

Evaluation of Burnout among Nurses working in the Emergency Wards of Private Hospitals in Guwahati, Assam

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Abstract

Studies carried out across various countries state that nurses experience a lot of pressure in their job and have exhibited burnout. This research studies the possibility of burnout among nurses working in the emergency wards of private hospitals in Guwahati, Assam, across four private hospitals. The researcher has followed a quantitative, descriptive design with a non-probability sampling due to shortage of respondents. The research concludes that the respondents experience a moderate level of burnout. The study identifies the different factors that contribute to their stress and also the impact of these stressors on their professional and personal lives.

Key words: Emergency ward, nurses, private hospitals, burnout.

Article History: Submitted: 10th November, 2021, Revised: 20th November, 2021, Accepted: 04th December, 2021, Published: 31st December, 2021.

WHO defines nursing as a profession which encompasses autonomous and collaborative care of individuals of all age groups, whether in groups or in communities, sick or well and in all kinds of settings, rural or urban. It includes the promotion of health, the prevention of illness and care for the disabled and the dying (www.who.int/topics/nursing/en/).

Given that nurses spend a lot of their time ensuring the well-being of other people, one can presume that they might face a certain amount of stress in their work which could lead to burnout. Burnout is the gradual process by which a person, in response to prolonged mental, physical and emotional stress, detaches from work and other meaningful relationships. The result is lowered productivity, increased cynicism and a feeling of being drained. The factors leading to burnout can be external as well as internal. External factors include clients, colleagues, family members, work settings etc. Internal factors include lack of inner motivation, self-image etc. According to Psychology Today burnout can occur when one is no more in control of how they are going to carry out their job, when they can no longer resonate with the goals they were working for and when they lack social support (www.psychologytoday.com/intl/basics/burnout).

Some people might connect burnout and its symptoms to depression and other mental illnesses but there is much more to burnout than this. Although it is a strain on one's mental health, it would not be fair to consider it a symptom of mental illness. There are many related concepts like compassion fatigue, Post Traumatic Stress Disorder (PTSD) etc. Nurses witness patients' suffering but have to remain aloof because they cannot afford to sympathize with their patients and form emotional bonds. Yet, it is hard to remain emotionally unaffected since the profession itself is meant for care giving. But sometimes the monotony of the tasks and the severity of suffering witnessed could make nurses emotionally dulled (Dewey, 2012).

I. FACTORS LEADING TO BURNOUT

Burnout takes place when a professional gets emotionally exhausted to an extent where they depersonalize themselves from their jobs. Primary factors leading to work related stress include work overload, getting bullied, interpersonal conflicts etc. Secondary factors are those which might affect the person indirectly, for example, witnessing an accident at work, hearing that employees are getting fired etc. It is not always a busy schedule that leads to burnout – there are many other connected factors like insufficient acknowledgement for doing a good job, favouritism, conflict in values etc (Blankert, 2016).

There is a substantial amount of research on the stress and eventual burnout in nursing. Vidette Torado Franceschi in her book *Compassion Fatigue and Burnout in Nursing* talks about primary and secondary trauma which causes stress. Primary trauma is direct physical, mental or emotional harassment of the nurse and secondary trauma is witnessing the suffering of the patients.

Nurses working in the emergency ward have an extra set of factors contributing to stress and burnout as compared to the other hospital departments. It begins with emergency wards usually having only two doctors. Further, the emergency ward has cases varying in both number and nature and their further referral to other departments. At the same time, the nurses also have to deal with highly emotional patients and their family members. Moreover, the nurses of this ward do not get reserved holidays because crises can occur anytime. Thus, the stress faced by Emergency Ward nurses can be considered different from that of nurses placed in other wards, for example ICUs (Prabhakar, 2015).

II. PROBLEM STATEMENT

Nurses play an important role in health care and hence their well-being directly impacts the well-being of the patient.

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Thus, it is important to study the various stressors of their occupation which could lead to burnout. These stressors could also impact the personal life of the nurses, further complicating the situation. This study will identify ways in which the professional lives of emergency ward nurses can be improved and their working atmosphere enhanced, for the well-being of both the nurses and the patients they treat. It is especially important to understand the efficiency of health services in fast growing cities with large population like Guwahati.

