BURNOUT AND JOB SATISFACTION ;

CASE STUDIES AMONG THE NURSES IN THE PRIVATE AND PUBLIC SECTORS IN THE BACKGROUND OF COVID-19.

MA SOCIOLOGY

ABSTRACT

Nurse burnout is a widespread phenomenon characterised by a reduction in nurses' energy that manifests in emotional exhaustion, lack of motivation, and feelings of frustration and may lead to reductions in work efficacy. It is a significant problem in the nursing profession, especially during the time of Covid-19 contributing to psychological distress, job dissatisfaction, employee turnover, reduced quality of care, and increased healthcare costs.

This thesis is divided into seven chapters starting with introduction and review of literature where the researcher has identified the causes of burnout among nurses who are working in both private and public sector , during the Covid-19 pandemic. Last chapters include methodology used in the study, case presentation , analysis of the data and findings of the study and conclusions. The researcher through this study could understand that the burnout among nurses was not such an issue that we can easily neglect. It's an issue that must be avoid for the well being of nurses. It involved many risky and varieties of dimensions during this pandemic situations. The reason that made them in burnout is the excessive workload that they are facing everyday. As the study is of inductive nature , it is difficult to generalize the study.

TABLE OF CONTENTS

Sl .No	CONTENTS	Page No
1	Introduction Statement of the Problem Significance of the Study	1-14
2	Review of Literature	15-21
3	Research Methodology	22-23
4	CASE PRESENTATIONS Analysis and interpretation	24-34
5	Findings and conclusions	35-36
	REFERENCES	35-50

CHAPTER I

INTRODUCTION

The COVID-19 pandemic had a massive impact on healthcare systems, increasing the risks of several issues in health professionals. In March 2020, due to the global spread of the disease, COVID-19 was declared as a pandemic, 362causing widespread concern. “In India, nearly 79,000 new cases added on August 29, 2020, the highest single-day surge recorded in any country so far with 3.5 million total cases marks an unprecedented spike in pandemic over the past several months”. More than 87,000 health workers have been infected with COVID-19 accounting for about 74% of the case burden and 86% of death of COVID-19 in India. So, it is clear that healthcare workers are among the high-risk group to be infected by COVID-19. Thus, COVID-19 pandemic created a public health crisis in India, which had a tremendous influence on the personal and professional lives of healthcare professionals. The nurses in the frontline are working non-stop to contain the outbreak, so we should be concerned about the health of them, both physically and mentally not to be burned out.

According to WHO, burnout is recognized as an extended response to workplace stress, which is not managed effectively. In a national survey conducted among nurses in the USA in April 2019, 15.6% of nurses reported a feeling of burnout, with a higher risk among nurses in the emergency department. Besides workload, dealing with critically ill patients and emotionally overloaded relatives is a highly challenging job for nurses working in the emergency department during a pandemic. Infectious diseases, pandemics, especially respiratory, are the most psychologically damaging because they are so deadly, contagious, and long-lasting; the coronavirus pandemic is one with such combinations.

The COVID-19 outbreak has resulted in many mental health outcomes depending on the individual’s strengths and weaknesses, the major stressors added to the nurses during the pandemic are the physical strain of personal protective equipments (PPEs) (dehydration, heat, and exhaustion) and physical isolation (cannot touch others), constant vigilance regarding infection control procedures, fears about infection, and inner conflicts about competing needs and demands. Healthcare workers in India are mostly affected by internal and external stigma related to the covid 19 virus and its impacts. One of the most important steps to prevent burnout is the early identification of the sources of stressors and the modification of individual personality traits and psychological functions. Recently, psychological resilience, a

concept of personality traits having protective effects against burnout, is identified. Resilience is a person’s adaptation to important stressful sources such as trauma, threat, tragedy, familial and relationship problems, workplace, and financial issues. Resilience is important for nurses, who encounter many risk factors in their day-to-day work life and have to provide standard care to the patients. With an increase in resilience, the nurses can cope with the negative conditions. Better adaptation and achievements are increased, and thereby they experience a better quality of working experience, which minimizes the burnout among them .Covid 19 has affected the life and health of more than 1 million people across the world. This over whelms, affects the healthcare systems and health care providers especially nurses fighting on the frontlines to safeguard the lives of everyone affected.

Stress is an inevitable factor in modern human life. In the period of new millennium, the problem of stress in an organization is growing gradually. In contemporary societies majority of people seem to talking about stress and its various consequences. Person‘s reaction to severe stress has become the major concern of the stress researches in different disciplines, such as psychology, psychiatry, medical sciences, physiology and management. The term stress has been derived from the Latin word ―stringer‖ which means “To draw tight”. The term was used to refer to hardship, strain adversity or affliction. Various terms have been synonymously used with stress, viz., anxiety, frustration, conflict, pressure, strain, etc.

Burnout is a chain of mental/emotional resources that is caused by job stress. It is a work related indicator of psychological health. Burnout is usually considered to an individual response to chronic occupational stress This interpersonal context of the job meant that, from the beginning, burnout was studied not so much as an individual stress response. The clinical and social psychological perspectives of the initial articles influenced the nature of the first phase of burnout research. On the clinical side, the focus was on symptoms of burnout and on issues of mental health. On the social side, the focus was on the context of service occupations. The strong concern in these occupations about the problem of burnout led to calls for immediate solutions, despite the lack of much solid knowledge of burnout‘s causes and correlates.

HISTORY OF BURNOUT RESEARCH

In the 1980s the work on burnout shifted to more systematic empirical research. This work was more quantitative in nature, utilizing questionnaire and survey methodology and studying larger subject populations. A particular focus of this research was the assessment of burnout, and several different measures were developed. Burnout was viewed as a form of job stress, with links to concepts like job satisfaction, organizational commitment, and turnover. The industrial organizational approach, when combined with the prior work based on clinical and social psychology, generated a richer diversity of perspectives on burnout and strengthened the scholarly base via the use of standardized tools and research designs. In the 1990s this empirical phase continued, but with several new directions. First, the concept of burnout was extended to occupations beyond the human services and education for example clerical, computer technology, military, managers etc. Burnout occur in many fields in nursing environment, low control might arise mostly from the way that the organization delineated the role of discretion of nurses in dealing with their patients and with doctors. In the late 1980s burnout was more and more noticed also outside the work with patients and care recipients .In a more general way burnout can be seen as ―a state of exhaustion in which one is cynical about the value of one‘s occupation and doubtful of one‘s capacity to perform. Researchers agree that stressors leading to burnout in human services can also be found in other occupations. Burnout syndromes are considered as related to occupational stress. Earlier research which had examined the relationship between occupational stress and burnout have presented mixed finding. Occupational stress infect has multidimensional aspects and there are number of other subjectively defined job stressors like role overload, role conflict, strenuous working conditions, unreasonable group and political pressure, under participation and poor relations which are common to all profession and can create stress. But little work has been carried out to examine the other components of occupational stress.

