

A STUDY TO ASSESS THE LEVEL OF OCCUPATIONAL BURNOUT AND ITS EFFECT ON JOB PERFORMANCE AMONG STAFF NURSES WORKING IN SELECTED HOSPITALS OF GUWAHATI, ASSAM

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Abstract: Background and Objectives: The World Health Organization (WHO) has defined burnout as a syndrome brought on by ongoing, uncontrollable stress at work. Nurses are the largest healthcare professional group in the world. The majority of their working hours are spent giving direct or indirect patient care, and their work environment and they themselves have a significant impact on the standard of patient care. The aim of this study was to assess the level of occupational burnout and its effect on job performance among staff nurses. Method: A quantitative research approach was used and descriptive research design was adopted. 100 staff nurses were selected by convenient sampling technique. The study was conducted in two selected hospitals of Guwahati, Assam. Demographic proforma, Copenhagen burnout inventory and self structured job performance questionnaire were used for data collection. Result: The data was analyzed using descriptive and inferential statistics. The result revealed that majority of the participants. 49% had moderate level of burnout, 30% had no or low level of burnout and 21% had high level of burnout. In job performance, 58% had moderate performance, while 21% had high performance and remaining 21% had low performance. The chi square value showed association between experience and job performance at $p < 0.05$ level of significance while all the other demographic variables had no significant association with occupational burnout and job performance. The Karl's Pearson's correlation analysis showed moderate negative correlation between occupational burnout and job performance ($r = -.456$) and hence occupational burnout has no effect on job performance. Conclusion: The study concludes that majority of the staff nurses had moderate level of burnout and moderate level of job performance. Occupational burnout has no effect on job performance of the staff nurses. Key words: Assess, occupational burnout, effect, job performance, staff nurses.

Keywords- Assess, Occupational burnout, Effect, Job Performance, Staff Nurses, Hospitals.

INTRODUCTION

The term "burnout" was first used by Dr. Herbert Freudenberger in 1974 to characterize how employees responded to the ongoing stress associated with jobs that required extensive face-to-face engagement with others. Usually, burnout is considered as a syndrome that manifests diminished personal accomplishment, depersonalization, and emotional exhaustion. ^[1]

The World Health Organization (WHO) has defined burnout as a syndrome brought on by ongoing, uncontrollable stress at work since 2019. Three characteristics characterize the entity, according to the eleventh revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-11): (i) a sense of exhaustion or energy depletion; (ii) a greater mental distance from one's job or feelings of negativity or cynicism towards one's job; and (iii) a sense of ineffectiveness and lack of accomplishment. Burnout is one of the factors impacting health status or contact with health services, according to the ICD-11. This definition is very much similar to the definition given by Maslach. ^[2]

As of May 3, 2024, the global workforce includes approximately 2.2 million midwives and 29 million nurses. "The WHO estimates that by 2030, the global healthcare system will face a shortage of nearly 0.31 million midwives and 4.5 million nurses, even though these workers are vital for advancing health and supporting economic development." ^[3]

Nurses are the largest healthcare professional group in the world. The majority of their working hours are spent giving direct or indirect patient care, and their work environment and they themselves have a significant impact on the standard of patient care. ^[4]

According to data from the World Health Organization (2020), medical personnel who have direct patient contact—primarily doctors and nurses—are more at risk. Nurses face numerous occupational risks because they are the first line of healthcare delivery and house the majority of the hospital's staff (Walton & Rogers, 2017). ^[5]

Burnouts, especially occupational burnout can occur due to various factors like heavy workload with unrealistic experiences, poor worklife balance, inadequate support, lack of control, poor recognition in the organization etc. In health care setting the workload factors will be the same. Job performance can be defined as the actions and behaviors of individuals in roles and responsibilities of their work that contribute to organizational goals. By enhancing the nurses' job performance, an organization's success can be achieved. ^[6]

Occupational burnout and nursing job performance have seen to be in correlation with each other in lots of studies conducted. In hospitals and other settings, nurses provide direct patient care, are frequently present when doctors are not, and are tasked with

making critical clinical decisions. Nurse burnout may be linked to numerous aspects of patient outcomes since nurses play a crucial role in providing and, in certain situations, supervising patient care. [7]

Occupational burnout is a more severe and long-lasting state of mental and physical tiredness than simply feeling worn out or stressed. It typically happens when people feel overburdened by their workload, underappreciated, or incapable of fulfilling obligations all the time. Those with high-stress occupations, poor work-life balance, or a lack of control over their work obligations are frequently affected by burnout. [8]

