

Prevalence of Burnout Syndrome Among Male Psychiatric Nursing Assistants Working in Public and Private Hospitals in Rawalpindi

Saima Kafeel, Saira Javed*, Shoaib Kiani, Shazia Khalid*, Sana Siddiqui**, Syed Babar Saleem***

Department of Psychology, General Headquarter, Rawalpindi Pakistan, *Department of Psychology, National University of Medical Sciences (NUMS) Rawalpindi Pakistan, **Department of Medical Education, Army Medical College/National University of Medical Sciences (NUMS) Rawalpindi Pakistan, ***Department of Psychology, Selection Center, Rawalpindi Pakistan

ABSTRACT

Objectives: To find out the prevalence of burnout syndrome among male psychiatric nursing assistants working in public and private hospitals. To explore relationship between burnout and job satisfaction in male psychiatric nursing assistants working in public and private hospitals.

Study Design: Cross-sectional study.

Place and Duration of study: Public and Private hospitals of Rawalpindi Pakistan, over a six-month period.

Methodology: Total of 100 male psychiatric nursing assistants 50 from one Public and 50 from three Private hospitals of Rawalpindi). Data was collected using ProQOL-5 which includes subscales i.e., burnout syndrome, compassion fatigue and compassion satisfaction.

Results: Burnout syndrome was found in 100(59%) of the sample, 100(88%) of the sample was at risk of fatigue and trauma, lastly 100(69%) of the nursing assistants were not satisfied with their job but the difference in prevalence between public and private hospitals was not significant. Also, there was a significant negative correlation between burnout syndrome and compassion satisfaction ($r=-0.261$, $p=0.03$).

Conclusion: Burnout among psychiatric nurses is prevalent among both public and private sector nurses which leads to a decrease in their job satisfaction and thus impacts their productivity and efficiency. Therefore, policies should be made to regulate working hours and conditions of nurses to combat burnout and incentives should be introduced to improve their job satisfaction.

Keywords: Burnout syndrome, Compassion fatigue, Compassion satisfaction. Prevalence, Psychiatric nursing assistants.

How to Cite This Article: Kafeel S, Javed S, Kiani S, Khalid S, Siddiqui S, Saleem SB. Prevalence of Burnout Syndrome Among Male Psychiatric Nursing Assistants Working in Public and Private Hospitals in Rawalpindi. *Pak Armed Forces Med J* 2023; 73(5): 1493-1497. DOI: <https://doi.org/10.51253/pafmj.v73i5.11075>

This is an Open Access article distributed under the terms of the Creative Commons Attribution License (<https://creativecommons.org/licenses/by-nc/4.0/>), which permits unrestricted use, distribution, and reproduction in any medium, provided the original work is properly cited.

INTRODUCTION

Healthcare has been widely acknowledged to be a stressful occupation, combined with shortage of human resources and high service demands. Although stress is a part of this occupation, but nurses face highest level of stress and burnout as compared to other healthcare professions as they are the first responders available to patients, nurses spend a significant amount of time dealing with their needs ultimately leading to burnout.¹ Maslach and Jackson in 1981 defined burn out syndrome as a three-dimensional syndrome which is characterized by emotional exhaustion, depersonalizations and low levels of personal achievement. One experience emotional exhaustion in the form of fatigue or diminished energy while depersonalization is manifested in the form of negative attitude and response towards others present at workplace. Lastly, feeling oneself as incompetent with regards to both personal and job performance leads to

feeling reduced personal achievement.² Another factor of burnout is compassion fatigue that is reported among workers who belong to care provider profession.³ Compassionate care during healthcare provision is compromised by several factors like compassion satisfaction, compassion fatigue and burnout in nursing.⁴ These symptoms manifest themselves when a nurse finds it difficult to adapt to increasing work demands and there are insufficient opportunities of professional training for healthcare workers to support them in their job.⁵ Also, the organization's failure to address the provision of sufficient and specialized human resources in psychiatric wards has resulted in an augmented workload for nurses, restricted time for consistent patient interactions, mental fatigue, and decreased job satisfaction.⁶

In light of these negative outcomes of burnout syndrome, it is instrumental to know about the profiles of people who are at risk of developing this syndrome so that policies and programs can be developed for preventing and treating burnout syndrome.^{7,8} Additionally, socio-demographic variables like gender, marital

