

**A DESCRIPTIVE STUDY TO ASSESS THE PERCEIVED BURNOUT SYMPTOMS AND COPING STRATEGIES AMONG STAFF NURSES IN SELECTED HOSPITALS OF DELHI NCR WITH A VIEW TO DEVELOPE INFORMATIONAL GUIDELINES ON BURNOUT MANAGEMENT**

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**ABSTRACT**

The concept of stress in the workplace is of great importance in health care. Among health care professionals especially nurses are generally considered a high risk group regarding work stress and burnout. Burnout is a psychological term for the negative response to chronic job-related emotional stress. In other words, burnout results from people giving too much of their time, energy and effort on the job over a long period of time without adequate time to recover physically or emotionally. When an individual attempts to minimize the negative feelings arising from a negative event, this is considered as coping process. Worldwide, health professionals and the hospital authorities have become concerned about the concept of 'burnout' and have tried to solve this problem.

**KEYWORDS:** Level of Perceived Burnout Symptoms, Coping Strategies, Staff Nurses.

**INTRODUCTION**

- Job stress is defined by the National Institute for Occupational Safety and Health Administration (NIOSH) as 'the harmful physical and emotional responses that occur when the requirements of the job do not match the capabilities, resources, or needs of the worker'.
- The term "burnout" was firstly used by the American psychologist, Herbert Freudenberger. Burnout is included in the 11<sup>th</sup> revision of the international classification of disease (ICD-11) as an occupational phenomenon. It is not classified as a medical condition. According to ICD-11, Burnout is a syndrome conceptualized as resulting from chronic workplace stress that has not been successfully managed. It is characterized by three dimensions: Feelings of energy depletion or exhaustion, Increased mental distance from one's job, or feelings of negativism or cynicism related to one's job; and Reduced professional efficacy
- The prevalence of burnout among physicians ranges from 25% to 60% and occurs at a level sufficient to affect personal or professional performance. Among nurses/midwives, 15%-85% have reported burnout. The prevalence varies by medical specialty and

working conditions. When comparing nurses to physicians or other healthcare workers, nurses consistently reported higher levels of burnout.

- When an individual attempts to minimize the negative feelings arising from a negative event, this is considered as coping process. Coping is usually of two types, emotion focused and problem focused. The problem focused coping is external, in which an individual attempts to manage or change the problem causing the stress. Whereas in emotion focused activities, coping attempts to alleviate emotional stress, which may be internally directed.

**MATERIAL AND METHODS**

**Research Design**

The research design selected for the study was descriptive survey which was considered appropriate for the present study to assess the level of perceived burnout symptoms and coping strategies used by staff nurses and the relationship of the level of perceived burnout symptoms with selected personal variables

**Statement of Problem**

A descriptive study to assess the perceived burnout symptoms and coping strategies among staff nurses in

selected hospitals of Delhi NCR with a view to develop informational guidelines on burnout management.

### **Aim of the Study**

To assess the perceived burnout symptoms and coping strategies among staff nurses in selected hospitals of Delhi NCR

### **Research Question**

How much level of burnout symptoms and coping strategies present among staff nurses?

### **Objectives of the Study**

1. To assess the level of perceived burnout symptoms among staff nurses.
2. To assess the coping strategies used by staff nurses to prevent or deal with burnout symptoms.
3. To determine association between the level of perceived burnout symptoms with the selected personal variables.
4. To find out the relationship between level of perceived burnout symptoms and coping strategies among staff nurses.
5. To develop and validate informational guidelines on burnout symptoms management for staff nurses.

### **Operational Definitions**

- **Burnout Syndrome-** In the present study burnout is a syndrome conceptualized as resulting from chronic workplaces stress among staff nurses working in selected hospitals of Delhi NCR that has not been successfully managed. It is characterized by three dimensions- feelings of energy depletion or exhaustion, increased mental distance from one's job, or feelings of negativism or cynicism related to one's job and reduced professional efficacy as assessed by structured rating scale on level of perceived burnout symptoms among staff nurses
- **Coping Strategies-** It refers to the existing behavior adopted by staff nurses to prevent or deal burnout as assessed by structured rating scale among staff nurses
- **Staff Nurse-** It refers to the registered staff nurses who were working in the selected hospitals more than six months and who were available at the time of the study.
- **Informational Guidelines-** It refers to the informational guidelines prepared for the staff nurses and the content includes definition, risk factors, causes, symptoms, prevention and the management of the burnout (i.e. how to deal with the burnout).

