A Study to Assess the Prevalence of Burnout Syndrome among Staff Nurses in a Selected Hospital, Thrissur

Ajitha John*, Bilha Paulson*, Bincy. M.B.*, Jisni T. George*, Neeraja P.M.*, Sruthi S.*, Tiji C. Varghese*, Sunitha P.P.**

Abstract

A study was conducted to assess the prevalence of burnout syndrome among staff nurses in a selected hospital, Thrissur. The sample size of this study comprised 75 staff nurses. Non probability purposive sampling technique was considered appropriate for this study. The instrument was Maslach Burnout Inventory to assess the level of burnout syndrome among staff nurses. The hypothesis was H0-There will not be a significant association between the levels of burnout syndrome among staff nurses with selected demographic variables. The collected data analyzed using descriptive and inferential statistics. The findings revealed that out of 75 staff nurses, in Emotional Exhaustion 58 samples (77%) were having low level of burnout, 16 samples (21%) were having moderate level of burnout and only 01 sample (02%) was having high level of burnout. Whereas in Depersonalization, 14, 21 and 40 samples (19%, 28%, and 53%) were having low level, moderate level and high level of burnout respectively. Regarding Personal Achievement, low level of burnout was for 38 samples (51%), moderate level of burnout was for 11 samples (15%) and high level of burnout was for 26 samples (34%). Emotional exhaustion shows low level of burnout, depersonalization shows moderate level of burnout and personal accomplishment shows high level of burnout. The study also shows that there is a association of level of burnout with selected demographic variables.

Key words: Burnout Syndrome; Staff Nurses.

Introduction

According to WHO health is defined as a state of complete physical, mental and social well being not merely the absence of disease or infirmity. Health is a state of being that people living in relation to their own values, personality, and life styles. All people free of disease are not equally healthy. Any change in the internal and external environments to maintain a state of physical, emotional, intellectual, social development and spiritual well being considered as unhealthy state [1].

Stress can be defined as a process which causes or precipitate individual to believe that they are unable to cope with the situation facing them and feeling of anxiety, tension, frustration, and anger. This results from the recognition that they are feeling in some way and the situation is getting out of control. Stress is a subjective feeling, based on an individual perspective. Stress can leads to burnout [2].

Today's economy and competition among hospitals have increased the demand placed on the workers [5]. Nurses who are an important part of the health care team are continually exposed to added pressure in the work place, which can negative result on the nurses as well as the population served by nurses. Burnout is a syndrome of emotional exhaustion, depersonalization, and reduced personal accomplishment [6]. Nurses are susceptible to get burnout mainly because of nature and the emotional demand of their profession. A study conducted in Australia has shown that burnout can occur in many professions, but the risk of burnout among nurses in workplace is higher compared to any other professions [3].

The professional working settings that are characterized by a very strong emotional involvement. Occupational burnout is typically and

Author Affiliation: *Fourth year B.Sc Nursing **Lecturer, Department of Medical Surgical Nursing, Aswini College of Nursing, Nadathara Thrissur-51, Kerala, India.

Correspondance: Ajitha John, Fourth year b.sc Nursing, Aswini College of Nursing, Nadathara Thrissur-51, Kerala, India.

E-mail: ajujohnajitha@gmail.com

particularly found within human service professions. Professions with high level of burnout include social worker, nurses, teachers, engineers, physicians and police officers. Burnout has been describing as a specific kind of occupational stress reaction among human service professionally as a result of the demanding and emotionally changed relationships. As educators, care takers and lifelines, nurses take on several roles as they routinely care for patients' day in and day out. Nurses have more strain of the job can eventually leads to physical, mental and emotional exhaustion otherwise known as burnout [4].

A study was conducted to assess the risk factors and prevalence of burnout syndrome in the nursing profession in public health centre in Spain. The objectives of this study were to estimate the prevalence of burnout, to identify the variables related to burnout and to propose a risk profile for this syndrome among the nursing personnel. The result showed that the prevalence of burnout among nursing professionals is high. Gender, age, marital status, level of healthcare, work shift and health care services areas predicted at least one of the dimensions of the syndrome.Neuroticism, agreeability; extraversion and conscientiousness are personality traits that predict at least two of the dimensions of burnout syndrome in nurses. Therefore, personality factors should be considered in any theory of risk profiles for developing burnout syndrome in the nursing profession [5].