The "Three R" approach which deals burnout-

- Recognize – Watch for the warning signs of burnout
- Reverse – Undo the damage by managing stress and seeking support
- Resilience – Build your resilience to stress by taking care of your physical and emotional health. The most commonly accepted definition of burnout is the three component define by Maslach and Leiter (1998). Burnout is a syndrome of emotional exhaustion, depersonalization and diminished personal accomplishment (Maslach & Leiter, 1998) and a

person with emotional exhaustion as someone who lack energy, feels his/her emotional resources are depleted. They lack the energy to face another project or another person. (Maslach & Leiter, 1997). Feelings of frustration and tension occur as worker realizes they are not able to give of themselves to their clients as they had in the past. Individuals even feel dread at the thought of going to work.

STAGES OF BURNOUT

Emotional exhaustion is a condition that results from an excessive amount of stress. When suffering from this condition, which may also be referred to as emotional depletion or burnout, a person tends to feel as if her inner resources have been drained. This condition can have psychological, physical, and social effects. It generally does not require medical intervention unless more severe problems, such as depression or high cholesterol, have developed. In most cases, a person can recover if he takes a vacation, gets rest, or eliminates the cause of stress. If individual becomes overburdened with stress, there is a possibility that who person will suffer from emotional depletion. This condition makes a individual feel as though she does not have the necessary emotional and physical resources to meet the demands in her life. Despite the name, the cause of this condition does not have to be one that people tend to associate with emotional wellbeing, although it can be possible causes include a demanding job, financial problems, or struggles within an intimate relationship.

Depersonalization (DP) The second component of burnout is depersonalization. It leads to nonsentimental and rude responses to visitors and co-workers. Depersonalization occurs when workers perceive and respond to their clients as objects rather than as people. Worker feels suffer being indifferent in the hope it will protect them from exhaustion and disappointment. They display a detached posture, emotional callousness, and a cynical attitude towards, co-workers, clients and the organization as whole, because of their feeling of depersonalization Depersonalization is a mental state in which an individual feels detached or disconnected from his or her personal identity or self. This may include the sense that one is "outside" oneself, or is observing one's own actions, thoughts or body. A person experiencing depersonalization may feel so detached that he or she feels more like a robot than a human being. However, the person always is aware that this is just a feeling; there is no delusion that one is a lifeless robot or that one has no personal identity. The sense of detachment that characterizes the state may result in mood shifts, difficulty in thinking etc .Individuals with depersonalization often feel that events and the environment are unreal or

strange, a state called *derealization.* Depersonalization, in psychology, a state in which an individual feels that either he himself or the outside world is unreal. In addition to a sense of unreality, depersonalization may involve the feeling that one‘s mind is dissociated from one‘s body .Such feelings may also occur in adults after long periods of emotional stress. When significant social or occupational impairment continues, however, an individual is considered to have a disorder that should be treated. Feelings of depersonalization may also be present as features of some personality disorders and as symptoms of depression, anxiety, and schizophrenia.

Lack of Personal Accomplishment (LPA) is the third component of burnout. It refers to individual‘s negative understanding of their vocational efforts and to the feeling that there is no progress in the work, and efforts do not yield positive result. Workers who experience burnout view themselves negatively and feel a growing sense of inadequacy in their work. Experiencing every new endeavour on the job as overwhelming, they feel hopeless and lose confidence in it as well. Success is something just about everyone strives for. It gives us a reason to push ourselves and do our personal best. Many lose track of their pursuit of success as they become sedentary in their jobs and lack positivity in their lives.

The burnout process often ends with aversion to everything, feeling of despair and guilt. The fundamental three key phases are emotional exhaustion, depersonalization, and feeling a lack of personal accomplishment. Emotional exhaustion is due to a combination of personal stressors, job and organizational stressors. People who expect a lot from themselves and the organizations in which they work tend to create more internal stress which, in turn, leads to emotional exhaustion. Similarly, emotional exhaustion is fuelled by having too much work to do, by the type of interpersonal interactions encountered at work. Frequent, intense face to face interactions that are emotionally charged are associated with higher levels of emotional exhaustion. Over the time, emotional exhaustion leads to depersonalization, which is a state of psychologically withdrawing from one‘s job.

People who is experiencing burnout can have a negative impact on their colleagues, both by causing greater personal frustration and conflict. There is some evidence that burnout has a negative effect in their home life. However a person is who doing the job burnout leads to lower productivity and effectiveness at work. Burnout victims have learned that they can't control their respective worlds so they stop trying to do so, which handicaps their ability to adopt or learn in the future. Work overload- is a response to over load work and time

pressures are strongly and consistently related to burnout. Studies of qualitative job demands have focused primarily on role conflict and role ambiguity.

Burnout is linked to the dimension of neuroticism includes trait anxiety hostility, depression, self-consciousness and vulnerability neurotic individuals are emotionally unstable and prone to psychological distress. The affective signs are depressed or changing mood, tearfulness, emotional exhaustion, increased tension and anxiety. Cognitive signs are helplessness or loss of meaning and hope, feelings of powerlessness, and feelings of being trapped, sense of failure, poor self-esteem, guilt, suicidal ideas, inability to concentrate and difficulty with complex tasks. The physical signs are headaches, nausea, dizziness, muscle pain, sleep disturbances, ulcer, gastrointestinal disorders, and chronic fatigue. The behavioural signs are more common hyperactivity or impulsivity, increased consumption of caffeine, tobacco, alcohol, illicit drugs, abandonment of recreational activities, compulsive complaining. Lastly, motivational signs are loss of zeal or loss of idealism, resignation, and disappointment boredom. Another signs are violent outbursts, propensity for violent and aggressive behavior, aggressiveness toward patients, interpersonal, marital and family conflicts; social isolation and withdrawal, responding to person in a mechanical manner, and the last motivational signs are loss of interest, indifference with respect to person. At organizational level, burnout is first and foremost characterized by reduced effectiveness, poor work performance and minimal productivity Burnout is a loss of interest in work and, in extreme forms; the burnout victim can literally become unable to work. The work skills remain intact, but burnout leaves its victim unable to become involved in the work.