NEED OF THE STUDY

Burnout among healthcare workers is very common and is associated with various factors. Among the healthcare workers, nurses are very prone to burnout. Several factors like working hours, work environment, nurse patient ratio, health problems, personal coping mechanism affects the level of burnout. The level of burnout affects the task performance or the patient care. Poor job performance has been seen in many cases. Several research findings shows how job performance, job satisfaction is associated with stress, burnouts. Burnout among nurses is very high because of the extreme physical and emotional demand for their works. Shah M.K, Gandrakota N, et.al (2021) conducted a study on Prevalence of and Factors Associated with Nurse Burnout in the US. According to this secondary study of cross-sectional survey data from over 3.9 million registered nurses in the United States, 31.5% of nurses who left their present job (9.5% of the sample) in 2018 did so, due to burnout. Higher probabilities of burnout were linked to working more than 20 hours a week and being in a hospital setting. [14]

Lim S, Song Y, et.al (2022) conducted a study on Moderating Effect of Burnout on the Relationship between Self-Efficacy and Job Performance among Psychiatric Nurses for COVID-19 in National Hospitals. In this study, nurses working in psychiatric units of six national hospitals for COVID-19 were asked to examine how burnout affected the relationship between self-efficacy and job performance. The findings demonstrated that self-efficacy interacts with burnout to impact job 4 performances. The study's fundamental data for developing ways to enhance psychiatric nurses' job performance is one of its main contributions. The findings suggest that in order to improve the performance of psychiatric nurses in national hospitals, measures that minimize burnout and boost self-efficacy should be created and put into practice. [15]

A study conducted in India by Tembhurne K, Sharma S.W, et.al (2021) on occupational-burnout-among-nurses-in-tertiary-care-centre-of-central-india-a-cross sectional-study. The findings of the study indicated a broad pattern of high scores across the three CBI (Copenhagen Burnout Inventory) measures. They discovered that 42.76% of the nurses in the sample had work-related burnout, 48.42% had personal burnout, a non-work-oriented burnout measure, and just 8.17% had patient-related burnout characteristics. [16]

Many of the studies conducted show a correlation between burnout and job performance. This finding shows a huge concern for nurses' health and there are needs for development of strategies for dealing with the problem but first, one needs to understand the existence and severity of the existing relation. The higher the job demands or critical the situation of work environment, the level of burnout can be more. For ex., during the covid 19 there was a huge demand for health care need all over the world, which affected the level of burnout among health care professionals.

Nimako BP, Basatan TN (2022) conducted a study on Burnout and Job Performance of Nurses in Adult Care Settings during COVID-19 Pandemic. The study included a descriptive correlational methodology, purposive sample, and 84 nurses from a chosen hospital in Baguio City, Philippines, who worked in the senior care environment. At a significance level of 0.01 and with a 95% confidence interval, the Pearson correlation coefficient demonstrated a moderately significant negative relationship ($r = -0.340$, $p = 0.002$) between burnout and job performance, indicating that an increase in burnout corresponds with a decrease in job performance, and vice versa. In order to sustain nurses' high performance standards, politicians and nurse leaders must also keep creating a supportive, healthy work environment with sufficient funding, incentives, and other perks. [17]

Burnout directly or indirectly impacts the patient outcome and the overall healthcare system. Based on review of literatures, the researcher observed that burnout is a very common problem among healthcare workers especially nurses due to the nature of their work. Therefore, the researcher felt the need to conduct a research on burnout and its effect on job performance among staff nurses.

OBJECTIVES

GENERAL OBJECTIVE

To assess the level of occupational burnout among staff nurses and its effect on job performance among staff nurses.

SPECIFIC OBJECTIVES

- i. To assess the level of occupational burnout and job performance among staff nurses.
- ii. To determine the association between occupational burnout and job performance among staff nurses with their demographic variables.
- iii. To find out the co-relation between occupational burnout and job performance among staff nurses.
- iv. To assess the effect of occupational burnout on job performance among staff nurses.

HYPOTHESES

H₁-There is a significant co- relation between level of occupational burnout and job performance among staff nurses.

H₂-There is a significant association between the level of occupational burnout among staff nurses with their demographic variables.

H₃-There is a significant association between the job performance of staff nurses with their selected demographic variables.

RESEARCH METHODOLOGY

The present study was designed to assess the level of occupational burnout and its effect on job performance among staff nurses working in selected hospitals of Guwahati, Assam.

