

BURNOUT AMONG NURSING PROFESSIONALS- A LITERATURE SURVEY**S.JAISHREE* & Dr. S.PARTHIBAN ****

*PhD Scholar in Management, Gobi Arts & Science College, Gobichettipalayam.

**Professor in Management, Gobi Arts & Science College, Gobichettipalayam.

Received: June 14, 2018

Accepted: July 28, 2018

ABSTRACT

Burnout has been a focus of attention for the popular media and scientific researchers. The paper tries to brief the concept of burnout presenting its dimensions – emotional exhaustion, depersonalisation and lack of personal accomplishment. The three widely accepted models of burnout- interactional model, ecological model and multidimensional model are explained. The factors contributing to burnout as studied and presented in the existing literature are described. The implications that result due to burnout are also discussed.

Keywords:**CONCEPT OF BURNOUT**

The concept of burnout was first put forth by Freudenberg (1977) and Maslach (1976). In simple terms, burnout is a consequence of stress and is a prolonged reaction to the stress that hits an individual working for an organization. This prolonged stressed life affects the individual's physical health and in turn has an impact on the work environment. Burnout is a work-related effect, the symptom of which includes low self-esteem and exhaustion with regard to the individual in his work sphere. Generally burnout is commonly noticed in human resource – related jobs where mental drain is more expelled than the physical toiling (Maslach, 1982) and where dealing people is the major work. Individuals working with people experience a syndrome that includes emotional wear off, depersonalization and reduced personal accomplishment (Maslach, Jackson, and Leiter, 1996), all of which constitute burnout.

MODELS OF BURNOUT

Faber (1983) has said that various models of burnout have emerged from environmental stress factors to the complex conceptual ideas that focus on the process of mediation, and the interactive nature of the individual, social and organizational variables. The models of burnout take into consideration the number of factors that result in burnout inclusive of ideas and expressions of an orderly perspective. They are rooted in environmental factors and factors pertaining to the job itself.

The three predominant models that require mention are:

- Interactional model: Burnout is the end result of a process of complex transactions between the needs of an individual with that of the external environment demands (Perlman and Hartman, 1981). This model implies the onset of burnout when the individual is in action with the society and the organization.
- Ecological model: As per this model, burnout is understood to occur when stress is unmanageable and the environment associated is highly unworkable. When there is a constant relationship between variables pertaining to the individual, and the environment influencing the external ecosystem or the environment, then burnout occurs. Few of such variables include the health aspects of the person, work load and the family associated with the individuals. This is depicted by the formula according to Carroll and White (1982), as $BO = f(P \times E)$, where the interaction is between the individual and the individual's work area.
 - $BO = f(P \times E)$ function of person and environment factors
 - BO = Burnout
 - P = Person
 - E = Environment Factors
- Multidimensional nature model: According to Maslach and Jackson (1986), burnout is a dynamic process rather than considering it as a constant or a static one. It is one of the very few models which is widely followed in research and considered to be the most comprehensive for research purpose. As per the model, the three dimensions of burnout included emotional exhaustion (wearing out), depersonalization, (negative shift response) and lack of personal accomplishment (feeling low). The standardized questionnaire for measuring burnout is called MBI (Maslach burnout inventory) and it has good psychometric properties.

DIMENSIONS OF BURNOUT

The most commonly accepted definition of burnout is the three components that have been defined by Maslach and Leiter (1998). Burnout is a syndrome of emotional exhaustion, depersonalization and diminished personal accomplishment (Maslach & Leiter, 1998). A person with emotional exhaustion is someone who lacks energy and feels his/her emotional resources are depleted. Such people ultimately lack the energy to face another project or another person. (Maslach & Leiter, 1997). Feelings of frustration and tension occur as a worker realizes that he or she is not able to give of his/her best to the clients as they did in the past. Individuals even lack the motivation to go to work.

