

Occupational Burnout and Stress among Nurses in Private Hospitals in India

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Abstract

Burnout is called fuel reduction by use or combustion into nothing. The person with burnout symptoms is less productive at work, particularly when communicating with other persons. The key reasons for burnout are the lack of appropriate working tools, lack of consistency in the job, monotonous job, imbalance in work and personal life, little interest in the work done and no qualities in the work environment. Symptoms include decision-making difficulties, misconduct, behavioral disparity, apathy, depression, cooperation and hostility. In this study, the researcher examined the burnout level between these nurses. The study showed that the nurses were at a very high burnout level, impacting their effectiveness, performance and working capacity. Furthermore, physically, psychologically and emotionally these factors impact your personal life.

Keywords: Burnout, Stress, Nurses

Introduction

Nursing is a noble profession and nurses are known as noble citizens. They are sometimes called God's angels. They are proud of their profession and they are said to be the guardians of people. The nurses, however, work long hours, which adds to a specific form of stress. The person feels tired and depressed in their job and is called occupational burnout (Melinda Smith, Jeanne Segal, & Lawrence Robinson, 2019) when they are mentally, mindally and emotionally exhausted. It will prevent the person from participating in his or her work. It makes a gap between who the person is and what the person needs to do. The person with burnout symptoms is less able to function, particularly when it comes to interaction with others. The leading causes of burnout include a lack of productive working tools, no consistency in work, monotonous, a work and personal imbalance, a lack of interest in work and a lack of quality at work (Brown, LW & Fast, J.C., 2013). Symptoms include decision-making, misconduct, behavior disparities, apathy, isolation, not cooperation, and violence. Physically, the individual will have insomnia, anxiety, poor concentration and low productivity. The burnout in the medical sector is now known to be increased. Therefore, the researcher conducted this analysis to examine the occupational burnout of private nurses and the burnout level of these caregivers.

Review of Literature

The research was carried out in private hospitals to assess the degree of occupational burnout among nurses. Eminent scholars have previously done studies linked to burnout. Stress is becoming increasingly critical with the rising number of women at work (Hallman T, Thomsson H, Burell G, Lissabonpers J & Setterlind S, 2003). The difference between women with regard to burnout and coping skills and the educational impact. Women with heart disease had a higher burnout level and the highest scores indicated a lack of coping, which indicates lower coping capacity. Differences in stress management self-control and emotional distance are discussed (Ibid). A major cause of pressure and burnout was a relationship between the person (i.e. internal factors) and the environment (i.e., external ones) (Amir, M.S; Esfandiar, A. M; & Maryam ,H. K., 2015). The burnout degree of nursing students in Turkey was investigated and the results indicate that the most important indicator of emotional exhaustions was job satisfaction in an education setting (Cam O, 2001). The Maslach Burnout Inventory was used to measure the relationship between burnout, depression and the sense of consistency of Tselebis A, Moulou A & Ilias I (2001). It was hypothesized that the degree of consistency induces both depression and burnout-sensitive or immune problems. This article notes that the presence of skilled staff to support burnout nurses can be an enticing option in the hospital setting.

Methodology

The global problem of health has led to considering the nursing profession an essential one. The hospitals have started to function 24/7, which has kept nurses busy for a much longer time. The prolonged working hours and the lack of resources have added to the burnout of the nurses. In most of the primary health centers in Tamil Nadu, the resources are not available for the nurses to work in an excellent working condition. Most of the time, their concerns or requests are not addressed. This creates a state of burnout to many since it lacks job satisfaction. Hence, the researcher has made attempts to analyze the level of occupational burnout among nurses working in a primary health center. Through this study, the researcher analyzed the level to which the nurses have occupational burnout, and on this basis, the researcher can suggest suitable measures to avoid burnout. The main aim of the research is to analyze the level of burnout among nurses in private hospitals in Virudhunagar District, Tamil Nadu.. The researcher used a descriptive design and survey method to collect data. Level of occupational burnout and job satisfaction were assessed in this study.

Result and Discussion

Data review in research work can be used as an essential phase and cornerstone of the study. The next logical step is to evaluate and interpret data to arrive at an analytical solution to the problem after data collection use applicable methods and techniques. The data analysis for this work was carried out quantitatively using descriptive statistics

