BURN OUT AMONG NURSES DURING COVID-19 PANDEMIC

A Dissertation Submitted to the University of Kerala in the Partial Fulfillment of the Requirements for the Master of Arts Degree Examination in Sociology

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DECLARATION

I, **KRISHNAPRIYA R B** do hereby declare that the Dissertation Titled **BURN OUT AMONG NURSES DURING COVID-19 PANDEMIC** is based on the original work carried out by me and submitted to the University of Kerala during the year 2021-2023 towards partial fulfillment of the requirements for the Master of Arts Degree Examination in Sociology. It has not been submitted for the award of any degree, diploma, fellowship or other similar title of recognition before any University or anywhere else.

Thiruvananthapuram

18/08/2023 Ms. **KRISHNAPRIYA R B**

CERTIFICATION OF APPROVAL

This is to certify that this dissertation entitled **BURN OUT AMONG NURSES DURING COVID-19 PANDEMIC** is a record of genuine work done by Ms. **KRISHNAPRIYA R B** Fourth semester Master of Sociology student of this college under my supervision and guidance and that it is hereby approved for submission.

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"Showing gratitude is one of the simplest yet most powerful things humans can do for each other."

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ABSTRACT

The onset of the COVID-19 pandemic has significantly amplified the workload and stress levels of healthcare professionals, making them more susceptible to job-related burnout. This phenomenon has not only put their well-being at risk but also has far-reaching consequences, including a decrease in the number of healthcare workers, challenges in their geographical distribution, and a reduction in their overall productivity. This study aims to investigate the individual and job-related factors among health workers at a Hospital that contribute to their experience of burnout during the ongoing COVID-19 pandemic.

The impact of burnout, both physical and mental, on healthcare workers has become an increasingly critical and relevant issue in 2023. The global COVID-19 pandemic has added an extraordinary layer of stressors to the already demanding healthcare profession, resulting in heightened instances of burnout and compassion fatigue among healthcare providers.

This study endeavors to delve deeper into the nuances of burnout experienced by healthcare workers, examining the unique characteristics that make them susceptible to burnout during the COVID-19 pandemic. By doing so, we aim to shed light on the specific challenges faced by healthcare professionals, identify potential interventions or support systems, and contribute to the broader conversation on safeguarding the well-being of those who tirelessly care for others during these unprecedented times.

CHAPTER I

INDRODUCTION

INTRODUCTION

Nursing is a demanding and vital profession that plays a central role in healthcare delivery. Nurses are responsible for patient care, often working long hours in high-stress environments. Burnout among nurses has become a pervasive issue that not only affects the well-being of the nursing workforce but also jeopardizes the quality of patient care. This problem statement aims to address the pressing issue of burnout among nurses.

Burnout among nurses is a multi-faceted problem characterized by emotional exhaustion, depersonalization, and a diminished sense of personal accomplishment. The demanding nature of nursing, including heavy workloads, exposure to traumatic situations, and a shortage of staff, contributes to the high prevalence of burnout within the profession. Burnout can lead to a range of negative consequences, including decreased job satisfaction, increased turnover rates, and compromised patient safety.

Covid 19

The coronavirus disease (COVID-19) is indeed a global health challenge caused by the SARS-CoV-2 virus. While many individuals infected with this virus will experience mild to moderate respiratory symptoms and recover without the need for specialized treatment, there is a significant portion of the population who are at a higher risk of developing severe illness. This includes older individuals and those with pre-existing medical conditions such as cardiovascular disease, diabetes, chronic respiratory disorders, or cancer.

One of the unique and concerning aspects of COVID-19 is that it can affect people of any age, and severe cases and fatalities have been reported across all age groups. To mitigate the spread of the virus and protect oneself and others, it's crucial to stay well-informed about the disease and how it is transmitted.

Preventive measures include maintaining physical distance of at least 1 meter from others, wearing masks that fit properly, and practicing good hand hygiene through regular handwashing or the use of alcohol-based hand sanitizers. Additionally, vaccination is a critical tool in the fight against

COVID-19, and individuals are encouraged to get vaccinated when it becomes available to them, following local health guidance.

The origins of COVID-19 are linked to Wuhan, China, where the virus was initially detected. It rapidly spread internationally, with numerous countries reporting cases. The transmission of the virus primarily occurs through respiratory droplets and, in certain circumstances, it can linger in the air as aerosols. This airborne transmission makes it challenging to control the spread, particularly in enclosed spaces with poor ventilation.

Another complicating factor is that some individuals infected with the virus may not display symptoms (asymptomatic carriers), making it difficult to identify and isolate cases promptly. This silent transmission can contribute significantly to the virus's spread in communities.

