

BURNOUT IN HEALTHCARE SECTOR: WITH SPECIAL REFERENCE TO NURSING STAFF

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ABSTRACT

Healthcare sector is the back bone of any economy across the world and the success of the sector rests on motivated and efficient healthcare workforce. Since the very nature of the job profile of healthcare staff involves their continuous interaction with 'people', they are more susceptible to experience burnout which in the long run is detrimental to their own interest as well as to the interest of the healthcare sector, patients and society at large. Nursing has been recognized as an inevitably stressful profession and thus burnout is a real issue for nursing staff and imposes a serious threat to the healthcare system. This article is an attempt to explore the issue of burnout in nursing, its causes and suggests ways for its reduction.

KEYWORDS: *Healthcare Sector Healthcare Workforce, Psychological Pressures.*

Introduction

Job is one of the most important aspects of an individuals' life. It not only provides means of sustenance for an individual but is also associated with his/her physical and mental well being in the long run. With the rampant globalization and technological advancement work scenario has been changing dramatically. Keeping pace with latest technology, meeting the expectations of both the employer and customers, cut throat competition and fierce materialism are responsible for increase in the stress levels of an individual both at the work front as well in the personal domain. In the work domain, multiple job responsibilities and expectations may initiate stress in an individual and prolonged exposure to stressful situations and psychological pressures may lead to burnout syndrome. Individuals are exposed to a variety of stressors while at work, though some of the stress may be alleviated through effective coping skills remaining, unrelieved stress leads to strain which, in turn, can result in burnout (Barrik, 1989). Burnout thus, is the result of negative work experience. It has been recognized as a state of physical, emotional and mental exhaustion resulting from long-term involvement in situations that are demanding emotionally and require care taking duties (Jackson & Maslach 1982; Schaufeli & Greenglass 2001). The concept emerged in 1970s in the United States and was particularly related to people working in human services, thus it was initially conceptualized to have its roots in the jobs which had provider and recipient relationship. Due to the continuous involvement with the clients and their problems, human service providers often experience stress. This stress may result in feelings of emotional and physical exhaustion, cynicism, attempts to distance oneself from patients/clients, and a sense of absence of personal accomplishment. Burnout thus, initiates feeling of hopelessness, often leading to disengagement and detachment.

Healthcare is one such sector in which working with and working for human beings is inherent. As growth and development of any economy depends on its healthy human resources, a healthcare sector with the ability of maintaining a disease free society is mandatory. Due to special importance of healthcare sector and the fact that its efficiency is highly dependent on the performance of its staff,

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healthy and highly motivated personnel are much required in this care giving setting. However, researchers over the years have indicated prevalence of high levels of stress and burnout in healthcare workers. With a 24*7 working hour requirement, witnessing sufferings and death on regular basis, schedule inflexibility and with heavy work demands health care settings are generally not perceived to be the best of the work places. Of all the health care professionals, nurses are more susceptible to develop burnout syndrome. Work overload, lack of task clarity, emotional demand, conflicts with physicians, understaffing, lack of job control, demanding patients are few of the factors which make nursing profession highly susceptible to burnout. Researchers have indeed suggested presence of burnout among nursing professionals (Aiken et al., 2002; Sabbah et al., 2012).