Table 1: Causes of Occupational Burnout

| Causes of Burnout | highly disagree | Disagree | neutral | highly agree | Agree |
|---|-----------------|----------|---------|--------------|-------|
| Suffering from a rotating shift | 5 | 18.33 | 5 | 38.33 | 33.33 |
| Lack of leisure time | --- | 6.61 | 21.67 | 31.67 | 40 |
| Lacking management skills | 5 | 8.33 | 21.67 | 36.67 | 28.33 |
| Lacking respect for the profession | 6.67 | 16.67 | 20 | 23.33 | 33.33 |
| Lack of relationship from family | 5 | 18.33 | 5 | 36.66 | 35 |
| Patients with care | 5 | 18.33 | 5 | 38.33 | 33.33 |
| Demotivation from family | | 6.67 | 21.67 | 31.67 | 40 |
| Struggling personal and professional life | 5 | 8.33 | 21.67 | 36.67 | 28.33 |
| Need more supportive from management | 6.67 | 16.67 | 20 | 23.33 | 33.33 |
| Lack of professional support | 3.33 | 25 | 0 | 28.33 | 43.33 |
| Vacancies to be filled | 6.67 | 16.67 | 18.33 | 25 | 33.33 |
| More recognition | 5 | 18.33 | 5 | 38.33 | 33.33 |
| Isolation from family and friends | 25 | 18.33 | 5 | 18.33 | 33.33 |
| Need support and motivation | | 16.67 | 21.67 | 41.67 | 40 |
| Workplace exhaustion | | 6.67 | 21.67 | 31.67 | 40 |
| Unreliable memory | 5 | 8.33 | 23.33 | 35 | 28.33 |
| Irritable or emotional with a short fuse | 6.67 | 16.67 | 18.33 | 23.33 | 35 |
| Exhaust morning the thought of another day work | 6.67 | 16.67 | 18.33 | 25 | 33.33 |
| Worn out at the end of the day. | 5 | 18.33 | 6.67 | 32.67 | 37.33 |
| Susceptible to illness | 5 | 18.33 | 36.66 | 5 | 35 |

Table 1 showed the major causes of occupational burn out among the nurses in primary health centers in Tamil Nadu. The majority of respondents agree that 38.3 percent suffer from rotating shifts. Forty percent of the respondents feel that they do not have enough leisure time. The majority of the respondents have a lack of a supportive relationship. Thirty-five percent highly agree to the statement that there is not enough supportive relationship from family. The majority of the respondents, i.e., 33.3 percent,

highly agree that they cannot deal with patients with care like before. Forty percent of the respondents highly agree that family often demotivates them. The majority of the respondents has agreed that they do struggle between personal and professional life. The 33.3 percent highly agree that there are still staffing and vacancies to be filled. The unfilled vacancies are the main cause of the overload of work, which in turn will increase the stress on the existing staff of the health center. 38.3 percent of the respondents agree. One of the results of burnout is isolation. Forty percent highly agree that they feel isolated from family and friends. 41.6 percent have agreed that they are in need more support and motivation. Due to burnout, the individual will feel that they cannot do any work further. That about half of the respondents (40 percent) have highly agreed that they cannot take it anymore. Thirty-five percent of the respondents agree that they experience an unreliable memory. The majority of the respondents highly agree that they easily get irritable and emotional. Thirty-seven percent highly agree, and 32.6 percent agree that they are worn out at the end of the day. They would be feeling exhausted and low on the day end. Out of all the analysis, it can be said that the nurses are at a very high level of burnout, which will, in turn, affect their productivity, efficiency, and ability to work. Also, all these together will affect the person in their personal life physically, mentally, and emotionally.

Table 2: Inter Correlation of Stress Factors

| Correlation | Interpersonal Stressors | Emotional Stressors | Physical Exhaustion | Personal Accomplishments | Depersonalization | Work Pattern |
|--------------------------|-------------------------|---------------------|---------------------|--------------------------|-------------------|--------------|
| Interpersonal Stressors | 1 | .248 | -.131 | .104 | -.261* | .319* |
| Emotional Stressors | | 1 | .253 | -.030 | -.106 | .026 |
| Physical Exhaustion | | | 1 | .272* | .121 | .084 |
| Personal Accomplishments | | | | 1 | .165 | .184 |
| Depersonalization | | | | | 1 | .209 |
| Work Pattern | | | | | | 1 |

Correlation is significant at the 0.05 level (2-tailed)*

The data in table 2 evidenced that; there is positive correlations between interpersonal stressors and emotional stressors ($r=.248$). The study revealed that, there is a negative correlation between interpersonal stressors and physical exhaustion of nurses in

private hospitals ($r = -.131$) but there is positive correlation between personal accomplishments and interpersonal stressors ($r=.104$). Depersonalization of stress factors had negative correlation with interpersonal stressors ($r=-.261$) and work pattern had positive correlation with interpersonal stressor.

