

Prevalence of Burnout Syndrome in Working Nurses

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ABSTRACT

Background: Burnout is a condition arising from chronic workplace stress that hasn't been effectively managed. Burnout Syndrome is characterized by three key dimensions:

1. Feeling of energy depletion or exhaustion
2. Growing emotional detachment from one's work, often accompanied by negative or cynical attitudes toward job responsibilities.
3. Reduced professional efficacy.

This study aims to find the prevalence of burnout syndrome in working nurses.

Method: This descriptive type of observational study included 236 participants. All the participants responded to the study. The MBI questionnaire was used to find the prevalence of burnout syndrome in nurses.

Result: The prevalence of Burnout Syndrome in working nurses was 70% and the 30% nurses were being at the risk of future burnout. Occupational Exhaustion is observed in almost 83% participants. Depersonalization is observed in almost 91% of participants. 87%, do not have a positive view of professional achievement or do not sense fulfillment in the workplace.

Conclusion: Nurses in Pune present with high degree for the three dimension of burnout syndrome, namely, emotional exhaustion, depersonalization, and professional efficacy. For this reason, they are in the high degree of burnout syndrome and some of them are near to moderate and high degree of burnout syndrome.

KEYWORDS: Burnout, Nurses, Occupational Exhaustion, Depersonalization, Professional efficacy.

I. INTRODUCTION

According to the World Health Organization, burnout is a condition arising from chronic workplace stress that hasn't been effectively managed.^[1] Burnout Syndrome is characterized by three key dimensions:

1. Feeling of energy depletion or exhaustion
2. Growing emotional detachment from one's work, often accompanied by negative or cynical attitudes toward job responsibilities.
3. Reduced professional efficacy.^[1]

Nurses are essential to the healthcare industry, playing a vital role in patient care and taking on leadership responsibilities within hospitals, health systems, and other organizations. Work related stress occurs in many people or in all occupation, but it occurs more in health care profession that deals with patient's health and recovery. Usually, the stress will increase during the night shift as they are facing the time management. Nurse shortages result in heavier workloads, increased errors, and stress, leading to frustration and feelings of helplessness. Dissatisfaction from their job, working on holidays also can lead to stress issues.^[2]

During stress exposure The Hypothalamic Pituitary Adrenal (HPA) axis is activated and the adrenal cortex will produce the high level of steroid hormone called glucocorticoids which includes cortisol and it is a stress hormone. However, chronic stress can cause this initially beneficial system to become dysregulated. When the HPA axis remains in a state of hyperactivity due to ongoing stress without sufficient periods of recovery, it can eventually lead to its hypoactivity.^{[3][4]}

The human body constantly reacts to both internal and external stressors. It evaluates these stressors and generates a response based on the level of threat perceived. The autonomic nervous system, which regulates these responses, is divided into two branches: The Sympathetic Nervous System (SNS) and the Parasympathetic Nervous System (PNS). During stressful situations, the Sympathetic Nervous System (SNS) is triggered, initiating the fight-or-flight response. This leads to a series of hormonal and physical changes in the body.^[5]

The Maslach Burnout Inventory Questionnaire (MBI) is considered as the "gold

standard” for measuring burnout, which includes 3 scales: Emotional Exhaustion, Depersonalization, and Personal Accomplishment [6] The MBI questionnaire consists of 22 questions designed to assess burnout syndrome. It measures Emotional Exhaustion (EE) with 9 question, Depersonalization (DP) with 5 question, and Personal Accomplishment (PA) with 8 questions. [7]

II. MATERIALS AND METHODS

This observational study was to find out the burnout syndrome in working nurses of age group between 35-45 years. The study uses a convenient sampling method. The study equipment included a google form. The inclusion criteria included both male and females, in age criteria 35-45 years having 15-20 years work experience with working hours of 8-12 hours per day and the nurses working in both private and government hospitals. The exclusion criteria included subjects who are on anti-depressant therapy.

Ethical approval was obtained and informed consent was taken from participants. The subjects filled the google form which included demographic data and the MBI questionnaire. The MBI questionnaire consist of 22 questions divide into 3 domains. The first domain named as occupational exhaustion consist of 9 question, second domain i.e. depersonalization consist of 5 questions and the third domain i.e. personal accomplishment consist of 8 questions. These questions responses rated on a scale ranging from 0 to 6, where 0 represents "Never" and 6 represents "Every day."

All the data was analysed using SPSS v 26.0, IBM and Microsoft Excel 2019 version. Descriptive statistics, including frequencies and percentages for categorical data, as well as the mean and standard deviation for numerical data, have been presented. The data is organized into tables that show frequencies and percentages. All the results are shown in tabular as well as graphical form to visualize the statistically significant difference more clearly.