The virus can be transmitted when an infected person coughs, sneezes, speaks, sings, or breathes, releasing small liquid particles containing the virus. These particles can range from larger respiratory droplets to smaller aerosols. To prevent the spread of the virus, it's crucial to practice respiratory etiquette, such as coughing into your elbow, and to self-isolate if you're feeling unwell.

HISTORY OF BURNOUT RESEARCH

The history of burnout research underwent a significant shift in the 1980s, focusing more on systematic empirical studies. These studies adopted quantitative methods, like surveys and questionnaires, and involved larger groups of participants. The primary aim was to assess burnout, resulting in the development of various measurement tools. Burnout was conceptualized as a type of job-related stress, closely linked to factors such as job satisfaction, commitment to one's organization, and employee turnover.

This empirical research, building upon prior work in clinical and social psychology, brought a broader range of perspectives on burnout and enhanced the academic foundation through standardized research tools and methodologies. In the 1990s, this empirical phase continued but expanded into new areas. Burnout was recognized in fields beyond human services and education, including roles in clerical work, computer technology, the military, and management.

For instance, burnout in nursing was explored, with a focus on how the organization's structure affected nurses' discretion when dealing with patients and doctors, often resulting in low control.

Additionally, in the late 1980s, burnout became noticeable outside of patient care settings. In a broader sense, burnout was seen as a state of exhaustion where individuals became cynical about their job's value and doubted their ability to perform effectively. Researchers acknowledged that stressors leading to burnout in human services were also present in other professions.

Burnout syndromes were viewed as closely related to occupational stress, although earlier research yielded mixed results in examining this relationship. Occupational stress itself is multifaceted, with various subjectively defined stressors like role overload, role conflict, challenging working conditions, political pressures, underparticipation, and poor relations common to all professions, contributing to stress. However, there has been limited investigation into these other components of occupational stress.

A widely accepted definition of burnout is the "Three R" approach, which involves Recognizing warning signs, Reversing damage through stress management and support-seeking, and building Resilience through physical and emotional self-care. The most commonly recognized definition of burnout, introduced by Maslach and Leiter in 1998, involves three components: emotional exhaustion, depersonalization, and diminished personal accomplishment. Emotional exhaustion is characterized by a lack of energy and depleted emotional resources, making individuals feel incapable of taking on new tasks or interacting with others positively. This often leads to feelings of frustration and dread about going to work.

BURN OUT

Burnout is a condition characterized by emotional, physical, and mental exhaustion, resulting in increased emotional distance and decreased satisfaction in work. In 2022, burnout became a significant and relevant topic, particularly in the context of the global COVID-19 pandemic. Nurses, in particular, have faced intensified stressors, leading to burnout and compassion fatigue. Many nurses were redeployed to handle COVID-19-related tasks outside their usual roles, which added to their challenges.

Maslach and Jackson's seminal work from 1981 identified three pillars of burnout: emotional exhaustion, depersonalization, and low personal accomplishment. Additional factors contributing to nurse burnout include work overload, time pressures, exposure to infectious diseases and

needlestick injuries, work-related violence or threats, role ambiguity and conflict, career development issues, and dealing with difficult patients.

The rise of COVID-19 has exacerbated burnout among nurses. The pandemic resulted in significant tangible and financial resource losses, which directly affected nurses who had to work longer hours and with increased intensity to ensure patient well-being. A survey involving 1,119 healthcare workers aimed to understand their experiences during the pandemic. The survey found that a vast majority of healthcare workers reported experiencing stress, anxiety, frustration, and feeling overwhelmed. They also expressed concerns about potentially exposing their loved ones to the virus, with many healthcare workers worried about their children, partners, and older family members. Emotional exhaustion, sleep difficulties, physical exhaustion, and work-related dread were common among healthcare workers. Additional symptoms related to burnout included changes in appetite, physical symptoms, questioning of career paths, and compassion fatigue.

Nurses, in particular, faced higher exposure to COVID-19 than other healthcare workers and were more likely to experience extreme fatigue. They also reported receiving less support compared to other healthcare workers. A significant percentage of surveyed healthcare workers openly expressed experiencing burnout.

In another survey, a substantial portion of healthcare workers reported feeling mildly or completely burned out from work. Sleep disturbances were prevalent, with many getting less than eight hours of sleep per night, and a significant number getting only four hours or less.

Preventing nurse burnout is crucial, especially during the COVID-19 pandemic. There are workplace prevention strategies that institutions can implement, such as enhancing the meaningfulness of work, involving nurses in decision-making, expressing confidence in their abilities, facilitating goal attainment, and providing autonomy. Additionally, nurses can take personal measures to prevent burnout, including developing strong relationships, maintaining a work-life balance, and setting boundaries.