### **Variables under Study**

Age, Gender, Marital status, Education, Years of experience, Working hours per day, Area of working, Timing of duty, Attended any continuing education programme on burnout symptoms management, Extra duty hours, Level of Perceived burnout symptoms,

coping strategies and staff nurses (Emergency, ICU, OT, CCU)

### **Assumptions**

In the present study it is assumed that:

1. Staff nurses may suffer with some level of burnout symptoms.
2. Staff nurses may adopt some coping strategies to decrease burnout.

### **Delimitations**

The present study was delimited to the one selected hospital of Gurugram.

### **Conceptual Framework**

The conceptual framework used for the study was based on Betty Neuman Model.

### **Setting**

The physical location and conditions in which data collection has taken place in a study is setting of the study. The present study was conducted in selected hospitals of Delhi NCR.

### **Sample and Sampling Technique**

#### **Population**

Population for the present study was staff nurses working in selected hospitals of Delhi NCR.

#### **Sample**

The sample of the study was staff nurses working in Emergency, OT, ICU, CCU of selected hospitals of Delhi NCR.

#### **Sampling Technique**

The purposive sampling technique was used for the present study.

#### **Inclusion Criteria**

The sample included staff nurses working in Artemis Hospital were-

1. Registered with state nursing council.
2. Having at least 6 months of clinical experience in the hospital and working in the selected units (i.e. Emergency, OT, ICU, CCU).
3. Available and willing to participate.

#### **Exclusion Criteria**

Staff nurses who were having any physical disease or any other illness and who were on leave.

#### **Sampling Size**

Sample size for the present study was 100 staff nurses working in selected hospitals of Delhi NCR.

#### **Ethical consideration**

1. Formal administrative permission was obtained from HR and nursing superintendent of the selected hospitals of Delhi NCR to conduct pilot study and final research study on staff nurses working in

Emergency, ICU, CCU, OT of the hospital department.

- Staff nurses were informed that participation in the study was voluntary and were guaranteed that data would be treated anonymously. The confidentiality of data was maintained.
- Written informed consent was obtained from each staff nurse from each department for being part of the study.

### Data Collection Tools and Technique

In the present study, based on the objectives the tools were divided into 3 sections:-

- Personal variables of participants
- Structured rating scale on level of perceived burnout symptoms among staff nurses
- Structured rating scale to assess coping strategies to prevent or deal with burnout symptoms among staff nurses

### Validity of the tools

The validity of the tool was obtained by submitting the tools to 9 experts and it was valid. All the rectification was as suggested by the experts.

### Reliability of the tools

The reliability of the structured rating scale on level of perceived burnout symptoms and coping strategies to prevent or deal with burnout symptoms among staff nurses tool was calculated by using Cronbach's alpha method. The reliability was found to be 0.864 and 0.831.

### Procedure for final data collection

Formal permission was obtained from the concerned authorities to conduct the final study by using purposive sampling technique according to research design.

In order to obtain free and frank responses, researcher meets the staff nurses of the hospital. Self-introduction was given to the staff nurses and rapport was established with the subjects. The purpose of the study was explained, and staff nurses were assured about the confidentiality of their responses. Structured rating scale on level of perceived burnout symptoms among staff nurses and to assess coping strategies to prevent burnout symptoms among staff nurses. On an average it took 25-30 minutes to collect data from subjects.

## RESULTS AND DISCUSSION

### Section I Description of selected personal variables of staff nurses

Table 1: Frequency and Percentage Distribution of Personal Variables of Staff Nurses N=100.

| SECTION-1 PERSONAL VARIABLES |                            | FREQUENCY (f) | PERCENTAGE (%) |
|------------------------------|----------------------------|---------------|----------------|
| Age                          | 20-23                      | 18            | 18             |
|                              | 24-27                      | 58            | 58             |
|                              | 28-31                      | 14            | 14             |
|                              | More than 31               | 10            | 10             |
| Gender                       | Male                       | 33            | 33             |
|                              | Female                     | 67            | 67             |
| Marital Status               | Married                    | 34            | 34             |
|                              | Unmarried                  | 66            | 66             |
|                              | Widow                      | 0             | 0              |
|                              | Divorce                    | 0             | 0              |
| Education                    | ANM                        | 0             | 0              |
|                              | GNM                        | 51            | 51             |
|                              | B.Sc. Nursing              | 49            | 49             |
|                              | M.Sc. Nursing              | 0             | 0              |
| Years of Experience          | Less than one year         | 10            | 10             |
|                              | 1-3 Years                  | 44            | 44             |
|                              | 3-5 Years                  | 28            | 28             |
|                              | More than 5 Years          | 18            | 18             |
| Working Hours per Day        | 8 Hours per day            | 63            | 63             |
|                              | 9-11 Hours per day         | 15            | 15             |
|                              | More than 13 Hours per day | 22            | 22             |
| Area of Working              | Emergency                  | 25            | 25             |
|                              | OT                         | 25            | 25             |
|                              | Intensive Care Unit        | 25            | 25             |
|                              | Coronary Care Unit         | 25            | 25             |
| Timing of Duty               | Morning                    | 41            | 41             |
|                              | Evening                    | 29            | 29             |
|                              | Night                      | 22            | 22             |
|                              | General                    | 8             | 8              |

