

## BURNOUT AMONG FEMALE NURSING STUDENTS

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### ABSTRACT

**Objective:** To determine the frequency of burnout among Pakistani military female nursing students and to find out its association with demographic factors and common stressors during training.

**Study Design:** Cross-sectional analytical study.

**Place and Duration of Study:** This study was carried out at Combined Military Hospital (CMH) Lahore and CMH Lahore Medical and Dental College from Mar to Apr 2015.

**Material and Methods:** Sample consisted of 84 female nursing students. Since it was a relatively small sample and participants were easily accessible so all 84 students available at the time of study were included. Maslach Burnout Inventory (MBI) (which included 20 questions) was used to measure emotional exhaustion, and burnout. The questionnaire also elicited information about socio-demographic characteristics and various perceived stressors during their training. Data analysis was performed by using SPSS version 20.0.

**Results:** On the MBI, 66 (78.6%) nurses showed mild emotional exhaustion, 17 (20.2%) showed moderate emotional exhaustion and only 1 (1.2%) showed high emotional exhaustion. Similarly no burnout was found in 29 (34.5%) nurses; whereas mild burnout was found in 30 (35.7%), moderate burnout in 19 (22.6%), severe burnout in 5 (6%), and only one nurse student (1.2%) showed extreme burnout. No significant association was found between various stressors and burnout ( $p > 0.05$ ).

**Conclusion:** There is low level of burnout in female military nursing students in this study. This is a favorable finding and may be considered helpful in increasing productivity, performance and quality of patient care.

**Keywords:** Burnout, Emotional Exhaustion, Nurses, Military, Pakistan.

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## INTRODUCTION

Burnout is a syndrome seen in workers involved in provision of care, who are exposed to high level of stress at work. It leads to emotional exhaustion, depersonalization and low personal accomplishment. According to Maslach et al., burnout has three interrelated dimensions: emotional exhaustion, depersonalization, and low personal accomplishment. It is a result of prolonged exposure to stressful working environments<sup>1</sup>. The nursing profession being a stressful profession also results in burn out syndrome. As such, burnout among nurses has been reported to be higher than other health professionals owing to the nature of their work<sup>2</sup>. Nursing requires the delivery of humane,

empathetic, culturally sensitive, efficient health care, in working environments with limited resources and excessive accountability. Such imbalance between provision of high quality care and coping with stressful working environment can lead to burnout<sup>3</sup>.

Burnout is set by physical, emotional or psychological demands as well as intuitional demands<sup>4</sup>. When it sets in the nurses experience chronic fatigue, exhaustion, tiredness, irritability, frequent headaches, gastrointestinal disturbances, abnormal weight gain or loss, insomnia and breathing difficulties on account of work stress. This in return affects professional performance<sup>5</sup>. Burnout is a physical, mental, and emotional response to constant high levels of stress and inadequate coping methods<sup>6</sup>. It is typically a syndrome characterized by emotional exhaustion, depersonalization and reduced personal accomplishment<sup>7</sup>.

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The Maslach Burnout Model<sup>8,9</sup> postulates that prolonged exposure to environmental and situational stressors resulting in work-related stress, contributes to emotional exhaustion, depersonalization, and a lack of personal accomplishment. The consequences of burnout at the organizational level is destroying and diminishing organizational commitment among trained human resource in that job.

The health care workers are assumed to be at a high risk of burnout syndrome, because of their participation in an emotionally demanding working environment. They have to face stressful situations presenting with pains, disabilities, terminal illnesses, suicidal thoughts, violent behavior and lack of compliance to treatment or litigation. Burnout has received extensive attention from the researchers over last 35 years. Furthermore, burnout has been considered a public health problem<sup>10</sup>. In addition to other known risk factors the female military nursing students are also exposed to additional stress of discipline and military training.

Therefore the aim of the present study is to find the frequency of burnout among military female nursing students and its association with various perceived stressors during their in service training at CMH Lahore Cantt.

## **SUBJECTS AND METHODS**

This cross-sectional study was carried out in CMH Lahore and CMH Lahore Medical and Dental College from March to April 2015.

