

Job Burn Out and Psychological Wellbeing among Female Nurses

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Abstract:

As per 'State of the World's Nursing 2025 Report' by World Health Organization, nursing workforce is around 29.8 million as of 2023. They are the largest occupational group in the healthcare system across the world. Around 15% are male nurses and 85% of the global nursing workforce are females. The mental health and wellbeing of this largest workforce in the health sector is very important. The present study aimed at assessing the levels of job burn out and psychological wellbeing among female nurses. Data were collected from 300 female nurses who are working in different hospitals in Kerala, India. The Psychological wellbeing scale and Job burn out scale were used to collect the data. Descriptive statistics was used. The result indicated that 63.3% of nurses are having job burn out in different levels and 36.7% of nurses are having no job burn out. 34% nurses are having above average psychological wellbeing, 30% are having average psychological wellbeing and 36% nurses have below average psychological wellbeing. The findings indicate the immediate need for implementing interventions to reduce job burn out and to enhance psychological wellbeing.

Keywords: Job burn out, Psychological wellbeing, Nurses.

INTRODUCTION

Nursing service has a vital role in healthcare system, encompassing prevention of illness, promotion of health and compassionate care for the sick, disabled, and dying. Nursing job is multifaceted and the nature of their job is both emotionally and physically demanding, stressors are high on these professionals, thus nursing profession becomes an increasingly stressful profession (Lorber, 2020). Like other service professions, nurses are also having Job burn out and it affects their psychological wellbeing (Lorber, 2020). Maslach and Jackson defined burn out as "a syndrome of emotional exhaustion, depersonalization, reduced personal accomplishments that can occur among individuals who do people work of some kind" (Maslach & Jackson, 1986). "It's a slowly developing process that starts without warning and evolves almost unrecognized up to a particular point; suddenly and unexpectedly one feels exhausted, and one is not able to relate this devastating experience to any particular stressful event" (Etzion 1987). World Health Organization defined burnout in ICD-11 as follows: "Burn-out 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" (WHO, 2019).

According to Maslach, there are three dimensions of burnout, namely –Emotional exhaustion, depersonalization, and reduced personal accomplishment (Maslach, Shaufeli & Leiter, 2001). Emotionally exhausted nurses feel as if s/he has no control over the situations and it results in emotional fatigue. (Balamurugan & Divyabharathi, 2021). "Depersonalization manifests as negative and cynical behaviours or interacting with the colleagues in an impersonal manner" (Mealer et al. 2016). "The depersonalization represents the interpersonal dimension of burn out and indicates unresponsiveness to work" (Maslach & Goldberg, 1998). Reduced personal accomplishment is the tendency to evaluate one's work with recipients negatively (Pines & Aronson, 1988). The causes for job

burn out are mainly environmental factors and individual factors. Environmental factors include job stress, role ambiguity, organizational process problems, job intensity, economic and social factors, the unfair rewarding system, tension due to space and transportation problems, work load, lack of control over job, undemocratic functioning of the organization, poor social support, injustice etc; individual factors include neuroticism, poor coping skills, lack of emotional control, anxiety, poor confidence, addictions etc. (Güven & Seizici, 2016). Job burn out negatively affect employee, employer and organization. In the employee level, it may lead to different psychological symptoms like indifference, hopelessness, concentration and memory problems, decreased self-esteem, suicide thoughts and attempts, increased tendency to abuse substances and physiological symptoms like fatigue, respiratory problems, skin diseases, weight loss, gastro intestinal issues, high blood pressure, palpitations etc (Edu-Valsania, Lagua & Moriano, 2022) Psychological wellbeing is “the subjective feeling of contentment, happiness, satisfaction with life’s experiences and of one’s role in the world of work, sense of achievement, utility, belongingness and no distress, dissatisfaction or worry etc (Diener, Suh, Lucas & Smith, 1999). “ Psychological wellbeing is a broad construct, encompassing four specific and distinct components including (a) pleasant or positive wellbeing (joy, elation, happiness), (b) unpleasant affect or psychological distress (guilt, shame, sadness, anxiety, worry, anger, stress, etc, (c) life satisfaction (global evaluation of one’s life) and (d) situation satisfaction (work, health, family etc.)” and there are five sub domains of psychological wellbeing - life satisfaction, efficiency, sociability, mental health and interpersonal relations (Sisodia & Choudhary, 2012).

