Original Research Article

Risk of burnout syndrome and explore the factors influencing burnout among nurses in selected hospitals at Himachal Pradesh

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ABSTRACT

Background: Nurses burnout is a common occurrence marked by a decrease in a nurse's energy, which displays as emotional tiredness, a lack of desire, and emotions of dissatisfaction, as well as a decrease in work efficacy. The aim of study was to assess the risk of burnout syndrome and explore the factors influencing burnout among nurses who are working in emergency ward and critical care units.
Methods: The descriptive design was adopted and the sample was selected by non-probability convenient sampling technique. The sample comprises of 200 nurses from emergency and critical care units were selected. The data was gathered by using a 5-point Likert scale and a checklist.
Results: The majority of the participants 95 (47.5%) were had high risk of burnout related to physical and psychological exhaustion whereas in self detachment majority of the participants 111 (55.5%) were had high risk of burnout and most of the study participants 101 (50.5%) were had high risk of burnout in self-realization. The risk of burnout syndrome was significant with designation, shift of duty, work overload and attended any workshop, continuing nursing education (CNE), and conference related to burnout syndrome (p<0.05).
Conclusions: There was high risk of burnout identified among critical care units and emergency ward nurses. To lessen the severity of burnout, a preventive and therapeutic plan is required like maintain a safe working environment to prevent incidents, provide adequate resources to prevent stress caused by the shortage of staff, rotate nursing staff to work in other wards for professional development and promote open communication to allow team work.

Keywords: Assess, Burnout syndrome, Explore, Hospital, Nurses

INTRODUCTION

Nurses working in emergency ward and intensive care units play an important role in recognize the patients at risk of degradation through continuing observation, assessment and action in response to changing health status.[1] Every day, nurses face the problem of being human, empathetic and sensitive in a work setting of many responsibilities.[2] Burnout comes from the verb phrase to burn out, "to burn until fuel is exhausted." Burnout is an occupational hazard especially in nursing department.[3] Burnout is a psychological concept for the experience of long-term exhaustion and decreased interest especially in work environment. Burnout syndrome is characterized by three dimensions such as emotional exhaustion, depersonalization and lack of personal accomplishment. These are the three dimensions of burnout syndrome measured by Maslach burnout inventory (MBI).[4] Nurses are always facing threat both externally and internally whether it is related to work or outside the work place. The stressors include dealing with death and dying patients, conflicts with coworkers, lack of skills and proper training, new changes in technology,

unequal coordination between doctor and nurses.[5] In this profession, nurse prioritizes caring for others; it is easy to forget about own self. Use stress management techniques to deals with stress such as meditation, exercises, get out door and breath and effectively induce relaxation, and reduction of tension headaches. Take enough sleep, healthy food and exercise.

Statement of the problem

"A study to assess the risk of burnout syndrome and explore the factors influencing burnout among nurses in selected hospitals at Himachal Pradesh".

Objectives

Objectives of the study were to assess the risk of burnout syndrome among nurses to explore the factors influencing burnout among nurses and to find out the association between risk of burnout syndrome with their selected demographic variables.

METHODS

A quantitative non-experimental descriptive research design was used in this study. The population of the study were nurses. The 200 nurses were selected by convenient sampling technique. Data was collected by using socio-demographic variables, 5-point Likert scale to assess the risk of burnout syndrome and checklist related to factors influencing burnout among nurses. Consent was obtained from study participants before collecting the data. The study participants were selected on the basis of inclusion criteria of nurses who worked in emergency ward and critical care units and who were available at the time of data collection. The study excludes the nurses who were working in administrative department and who were not belong to desired population. The purpose of the study was explained and data collected from IGMC hospital Shimla, Deendyal Upadhayay Zonal hospital Shimla and civil hospital Nalagarh, Solan, Himachal Pradesh. The study was exactly conducted in the Month of June 2021. The data was transferred into SPSS (Statistical package for the social sciences) software and analysed using descriptive and inferential statistics.

Data collection tool

The data was collected from nurses by using 5-point Likert scale. Based on the objectives of study, socio-demographic data sheet, and 5-point Likert scale and checklist was developed to assess the risk of burnout syndrome and factors influencing burnout among nurses in selected hospitals at Himachal Pradesh. It consists of three parts: Part I: Socio-demographic datasheet. Part II: 5-point Likert Scale used to assess the risk of burnout syndrome among nurses. Part III: Checklist related to factors influencing burnout among nurses. Part I: Socio-demographic datasheet.