Research approach: Quantitative research approach

Research design: Descriptive research design

Study setting: Hayat Hospital, Guwahati and Guwahati Neurological Research Centre Hospital Dispur, Guwahati, Assam.

Population: staff nurses working in selected hospitals of Guwahati, Assam.

Accessible population: staff nurses working in Hayat Hospital, Guwahati and Guwahati Neurological Research Centre Hospital Dispur, Guwahati, Assam

Sample technique: Non probability Convenience sampling technique

Sample size: In this study, a total of 100 staff nurses were selected from two hospitals in Guwahati, Assam using non probability convenience sampling technique.

Theoretical framework: The conceptual framework chosen for this study is Betty Neumann’s Healthcare System Model (1970) and it was modified for the present study.

Research tool and technique: Tool I- : Demographic proforma, Tool II Section A: Copenhagen burnout inventory, Section B: Self structured job performance questionnaire.

Variables: socio-demographic, research variables.

Data analysis: Descriptive statistics: Frequency, percentage, mean and standard deviation and mean were used. Inferential Statistics: Chi square and Karls Pearson’s correlation coefficient.

Tableno.1-Frequency and percentage distribution of demographic variables of the staff nurses.

n=100

SOCIODEMOGRAPHICPROFORMA		Frequency(f)	Percentage (%)
AGE	21-30Years	83	83
	31-40Years	17	17
	41Yearsand above	0	0
SEX	Male	12	12
	Female	88	88
	Transgender	0	0
MARITALSTATUS	Single	79	79
	Married	21	21
	Divorced	0	0
	Widow/widower	0	0
EDUCATION QUALIFICATION	GNM	82	82
	B. Sc nursing	12	12
	Post B.sc nursing	6	6
	M.Sc nursing	0	0
EXPERIENCE	Lessthan1year	16	16
	1to5years	66	66
	6-10years	13	13
	Morethan10years	5	5
WORKINGAREAS/ DEPARTEMENT	General	20	20
	Cabin	20	20
	Emergency	20	20
	ICU	20	20
	Others	20	20

Table 2: Frequency and percentage distribution of level of occupational burnout of the staff nurses.

n=100

CRITERIA MEASURE OF COPENHAGEN BURNOUT INVENTORYS CORE		
CATEGORYSCORE	FREQUENCY	PERCENTAGE
SEVERE BURNOUT (100%)	0	0%
HIGH BURNOUT (75%-99%)	21	21%
MODERATE BURNOUT (50%-74%)	49	49%
LOW/NO LEVELOF BURNOUT ((0-49%)	30	30%

Maximum Score=1900

Minimum Score=0

Table3: Mean, median, standard deviation, maximum, minimum, range and mean percentage of level of occupational burnout of the staff nurses.

n=100

Descriptive Statistics	Mean	SD	Median	Maximum	Minimum	Range	Mean %
COPENHAGEN BURNOUT INVENTORY Score	1073.75	293.99	1025.00	1550	125	1425	56.5

Maximum=1900Minimum=0

Table4: Descriptive scoring of occupational burnout according to Demographic variables.

n=100

COPENHAGEN BURNOUT INVENTORY SCORE					
Frequency Distribution		Mean%	Mean	SD	f
AGE	21-30Years	58.0%	1102.41	289.12	83
	31-40Years	49.1%	933.82	285.17	17
	41 Years and above	0.0%			0
SEX	Male	46.6%	885.42	339.19	12
	Female	57.9%	1099.43	279.73	88
	Transgender	0.0%			0
MARITAL STATUS	Single	58.2%	1105.06	282.20	79
	Married	50.3%	955.95	314.34	21
	Divorced	0.0%			0
	Widow/widower	0.0%			0
EDUCATION QUALIFICATION	GNM	56.7%	1076.83	259.65	82
	B. Sc nursing	65.9%	1252.08	317.03	12
	PostB.sc nursing	35.5%	675.00	361.59	6
	M.Sc nursing	0.0%			0
	Lessthan1year	55.5%	1054.69	312.55	16
	1to5years	58.6%	1114.02	278.60	66

EXPERIENCE	6-10years	52.7%	1001.92	334.08	13
	More than 10 Years	41.6%	790.00	176.42	5
WORKING AREAS/ DEPARTEMENT	General	63.4%	1205.00	267.74	20
	Cabin	54.5%	1036.25	323.17	20
	Emergency	55.5%	1055.00	268.11	20
	ICU	58.8%	1117.50	276.50	20
	Others	50.3%	955.00	298.42	20

Table 5: Mean standard deviation, median, range, mean% and rank of different domain of Copenhagen burnout inventory.