There were different researches conducted across the world to know the psychological wellbeing and job burn out of nurses. Yayla & Eskiçi conducted a study on nurses and they found that the psychological wellbeing and work-life balance were adversely affected during the Covid pandemic time. (2021). “Life satisfaction and its determinants: A survey on Iranian nurses’ population” was a research done by Mirfarhadi, Moosavi & Tabari (2013) and the result indicated that 56% were dissatisfied. Burke, Koyuncu & Fiksenbaum (2010) conducted a research on “Burnout, worker satisfaction and psychological well-being among nurses in Turkish hospitals” and they found that staff nurses with higher levels of burn out reported less work outcomes and they reported having lower psychological wellbeing. Joshi, Yakhmi, Sharma & Sood (2023) conducted a study on “prevalence of burn out among nursing staff: an experience from a tertiary care hospital in India” and the results indicate that 28% have higher levels in personal accomplishment, 33% nurses have high score in depersonalization, 37% emotional exhaustion, 46% depersonalization and 25% of samples had personal accomplishment. Bhat & Tariq (2022) conducted a research on “the Impact of Job burn out on performance: A study among hospital employees of Jammu&Kashmir, India”. Among the three dimensions of job burn out, emotional exhaustion was found to be affecting job performance very much. Galanis et al (2023) conducted a study on “Increased job burnout and reduced job satisfaction for nurses compared to other healthcare workers after the COVID-19 pandemic”. They found that that 91.9% of nurses are having high levels of burnout and other healthcare professionals are having 79.9%. 61% of nurses reported low level of job satisfaction. They (Galanis et al 2023) did another study on “The influence of job burn out on quiet quitting among nurses: the mediating effect of job satisfaction”; they reported that around 60% of nurses having job burn out. “The relationship between burn out and job satisfaction among registered nurses at an academic hospital in Johannesburg, South Africa” is a study conducted by Bruce & Sangweni (2012) and they found that nurses reported low levels of job satisfaction. Their Emotional exhaustion was reported to be 75.8% and their depersonalization was found to be 71.5%. “Nurses’ job burnout and its association with work environment, empowerment and psychological stress during Covid- 19 pandemic” was a study done by Al Sabei et al (2021), the researchers found that 65.6% of nurses reported high level of burn out. The present study aimed at assessing the levels of psychological wellbeing and job burn out among female nurses in Kerala, India.

MATERIALS AND METHODS

Institutional ethics committee clearance was obtained from Lincoln University College, Malaysia before starting the present study. Permission to conduct the study was obtained from the hospital management of different private hospitals and individual consent was also obtained from nurses to take part in the study. A total of three hundred registered female nurses who were between the age of 21-40 , from different private hospitals in the state of Kerala, India took part in the study. Random sampling was used. Nurses who are currently undergoing or having history of psychiatric treatment

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were excluded from the study. Psychological Well-Being Scale and Job burn out Scale were used to collect data. Psychological Well-Being Scale was developed by Sisodia and Chaudhary in 2012 and its test-retest reliability is 0.87 and the validity of the scale is 0.94. Job Burnout Scale was developed by Zaki Akhtar and its test-Retest reliability is 0.74 and the validity of the scale is 0.69.

