

Identifying the Relationship between Psychosocial Environment and Burnout Syndrome in Emergency Medical Nursing Staff in India

Muruganandan Natesan

Assistant Professor/Lecturer in Nursing, College of Nursing, Madras Medical College, Chennai, India

Abstract: *The aim and objective of the review to identify the relationship between the prevalence of burnout among Indian nurses and their social environment, especially in emergency medicine department. Clinical burnout is an extremely debilitating disorder and has been associated with multiple adverse effects. Burnout is an occupational health issue of a psychosocial nature and is one of the most important work-related problems in today's society. The study helped to identify the burnout, according to research from the past 5 years, 45.02 % and 65.98 % of the healthcare workers felt emotional exhaustion and depersonalization respectively. The prevalence of burnout in Indian medical practitioners is rather high and similar to prevalence rates of burnout among the healthcare workers in other countries; also this study shows a high prevalence of burnout among females as compared to the males. Nurses become emotionally exhausted when there is ongoing stress due to excessive demands at work with inadequate support, insufficient resources, and inability to control either the pace or the volume of work.*

Keywords: Burnout, syndrome, emergency, psycho social, environment, nursing staff

1. Introduction

Burnout in a professional scenario is a psychological construct that has gained wide acknowledgement in the healthcare sector. Burnout is a term used for a long-term exhaustion with diminished interest usually in the work context. It is used as a slang term to mean exhaustion. Burnout is much more than stress alone. People do experience high stress at work but are not at risk for burnout. Certain professions such as entrepreneurs, teachers and athletes in addition to healthcare professionals are susceptible to work-related burnout. There are numerous reasons for the sharp rise in the number of healthcare employees who now experience burnout. According to the medical association, no standard definition exists for burnout yet researchers refer to burnout as "a syndrome of emotional exhaustion (EE), depersonalization (DP) and reduced personal accomplishments (PAs) that occur among individuals who work with people". The consequences associated with professional burnout affect both the health care professionals and recipients. Increased professional burnout is associated with absenteeism, physical illness, emotional problems, poor job performance and negative attitudes for the health care professionals in general. Health care recipients can experience a decrease in quality of care provided and poor communication from healthcare providers as a result of the healthcare professional's burnout. Kalpalatha K. Guntupalli, Sherry Wachte

Professionals that have frequent contact with individuals are more sensitive to develop burnout. Among the different healthcare professions, nursing has been considered a profession highly susceptible to stress. Several major factors have been proposed as the major reasons for nursing stress to increase over the years including: Work overload, inter-professional conflict, lack of clarity, task ambiguity, and supervision problems. Overload and role ambiguity are frequently highlighted. Other authors have underlined the increasing complexity of the tasks and lack of clarity of

nursing functions as a source of overload and role ambiguity. Some studies have specifically reported that burnout is related to the amount of time that nurses spend with their patients, with the intensity of patients' emotional demands and with patients' poor prognosis. Among the sociodemographic factors, age has been the factor most consistently related to burnout. Kalpalatha K. Guntupalli, Sherry Wachte

Burnout is a work-related syndrome resulting from prolonged exposure to job stressors. It is more likely to occur when goals and expectations are too high, or reality is too low, resulting in an imbalance between invested and gained resources. Current literature indicates that health professionals are of higher risk in developing burnout than the general population.

2. Review of Literature

When analysing the literature and empirical research results, a frequently raised fact is that personality traits and demographic factors are secondary causes of the burnout syndrome. The most dangerous are those are directly connected with the work environment, both physical factors, as well as psychosocial factors in the work environment. Koval et al (2020) noticed that the greatest impact on the occurrence of personal burnout symptoms was made by the following factors: excessive workload and emotional demands, role conflicts, lack of or limited opportunities for professional development, and lack of precision in formulating a professional role. While classifying the determinants affecting work-related burnout, in addition to the above-mentioned, there also appears too fast a pace of work. Burnout in contact with patients is caused, according to the author of the research, by emotional factors such as hiding one's feelings and searching for answers to questions connected with the meaning of work. The influence of factors of work environment and burnout syndrome on self-efficacy of medical staff to a significant emotional burden.

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Apart from the abovementioned factors, also worth noticing are role conflicts and lack of precision in defining the professional role. Similar results were obtained in the studies conducted by Langade et al (2016). They showed that a role conflict, time pressure, lack of job satisfaction and too strong emotional involvement were the strongest correlates of burnout among nurses. A strong emotional commitment was the cause of burnout among nurses employed in medical institutions of North Carolina, USA. Subsequent research confirmed that burnout is associated with emotional exhaustion, cynicism and low efficiency. According to Khera, A. (2017), difficult situations occurring in the professional life of nurses are influenced by organisational and physical working conditions. The research conducted by O'Connor, Neff, & Pitman (2018), led to the conclusion that a high level of job satisfaction and positive perception of the factors affecting nurses' work process reduces burnout syndrome. Japanese nurses recognised as the main causes of burnout: excessive workload, poor physical conditions in the work environment and an inadequate education system, as well as no or little participation in the decision-making process. The need and awareness of professional development is associated with the increase in the level of self-efficacy and quality of work among nursing teams. This is confirmed by the studies carried out by De Groene et al. (2018) who showed that those areas were the most frequent. Among them, the quality of work, professional burnout, and raising the occupational prestige were mentioned. Nurses taking part in the study also noticed the mutual relationship between raising the qualifications (including self-study) and satisfaction with their own development and increased self-esteem.

