A STUDY TO ASSESS THE BURNOUT (STRESS LEVEL) AMONG NURSES

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ABSTRACT

A quantitative study was carried out in one of the hospitals at Kanyakumari Dist, Tamil Nadu, South India to assess the burnout (stress level) among nurses. Samples of 60 nurses who are working in the hospital were selected by random sampling. Maslach burnout inventory was used for survey and a self-administered questionnaire was used for focus group discussion to assess the stress level among nurses. The subjects were classified into three groups. Degree of burnout is measured by Occupational exhaustion EE < 17 Low degree, EE 18-29 Moderate degree, EE > 30 High degree. Depersonalisation DP < 5 Low degree, DP 6-11 Moderate degree, DP > 12 High degree. Personal accomplishment assessment PA < 33 Low degree PA 34-39 Moderate degree, PA > 40 High degree. 84% of samples are having low in personal accomplishment which is not good sign. There is a significant association between the stress level score and the selected demographic variable which is place of posting that is general ward or Intensive care unit (ICU).

KEYWORDS

Stress, Burnout and Nurse.

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INTRODUCTION

Stress is part of human life. Occupational stress is more common nowadays. It is well known that nursing profession is stressful profession. Nurses are having more stress comparing to others. Stress factors can be personal and professional. Job related stress can affect patient care. When the people are under pressure or stress how they will smile. When nurses smile to patients, half diseases will go off. This smile will give life to many whether they are sick or not. But nurses are not able give their smile to others.

Already nurses are over stressed with many things with that COVID also added their stress more.

During COVID nurses are working for longer duration comparing to non COVID time. Few nurses were getting sick due to COVID that became over burden to who are not sick. These healthy people overloaded with many patients and lots of paper works (documentation of health charts). These lead to incomplete work that become another issue and increase stress to them. In this way stress become ongoing process and never ending. Concern is to find out the reason for the stress and try to reduce the stress by taking simple steps. Encourage nurses to do work with service minded.

OBJECTIVES OF THE STUDY
To assess the stress level of the nurses by using Maslach burnout inventory

To find out the association between stress level and the selected demographic variables such as gender, qualification, years of experience, marital status, posting.

METHODOLOGY
The present study was done to assess the burnout (stress level) among nurses in selected hospital in Kanyakumari Dist, Tamil Nadu**.** The research approaches used for this study was quantitative approach by using survey questionnaire.

Sampling
Sample size
The sample comprised of 50 staff nurses who are working in ICUs and general ward.

CRITERIA FOR SAMPLE SELECTION
Inclusion criteria
Staff nurses who are working in ICU.

Staff nurses those who are working in general ward.

Those who are willing to participate in the study.

Those who can understand and read Tamil and English.

Those who are on duty in particular day.

Exclusion criteria
Those who are not interested to participate in the study.

Those who are absent during data collection.

Those who are working in Operation theatre and Out-patient department.

Sampling technique
Random sampling technique used. Every second person in the duty list selected as sample. All the nurses got the chance to become the sample.

Description of the tool
Section I is demographic data. Maslach burnout inventory (section II) tool has specific questions to find out stress among working people.

Section - I: Demographic data
Consist of demographic schedule such as gender, qualification, years of experience, marital status, posting.

Section – II: Maslach burnout inventory
It consists of 22 questions which has linear scale of 0-6 (never to everyday) to assess the stress of the working people (nurses).

Scoring procedure
Overall score for occupational exhaustion (EE)

Add together the answers to questions 01. 02. 03. 06. 08. 13. 14. 16. 20

Overall score for depersonalisation/loss of empathy (DP) Add together the answers to questions 05. 10. 11. 15. 22

Overall score personal accomplishment assessment (PA) Add together the answers to questions 04. 07. 09. 12. 17. 18. 19. 21.

Degree of burnout
Occupational exhaustion EE < 17 Low degree, EE 18-29 Moderate degree, EE > 30 High degree.

Depersonalisation DP < 5 Low degree, DP 6-11 Moderate degree, DP > 12 High degree Personal accomplishment assessment PA < 33 Low degree PA 34 - 39 Moderate degree, PA > 40 High degree

EE Occupational exhaustion (burnout) is typically connected to a relationship with work that is perceived as difficult, tiring, and stressful. DP Depersonalisation or loss of empathy is characterised by a loss of regard for others (clients, colleagues) and by keeping a greater emotional distance, which is expressed through cynical, derogatory remarks, and even callousness. PA The personal accomplishment assessment is a feeling that acts as a "safety valve" and contributes to bringing about a balance if occupational exhaustion and depersonalisation occur. It ensures fulfilment in the

workplace and a positive view of professional achievements.