III. BACKGROUND AND SIGNIFICANCE OF THE STUDY

The study aims at understanding the work schedules and conditions of nurses in the emergency ward, the physical and psychological factors leading to burnout, the effect of these factors on the nurses' professional and personal lives and the different strategies that can be used to manage their stress levels.

This study is based on a tier-2 city with a large population. Also, since Guwahati is economically less developed as compared to other state capitals, its private hospitals are not as well equipped. Thus this study is significant because it shifts the focus of healthcare research from metropolises to a smaller, less developed city.

One limitation of this study is that its findings cannot be applied to cities with a larger population. Also, since the hospitals covered in this study cater mostly to the middle class, their revenue and therefore their staffing and services cannot be compared to the more upmarket hospitals established by healthcare chains in the city or to government hospitals.

IV. LITERATURE REVIEW

The workload of nurses and doctors can never be compared to other services because their job involves life and death. Qamra Alomani in her paper *Causes and Effects of Occupational Stress in Nursing*, mentions that in 2009, there was only one nurse for every 364 persons out of a population of 77,946 in Saudi Arabia. There has been a huge turnover among nurses in Saudi Arabia due to high levels of work related stress. Such stress levels are a result of imbalance between work life and personal life, high workload, work-home conflicts and emotional burden. These stressors affected their health, personality and work, leading to anxiety and even leaving their jobs. This resulted in increased pressure for the remaining nurses. "The effective way to reduce the level of stress depends largely on human resources' ability to address it and deal with it correctly," (Alomani, 2016).

Vidette Torado Franceschi in her book *Compassion Fatigue and Burnout in Nursing* mentions that a lot of nurses might be aware of terms like compassion fatigue but do not know how it impacts them. The author says that it is not necessary that everyone who witnesses sufferings while caring for others goes through compassion fatigue, some may still be able to carry out jobs quite joyfully. For some this can be considered as Compassion Satisfaction or Compassion Contentment (Franceschi, 2013). Nurse Carla Johnson first used the word

Compassion Fatigue in nursing which indicates the negative feelings nurses sometimes experience while caring for people. However, compassion fatigue is different from burnout. Compassion fatigue is related to the ability of the nurses to connect with their patients and thus being unable to remain unaffected by their suffering. According to Franceschi, burnout on the other hand arises due to a dissatisfactory work life. People who are burned out and work in health care are often seen as dispassionate because their aloofness appears to indicate a lack of caring (Franceschi, 2013).

Nurses who witness human suffering on a daily basis are more likely to get compassion fatigue and the work conditions could enhance their burnout. The work related issues generally include recruitment, retention, productivity, unhealthy work environments, heavy workloads etc. The author says that the first step is to be able to recognize and acknowledge that such a problem is brewing in an individual (Weatherford, 2010).

Franceschi also mentions the concept of Death Overload which can be another reason of burnout. Death overload is experiencing too many deaths in a short period of time or the death of someone whom the nurse had treated for a long period of time before they died. Thus the feeling of a heavy heart while continuing to work is a signal which should be caught by the individual themselves. Sometimes it can also lead to eating disorders and substance abuse.

The Prevalence and Impact of Post Traumatic Stress Disorder and Burnout Syndrome in Nurses is a research paper written by Meredith Mealer, Ellen Burnham, Colleen Goode, Barbara Rothbaum and Marc Moss. This was a large scale study based on certain medical concepts like Hospital Anxiety and Depression Scale (HADS), the Posttraumatic Diagnostic Scale (PDS), the Maslach Burnout Inventory (MBI) etc in the University of Colorado Hospital, Denver, Colorado. The researchers also included a variety of questions about work environment. They concluded that psychological symptoms like Burnout Syndrome (BoS), Post-Traumatic Stress Disorder (PTSD), anxiety, depression etc were common in nurses. Their results were not very different from previous surveys but they did observe that nurses who worked in the outpatient settings were less affected. The most important finding was that nurses diagnosed with PTSD almost uniformly displayed symptoms of BoS but not all nurses suffering from BoS carried a concurrent diagnosis of PTSD.

