



Burnout among nurses: Indian scenario

Rashmi^{1*}, Deepak Sharma²

¹⁻² Assistant Professor, Faculty of Nursing, SGT University, Gurugram, Haryana, India

DOI: <https://doi.org/10.33545/26649187.2020.v2.i1a.21>

Abstract

Nurse burnout is a widespread phenomenon characterized by a reduction in nurses' energy that manifests in emotional exhaustion, lack of motivation, and feelings of frustration and may lead to reductions in work efficacy. The nursing profession in India, as in other countries, is facing an increase in the annual turnover rate among Indian nurses as a result of labor migration, the low number of females selecting a nursing career and unattractive work conditions, which has led to a shortage of skilled and experienced nurses and a young nursing workforce. This review article primarily focuses on the challenges faced by the Indian nurses at their workplace. The nurses working in government hospitals exhibited the highest levels of stress and burnout compared with nurses who were working in teaching and private hospitals. Indeed, those three health sectors have been found to be different in terms of their organizational traits.

Keywords: nurses burnout, emotional exhaustion, nursing profession

1. Introduction

Current changing world of technology and lifestyle makes life harder for people. Healthcare professionals are not exception for this. Chronic fatigue and stress, making something impersonal, reduced attainment of task depicts the symptom of burnout. Freudenberger first used the term burnout to describe the feeling of failure and exhaustion that can be observed in social workers that worked in institutions and it was the result of immoderate requirements of energy, effort and qualifications. Burnout is a state of physical, mental and emotional exhaustion that often results from a combination of very high expectation and persistent situational stress. It describes a state of depletion of a person's resources, particularly energy due to excessive demands made on him as a result of which the individual becomes apathetic and impassive towards his work and other aspects of his life. Burnout is a feeling of failure and exhaustion. It is felt both at the physical and emotional level. Depletion of the person's resources is a consequence and also has an impact on the organization.

Nature of the work itself makes emergency healthcare workers vulnerable to burnout. It has dysfunctional repercussions on the individual and adverse effects on the organization. It may reflect in a continued dissatisfaction with the situation, ranging from mild boredom to severe depression, irritation, exhaustion, and physical ailment. The experience of too much pressure and very few sources of satisfaction can develop into a feeling of exhaustion leading to burnout ^[1]. Burnout is a psychological term for the negative response to chronic job-related emotional stress. In other words, burnout results from people giving too much of their time, energy and effort on the job over a long period of time without adequate time to recover physically or emotionally.

The prevalence of burnout among physicians ranges from 25% to 60% and occurs at a level sufficient to affect personal or professional performance. Among nurses/midwives, 15%-85% have reported burnout. The prevalence varies by medical specialty and working

conditions. When comparing nurses to physicians or other healthcare workers, nurses consistently reported higher levels of burnout.

Burnout is a common psychological phenomenon among nurses. It is characterized by a decline in physical, emotional, and psychological energy resulting from work-related stress³³⁻³⁵ that leads to cynicism toward clients and colleagues and feelings of low self-efficacy.³⁶ Burnout may arise because of work overload; a lack of resources, control, and justice; value conflicts; and the absence of a sense of community ^[1].

Burnout includes 3 key aspects:

1. **Emotional Exhaustion (EE):** the state of being physically and emotionally exhausted by work stress, which is characterized by low energy, fatigue, depression, hopelessness, and helplessness ^[2].
2. **Depersonalization (DP):** the interpersonal aspect of burnout that manifests in unfeeling, negative behaviors toward others, and detachment from caring and instructions ^[2].
3. **Low Personal Accomplishment (PA):** the state of negatively evaluating ones' self as being incompetent, unsuccessful, and inadequate; consequently, employee's exhibit low levels of contribution to their work ^[2].

Burnout is a costly problem for both organizations and employees because manifestations of burnout—including reductions in physical and psychological energy, insomnia, headache, fatigue, and depression—lead to an increase in absenteeism and turnover rates and consequently have negative effects on the quality of care. Thus, nurse burnout has been studied widely. Abundant studies have examined the influence of different variables on burnout as part of efforts directed to reducing this phenomenon. Lower levels of burnout are associated with professional practice environment characteristics, social support, and structural

and psychological empowerment. High levels of burnout are linked to work overload, job dissatisfaction, and turnover. Some demographic characteristics are associated with high levels of burnout: low education levels, night-shift work, and male gender with married marital status. The shortage of health care providers is a major concern worldwide.

A 2006 World Health Organization (WHO) report addressed the issue of the health care provider shortage, particularly the shortage of nurses, and how it will interfere with national and international efforts to enhance the health and well-being of the global population. This nursing shortage has been associated with both work and personal conditions, such as unrealistic job expectations, poor work conditions, work demands that exceed resources, poor collegial relationships, increased work hazards, and poor autonomy and control over practice [3]. Nurses' quality of life, performance level, and organizational commitment and increases their intention to leave the job. As well, burnout increases turnover rates and negatively affects the quality of nursing care. Thus, it is important to assess burnout levels among nurses. Unfortunately, most of the studies on burnout in nursing have been conducted in Europe and United States. There are few studies from Asian countries. In view of the paucity of Indian studies in this area, the present work was undertaken to identify the predictors of burnout in an Indian healthcare population.

