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LEVEL OF BURNOUT SYNDROME AMONG STAFF NURSES IN SELECTED HOSPITALS AT MADURAI

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ABSTRACT

Background: Burnout syndrome is commonly seen among healthcare professionals, especially staff nurses, due to heavy workload, long working hours and high levels of stress. Burnout can negatively affect both the quality of patient care and the well-being of nurses. **Objectives:** To assess the level of burnout syndrome among staff nurses during duty hours. To determine the association between burnout syndrome and selected demographic and professional variables. **Methods:** A descriptive research approach was used to collect data. A total of 100 staff nurses were selected using non-probability convenience sampling technique. A structured questionnaire and burnout assessment scale were used to evaluate the level of burnout along with selected demographic variables. **Results:** The findings revealed that the majority of staff nurses 57(57%) had high burnout, 40(40%) had moderate burnout and 3(3%) had low burnout and no one had severe burnout. There was a significant association between burnout levels and selected demographic and professional variables such as marital status $p = 0.0008^*$ and area of work $p = 0.000007^*$. **Conclusion:** The study concluded that most of the staff nurses experience high level of burnout, indicating the need for stress management programs, supportive work environment and regular counselling to improve their mental health and job performance.

KEYWORDS

Burnout syndrome, Staff nurses, Emotional exhaustion, Stress and Hospital.

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INTRODUCTION

Nursing is a highly demanding profession that requires continuous physical, emotional and mental involvement in patient care. Burnout syndrome negatively affects workers' quality of life and well-being, both in the workplace and in their personal lives¹ Stress coping training and psychological and social support services are recommended to overcome the relevant stresses and burnout

provoking factors: This syndrome can be countered by social support and appropriate personal resources and values, which are all positively associated with work engagement². Burnout syndrome not only affects the physical and mental health of staff nurses but also compromises the quality of nursing care, patient satisfaction and safety. Higher levels of burnout associated with lower reported quality and safety³. Co-workers and supervisors at all levels would be wise to consider the importance of reciprocal interpersonal exchanges that enhance security, mutual respect and positive feelings⁴.

Impact: Staff nurse burnout negatively affects patient care by reducing care quality, increasing errors, lowering patient safety and increasing patient satisfaction.

Need for the Study

Burnout may affect nurses physical and emotional wellbeing and can influence the quality of care. Assessing the level of burnout among staff nurses during duty hours helps to identify the extent of the problem and provides information for planning interventions to improve nurses' wellbeing and quality of nursing care. Therefore, the present study is undertaken to assess the level of burnout among staff nurses during duty hours

Objectives

To assess the level of burnout syndrome among staff nurses during duty hours.

To determine the association between burnout syndrome and selected demographic variables (Age, Gender, Marital status, educational qualification, chronic condition, type of residence).

To find out the association between burnout syndrome and selected professional variables (years of experience, area of work, duty hours, nurse patient ratio).

METHODOLOGY

Quantitative and descriptive research design was used for the study. Study population comprises of 100 staff nurses who are working in selected hospital in Madurai. Samples were recruited from different wards. Convenient sampling technique was used.

Inclusion Criteria

Staff nurses who are present during the period of data collection

Staff nurses who are willing to participate in the study

Exclusion Criteria

Student nurses

Supervisors, Superintendents

INSTRUMENT

Part 1-Demographic variables

Age, Gender, Marital status, educational qualification, chronic medical condition, type of residence, taking any medication at present

Part 2-Professional variables

Total years of experience, Area of work, Shift pattern, average duty hours per shift, patient-nurse ratio per shift,

Part 3

Burnout Assessment Scale is a Standardized questionnaire (Copenhagen Burnout Inventory scale) measures personal burnout, work related burnout and patient related burnout. It is 5 Points Likert scale. It consists of 19 items. 10th Item is reverse score. Items 1 -6: Personal burnout

Items 7 -13: Work related burnout. Items 14-19: Patient related burnout

Score Interpretation

less than 25: Low burnout

25 -49: Moderate burnout

50 -74: High burnout

75-100: severe burnout

Analysis and interpretation

The collected data has been analyzed to assess the level of burnout syndrome among staff nurses during duty hours at selected hospitals in Madurai. The results analyzed have been tabulated and grouped under the following headings.

Section-1

Frequency and percentage distribution of burnout syndrome among staff nurse during duty hours

Section-2

To determine the association between burnout syndrome and selected professional variables (years of experience, area of work, shift pattern, duty hours etc.)