Correspondence: Dr Saima Kafeel, General Headquarter, Rawalpindi Pakistan

Received: 19 Oct 2023; revision received: 29 Oct 2023; accepted: 31 Oct 2023

status etc. have also been found to be important variables of burnout.^{9,10} Most of the studies conducted previously to study burnout included samples of nurses who were working in different units. This entailed that due to differences in fields (e.g., primary care, emergency or accident), their experiences were also varied.¹¹ There has been meta-analytical studies and systematic reviews which focused on absence of information regarding risk factors of burnout and prevalence of burnout syndrome among nurses working in specific units including accident and emergency and pediatrics.¹² Hence, mental health nurses are vulnerable as they are exposed to certain risk factors and thus the prevalence of burnout among mental health nurses may differ from those working in other healthcare departments.¹³

There is limited literature on the prevalence of burnout among male psychiatric nursing assistants of government and private hospitals as rewards and incentives vary. In order to improve the quality of health care services provided, a review of the efficiency of nurses is important. Accordingly, the objectives of this research were to find out the prevalence of burnout syndrome among male psychiatric nursing assistants who are working in public and private hospitals and to explore the relationship between burnout syndrome and job satisfaction among male psychiatric nursing assistants.

METHODOLOGY

It was a Cross Sectional study which included 100 male psychiatric nursing assistants from one public and three private hospitals located in Rawalpindi Pakistan (50 from each sector). The sample size for the survey was calculated by using the following parameters: confidence level= 95%, confidence interval =5%, percentage 50% and population size =135, yielding an estimated sample size of 100 (Creative Research Systems 2012:1). Purposive Sampling technique was used for collecting data.

Inclusion Criteria: were all permanent male nursing staff providing direct care.

Exclusion Criteria: were the male nursing staff not involved in direct patient care.

Data was collected using a demographics sheet and Professional Quality of Life (ProQOL). Demographics was used to ask about basic demographic information regarding sex, age, marital status, family setup, education level, profession and working hours. Professional Quality of Life (ProQOL) consists of three

subscales scales i.e., compassion satisfaction, burn out and secondary traumatic stress scale and each subscale consists of ten items each. It was designed by B. Hundall Stamm and in this study, its fifth version was used.¹⁴ The items were rated on a 5-point Likert scale (1-5) with 1 being Never and 5 being Very often. Items 1,4,15,17 & 29 were reverse coded items. Each subscale had its own cut-off scores, and description of categories also vary. For burnout subscale, score of 18 and below is categorized as no burnout, score 19-26 reflect Mild issues and score of 27 and above is categorized as having burnout syndrome. In case of Compassion fatigue/trauma, below 8 shows no issue, score of 9 to 16 is considered average score and score above 17 shows at risk of having fatigue and trauma. Lastly, for compassion satisfaction, score below 33 shows that a person is not satisfied, score between 34-41 is average satisfaction and score above 42 shows good professional satisfaction. It is a validated tool and has been used previously. In present study, all subscales showed moderate to good reliability with Cronbach's alpha of 0.531 for burnout, 0.590 for compassion fatigue and 0.700 for compassion satisfaction.

Initially, permission from department heads was taken to approach nurses working in their department. After getting their permission, nurses were approached, and they were briefed about the purpose of this study. After giving an introduction about the aim of research, they were asked about their willingness to participate and availability. Those who showed willingness were asked to sign an informed consent form and were given directions to complete the questionnaire. The researcher told them to answer each question and ask if they are unable to understand any question. After completing each form, the researcher reviewed if it has been filled in completely and in case of missing item, reminded the participant to fill it. Data was analyzed using SPSS 24. Reliability of all the scales used in this study was tested using coefficient alpha reliability. To test relationships between subscales of ProQOL, Pearson Correlation (r) was calculated between all subscales. Whereas an independent sample t test to check the difference between the two groups i.e., private/public hospitals was done.

RESULTS

The sample obtained comprised of 100 male psychiatric nursing assistants, 50 of which were from public sector hospitals and 50 were from private sector. Details about sample characteristics are explained below in Table-I. The majority of the participants (60%)

Prevalence of Burnout Syndrome

were between the ages of 20 and 35, about 43% had done Intermediate and 64% were working between 9-12 hours daily.

