BURNOUT SYNDROME IN HEALTH CARE PROFESSIONALS (NURSES) OF PRIVATE AND PUBLIC HOSPITALS

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ABSTRACT

Burnout syndrome includes emotional exhaustion, depersonalization and reduced personal accomplishment that can occur among individuals who do people work of some kinds. It differs from stress in that requires consistent pressure of emotional kind, to be brought to bear on the individual. Keeping in view the study was conducted to compare the level of burnout experienced by nurse of private and Government hospitals. The sample consisted of 50 nurses of Government hospitals, 50 nurses of private hospitals or Nursing-homes, and 50 women working in other occupation and 50 housewives. Age of all the subjects of four groups ranged between 22 to 29 years. Hindi version of Maslach's Burnout Inventory was administered on the subjects. The results showed that compared to housewives (non-working women), the nurses and working women had experienced greater amount of burnout and nurses had experienced more burnout than other working women. Nurses of private hospitals experienced less burnout than those of public hospitals. This present paper highlight the burnout syndrome in Governmental and non-governmental health care carried by professional nurses.

Keywords: Burnout syndrome, nurse, Government, Women, hospital.

INTRODUCTION

Burnout is a stress induce work related syndrome. It is also called Job Burnout or Job Depression. Not one immune from job burnout. Any person in any profession at any level can become victim of job burnout. It is a distinct psychological construct which has a number of features that separate it from occupational stress. For example, occupational stress may be low or high, positive or negative. Going to deliver a public speech, to marry may cause positive kind of stress, but the hazardous painful and threatening conditions of job create negative type of stress which has been the concern of most researchers on the other hand burnout is strongly associated with emotional effects of stress, an extreme response to occupational pressure. Burnout is a severe form of psychological distress arising from work related physical and mental trauma, that manifests as a severe loss of energy that cannot be renewed.

Burnout syndrome (BOS) was identified in the early 1970's in human service professionals, most nearly health care workers (Maslach, Schaufeli, and Leinter, 2001). BOS has been described as an inability to cope with emotional stress at work (Pines and Maslach, 1978) or as excessive use of energy and resources leading to feelings of failure and exhaustion (Freudenberger, 1986). Although depression affects nearly every aspect of the personal life, symptoms of burnout occur only at work, however, it (BOS) also decreases overall well-beings (Iacovides et al., 1999).

Maslach and Jackson (1986) developed the Maslach Burnout Inventory, which was later on revised (Maslach, Jackson and Leiter, 1996) for detecting and measuring the severity of BOS. The scale evaluates three domains of BOS, namely emotional exhaustion, depersonalization (negative or cynical attitudes toward patients), and loss of a feeling of personal accomplishment at work. Clinical symptoms of BOS are nonspecific and include tiredness, headaches, eating problems, insomnia, irritability, emotional instability, loss of initiative, loss of interest, loss of efficiency, reduced work performance, gastrointestinal disorders, depression, labiality of mood, decreased frustration tolerance, lack of control, feeling of helplessness, lowered motivation to engage in work, negative
attitude toward self and others, rigidity in relationship with others, and stubborn resistance to change. Personal resources are diminished and workers find themselves without flexibility.

Girdino, Everly and Dusek (1996) say that burnout in a state of mental and physical exhaustion caused by excessive and prolonged stress it develops in three stages, namely, Stress around Energy Conservation, Physical and Emotional Exhaustion.

Burnout is associated also with a higher incidence of infection possible pointing to a compromised immune system. (Mommersteeg et al., 2006) found production of anti-inflammatory cytokine IL-10 by monocytes increased in individuals with burnout syndrome which indicates that glucocorticoids or changes in glucocorticoid receptor function play a role in this higher IL-10 production.

