



Epidemiology of burn out in nurses

Dr. Gurmeet Singh Sarla^{1*} and Manreet Sandhu²

¹ Sr. Registrar, 159 General Hospital, Ferozpur, Punjab, India

² 159 General Hospital, Ferozpur, Punjab, India

Correspondence Author: Dr. Gurmeet Singh Sarla

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Abstract

Burnout is a state of emotional, physical and mental exhaustion caused by excessive and prolonged stress and the affected person feels overwhelmed, emotionally drained out and unable to meet the constant demands. Professionals in any industry, from teaching to engineering, can suffer from this type of exhaustion caused by unrealistic expectations, lack of sleep and other work-related stressors. However, due to their high-stress work environment, nurses and other medical professionals face a greater risk of burnout. Long working hours, lack of sound sleep, high stress working environment specially in Accident and Emergency department, Operation room and ICU, lack of administrative and professional support from superiors, emotional let-downs of dealing with lower recovery and higher mortality rates and paucity of staff are some of the important causes of burn out in nurses. This article studies and analyses the epidemiology of burn out in nurses and suggests preventive and therapeutic measures for self-care.

Keywords: burn out, nurse, nursing profession, work related stress, job stress

Introduction

Burnout is defined as a syndrome referring to mental and physical exhaustion that is rooted in professionals who are emotionally highly implicated with their patients but the results they expect do not realize. It results from discrepancy between an idealized self and reality and occurs in professionals with high expectations. In 1974 Herbert J. Freunderberger found that many of the volunteers with whom he worked had a decreased mood, demotivation and physical and mental exhaustion and he proposed that the increase in pressures and stress in health professionals such as doctors, nurses and nursing technicians were the causative factors of the burn out [1]. Cristina Maslach studied the emotions of health professionals in the work environment and defined “burnout” as physical and emotional fatigue resulting in decreased or loss of motivation for work that can evolve to total exhaustion and a sense of failure [2]. He created Maslach Burnout Inventory which evaluates three main components: depersonalization, reduction of personal fulfilment, and emotional exhaustion of the individual. Nursing is one of the most stressful occupations and it is common to find burnout syndrome in nurses [3].

Objectives

1. To identify the prevalence of burnout syndrome among nurses working in selected hospitals of Ferozpur district Punjab.
2. To determine the association between level of stress with selected demographic variables.

Materials and Methods

Research Approach

A Quantitative research approach

Research Design

A descriptive design

Research Setting

The study was conducted on nurses working in various hospitals of Ferozpur District in Punjab.

Study Population

The study populations were nurses working in various hospitals of Punjab.

Sample & Sampling Technique

Sample size was 100 nurses working in various hospitals of Punjab. Convenient sampling technique was used to select the sample for the study.

Criteria for the sample selection

Inclusion criteria

1. Nurses working in various hospitals of Ferozpur District in Punjab.
2. Available during the period of data collection.
3. Willing to participate in the study.

Exclusion criteria

1. Not working in various hospitals of Ferozpur District in Punjab.
2. Not available during the period of data collection.
3. Not willing to participate in the study

Selection & development of tool

After extensive review of literature and with consultation of experts, tool was developed had following sections

Tool I

- 1) Socio- demographic profile of the study subjects

Tool II

- 2) Maslach Burnout Inventory

Data Analysis

Data analysis was done as per the objectives of the study. Statistical analysis was performed using SPSS version 0.80 and IBM SPSS version 20.0.

Table 1: Frequency and Percentage distribution of Socio-demographic characteristics N=100

S. No.	Variables	Frequency (n)	Percent distribution %
Age (in years)			
1.	21-30	45	45%
	31-40	30	30%
	41-50	15	15%
	51 and above	10	10%
Education			
2.	GNM	40	40%
	B.Sc Nursing	60	60%
Marital Status			
3.	Married	30	30%
	Unmarried	60	60%
Work Experience			
4.	0-20 years	60	60%
	20-40 years	40	40%

Table 2: Association of level of stress with demographic variable

S. No.	Demographic data	OE (p-value)	DP (p-value)	PA(p-value)
1.	Age	0.114	0.030	0.660
2.	Education	0.670	0.293	0.820
3.	Marital status	0.920	0.790	0.040
4.	Working experience	0.008	0.070	0.100

The marital status was significantly associated with decreased personal accomplishment ($p=0.040$), the age of respondents was related to depersonalization ($p=0.020$) and work experience was significantly related to emotional exhaustion ($p=0.100$).