Emotional Exhaustion (Ee)

Emotional exhaustion is a condition that results from an excessive amount of stress. When suffering from this condition, which may also be referred to as emotional depletion or burnout, a person tends to feel as if her inner resources have been drained. This condition can have psychological, physical, and social effects. It generally does not require medical intervention unless more severe problems, such as depression or high cholesterol, have developed. In most cases, a person can recover if he takes a vacation, gets rest, or eliminates the cause of stress.

Depersonalization (DP)

The second component of burnout is depersonalization. This parameter of attrition pertains to non-sentimental and rude responses to visitors and co-workers. Depersonalization occurs when workers perceive and respond to their clients as objects rather than as people. Worker feels being indifferent in the hope it will protect them from exhaustion and disappointment. They display a detached posture, emotional callousness, and a cynical attitude towards, coworkers, clients and the organization as whole, because of their feeling of depersonalization (Maslach & Leiter, 1997; Cordes & Dougherty, 1993).

FACTORS CONTRIBUTING TO BURNOUT

Katheleen Hawes (2009) examined the association between professional environment stress, and burnout and internal satisfaction. The framework of study was role stress which in the form of role ambiguity and role conflict influence burnout syndrome. As per the study, the predominant stressors were workload and problems with supervisors. The other influencing factors included uncertainty towards treatments, conflict with doctors and problem with patient support.

Ndawula Maria (2012) in their study found that burnout is prevalent among the nurse and the contributors to burnout are occupational organizational, psychographic and socio-demographic factors. Among the listed factors, occupational variables like work burden, work timing, lack of role clarity are identified as the leading reason for burnout.

Ronél Joubert (2012) attempted to determine those physical, psychological, social and occupational factors influencing the degree of burnout experienced by nurses. The results of study show that participants experienced an average level of emotional exhaustion, professional efficiency at a high level and a low level of cynicism. The major reasons identified for burnout were too much workload and lack of recognition for their work.

Rudraprosad Chakraborty, Arunima Chatterjee (2012) researched if there existed any aspects related to burnout in psychiatric nurses of India. It was identified through data analysis that factors like age, total nursing experience, training received, locus of control sense of general well-being, adjustment capabilities and emotional level maturity influenced burnout.

Victor Olufolahan Lasebikan (2012) evaluated the prevalence and related factors of burnout among nurses. The results of the research showed that high levels of burnout were because of doctors-nurse conflict, inadequate staffing, very frequent night shifts and poor wages.

Yashika Negi, (2015) determined burnout levels among nurses and analyzed work-related factors causing burn-out. The work relevant factors associated with burnout were staff shortage with respect to nurse-patient ratio, night duties, demands of attendants, duty roster, critical condition of patient, workplace conflict, study leave and employment category. The nurses reported only moderate levels of burnout and there existed a significant association between burnout and work and organizational factors.

IMPLICATIONS OF BURNOUT

Doris C. Vahey (2004) assessed the effects caused by nurse work environment and nurse burnout on patient satisfaction towards nursing care. The study found that lower burnout and higher patient satisfaction were a result of aspects like good administrative support, staff adequacy, good relations among nurses and doctors.

J.K. Mojinyinola (2008) focused on how to manage stress at work in order to strike a balance between the personal and work life of nurses. It was concluded in the study that stress at workplace affected

physical and mental well-being of the nurses. Also there existed a vast difference in the daily activities of highly stressed and less stressed nurses.

YavelloNatayeYatasa (2014) explored the levels of burnout and its relationship with personal and professional area characteristics of nurses. In the study, physical health problems like headache, backache and sleep disorders were observed as a result of job stress. The nurses with high levels of emotional exhaustion had least perception about their health status.

Dr.C.N.Rawal(2014) intended to understand nurses' experiences and perceptions of job related stress and its impact on their work behavior. The results of the study proved that job stress has a significant negative effect on nurses' job performance.