A descriptive correlation study was conducted to assess the burnout in Portuguese intensive care unit. Three hundred professionals (82 physicians and 218 nurses) from ten ICUs were included in the study, out of a total of 445 who were eligible. There was a high rate of burnout among professionals working in Portuguese ICUs with 31% having high level of burnout. Using multi variant analysis identified that gender being a risk factor were female status increases the risk of burnout [6].

In India and also in Kerala the studies related burnout among staff nurses are limited. From the above studies we can understand that the incidence of burnout among staff nurses is high. So the investigators interested to assess the prevalence of burnout among staff nurses.

Statement of Problem

A study to assess the prevalence of burnout syndrome among staff nurses in a selected hospital, Thrissur.

Objectives

➢ To assess the level of burnout syndrome among staff nurses.

➢ To associate the level of burnout syndrome among staff nurses with selected demographic variables.

Material and Methods

Research Approach

The research approach of this study was non experimental, quantitative approach.

Research Design

Non experimental descriptive research design was used for this study.

Setting of the Study

The study was conducted in Aswini hospital, Thrissur.

Sampling Technique

Non probability purposive sampling technique was adopted for the selection of the sample in the study

Criteria for Sample Selection

Inclusion Criteria

a. Staff nurses who are willing to participate.

b. Staff nurses who are present at the time of study.

c. Staff nurses who have degree or diploma.

Exclusive Criteria

a. Staff nurses who not willing to participate.

b. Staff nurses who are working in OPD.

c. Staff nurses not having basic degree or diploma.

Tool for Data Collection

The instrument was Maslach Burnout Inventory (MBI) to assess the level of burnout syndrome among staff nurses.

The tool consist of 2 parts

Part I: Demographic profile of staff nurses

Part II: Maslach's Burnout Inventory

This section consists of Maslach's burnout inventory. It includes 3 sections

Section A (Emotional Exhaustion): It containing 7 questions.

1. If feel emotionally drained by my work.

2. Working with people all day long requires a great deal of effort.

3. If feel like my work is breaking me down.

4. I feel frustrated by my work.

5. I feel I work too hard at my job.

6. I stresses me too much to work in direct contact with people.

7. I feel like I am at the end of my rope.

Section B (Depersonalization): It contains 7 questions.

1. I feel I look after certain patients / clients impersonally, as if they are objects.

2. I feel tired when I get up in the morning and have to face another day at work.

3. I have the impression that my patients/ clients make me responsible for some of their problems.

4. I am at the end of my patience at the end of my work day.

5. I really don't care about what happens to some of my patients/ clients.

6. I have become more insensitive to people since I've been working.

7. I'm afraid that this job is making me uncaring.

Section C (Personal Achievement): It contains 8 questions.

1. I accomplish many worthwhile things in this job.

2. I feel full of energy.

3. I am easily able to understand what my patients/ clients feel.

4. I look after my patients'/ clients' problems very effectively.

5. In my work, I handle emotional problems very calmly.

6. Through my work, I feel that I have a positive influence on people.

7. I am easily able to create a relaxed atmosphere with my patients/clients.

8. I feel refreshed when I have been close to my patients/clients at work.

Method of Data Collection

A formal written permission was taken from the Hospital Authority of Aswini hospital Thrissur in order to proceed for data collection. First investigator collected list of staff nurses based on inclusion criteria. Then the investigator established a good rapport with staff nurses and explained the purpose of the study and requested their full cooperation. Then investigator collected data from 75 staff nurses who met Inclusion criteria. Demographic data collected initially then given the MBI. During data collection investigator cleared the doubts of nurses for complete information.

Result

The data was collected from staff nurses was tabulated, analyzed and interpreted by using descriptive and inferential statistics. Analysis was done based on the objectives and hypothesis of the study.

Table 1: Frequency and Percentage distribution of demographic variables of staff nurses   N=75

Sl. No.	Demographic Variables	Frequency (N)	Percentage %
1.	**Age**		
	21-30 years	55	73
	31-40 years	17	23
	41-50 years	3	4
	51-60 years	0	0
2.	**Gender**		
	Male	37	49
	Female	38	51
3.	**Professional Qualification**		
	GNM	34	45
	Post Basic Nursing	7	9
	B. Sc Nursing	32	43
	M. Sc Nursing	2	3