|  |                 |    |    |
|--|-----------------|----|----|
| <b>Attended Continuing Education Programme</b> | Yes             | 15 | 15 |
|  | No              | 85 | 85 |
| <b>Extra Duty Hours</b>                        | One             | 13 | 13 |
|  | Two             | 17 | 17 |
|  | Three           | 14 | 14 |
|  | More than three | 31 | 31 |
|  | Nil             | 25 | 25 |

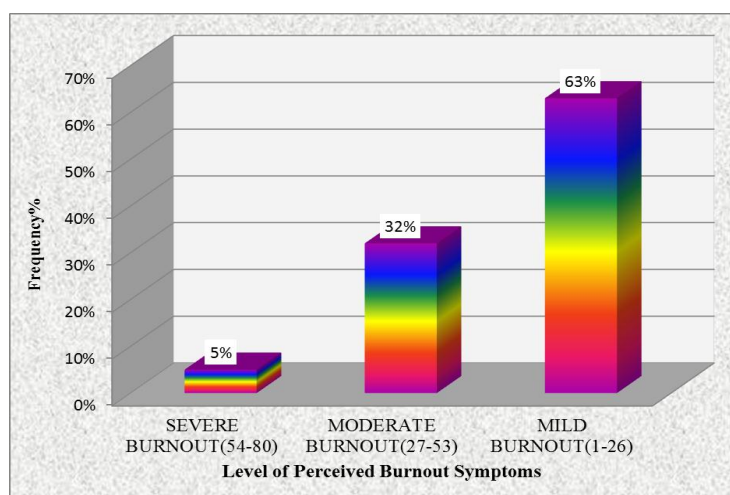
**Table 1** depicts that maximum number of staff nurses 58 (58%) were in the age group of 24-27 years, 18 (18%) of staff nurses were in the age group of 20-23 years, 14 (14%) of staff nurses were in the age group of 28-31 years and 10 (10%) of staff nurses were in the age group of more than 31 years. Maximum number of staff nurses were 67 (67%) female and 33 (33%) of staff nurses were male. Maximum number of staff nurses 66 (66%) were unmarried and 34 (34%) of staff nurses were married. Maximum number of staff nurses 51 (51%) had passed in GNM and 49 (49%) of staff nurses had passed in B.Sc. Nursing. Maximum number of staff nurses 44 (44%) had 1-3 years of experience, 28 (28%) of staff nurses had 3-5 years of experience, 18 (18%) of staff nurses had more than 5 years of experience and 10 (10%) of staff nurses had less than one year of experience. Maximum number of staff nurses 63 (63%) had work 8 hours per day, 22

(22%) of staff nurses had work more than 13 hours per day and 15 (15%) of staff nurses had work 9-11 hours per day. All staff nurses had done equally work in emergency, OT, ICU, CCU. Maximum number of staff nurses 41 (41%) were having morning timing of duty, 29 (29%) of staff nurses were having evening timing of duty, 22 (22%) of staff nurses were having night duty and 8 (8%) of staff nurses were having general duty. Majority of staff nurses 85 (85%) had not attended any CNE programme and 15 (15%) had attended the CNE programme. Maximum number of staff nurses 31 (31%) had done more than 3 extra duty hours, 17 (17%) of staff nurses had done more than 2 extra duty hours, 14 (14%) of staff nurses had done more than 3 extra duty hours and 13 (13%) of staff nurses had done more than 1 extra duty hours.