Table 3: Maslach burnout inventory analysis (n =100)

Dimension burnout syndrome	N	%
Occupational Exhaustion (OE)		
Low (<18)	50	50
Moderate (19-26)	20	20
High (>27)	30	30
Depersonalization (DP)		
Low (<5)	50	50
Moderate (6-9)	25	25
High (>10)	25	25
Personal Accomplishment (PA)		
Low (>40)	55	55
Moderate (34-39)	20	20
High (<33)	25	25

Discussion

Nurses are the biggest group of health care workforce making up about 30% of hospital employment in the United States [4]. Increasing workload, poor nurse to patient ratios, lack of communication between physicians and nurses and lack of supportive leadership within working environment are known to be associated with burnout in nurses [5]. Nurses are one of the highest-risk groups for experience of burnout due to the emotional strain and stressful work environment of providing care to sick or dying patients [6]. The recent National Academy

of Medicine report, “Taking Action Against Clinician Burnout: A Systems Approach to Professional Well-Being,” recommended health care organizations routinely measure and monitor clinician burnout and hold leaders accountable for the health of their organization’s work environment in an effort to reduce burnout and promote well-being [7].

Multiple studies have shown that 17-31% of nurses cited burnout as the reason for leaving their job [8]. A study by Ghahramani *et al* reveals that the prevalence of burnout was 52% among all healthcare workers, with nurses and/or physicians experiencing the highest levels (66%) [9].

Studies have suggested that nurses who work longer shifts and who experience sleep deprivation are likely to develop burnout [10]. The etiopathogenesis of burnout is multifactorial and is explained by different psychological explanatory models. The job demand control model focuses on the job task profile (job demand vs control) [11], the effort-reward imbalance model focuses on the work contract (effort vs reward) [12], and the organizational injustice model focuses on organizational justice (unfair procedures and their interactions) [13]. Additional proposed models include the person-environment fit model, the job characteristics model, the diathesis stress model, and the job demand resource model [14].

There is no standardized and valid test to diagnose the burnout syndrome [15]. A number of screening tools are available and the most frequently used is the Maslach Burnout Inventory [16] which is a questionnaire looking at burnout as a multi-dimensional entity consisting of emotional exhaustion, depersonalization, and reduced personal accomplishment.

Burnout seems to be associated with musculoskeletal diseases [17]. Few studies have suggested that chronic burnout might be a risk factor for the onset of type 2 diabetes [18], and hyperlipidemia [19].

Consequences of burnout are reduced job satisfaction [20], absenteeism [21], turnover in personnel [20] and cynicism [21]. The nurse feels unhappy, anxious, depressed, isolated, gets involved in substance abuse, suffers from frictional and broken relationships and divorce [23]. Burnout has been linked to suboptimal patient care resulting in decreased patient satisfaction [24], impaired quality of care [25] and increase in medical errors [26].

Conclusion

A considerable proportion of nurses have burnout syndrome which adversely affects patient care. Due to their high-stress work environment, nurses face a greater risk of burnout. Long working hours, lack of sound sleep, high stress working environment specially in Accident and Emergency department, Operation room and ICU, lack of administrative and professional support from superiors, emotional let-downs of dealing with lower recovery and higher mortality rates and paucity of staff are some of the important causes of burn out in nurses. Marital status, age and work experience are strong predictor variables for burnout syndrome. Therefore, improved educational status and strong social support should be encouraged among nurses for betterment of health care services, job satisfaction and quality of care. The hospital management needs to identify socio demographic characteristics which will improve the working environment, recruitment and retention systems.

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