4.	**Marital Status**			
	Married		40	53
	Unmarried		35	47
	Divorced		0	0
	Separated		0	0
5.	**Type of Family**			
	Joint family		24	32
	Nuclear family		51	68
	Extended family		0	0
6.	**Area of Nursing Practice**			
	Ward		23	31
	ICU		38	51
	OT		13	17
	Casualty		1	1
7.	**Years of Professional Practice**			
	0-3 years		35	47
	3.5-6 years		26	35
	6.5-9 years		10	13
	>9.5 years		4	5
8.	**Role in Working Department**			
	Ward in charge		6	8
	Staff nurse		60	80
	Trainee		8	11
9.	**Any relaxation Technique Done Routinely to Reduce Stress**			
	Meditation		2	3
	Yoga		7	9
	Exercise		10	13
	Hearing music		54	72
	Any other		2	9
10.	**Previous Experience**			
	Yes		35	47
	No		40	53

Table 2: Description of level of burnout syndrome among staff nurses

Burnout	Low Burnout		Moderate Burnout		High Burnout	
	No.	%	No.	%	No.	%
Emotional Exhaustion	58	77	16	21	01	02
Depersonalization	14	19	21	28	40	53
Personal Achievement	38	51	11	15	26	34

Table 3: Association of level of burnout syndrome in Emotional Exhaustion with selected demographic variables

Sl. No.	Demographic Variables	Level of Burnout In Emotional Exhaustion			Degree of Freedom (DF)	Chi-square ($\chi2$)
		Low Burnout	Moderate Burnout	High Burnout		
1.	**Age**					
	21-30 years	44	10	01		
	31-40 years	12	05	00		$\chi^2 = 2.13$[ns]
	40-50 years	02	01	00	4	TV=9.49
	>50 years	00	00	00		
2.	**Gender**					
	Male	10	05	00	2	$\chi^2 = 1.78$[ns]
	Female	48	11	01		TV=5.99
3.	**Professional Qualification**					
	GNM	27	07	00		
	Post BSc	05	02	00	6	$\chi^2 = 2.2$[ns]
	B.Sc Nursing	25	06	01		TV=12.59
	M.Sc Nursing	01	01	00		

4.	**Marital Status**					
	Married	32	05	03		
	Unmarried	26	08	01	6	$\chi^2 =2.569^{ns}$
	Divorced	00	00	00		TV=12.59
	Separated	00	00	00		
5.	**Type of Family**					
	Joint Family	19	05	00		
	Nuclear Family	39	11	01	4	$\chi^2 =2.397^{ns}$
	Extended Family	00	00	00		TV=9.49
6.	**Area of Nursing Practice**					
	Ward	18	05	00		
	ICU	28	09	01	6	$\chi^2 =2.528^{ns}$
	OT	07	02	00		TV=12.59
	Casualty	05	00	00		
7.	**Years of Professional Practice**					
	0-3 Years	26	09	01		$\chi^2 =2.52^{ns}$
	3.5-6 Years	20	04	01	6	TV=12.59
	6.5-9 Years	10	01	00		
	>9.5 Years	02	01	00		
8.	**Role in Working Department**					
	Ward in Charge	05	02	00		$\chi^2 =10.991^{*}$
	Staff Nurse	47	12	01	4	TV=9.49
	Trainee	06	02	00		
9.	**Any relaxation technique used regularly to reduce stress**					
	Meditation	01	01	00		
	Yoga	04	03	00		$\chi^2 =4.766^{ns}$
	Exercise	07	03	00	8	TV=15.51
	Hearing music	44	09	01		
	Any Other	02	00	00		
10.	**Previous experience**					
	Yes	30	05	00		$\chi^2 =5.37^{ns}$
	No	14	14	01	2	TV=5.99

*significant at 0.05 level
ns-non significant at 0.05 level

Table 4: Association of level of burnout syndrome in Depersonalization with selected demographic variables

Sl. No.	Demographic Variables	Level of Burnout in Depersonalization			Degrees of Freedom (DF)	Chi-Square (χ^2)
		Low Burnout	Moderate Burnout	High Burnout		
1.	**Age**					
	21-30 years	12	20	23		
	31-40 years	2	00	15		$\chi^2 =12.75^{*}$
	40-50 years	00	01	02	6	TV=12.59
	>50 years	00	00	00		
2.	**Gender**					
	Male	03	03	09	2	$\chi^2 =4.15^{ns}$
	Female	11	18	31		TV=5.99
3.	**Professional Qualification**					
	GNM	06	11	18		
	Post BSc	01	01	04	6	$\chi^2 =2.63^{ns}$
	BSc Nursing	07	09	16		TV=12.59
	MSc Nursing	00	00	02		
4.	**Marital Status**					
	Married	06	12	21		
	Unmarried	08	10	18	6	$\chi^2 =0.565^{ns}$
	Divorced	00	00	00		TV=12.59
	Separated	00	00	00		