Data collection procedure

The study was conducted in one of the hospitals in kanyakumari dist. Prior to the data collection, a formal permission was obtained from the head of the institution. The Investigator met the nurses explained the purpose of the study. Then the investigator gathered the nurses who met inclusion criteria by random sampling and explained the procedure to gain the confidence among them and collected the data through the google form for survey questionnaire.

FINDINGS

This chapter deals with analysis and interpretation of data collected through survey to find out stress level among nurses.

PRESENTATION OF THE DATA

The analysis was organized and presented under the following headings.

Section – I: Distribution of samples according to the demographic variables.

Section – II: Distribution of burnout score of samples.

Section – III: Association between stress level score among nurses and selected demographic variables (gender, qualification, marital status, place of posting and years of experience). Survey was taken from 50 samples

Section I

Table No.1 shows that, regarding gender 9(18%) were male, 41(82%) were female. About qualification status of samples, 13(26%) were B.Sc N, 21(42%) were GNM and 16(32%) were JMT. With regard to marital status 13(26%) were single, 35(70%) were married and widows were 2(4%). Regarding years of experience less than 1 year were 5(10%), 1-5 years were 15(30%), between 5-10 years were 8(16%) and more than 10 years were 22(44%). Considering the type of posting, 25(50%) were posted in ICU and remaining 25(50%) were posted in general ward.

Section II

Almost 50% (46%) of the samples are having high degree of burnout in working place. 28% of samples are having moderate degree of burnout.

56% of samples are having high degree in depersonalization.

84% of samples are having low in personal accomplishment which is not good sign.

This table shown that Occupational exhaustion and depersonalization had high score of 23(46%) and 28(56%). Whereas personal accomplishment shown low score in 42(84%) of samples which is not good sign. Personal achievement is like safety valve and brings balance when occupational exhaustion and depersonalization occurs. Personal achievement is not there.

The totals of your EE and DP answers are both in the red area, and above all personal accomplishment assessment is also in the red means degree of burnout is high. Yellow colour indicates moderate stress score. Green shows low degree of burnout.

Section III

Bar chart shows that there is a significant association between the stress level score and the selected demographic variable is place of posting that is general ward or Intensive care unit (ICU). Literature also mention that ICU staff prone to get burnout when comparing to general ward staff.

It is also found that there is no association between the stress level score and demographic variables like gender, qualification, marital status and experience of work.

Table No.1: Distribution samples according to their demographic variables

S.No	Demographic variables		Frequency	Percentage %
1	Gender	Male	9	18
		Female	41	82
2	Qualification	B.Sc N	13	26
		GNM	21	42
		JMT	16	32
3	Marital status	Single	13	26
		Married	35	70
		Widow	2	4
4	Years of experience	Less than 1 year	5	10
		1-5 years	15	30
		6 – 10 years	8	16
		More than 10 years	22	44
5	Type of posting	ICU	25	50
		General ward	25	50

Table No.2: Distribution of samples according to stress level score

S.No	Categories	Low stress	Moderate stress score	High stress score
1	Occupational Exhaustion	13(26%)	14(28%)	23(46%)
2	Depersonalization	10(20%)	12(24%)	28(56%)
3	Personal accomplishment	42(84%)	7(14%)	1(2%)

Table No.3: Association between stress level score among nurses and selected demographic variables

S.No	Demographic		N = 50	Low	Moderate	Severe
1	Gender	EE	Male (9)	1	5	3
			Female (41)	12	9	20
		DP	Male	1	4	4
			Female	10	8	23
		PA	Male	9	0	0
			Female	33	7	1
2	Qualification	EE	B.Sc N (13)	5	4	4
			GNM (21)	4	9	8
			JMT (16)	4	1	11
		DP	B.Sc N	4	5	4
			GNM	5	6	10
			JMT	2	1	13
		PA	B.Sc N	10	3	1
			GNM	18	3	0
			JMT	14	1	1
3	Marital status	EE	Single (13)	2	6	5
			Married (35)	10	8	17
			Widow (2)	1	0	1
		DP	Single	2	5	6
			Married	8	7	20
			Widow	1	0	1
		PA	Single	12	1	0
			Married	29	6	0