Results

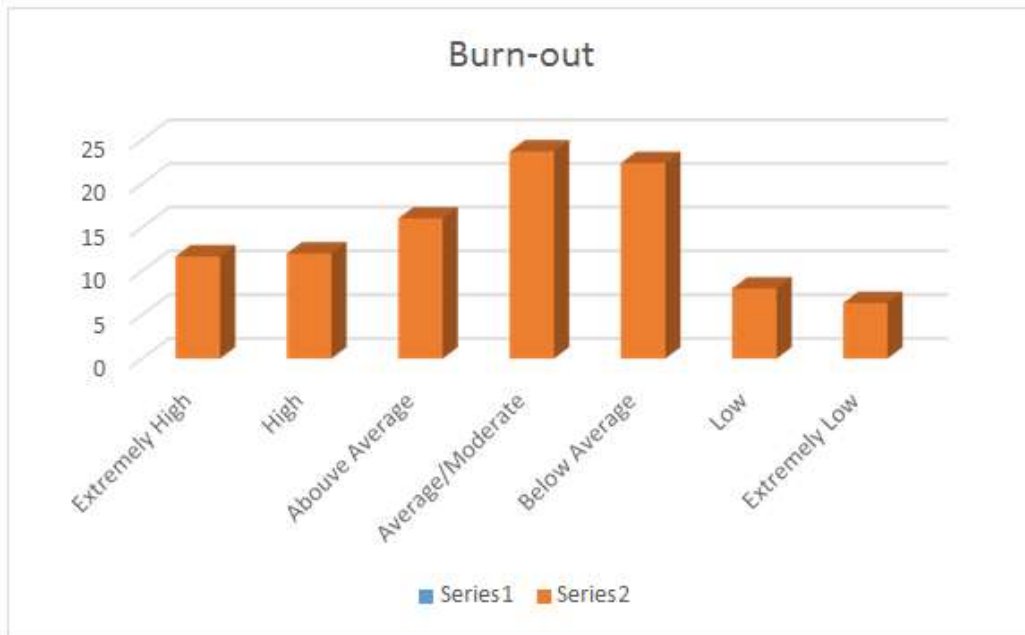
Levels of Burnout among Female Nurses

Table: 1 presents the Percentage of burnout among nurses

Job Burnout			
Grade	Frequency	Percentage	Percentage of Burnout
Extremely High	35	11.7	63.3
High	36	12.0	
Above Average	48	16.0	
Average/Moderate	71	23.7	36.7
Below Average	67	22.3	
Low	24	8.0	
Extremely Low	19	6.3	
Total	300	100.0	100

From Table 1 among the 300 samples collected 35 nurses scored an extremely high levels of burn out. That is 11.7% of the nurses fall into the category of extremely high levels of burn out. 36 nurses i.e., 12% of the sample scored high levels of burn out. 16% of the sample i.e., 48 nurses scored above average level of job burn out and 23.7% of nurses (Nos: 71) scored an average or moderate level of burnout. The graphical representation of the grade level distribution of burn out among nurses are shown in Picture 1.

Picture 1: presents the Diagram of the grade level of Burnout among female nurses



The picture 2 shows the overall levels of burn out among the 300 sample. Among the total sample 63.4% of nurses have burnout and 36.7% of the sample scored below average to extremely low scores for burnout. That means they don't have the symptoms of burnout.

Levels of Psychological Well being among female Nurses

From Table 2 among the 300 samples collected 11 nurses scored an extremely high levels of psychological wellbeing. That is only 3.7 % of the scored extremely high levels of psychological

wellbeing. Out of the 300 samples 13.3% (40 nurses) fall into the category of high levels of psychological wellbeing. Above average level of psychological wellbeing is scored by 50 nurses. i.e., 16.7% of the sample scored above average levels of psychological wellbeing. Over all 33.7% of the sample scored above average levels in psychological wellbeing.

Among the sample 29.7% (89 nurses) scored an Average/ moderate level of psychological wellbeing.