Part I: Socio-demographic datasheet

Socio-demographic variables were age, gender, educational status, marital status, experience, designation, shift of duty, work overload and attended any CNE, Workshop and conference related to burnout syndrome.

Part II: 5-point Likert Scale used to assess the risk of burnout syndrome among nurses

The 5-point Likert scale was used to assess the risk of burnout syndrome comprises of 30 statements. For each positive statement, for always "4" score was given and for never "0" score was given. For negative statements scoring was reversed.

Maximum score was 120 and minimum score was 0.

Positive statement scoring: always (4), often (3), sometimes (2), rarely (1), never (0), negative statement scoring: always (0), often (1), sometimes (2), rarely (3), never (4).

Part III: Checklist related to factors influencing burnout among nurses

Checklist related to factors influencing burnout comprises of 10 items. For each "Yes" response "1" score was given and for each "No" response "0" score was given.

Maximum score=10, Minimum score=0

Ethical considerations

Approval was obtained from the ethical committee of the eternal university, Baru sahib.

Permission was obtained from the principal of the Akal college of nursing, Baru Sahib.

Approval was taken from the medical superintendent of IGMC hospital Shimla, Deendayal Upadhyaya Zonal hospital Shimla and civil hospital Nalagarh, Solan.

Study participants in the study were informed that they could leave at any time.

Obtained informed consent from study participants. Anonymity and confidentiality of the participant's information was maintained.

RESULTS

Section A: Frequency and percentage distribution of socio-demographic data of nurses

The results revealed that with regards to age, most of the participants 118 (59%) were in the age group 21-30 years, 76 (38%) participants were 31-40 years, and 6

(3%) participants were 41-50 years. With regards to gender, all the 200 participants (100%) were females. With regards to educational status, maximum of participants 104 (52%) were had done G. N. M, 95 (47.5%) participants were had done B.Sc. Nursing, 1 (0.5%) participant had done M.Sc. Nursing. With regards to marital status, only 89 (44.5%) participants were single and most of the participants 111 (55.5%) were married. With regards to experience, most of the participants 104 (52%) were had 0-5 years of experience, 71 (35.5%) participants were had 6-10 years of experience, 20 (10%) participants were had 11-15 years of experience and 5 (2.5%) participants were had more than 15 years of experience. With regards to designation, most of the participants 184 (92%) were staff nurses and 2 (1%) participants was ward sisters, 14 (7%) participants were senior staff nurse. With regards to shift of day, most of the participants 131 (65.5%) had day duty and 69 (34.5%) participants had night duty. With regards to work overload, most of the participants 158 (79 %) were had work overload and 42 participants (21%) had no work overload. With regards to attending any CNE, workshop and conference, only 28 (14%) participants were attended and most of the participants 172 (86%) participants were not attended any workshop, conference and CNE related to burnout syndrome.

Section-B: Assess the risk of burnout syndrome among nurses

The Figure 1 depicts that majority of the participants 95 (47.5%) were had high risk of burnout and 41 (32%) participants were had low risk of burnout related to physical and psychological exhaustion. Whereas in self detachment majority of the participants 111 (55.5%) were had high risk of burnout and 34 (17%) participants were had low risk of burnout. Most of the study participants 101 (50.5%) were had high risk of burnout and only 25 (12.5%) study participants were had low risk of burnout in self realization.
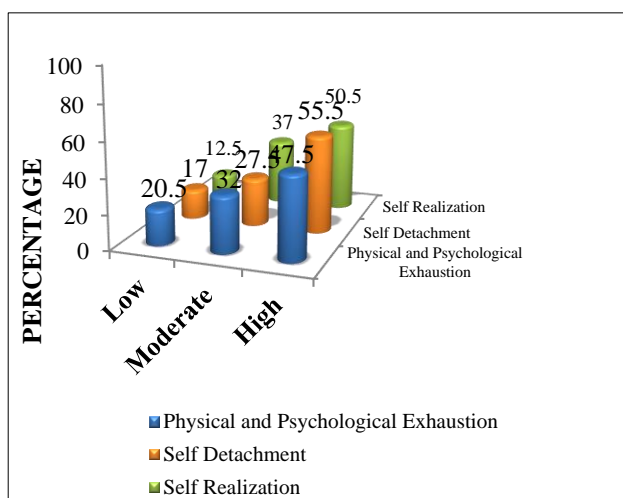

Figure 1: Percentage distribution of risk of burnout syndrome among nurses, (n=200).

Table 1: Frequency and percentage distribution of total score of risk of burnout syndrome among nurses, (n=200).