Healthcare Sector and Nursing in India

In India, healthcare industry comprises of hospitals (private and government), medical equipments and supplies, pharmaceuticals, health insurance, medical tourism, telemedicine and diagnostics. The sector is displaying an upsurge in current times. Indian healthcare industry as in the year 2016 was valued at 110 billion USD and was reported to project a compounded annual growth rate of 22%(as per Assocham report) and it is expected to reach 127 billion USD by 2022 (Investment Commission of India). Hospitals which accounts for 80% of the total healthcare market, is generating hefty investments from global as well as domestic investors. Healthcare sector is also as one of the biggest employer of human resources as its primary function of imparting health services can't take place without employing human hands. Indian healthcare industry is expected to employ workforce of 7.4 million by 2022 as from 3.6 million in 2013 (Report by KPMG and FICCI). Despite these fascinating numbers the country is facing serious health challenges due to its ageing population, growing disease burden and lower budget allocation for health. The demand for healthcare services is expected to increase manifold in near future and to meet this demand, the sector calls for a greater number of healthcare practitioners. As estimated, by 2030 India will need 2 million doctors, 6 million nurses'. However the country in the present time itself is failing to meet the requirement of requisite health care staff and is facing serious shortage of human resources. WHO statistics 2014, suggested that India has minimum doctor to patient ratio of 0.7: 1000 as compared to 1:1000 stipulated by World Health Organization. Similarly, in comparison to World Health Organization's stipulated minimum ration of 2.5:1000, India has only 1.7 nurses per 1,000 patients. This creates a requirement of additional 0.9 million doctors and 2.4 million nurses to meet the growing demand. World Health Organization report (2013) highlighted various factors like poor working conditions, lack of participation in decision-making, limited opportunities for career mobility and excessive workloads which lead to migration of health care staff, resulting in their shortages particularly in developing and underdeveloped countries. Such a scenario creates alarming situation for existing staff leading to stress and strain impacting their efficiency in imparting care taking duties.

Doctors and nurses are the prominent pillars on which medical profession rests. Both are complimentary to one another and have to coexist in harmony to provide best of medical services to the society. However in India, nurses are simply treated as care providers while the profession of a doctor is held with high esteem. In terms of status, the job of physician is considered more dignified than that of a nurse. Rather than being considered as partners in health care the role of nurses in health services is quite under estimated as mere care takers. Research on nurses job satisfaction and their working conditions is very limited in India, but reports do indicate that there is lack of clarity on nursing career pathways and mechanisms for promotion; except for best corporate hospitals, in-service training is rare; salary is low, especially in small private hospitals; and working conditions are often inadequate, lacking sufficient staff, equipment and infrastructure. Emphasis on investment in nursing education is grossly neglected, making it a profession surviving on the margins. Though nurses are the crucial support system for imparting effective patient care in any healthcare system, but Indian nurses are confronted with exploitation in terms of low salaries, lack of respect and dignity at the work places and lack of job security. With high job expectations, persistent situational stress, emotionally demanding nature of their job and continuous witnessing of pain and sufferings make them more prone to burnout. Prolonged and constant exposure to stressful work-environment has been recognized as a key problem leading to burnout among nurses (Kar & Suar, 2014). Researchers have indeed suggested presence of burnout among nursing professionals (Aiken et al., Sabbah et al.,2012).

Factors Leading to Nurse Burnout

Nurses are the healthcare specialists, who are trained for the treatment, safety, and recovery of acutely, or chronically ill or injured people, health maintenance of the healthy, and treatment of life-threatening emergencies in a wide range of health care settings (Muthuswamy, 2009). The profession essentially consists of stressors emanating from the work environment which are part and parcel of the job itself. Nursing has been recognized as one of the most stressful occupations and exposure to intrinsic work stressors increase the probability of burnout among nursing staff.

Shift work is an integral part of nursing profession. It implies working in non- standard hours, that is, outside the normal day schedule of 9 to 5. Nursing shifts are generally classified as day, evening or night shifts to deliver care around-the-clock. Shifts are approximately of either eight hours (day, evening, night shifts) or 12 hours (day, night shifts) and are either fixed or rotating in nature. Nurses generally do not have a say in deciding the duty roaster and have to adjust as per the shift allotted to them. Juggling between morning, evening and night shifts and managing household responsibilities is quiet an ardent task leading to frequent fatigue causing emotional exhaustion and cynicism. Night shifts are particularly related to high burnout levels, job dissatisfaction and undesirable health effects (Demir et al., 2003; Ferri et al., 2016). Kane,P.(2009) in the study of Indian nurses reported that night shift disturbs their family life and stress of shift work impacts their health leading to digestive disorders and heart diseases. Rathore et al., 2012 in their study found that due to shift work nurses in India are confronted with problems in maintaining social relations, handling domestic situations, faced health issues and complained of fatigue. Research has also suggested that shift workers are more prone to burnout than those having normal work schedule (Demir et al., 2003; Stimpfel et al., 2012;Wisetborisut,2014) .Shift work is reported as an important predictor of burnout among Indian nurses, particularly its component of emotional exhaustion(Kar & Suar,2014).