Burnout victims tend to overreact with emotional outbursts or intense hostility, making communication with co-workers, friends, and family increasingly difficult. Getting along with people requires tolerance and patience, but tolerance level drops as the burnout grows. Emotional overloading makes interacting with others precarious. People suffering from job burnout tend to withdraw from social interactions. This tendency is most pronounced among nursing professionals who often become aloof and inaccessible to the very people they are expected to help. Burnout is a prolonged response to chronic emotional and interpersonal stressors on the job and is defined by the three dimensions of emotional exhaustion, cynicism, and personal inefficacy. Exploring the issues that nurses' face during their battle will help support them and develop protocols and plans to improve their preparedness. The major issues facing nurses in this situation are the critical shortage of nurses, beds and medical supplies including personal protective equipment, psychological

changes and fears of infection among nursing staffs. The implications of these findings might help to provide support and identify the needs of nurses in all affected countries to ensure that they can work and respond to this crisis with more confidence. Moreover, this will help enhance preparedness for pandemics and consider issues when drawing up crisis plans. The recommendation is to support the nurses, since they are in a critical line of defence. Indeed, more research must be conducted in the field of pandemics regarding nursing. Battling COVID-19 on the frontline makes nurses vulnerable to much psychological distress. Hence, the study focused on the mental and physical health impacts and effects of the COVID-19 pandemic on frontline nurses who are working both in the private and public sector. Previous studies conducted among healthcare providers revealed that nurses are at more risk of burnout than other healthcare providers because they are working in close contact with affected patients for longer hours. The present study identified that 86% of the frontline nurses in emergency feared transmitting COVID-19 to family members, even they comply with infection prevention practices. Similar findings were identified in a study conducted among dentists, where subjects were afraid of being infected by their patients or co-workers. In the general population, they were terrified of getting infected by other people in the community during this pandemic. Since the mode of transmission of the infection is established to be droplet and aerosols, it enhanced the likelihood of nurses getting infected and spreading to family. The majority of the subjects perceived inadequate workplace safety against COVID-19. About 76% of the subjects without proper protective equipment were exposed to COVID-19 patients without knowing their positive status. In general, the outbreak of an emerging disease contributes to a general atmosphere of fear that needs to be psychologically studied through comprehensive research activity to understand its possible negative impacts on individuals' mental health and productivity, to mitigate such impacts on the HCWs, in particular, who are in the frontline of counteracting the disease. The fear of infection to self and family resulted in the frontlines more susceptible to anxiety and stress during the pandemic. Increased patient physical workloads lead to severe burnout in the form of emotional exhaustion, depersonalization, and reduced personal accomplishment. In the present study, frontline nurses expressed a moderate to a high level of burnout in emotional exhaustion and depersonalization and burnout is less affected in the area of personal accomplishment. Similar results were echoed in a study conducted among Mexican nurses, where burnout was high in dimensions of emotional exhaustion and depersonalization and it was low in personal competence. The study conducted in Wuhan in the early outbreak of COVID-19 revealed a higher level of burnout among frontline nurses with 41.5, 27.6, and

38.3% of burnout in emotional exhaustion, depersonalization, and personal accomplishment, indicating a high prevalence of burnout among frontline nurses. Another study reported more severe degrees of all measurements of mental health outcomes among nurses exposed to COVID-19 patients. The respondents in this study had a moderate to a high level of resilience with an average total score of 77.77 scoring higher for resilience for nurses as compared to other, published studies. For example, a study conducted among 1,061 nurses in Hunan Province China showed a moderate level of resilience, and a similar result was echoed in Australia also, a moderate level of resilience with a mean score of 70.02. Two metrics of burnout, emotional exhaustion, and reduced personal accomplishment had significant negative correlations with the total score of resilience. The observed relationship between the variables is consistent with previous studies, where the correlation was weak, but a study conducted by Rushton et al. expressed that the association between burnout and resilience was strong. Many other studies supported a negative correlation between workrelated burnout among nurses and their resiliency. The result of the present study is supported by research conducted among the different populations in India and the findings proved a high level of resilience helps to manage stress and positively deals with challenges in life and decision-making. The studies substantiate that psychological resilience is a complex phenomenon. Many studies reflect a significant correlation between resilience and psychological well-being. Higher resilience results in enhanced autonomy, personal growth, development optimism, and purpose in life. As demonstrated in these studies, resilience appears to be a protective factor for burnout among nurses. So, it is clear that resilience is really what is essential for nurses to fight against stress, exhaustion, and frustrations in the workplace. Previous researches substantially proved that improving resilience causes increased job satisfaction among nurses, ameliorate nursing turnover internationally. Therefore, nurse managers in India must take necessary initiatives' earliest to mitigate the burnout and stress among nurses by creating a harmonious and healthy working environment to improve nurses' resilience skills and behaviours in response to the heavy workload and emotional overburden of the pandemics. In the present study, a high level of emotional exhaustion was reported by frontline nurses who had perceived fear of infecting family members, safety against COVID-19 in the workplace, and confidence in self-protection against COVID-19 infection. In contrast, most nurses (62%) younger than 30 years reported moderate to a high level of depersonalization, and female frontline nurses (33.33%) expressed a higher personal accomplishment in the present study. In many previous studies, demographic variables failed to provide inconclusive evidence to consider a risk factor for burnout. No studies are

available regarding COVID-19 related factors and burnout among nurses. Some studies found younger age, gender, marital status, workload, and managerial issues were associated with burnout among nurses. But the study conducted in Wuhan during the initial period of pandemic revealed an association between emotional exhaustion and gender and education level of the frontline nurses, depersonalization associated with age, gender, and clinical experience. Personal accomplishments of the subjects were associated with age, marital status, and clinical experience. Nurses working in hospitals, witnesses of many deaths and poor recovery in patients due to multiple reasons. Many studies had identified different internal and external factors of burnout among nurses. This study suggests additional researches simultaneously is needed to identify individual factors and environmental factors that create stress among nurses. The present long-lasting nature of pandemic made almost all the health workers in emergencies more panic, and already existing stressors will cause more burnout. Studies suggest that effective interventions reduce nurses' job stress, lighten their burnout, and improve job satisfaction and quality of care. Basic as well as innovative safety approaches in COVID and non-COVID areas are mandatory for the nurses to strengthen the resilience while fighting with this pandemic.

This study aims to determine the burnout and resilience and its associated factors among the frontline nurses who provide direct care for the patients in both private and public sectors.

STATEMENT OF THE PROBLEM

Coronavirus disease 2019 (**COVID-19**) is a contagious disease caused by Severe Acute Respiratory Syndrome Corona Virus (SARS-CoV-2). The first case was identified in Wuhan China, in December 2019. The disease has since spread worldwide, leading to an ongoing pandemic. At least a one third of the people who are infected with the virus remain asymptomatic and do not develop noticeable symptoms at any point in time, but they still can spread the disease. Some people continue to experience a long range of effects, and damage to organs has been observed. The virus that causes COVID-19 spreads mainly when an infected person is in close contact with another person conclusively. Infection mainly happens when people are near each other for long enough. People who are infected can transmit the virus to another person up to two days before they themselves show symptoms.