Risk of burnout	Score	
	F	**%**
High risk burnout	107	53.5
Moderate risk burnout	67	33.5
Low risk burnout	26	13

The above Table 1 depicts that majority of the participants 107 (53.5%) were had high risk of burnout and 67 (33.5%) participants were had moderate risk of burnout and 26 (13%) participants were had low risk of burnout.

Section-C: To explore the factors influencing burnout among nurses

Table 2: Frequency and percentage distribution of factors influencing burnout among the nurses, (n=200).

Factors influencing burnout	Frequency	Percentage (%)
Excessive workload and the staff shortage	179	89.5
Do not give adequate time to the family	168	84
Feel frustrated when dealing with many patients at the same time	143	71.5
Stressful work environment	151	75.5
Physical and verbal harassment by co-workers	108	54
Involved in every aspect of patient's care and other matters	101	50.5
Don't receive any incentives, and rewards on your good performance	122	61
Job is not secure	83	41.5
No define description of your work	124	62
Don't get enough remuneration according to your job performance	148	74

Section-D: Association between risk of burnout syndrome with their selected demographic variables

Table 3: Association between risk of burnout syndrome with the selected demographic variables, (n=200).

Socio demographic variables	Mean and SD	Test value	Df		P value
Age (Years)					
21-30	89.22±19.34				
31-40	85.94±19.83	F=0.7	Between group	2	0.498
41-50	89±21.26		Within group	197	
More than 50	0				
Gender					
Male	0				NA
Female	87.93±19.55				
Educational status					
A.N.M/G.N.M	88.97±20.28				
B.Sc. nursing	86.95±18.88	F=0.269	Between group	2	0.765
M.Sc. nursing	83±0		Within group	197	
PhD	0				
Marital status					
Single	89.5±19.9	T=1.107		198	0.31
Married	86.67±19.27				
Experience (Years)					
0-5	85.41±19.41				
6-10	89.69±19.8	F=1.558	Between group	3	0.201
11-15	94.6±19.48		Within group	196	
>15	88.8±14.61				
Designation					
Matron	0				
Ward sister	97±12.72	F=17.66	Between group	2	0.000
Senior staff nurse	115.36±3.24				
Staff nurse	85.75±18.73		Within group	197	
Shift of duty					
Day	92.01±19.06	T=4.235		198	0.000
Night	80.18±18.2				
Work overload					
Yes	85.9±20.11	T=2.901		198	0.0039
No	95.57±15.19				
Attended any CNE workshop, conference related to burnout syndrome?					
Yes	94.81±16.27	T=2.028		198	0.044

DISCUSSION

Socio-demographic data of the nurses

In the current study among 200 nurses, 21 to ≥50 years participated in this study. The most of the participants 118 (59%) were in the age group of 21-30 years. All the 200 participants (100%) were females. According to the educational status most of participants 104 (52%) were had done G.N.M. Maximum of the participants 111 (55.5%) were married. Most of the participants 104 (52%) were had 0-5 years of experience. Most of the participants 184 (92%) were staff nurses. Maximum of the participants 131 (65.5%) had day duty. Most of the participants 158 (79 %) were had work overload. Only 28 participants (14%) were attended any workshop, conference and CNE related to burnout syndrome and most of the participants 172 participants (86%) were not attended any workshop, conference and CNE related to burnout syndrome.

Objective 1: to assess the risk of burnout syndrome among nurses

In the current study, the majority of the participants 95 (47.5%) were had high risk of burnout and 41 (32%) participants were had low risk of burnout related to physical and psychological exhaustion whereas in self detachment majority of the participants 111 (55.5%) were had high risk of burnout and 34 (17%) participants were had low risk of burnout and most of the study participants 101 (50.5%) were had high risk of burnout and only 25 (12.5%) study participants were had low risk of burnout in self-realization (Figure 1).

In total score of burnout out of 120, the majority of the participants 107 (53.5%) were had high risk of burnout and 67 (33.5%) participants were had moderate risk of burnout and 26 (13%) participants were had low risk of burnout (Table 1).