Another concern is the amount of work this section of health care workers is expected to perform and the responsibilities they are expected to discharge. With the overall shortage of nurses across the world, it is quite apparent that the work load for the existing staff in the form of nurse patient ratio would be high and hospitals would be understaffed. This leads to hectic work days, sometimes even working during the break time. Extension of shift time and working long hours is a norm in this profession. In fact in hospital settings work shift of 12 hours or more is quite common and even popular with nursing staff (Stimpfel et al., 2012). However, researchers have often pointed out that nurses working in a shift of 10 hours or more have greater tendency to experience burnout in terms of high emotional exhaustion and depersonalization and low personal accomplishment (Stimpfel et al., 2012; Dall'Ora et al., 2015). Hipwell et al., 1989 in their study reported heavy workload and the death of patients as the two major sources of stress for nurses. Relationship between nurses and patients becomes a major source of stress when the patient is demanding and difficult to satisfy and nurses have to put in extra effort for patient satisfaction leading to a further increase in their work load. Change in health care structure, new technologies and financial considerations of treatment such as reduction in length of hospital stay and focus on cost-effective quality of care also results in increased workload for the nurses (Garrett and McDaniel, 2001). Lack of adequate staff to provide necessary services and dealing with inexperienced workers increase their workload leading to their exposure to multiple stressful situations on regular basis making them more vulnerable of being burned out. In India, too much work, time pressure, and tiring job with insufficient time for rest and meals has been identified as few of the major occupational stressors among nurses (Sharma et al., 2014). Kar &Suar (2014) found work load, among other work stressors to be positively related with emotional exhaustion in Indian nurses.

Job of a nurse involves taking instructions from multiple authorities. Due to multiplicity of command from doctors, nursing supervisors and hospital administrator's role conflict may be felt by nurses. Role conflict occurs when employees are confronted with incongruent expectations and incompatible demands with regard to their behavior to fulfill their role (Kahn et al., 1964; Rizzo et al., 1970). Many a times instructions received from different sets of people create conflicting demands leading to conflict and confusion in discharging responsibilities causing increase in stress levels. Role conflict has been recognized as a universal antecedent of burnout across countries and cultures (Etzion and Bailyn, 1994). Several researchers have identified role conflict as a factor contributing positively to emotional exhaustion and disengagement of nursing professionals (Lee & Ashforth, 1996; Piko, 2006; Dasgupta, 2012; Kar & Suar, 2014). A positive association between role conflict and burnout has been revealed by various studies (Lee & Ashforth, 1996; Peeters et al., 2005).

Role ambiguity is another stressor that has been linked with burnout. It is defined as a situation in the work place where responsibilities associated with the job or activities required to perform the job are not well defined, creating uncertainty about the role content. Role ambiguity is largely associated with stress, job dissatisfaction and turnover intentions. Low personal accomplishment component of burnout syndrome is strongly related to role ambiguity (Olivares-Faundez Victor E. et al., 2014). Researchers have also suggested that often both role conflict and role ambiguity can occur at the same time and increase in role conflict may cause intensification of role ambiguity and vice versa (Rogers et al., 1994). Nurses need to have clear goals, roles and be equipped with knowledge in practice in order to effectively perform. Vagueness and lack of clarity contributes to frustration, poor job performance, job dissatisfaction which lead to stress (Ndawula, 2016). Kar and Suar (2014) in their study of Indian nurses concluded that role ambiguity was one of the predictors of emotional exhaustion, depersonalization and reduced personal accomplishment component of burnout among nurses while role conflict was found to be one of the predictors for emotional exhaustion. Miller (1987) in the study of medical surgical staff nurses indicated that nurses experienced high levels of depersonalization, emotional exhaustion, role conflict and role ambiguity, and only average levels of feelings of personal accomplishment. Ayoubian et al., 2015 through their study confirmed a statistically significant relationship between physical environment, occupational conflict, and role ambiguity with stress component. Dasgupta (2012), reported that increase in role overload, role conflict and role ambiguity leads to augmentation of disengagement and exhaustion in Indian nurses and suggested that enhancement of self efficacy may lead to its reduction.