Stress causes long-lasting effects on nurses, both in their clinical practice and personal lives. It includes deprivation from proper sleep, drinking excessive alcohol and loss of appetite. It affects work by lowering morale, increasing absenteeism, decreasing the productivity and raising staff turnover rates. Ahwal and Arora (2015) also reported that common outcomes of stress and burnout among emergency nurses include feelings of distress and anger, usually leading to absenteeism. Kesarwani, Husaain and George (2020), meanwhile, state that emergency nurses are 3.5 times more likely to use illegal drugs such as cocaine or marijuana than nurses in other specialties. Work stress may contribute to absenteeism and high turnover which in turn affect patient outcomes. Baishya and Goswami, (2016) also found the health effects of stress among ED staff. He found that there was greater predominance, nearly 47.5% people feeling that they could get little time for themselves, followed by those suffering from shoulder and neck pain (31%), mental exhaustion (26.2%), sleeping problems (21.5%), and state of continuous speed (21.4%). (Osei, Antwi & Peprah, 2019)

Chaudhari et al. (2018) found that stress among nurses is related to leadership and management, to work environment, to professional conflicts as well as to emotional demands and the workload. Further it was emphasized that different factors might be important depending on which area of nursing that is under scrutiny. This notion is supported by studies showing that nurses working in dementia specific units reported lower levels of stress when caring for persons with dementia exhibiting behavioural symptoms than nurses

in non-specialized care units. Gheshlagh (2017) found that cultural diversities were found in the result, which indicates that nurses' job strain might vary due to cultural aspects. This latter study is of American origin, which may limit the transferability of the results to a Swedish context. Additional factors that have been associated with job strain are, for example, nurses' age and work experience, caring climate, education and possibilities for discussing ethically difficult situations

It was also proved that the lack of performing tasks in teams and cooperation between professional groups is destructive to the quality of work and professional effectiveness. Other destructive factors are improper work organisation and bad conditions in terms of workplace equipment. Dissatisfaction with professional effectiveness is also noticed by Polish nurses who have experienced the symptoms of burnout syndrome. An alarming problem among nursing teams is the low level of job satisfaction which, in consequence, can lead to the occurrence of symptoms related to health. Among the causes of this condition are often mentioned the lack of intangible motivation and low salary. These two factors influence the attitude of nurses to raising their qualifications, because they often indicate the lack of motivators and the financial aspect as some of the decisive obstacles in this area. There was also a relationship between job satisfaction and organisational climate and the level of quality of nurses' working life. It was shown that formulating too high quantitative demands at work, combined with the lack of precision in defining the professional role, as well as few opportunities for professional development, contribute to the occurrence of burnout. The authors have proved that nurses often do not have a sufficient level of knowledge about their contemporary professional role. An insufficient number of staff on duty in relation to needs is another factor revealed in the research, which is important for proper functioning in the workplace. This has been confirmed by the research of Bai and Ravindran (2019). The author points to the need for the practical use of standardisation of work, depending on the current needs of an institution rational use of the available working time of nurses, the more so because the characteristic feature of nursing working positions is their high "complexity". A crucial factor for the efficiency and effectiveness of teams, which has been confirmed by research results, is their integrity, competence and the atmosphere of mutual trust. Only such teams are able to develop a high quality of work on the organisational basis and contribute to greater efficiency in the workplace. Unquestionable support for these activities is raising the professional prestige, appropriate determining of career paths and increasing the opportunities for professional development, as well as improving working conditions and salaries of nurses. As demonstrated in the studies carried out by Haslinda and Tyng, (2016), the effort includes quantitative and emotional demands, and the gratuities may consist of recognition and respect, as well as the possibility of professional development, promotion and the level of salary. Nurses who stated lower levels of self-efficacy claimed that the most common causes for this state are insufficient number of staff and the attitude of colleagues who do not perform their duties which, consequently, leads to an excessive workload on the others. These factors result in the experience of occupational stress which leads to

reduction in the quality of work. Iwona Nowakowska¹, Renata Rasińska¹, Maria Danuta Głowacka¹