Table No.1 shows among 100 staff nurse's burnout, the majority of the participants having the age 20-25years (57%), 97% of theme was female, among that 39% were married, 63% of theme is GNM Nurse, for one staff nurse and patient ratio is above 10(60%), among that 47% are day scholar and 53% are hosteller.

Figure No.1 shows the levels of burn out among staff nurses, most of them had high level of burn out 57(57%), 40(40%) Members had moderate level of burnout, 3(3%) had low level of burnout and no one had severe level of burn out.

Section-2

Association between burnout syndrome and selected professional variables (years of experience, area of work, duty hours, nurse patient ratio).

Table No.2 shows that there is no association between burnout syndrome and selected demographic and professional variables except marital status p value is 0.0008* and area of work P value is 0.000007*.

DISCUSSION

This study results showed that majority of the nurses were Females (97%), these study findings supported by Khamisa (2025) of 139 participants 112 (97.4%) were females⁵.

This study results showed that majority of the nurses (57%) had high level of burnout, 3% had very low level of burnout and 40% had moderate level of burnout. The study also showed that there is an association between burnout score and marital status ($\chi^2 = 14.10$, $P < 0.05$), area of work ($\chi^2 = 33.64$, $P < 0.05$), these study findings supported by Raju *et al*, (2021).

The study results showed that majority of the nurses (83%) had high level of burnout, 3% had very high level of burnout and 14% had moderate level of burnout. The study also showed that there is an association between burnout score and education of staff nurses ($\chi^2 = 76.12$, $P < 0.05$)⁶. Ola G Ibraheim (2025) nurses reported suffering from high levels of burnout; with a high level of emotional exhaustion (EE) among the majority (82.3%), a high level of depersonalization (DP) among about two-thirds of nurses (60.8%) and a high level of personal

accomplishment (PA) among only 24.9% of the total sample⁷. Mutair (2025) study results revealed that the overall burnout level was 67.2%. Notably, 82.8% of the participants were identified as having high Emotional Exhaustion (EE), 56.8% for high Depersonalization (DP) and 44.6% for low Personal Accomplishment (PA). The mean score for the EE dimension was 36.79 ± 10.34 , the DP dimension was 13.91 ± 6.65 , and the PA dimension had a mean score of 32.37 ± 7.73 ⁸. Amit Kumar (2021) reported that burnout was higher in nurses who were unmarried⁹. Tenzin wosser (2024) study revealed majority of the samples that is 46.7% had moderate degree of burnout, while 33.3% had high degree burnout and 20% had low degree burnout. Total mean score for burnout is 69.7. The study also reveals majority of the samples 61.7% had higher resilience, while 35.6% average resilience and 2.7% had lower resilience¹⁰. Aasa Mary Varghese (2024) Among the 250 participants, a notable 26.4% suffered from severe burnout, with an additional 22% reporting moderate burnout, while more than half (51.6%) exhibited mild or no burnout, these findings are opposing current study¹¹. Burn-out is defined in ICD-11 as follows: "Burn-out is a syndrome conceptualized as resulting from chronic workplace stress that has not been successfully managed. It is characterized by three dimensions: feelings of energy depletion or exhaustion; increased mental distance from one's job, or feelings of negativism or cynicism related to one's job; and reduced professional efficacy¹².

Table No.1: Frequency and percentage distribution of demographic and professional variables among staff nurses (N = 100)

S.No	Demographic variables	Frequency(f)	Percentage (%)
1	Age (in years)		
	A) 20-25	57	57
	B) 26-30	27	27
	C) 31-35	13	13
	D) 36-40	1	1
	E) Above 40	2	2
2	Gender		
	A) Male	3	3
	B) Female	97	97
3	Marital Status		
	A) single	61	61
	B) Married	39	39
	C) Widow	0	0
	D) Separated	0	0
4	Educational Qualification		
	A) GNM	63	62
	B) BSc Nursing	36	36
	C) Post BSc Nursing	0	0
	D) MSc Nursing	1	1
5	Do you have any chronic medical conditions?		
	A) yes	8	8
	B) No	92	92
6	Types of residence		
	A) Hostel	53	53
	B) Day scholar	47	47
S.No	Professional variables	Frequency	Percentage
7	Years of experience		
	A) Less than 1 year	37	37
	B) 1-5 years	42	42
	C) 6-10 years	13	13
	D) Above 10 years	8	8
8	Area of working		
	A) Medical ward	27	27
	B) Surgical ward	27	27
	C) ICU	4	4
	E) Others	42	42
9	Average duty hours per shift		
	A) 6 hours	4	4
	B) 8 hours	75	75
	C) 10-12 hours	21	21
10	Patient -nurse ratio per shift		
	A) 1-5	10	10
	B) 6-10	30	30
	C) Above 10	60	60

