



Burning issue in healthcare: Burnout among nurses in a tertiary care hospital

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Abstract

Burnout at work develops as consequence of prolonged stress which causes exhaustion of physical or emotional strength or motivation. Concepts of burnout and stress has been the researchers focus for several years. These concepts are extremely important to the employees in other industries and nursing in specific. Little research has investigated regarding burnout in healthcare professionals. The study aimed to assess burnout level among nurses in a tertiary care hospital and to compare the level of burnout among nurses working in different departments. Maslach Burnout Inventory- Survey tool was used to measure burnout among nurses from various wards. Nurses showed moderate levels of Emotional Exhaustion, higher levels of Depersonalization and personal Accomplishment. Married nurses with more personal responsibilities experienced higher levels of Emotional Exhaustion and unmarried nurses showed high levels of depersonalization. The findings suggest that burnout is an important problem for nurses. Indian nurses show different patterns of burnout from nurses working in developed countries, this can be due to cultural and work environment differences. It is essential to address life-work balance, coping mechanism and stress management to reduce the burden of burnout.

Keywords: burnout syndrome depersonalization, emotional exhaustion, maslach burnout inventory, personal accomplishment

Introduction

Burnout is a condition based on the prolonged reduction of a person's energies (Shiron A, 1989) [32]. The term burnout was coined to describe workers' reactions to the chronic stress in occupations involving many people (Freudenberger, 1974) [10]. He was a clinical psychologist who first examined burnout among social agency staff working outside conventional helping organisations like free clinics and halfway houses. Burnout first emerged as a social problem, not a scholarly construct (Vidette Todora, 2013). Several studies have found a positive relationship between stress and job burnout (Etzion D, 1984, Russel, Atmaier, & Van Velzen, 1987) [9, 30].

Burnout is defined as a state of emotional exhaustion, depersonalization and feeling of low personal accomplishment (Maslach & Jackson, 1981) [20]. Maslach and Jackson (1996) [21] suggested that there were three core elements that comprise the burnout syndrome. Emotional exhaustion caused by excessive psychological and emotional demands made on people helping people. Depersonalisation refers to treating people like objects and low personal accomplishments results when employees no longer believe their actions can and do make a difference (Afzalur Rahim, 1990) [27]. In the year 1980s for the first time standard evaluation criteria to assess burnout was developed and it was called Maslach Burnout Inventory (Maslach, 1986) [19]. Nurses are the fabric that holds the healthcare system together and backbone of the hospital. Nurses are often viewed by the public as experts and are the most revered profession with highest levels of perceived honesty and ethical standards (Riffkin, 2014) [29]. Burnout is seen even in nurses (Bagaajav *et al*, 2011) [4]. It has been observed that

job dissatisfaction among people working in service industry and whose involvement with people is more than those who work in other industries (Maslach & Jackson 1996) [22]. Several burnout studies have been conducted on occupational groups like nurses (Constable & Russell, 1986). American Nurses Association attributed problems of fatigue and burnout to chronic nursing shortage (ANA, 2011). Nurses are prone because of the nature and expectations from their job. Burnout is commonly seen in people who have full time job, which is also associated with increased work pressure (Bousfield, 1999), other factor which influence burnout is increased work load (Townley, 2000) [35], working hours and shifts (Heiler, 1998, Winfield *et al*, 2002) [15, 40]. Literature supports that nursing profession is at risk for burnout (Maslach 1982, Whitney and Ochaman, 1988) [23, 39].

Hence, management of any hospital should focus on identifying the levels of burnout among nurses and formulate strategies to identify at the early stage and treat the affected nurses.

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, majority 117 (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

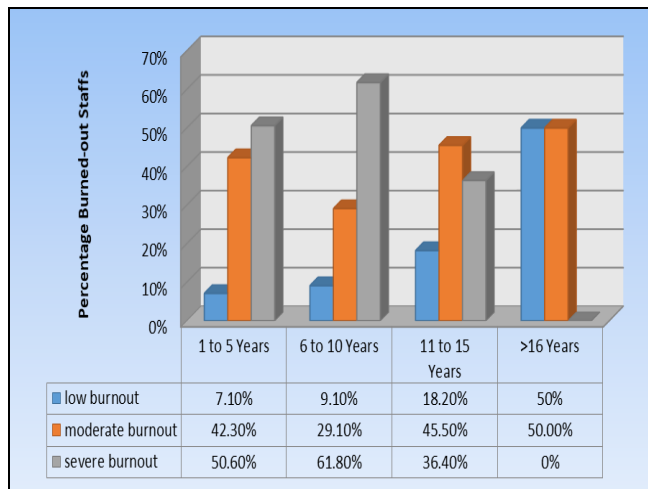


Fig 1

- 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 regulation (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 (Iadegard 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 member 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 Accomplishment Burnout 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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