Another prominent predictor of burnout has been identified as lack of work life balance. Guest (2002) has defined work life balance as "a perceived balance between work and the rest of life". Balance between paid work and non paid activities performed by an individual is desirable and once it is achieved it leads to contentment. Empirically, several researchers have identified a link between work-family conflict/lack of work life balance and job burnout. They found that high levels of work-family conflict were correlated with high levels of job burnout (Etzion and Bailyn, 1994; Allen, et al., 2000; Brauchli et al., 2011). Lack of work-life balance leads to potential burnout impacting both work ability and home life. Kawamura and Suzuki (2014) in their study suggested that nurse burnout can be prevented by improving the level of work life balance. Bacharach et al., 1991 in their study of nurses and engineers concluded that role conflict and role overload have both direct and indirect effect on burnout and job satisfaction through work home conflict. Leineweber et al., 2014 in their study also reported high emotional exhaustion in Swedish nurses due to high work family conflict. Indian nurses also face problems of balancing work and non work activities due to shift work, work schedule inflexibility, excessive work load and low job control which may accentuate the feeling of stress and burnout in them.

Reducing Nurse Burnout

Burnout has negative consequences for the employer, employee as well as for the receiver of services. In the health care, the consequences of nurse burnout are even more severe as it impact both the quality of care delivered along with patient well being. Thus, strategies to mitigate burnout among healthcare professional become all the more important. Efforts are required both at the work front as well as at the personal level. In the work arena, regular interaction among the staff in the form of excursions or meetings promotes cordial relations among them and provides a platform to exchange feelings and emotions. Decent salary and job security can go a long way in reducing apprehensions and making the job fulfilling. Grievance redressal cell for nurses should be established so that their concerns can be heard and addressed, to help them to discharge their work responsibilities with minimal stress. Workplace should be sufficiently staffed, work demands should be reasonable with proper delegation of authority and responsibility to minimize the issue of work overload, conflict and ambiguity. A work place culture where nurses' day off and vacation time is respected, quick departures after shifts and voluntary overtime are encouraged should be developed by nursing leadership (Stimpfel et al., 2012). Offering advanced technology and regular training may resolve work load issues and stress associated with it. Conducting yoga and meditation sessions at work place may also relieve staff of their job fatigue. Flex time opportunity in the form of shift schedule flexibility may be particularly important for health care professionals as, on one hand it may provide them with the opportunity of adjusting their work schedule in line with the requirements of their personal life, improving work life balance and on the other hand, simply having the possibility of being able to influence the shift schedule could reduce feelings of stress (Munir et al., 2012) and intention to leave.

As nursing is a physically demanding profession and involve continuous human interaction, thus it becomes more prone to burnout. Effort on the part of nurses themselves hence becomes quiet imperative to solve the burning issue of burnout. With a profession that is meant to provide care to others, it becomes all the more important for the caretaker to spare sometime intentionally to take care of themselves. Meditations, yoga, exercises, adequate sleep, healthy diet with plenty of water intake are few small steps that can help in confronting the work pressure with ease. Tendency to vent out emotional burden by confiding in a trusted friend or family member can reduce the likelihood of experiencing burnout. Inculcating a flexible and optimistic approach towards life by accepting things which are beyond control and which cannot be changed rather than striving for perfection, can also help in burnout reduction.