Employers and supervisors can take several measures to reduce nurse burnout in their hospitals. These strategies include:

Enhancing the Meaningfulness of Work: Supervisors should actively work to make nurses feel that their work is meaningful and valued. This can be achieved through praise, acknowledgment,

and recognition of their contributions. When nurses see the purpose in their work, it boosts their sense of worth and motivation.

Fostering Opportunity for Participation in Decision-Making: Involving nurses in decision-making processes related to their work can be highly motivating. When nurses have a say in how things are done, they feel more engaged and part of the solution. This participation empowers them and makes them feel valued as team members.

Expressing Confidence in Performance: Supervisors should communicate their confidence in nurses' abilities to meet work-related expectations. Recognizing and appreciating their accomplishments and skills can boost their self-esteem and job satisfaction. Feeling trusted in their abilities can reduce anxiety and stress.

Facilitating Goal Attainment: To prevent burnout, it's essential to ensure that nurses have the necessary skills and resources to perform their tasks effectively. Providing training, opportunities for skill development, and access to required resources can help nurses achieve their professional goals and enhance their job satisfaction.

Providing Autonomy and Freedom: Minimizing excessive rules, restrictions, and rigid commands can give nurses a sense of autonomy in their work. This autonomy fosters efficiency and creativity, allowing nurses to tailor their approaches to patient care and problem-solving. When they have the freedom to make decisions within their scope of practice, it can reduce feelings of burnout.

By implementing these strategies, employers and supervisors can create a more supportive and empowering work environment for nurses, reducing the risk of burnout and promoting their overall well-being.

STAGES OF BURNOUT

Burnout typically progresses through three stages, each with its own set of symptoms and effects on an individual's well-being:

Emotional Exhaustion: This is the initial stage of burnout. It occurs when a person experiences an overwhelming amount of stress, leading to a feeling of emotional depletion. At this stage, individuals often feel like their inner resources have been drained. The consequences of emotional exhaustion can be psychological, physical, and social. It can lead to symptoms such as fatigue,

irritability, and a sense of being emotionally overwhelmed. While it usually doesn't require medical intervention, it can have a significant impact on a person's quality of life. Recovery from emotional exhaustion may involve taking a break, getting rest, or addressing the underlying sources of stress, like a demanding job or relationship problems.

Depersonalization (DP): In the second stage of burnout, depersonalization becomes prominent. This stage involves responding to others, such as clients or coworkers, in a non-sentimental and rude manner. Depersonalization occurs when individuals start perceiving and interacting with others as objects rather than as human beings. It's often a defense mechanism to protect oneself from emotional exhaustion and disappointment. People in this stage may display emotional callousness, cynicism, and a detached attitude towards others and their organization. Depersonalization can also lead to feelings of detachment from one's own identity, resulting in a sense of unreality or disconnection from oneself. This can affect mood, thinking, and overall mental well-being.

Lack of Personal Accomplishment (LPA): The third stage of burnout involves a deep sense of inadequacy and a negative view of one's vocational efforts. Individuals in this stage perceive their work as unproductive and feel that their efforts do not yield positive results. They may find every new task overwhelming, lose confidence in their abilities, and develop a growing sense of hopelessness. Success, which is a motivating factor for many people, can seem unattainable in this stage. This lack of personal accomplishment can significantly impact self-esteem and motivation.

These stages of burnout can have a cumulative and debilitating effect on an individual's mental and physical health, as well as their professional and personal relationships. Recognizing the signs of burnout and taking steps to address it, such as seeking support, reducing stressors, and prioritizing self-care, are crucial for preventing burnout from progressing to more severe stages.

STATEMENT OF THE PROBLEM

The COVID-19 pandemic has unleashed an unprecedented and profound challenge for healthcare systems worldwide, with nurses at the forefront of the response. While nurses have demonstrated remarkable dedication and resilience during this crisis, the toll of the pandemic has brought to light a critical and pressing issue: burnout among nurses.

The pandemic has introduced a unique set of stressors for nurses, including long and unpredictable working hours, exposure to high-risk environments, the emotional burden of witnessing patient suffering and death on a large scale, and the constant fear of infection transmission to themselves and their families. These factors have exacerbated the already high prevalence of burnout in nursing, characterized by emotional exhaustion, depersonalization, and a diminished sense of personal accomplishment.

The consequences of nurse burnout during the COVID-19 pandemic are profound. It not only negatively impacts the mental and physical well-being of nurses but also jeopardizes the quality and safety of patient care. Burnout can lead to reduced job satisfaction, increased turnover rates, decreased productivity, and impaired decision-making, all of which have significant implications for healthcare systems struggling to manage the pandemic effectively.

Furthermore, addressing nurse burnout is not just a matter of individual resilience; it is intrinsically tied to systemic and organizational factors. Issues such as inadequate staffing levels, limited access to personal protective equipment, insufficient mental health support, and the absence of clear policies to manage the psychological well-being of nurses during a public health crisis have all contributed to the escalating problem of burnout.