BURNOUT

Burnout is a physical, mental and emotional state caused by chronic overwork and sustained lack of job fulfilment and support. Common burnout symptoms may include physical or emotional exhaustion, job – related cynicism and low sense of personal accomplishment. Burnout may also be caused by hectic schedules. Burnout occurs as a result of widening gap between the individual and demands of the job. It is a problem that is widely prevalent, cutting across many employment sectors.

Nursing is inevitably a demanding and stressful job in a complex organizational setting. Extra stressors like "Burnout", have a severe impact on nurse's wellbeing, patient safety and the health organizations as a whole. Causes of burnout are not only limited to individuals but also the management and organizational factors. Occupational factors such as shift work, workload, road clarity and ambiguity are seen to be the leading cause of burnout among the staff nurses. But Burnout is a manageable condition which can also be prevented through good management and leadership., development of nurse practice environment, stress reduction interventions, good lifestyle choices, emotional intelligence ,emotion and problem focused copying strategies are linked to high to high job satisfaction, less stress and therefore reduce the likelihood of burnout among nurses.

Nurses have tremendous responsibilities and deal with enormous challenges. They are more prone to developing stress than other health care professionals. Burnout is unfortunately one of the challenges that many nurses in different parts of the world are facing today and many are leaving the profession due to occupational stress and inability to provide nurse assessed good quality care.

Burnout is a crucial problem in nursing and it has a negative impact on the performance of an individual. For nurses, this is crucial information as this directly puts patients well being and lives in danger as well as going against the code of ethics for nurses. The main aim of the research is to study the Burnout problem among nurses, and what can be done to manage this problem and hopefully find the coping strategies that are useful in the future.

SIGNIFICANCE OF THE STUDY

This study is relevant in the sense that it would lead to an understanding of a relatively unknown topic like Burnout in nursing profession, their job dissatisfaction and hectic workload during covid-19 pandemic in both public and private sector. It is a common

and crucial problem faced by staff nurses and the study will help in analysing the major causes and factors of burnout among nurses. Nurses being the backbone of our healthcare system, such inputs will be of great social relevance too.

CHAPTER II

REVIEW OF LITERATURE

According to *Sidney Medeiros, on his journal, Prevention Actions of Burnout Syndrome in Nurses : An Integrating Literature Review,* Burnout syndrome is the continuous exposure to work-stress associated with poor working conditions, in which pleasure and work performance decrease . In view of this, it is considered a multi-causal pathology, as it is related to excessive exposure to prolonged stress; it has identified aspects related to several stressors in the work environment that imply the commitment of the worker's health triggering the disease, evaluated according to three components: depersonalization, exhaustion emotional, and professional achievement .

According to Lazarus (1966), ―Stress refers to physiological, behavioral and cognitive responses to appraised as threatening or exceeding one‗s coping responses and options.

Oxford Dictionary defines stress in five different ways. But three of these definitions are relevant in present context .The first definition offered is that of a constraining or impelling force. The second definition treats stress as an effect or demands energy. The third definition talks of a force exerted on the body.

Wingate (1972) defined stress ―as any influence which disturbs the natural equilibrium of the body, and includes within its reference, physical injury, exposure, deprivation, all kinds of disease and emotional disturbances.

Job stress has continued to grow costing organization billions of dollars in employee disability claims, employee absenteeism and lost productivity (Spector, Chen, & O‗Connell, 2000; Xie & Schaubroueck, 2001).

Burnout is a chain of mental/emotional resources that is caused refers to a chain of mental/emotional resources caused by job stress is a work related indicator of psychological health (Schaufeli & Enzmann, 1998). Burnout is usually considered to an individual response to chronic occupational stress (Peiro, Gonzales- Roma, Tordera &Manas(2001).

Freudenberger (1974), defined job burnout as, ―a state of fatigue or frustration brought about by devotion to a cause way of life or relationship that failed to produce the expected rewarded.

Job burnout has been defined by Pines and Aronson (1989) as ―a state of physical, emotional and mental exhaustion caused by long term involvement in emotionally demanding situations.

One of the most radical definitions representing the general nature of burnout is provided by Maslach and Leiter (1997);that ―Burnout is the index of the dislocation between what people are and what they have to do. It represents an erosion in value, dignity, spirit, and will an erosion of the human soul. It is a malady that spreads gradually and continuously over time, putting people into a downward spiral from which it‘s hard to recover.

Burnout is defined as a ―Psychological withdrawal from in response to excessive stress of dissatisfaction (Ponnusamy, 2006).‖ It is a response to acute job stress in damaged or even destroyed organization. In this way burnout can be defined as the end result of stress experienced but properly coped with, resulting in symptoms of exhaustion , irritation , ineffectiveness, discounting of self and others and problem of health , such as hypertension, ulcers and heart problems.

Burnout is a protective adaptation to work related stress, not solely dependent on social or acculturation to a work environment (Jacobson & McGrath, 1983).

Burnout is conceived of as most important consequence of uncorrected chronic job stress and as a state of physical and emotional exhaustion typically occurring as a result of long term involvement with people in situation. Job burnout in the field of correction is harmful and costly to the employee, his or her family and friends, co-workers inmates the organization and society in general (Garland, 2002, Maslach, 1982; Schaufeli &Peeters ,2000).

Burnout in Nursing Nurses are particularly susceptible to burnout (Demerouti, Bakker, Nachreiner, &Ebbinghaus, 2002).

Freudenberger (1975), a psychiatrist working in an alternative health care agency, Maslach (1976) a social psychologist who was studying emotions in the workplace. Freudenberg provide direct accounts of the process by which he and others experienced emotional depletion and a loss of motivation and commitment, and he labelled it with a term being used colloquially to refer to the effects of chronic drug abuse burnout, Maslach interviewed a wide range of human services workers about the emotional stress of their jobs

and discovered that the coping strategies had important implications for people‘s professional identity and job behavior. Thus, burnout research had its roots in care–giving and service occupations, in which the core of the job was the relationship between provider and Stress Burnout Characterized by over engagement Characterized by disengagement Emotions are over reactive Emotions are blunted Produces urgency and hyperactivity Produces helplessness and hopelessness Loss of energy Loss of motivation, ideals, and hope Leads to anxiety disorders Leads to detachment and depression Primary damage is physical Primary damage is emotional May kill you prematurely May make life seem not worth living 7 recipient. This interpersonal context of the job meant that, from the beginning, burnout was studied not so much as an individual stress response.