Wide variations in the prevalence of BOS in Healthcare professionals have been reported across specialties, both in doctors (Ramirez et al., 1996) and in nurses (Lu, While, and Barriball 2005). Workplace climate and workload were determinants of BOS (McManus, Keeling, and Paice (2004)). However, higher levels of severe BOS were found in oncologists Armstrong & Holland; Graham & Ramirez, 2002; Grunfeld et al, 2000 (Lyckholm, 2001);, anesthesiologists’ (Nyssen, et al., 2003), physicianse caring for patients with AIDS (Lert, Chastang, and Castano, 2001), and physicians working in emergency departments (Weibel et al., 2003). High rates of severe BOS were reported in ICU nurses as early as 1987. (Soupiso & Lawry, 1987). BOS is associated with decreased well among nursing staff members (Aiken et al., 2002), decreased quality of care (Shanafelt, et al., 2002; Arnedt et al., 2005; Lockley et al., 2004). Studies in Intensive care Unit nurses indicated that BOS was common and preventive strategies were urgent needful (Sawatzky , 1996; Chen & Mc Murray, 2001).

Present study was conducted to compare the burnout syndrome experienced by nurses of private and public hospital.

METHOD

The sample comprised 200 adult women aged between 22 to 29 years old out of which 100 were nurses working in Government and private hospitals, 50 women were working in other organizations, and 50 were non-working housewives. All subjects were married having children and living with their husbands.

RESEARCH TOOL

Burnout questionnaire Hindi version was used to measure burnout syndrome of subjects. This Instrument have been found reliable and rivaled in its purpose of measuring burnout syndrome (Yadav 2005).

RESULT AND DISCUSSION

Mean Burnout scores of four groups of subjects were comprised through t-ratio, and the results were obtained as follows:

<table>
<thead>
<tr>
<th>SL.No.</th>
<th>Groups</th>
<th>N</th>
<th>M</th>
<th>SD</th>
<th>t-ratio</th>
</tr>
</thead>
<tbody>
<tr>
<td>01</td>
<td>Nurses Private Hospital</td>
<td>50</td>
<td>25.25</td>
<td>4.05</td>
<td>1&amp;2=5.67</td>
</tr>
<tr>
<td>02</td>
<td>Nurses Govt. Hospital</td>
<td>50</td>
<td>30.61</td>
<td>5.13</td>
<td>1&amp;3=1.91</td>
</tr>
<tr>
<td>03</td>
<td>Working Women (Non-Nurse)</td>
<td>50</td>
<td>22.53</td>
<td>4.00</td>
<td>1&amp;4=6.53</td>
</tr>
<tr>
<td>04</td>
<td>House wife</td>
<td>50</td>
<td>20.16</td>
<td>3.67</td>
<td>2&amp;4=3.53</td>
</tr>
</tbody>
</table>
Results contained in able Table make it clear that nurses of Government hospitals, had experienced comparatively more burnout \(M=30.61 \pm 5.13\), followed by nurses of private hospital \(M=25.25 \pm 4.05\), working women (non-nurses) \(M=22.53 \pm 4.00\), and house wives \(M=20.16 \pm 3.67\). Except nurses of private hospital and working women (non-nurse), each group of subject differed from other group in terms of their mean burnout scores, and the observed difference was significant beyond .01 level of confidence'. The reason behind experience of more burnout syndrome by nurses of Government hospitals than other group of nurses and women may be the highest work load due to large number of patients and triple number of attendants pressuring for taking care of patients. However, due to costly treatment the number of patients in private hospitals is comparatively low. Moreover, most of the patients in private hospitals are VIP and rich persons who are looked after more by doctors than nurses.

Work load in nurses of Private hospitals, and other private and public sector organizations is more or less similar, hence these two groups of subjects did not differ significantly in terms of their mean burnout scores.

Keeping in view the harmful effects of burnout it suggested in urgent need of psychological intervention of burnout that there syndrome in Government hospitals for improvement of the health and professional efficiency of nurses working there. The controlling officers should be cautious about the prevalence of burnout syndrome among the employees.

**REFERENCES**