Recognizing the urgent need to address burnout among nurses during the COVID-19 pandemic is paramount. This issue directly affects the physical and mental health of healthcare workers, the quality of patient care, and the overall resilience of healthcare systems in the face of ongoing and potential future waves of the pandemic. Therefore, comprehensive research, interventions, and policy changes are essential to mitigate nurse burnout and ensure the well-being of the nursing workforce, which is vital in the fight against COVID-19 and any future public health crises. Hence the present study.

SIGNIFICANCE OF THE STUDY

Considering the ongoing global COVID-19 pandemic and the challenges it has imposed on nurses, burnout is poised to become an increasingly prominent and critical issue. It is imperative that those grappling with burnout have an opportunity to voice their concerns and actively contribute to the changes needed to enhance the professional lives of nurses. This, in turn, will have a direct and

positive impact on patient care quality.The sheer magnitude of COVID-19 cases and related fatalities, along with the potential for future waves of the virus, has raised awareness about the demanding working conditions faced by healthcare professionals. It underscores the urgent need to address burnout by identifying potential solutions that can help safeguard the well-being of nurses, ultimately leading to improved patient care outcomes.

CHAPTER II

REVIEW OF LITERATURE

A literature review is a piece of academic writing demonstrating knowledge and understanding of the academic literature on a specific topic placed in context. A literature review also includes a critical evaluation of the material; this is why it is called a literature review rather than a literature report. It is a process of reviewing literature, as well as a form of writing.

In Sidney Medeiros' journal titled "Prevention Actions of Burnout Syndrome in Nurses: An Integrating Literature Review," burnout syndrome is described as a condition resulting from persistent exposure to work-related stress, often linked to unfavorable working conditions. It leads to a decline in both job satisfaction and work performance. Burnout is recognized as a multi-causal problem, primarily arising from prolonged and excessive exposure to stressors in the workplace. It is evaluated through three key components: depersonalization, emotional exhaustion, and professional achievement.

According to Lazarus (1966), stress is defined as the physiological, behavioral, and cognitive responses that occur when individuals perceive situations as threatening or exceeding their coping abilities. The Oxford Dictionary offers five definitions of stress, with three relevant to our context. Firstly, stress is seen as a constraining or compelling force. Secondly, it is viewed as an effect that demands energy. Thirdly, it's described as a force acting on the body.

Wingate (1972) defines stress as any influence that disrupts the body's natural equilibrium, encompassing physical injury, exposure, deprivation, diseases, and emotional disturbances.

Job stress has become a growing concern, costing organizations significant sums in terms of employee disability claims, absenteeism, and reduced productivity (Spector, Chen, & O‘Connell, 2000; Xie & Schaubroeck, 2001).

Burnout is considered a chain reaction of mental and emotional resources being depleted due to job-related stress, serving as an indicator of psychological health in the workplace (Schaufeli & Enzmann, 1998). It typically arises as an individual's response to chronic occupational stress.

Freudenberger (1974) defines job burnout as a state of fatigue and frustration resulting from dedicating oneself to a cause, way of life, or relationship that fails to provide expected rewards. Pines and Aronson (1989) describe job burnout as a state of physical, emotional, and mental exhaustion resulting from prolonged involvement in emotionally demanding situations.

A comprehensive definition of burnout comes from Maslach and Leiter (1997), who describe it as the disconnection between an individual's true self and the demands placed on them. It represents a deterioration in one's sense of value, dignity, spirit, and will—a gradual decline that can be challenging to recover from.

Another perspective defines burnout as a psychological withdrawal in response to excessive stress or dissatisfaction, often occurring in damaged or dysfunctional organizations. It can result in symptoms like exhaustion, irritation, ineffectiveness, self-doubt, and health issues such as hypertension, ulcers, and heart problems.

Jacobson and McGrath (1983) suggest that burnout is an adaptive response to work-related stress and isn't solely dependent on social or cultural factors. It's seen as the most significant consequence of unaddressed chronic job stress, often occurring after prolonged involvement with people in challenging situations.

In fields such as corrections, job burnout is particularly harmful and costly to employees, their families, coworkers, inmates, organizations, and society at large.

Nurses, in particular, are highly susceptible to burnout (Demerouti, Bakker, Nachreiner, & Ebbinghaus, 2002).

The concept of burnout originated from the work of Freudenberger (1975) and Maslach (1976). They provided accounts of how emotional depletion and loss of motivation and commitment occurred, terming it colloquially as "burnout." Maslach's research revealed that coping strategies had significant implications for professional identity and job behavior in human service workers.