Table I: Sample characteristics of male psychiatric nursing assistants (n=100)

Variables	Categories	Frequency (%)
Age	20-35	60(60%)
	36-52	40(40%)
Education	Matric	16(16%)
	Intermediate	43(43%)
	Bachelors	34(34%)
	Masters	7(7%)
Profession	Private Hospital	50(50%)
	Public Hospital	50(50%)
Working Hours	6-8	36(36%)
	9-12	64(64%)

The prevalence of burnout syndrome, compassion fatigue/trauma and compassion satisfaction among male psychiatric nursing assistants was explored and Table-III shows its findings. It was found that about 59% of nursing assistants had burnout syndrome, 88% were at risk of fatigue and trauma and about 69% were not satisfied with their job. However, while exploring the difference between the prevalence of these variable among public and private sector nursing assistants, the numbers showed some difference, but it was not significant (p -value >0.05).

Table II: Prevalence of burnout syndrome, compassion fatigue/trauma and compassion satisfaction among male psychiatric nursing assistants (n=100)

Subscales Pro QOL	Total Prevalence (%)	Prevalence among Nursing assistants working at	
		Public (n=50)	Private (n=50)
Burnout			
Not burn out (Below 18)	3(3%)	2(4)	1(2)
Mild Issue (19-26)	38(38%)	17(34)	21(42)
Burn out (27 and above)	59(59%)	31(62)	28(56)
Compassion Fatigue/Secondary Trauma			
No issue (below 8)	--	--	--
Average score (9-16)	12(12%)	5(10)	7(14)
Risk of Fatigue and Trauma (17 and above)	88(88%)	45(90)	43(86)
Compassion Satisfaction			
Not satisfied (Below 33)	69(69%)	39(78)	30(60)
Average (34-41)	25(25%)	10(20)	15(30)
Higher then 42- good professional satisfaction	6(6%)	1(2)	5(10)

Furthermore, in order to test relationships between subscales of ProQOL, Pearson Correlation (r) was calculated between all subscales. The results of correlation analysis showed that Burnout syndrome

had a significant positive moderate relationship with compassion fatigue ($r=0.497$, p -value <0.01) and a significant negative weak relationship with compassion satisfaction ($r= -0.261$, p -value <0.01). This shows that meaning that people with burnout syndrome are also at risk of fatigue and trauma and tend to be not satisfied with their job and vice versa. Similarly, the value of r for compassion fatigue and compassion satisfaction showed a significant positive weak relationship ($r= 0.205$, p -value <0.05) indicating that people at risk of fatigue might also be satisfied with job. Table-IV depicts the nature and strength of relationships among all variables.

Table III: Pearson Correlation coefficient between ProQOL subscales i.e., Burnout, Compassion Fatigue and Compassion Satisfaction (n=100)

Variables	Compassion Fatigue	Compassion Satisfaction
Burnout	0.49**	-.026**
Compassion Fatigue	-	0.20*

* $p < 0.05$, ** $p < 0.01$

The results show that there was very small mean difference of burnout and compassion fatigue among two groups (public and private) and was insignificant ($p >0.05$). However, the mean difference among public (32.53 ± 4.51) and private (29.62 ± 6.71) for compassion satisfaction was significant ($t= -2.20$, $p <0.05$) indicating that although both sector nursing assistants were dissatisfied with their job, the psychiatric nursing assistants working in private sector were more dissatisfied as compared to those working in public sector. (Table IV)

Table IV: Mean differences among public and private Hospitals psychiatric nursing assistants across subscales of ProQOL (n=100)

Variables	Private (n=50) Mean \pm SD	Public (n=50) Mean \pm SD	p -value
Burnout	27.46 \pm 4.47	26.98 \pm 4.51	0.595
Compassion Fatigue	24.18 \pm 6.40	23.88 \pm 6.14	0.812
Compassion Satisfaction	29.62 \pm 6.71	32.53 \pm 6.46	0.030*

* $p < 0.05$

DISCUSSION

The objective of this research was to find out the Prevalence of Burnout syndrome, Compassion Fatigue and Compassion Satisfaction and it was hypothesized that the prevalence will be different among male psychiatric nursing assistants working in public and private sector hospitals. Results showed that overall, burnout syndrome was found in 59% of the sample,

88% of the sample was at risk of fatigue and trauma, lastly 69% of the nursing assistants were not satisfied with their job. However, while exploring the difference in prevalence of these variables among the psychiatric nursing assistants working in different sectors, it was found that PNAs in Public hospitals has 6% higher burnout syndrome prevalence rate as compared to those working in private hospitals. Risk of fatigue and trauma (compassion fatigue) was also 4% more in those working in public hospitals. Lastly, 78% of those working in public hospitals were unsatisfied with their job as compared to 60% of nursing assistants working in the private sector who were also not satisfied with their job. This difference was not found significant for burnout syndrome, compassion fatigue and compassion satisfaction ($p > 0.05$) because the value of p was insignificant thus hypothesis is not proven true.