Table 3 : Interpersonal Stressors and gender of the respondent

| Interpersonal Stressors | Gender | T | N | Df | Mean | Std. Deviation | F | Sig. |
|-------------------------|--------|--------|--------|-------|-------|----------------|-------|-------|
| | Male | -1.491 | 6 | 58 | 12.33 | 0.816 | 4.771 | 0.004 |
| Female | -3.268 | 54 | 19.603 | 10.76 | 2.559 | | | |

This table present difference between gender of the respondent and with their experience of Interpersonal Stressors of the respondent.

The mean score obtained by the female respondent (1.491) is higher than the male respondent (3.268). However, the P value is 0.004 lesser than level of significance at 0.05 levels. Hence the table reveals that there is a difference between male and female with regards to the experiences of Interpersonal stressors of the respondent.

H1: There is difference between Interpersonal Stressors of the respondent and gender of the respondent.

Ho: There is no difference between Interpersonal Stressors of the respondent and gender of the respondent

The research hypothesis is accepted and null hypothesis is rejected. Hence the table reveals that there is a significant difference between gender of the respondent and the experiences of Interpersonal Stressors of the respondent. The table inferred that male and female with regards to their Interpersonal Stressors of the respondent. Interpersonal Stressors of the respondent is significantly different with female have reported higher level of Interpersonal Stressors of the respondent than male.

Table 4: Emotional stress *gender of the respondent

| Gender | Mean | Std. Deviation | df | Sig. |
|--------|------|----------------|----|------|
| Male | 1.58 | .793 | 20 | .708 |
| Female | 1.65 | .671 | 20 | |

Table 4 presents difference between gender of the respondents with their experience of emotional stress. The study of the gender of the respondent shows that the majority of the respondents are from the female. The study on the emotional stress of the respondent shows that half of the respondents in the population have high amount of emotional stress and majority of the rest also shows average emotional stress. However, the p value is greater than level of significance at 0.05% level. Hence the table reveals that there is a no difference between gender of the respondent with regards to the emotional stress.

H1: There is difference between gender of the respondent with regards to the emotional stress.

Ho: There is no difference between gender of the respondent with regards to the emotional stress.

The research hypothesis is rejected and null hypothesis is accepted. Hence the table value is no significant difference between gender of the respondent and the experience of emotional stress. The table inferred that there is no significant difference between the gender of the respondents and experiences of emotional stress. It means gender of the respondent is doing not difference between the terms of the experiences of their emotional stress.

Table 5: Age of the Respondent*emotional exhaustion

| Anova | Sum of Squares | Df | Mean Square | F | Sig. |
|----------------|----------------|----|-------------|------|------|
| Between Groups | 1.294 | 4 | .323 | .344 | .847 |
| Within Groups | 51.690 | 55 | .940 | | |
| Total | 52.983 | 59 | | | |

Table 5 presents association between age of the respondents with their experience of emotional exhaustion. The study of the age of the respondent shows that the majority of the respondents are from the 18-28 and 28-38 category. The study on the emotional exhaustion of the respondent shows that half of the respondents in the population have high amount of emotional exhaustion and majority of the rest also shows average emotional exhaustion. However, the p value is greater than level of significance at 0.05% level. Hence the table reveals that there is a no association between age of the respondent with regards to the emotional exhaustion.

H1: There is association between age of the respondent with regards to the emotional exhaustion.

Ho: There is no association between age of the respondent with regards to the emotional exhaustion.

Since the p value is greater than the level of significant at 0.05 levels. The research hypothesis is rejected and null hypothesis is accepted. Hence the table value is no significant association between age of the respondent and the experience of emotional exhaustion. The table inferred that there is no significant association between the age of the respondents and experiences of emotional exhaustion. It means age of the respondent is doing not association between the terms of the experiences of their emotional exhaustion.

Conclusion

In the face of unreasonable demands, burnout, a condition of concern to both individuals and organizations, is characterized by rising capacity, strength, and resources. Regardless of both the stressful complexity of their work and the demand of patients, nurses are more vulnerable to developing burnout. The purpose of this study was to examine burnout among nurses employed in primary health centers. Nurses are prone to adverse conditions regularly, not just in the workplace but also in terms of the medical care of the patients. Research has shown that nurses have a high incidence of work-related fatigue in addition to these job characteristics. Considering that stress and burnout are a reality in nursing and that the literature has not yet provided a good description of the factors. The researcher, after her elaborate study, has concluded that moderate levels of occupational burnout are prevailing among the respondents. This moderate level of burnout prevailing among nurses can be channeled in the right direction. The authority responsible for the employees of such medical professionals should adhere to the norms of

giving a satisfied and quality work environment. They need to reward in the right way. The nurses should be given working hours as per the prescribed norms. Holidays and leaves as per rule can be provided. Also, there should be a mechanism to address the concerns and grievances of individuals working in the nursing profession. The researcher has offered some implementable suggestions which, if implemented, would go a long way in bettering the lives of nurses and patients alike.

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