The concept of burnout was later extended to various occupations beyond human services and education, including clerical work, computer technology, the military, and management. In nursing, burnout often stems from issues related to the lack of control over the roles and responsibilities of nurses when dealing with patients and doctors.

By the late 1980s, burnout was recognized in contexts beyond patient care, emphasizing its broad relevance (Demerouti, Bakker, Nachreiner & Schaufeli, 2001; Schaufeli, Tanio & Van Rhenon, 2008).

The most widely accepted definition of burnout, as proposed by Maslach and Leiter (1998), involves three key components: emotional exhaustion, depersonalization, and diminished personal accomplishment. Emotional exhaustion reflects a lack of energy and depleted emotional resources, leading to difficulties in handling tasks or interactions. Depersonalization involves perceiving and responding to others as objects rather than as individuals, resulting in emotional callousness and a cynical attitude. It can also lead to feelings of detachment from one's own identity.

In a study on Stress and Occupational Burnout of Nurses Working with COVID-19 PatientsCOVID-19 pandemic brings many challenges to the daily work of nurses. While carrying out professional tasks for patients infected with the SARS-CoV-2 virus, nurses experience tremendous psychological pressure due to their workload in a high-risk environment. This causes severe stress and leads to occupational burnout. The purpose of this study was to assess the level of stress and occupational burnout among surveyed nurses working with patients with COVID-19.

Burnout syndrome among healthcare Workers during COVID-19 Pandemic in Accra, Ghana Kennedy Dodam Konlan The emergence of the corona virus disease 2019 (COVID-19) has increased the workload of health workers particularly those in predisposing them to extra job related stress and its associated job-related burnout. Burnout reduces the number, distribution, and productivity of health workers. This study sought to determine personal and job related characteristics of health workers in Accra, Ghana that influenced their experience hence of burnout during the COVID-19 pandemic.

Infection prevention and control during health care when coronavirus disease (COVID-19) is suspected or confirmed Author(s): World Health Organization World Health Organization (2021)This third edition of the World Health Organization (WHO) interim guidance on infection prevention and control (IPC) during health care delivery in the context of COVID-19 provides updated guidance to support safe health care through the rigorous application of IPC procedures for the protection of patients, staff, caregivers and visitors in health care settings. It aligns content and recommendations with other recently published WHO IPC guidance documents and includes

the following new sections: x Updated evidence on SARS-CoV-2 transmission, SARS-CoV-2 infections in health workers.

Burnout in Intensive Care Nurses during the COVID-19 Pandemic: A Scoping Review on Its Prevalence and Risk and Protective Factors Ferdinando Toscano, Francesco Tommasi, Davide Giusino International Journal of Environmental Research and Public Health 19 (19), 12914, 2022 The COVID-19 pandemic has strained hospitals and healthcare workers engaged in combating the virus with limited knowledge and resources. Intensive care unit (ICU) nurses are among the healthcare workers most affected by the pandemic and are at risk for developing burnout syndrome. The present study aims to explore burnout symptoms prevalence among ICU nurses and to identify the individual, organizational, and contextual risk, and protective factors of burnout in ICU nurses during the COVID-19 pandemic.

Psychological impacts on health care workers: The study shows that the healthcare professionals dealing with covid 19 are under increased psychological pressure and experience high rate psychiatric morbidity which was also there during SARS and H1N1 epidemics. They are anxious about getting affected by the virus and being a carrier for the virus to reach their loved ones. the patients who are uncooperative and are very ill are causing so much stress. A survey of nearly 1,300 healthcare workers10 treating people with COVID-19 in hospitals in China showed high rates of depression, distress, anxiety and insomnia. Guilt, anger, anxiety, fear, shame and depression were all shown which lead to resignations and poor work performance indeed, there have been reports of suicide in healthcare workers in Europe during the COVID-19 pandemic. Chronic wakefulness can lead to impairment of concentration, poor vigilance, short term memory, reduced retention capacity, impaired motor skills and clinical judgement. Chronic stress leads to health disorders like backache, fatigue, headache, irritable bowel disorder, anxiety etc. Co-morbidities including diabetes, hypertension or chronic respiratory diseases make one more vulnerable to corona-related complications Social and economic impact: Psychological impacts on health care workers: The study shows that the healthcare professionals dealing with covid 19 are under increased psychological pressure and experience high rate psychiatric morbidity which was also there during SARS and H1N1 epidemics. They are anxious about getting affected by the virus and being a carrier for the virus to reach their loved ones. the patients who are uncooperative and are very ill are causing so much stress. A survey of nearly 1,300 healthcare workers10 treating

people with COVID-19 in hospitals in China showed high rates of depression, distress, anxiety and insomnia. Guilt, anger, anxiety, fear, shame and depression were all shown which lead to resignations and poor work performance indeed, there have been reports of suicide in healthcare workers in Europe during the COVID-19 pandemic. Chronic wakefulness can lead to impairment of concentration, poor vigilance, short term memory, reduced retention capacity, impaired motor skills and clinical judgement. Chronic stress leads to health disorders like backache, fatigue, headache, irritable bowel disorder, anxiety etc.