Previous literature has found varying levels of burn out in both private and government hospital nursing assistants i.e., in some studies, nurses from private sector reported more burnout and dissatisfaction with their job and in other studies, it was found more prevalent in nurses working in public hospital. For instance, Sadati and colleagues (2017) conducted a retrospective study and found that nurses working in public hospitals reported increased burnout and emotional distress whereas the frequency didn't change in those working in private sector.¹⁵ Similarly, Waqar and Hamid (2016) conducted a comparative study between public and private hospitals to assess job satisfaction among nurses and found that nurses working in public hospitals were satisfied because of their working hours, salary and other benefits as compared to those working in private sector. Some other studies have also found varying prevalence therefore it can be concluded that there might be other variables which affect prevalence of burnout syndrome among nurses and thus they need to be explored in order to determine that in which group is burnout syndrome more prevalent.

Another hypothesis of this study was that there will be a negative correlation between burnout and compassion satisfaction among male psychiatric nursing assistants. Results found significant negative correlation between burnout and compassion satisfaction ($r = -.261, p < 0.05$) and as it was significant thus proving the hypothesis. Literature also supports similar findings thus making these results more reliable. A meta-analysis of 13 studies was conducted to evaluate factors which affect burnout syndrome, compassion fatigue and compassion satisfaction. The meta-analysis

reported a negative correlation between burnout syndrome and compassion satisfaction thus supporting the findings of this study.⁴

Furthermore, it was also assumed that there will be significant mean difference of compassion satisfaction among psychiatric nursing assistants of govt. and private hospitals. The results found that there was a significant mean difference between compassion satisfaction scores of government and private nursing assistants. ($p < 0.05$). Gudeta (2017) conducted a study to explore job satisfaction of workers in public and private hospitals and found that those working in private sector were more satisfied with their job as compared to those in public sector hospital.¹⁶ However, there were studies that reported job satisfaction among nurses working in public hospitals,¹⁷ while other studies found that nurses working in private sector were also satisfied with their job.¹⁸ Thus, it can be deduced from literature review that there may be many other factors which affect job satisfaction of nurses (e.g., management, policies, incentives, working hours, environment, job accomplishments etc.). Therefore, job satisfaction should be explored in association with these factors to better understand the level of compassion satisfaction among nurses working in public and private hospitals.

LIMITATIONS OF STUDY

it focused on only male psychiatric nurses which cannot help in generating gender-based comparison. Furthermore, other areas need to be explored regarding causes of burnout syndrome and compassion fatigue to better understand the factors associated with it. Lastly, more demographic variables should be studied to determine risk factors which lead to prevalence of burnout.

CONCLUSION

In conclusion, burnout among psychiatric nurses is prevalent among both public and private sector nurses which leads to decrease in their job satisfaction and thus impacts their productivity and efficiency. Hospital managers and policy makers are responsible to mitigate problems that cause burnout and job dissatisfaction among nursing assistants to ensure that quality health care services are delivered. Therefore, policies should be made to regulate working hours and conditions of nurses to combat burnout and incentives should be introduced to improve their job satisfaction. Lastly, suggestions for improving job satisfaction should be taken from nurses so that policies are based on their needs and thus can be implemented efficiently.

Conflict of Interest: None.

Author's Contribution

Following authors have made substantial contributions to the manuscript as under:

SK & SJ: Study design, drafting the manuscript, data interpretation, critical review, approval of the final version to be published.

SK & SK: Data acquisition, data analysis, approval of the final version to be published.

SS & SBS: Critical review, concept, drafting the manuscript, approval of the final version to be published.

Authors agree to be accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved.