**Section-II Findings Related to Level of Perceived Burnout Symptoms among Staff Nurses**

**Table 2: Frequency, Percentage Distribution of Staff Nurses in terms of Scores of the Level of perceived burnout Symptoms N=100.**

| <b>CRITERIA MEASURE OF LEVEL OF PERCEIVED BURNOUT SYMPTOMS SCORE</b> |                      |                       |
|--|----------------------|-----------------------|
| <b>Category Score</b>  | <b>Frequency (f)</b> | <b>Percentage (%)</b> |
| SEVERE BURNOUT(54-80)  | 5                    | 5                     |
| MODERATE BURNOUT(27-53)  | 32                   | 32                    |
| MILD BURNOUT(1-26)   | 63                   | 63                    |
| Maximum Score=80 Minimum Score=0                                     |                      |                       |



**Figure 1.**

**Table-2 and Figure 1** reveals that maximum number 63% staff nurses were having mild burnout, 32% of staff nurses had moderate burnout and 5% of staff nurses had severe burnout.

**Table 3: Showing the Mean, Mean Percentage, Standard Deviation, Range and Median of Perceived Burnout Symptoms N=100.**

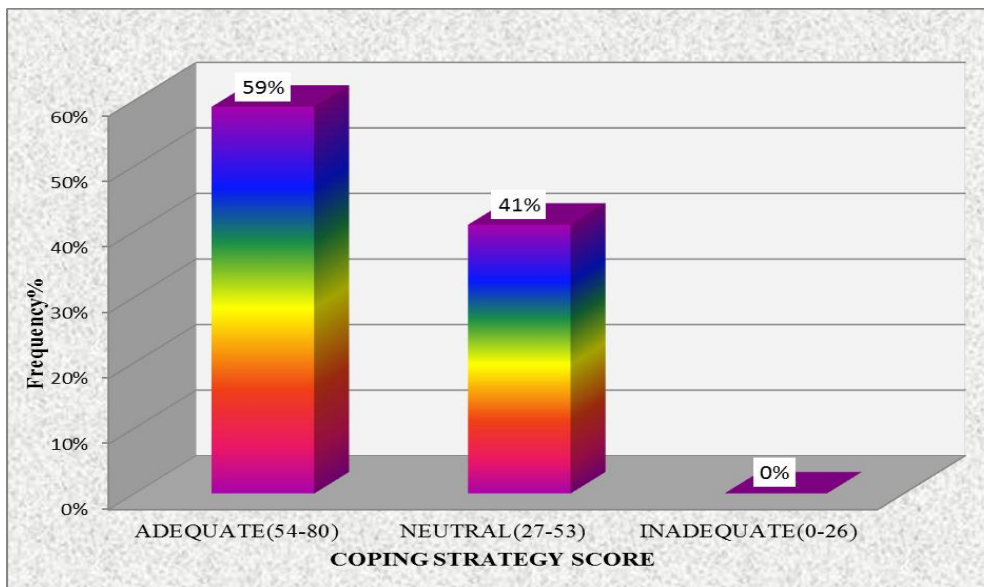
| Descriptive Statistics             | Mean  | SD    | Median | Maximum | Minimum | Range | Mean % |
|------------------------------------|-------|-------|--------|---------|---------|-------|--------|
| BURNOUT SYMPTOMS SCORE             | 24.57 | 13.38 | 22.50  | 63      | 0       | 63    | 30.7   |
| Maximum Score= 80 Minimum Score= 0 |       |       |        |         |         |       |        |

Table 3 shows that the mean of level of perceived burnout symptoms of staff nurses was 24.57 and standard deviation was 13.38 and median was 22.50 and range was 63 and mean percentage was 30.7%.

**Section III: Findings Related to Coping Strategies among Staff Nurses**

**Table 4: Frequency, Percentage Distribution of Staff Nurses in terms of Scores of Coping Strategies N=100.**

| CRITERIA MEASURE OF COPING STRATEGIES SCORE |               |                |
|---|---------------|----------------|
| Category Score                              | Frequency (f) | Percentage (%) |
| ADEQUATE(54-80)                             | 59            | 59             |
| NEUTRAL(27-53)                              | 41            | 41             |
| INADEQUATE(0-26)                            | 0             | 0              |
| Maximum Score=80 Minimum Score=0            |               |                |



**Figure 2.**

Table 4: and figure 2 reveals that maximum number of staff nurses used adequate coping strategies, 41% of staff nurses used neutral coping strategies.