				widow	1	0	1
4	Posting	EE	ICU (25)	2	5	18
			General (25)	11	9	5
		DP	ICU	2	2	21
			General	9	9	7
		PA	ICU	23	2	0
			General	18	5	2
5	Experience	EE	<1 year (5)	0	5	0
			1 – 5 yr (15)	3	6	6
			6–10yrs (8)	4	0	4
			>10 yrs (22)	6	3	13
		DP	<1 year	1	3	1
			1 – 5 yr	2	7	6
			6–10yrs	4	0	4
			>10 yrs	4	1	17
		PA	<1 year	5	0	0
			1 – 5 yr	15	0	0
			6–10yrs	5	3	0
			>10 yrs	17	1	4
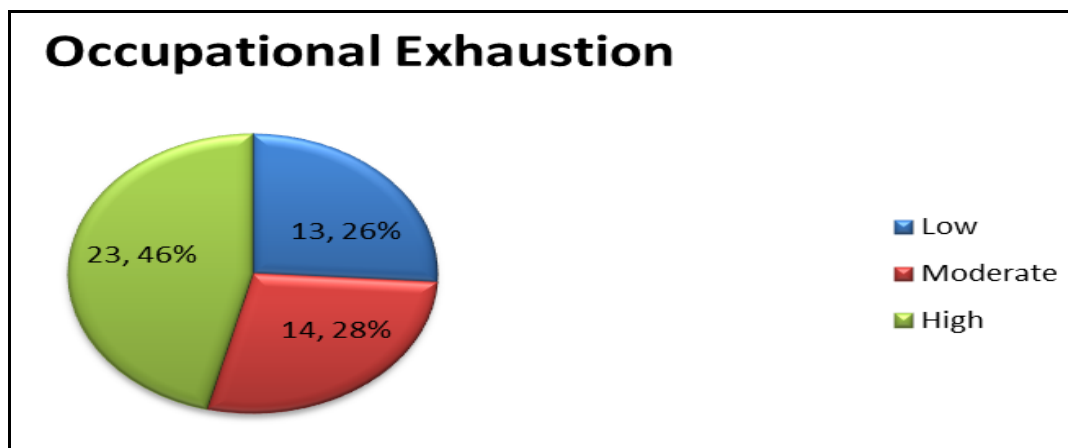
Figure No.1: Distribution of samples according to the occupational or external exhaustion
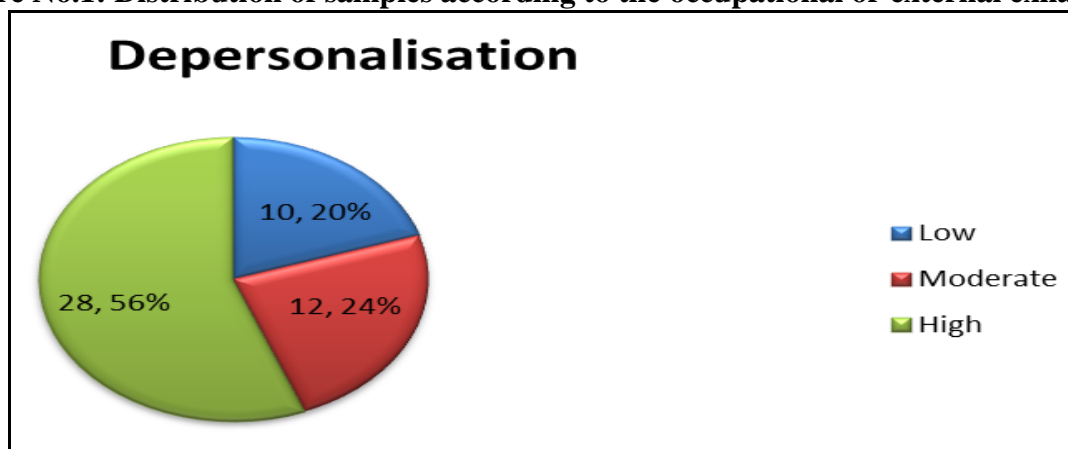
Figure No.2: Distribution of samples according to the depersonalisation