As the socio-cultural background of Indian healthcare workers varies widely from their Western counterparts, we expected to identify predictors of burnout relevant to them. Finding predictors of burnout relevant in an Indian setting should have important policy implications in Human Resource Management in this sector in similar developing countries. A health workforce crisis is crippling health service delivery in many low-income countries. High-income countries with high salaries and attractive living conditions are drawing qualified doctors and nurses from poorer countries to fill gaps in their own human resources pool. This migration of skilled labour is depleting human capital in many developing countries³. The human resource crisis in India is acute. Although burnout in large organizations has been examined in many studies, in general there has been a lack of concentration on healthcare workers and on hospital settings, especially in India. Moreover with the increasing complexities and the changing patterns of society, the stress in the environment leading to burnout is increasing day by day. Study of burnout and factors influencing it will therefore enable us to find out suitable ways to reduce stress among healthcare workers and thereby improving the quality of health care [3].

Burnout among Indian Nurses

According to WHO (2011), there are about 19.3 million nurses and midwives globally, and in India it is about 1.43 lakh nurses. Nurses in India, are overburdened as the nurse to patient ratio is low (1:2250) [4]. Cronin Stubbs and Rooks noted a considerable difference in the frequency and intensity of job stress and burnout among 296 nurses working in medical units, critical unit, operation room and psychiatric units in different hospitals. Nurses working in the critical and medical units experienced job stressors more frequently and seriously than the nurses working in the psychiatry unit and operation room. Stresses in nurses employed in psychiatry unit are further added up by decision-making and managerial factors. The huge pressure

of practicing in a demanding and continually changing healthcare setting may increase the prevalence of burnout among nurses (Ledgister2003) [5].

Burnout is a chief problem because it is associated with lower self-esteem, reduced job performance, increased weariness, job turnover, loss of productivity, high rates of absenteeism, poor physical and psychological health. Job related stress is a wide spread problem across industry, but it is endemic in the human services where nurses are the target group (Cherniss 1980, Schufeli and Green Glass 2001). Vivian F Ribeiro et.al (2014) reported that globally 10.1% nurses had a high prevalence of burnout and 55.4% have the risk for developing burnout. Fagin and coworkers (2014) pointed out that burnout among staff nurses is due to personnel shortage, change healthcare services, poor self-esteem and not being informed of change that happened [5].

Factors Responsible for Workplace Burnout

1. There is a significant relation between the stress levels and job satisfaction on the level of burnout among the critical care health professionals. There should be a strong recommendation to curb the causes of stress and to increase the job satisfaction among the workers to prevent burnout. Critical care societies and institutional committees should step forward to draft policies and benchmarks to monitor stress and reduce the causes of burnout.
2. Implementation of an HER (Electronic Health Record) can contribute to burnout. Researchers found that practices that implemented electronic health records saw an increase in stress as EHR use matured and then a decrease, but stress did not return to the baseline [6].

Preventing and possibly counteracting burnout:

- Engage in things that brings joy and relieve stress.
- Decide on a time of the day when you will not engage in helping-related work and, instead, will focus on leisure.
- Engage in, develop, explore, or take up a new hobby, or revisit one from your past that you enjoyed.
- Take time each day to relax, even if it is only for half an hour.
- Avoid taking on extra clients if your caseload is full.
- Avoid taking on extra work-related responsibilities if you are feeling overwhelmed or spread too thin.
- Learn to say "no" to yourself. Avoid starting a new article, book chapter, or presentation, taking on a new trainee, etc. if you do not feel ready to do so yet.
- Keep your supervision appointments and receive supervision regularly, discussing your concerns. This is where our colleagues and mentors can shed light on our situation. Sometimes an outsider's perspective helps!
- Receive counseling of your own to manage any difficult feelings you are experiencing.
- Read non-professional literature. Read or learn for fun. (Yes, it is possible.)
- Routinely assess where you stand in regard to your personal state. Reflect on your personal well-being [7].

Conclusion

Knowing the level of burnout and their determinants can help in formulating measures of improving the work environment. A healthy workforce ensures high quality of healthcare and patient satisfaction.

References

1. Shyamanta Das, Sashibha Barman. Degree of burnout among emergency healthcare workers and factors influencing level of burnout: a study protocol. *Journal of Evolution of Medical and Dental Sciences*, 2015, 4(96). ISSN- 2278-4748.
2. Maslach C. Job burnout: new directions in research and intervention. *Curr Dir Psychol Sci*. 2003; 12:189-192.
3. Rola H Mudallal. Nurses' Burnout: The Influence of Leader Empowering Behaviors, Work Conditions, and Demographic Traits. *The journal of Health care organization, Provision and financing*. 54:1-10
4. Atanu Baruah MS, Shyamanta Das. Degree and factors of burnout among emergency healthcare workers in India. *Int J Sci Res (Ahmedabad)*. 2019; 8(4):41-45. doi:10.15373/22778179.
5. Rajeswari Ms H, Sreelekha Dr. B. burnout among nurses, *International Journal of scientific research*, 2015, 4(8). ISSN No 2277 – 8179
6. Lakshmikanthcharan Saravanabavan1, Sivakumar MN, Mohamed Hisham. Stress and Burnout among Intensive Care Unit Healthcare Professionals in an Indian Tertiary Care Hospital, *Indian Journal of critical care medicines*.
factorsh <https://www.ijccm.org/doi/pdf/10.5005/jp-journals-10071-23265>
7. Tyler J Andreula. Available from: Url: <https://pro.psychcentral.com/burnout-in-mental-health-professionals/>