Conclusion

Burnout among healthcare professionals has serious repercussions for the employing hospital, patients and society at large. Efforts should be made both by the employer and the employee to manage and minimize stressors that accentuate the likelihood of burnout. Policies facilitating manageable working hours, adequate staffing, fexi timing, better working environment should be developed for a healthy nursing workforce, prepared to manage the complex care needs of patients and their families.

References

- ✧ Aiken, L. H., Clarke, S. P., Sloane, D. M., Sochalski, J., & Silber, J. H. (2002). Hospital nurse staffing and patient mortality, nurse burnout, and job dissatisfaction. *Jama*, 288(16), 1987-1993.
- ✧ Allen, T. D., Herst, D. E., Bruck, C. S., & Sutton, M. (2000). Consequences associated with work-to-family conflict: a review and agenda for future research. *Journal of occupational health psychology*, 5(2), 278.
- ✧ Bacharach, S. B., Bamberger, P., & Conley, S. (1991). Work-home conflict among nurses and engineers: Mediating the impact of role stress on burnout and satisfaction at work. *Journal of organizational Behavior*, 12(1), 39-53.
- ✧ Brauchli, R., Bauer, G. F., & Hämmig, O. (2011). Relationship between time-based work-life conflict and burnout. *Swiss Journal of Psychology*.
- ✧ Chakraborty R, Chatterjee A, Chaudhury S (2012) Internal predictors of burnout in psychiatric nurses: An Indian study. *Ind Psychiatry J* 21: 119.
- ✧ Dall'Ora, C., Griffiths, P., Ball, J., Simon, M., & Aiken, L. H. (2015). Association of 12 h shifts and nurses' job satisfaction, burnout and intention to leave: findings from a cross-sectional study of 12 European countries. *BMJ open*, 5(9), e008331.
- ✧ Dasgupta, P. (2012). Effect of role ambiguity, conflict and overload in private hospitals' nurses' burnout and mediation through self Efficacy. *Journal of Health Management*, 14(4), 513-534.
- ✧ Ebbers, J. J., & Wijnberg, N. M. (2017). Betwixt and between: Role conflict, role ambiguity and role definition in project-based dual-leadership structures. *Human Relations; Studies towards the Integration of the Social Sciences*, 70(11), 1342–1365. <http://doi.org/10.1177/0018726717692852>
- ✧ Garrett, D. K., & McDaniel, A. M. (2001). A new look at nurse burnout: the effects of environmental uncertainty and social climate. *Journal of Nursing Administration*, 31(2), 91-96.
- ✧ Guest, D. E. (2002). Perspectives on the study of work-life balance. *Social Science Information*, 41(2), 255-279.
- ✧ Henry, B. J. (2014). Nursing Burnout Interventions. *Clinical Journal of Oncology Nursing*, 18(2).
- ✧ Hipwell, A. E., Tyler, P. A., & Wilson, C. M. (1989). Sources of stress and dissatisfaction among nurses in four hospital environments. *British Journal of Medical Psychology*, 62(1), 71-79.
- ✧ Jackson, S. E., & Maslach, C. (1982). After-effects of job-related stress: Families as victims. *Journal of organizational behavior*, 3(1), 63-77.
- ✧ Kane, P. P. (2009). Stress causing psychosomatic illness among nurses. *Indian Journal of Occupational and Environmental Medicine*, 13(1), 28–32. <http://doi.org/10.4103/0019-5278.50721>
- ✧ Kar, S., & Suar, D. (2014). Role of burnout in the relationship between job demands and job outcomes among Indian nurses. *Vikalpa*, 39(4), 23-38.