Personal accomplishment

Figure No.3: Distribution of samples according to the Personal accomplishment assessment
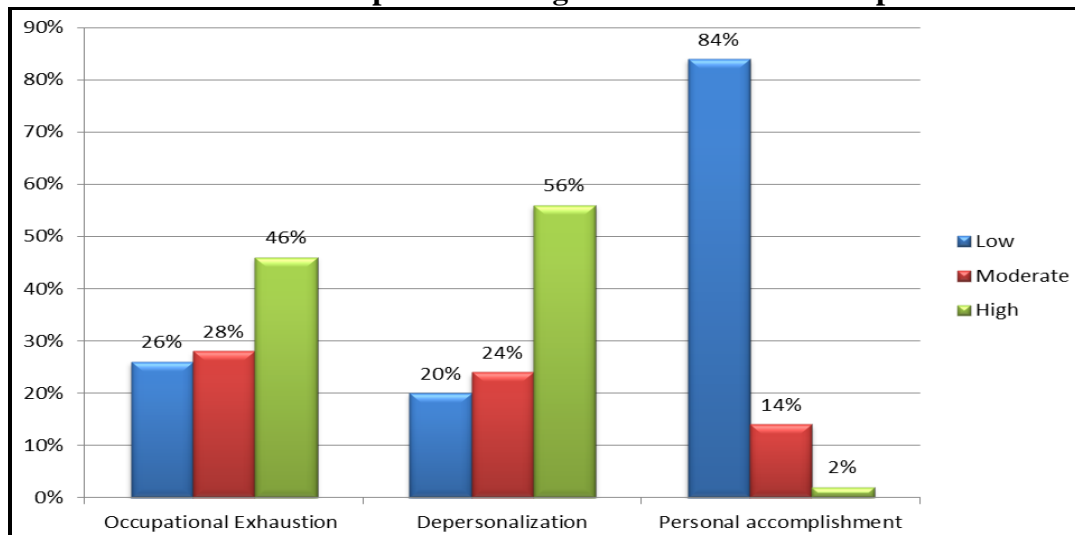

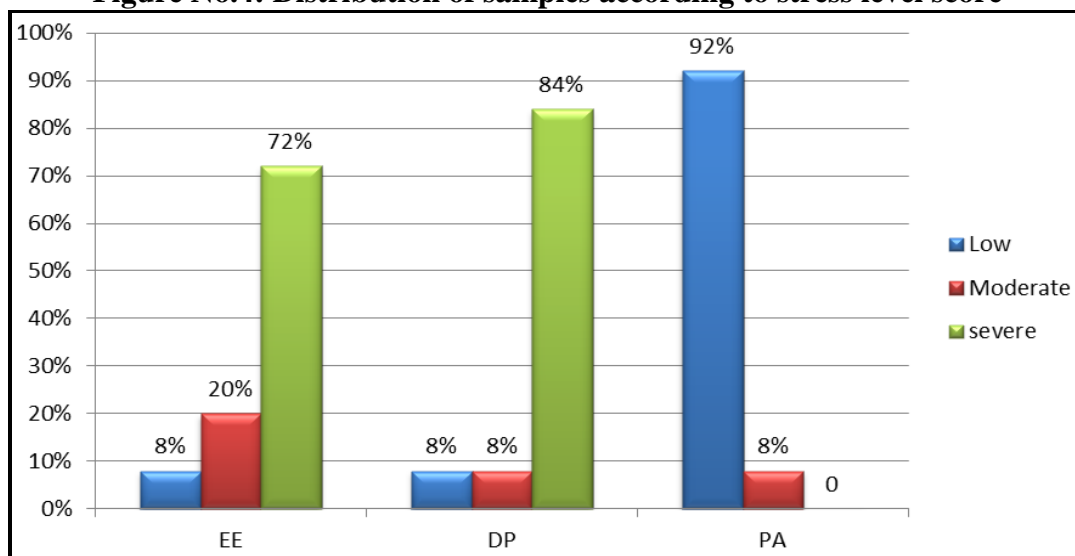**Figure No.4: Distribution of samples according to stress level score**

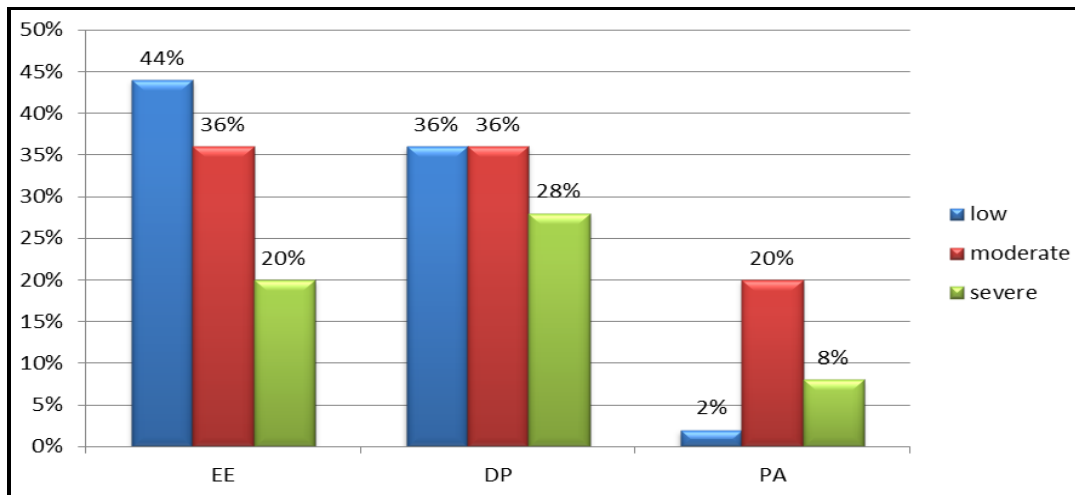**Figure No.5: Distribution of stress level score of ICU posting**