The concept of burnout was extended to occupations beyond the human services and education for example clerical, computer technology, military, managers etc. Burnout occur in many fields in nursing environment, low control might arise mostly from the way that the organization delineated the role of discretion of nurses in dealing with their patients and with doctors (Fox, et al., 1993).

In the late 1980s burnout was more and more noticed also outside the work with patients and care recipients (Demerouti, Bakker, Nachreiner & Schaufeli, 2001; Schaufeli,Tanio& Van Rhenon, 2008).

Burnout is a syndrome of emotional exhaustion, depersonalization and diminished personal accomplishment (Maslach & Leiter, 1998) and a person with emotional exhaustion as someone who lack energy, feels his/her emotional resources are depleted. They lack the energy to face another project or another person. (Maslach & Leiter, 1997).

Depersonalization occurs when workers perceive and respond to their clients as objects rather than as people. Worker feels suffer being indifferent in the hope it will protect them from exhaustion and disappointment. They display a detached posture, emotional callousness, and a cynical attitude towards, co-workers, clients and the organization as whole, because of their feeling of depersonalization (Maslach & Leiter, 1997; Cordes & Dougherty, 1993). Depersonalization is a mental state in which an individual feels detached or disconnected from his or her personal identity or self. This may include the sense that one is "outside" oneself, or is observing one's own actions, thoughts or body. A person experiencing depersonalization may feel so detached that he or she feels more like a robot than a human being.

Lack of personal accomplishment is the third component of burnout according to Maslach and Leiter (1997). It refers to individual‘s negative understanding of their vocational efforts and to the feeling that there is no progress in the work, and efforts do not yield positive result. Workers who experience burnout view themselves negatively and feel a growing sense of inadequacy in their work. Experiencing every new endeavor on the job as overwhelming, they feel hopeless and lose confidence in it as well. .

Types of Burnout Farber (1990) proposed three types of burnout

1. A ―work out type, wherein an individual gives up or performs work in perfunctory manner, when confronted with too much stress and too little gratification.

2. A ―Classic or Frenetic burnout wherein an individual works increasingly hard to the point of exhaustion, in pursuit of sufficient gratification or accomplishment to match the extent of stress experienced.

3. An under challenged subtype of burnout where an individual faced not with an excessive degree of stress perse (i.e. workload) but rather with monotonous and un-stimulating work condition that fail to provide sufficient rewards. Burnout makes a person feel bored, overloaded, or unappreciated. .

Nurses physician collaborative relationship on nurses self-perceived job satisfaction in ambulatory care was conducted by Willkinson and Hite (2001). The result revealed that lack of correlation between the nurse‘s physician co-relationship and job satisfaction may have been attributed to limitation such as limited size and the nurses having a relationship with a smaller number of physicians in the ambulatory care setting.

A study of contrasting burnout, turnover intention, and control was conducted by Leiter, Jackson and Shaughnessy (2009). They found that the influence of Baby Boomer nurses in the structure of work and the application of new knowledge in health care work settings.

Shift Work Palfi (2008) studied the role of burnout among Hungarian nurses, and found that the intensive care nurses have the highest scores for burnout followed by nurses in long term care.

Piko (2006) investigated the inter-relationships among burnout, role conflict, job satisfaction and psychosomatic health among Hungarian health care staff and also how these

psychosocial work climate influence respondents' frequency of psychosomatic symptoms. The results revealed that the importance of the role of psychosocial work environment and the inter-relationships among burnout, role conflict, job satisfaction and psychosomatic health among Hungarian health care staff.

Jamal (2004) examined the relationship between non standard work schedules such as shift work and weekend work, and job burnout, stress and psychosomatic health among full time employed in metropolitan city. Employees involved with weekend work reported significantly higher emotional exhaustion, job stress and psychosomatic health problems than employees not involved with weekend work. Similarly, employees, on non- standard work shift reported significantly higher overall burnout, emotional exhaustion, job stress and health problems than employees on a fixed day shift.

Nakta et al., (2001) conducted a cross- sectional study to clarify the contribution of psychological job stress to insomnia in shift workers. Insomnia was regarded as prevalent if the workers had at least one of the following symptoms in the last year; less than 30 minutes to fall asleep, difficulty in maintaining sleep, or early morning awakening almost every day.

Burnout and psychological stress of nurses in two and three shift work was analyzed by Kandolin (1993).The study concerned 124 mental health nurses and 162 nurses of mentally handicapped persons; half of the nurses were women. Fifty two percent were in three-shift work and the other half were worked in two shifts. Female nurses in three- shift work reported more stress symptoms and had ceased hardening to enjoy their work more often than woman in two shift work. 49 Psychological fatigue and hardening were not dependent on the shift system. Male nurses experienced the same amount of burnout and stress in two and three shift work. Besides shift work, occupational demands and passive stress coping strategies contributed to the experience of burnout and stress. Family demands did not correlate with burnout of the nurses. A study of routilization of job context and job content as related to employees'quality of working life.

A study of Canadian nurses was conducted by Baba and Jamal (1992). Result revealed that workers assigned to rotating shifts are prone to higher job stress and strain, physical and emotional health problems and exhibit more sub marginal work behaviours than do workers who are assigned permanently today, afternoon or even night shifts.

A study of cognitive model of stress, burnout was conducted by Ohue (2011) found that a reduction in burnout is required to decrease the voluntary turnover of nurses. This study

was carried out with the aim of establishing a cognitive model of stress, burnout, and intention to resign for nurses. The questionnaire survey was administered to 336 nurses (27 male and 309 female) who years at a hospital with multiple departments. Results revealed that affected burnout in the nurses included conflict with other nursing staff, nursing role conflict, qualitative workload, quantitative workload, and conflict with patients. The irrational beliefs that were related to burnout included dependence, problem avoidance, and helplessness. Results suggested that stress intention to resign was shown. Burnout in nurses might be prevented and that the number of nurses who leave their position could be decreased by changing irrational beliefs to rational beliefs, decreasing negative automatic thoughts, and facilitating positive automatic thoughts.