Table No.2: To determine the association between burnout syndrome and selected demographic and professional variable (N = 100)

S.No	Demohgraphic Variables	Low Burnout	Moderate Burnout	High Burnout	X^2	df	P- Value
1	Age (in years)						
	A) 20–25	2	23	32	3.8	8	0.87
	B) 26–30	0	11	16			
	C) 31–35	1	4	8			
	D)36–40	0	1	0			
	E) Above 40	0	1	1			
2	Gender						
	A) Male	0	0	3	2.33	2	0.311
	B) Female	3	40	54			
3	Marital status						
	A) Single	1	25	35	14.1	2	0.0008*
	B) Married	2	15	2			
4	Educational qualification						
	A) GNM	3	28	32	4.21	4	0.37
	B) BSc Nursing	0	12	24			
	C) MSc Nursing	0	0	1			
5	Do you have any chronic medical conditions?						
	A) Yes	0	2	6	1.24	2	0.53
	B) No	3	38	51			
6	Place of residence						
	A) Hostel	1	24	28	3.37	2	0.18
	B) Day scholar	2	16	29			
S.No	Professional variables						
7	Total years of nursing experience						
	A) Less than 1 year	1	15	21	4.4	6	0.619
	B) 1–5 years	1	19	27			
	C) 6–10 years	1	4	3			
	D) Above 10 years	0	2	6			
8	Area of work						
	A) Medical ward	0	13	14	33.64	6	0.000007*
	B) Surgical ward	0	12	15			
	C)ICU	2	1	1			
	D) Others	1	14	27			
9	Average duty hours per shift						
	A) 6 hours	0	2	2	4.44	4	0.34
	B) 8 hours	1	29	45			
	C) 10–12 hours	2	9	10			
10	Patient–nurse ratio per shift						
	A) 1–5	0	2	8	5.79	4	0.214
	B) 6–10	2	15	13			
	C) Above 10	1	23	36			

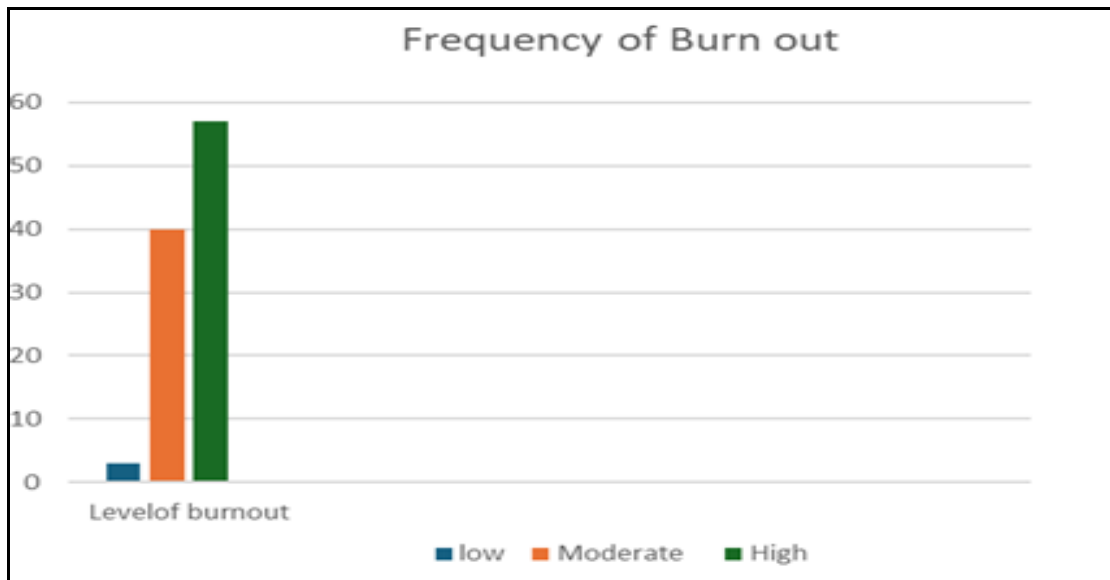


Figure No.1: Frequency levels of Burn out

CONCLUSION

The study concluded that most of the staff nurses experience high level of burnout, indicating the need for stress management programs, supportive work environment and regular counselling to improve their mental health and job performance.

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CONFLICTS OF INTEREST

There are no conflicts of Interest.

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