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Research Article

BRUNOUT SYNDROME IN NURSES**Dr. Wajahat Saleem, Dr. Ammar Hassan, Dr. Inam Ul Haq**
Holy Family Hospital Rawalpindi**Abstract:**

Background: Nursing is a stressful profession that deals with human aspects of health and illness and can ultimately lead to burnout and job dissatisfaction. The profession is not only physically demanding while dealing with human health and function, but also necessitates the use mental energy and leads to mental exhaustion when one is continuously exposed to stressful events and situations which eventually leads to burnout.

Objective: The objectives of this study were to assess the frequency of burnout syndrome among nurses working at Holy family hospital, Rawalpindi.

Material and Methods: Study Design: Cross sectional design.

Study Setting and duration: Holy family hospital, Rawalpindi.

Duration of Study: 03 months, May – July, 2016.

Inclusion criteria: Regular staff working at Holy family hospital.

Exclusion criteria: Temporary or recently inducted nurses

Data Collection and analysis: 176 subjects those fulfilling the inclusion criteria will be included in our study. Data will be entered and analyzed in SPSS Ver: 17.0. Frequency and percentages will be calculated for burn out inventory for emotional exhaustion, depersonalization, and personal accomplishment.

Results: An average of 22.57% of the nurses participated in the study reported experience of high levels of burnout with 48.3% high levels of EE, 35.8% high levels of DP and 55.7% low levels of PA.

Conclusions: There is strong association of burn out with nurses' work.

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INTRODUCTION:

Burnout is a psychological term (concept) for the experience of long-term exhaustion and diminished interest (depersonalization or cynicism), usually in the work context. Burnout is often construed as the result of a period of expending too much effort at work while having too little recovery. Healthcare workers are often prone to burnout. Still, burnout can affect workers of any kind, including students. High stress jobs can lead to more burnout than lower stress work. Burnout syndrome (BOS) [1] was identified in the early 1970s in human service professionals, most notably healthcare workers [2]. BOS has been described as an inability to cope with emotional stress at work [3] or as excessive use of energy and resources leading to feelings of failure and exhaustion [4]. Clinical symptoms of BOS are nonspecific and include tiredness, headaches, eating problems, insomnia, irritability, emotional instability, and rigidity in relationships with other people. The most well studied measurement of burnout in the literature is the Maslach Burnout Inventory (MBI). Maslach and her colleague Jackson [2] first identified the construct 'burnout' in the 1970s, and developed a measure that weighs the effects of emotional exhaustion, depersonalization (negative or cynical attitudes toward patients), and reduced sense of personal accomplishment. This indicator has become the standard tool for measuring burnout in research on the syndrome. People who experience all three symptoms have the greatest degree of burnout, although emotional exhaustion has been identified as

the hallmark of burnout [5,6]. Wide variations in the prevalence of BOS in healthcare professionals have been reported across specialties, both in doctors [7] and in nurses [8]. Workplace climate and workload were determinants of BOS [9]. Higher levels of severe BOS, however, were found in oncologists [10], anaesthesiologists [11], physicians caring for patients with AIDS [12], and physicians working in emergency departments [13].

OBJECTIVES:

The objective of this study was:

- To assess the frequency of burnout syndrome among nurses working at Holy family hospital, Rawalpindi.

OPERATIONAL DEFINITION:**Burnout syndrome:**

Was measured by the Maslach Burnout Inventory is designed to measure three components of burnout syndrome: Emotional exhaustion – Depersonalization – Personal accomplishment. For both emotional accomplishment and depersonalization, higher mean scores correspond to higher degrees of burnout. In contrast, lower mean scores for personal accomplishment correspond to higher degrees of burnout. Burnout syndrome (BS) is characterized by three dimensions: emotional exhaustion, depersonalization and reduced personal fulfillment.

Emotional Exhaustion Frequency High 27 or over Moderate 17–26 Low 0–16	Depersonalization Frequency High 14 or over Moderate 9–13 Low 0–8	Personal Accomplishment* Frequency High* 0–30 Moderate 31–36 Low 37 or over
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MATERIAL AND METHODS:**STUDY DESIGN:**

Cross sectional design.