Thus, nursing is one of the most stressful occupations. It is common to find burnout syndrome in health professionals, especially in the field of nursing. Some professionals manage to deal with the symptoms, but those who do not adapt to the long-term working conditions, insufficient number of professionals, and poor communication tend to feel physically and emotionally worn out . For nurses, burnout reduces the ability to provide care. Every day, nurses face the dilemma of being human, empathetic, and sensitive,in a work environment of many responsibilities. Situations discovered by professionals in patients, such as costly recovery or non-recovery, as well as the lack of capacity to deal with dark situations, such as death, can create a feeling of impotence and professional dissatisfaction. Therefore, burnout prevention in health professionals, including nurses, has an important significance in promoting the physical and mental health of these service providers. Burnout affects personality, performance, and productivity at work. The emotional responses that the disease can cause in the long run lead to a mental strain that will hardly neutralize spontaneously. In this context, this study aimed to analyze the actions of prevention and control in the workplace to reduce burnout in nurses.

The world health organization states that, most companies worldwide are more concerned with investment in medical treatments, when the recommendation is that they should invest more in prevention and in improving the quality of the work environment, to protect the well-being and health of workers. The symptoms of burnout syndrome are characterized initially by the inability of the individual to cope with stressful work situations. The considerable professional turnover that is verified in some sectors and institutions makes the results appear limited when it comes to interventions in this area. Recognition of other mental pathologies that can influence the development of burnout is crucial. Symptoms of

distress, coping, work limitations, job satisfaction, use of substances to relieve stress, alcohol consumption, and understanding of depression and anxiety are some of the points to be considered.

According to *Matteo Bernardi, in his article The World Of Nursing Burnout,*the burnout is strongly related to the coping strategies, the stress index and the personal accomplishment and these factors are highly predictive. Besides that, the data show some disagreements concerning the relation between burnout and sex and burnout and age. The comparative studies show that nurses are, between health care staff, the ones which run the highest risk of burnout, especially the oncologic nurses and nurses working with AIDS patients. This literature review, summing up which steps the research has done and which are still to do, reflects the strong importance of the problem called burnout and the aspects related to it inside the world of nursing. This review underlines the importance of an insertion of support group inside the clinical practice to avoid the risk to have sick persons who take care of other patients.

CHAPTER III

RESEARCH METHODOLOGY

TITLE

Burnout and job satisfaction; Case studies among the nurses in the private and public sectors in the background of Covid-19.

DESIGN

Case Study

This research aimed at studying the burnout among nurses and their issues who are working both in private and public sectors. The researcher conducted the study on the parameters of their workload, stress, health conditions, emotional status, family support, hospital facilities etc. This research was approached "Qualitatively".

General research questions

What are the factors that are responsible for "Burnout" and level of job satisfaction among nurses who are working in both private and public sectors in the background of Covid19?

Specific research questions

Find out the factors influencing "Burnout" among nurses in both private and public sector.

- How does "Burnout" influence job satisfaction in the period of Covid-19?
- How the "Burnout" do affects the lives of nurses working in private hospitals during covid period?
- What are the reasons that make the nurses in burnout, who are the staffs in government sectors?
- What can be done to prevent "Burnout" and increase Job satisfaction?

Case selection

The researcher took 5 cases; including 2 staffs from private sector and 3 from government sector to study the individual experiences of the nurses.

Area of study

This study was conducted in nurses who are employees in private and public sector, Trivandrum.

Data collection

The data about the life and associated burnout problems of the nurses was collected by visiting and interacting with them. Primary data was collected using case study. Secondary data was collected from articles, datas based on previous studies and newspaper reports.

Data collection tools

- Unstructured Interview

Limitation of study

Difficulty in accessing the nurses due to their excessive workload and due to covid pandemic.

ANALYSIS

CASE 1

Amritha, a staff nurse from XYZ medical institution shared her experience of her profession during the period of covid 19. She has been working in this field for the past 9 years. It was really a crucial situation in her profession that she faced during those days. She worked both in private and Government sector and well experienced the difference in both. She worked as a temporary staff in a government hospital for about 6 months during covid. Her experience in that sector made her to know the wide difference between both institutions. She got many offers from NHRM, NHM etc when she worked in private. They offers job opportunity and allowances. They got many classes from Nursing Education about how to be in field, about precautions and safety measures. As a private staff she suffered economically. At the starting stage the hospital provided everything (PPE, mask, gloves etc) for their protection . Later the scarcity in those made them to reuse the things by washing(even the single use materials). At first they provide cloth mask which was not much effective in that scenario. Later only got the N-95.

The exposure of doctors was very less as compared to them. They only consult the patients through the data given by the nurses. They made the nurses to do all the work even file making and reporting. So they exposed a lot. Even though they provided risk allowances, it will only reach their hands after three or four months. As she belongs to an average family as a staff in private sector she suffered economically.

While handling the patients , she had faced many issues regarding it. She treated four covid positive patients which was entirely a different experience in her career. She need to solve all the complaints from patients. She need to support the patients both mentally and emotionally. Some doesn't cooperate especially when they ask them to wear mask and all, she repeatedly need to say all those. Then one of the issue they faced was the shortage of staff. As there was an increase in the number of patients, shortage of staff was one of the major issue that she had faced. At first it was 10 days duty with 6 days off. Later due to staff shortage it was reduced to 3 days off. Former, the duty time was 4 hours for a staff, later it was extended to 6hrs with 2 staffs. In such condition they felt much tired due to their hectic work. She can't go home and must stay in hospital, so she felt more depressed and the attachment with family was reduced for a long time. As a mother, she was unable to take care of her kid which was of 4 years of age which made her emotionally in very bad condition.

Even if she visited home, she need to stay away from all the family members and need to be in quarantine for about 14 days. They are persons with more exposure to patients. So that they need to be with such careful protective measures.The PPE, mask, gloves, Google's made them so tired. Continuous usage of face mask made her in severe headache. While wearing PPE, she sweated a lot and made her so irritated that she can't even urinate properly. They need to take hot water bath with chlorinated water. The continuous sanitizing of hands made her itching and felt burning sensations. Other problems like eye pain, leg pain, hair fall also occurred.

As it was a private hospital, the management didn't took actions regarding such issues, even if they complained.It made them more in such stressed condition.

Case 2

In the case of second responded, who was also an employee of private sector, the period of covid was such a crucial time for him. There was no communication, socially they can't communicate as normal. They need to keep distance even from family members and friends. Mental stress is very high. Away from daily activities due to quarantine is very high. Family support was good. But he depend them more. Anxiety from family members. Also patients have the same anxiety. Psychological support reducing anxiety of family members was a great challenge for him. First he faced difficulty in accepting the patients, if they are positive, he can only do is to make them aware of the realities. Mental strain was very high, he need to see them. So he was in need of psychological support.