Burnout among nurses

Burnout, a state of physical and emotional exhaustion, in healthcare workers (HCWs) is a major concern. The prevalence of burnout, due to COVID-19 pandemic in India, is unknown. Burnout is increasingly being recognized globally as a major concern, affecting physical and mental well-being of HCWs. During the current COVID-19 pandemic, closing down of international and state borders, strict city, and also areawise lockdown has affected HCWs and their families as well, causing excessive negative psychological effects. Burnout, a state of "emotional exhaustion" among professionals, was first described in the mid-1970s, by Freudenberger and Maslach. Burnout is defined as a state of physical, emotional, and mental exhaustion that results from long-term involvement in work situations that are emotionally demanding. It is a multidimensional syndrome comprising emotional exhaustion, depersonalization, and reduced sense of personal accomplishment.1–3 In the past two decades, several viral outbreaks have occurred, such as SARS, MERS, Ebola, etc. Kisley et al. in a recent review reported that such outbreaks resulted in psychological distress and posttraumatic stress in the HCWs. Of the many causative factors described by Kisely et al., clinical factors (contact with affected patients, forced redeployment to look after affected patients, training perceived to be inadequate), personal factors (fear of quarantine, particularly in staff with children at home, and infected family member), and societal factors (societal stigma against hospital workers) seem to be particularly relevant in Indian healthcare scenario.4 Burnout, apart from being personally harmful, can lead to suboptimal patient care.

Globally, while the researchers are pursuing many avenues to prevent and treat the COVID-19 menace, its psychological impact among HCWs has also been assessed. However, not many steps are being taken by the administrators of the healthcare organizations to mitigate the effects of

psychological distress on the HCWs. The World Health Organization (WHO) has formally recognized this risk and has released a document about psychosocial consideration during COVID-19.6 Maslach and Jackson first described Maslach Burnout Inventory (MBI) in 1981.3 The MBI defines burnout based on three facets, presence of emotional exhaustion, depersonalization, and lack of personal fulfillment. Kristensen questioned the reliability of MBI, with many arguments and to overcome the drawbacks of MBI, introduced the Copenhagen Burnout Inventory (CBI).

A Chinese study by Lai et al. found that HCWs responsible for the care of COVID-19 patients were more likely to have symptoms of depression, anxiety, insomnia, and distress.8 Xiao et al. looked at the effect of social support on the mental health, using structural equation model (SEM) analysis, in a prospective observational study.9 The questionnaire was served to 180 physicians and nurses, treating COVID-19 infected patients, at a hospital under Wuhan University School of Medicine. They found that the respondents had high levels of anxiety, stress, and self-efficacy, which depended on the quality of sleep and social support. There are no studies evaluating the mental health status and prevalence of burnout in Indian HCWs involved in the care of COVID-19 patients. We, therefore, conducted this survey using the CBI to evaluate the prevalence of burnout.

Burnout affects approximately 38% of nurses per year.1

Burnout is one of the leading dimensions of distress and goes beyond feeling tired or experiencing a bad day at work. It is defined as emotional, mental, and physical exhaustion caused by excessive and prolonged stress. It impacts nurses' personal lives, the patients they take care of, and the organizations they work for. In fact, the World Health Organization has recently labeled burnout as an official medical diagnosis.

To put this statistic into perspective, nearly 4 out of 10 nurses will drive to work dreading their shift. Nearly 4 out of 10 nurses will experience an extreme lack of empathy while taking care of their patients. Nearly 4 out of 10 nurses will be dissatisfied with a profession that once brought them joy and purpose. These statistics on nurse burnout only scratch the surface.

CAUSES OF BURNOUT

Long Work Hours

Study after study indicates that working a 12-hour shift is harmful to both nurses and patients. In a 2010 study among 53,846 nurses from six countries, specifically looking at work hours and how they impacted patient care, it was concluded that longer work hours directly correlated with a lower level of patient satisfaction.

Nurses consistently working 12-hour shifts are not only at risk for burnout but also for other dimensions of distress, such as severe fatigue and poor work-life integration. Working longer hours increases stress, which leads to poor performance and a decreased ability to provide top-notch patient care. Over time, this leads to exhaustion, burnout, and an increased risk of making a critical error; becoming a cyclical effect.

Poor Work Environments

Believe it or not, a poor work environment was cited as one of the top reasons for burnout.3 Nurses reporting a poor work environment as a main contributor to their burnout described management issues, poor leadership, and a lack of teamwork as their top stressors.