V. METHODOLOGY

This study is quantitative, non-experimental and descriptive. A quantitative design was selected because the study seeks to identify the work stressors in the emergency wards and explore the nurses' response to them. Since the researcher is an outsider to the respondents' setting, the research also seeks confirmation of findings and reliability. The sample size for this research is 100 nurses from the emergency wards of 10 private hospitals in Guwahati, Assam.

The primary tool of data collection was an interview schedule containing a list of structured questions. The assessment tool produced stable and consistent results across the ten hospitals

it was used in. It also measured what it was purposed to measure. The objectives of the study were clearly defined and operationalized. The tool was matched to the literature review and research objectives. It was also reviewed by a medical doctor in charge of nursing staff as well as a matron. Hence the tool was reliable and valid.

The majority of the respondents were women in the age group of 20 to 30 years. A little more than half of the respondents were Hindu. The nurses had completed either the GNM (General Nursing and Midwifery) course or the B.Sc. course in nursing. A majority were unmarried.

VI. DESCRIPTION

Most respondents had joined nursing because they like serving people. But there were also some who had held different jobs before and now found themselves in nursing. Some wanted to become doctors but could not and hence became nurses. Others joined nursing because their family wanted them to or because they loved the uniform. A majority of the respondents had spent 10 to 25 years in nursing.

Approximately half the respondents were working in the same hospital they had started their careers in. Those who left their first hospitals did so to gain more experience or a higher salary or for better work conditions. Most were somehow making do with their current salary. The respondents' satisfaction with their salary with reference to their age is explained in the table below.

Table 1: Age versus Salary Satisfaction

		Respondents' satisfaction with the salary			
		Very Happy	Managing somehow	Not Happy	Total
Age Group	20-25	1 (4.34) (25)	13 (56.52) (31)	9 (39.13) (64.28)	23 (38)
	26-30	1 (4.54) (25)	16 (72.8) (38)	5 (22.8) (35.8)	22 (36)
	31-35	0	11 (100) (26.19)	0	11 (18)
	41-45	2 (66.66) (50)	1 (33.33) (2.38)	0	3 (5)
	46-50	0	1 (100) (2.38)	0	1 (1.66)
Total		4 (6.66)	42 (70)	14 (23.33)	60 (100)

The respondents had day shifts of 6-8 hours and night shifts of 10-12 hours. The respondents attended to three to 20 patients a day. They could take a break only once during the day for food and sometimes on a busy day, not even that. A majority were satisfied with the sanitation in their work place.

About 73 percent of the respondents said that they faced psychological pressure at their hospitals but it was manageable, while 3.33 percent faced a high level of pressure. The pressure faced was due to numerous reasons such as improper facilities at work, work schedule, pressure

from authorities, the condition of patients, the behavior of doctors, patients and colleagues, and emotional repulsion while treating patients.

The cross tabulation table below shows that 63.33 percent respondents experienced moderate stress due to improper facilities.

Table 2: Stress due to Improper Facilities

Stress due to Improper Facilities	Availability of Facilities required in Emergency Room		
	Very Good	Satisfactory	Total
Low	15 (78.94) (41.66)	4 (21) (17)	19 (31.7)
Medium	19 (50) (52.77)	19 (50) (79)	38 (63.3)
High	2 (66.66) (5.55)	1 (33.34) (4)	3 (5)
Total	36 (60)	24 (40)	60 (100)

A majority, i.e. 73.33 percent, of the respondents claimed that they experienced a moderate amount of stress because of the patients' condition. About 10 percent experienced high stress for the same reason.

Table 3: Stress due to Condition of Patients

Stress due to patients' condition	Respondents' Stress Level during work			
	Not Much	Moderate	High	Total
Low	0	10 (100) (17.54)	0	10 (16.66)
Medium	2 (4.54) (100)	41 (93) (72)	1 (2.27) (100)	44 (73.34)
High	0	6 (100) (10.52)	0	6 (10)
Total	2 (3.33)	57 (95)	1 (1.66)	60 (100)

Thirty four respondents experienced moderate stress but they did not let it affect their work. The remaining 23 respondents claimed that the stress affected their work sometimes, as mentioned in the cross-tabulation below.

