agitation, and Burnout Among Registered Nurses OJIN 2007; 13 (1). Available at www.nursingworld.org/MainMenuCategories/ANAMarketplace/ANAPeriodical/OJIN/TableofContents/vol132008/No1Jan08
17. Minmin Lu, Hui Ruan, Weijie Xing and Yan Hu. Nurse burnout in China: a questionnaire survey on staffing, job satisfaction, and quality of care. J Nurs Manag 2015; 23(4):440-47.
18. Linda H. Aiken, Sean P. Clarke, Douglas M. Sloane, Julie Sochalski and Jeffrey H. Silber. Hospital Nurse Staffing and Patient Mortality, Nurse Burnout, and Job Dissatisfaction. JAMA 2002; 288(16):1987-93.
19. Burnout self-test Maslach Burnout Inventory (MBI). Association des medecins veterinaires (AMVQ) en pratique des petits animaux. www.connectability.ca/.../Burnout-self-test.pdf