Sample consisted of 84 female nursing students (n=84) from Combined Military Hospital Lahore (CMH Lahore) and CMH Lahore Medical & Dental College with mean age of 21.38 ± 2.13 years. These were the total nursing students undergoing training at the time of study. An official permission to carry out the study was obtained from Ethical Review Committee of CMH Lahore Medical College. Informed consent was obtained from the participants of the study. A brief instruction was given prior to administration of questionnaires. They were taken into confidence that all the information

provided by them will be kept confidential and will be utilized just for research purpose. After that they were requested to complete the questionnaire.

Questionnaire consisted of two parts. Part one was intended to get information about demographic characteristics such as age, gender, marital status, education, training year, smoking history, living status, academic pressures, socio-cultural pressures, financial pressures, psychological and emotional abuse/bullying from class fellows, being away from home/family, attitude of teachers, attitude of administration etc. Part two was burnout inventory by Maslach which is the most commonly used standardized tool for assessing burnout. The participants did not report any difficulty in comprehending the questions as it consists of simple English. In case of any issues the authors were available to clarify it as it was administered after teaching sessions in the lecture hall. Moreover, it is a standardized instrument and already used in many studies. It consists of 20 items. The items were answered in terms of frequency with which the respondent experienced these feelings, on a 5 point rating scale ranging from 1 (little or no change) to 5 (great degree of change). These scores were calculated for each respondent. A higher score indicates greater burnout. Scores obtained on burnout scale were distributed as given in (table-I).

**Table-I: Scores of burnout scale.**

<b>Score range</b>	<b>Interpretation</b>
20-34	No burnout
35-49	Mild burnout
50-64	Moderate burnout
65-79	Severe burnout
80 or above	Extreme burnout

Cronbach's alpha coefficient for MBI burnout scale is 0.89 in studies carried out earlier. This indicates that the MBI is a valid and reliable instrument for measuring burnout among Pakistani military nurses. Data analysis was performed using statistical package for Social

Sciences (SPSS) version 20.0. Raw scores of these scales were summed and then were transformed into no, mild, moderate, severe or extreme burnout. Descriptive statistics of categorical variables such as frequencies and percentages were calculated; whereas mean and standard deviation were calculated for quantitative variables. Differences in the frequency of burnout were tested with the chi-square test. A  $p$ -value  $<0.05$  was used as significant.

## RESULTS

All the eighty-four (100%) nursing students were females. The mean age was  $21.38 \pm 2.13$  years. Eight-two (97.6%) were single and only 2 (2.4%) were married. Seventy-six (90.5%) were intermediate and 8 (9.5%) were graduates. Twenty-four (28.6%) were in the first year, 24

in 5 (6%), and only one nurse student (1.2%) showed extreme burnout (table-III).

No significant association was found between various stressors such as academic pressures, attitude of administration and burnout ( $p=0.56$  and  $0.64$ ) (table-IV).

## DISCUSSION

Nursing profession is widely perceived as one of the most inherently stressful occupations, often characterized by high rates of staff turnover, absenteeism and burnout<sup>11</sup>. Burnout is psychological process of cognitive and emotional deterioration that occurs under conditions of persistent chronic stress and manifest itself in the form of emotional exhaustion, depersonalization, and decreased motivation and output. Burnout disturbs the individual's balance first and then

**Table-II: Socio-demographic characteristics of respondents (n=84): Cross-sectional study of burnout among Pakistani military nurses.**

Variables	Frequency	Percentage (%)
<b>Gender</b>		
Female	84	100
Mean Age (years)	21.38 $\pm$ 2.13	
<b>Marital Status</b>		
Single	82	97.6
Married	2	2.4
<b>Education</b>		
Intermediate	76	90.5
Graduate	8	9.5
<b>Enrollment at the time of study</b>		
Generic BSN 1st year	24	28.6
Generic BSN 2nd year	24	28.6
Generic BSN 3rd year	13	15.5
Mid-wifery 4th year	23	27.4

(28.6%) in 2<sup>nd</sup> year, 13 (15.5%) in 3<sup>rd</sup> year and 23 (27.4%) were in 4<sup>th</sup> year nursing students (tables I & II).