**Table 5: Showing the Mean, Mean Percentage, Standard Deviation, Range and Median of Coping Strategies.**

| Descriptive Statistics             | Mean  | SD   | Median | Maximum | Minimum | Range | Mean % |
|------------------------------------|-------|------|--------|---------|---------|-------|--------|
| COPING STRATEGIES Score            | 55.98 | 9.56 | 56.00  | 73      | 28      | 45    | 70.0   |
| Maximum Score= 80 Minimum Score= 0 |       |      |        |         |         |       |        |

Table -5 shows that the mean of coping strategies used by staff nurses was 55.98, standard deviation was 9.56, range was 45, mean percentage was 70.0% and median was 56.00.

The chi-square test was used to determine the association between the score level of perceived burnout symptoms with selected demographic variables.

**Section IV Findings Related to the Association of Level of Perceived Burnout Symptoms with Selected Personal Variables**

This section deals with the findings related to the association between score and selected demographic

**Table 6: NS (P>0.05) Not significant N=100.**

| Personal Variables                      |                            | Levels(N=100)  |                  |              | Association with Burnout Symptoms Score |         |    |             |        |
|---|----------------------------|----------------|------------------|--------------|---|---------|----|-------------|--------|
| Variable                                | Opts                       | SEVERE BURNOUT | MODERATE BURNOUT | MILD BURNOUT | Chi Test                                | P Value | df | Table Value | Result |
| Age                                     | 20-23                      | 2              | 7                | 9            | 5.861                                   | 0.439   | 6  | 12.592      | NS     |
|   | 24-27                      | 2              | 15               | 41           |   |         |    |             |        |
|   | 28-31                      | 0              | 6                | 8            |   |         |    |             |        |
|   | More than 31               | 1              | 4                | 5            |   |         |    |             |        |
| Gender                                  | Male                       | 4              | 10               | 19           | 5.270                                   | 0.072   | 2  | 5.991       | NS     |
|   | Female                     | 1              | 22               | 44           |   |         |    |             |        |
| Marital Status                          | Married                    | 2              | 13               | 19           | 1.120                                   | 0.571   | 2  | 5.991       | NS     |
|   | Unmarried                  | 3              | 19               | 44           |   |         |    |             |        |
|   | Widow                      | 0              | 0                | 0            |   |         |    |             |        |
|   | Divorce                    | 0              | 0                | 0            |   |         |    |             |        |
| Education                               | ANM                        | 0              | 0                | 0            | 1.777                                   | 0.411   | 2  | 5.991       | NS     |
|   | GNM                        | 4              | 16               | 31           |   |         |    |             |        |
|   | B.Sc. Nursing              | 1              | 16               | 32           |   |         |    |             |        |
|   | M.Sc. Nursing              | 0              | 0                | 0            |   |         |    |             |        |
| Years of Experience                     | Less than one year         | 1              | 5                | 4            | 3.707                                   | 0.716   | 6  | 12.592      | NS     |
|   | 1-3 Years                  | 1              | 13               | 30           |   |         |    |             |        |
|   | 3-5 Years                  | 2              | 9                | 17           |   |         |    |             |        |
|   | More than 5 Years          | 1              | 5                | 12           |   |         |    |             |        |
| Working Hours per Day                   | 8 Hours per day            | 2              | 19               | 42           | 5.224                                   | 0.265   | 4  | 9.488       | NS     |
|   | 9-11 Hours per day         | 0              | 6                | 9            |   |         |    |             |        |
|   | More than 13 Hours per day | 3              | 7                | 12           |   |         |    |             |        |
| Area of Working                         | Emergency                  | 0              | 9                | 16           | 9.967                                   | 0.126   | 6  | 12.592      | NS     |
|   | OT                         | 0              | 8                | 17           |   |         |    |             |        |
|   | Intensive Care Unit        | 3              | 4                | 18           |   |         |    |             |        |
|   | Coronary Care Unit         | 2              | 11               | 12           |   |         |    |             |        |
| Timing of Duty                          | Morning                    | 1              | 11               | 29           | 6.425                                   | 0.377   | 6  | 12.592      | NS     |
|   | Evening                    | 1              | 10               | 18           |   |         |    |             |        |
|   | Night                      | 3              | 7                | 12           |   |         |    |             |        |
|   | General                    | 0              | 4                | 4            |   |         |    |             |        |
| Attended Continuing Education Programme | Yes                        | 0              | 5                | 10           | 0.930                                   | 0.628   | 2  | 5.991       | NS     |
|   | No                         | 5              | 27               | 53           |   |         |    |             |        |
| Extra Duty Hours                        | One                        | 0              | 3                | 10           | 9.970                                   | 0.267   | 8  | 15.507      | NS     |
|   | Two                        | 0              | 5                | 12           |   |         |    |             |        |
|   | Three                      | 2              | 5                | 7            |   |         |    |             |        |
|   | More than three            | 2              | 14               | 15           |   |         |    |             |        |
|   | Nil                        | 1              | 5                | 19           |   |         |    |             |        |

Table-6 shows that Chi test computed between level of perceived burnout symptoms and personal variables of staff nurses. It shows that no significant association between level of perceived burnout symptoms and personal variables of staff nurses at 0.05 level of significance.