- ✧ Kawamura Harumi & Suzuki Eiko (2014), A Study of the Relationships between Work Life Balance and Burnout in Hospital Nurses, *Journal of Japan Academy of Nursing Science*, <https://doi.org/10.5630/jans.34.131>
- ✧ Lee, R. T., & Ashforth, B. E. (1996). A meta-analytic examination of the correlates of the three dimensions of job burnout. *Journal of applied Psychology*, 81(2), 123.
- ✧ Leineweber, C., Westerlund, H., Chungkham, H. S., Lindqvist, R., Runesdotter, S., & Tishelman, C. (2014). Nurses' practice environment and work-family conflict in relation to burn out: a multilevel modelling approach. *PLoS One*, 9(5), e96991.
- ✧ LePine, J. A., Podsakoff, N. P., & LePine, M. A. (2005). A meta-analytic test of the challenge stressor-hindrance stressor framework: An explanation for inconsistent relationships among stressors and performance. *Academy of management journal*, 48(5), 764-775.
- ✧ Jackson, S. E., & Maslach, C. (1982). After-effects of job-related stress: Families as victims. *Journal of organizational behavior*, 3(1), 63-77.
- ✧ Miller, W. (1987). Role conflict, role ambiguity, and burnout among medical-surgical staff nurses. https://ecommons.luc.edu/cgi/viewcontent.cgi?article=4517&context=luc_theses
- ✧ Muthusamy, Eswari, Job Satisfaction: A Study Among Hospital Nurses in Coimbatore, India (July 1, 2009). Available at SSRN: <http://dx.doi.org/10.2139/ssrn.1428444>
- ✧ Ndawula, M. (2016). BURNOUT AMONG STAFF NURSES: Examining the causes, coping strategies and prevention.
- ✧ Olivares-Faúndez, Víctor E., Gil-Monte, Pedro R., Mena, Luis, Jélvez-Wilke, Carolina, Figueiredo-Ferraz, Hugo, Relationships between burnout and role ambiguity, role conflict and employee absenteeism among health workers. *Terapia Psicológica [en línea]* 2014
- ✧ Piko, B. F. (2006). Burnout, role conflict, job satisfaction and psychosocial health among Hungarian health care staff: A questionnaire survey. *International journal of nursing studies*, 43(3), 311-318.
- ✧ Raftopoulos, V., Charalambous, A., & Talias, M. (2012). The factors associated with the burnout syndrome and fatigue in Cypriot nurses: a census report. *BMC Public Health*, 12(1), 457.
- ✧ Rathore, H., Shukla, K., Singh, S., & Tiwari, G. (2012). Shift work-problems and its impact on female nurses in Udaipur, Rajasthan India. *Work*, 41(Supplement 1), 4302-4314.
- ✧ Rizzo, J. R., House, R. J., & Lirtzman, S. I. (1970). Role conflict and ambiguity in complex organizations. *Administrative science quarterly*, 150-163.
- ✧ Rogers, J. D., Clow, K. E., & Kash, T. J. (1994). Increasing job satisfaction of service personnel. *Journal of services Marketing*, 8(1), 14-26.
- ✧ Schaufeli, W. B., & Greenglass, E. R. (2001). Introduction to special issue on burnout and health. *Psychology & health*, 16(5), 501-510.
- ✧ Vokhlacheva, A., Shakori, A., & Farzanehkari, P. (2018). Prevention of burnout among nursing staff: A literature review. <https://www.theseus.fi/bitstream/handle/10024/.../Thesis%20January%202018.pdf>
- ✧ World Health Organization. (2013). WHO nursing and midwifery progress report 2008-2012 <https://www.investindia.gov.in/sector/healthcare>
- ✧ <https://www.scribd.com/document/29217902/Employee-Burnout-in-the-Health-Care-Sector>
- ✧ <https://economictimes.indiatimes.com/industry/healthcare/biotech/healthcare/indian-healthcare-sector-to-grow-to-280-billion-by-2020-report/articleshow/48742696.cms>
- ✧ <https://www.thehindubusinessline.com/news/by-2030-india-will-need-2-m-doctors-6-m-nurses/article22970727.ece>
- ✧ cna-aic.ca/~media/cna/files/safe-staffing-toolkit/Flexible-Working-Practices.pdf
- ✧ <https://degree.utpb.edu/articles/nursing/worklife-balance-for-nurses.aspx>