Greater Workloads

In addition to patient care, nurses wear several different hats within an institution. They are responsible for charting, patient care, follow up care, phone triage, and other administrative tasks. As institutions become more high-tech, and expectations to provide a higher level of care increases, their ability to focus on their core responsibilities becomes more difficult. This leads to frustration and the inability to complete their job to the standard they'd like.

Death and Sickness

Obviously this is part of the job in the nursing field. However, that doesn't mean it doesn't take its toll and at times, become overwhelming. Taking care of sick patients day-in and day-out can eventually add up and cause burnout among nurses of all specialties.

Symptoms of Nurse Burnout

Physical Signs and Symptoms of Nurse Burnout

- Exhaustion
- Anxiety

- Frequent illness and sickness
- Headaches and muscle pain
- Change in appetite
- A noticeable difference in sleep habits
- Among others

Emotional Signs and Symptoms of Nurse Burnout

- Feelings of helplessness
- A sense of failure and self-doubt
- Detachment
- Lack of motivation
- Cynicism
- Decreased career satisfaction

Behavioral Signs and Symptoms of Nurse Burnout

Withdrawn

- Increased preference towards isolation
- Poor judgment calls
- Procrastination
- Frustration
- Substance abuse
- Skipping work

The Effects of Nurse Burnout On Patient Care.

Inadequate Standards of Patient Care

Exhausted, stressed-out nurses are more likely to make poor decisions at work. This is because stress can influence decision-making. Nurse burnout is also linked to higher rates of hospital-acquired infections. Forty-nine percent of registered nurses under the age of 30 and Forty percent of registered nurses over the age of 30 experience burnout .

Poor Patient Engagement

A change in bedside manner is one of the first things to notice with burnout. Depersonalization. Lack of empathy. Insensitive. Lack of compassion. Cynicism. These are all common feelings a once vibrant nurse can display if they suffer from burnout. Nurses may seem short or even rude with patients, not offering as much guidance or being as helpful as they have been in the past.

Medical professionals who suffer from high levels of depersonalization are more likely to experience poor relationships with patients. This could influence a patient's experience in a medical facility and even prevent people from seeking further medical treatment in the future.

Staff Shortages and High Rates of Turnover

As hospitals across the country experience staff shortages, nurses are expected to pick up more hours and even work overtime to solve the issue. Staff shortages leads to an increased patient-to-nurse ratio and evokes a whole host of negative implications.

In a study where data was collected from 10,184 surgical nurses from 210 hospitals across Pennsylvania, it was found that with each additional patient in a nurse-to-patient ratio, there was a 7% increase in the likelihood of dying within 30 days of admission. There was also a 7% increase in the odds of failure-to-rescue.

As nurses work with a higher patient-to-nurse ratio, the chances of patients getting infections, injured, delayed care, or sent home without adequate at-home care instructions also increases. This increases their chances of needing to stay in the hospital longer and return with complications. When nurses have fewer patients, they are more likely to intercept and prevent errors. In turn, all of these variables add up and are one of the main contributors to nurse burnout and staff shortages.

Costly for the Organization

Turnover is extremely costly for the organization. Institutions spend millions of dollars every year in recruitment, training, and retention of employees. 6 As more healthcare employees experience distress and burnout, the costs continue to rise.

Negative Impact on Other Staff

Nurse burnout could have a detrimental impact on the entire workforce at a hospital. As burnout has a negative impact on personal habits and characteristics, it could harm relationships with team

members. Consequently, nurse burnout could lead to strained relationships in the workplace and an uncomfortable working environment.

How To Address and Prevent Nurse Burnout

Prioritize Authentic Leadership

The key to preventing nurse burnout is on a leadership level. Leadership needs to be proactive when it comes to preventing nurse burnout.Looking at new nurse graduates in Canada, studies found that both personal and organizational resources play a role in protecting new graduate nurses from burnout development and its negative health and work related outcomes. 7

Leadership that has an open-door policy provides the support that's needed for creating a good team. It encourages transparency, extinguishes the negative stigma that comes along with burnout, and encourages relationships. These types of leaders are also more able to recognize burnout and job stress before it becomes an issue.

Measure the Strain of Burnout and Find the Core Areas of Stress.The first step to understand and address distress is to get a grasp of where you are and how you compare. Knowing which specialties are most affected by burnout can allow you to tailor your provided wellness opportunities to specific areas.Using surveys and other methods for collecting data, it's important to understand where your employees experience distress the most and how they currently deal with the issue.

I**mplement a Positive Wellness Program**

Once you have a baseline for your employees and their well-being, it is important to build a wellness program that directly addresses their issues and areas of concern.Popular solutions include exercise incentives, food and snack programs, counseling groups, team building activities, extra time off, and other efforts meant to encourage well-being and opportunities to deal with distress acquired on-the-job. There are many ideas, both short and long-term, that aid in reducing burnout among nurses.