REFERENCES

1. Tununu AF, Martin P. Prevalence of burnout among nurses working at a psychiatric hospital in the Western Cape. *Curationis* 2020; 43(1): e1-e7. <https://doi.org/10.4102/curationis.v43i1.2117>.
2. Bhagavathula AS, Abegaz TM, Belachew SA. Prevalence of burnout syndrome among health-care professionals working at Gondar University Hospital, Ethiopia. *J Educ Health Promot* 2018; 7: 145. https://doi.org/10.4103/jehp.jehp_196_18.
3. Duan-Porter W, Hatch D, Pendergast JF, Freude G, Rose U, Burr H, et al. 12-month trajectories of depressive symptoms among nurses-Contribution of personality, job characteristics, coping, and burnout. *J Affect Disord.* 2018; 234: 67-73. <https://doi.org/10.1016/j.jad.2018.02.090>.
4. Zhang YY, Zhang C, Han XR, Li W, Wang YL. Determinants of compassion satisfaction, compassion fatigue and burn out in nursing: A correlative meta-analysis. *Med(Baltimore).* 2018; 97(26): e11086. <https://doi.org/10.1097/MD.00000000000011086>.
5. Friganović A, Selič P.. Stress and burnout syndrome and their associations with coping and job satisfaction in critical care nurses: a literature review. *Psychiatr Danub* 2019; 31(Suppl-1): 21-31.
6. Ghavidel F, Fallahi-Khoshknab M. The role of organizational factors in nurse burnout: Experiences from Iran-ian nurses working in psychiatric wards. *J Family Med Prim Care* 2019; 8(12): 3893-3899. https://doi.org/10.4103/jfmprc.jfmprc_6_15_19.
7. Urquiza JL, Reyes CS, Costas C, Castillo R, Fuente GA, et al. Risk factors and burnout levels in Primary Care nurses: *Syste Rev* 2017 Feb;49(2):77-85. <https://doi.org/10.1016/j.aprim.2016.05.004>.
8. Baena L, Campos E, Urquiza JL, Fuente GR, Solana EI, Fuente GA, et al. A multicentre study of burnout prevalence and related psychological variables in medical area hospital nurses. *J Clin Med* 2019; 8(1): 92. <https://doi.org/10.3390/jcm8010092>.
9. Fuente GA, Ortega E, Baena L, Solana EI. Gender, marital status, and children as risk factors for burnout in nurses: A meta-analytic study. *Int J Environ Res Public Health* 2018; 15(10): 2102. <https://doi.org/10.3390/ijerph15102102>.
10. Urquiza JL, Vargas C, Fuente EI, Castillo R, Fuente GA, et al. Age as a risk factor for burnout syndrome in nursing professionals: A meta-analytic study. *Res Nurs Health* 2017; 40(2): 99-110. <https://doi.org/10.1002/nur.21774>.
11. Reyes CS, Costas C, Urquiza JL, García L, Aguayo R, Fuente GA, et al. Burnout syndrome and its prevalence in primary care nursing: a systematic review and meta-analysis. *BMC Fam Pract* 2018; 19(1): 59. <https://doi.org/10.1186/s12875-018-0748-z>.
12. Hernández L, Ariza T, Urquiza JL, García L, Fuente EI, Fuente GA, et al. Prevalence of burnout in paediatric nurses: A systematic review and meta-analysis. *PLoS One* 2018; 13(4): e0195039. <https://doi.org/10.1371/journal.pone.0195039>.
13. López IM, Urquiza JL, Cañadas GR, Fuente EI. Prevalence of burnout in mental health nurses and related factors: a systematic review and meta-analysis. *Int J Ment Health Nurs* 2019; 28(5): 1032-1041. <https://doi.org/10.1111/inm.12606>.
14. Stamm BH. Professional quality of life: Compassion satisfaction and fatigue- Version 5 (ProQOL). 2010. Available at: http://www.proqol.org/uploads/ProQOL_5_English.pdf
15. Sadati AK, Rahnavard F, Heydari ST, Hemmati S. Health sector reform, emotional exhaustion, and nursing burnout: A retrospective panel study in Iran. *J Nurs Res* 2017; 25(5): 368-374. <https://doi.org/10.1097/JNR.0000000000000183>.
16. Gudeta NS. Comparative study on job satisfaction among health works in public and private sector hospitals at South-West Shoa Zone, Oromia Regional State, Ethiopia. *Global J Human Soc Sci* 2017; 17(2): 28-39. <https://doi.org/10.1186/s13690-021-00664-7>
17. Al-Hamdan Z, Manojlovich M, Tanim B. Jordanian nursing work environments, intent to stay, and job satisfaction. *J Nurs Scholarsh* 2017; 49(1): 103-110. <https://doi.org/10.1111/jnu.12265>.
18. Chien WT, Yick SY. An investigation of nurses' job satisfaction in a private hospital and its correlates. *Open Nurs J.* 2016; 10: 99-112. <https://doi.org/10.2174/1874434601610010099>.