III. RESULT

The research was conducted to find the prevalence of burnout syndrome in working nurses. A total of 236 participants were included in this study from varying age groups, gender, work experience and the working hours. The result shows the total prevalence of burnout syndrome is 70% which is high prevalence and 30% were being at the risk of future burnout. The majority of the

participants were female aged between 35-45 with 10-15 years of experience and 8-10 hours working daily.

Table no. 1: Occupational Exhaustion

Occupational Exhaustion	Frequency	Percentage
High Degree	196	83.1
Moderate Degree	35	14.8
Low Degree	5	2.1

Interpretation: High degree of occupational exhaustion is observed in almost 83% participants. 15% had medium degree of occupational exhaustion and only 2% had low degree exhaustion.

Table No. 2: Depersonalization

Depersonalization	Frequency	Percentage
High Degree	215	91.1
Moderate Degree	18	7.6
Low Degree	3	1.3

Interpretation: High degree of depersonalization is observed in almost 91% of participants. Very few, 8% had medium degree of loss of empathy and just 1% had low degree of depersonalization.

Table no. 3: Personal Accomplishment

Personal Accomplishment	Frequency	Percentage
High Degree	10	4.2
Moderate Degree	20	8.5
Low Degree	206	87.3

Interpretation: Only 4% of participants have a high degree of sense of personal accomplishment. 8% have a moderate degree of personal accomplishment sense. And most of the participants, 87%, do not have a positive view of professional achievement or do not sense fulfillment in the workplace.

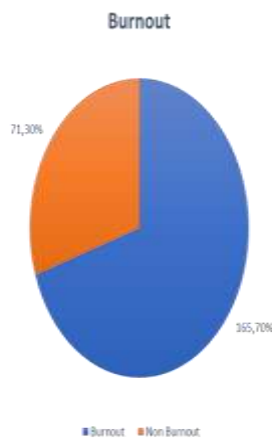


Chart No. 1: Distribution of participants for Burnout Syndrome

Interpretation: Out of 236 participants 165 have Burnout Syndrome i.e. 70% and the 30% participants were identified as being at risk of future Burnout.

IV. DISCUSSION

The study aimed to find the prevalence of burnout syndrome in working nurses using Maslach Burnout Inventory Questionnaire (MBI Questionnaire). The study included participants in the age group of 35-45 years and the mean age of the nurses was (± 38.34) years. Considering gender distribution, the number of Male and Female participants were 72 (30.5%) and 164 (69.5%) respectively. Most of the nurses daily working hours was (± 9.208) hours and the mean work experience among working nurses was (± 11.831) years.

The study concluded that nurses aged 31 to 50, particularly those working in acute care wards, experienced higher levels of perceived stress and burnout. We found that extended working hours, particularly beyond 40 per week, have been linked to an increased risk of burnout, with the correlation becoming even more pronounced when individuals work more than 60 hours weekly.^[31] Reducing the workweek to 40 hours could be an effective strategy for preventing burnout and promoting overall wellbeing.^[8,9] Our study indicates that nurses in this group are more susceptible to burnout syndrome due to their extensive experience and increased responsibilities, often serving as ward in charge. 83% of participants report experiencing a high level of exhaustion. Our study concluded that rotating shift work can lead to slower reaction times, decreased alertness,

difficulties with judgment, and issues with concentration, memory, and information processing. These effects can compromise both nurse and patient safety.^[10]

High degree of Depersonalization is observed in almost 91% of participants. The rise in Depersonalization within the nursing profession has significantly impacted both patient care and the wellbeing of nurses. Many nurses have reported experiencing Depersonalization, often triggered by factors such as burnout, reduced well-being, diminished quality of life, and depression.^[11] 87%, do not have a positive view of professional achievement or do not sense fulfillment in the workplace. Nurses with high burnout had the lowest level of personal accomplishment.^[12]

Out of 236 participants, 165 are suffering from Burnout Syndrome i.e. 70% and the remaining 30% participants were identified as being at risk of future Burnout. We found that women report more jobrelated burnout than men because they are spending more time in the maintenance of health records, more time per patient. Less control over their workload and schedules. [13,14]

V. CONCLUSION

The study concluded that out of 236 participants 165 have high prevalence i.e. 70% for Burnout Syndrome and the 30% participants were identified as being at risk of future Burnout.

Occupational exhaustion is observed in almost 83% participants. Depersonalization is observed in almost 91% of participants. 87%, do not have a positive view of professional achievement or do not sense fulfillment in the workplace.

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