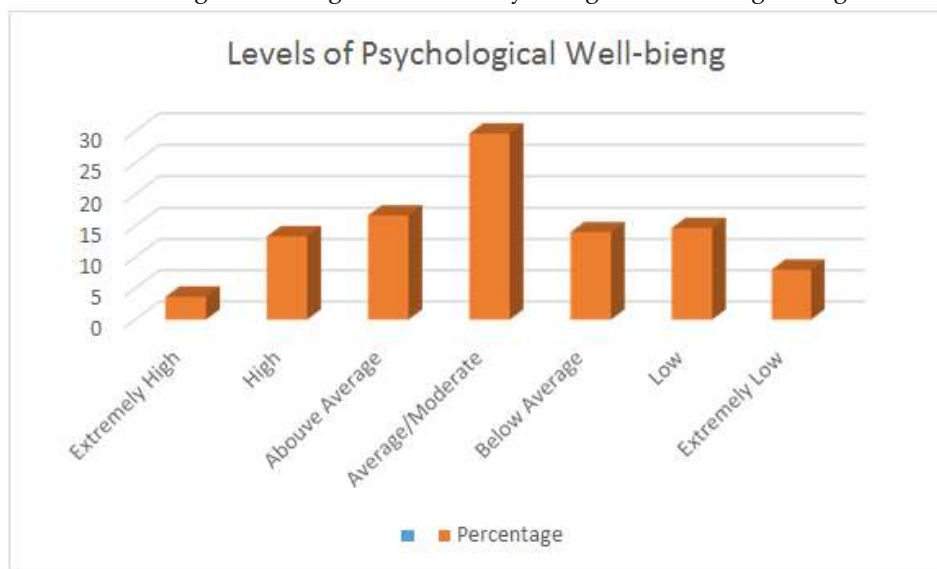
Overall, 36.7% of the nurses scored below average levels of psychological wellbeing. Out of this 36.7%, 42 nurses i.e., 14% scored below average level of psychological wellbeing and 44 nurses, i.e., 14.7% scored low level in psychological wellbeing. 8% of nurses (24 nos) scored an extremely low level in psychological wellbeing.

Table 2 presents Percentage of Psychological Wellbeing among nurses

Psychological Well Being		
Grade	Percentage	Percentage of PW
Extremely High	3.7	34
High	13.3	
Above Average	16.7	
Average/Moderate	29.7	30
Below Average	14.0	36
Low	14.7	
Extremely Low	8.0	
Total	100.0	

The graphical representation of the grade level distribution of psychological well-being among nurses are shown in Picutre 3.

Picture 3: Diagram of the grade level of Psychological Well-being among nurses



DISCUSSION

The present study aimed at assessing the levels of job burn out and psychological wellbeing among female nurses. As per the result, Over all 33.7% of the sample scored above average levels in psychological wellbeing. It indicates that the female only one third of the nurses are having sound psychological wellbeing. Overall, 36.7% of the nurses scored below average levels of psychological wellbeing. It emphasizes the importance of introducing and implementing interventions to enhance psychological wellbeing. among the 300 samples collected, 11.7% of the nurses fall into the category of extremely high levels of burn out, 12% of the sample scored high levels of burn out, 16% of the sample scored above average level of job burn out and 23.7% of nurses (Nos: 71) scored an average or moderate level of burnout. Over all 63.3% nurses are having job burn out The findings go well with

the findings of the previous researches done by Al Sabei et al (2021), Galanis et al (2023), Mirfarhadi, Moosavi & Tabari (2013) and Burke, Koyuncu & Fiksenbaum (2010). The findings urgently calls for intervention strategies.

CONCLUSION

As per the results given above, the nurses are having higher levels of job burn out and their psychological wellbeing is negatively correlated to their job burn out level. However, studies should be conducted in larger samples to know the prevalence of mental health and psychological wellbeing among nurses and to explore the causes of burn out and poor psychological wellbeing and the implications for patient safety and other important outcomes.

It is also important to address the impact of poor psychological wellbeing at the patient, hospital level in order to make a quality improvement. Longitudinal studies are important to find out the causality and the findings would strengthen the need for implementing effective interventions. Such findings also have potential to help concerned leaders to develop wellbeing strategies to improve the wellbeing of individual staff members. The samples were only 300 female nurses and study can be conducted on larger numbers including male samples .

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