Allowance was not there for all. If 24hrs duty, then got only 12 hours salary. Duty was very difficult with different types of patients. The continuous use of PPE kit made him physically and mentally in strain. Due to mental strain he felt depressed and can't even talk happily to others colleagues and even to family members. He became fully tired at the end of each day and can't talk freely and mentally was not free. Initially the salary was reduced to half. Expect that there were no such issues he faced. He got full support from the family, even though they were tensed a bit. They gave the courage to go ahead. He treated many covid positive patients, it was very hectic to work with wearing a PPE, since his duty time was 8hrs, and he was not supposed to eat, or drink during the duty time, not even to use washrooms. It mainly affects during night duties. By wearing face shield, it was very difficult for him to visualize and record. The main issue is that he felt was excessive sweating inside since there was no air exchange. At the end of duty time, he was totally tired.

In off days he need to be in a separate room for seven days as a part of quarantine, since he had grandparents in his home, he had underwent a strict quarantine. There was no one even to speak, only phone was the rescue. First two days was ease, after that it was very bored.

"*I felt that seven days as seven years."*

Case – 3

The third respondent was a staff in government hospital. She had treated the positive case patients.

"*This was really an unforgettable days in my life and in my career. The only way in front of me was to go along with the days with hope that everything will be fine. I cried a lot because every day I need to see the death of many, especially the infants, which made my heart to break."*

Her family was very supportive and has allowed her to go about the profession. Lots of people lost their job which affected the financial status. Being isolated causes stress and depression. Patients and relatives are always on complaint and don't understand the mode of transmission causing increase and spread of the disease.

"*At the starting time I along with my colleagues was in trouble, because we actually don't know how to make the bystanders to understand about the condition. Many had shouted to us because they really need to see the patients which was an impossible thing in this scenario. At first they become violent but later they cooperated with us "*.

She became stressed, more over causing change in the body cycle leading to various long term diseases.

"Yes I did, during lockdown we were completely isolated and not allowed to goout, also was difficult to buy things for our daily needs"

As during the covid era people all over the world were praising nurses. Looking at it felt proud but as well say this is just a normal disease for all of us as in daily life we are dealing with many any seen viruses.

"*We nurses are not here for fame but for the respect in the society"*. She said, *"Yes of course, we are supposed to continuous wear the PPE in the hospital all over our duty time. We are unable to go to our home, at the same time when at home have to undue precautions to prevent the spread of disease to our family members as we don't know whether we are positive"*.

She became too stressed causing mental instability. Wearing continues PPE has caused various difficult situations in which she become breathlessness and felt blurred vision.

As covid 19 is a communicable diseases and more over affects children and old age it’s very difficult and had to isolate herself from them many times which also affects the bond and the relationships.

CASE – 4

In the next case, the next responded was an employee in government sector. She had been there in duty during the time of covid. At first during the arrival of covid she and her colleagues feared a lot, because it is a novel one, and was unaware of the precautions and preventive measures.

"*Actuallybefore the arrival of the aftereffects of covid we got informationregarding it. But I am really in panic, because there was no such treatment and vaccine yet discovered during its emergence. "*

She was in the fear of death. It was so confused about the situation that staffs actually don't know what to do in such a pandemic condition. Later they gradually become aware of it and done the duties according to it. Earlier the working hours for her was 8hrs. After the arrival of covid, it was extended to 24 hrs. That means the work load increased to twice or thrice. There was a situation of staff storage at first, later it was balanced with the staffs which was taken through contract basis.

"*Our working hours was uncountable. In our department we faced staff shortage and took some also through contract. Otherwise we can't cope up with such a situation. Many student nurses was also along with me and it was really a great relief for me, because they helped me unconditionally even without any payment. Am really thanking them"*.

She had treated 6 covid positive patients including a child. One of her patient died due to covid (66 yrs)which made her in more tensed condition. She mingled with the bystanders of the patient and so gone for home quarantine many times. Even if she were in home, she was continuously engaged with the things happening in the hospital. She had attended several calls, clearing doubts of the patients, giving them psychological support etc. Psychologists called her to provide mental support and awareness when she was in quarantine.

But she said….

"*Even in my off days I didn't felt it because the continuous calls and updating from the patients didn't make me to feel that am not in hospital. when I was in home quarantine. . Psychologist helps me to withstand in those times, but I felt it was actually needed for the patients. It was us that are actually given more psychological support to the patients than they provide to us"*.

There was a software named “JAAGRATHA PORT” which was connected to all government hospitals which is still in working. If any positive cases reported, they will get informed. Also they are linked with the collectorate where there is a cell introduced for reporting positive cases. As a government staff, she was also connected with other health workers like ASHA workers, JPHN etc. It was so helpful for them to easily identifying if any positive cases arise in any panchayaths. There was no allowances she got from the government. But they cut one month salary.

“It doesn’t makes me much tight, but it affects the economy of my colleague, as she belongs to a very poor family and widow, her salary was the only income of her family including two children and older parents. It makes her in economic crisis.

The hospital provided a better safety equipment’s like PPE, mask, gloves, Google’s, where no such shortage for those things was. All though it was a very stress full condition for her. The hectic workload and fear of the virus spread make her in a level of stress which she never faced before. The support from the family and relatives helped her a lot in overcoming such a critical situation.

CASE – 5

In this case, the respondent was an employee of government sector who has been working for the last 9 years in ABC hospital. She had shared her experience during the pandemic of covid 19 were she had faced a hectic work load on her duty time. It was such a crucial situation for her where she faced a lot of work load which makes her felt a state of emotional depression. She had treated 4 covid positive patient and also faced covid death during treatment. The exposure for them including her was more as compare to doctor.

She went quarantine many times and it was at home. As a government employee the quarantine time was also a hectic time for her. Even at home she had to respond to the doubts and has to attend the calls of the patients.. She was provided with mental support by the psychiatrist when she was in quarantine. But actually it was she as a nurse who provided mental support and awareness to his patients regarding covid 19. There was no such government allowances that was provided to her. Their salary of one month was cut during this pandemic.

During her duty days, her mother became Covid positive which made her in trouble. She was unable to look after her as she was in hospital with positive patients.

"*Even am a nurse I was helpless to my mother. She got covid and was isolated at home. I become more panic because every day am seeing the sufferings and difficulties of covid patients. At that time the death rate was so high especially those with any other diseases"*.

After some days her mother become negative. She provided mental support for her more than a daughter as a nurse. The emotional status of her was so horrible in between her working days, as she was unable to look after or treat her own mother as a nurse during her affected times. Even though she is happy that she can give better better care and can be loyal in her profession.

INTERPRETATION

The researcher had interviewed the respondents in detail and had collected the details of experiences that they had undergone over the time. The issues of nurses in both the sectors and many. They face issues related to safety problem, proper hygiene, health issues,

economic problem and the difficulties related to handling the patients during the time of covid. The following presentation is the analysis of the data availed from the respondents and interpretations of the data.