Descriptive Statistics	PERSONAL BURNOUT	WORK RELATED BURNOUT	CLIENT RELATED BURNOUT	OVERALL BURNOUT
Mean	321.25	334.00	418.50	1073.75
SD	102.02	120.47	111.44	293.99
Median	325.00	337.50	412.50	1025.00
Maximum	525	550	650	1550
Minimum	50	0	75	125
Range	475	550	575	1425
Mean%	53.5	55.7	59.8	56.5
RANK	3	2	1	

Table6: Frequency and percentage distribution of job performance of the staff nurses.

n=100

CRITERIA MEASURE OF JOB PERFORMANCE SCALE SCORE		
CATEGORY SCORE	FREQUENCY	PERCENTAGE
HIGH PERFORMANCE(63-85)	21	21%
MODERATE PERFORMANCE(40-62)	58	58%
LOW PERFORMANCE(17-39)	21	21%

Maximum Score=85 Minimum Score=17

Table7: Mean, median, standard deviation, maximum, minimum, range and mean percentage of job performance of the staff nurses.

n=100

Descriptive Statistics	Mean	SD	Median	Maximum	Minimum	Range	Mean %
JOB PERFORMANCE SCALE Score	50.68	10.65	48.50	76	32	44	59.6

Maximum=85 Minimum=17

Table8: Association between occupational burnout with the sociodemographic variables.

n=100

DEMOGRAPHIC VARIABLES		Levels(N=60)				ASSOCIATION WITH COPENHAGEN BURNOUT INVENTORY			
Variables		NO/LOW LEVEL OF BURNOUT	MODERATE BURNOUT	HIGH BURNOUT	SEVERE BURNOUT	χ^2 value	df	Table Value	p Value
AGE	21-30Years	22	41	20	0	4.232	2	5.991	0.121 ^{NS}
	31-40Years	8	8	1	0				
	41 Years and above	0	0	0	0				
SEX	Male	7	4	1	0	5.374	2	5.991	0.068 ^{NS}
	Female	23	45	20	0				
	Transgender	0	0	0	0				
MARITAL STATUS	Single	20	41	18	0	3.966	2	5.991	0.138 ^{NS}
	Married	10	8	3	0				
	Divorced	0	0	0	0				
	Widow/widower	0	0	0	0				
EDUCATION QUALIFICATION	GNM	25	41	16	0	8.680	4	9.488	0.070 ^{NS}
	B. Sc nursing	1	6	5	0				
	PostB.sc Nursing	4	2	0	0				
	M.Sc nursing	0	0	0	0				
EXPERIENCE	Lessthan1year	6	7	3	0	7.908	6	12.592	0.245 ^{NS}
	1to5years	16	34	16	0				
	6-10years	4	7	2	0				
	More than 10 years	4	1	0	0				
WORKING	Medical	2	11	7	0				
	Surgical	7	10	3	0				

AREAS/ DEPARTEMENT	Emergency	4	13	3	0	13.13	8	15.50	0.107 ^{NS}
	ICU	7	7	6	0				
	Others	10	8	2	0				

*p<0.05levelof significance

NS=not significant

Table9: Association between job performances with the socio demographic variables.

n=100

DEMOGRAPHIC VARIABLES		ASSOCIATION WITH JOB PERFORMANCE						
		LOW PERFORMANCE	MODERATE PERFORMANCE	HIGH PERFORMANCE	χ^2 value	df	Table Value	p Value
AGE	21-30Years	20	47	6	3.078	2	5.991	0.215 ^{NS}
	31-40Years	1	11	5				
	41 Years and above	0	0	0				
SEX	Male	1	6	5	3.966	2	5.991	0.138 ^{NS}
	Female	20	52	16				
	Transgender	0	0	0				
MARITAL STATUS	Single	18	47	4	2.641	2	5.991	0.267 ^{NS}
	Married	3	11	7				
	Divorced	0	0	0				
	Widow/widower	0	0	0				
EDUCATION QUALIFICATION	GNM	16	49	17	7.352	4	9.488	0.118 ^{NS}
	B. Sc nursing	5	6	1				
	PostB.sc	0	3	3				
	M.Sc nursing	0	0	0				
EXPERIENCE	Lessthan1year	3	12	1	13.753	6	12.592	0.033*
	1to5years	16	37	3				
	6-10years	2	8	3				
	More than 10 years	0	1	4				
WORKING AREAS/ DEPARTEMENT	Medical	6	13	1	14.680	8	15.507	0.066 ^{NS}
	Surgical	5	13	2				
	Emergency	7	9	4				
	ICU	2	11	7				
	Others	1	12	7				