Sl. No.	Demographic Variables				DF	Chi-square (χ^2)
5.	**Type of Family**					
	Joint Famil	06	05	13		$\chi^2 =1.108^{ns}$
	Nuclear Family	09	16	26	4	TV=9.49
	Extended Family	00	00	00		
6.	**Area of Nursing Practice**					
	Ward	04	07	12		
	ICU	07	10	21	6	$\chi^2 =7.913^{ns}$
	OT	00	03	06		TV=12.59
	Casualty	03	01	01		
7.	**Years of Professional Practice**					
	0-3 Years	06	11	19		$\chi^2 =8.48^{ns}$
	3.5-6 Years	06	09	10	6	TV=12.59
	6.5-9 Years	01	01	08		
	9.5 Years	01	00	03		
8.	**Role in Working Department**					
	Ward In Charge	01	02	04		$\chi^2 =2.921^{ns}$
	Staff Nurse	14	15	32	4	TV=9.49
	Trainee	00	04	03		
9.	**Any relaxation technique used regularly to reduce stress**					
	Meditation	01	01	02		
	Yoga	00	02	05		$\chi^2 =4.32^{ns}$
	Exercise	01	03	06	8	TV=15.51
	Hearing music	13	14	25		
	Any Other	00	01	01		
10.	**Previous Experience**					
	Yes	10	12	13	2	$\chi^2 =7.57^{*}$
	No	04	09	27		TV=5.99

*significant at 0.05 level
ns-non significant at 0.05 level

Table 5: Association of level of burnout syndrome in Personal Achievement with selected demographic variables

Sl. No.	Demographic Variables	Level of Burnout In Personal Achievement			Degrees of Freedom (DF)	Chi-square (χ^2)
		Low Burnout	Moderate Burnout	High Burnout		
1.	**Age**					
	21-30 years	28	10	17		
	31-40 years	10	02	05		$\chi^2 =2.32^{ns}$
	40-50 years	01	00	02	6	TV=12.59
	>50 years	00	00	00		
2.	**Gender**					
	Male	09	02	04	2	$\chi^2 =0.703^{ns}$
	Female	29	09	22		TV=5.99
3.	**Professional Qualification**					
	GNM	16	03	15		
	Post BSc	05	01	01	6	$\chi^2 =6.40^{ns}$
	B.Sc Nursing	15	07	10		TV=12.59
	M.Sc Nursing	02	00	00		
4.	**Marital Status**					
	Married	20	05	15		
	Unmarried	17	07	11	6	$\chi^2 =0.855^{ns}$
	Divorced	00	00	00		TV=12.59
	Separated	00	00	00		
5.	**Type of Family**					
	Joint Family	12	04	08		
	Nuclear Family	27	06	18	4	$\chi^2 =0.322^{ns}$
	Extended Family	00	00	00		TV=9.49
6.	**Area of Nursing Practice**					
	Ward	11	06	07		
	ICU	19	03	15		
	OT	03	03	03	6	$\chi^2 =7.193^{ns}$
	Casualty	04	00	01		TV=12.59

7.	Years of Professional Practice					
	0-3 Years	15	07	13		
	3.5-6 Years	13	05	08	6	$\chi^2 = 4.38^{ns}$
	6.5-9 Years	07	00	03		TV=12.59
	9.5 Years	02	00	02		
8.	Role in Working Department					
	Ward In Charge	03	00	04		
	Staff Nurse	33	09	18	4	$\chi^2 = 4.91^{ns}$
	Trainee	02	02	04		TV=9.49
9.	Any relaxation technique used regularly to reduce stress					
	Meditation	01	00	01		
	Yoga	01	02	04		
	Exercise	06	01	03	8	$\chi^2 = 5.072^{ns}$
	Hearing music	29	08	17		TV=15.51
	Any Other	01	00	01		
10.	Previous Experience					
	Yes	22	04	09	2	$\chi^2 = 3.84^{ns}$
	No	16	07	17		TV=5.99