Figure No.6: Distribution of stress level score of General ward posting

CONCLUSION

Nurses don't get appreciation of their works. Each person needs appreciation or acceptance in the working place. In the survey found that 82% of the nurses get low personal accomplishment. Only one person achieved personal accomplishment out of 50 samples. It is painful situation in working place. Many nurses are working here for two to three decades but they never received any appreciation. Few felt that they are neglected people. No one appreciate ever.

When comparison did between ICU nurses and general ward, ICU nurses under high risk. Most of the times it is because of improper nurse patient ratio. If the team members are cooperative enough even with the shortage of nurses they will do the work happily.

They are under high risk of getting burnout. This year nurse's day theme is Nurses are voice to lead – Invest in nursing and respect rights to secure global health. We need to protect, support and invest in the nursing profession to strengthen health systems. Respect nurses by providing right wages and maintain nurse patient ratio.

RECOMMENDATION

Based on conclusions would like to suggest few recommendations which will reduce stress level among nurses.

Reduce duty hours. According to labour law working hour is 8 hours per day with weekly off. They are doing two shifts duty and getting off once in 10 days. Once we tried to give three shifts and they did for two months in few wards. They were happy because they were able to spent time with their family. And their work performance also positively changed. Due to shortage of nurses again moved to two shifts duty. Again planning once we receive the enough staff.

Provide adequate staffing. Follow nurse patient ratio according to INC (Indian Nursing Council) guidelines. Monitor nurse attrition ratio. Find out reasons for leaving the job. Try to solve those issues.

Appreciate the staff. It does not mean only the money. We need to give positive feedback in between. We need to make plan for giving appreciation by maintaining star system. Whoever gets five stars give them appreciation note with small gift.

Provide enough salary according to their experience. We need to bargain with management for salary. They don't have standardized salary scale which is needed. Most of the nurses leave the job because of fewer wages.

Plan picnic twice a year. After COVID attack stopped to go for picnic. This is the time to restart it. Already nurses became tired and weary. Need to get little boost up.

Plan for get together. Whenever we feel there is conflict or understanding better to have tea party. Plan for retreat in nearby places.

Bring motivational speakers to motivate hospital staff specially nurses.

Up-to-date knowledge on nursing. Provide classes twice a week which can be taken by doctors and or nursing faculties.

Teach them how to do systematic way of work and time management. Encourage them to make time plan once came to duty.

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CONFLICT OF INTEREST

We declare that we have no conflict of interest.

BIBLIOGRAPHY

1. Anchu V Raju. Burnout among nurses at a tertiary care hospital of South India, *Indian Journal of Health Sciences and Biomedical Research,* 14(1), 2021, 80-83.
2. Yuxia Zhang, Chunling Wang, Wenyan Pan. Stress, burnout and coping strategies of frontline nurses during the COVID-19 epidemic in Wuhan and Shanghai, China, *Front. Psychiatry,* 11, 2020.
3. Jaefar Moghaddasi, Hossein Mehralian, Yousef Aslani. Burnout among nurses working in medical and educational centers in Shahrekord, Iran, *Iran J Nurs Midwifery Res,* 18(4), 2013, 294-297.
4. Jan F, Kour S, Para M A. Coping strategies used by staff nurses working in emergency and general wards of SKIMS Hospital: A comparative study, *Ann Med Health Sci Res,* 7, 2017, 106-112.
5. Schmieder R A, Smith C S. Moderating effects of social support in shift working and non-shifting nurses, *Work Stress,* 10(6), 1996, 128-140. Sharma P. Occupational stress among staff nurses: Controlling the risk to health, *Indian J Occup Environ Med,* 18(2), 2014, 52-56.

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