One other study has assessed provider burnout in India using the MBI in a population of physicians. Using an abbreviated form of the survey with three questions in each category, Kaur, Sharma and Chaturvedi, (2018) surveyed 482 medical practitioners in India with a bachelors of medicine or surgery and a minimum of five years of experience. Using this same scoring strategy, the percentage of EMTs with high burnout scores in our study was notably less compared to Indian physicians (Emotional Exhaustion: 13.6% EMT v. 45% physician, Depersonalization 3.6% EMT vs. 66% physician, Lack of Personal Accomplishment: 3.5% EMT v. 87% physician). Despite burnout's importance in building a healthcare workforce, only a handful of studies examine burnout in prehospital populations throughout LMICs. A study of 260 prehospital providers in Iran demonstrated 47% of EMTs with high levels of emotional exhaustion and 39% with high levels of depersonalization. A similar study in 140 EMTs in Egypt demonstrated 20% with high emotional exhaustion and 9.3% with high depersonalization. Comparing total MBI scores among prehospital providers in LMICs (Romania and Turkey), Indian EMTs appear to demonstrate a higher sense of personal accomplishment, but higher rates of depersonalization and emotional exhaustion. Romanian paramedics were proposed to have lower burnout measures than other populations due to mandatory periodic psychological exams and the nature of their employment through the army.

Indian EMTs who felt physically at risk were more than twice as likely to experience burnout. This survey question was intentionally broad and could reflect physical threats such as violence, lifting a heavy stretcher, or scene risks like road traffic conditions, difficult to access locations, and industrial accidents. In a separate study, 58% of Indian EMTs reported having experienced some form of physical violence in the past one year. The risk of violence and relation to burnout has been identified in other settings.

3. Methodology

In order to understand the prevalence of burnout syndrome among nurses across India, the current study conducts a review of relevant literature which will help us understand the current trends in the stress disorder. For this purpose, I carried out a systematic review of research articles published in highly regarded journals such as Pub med, Sage pub, Research gate, Science direct, NCBI, etc. The publications were searched for key words like burnout, psychosocial environment, stress, emergency nurses, medical staff, etc.

4. Results

From the papers that were analysed in this study, aimed to identify the relationship between the prevalence of burnout among Indian nurses and their social environment, especially in emergency medicine. The study helped to identify the burnout, according to research from the past 5 years, 45.02% and 65.98% of the healthcare workers felt emotional exhaustion and depersonalization respectively. The prevalence of burnout in Indian medical practitioners is

rather high and similar to prevalence rates of burnout among the healthcare workers in other countries. As for the working conditions, it was noted that the stress caused by both the management, who due to the lack of necessary medical staff are forced to burden them with highly stressful conditions and the people that they take care of, who inadvertently can ill-treat medical staff, especially emergency medicine nurses, which leads to reduced job satisfaction, stress and over time develop into burnout.

This study shows a high prevalence of burnout among females as compared to the males. Earlier studies on the French intensivists have reported a higher level of burnout among the females as compared to their male counterparts. A high burnout is seen more commonly in females in India, probably because of higher expectations in the domestic settings, causing a discrepancy in their work-life balance.

5. Conclusion

Clinical burnout is an extremely debilitating disorder and has been associated with multiple adverse effects. Burnout is an occupational health issue of a psychosocial nature and is one of the most important work-related problems in today's society. Burnout may lead to somatic symptoms like interpersonal problems, insomnia, irritability, and suicidal ideation and may closely resemble a psychological mood disorder known as dysthymia. Burnout has been linked to risk factors of cardiovascular disease (CVD) Tahghighi (et al., 2017). It has been associated with high levels of cholesterol, glucose, triglycerides, uric acid, and marginally, with the electrocardiography (ECG) abnormalities. The participants who have scored high on intense burnout also demonstrated significantly higher low-density lipoprotein (LDL) level. Additionally, scores on burnout plus listlessness were significantly associated with glucose and negatively with diastolic blood pressure. Burnout has also been linked to a higher risk of type II diabetes. Thus, burnout is a major cause of concern for the physical and psychological well-being of the medical professionals (Makhado and Davhana-Maselesele, 2016).

The psychosocial environment of the healthcare provider has proved to be essential in either improving or worsening the conditions of stress. Nurses become emotionally exhausted when there is ongoing stress due to excessive demands at work with inadequate support, insufficient resources, and inability to control either the pace or the volume of work (Boutou, Pitsiou, Sourla and Kioumis, 2019). Such working conditions lead to the perception that the exchange between the nurse and the hospital is no longer fair and that the health care facility she works for is no longer deserving of her commitment (Saif-ud-Din, Baba, and Tourigny, 2018). Research found a negative association between emotional exhaustion and organisational commitment supporting this observation

While burnout is an outcome of the quality of the work environment, depression is considered a global state that encompasses virtually all spheres of one's life (Kaur, Sharma and Chaturvedi, 2018). This suggests that the process of being emotionally exhausted and burning out of

work may trigger similar yet more pernicious thoughts that affect one's total life. (Sultana et al., 2020)

In a country such as India, a lot of problems exist in hospitals among nurses due to which stress is inevitable and unavoidable. This, in turn, will lead to the reduction of the impact on the effectiveness of the job, which will act as a deterrent not only for the hospital but also for patients. The job effectiveness is a psychological aspect in hospital sector which is a predictor of innovative and empathetic behaviour of the nurses. Thus to achieve higher effectiveness and job satisfaction it is recommended that the study of burnout in professional workers should be encouraged in hospitals across India.

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