On the MBI, 66 nurses (78.6%) showed mild emotional exhaustion, 17 (20.2%) showed moderate emotional exhaustion and only 1 (1.2%) showed high emotional exhaustion. Similarly, no burnout was found in 29 (34.50%) nurses; whereas mild burnout was found in 30 (35.7%), moderate burnout in 19 (22.6%), severe burnout

the organizational balance. The worst impact of burnout at the organizational level is declined output and diminishing organizational commitment among personnel and experts of the job<sup>12-14</sup>. High burnout was defined in this study as total burnout score 65-79. This study showed that only 6.2% of nurses met the criteria of high degree of burnout. This indicated that these nurses were experiencing depletion of emotional resources, cynicism and indifference about their patients and reduced competence and

meaningful involvement with their patients. However, the burnout among military nurses in this study was much lower than those reported internationally. This study showed that only 6.2% nurses experienced severe/extreme burnout. These results are dissimilar to the study carried out by Basal et al<sup>15</sup> who found that two-third of the nurses (66.6%) working in general medical

dining and provision of stipends. Results of our study showed that majority of nurses (78.6%) experienced mild degree of emotional exhaustion. These results are in contrast to earlier studies carried out by Basal et al<sup>15</sup> and Perry et al<sup>18</sup> who found that more than half of staff nurses experience high level of emotional exhaustion. The low level of emotional exhaustion in

**Table-III: Frequency distribution of burnout among military nurses CMH Lahore.**

Degree of Burnout	Frequency	Percentage (%)
No burnout	29	34.5
Mild burnout	30	35.7
Moderate burnout	19	22.6
Severe burnout	5	6
Extreme burnout	1	1.2
Total	84	100

**Table-IV: Association of various stressors and burnout.**

	No burnout	Mild burnout	Moderate burnout	Severe burnout	Extreme burnout	Total	<i>p</i> -value
Academic pressures (yes)	8	8	3	0	0	19	0.56
Academic pressures (No)	21	22	16	5	1	65	
Attitude of Administration (yes)	9	6	7	2	0	24	0.64
Attitude of administration (No)	20	24	12	3	1	60	

surgical units experienced high level of total burnout. These results are also in contrast to the study carried out by Valéry et al<sup>16</sup> who found that more than 40% of hospital nurses score in the high range for job-related burnout. However, the greater number of years of service and more stressful nature of their job may be a contributory factor.

In our study, only 22.6% nurses experienced moderate burnout, 35.7% mild burnout and 34.5% experienced no burnout. This finding is also dissimilar to Abushaikha et al<sup>17</sup> who found that nurses reported moderate levels of burnout. This low level of burnout among careful Pakistani military nurses might be due to a care full selection and recruiting process. Other reasons may be a better package and support system which includes free education along with free of cost training, boarding/lodging and

Pakistani military nurses might be due to lesser number of years of exposure, relatively safe and secure working environment, adequate staffing levels and a better social support system in military hospitals as compared to other public and private training/teaching hospitals.

Relationship between various in service stressors and burnout was also checked. No significant association was found between various stressors such as academic pressures, financial pressures, socio-cultural pressures, administration attitude and burnout. These results are dissimilar to earlier study carried out by Khamisa et al<sup>19</sup> who found that work-related stress is associated with burnout. This might be due to small sample size and lack of any financial pressures and no staff issues in military hospitals as compared to public and private training/teaching hospitals.

This study has some limitations. The most important one is the cross sectional nature of this study which does not allow us to observe a causal relationship between the variables. Secondly sample size was small. Thirdly it was a single center study and no comparison was carried out with nursing students from other private training/teaching hospitals; therefore, further research with large sample size is needed preferably with a multicentre sample to see any differences in findings.

### CONCLUSION

There is a low level of burnout in Pakistani military female nursing students. This is a favourable situation and is likely to be helpful in increasing productivity, performance and in turn a better quality of patient care.

### CONFLICT OF INTEREST

This study has no conflict of interest to declare by any author.

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