DURATION OF STUDY:

03 months, May – July, 2016.

SAMPLE SIZE:

300 will be included in our study

SAMPLING TECHNIQUE:

Non-probability / Purposive sampling technique

SAMPLE SELECTION:**Inclusion criteria:**

- Regular staff working at Holy family hospital

Exclusion criteria:

- Temporary or recently inducted nurses

DATA COLLECTION PROCEDURE:

176 subjects those fulfilling the inclusion criteria will be included in our study. After approval from ethical committee and informed consent from subjects detail demographic information were collected and Maslach Burnout

Inventory questionnaires translated in Urdu will be given to nurses for evaluation of burnout. All the information was entered in a structured questionnaire. (Attached).

DATA ANALYSIS PROCEDURE:

Data was entered and analyzed in SPSS Ver: 17.0. Frequency and percentages was calculated for burn out inventory for emotional exhaustion, depersonalization, and personal accomplishment.

RESULTS AND MAIN FINDINGS:

Statistics

Table no: 1 Age of Respondents

N	Valid	176
	Missing	0
Mean		22.5739
Median		21.0000
Mode		20.00
Std. Deviation		6.79876
Minimum		18.00
Maximum		55.00

Table no: 2 Age of respondent

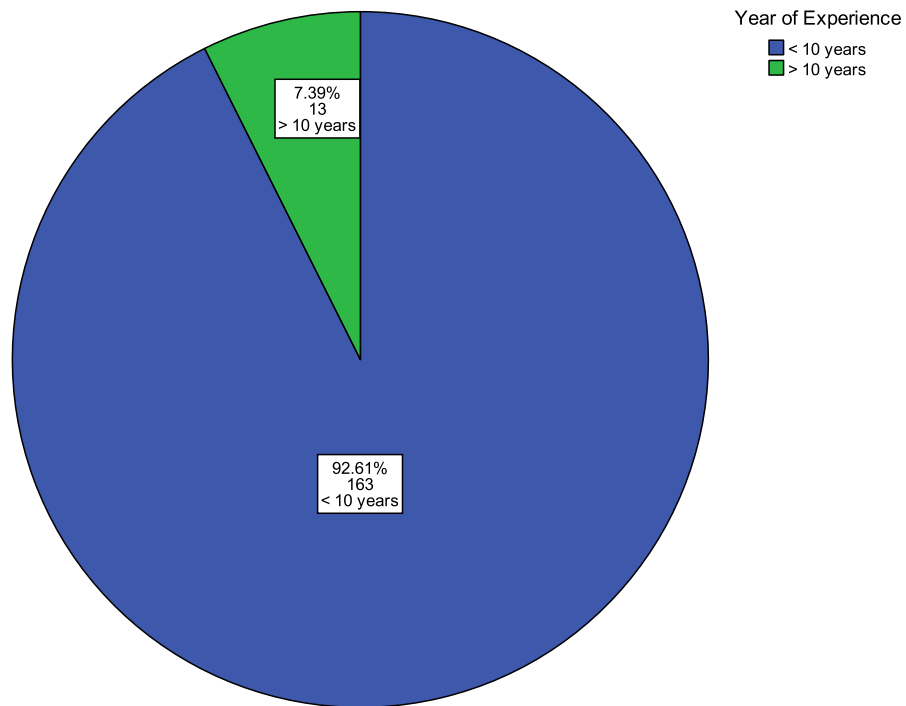
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	18 - 37 years	165	93.8	93.8	93.8
	38 - 55 years	11	6.3	6.3	100.0
	Total	176	100.0	100.0	

Statistics

Table no: 3 Years of Experience

N	Valid	176
	Missing	0
Mean		4.1420
Median		3.0000
Mode		2.00
Std. Deviation		6.04434
Minimum		1.00
Maximum		36.00