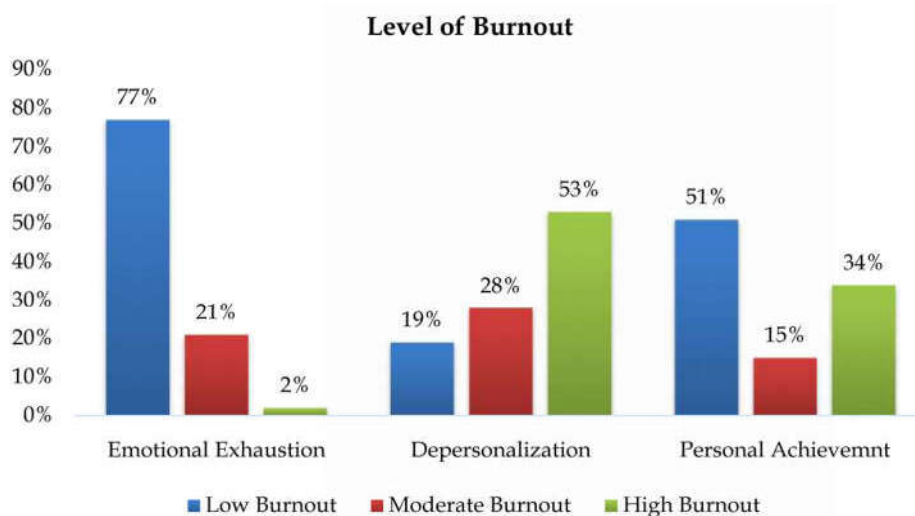ns-non significant at 0.05 level

Fig. 1: Level of Burnout Syndrome among staff nurses

Frequency and percentage distribution of demographic variables of staff nurses are shown in Table 1.

Table 2 include description of level of burnout syndrome among staff nurses

Table 3 include the association of level of burnout syndrome in emotional exhaustion with selected demographic variables

Table 4 include the association of level of burnout syndrome in depersonalization with selected demographic variables

Table 5 include the association of level of burnout syndrome in personal achievement with selected demographic variables.

The first objective of the study was to assess the level of burnout syndrome among staff nurses

The analysis of the study insisted that in emotional exhaustion 77% (58) were having low level of burnout, 21% (16) were having moderate level of burnout and 2% (1) having high level of burnout. In depersonalization 19% (14) were having low level of burnout, 28% (21) were having moderate burnout and 53% (40) having high level of burnout .In personal achievement 51% (37) were having low level of burnout, 13% (12) having moderate level of burnout and 34% (26) having high level of burnout.

The second objective of the study was to associate the level of burnout syndrome among staff nurses with selected demographic variable.

The present study reveals that burnout has association with selected demographic variables in emotional exhaustion and depersonalization. The burnout of staff nurses were compared with selected

demographic variables such as age, gender, professional qualification, marital status, type of family, area of nursing practice, years of professional practice, role in the working department, use of any relaxation technique and previous experience.

Recommendations

In light of the findings listed above and from the personal experience of the investigator, later recommendations have been made for further studies and these are following.

• The same study can be replicated in large samples to validate and generalize the findings.

• The same study can be conducted in different settings.

• Similar study can be conducted to assess the factors affecting burnout syndrome

• A comparative study can be done among staff nurses working in various department.

• A similar study can be done to assess the knowledge of staff nurse regarding BOS.

Conclusion

Burnout is a type of psychological stress. Occupational burnout or job burnout is characterized by exhaustion and motivation feelings of ineffectiveness and also may have the dimension of frustration and as a result reduced efficacy within the work place . With this concept, the present study aimed to assess the level of burnout syndrome among staff nurses at selected hospital, Thrissur.

The result revealed that there is significant association between the level of burnout and selected demographic variables.

Reference

1. Patricia A Potter, Anne Griffin Perry. Text book of fundamentals of nursing. Fifth edition. Vol Patricia A Potter, Anne Griffin Perry. Text book of fundamentals of nursing. Fifth edition. Volume I. New Delhi: 2004.p.3-4.

2. A Baum and A M Yali. Socioeconomic status and stress. (cited 2010 Jan 2); Available from: url : http: // www. Stress in relation. Com; 2010;10(2):92.

3. Burnout and absenteeism among nurses in health care management. (cited in 2005 Jan);Available from: http//www. the free library. Com/ burnout and absenteeism among nurses in health care management.

4. Available from : http://www.cogrisens.com/pdf/resources/nurses burnout.pdf.

5. Canadas De Lu Fuentegu GA, Vargas C, San Luisec. Risk factors and prevalence of burnout syndrome in the nursing professions. Int. J.Nurs.Stud. 2014 July (cited in 2015 Jan);52(1):240-9 Available from: url:http://www.ncbi.nlm.nih.gov/pubmed/25062805.

6. Texeria C, Ribeiru O, Fonseca AM. Burnout in intensive care units –a consideration of the possible prevalence and frequency of new risk factors. (cited in 2013 Oct 31);13(1)Availablefrom:http://www.ncbi.nlm.nih.gov/pubmed/24172172 BMC Anesthesiol.