*p<0.05levelof significance

NS=not significant

Table 10: correlation between occupational burnout and job performance of the staff nurses.

		n=100	
		Occupational burnout	Job performance
Occupational burnout	Pearson correlation	1	-.456
	Sig (2-tailed)		0.00
	N	100	100
Job performance	Pearson correlation	-.456	1
	Sig (2-tailed)	0.00	
	N	100	100

Correlation	r value
Occupational burnout and job performance	-0.456

DISCUSSION

- i. The study findings revealed that majority of participants 83% are in the 21–30 years age group.
- ii. In terms of gender, majority of the participants, 88% are female.
- iii. Regarding education, a large majority, 82% held a GNM qualification.
- iv. In experience-wise, most participants had 1 to 5 years of experience 66%.
- v. In case of working area/department, participants were evenly distributed across all departments, with 20% each working in general, cabin, emergency, ICU and Other departments.
- vi. The results revealed that in the level of occupational burnout among staff nurses, majority 49% have moderate level of occupational burnout.
- vii. The study findings revealed that the participants aged 21–30 years had the highest burnout (Mean = 1102.41, 58.0%), while those aged 31–40 years showed lower burnout (Mean = 933.82, 49.1%). No data was available for those above 40 years. Female participants had higher burnout (Mean = 1099.43, 57.9%) compared to males (Mean = 885.42, 46.6%). No transgender participants were recorded. Single participants showed more burnout (Mean = 1105.06, 58.2%) than married ones (Mean = 955.95, 50.3%). No data for divorced or widowed individuals. In case of education qualification, burnout was highest among B.Sc Nursing graduates (Mean = 1252.08, 65.9%), followed by GNM holders (Mean = 1076.83, 56.7%). Post B.Sc Nursing had the lowest mean (675.00, 35.5%). No participants with M.Sc Nursing. Participants with 1–5 years of experience had the highest burnout (Mean = 1114.02, 58.6%), while those with more than 10 years had the lowest (Mean = 790.00, 41.6%). Burnout was highest in the general ward/department (Mean = 1205.00, 63.4%), followed closely by ICU (1117.50, 58.8%), emergency ward (Mean = 1055.00), cabin ward (Mean = 1036.25) and lastly those in ‘Other’ departments had lower burnout (Mean = 955.00, 50.3%).
- viii. The results show, the Copenhagen Burnout Inventory (CBI) scores reveal that client-related burnout recorded the highest mean score of 418.50 with a mean percentage of 59.8%, making it the most significant contributor to overall burnout among participants. Following this, work-related burnout had a mean score of 334.00 and a mean percentage of 55.7%, ranking it second. Personal burnout scored the lowest among the three dimensions, with a mean of 321.25 and a mean percentage of 53.5%.
- ix. The result revealed that among staff nurses, out of the total participants, majority, 58 (58%) demonstrated moderate job performance (score range 40–62).

- x. The result revealed that the association between the occupational burnout with socio demographic variables of staff nurses using chi square test showed that all the socio demographic variables such as age, sex, marital status, education qualification, experience and working areas/department related to occupational burnout were found statistically non significant at $p < 0.05$ level of significance.
- xi. The study results revealed that the association between the job performances with socio demographic variables of staff nurse, tested using chi square test showed that the chi-square value for experience ($p = 0.033$) were found statistically significant with $p < 0.05$ level of significance. All the other socio demographic variables such as age, sex, marital status and educational qualification and working areas/department related to occupational burnout were found statistically non significant.
- xii. The result revealed that the Pearson's correlation coefficient between occupational burnout and job performance is -0.456 , indicating a moderate negative relationship between burnout and job performance. This means that as burnout increases, job performance tends to decrease. The result is statistically significant ($p = 0.000$).
- xiii. The result showed that the correlation between occupational burnout and job performance among staff nurses was tested using Karl Pearson formula showed that ($r = -0.456$) indicate negative correlation and reveals that occupational burnout has no effect on job performance among staff nurses.

CONCLUSION

The study was conducted to assess the level of occupational burnout and its effect on job performance among staff nurses working in selected hospitals of Guwahati, Assam. The study findings revealed that the study findings revealed that 30% have low or no level of burnout, 49% have moderate level of occupational burnout and 21% have high level of burnout and no participants have severe level of occupational burnout. Regarding job performance, 58% had moderate job performance, 21% of participants had high performance and 21% showed low performance.

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