Graph no.1



Graph no. 2

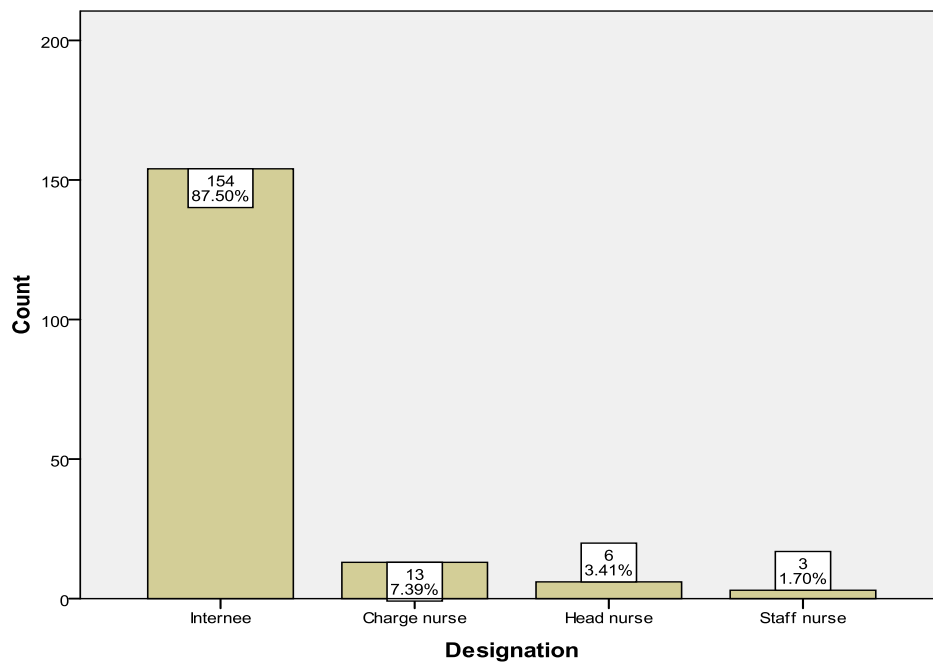


Table no: 4**Personal Accomplishment**

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid High (Score 0 - 31)	37	21.0	21.0	21.0
Moderate (Score 32 - 38)	41	23.3	23.3	44.3
Low (Score > 39)	98	55.7	55.7	100.0
Total	176	100.0	100.0	

High scores indicate greater personal accomplishment (and hence *less* burnout).

Table no: 5**Emotional Exhaustion**

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid High (Score 27 & above)	85	48.3	48.3	48.3
Moderate (Score 17 - 26)	43	24.4	24.4	72.7
Low (Score 0 - 16)	48	27.3	27.3	100.0
Total	176	100.0	100.0	

High scores indicate greater emotional exhaustion (and hence more burnout).

Table no: 6**Depersonalization**

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid High (Score 13 & above)	63	35.8	35.8	35.8
Moderate (Score 7 - 12)	48	27.3	27.3	63.1
Low (Score 0 - 6)	65	36.9	36.9	100.0
Total	176	100.0	100.0	

High scores indicate greater depersonalization (and hence more burnout).

Crosstabs

Table no: 7

Personal Accomplishment * Age of respondent

		Age of respondent		Total
		18 - 37 years	38 - 55 years	
Personal Accomplishment	High (Score 0 - 31)	37 22.4%	0 .0%	37 21.0%
	Moderate (Score 32 - 38)	41 24.8%	0 .0%	41 23.3%
	Low (Score > 39)	87 52.7%	11 100.0%	98 55.7%
Total		165 100.0%	11 100.0%	176 100.0%

Chi-Square Tests			
	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	9.339 ^a	2	.009

Table no: 8

Personal Accomplishment * Year of Experience

		Year of Experience		Total
		< 10 years	> 10 years	
Personal Accomplishment	High (Score 0 - 31)	36 22.1%	1 7.7%	37 21.0%
	Moderate (Score 32 - 38)	40 24.5%	1 7.7%	41 23.3%
	Low (Score > 39)	87 53.4%	11 84.6%	98 55.7%
Total		163 100.0%	13 100.0%	176 100.0%