1) <u>Burnout among nurses</u>

Although in the field of nursing, all are facing the pattern of burnout. They have been working for the past many years in this field. After the arrival of covid the workload was actually doubled for them .Working in any sector is fine. They have their own issues and difficulties in respective sectors. As nursing is such an eminent profession they need to be working the whole hours without any complaints and excuses. They should always be prepared to face the matters which comes to them. The feeling of burnout occurs when they totally loose their temper and when the workload increases.

"*I faced many problems from the hospitals and senior staffs. I couldn't find any way to overcome the situation. But as a nurse I need to be always there with my patients even without caring my own health. Because it's my duty to take care of them and provide them maximum support in this pandemic scenario. We struggled a lot because the responds and support from the hospital and management was not so satisfying and sometimes make us in extreme stress. Some among us burst out and was in such a situation to quit the job too. But the support from the family members and co-workers make us to withstand in this situation".*

They had faced many issues regarding support and accessibilities from the hospital and management. They made them to work continuously even without giving them proper protective measures and mental support. These are major reasons which made them to think even about to quit the job.

2) <u>Reasons for burnout</u>

As burnout is the physical, emotional and mental state caused by chronic overwork and stress the reasons for burnout in the field of health are many. Burnout is common and can be seen in every field. In the field of nursing the amount of burnout is very high as they are more prone to diseased atmosphere and in need to take care of the lives of many.

"*I know that my life is in trouble, even I am happy and proud that I can save the life of people .All of us including me are trying our best to sweep away this deadly disease and am thanking all of you who are with us. Even after this situation, we need to be the care takers of our patients.*"

They are happy and so proud to work in this field. But as a living being they are suffering a lot. They need to be away from their loved ones. Many didn't saw their family for a long time, which made them in emotional imbalance. Many of them are parents, of small kids. They can't give much care and affection to them during this time. As a result many decided to take a gap from the profession, which was actually impossible to happen in this condition.

3) <u>The major challenges</u>

The nursing community faces many challenges regarding treating patients. In government hospitals as the number of patient's increases, they don't even have proper toilet facilities. They have well-adjusted in that situation .The use of protective equipment's like PPE, mask made them to suffer a lot. By wearing all these, they also need to meet their basic needs as well. The time for them to take break was very less. Staff shortage is one such main cause. Many had health issues due to this life style. The unavailability of face mask and other equipment's made them frustrated. They need to reuse it by washing at the starting stage. Later only it was changed. Even though they complained about it, the management doesn't even care about the protection of the nurses. They are more exposing to patients than doctors and who need more precautions than doctors.

"*At first I got mask and face shields, but later due to its shortage they asked me to reuse it by washing which was so unhealthy thing for us.*"

They need to solve the complaints regarding patients as well as from the doctors which was not an easy job for them which made them become more stressed.

4) <u>The feeling of depersonalisation</u>

Burnout often leads to be in a feel of being depersonalised. Lack of sleep, over stimulating environment can make the so feeling. Away from the loved ones, isolated long

life are the major reasons that leads to such condition. Feeling emotionally drained made them interacting with person more difficult, both on the job and at home. Medical care defines it as an “unfeeling or impersonal response toward recipients of one’s service, care, treatment, or instruction.”

A nurse experiencing depersonalisation might not be able to be as empathetic or caring toward a patient dealing with difficult treatment. It mostly occurs if a nurse develops a negative attitude or perception about their job. Often, the adverse outlook can affect the relationship they have with their patient.

(5)Job satisfaction

Like any other profession, Job satisfaction in nursing field is very important. It is one of the main component in the lives of nurses that can impact on patient safety, staff morale, productivity and performance, quality of care, retention and turn over, commitment to the organisation and profession.

In this study the researcher can identify the nurses who are in satisfactory with their profession and also some are not. Based on their living conditions some are in need to cope with the satisfactory level of their job. Based on passion and dedication level also it may vary. As nurses who are known to be the living Angels, most of them are not taking their satisfaction in the job as an important one and in account. These are the major burnout factors faced by the nurses, as studied by the researcher.

CHAPTER V

FINDINGS, CONCLUSIONS AND SUGGESTIONS

Burnout is an issue that happens the lives of many people who are working in different fields. .A person experiencing job burnout leads to lower productivity and effectiveness at work. Like any other field burnout can also be seen among nursing professionals. Nursing burnout is the state of mental, physical and emotional exhaustion caused by sustained work-related stressors such as long hours, the pressure of quick decision-making, and the strain of caring for patients who may have poor outcomes. According to a 2019 report on nursing engagement, 14.4% of nurses were "unengaged" with their work. In this research the researcher found that most of the respondents reporting a feeling of burnout. Burnout rates can also vary by practice. Burnout is typically conceptualized as a syndrome characterized by emotional exhaustion, depersonalization, and reduced personal accomplishment.

In such a pandemic spreading of covid virus, it leads to stress and hectic workload for the nurses, who are in frontline in fighting the disease. Everybody gets stressed out sometimes, but over a longer period of time, it can gradually become burnout. A new study reveals that, of more than 400,000 nurses who quit their jobs in 2018, nearly one-third cited burnout as their reason for leaving, according to a study published in JAMA Open Network. In recent years, nursing has come to be considered a high-risk and high-pressure profession both in the private and public sectors, before and after the arrival of covid. The working environment and constant need to handle emergencies made them in heavy pressure. Nearly every day, nurses are confronted with life and death situations and are required to provide skilled, high quality care for the patients, especially during the present time of covid and so the demanding environment.

SUGGESTIONS

Job burnout was found to exist widely among the nurses who are working in both private and public sectors, which may then result in adverse effects on their physical and mental health. Active interventions can significantly reduce job burnout and also help maintain the stability of nursing workforce levels. Proper support and cooperation from the hospitals and management can reduce the rate of burnout in nursing field to some extent. Create positive working environment, reduce stigma and improve burnout recovery services, address burnout in training and at the early career stage etc can reduce the risk of burnout.

Practicing self-care and mindfulness is one of the best ways for nurses to prevent burnout. This includes regulating ones shift schedule as much as possible and avoiding overloaded responsibilities whenever possible. Additionally, experts encouraging nursing professionals to build strong relationships with co-workers and others outside of work. Even though human resources departments, supervisors, and managers can serve as support systems, that the nursing professionals should also build a supplemental support system. Develop strong interpersonal relationships, set boundaries between work and personal life, get enough sleep, care for physical and mental health etc can improve lifestyle and can reduce the burnout.

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