Jose et al conducted a "descriptive cross-sectional study to examine burnout and resilience of the frontline nurses in the emergency ward of a tertiary care center at North India". The findings showed that the nurses of emergency ward had a moderate-to-severe level of burnout in emotional exhaustion (29.13±10.30) as well as depersonalization (12.90±4.67) but a mild-to-moderate level of burnout in reduced personal accomplishment (37.68±5.17) during the pandemic and a moderate-to-high level of resilience (77.77±12.41).[10]

Zahiri conducted a "descriptive study to assess burnout among nurses working in surgery and internal wards at Ahvaz hospital". In this study, result shows high degree of emotional exhaustion 45.9% and a high degree of personal efficacy 70.4% and a high degree of depersonalization 40.9% was observed among nurses.[6]

Objective 2: to explore the factors influencing risk of burnout among nurses

The present study revealed that the most of the participants 179 (89.5%) were had excessive workload and staff shortage, 168 (84%) participants were do not give adequate time to the family, 143 (71.5%) participants were feel frustrated when dealing with many patients at the same time, 151 (75.5%) participants were had stressful work environment, 108 (54%) participants were physical and verbal harassed by co-workers, 101 (50.5%) participants were involved in every aspect of patient's care and other matters, 122 (61%) participants were don't receive any incentives, and rewards on your good performance, 83 (41.5%) participants were think that their job is not secure, 124 (62%) participants were feel that there is no define description of their work and 148 (74%) participants were feel that they don't get enough remuneration according to their job performance (Table 2).

The present study revealed that in total score, most of the participants 75 (37.5%) were had highly influenced burnout and 37 (18.5%) participants were had less influenced burnout.

Vidotti conducted a cross–sectional study to analyze the factors associated with burnout syndrome among nurses. The findings of study revealed that burnout syndrome was found to be prevalent in 53.98 percent of people working the day shift, with high demand, low control, limited social support, sleep dissatisfaction, and financial resources as contributing variables. [7]

Hajar et al conducted a study to determine the proportion of burnout among nurses in hospital Serdang and its associated factors in a tertiary hospital Malaysia. According to the findings, 24% of nurses were had burnout, with 61.9% having personal burnout, 30.8% having work-related burnout, and 11.2% having patient-related burnout.[8]

Objective 3: to find out the association between risk of burnout syndrome with their selected demographic variables

The present study revealed that the risk of burnout was significant with designation, shift of duty, work overload and attended any workshop, CNE, and conference related to burnout syndrome (p<0.05). ANOVA and t test used to find association with socio-demographic variables.

Yektatalab et al was conducted a study to investigate the association between job burnout and all demographic variables among nurses at Jahrom, Iran. According to the findings, 89.2 percent of nurses had moderate to high degrees of occupational burnout. Age (r=0.21, p=0.002) and education level (r=-0.16, p=0.01) were found to have a significant association with personal success (r=0.21, p=0.002). Emotional exhaustion (r=-0.38, p=0.001), depersonalization (r=-0.3, p=0.001), and personal accomplishment (r=0.35, p=0.001) all showed a correlation with income level. Sex and depersonalization were also found to have a strong association.[10]

Rashedi et al conducted a cross-sectional descriptive-analytical study to assess burnout and socio-demographic characteristics of nurses in Iran. The study's findings demonstrated a statistically significant association between educational attainment and PA (p=0.013, f=4.489). Burnout was found to have a substantial association with age, length of employment, and educational level.[11]

Hence this study concluded that according to each component, majority of the participants 95 (47.5%) were had high risk of burnout and 41 (32%) participants were had low risk of burnout related to physical and psychological exhaustion. Whereas in self detachment, majority of the participants 111 (55.5%) were had high risk of burnout and 34 (17%) participants were had low risk of burnout. Most of study participants 101 (50.5%) were had high risk of burnout and only 25 (12.5%) study participants were had low risk of burnout in self-realization. Factors influencing burnout among nurses include most of participants 179 (89.5%) had excessive workload and staff shortage whereas 83 (41.5%) participants were thinking that their job is not secure.

After reviewing all related studies, found that nurses were highly prone to have burnout syndrome and there were number of factors influencing level of risk of burnout.

Limitation

Most of the population not covered because during data collection timing they were unavailable.

CONCLUSION

The present study was associated with risk of burnout syndrome and explores the factors influencing burnout

among nurses at selected hospitals of distt. Shimla and Solan (H.P). The study findings revealed that there was high risk of burnout identified among critical care units and emergency ward nurses and there were number of factors influencing the level of risk of burnout among nurses. To lessen the severity of burnout, a preventive and therapeutic plan is required like maintain a safe working environment to prevent incidents, employ adequate nursing staff to prevent work overload, provide adequate resources to prevent stress caused by the shortage of staff, rotate nursing staff to work in other wards for professional development and promote open communication to allow team work.

Recommendations

Following are some recommendations based on the above findings and the investigator's personal experience.

An exploratory study can be done to assess burnout syndrome and determine the prevalence of burnout among nurses. A similar study can be done to determine the quality of work life of healthcare workers and burnout levels and to investigate the correlation.

ACKNOWLEDGEMENTS

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