Chi-Square Tests			
	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	4.764 ^a	2	.092

Table no: 9

Emotional Exhaustion * Age of respondent

		Age of respondent		Total
		18 - 37 years	38 - 55 years	
Emotional Exhaustion	High (Score 27 & above)	84 50.9%	1 9.1%	85 48.3%
	Moderate (Score 17 - 26)	40 24.2%	3 27.3%	43 24.4%
	Low (Score 0 - 16)	41 24.8%	7 63.6%	48 27.3%
Total		165 100.0%	11 100.0%	176 100.0%

Chi-Square Tests			
	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	9.462 ^a	2	.009

Table no: 10 Emotional Exhaustion * Year of Experience

		Year of Experience		Total
		< 10 years	> 10 years	
Emotional Exhaustion	High (Score 27 & above)	84 51.5%	1 7.7%	85 48.3%
	Moderate (Score 17 - 26)	38 23.3%	5 38.5%	43 24.4%
	Low (Score 0 - 16)	41 25.2%	7 53.8%	48 27.3%
Total		163 100.0%	13 100.0%	176 100.0%

Chi-Square Tests			
	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	9.557 ^a	2	.008

Table no: 11 Depersonalization * Age of respondent

		Age of respondent		Total
		18 - 37 years	38 - 55 years	
Depersonalization	High (Score 13 & above)	63 38.2%	0 .0%	63 35.8%
	Moderate (Score 7 - 12)	47 28.5%	1 9.1%	48 27.3%
	Low (Score 0 - 6)	55 33.3%	10 90.9%	65 36.9%
Total		165 100.0%	11 100.0%	176 100.0%

Chi-Square Tests			
	Value	Df	Asymp. Sig. (2-sided)
Pearson Chi-Square	14.879 ^a	2	.001

Table no: 12 Depersonalization * Year of Experience

		Year of Experience		Total
		< 10 years	> 10 years	
Depersonalization	High (Score 13 & above)	63 38.7%	0 .0%	63 35.8%
	Moderate (Score 7 - 12)	47 28.8%	1 7.7%	48 27.3%
	Low (Score 0 - 6)	53 32.5%	12 92.3%	65 36.9%
Total		163 100.0%	13 100.0%	176 100.0%

Chi-Square Tests			
	Value	Df	Asymp. Sig. (2-sided)
Pearson Chi-Square	18.653 ^a	2	.000

RESULTS:

In my research 176 nurses take part out of which 165 are between the age of (18-37 yr) 93.8% and 11 are between the age of (38-55yr)are 6.3% (table no.2).39% have year of experience is >10 year,

92.61% have year of experience is <10 year (table no.3).In my research 87.50% nurses are internee 7.39% charge nurses 3.41% are head nurses 1.70% are staff nurses.21% contain high score in personal accomplishment 23% score moderate and 55.7%

score low in personal accomplishment (table no.4).48.3% shows high emotional exhaustion hence more burn out,27.3% shows low emotional exhaustion (table no.5). 35.8% shows greater depersonalization hence more burn out, 36.9% show low depersonalization (table no. 6). Then I cross stab the two variables age of respondent and year of experience with personal accomplishment, emotional exhaustion and depersonalization.

Age of respondent:

Nurses 18-37 yr of age shows 22.4% high score in personal accomplishment and 52.7% scores low (table no.7).In EE 50.9% scores high and 24.8% scores low (table no.9).38.2% shows high score in depersonalization and 33.3% shows low score (table no. 11). Nurses between 38-55 yr of age shows 0% high score in personal accomplishment and 100% shows low score in personal accomplishment (table no.7),9.1% shows high score in EE and 63.6% shows low score in EE(table no.9),0% shows low score in depersonalization and 90.9% shows high score in depersonalization (table no.11).