AlineBedinZanatta (2014) studied burnout syndrome among medical professionals and found that the health professionals were very vulnerable to each of the dimensions of burnout syndrome. And this led to low job performance and satisfaction in their hospital related work. **Doris**

Doris C. Vahey (2004) assessed the effects caused by nurse work environment and nurse burnout on patient satisfaction towards nursing care. The study found that lower burnout and higher patient satisfaction were a result of aspects like good administrative support, staff adequacy, good relations among nurses and doctors.

CONCLUSION

MalikehBeheshtifar (2013), attempted a theoretical study to understand the causes for job burnout in organizations. The study suggested that identification of job burnout at an early stage will be of great significance in decreasing its levels.

Priscilla Holdren (2015) researched Burnout Syndrome In Hospital Nurses and suggested aspects like lower patient to nurse ratios, a better work environment with good management higher wages and shocker working shifts, to decrease burnout. The decreased burnout will in turn reduce nursing shortage and nurses' attrition.

CyndaHylton Rushton (2015), conducted a study with an objective of identifying burnout and supporting in creation of healthy work environments and to design a 2 phase project to enhance resilience among nurses, to improve retention and to reduce turnover. The results of the study showed that moral distress was a significant predictor of all three aspects of burnout. It was noted that the association between burnout and resilience was strong. Greater resilience helped the nurses to protect them from emotional exhaustion and contributed to their personal accomplishment spiritual well-being reduced emotional exhaustion and depersonalization. Physical well-being has been found related to personal accomplishment, it was also noted that the higher the level of resilience the less was the level of stress.

REFERENCES

1. Ndawula Maria (2012) "Burnout Among Staff Nurses. Examining the Causes, Coping Strategies and Prevention", Arcada Department of Health and Social Work Degree, Thesis, Page 1-51.
2. Ronél Joubert (2012) "Factors Influencing the Degree Of Burnout Experienced By Nurses Working In Neonatal Intensive Care Units" University of Stellenbosch page-1-101
3. Victor Olufolahan Lasebikan (2012) "Burnout among Nurses in a Nigerian General Hospital: Prevalence and Associated Factors", International Scholarly Research Network, ISRN Nursing, Volume 2012, pages 1-6
4. Yashika Negi,(2015) "Burnout among Nursing Professionals In Tertiary Care Hospitals Of Delhi" Journal of health management page 1-5
5. Doris C. Vahey (2004) "Nurse Burnout and Patient Satisfaction "National institute of health page -1-19
6. J. K. Mojinyinola (2008) "Effects of Job Stress on Health, Personal and Work Behaviour of Nurses in Public Hospitals in Ibadan Metropolis", Nigeria Ethno-Med., 2(2): Page.143-148.
7. Yavello Nataye Yatasa (2014) "Levels of Burnout Among Eu & ICU Nurses- Addis Ababa, Ethiopia: a Cross-Sectional Descriptive Study" Thesis of Erasmus Mundus Master Course in Emergency and Critical Care Nursing, (EMMECC NURSING) Page.1-74.
8. Dr.C.N.Rawal(2014) "Job Stress Causes Attrition among Nurses in Public and Private Hospitals" Volume 3, Issue 2 Ver. II PP 42-47
9. Aline Bedin Zanatta (2014) "Prevalence of Burnout syndrome in health professionals of an on co -hematological pediatric hospital" journal of school of nursing page 251-258
10. Doris C. Vahey (2004) "Nurse Burnout and Patient Satisfaction "National institute of health page -1-19
11. Malikeh Beheshtifar (2013) "Causes to Create Job Burnout in Organizations", International Journal of Academic Research in Business and Social Sciences, Vol. 3, No. 6, page 1-7
12. Priscilla Holdren (2015) "Burnout Syndrome In Hospital Nurses", Marshall University, Page 1-10.
13. Cynda Hylton Rushton (2015) Burnout And Resilience Among Nurses Practicing In High-Intensity Settings, AJCC American Journal Of Critical Care, Volume 24,page 1-9.
14. Katheleen Hawes (2009) "Nurse Job Stress, Burnout, Practice Environment And Maternal Satisfaction In The Neonatal Intensive Care Unit" University Of Rhode Island page-1-24