**Section V: Findings Related to the Relationship of Level of Perceived Burnout Symptoms with the Coping Strategies among Staff Nurses**

**Table 7: (P<0.05), \*significant at 0.05 level of significance.**

| Pearson's Correlation | Pair1                  |                         |
|-----------------------|------------------------|-------------------------|
|                       | BURNOUT SYMPTOMS Score | COPING STRATEGIES Score |
| Mean                  | 24.57                  | 55.98                   |
| SD                    | 13.380                 | 9.560                   |
| N                     | 100                    |                         |
| Correlation           | -0.260                 |                         |
| Table Value           | 0.197                  |                         |
| P Value               | 0.009                  |                         |
| Result                | Significant*           |                         |

**Table 9** shows that Pearson correlation was computed between the Perceived Burnout Symptoms and coping strategies of staff nurses at 0.05 level of significance. This indicated that the staff nurses who were having higher Perceived Burnout Symptoms were not using healthy/positive coping strategies.

**DISCUSSION**

Some researchers have been conducted in nation and international arena to assess the level of perceived burnout symptoms and coping strategies among staff nurses. The discussion has been presented here in context of findings revealed by the researcher.

**1. Findings Related To Level Of Perceived Burnout Symptoms**

- The present study findings revealed that maximum number 63 (63%) of staff nurses were having mild burnout, 32 (32%) of staff nurses had moderate burnout and 5 (5%) of staff nurses had severe burnout.
- Similar study was conducted by Cishahayo EU et al. (2017) to determine the level of burnout among nurses working in ICU and emergency department. Results were found high level of burnout among 61.7% of the participants under study. High workload and intention to leave were associated with burnout (p<0.05). Burnout was measured by high emotional exhaustion 29 (48.3%), high depersonalization 15 (25%) and low personal accomplishment 30 (50%). The high level of burnout identified among ICU and emergency department nurses is mainly associated with high workload and intention to leave the work within next 12 months.

**2. Findings related to coping strategies among staff nurses**

- The present study findings revealed that maximum number of staff nurses 59 (59%) used adequate coping strategies, 41 (41%) of staff nurses used neutral coping strategies.
- Similar study was conducted by **Kakade, Kakade, and Devi (2014)**, examined the factors responsible workplace stress and coping abilities of nurses caring for patients in intensive care units. The study

showed that majority (59%) had good coping abilities and 41% of nurses had average coping abilities. There no demographic variables of nurses on their stress or coping abilities. It revealed that there was no significant association between the level of stress and coping abilities.

**3. Findings related to association of level of perceived burnout symptoms with selected personal variables.**

- The present study findings revealed that there was no association present between the level of perceived burnout symptoms with selected personal variables.
- A study conducted to examine the level of burnout among nurses and its association with socio-demographic variables. It was found that a statistically significant association is seen between the socio-demographic variables and years of experience and type of coping method at p<0.05 level by **Ms. Rajeswari H., Dr. B. Sreelekha (2015)**.

**4. Findings related to the relationship between level of perceived burnout symptoms with the coping strategies among staff nurses.**

- The present study finding revealed that there is significant negative correlation was present between perceived burnout symptoms and coping strategies.
- Similar study was conducted by **Shiji, Sequera & Mathew (2016)**, investigated stress and coping among married staff nurses. It was found that the coping strategies used by nurses included planful problem solving, confrontive coping, self-control, and seeking social support. Other ways included escape/avoidance and accepting responsibility. The least coping strategy used by the nurses in the area of escape avoidance. It revealed that significant negative relationship between stress and coping strategies. No association was found between perceived stress level and coping strategies with the demographics of the nurses.

**CONCLUSION**

Based on present finding 5% of staff nurses were having severe burnout and 32% have moderate burnout and remaining 63% have mild burnout among staff nurses.

Based on present finding 59% of staff nurses have adequate coping strategy score and 41% have neutral coping strategy score.

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Ethical Clearance: - The clearance was taken from the hospital ethical committee.

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