Years of experience:

Nurses whose experience is < 10 yrs shows 22.1% high score in personal accomplishment and 53.4% shows low score (table no.8),51.5% shows high score in EE and 25.2% shows low score in EE(table no.10),38.7%shows high score in depersonalization yrs and 32.5% shows low score(table no.12).Nurses whose experience is > 10 yrs 7.7% shows high score in personal accomplishment and 84.6% shows low score(table no.8), 7.7% shows high score in EE and 53.8% shows low score(table no.10),0% shows high score in depersonalization and 92.3% scores low in depersonalization (table no.10).

DISCUSSION:

Previous researches:

In the previous research conducted among nurses of EU and ICU in hospitals of Addis, Ababa and Ethiopia, it was identified that significant number of nurses have high levels of burnout. According to this research 18.86% of the nurses have burnout with 25.2%have high levels of emotional exhaustion, 14.3% have high level of depersonalization and 17% have low level of personal achievement. In another research among Spanish nurses, 5.15% of total participants have high scores in all three dimensions and fall under burnout category (Risqué et al, 2008).while according to another research human service professionals are highly susceptible and affected by burnout syndrome with prevalence between 2% and 10% (Pisanti et al, 2013).

Level of burnout according to burnout dimensions:

In my research, which was conducted on 176 nurses including internees and staff nurses working in Holy family hospital, Rawalpindi, 55.7% show low personal accomplishment, 35.8% show high levels of depersonalization and 48.3% show high levels of emotional exhaustion.

Burnout dimensions related to age of nurses:

Among the participants those who are between 18-37years of age 52.7% show low PA, 50.9% show high EE, 38.2% show high DP. While in nurses between 38-55years, 100%show low PA, 9.1% show high score in EE, 90.9% show high score in DP.This shows that high EE and DP with low score of PA is more associated with nurses of young age.These above findings are consistent with findings from Maslach et al (2001) and Ayala et al (2013).This high prevalence in young nurses is probably due to their higher expectations of themselves and then works even harder to achieve those while undertaking their professional responsibilities which are always not possible.

Burnout dimensions related to years of experience:

On the other hand nurses whose experience is <10 years, 53.4% show low score in PA, 38.7% show high score in DP and 51.5% show high score in EE. While nurses whose experience is >10 years, 7.7% show high score in EE, 84.6% scores low in PA and 0% show high score in EE. This shows that nurses with work experience more than 10 years lower level of EE than their counter parts. This is in concordance with the study by Cameron et al (1994) which indicate that nurses with more years of experience report lower levels of burnout than their counterpart. Recent study by Ayala et al (2013) has similar findings that, there is inverse relation between EE and work experience.

Value of study:

In the view of previous researches and my research, it is seen that incidence of burnout syndrome have been increasing day by day. Accordingly in view of previous results my results are in concordance with the previous studies conducted on this topic. Though the results are higher than previous ones but there are certain reasons behind that, the most important is that Pakistan is a developing country while those where previous studies were done were developed countries. The workload here is much more than developed countries due to improper health facilities. The amount of staff is much less as compared to the demand of work. The staff here is not provided with

facilities to facilitate their work. They are not provided with facilities for their own selves. Due to all these factors the incidence and prevalence of burnout syndrome is more in Pakistan.

Limitations of study:

Relatively smaller sample size as this is the first burnout inventory among study group in that particular area is one limitation. Due to which not more detailed analysis was done. This study is limited to only one workplace i.e. HFH, Rawalpindi; therefore no relation can be established among burnout and different health care vicinities. The other limitation is that study is a cross-sectional study and can only reflect experiences of nurses at the time of assessment and therefore a causal relationship cannot be established between burnout and its predictors.

CONCLUSION:

This study presents a strong evidence that a significant proportion of nurses experience mental and physiological disturbances due to the stress from their jobs. An average of 22.57% of the nurses participated in the study reported experience of high levels of Burnout with 48.3% high levels of EE, 35.8% high levels of DP and 55.7% low levels of PA. There is statistically strong association of burn out dimensions with Nurses characteristics including perceptions about their health status, quality of life and satisfaction with job, gender, age and educational levels with burn out. Similarly job related characteristics such as employment sector and working job title are also statistically associated with burnout dimensions.

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