Table 4: Effect of Stress on Respondents' Work

Respondents' level of stress during work	Does the stress affect the respondents' work		
	No	Sometimes	Total
Not Much	1 (50) (2.77)	1 (50) (4.16)	2 (3.33)
Moderate	34 (59.64) (94)	23 (40.35) (95.83)	57 (95)
High	1 (100) (2.77)	0	1 (1.64)
Total	36 (60)	24 (40)	60 (100)

Thirty four respondents experienced moderate stress but they did not let it affect their work. The remaining 23 respondents claimed that the stress affected their work sometimes.

Around 55 percent sometimes experienced emotional repulsion while treating patients.

28.33 percent respondents noticed a change in their temperament since joining nursing – they had become angrier and more irritable, especially when patients' relatives interfered in medical procedures, when patients did not follow instructions or misbehaved, or failed to understand them. Sixty two percent respondents got angry with their colleagues for the following reasons: colleagues not doing their work properly, arguing a lot, and when colleagues passed on their work to the respondents. They also got angry at their superiors if they were scolded unnecessarily or their needs and expectations were not understood.

42 percent respondents sometimes got angry with their family too. Approximately 23.33 percent spoke to their family and made them understand their work pressure. Ten percent calmed down later and made up to their families. Twenty percent respondents said they could not give their families enough time due to their job.

Sixty percent respondents said their health was affected as follows: weight loss due to stress, back pain because of standing throughout the day, gastric problems because of irregular food timings, and dizziness or weakness.

VII. DISCUSSION

Table 5: Respondents' scores on Maslach's Burnout Inventory

Maslach's Burnout Inventory	Percentage of Respondents indicating Low Burnout	Percentage of Respondents indicating Moderate Burnout	Percentage of Respondents indicating High Burnout
Table 1	72%	28%	-
Table 2	10%	31%	59%
Table 3	22%	42%	36%

As per the table mentioned above, when the Maslach's Burnout Inventory was administered to the respondents, it indicated that the respondents show only low or moderate level of exhaustion, depression and anxiety related to work. However, there is a high level of detachment and lack of empathy resulting in depersonalization and a significant reduction of personal achievement caused by the demotivating effects of a difficult, repetitive situation.

Findings indicate that numerous physical and psychological factors affect stress levels among emergency ward nurses. These include mostly institutional factors such as salary, qualification and years of experience. Nurses with more than ten years of experience have more increments and hence a higher salary but such respondents are few in number, not more than 1-2 in each hospital. With additional qualifications, these respondents can be promoted to the General ward or the ICU. Thus Emergency ward is the only one which hires nursing graduates without work experience and thus can give them a lower salary to start with. But with time, the newcomers' salary cannot match the job and the

stress begins. Other structural concerns include lack of clean spaces to rest, eat meals or change clothes, especially in older hospitals. Structural factors create stress that often spills over to the respondents' personal lives leading to a poor work-life balance and conflict with family members with respondents vented their anger on their family and friends and some not making up, which is unhealthy. This necessitates the use of effective stress management strategies and not just utilizing television, music or social media as reported by many respondents. This includes professional counseling which no respondent was provided. They could speak to the Head Nurse or Matron but were usually asked to brush off their feelings and move on. Hence, the researchers recommend bigger and better designed work and relaxation spaces for nursing staff, upgraded medical and staff facilities, increased recruitment of nurses at better salaries, professional counselling for nurses and recruitment of medical social workers in hospitals. Allied topics that need to be studied include issues faced by male nurses, stress and burnout among ICU nurses and doctors, especially with a gender lens.

VIII. CONCLUSION

Nursing as a profession can get stressful, be it the condition of patients, lack of rest, irregular food timings etc. It affects nurses physically and mentally, especially if the time and effort put in are not in congruence with the job satisfaction and salary. The researcher studied emergency ward nurses in private hospitals in Guwahati, analyzed their stressors and their impact on the nurses' health, family and personal life, and concluded that they experience various stressors that hamper their health and daily lives but they have not yet reached the stage of burnout. Considering the level of work and pressure for the nurses in a tier two city like Guwahati, burnout may not be prevalent but the level of stress deduced from the study, with its physical and mental effects, is a matter of concern.

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