Reducing nurse burnout is an organization-wide endeavor that starts with gathering the right information. When you have the opportunity to identify burnout symptoms and understand how they relate to the nurses' well-being, you can take the right approach towards correcting the issue.

It takes time to create a well-being plan for your nurses but putting one in place now can help you avoid major staffing problems in the future.

For decades, the prevalence of psychological issues associated with disease outbreaks remained broadly unchanged; however, with the emergence of the COVID-19 pandemic, this trend abruptly shifted. The COVID-19 virus wreaked havoc on humanity in December 2019, rapidly spreading worldwide and affecting people in over 210 countries and territories (Khan, 2020). COVID-19 was announced as an international pandemic by the WHO on March 11, 2020, indicating that an infectious disease has spread widely worldwide (Pooladanda et al., 2020). The World Health Organization (WHO, 2020) reported more than 43 million COVID-19 cases and over 1 million deaths worldwide between December 2019 and October 2020, with the majority of cases (55%) occurring in America, followed by Europe (23%), and 35,000 cases occurring among global health care workers. At that point, the Philippines' Department of Health reported more than 300,000 confirmed COVID-19 cases and over 7,000 deaths (Kahambing & Edilo, 2020).

Aside from the lives claimed by COVID-19, preliminary evidence showed that the infection's widespread uncertainty and stay-at-home orders, quarantine, social isolation, curfew measures, and other imposed restrictions had a profoundly negative impact on the population's overall wellbeing and psychological health, increasing fear and panic, stress, anxiety, emotional exhaustion, depression, and suicidal ideation, among others (Hu et al., 2020; Matsuo et al., 2020).

Per the World Health Organization (2020), the upsurge in COVID-19 cases in the health sector not only resulted in a sudden intercontinental demand for hospitalization and healthcare services but also overburdened the healthcare system and its significant stakeholders, posing overwhelming threats to health resources, patient outcomes, healthcare professionals' experience of burnout, affecting their performance, and productivity.

Health care professionals are at the forefront of the response to a global infectious disease pandemic and, as such, are at risk of infection (Wilkason et al., 2020), such as the COVID-19 outbreak. The World Health Organization (2020) indicated that healthcare professionals directly in contact with patients are at the most significant risk, mainly physicians and nurses. As the

borderline of healthcare delivery and the hospital's largest population, nurses are vulnerable to many workplace hazards (Walton & Rogers, 2017).

Wang et al. (2020) attested that particularly nurses are at the greater risk of infection during an outbreak of infectious diseases such as COVID-19 due to the need for prolonged periods of close contact, long hours of working on both infected and non-infected patients, and shortage of personal protective equipment (PPE). As they deal with patients, families, organizations, and society as a whole, nurses execute between 50% and 80% than other healthcare professionals worldwide, so many researchers consider nursing a demanding and challenging career (Eslami Akbar et al., 2017; Labrague & De Los Santos, 2020).

Dr. Herbert Freudenberger first established the term 'burnout' in the 1970s and defined it as a long-term reaction to constant emotional and interpersonal stresses at work (Freudenberger, 1974). Recently, the World Health Organization declared burnout as an "occupational phenomenon" in the 11th revision of the International Classification of Diseases (ICD-11) and defined it as a condition conceptualized due to persistent pressures in the workplace that workers do not handle effectively (Woo et al., 2020).The high incidence of burnout among nurses, particularly staff nurses working in the hospital setting, has been reported in several previous studies around the world on different continents, comprising Europe, America, Asia, and Africa (Elbarazi et al., 2017; Putra, 2019; Hu et al., 2020). In a previous study conducted by Woo et al. (2020), the overall pooled-prevalence of burnout symptoms among global nurses was 11.23% against the United States previous 34-45% (Dyrbye et al., 2018).

Matsuo et al. (2020) also found a 46.8% prevalence rate of burnout among nurses in Japan, whereas Hu et al. (2020) reported a similar finding in a large-scale cross-sectional where most frontline nurses reported moderate to high job burnout levels during the COVID- 19 outbreak in China. However, there are limited data regarding the overall prevalence of burnout in the Philippines, even though Lu (2017) revealed that of 246 nurses, nearly half missed work due to illnesses.

Many researchers believe that the incidence of nursing burnout is exceptionally high because of the high emotional and physical demands of nursing practice (Riedl & Thomas, 2019; Fasbender et al., 2019). High levels of burnout are associated with heavy workloads, nursing shortages, long working hours (Nimako, 2021), conflicts with physicians and patients, repeated exposure to disease and death, insufficient staffing, conflicting views, unpredictability, inadequate pay, low

work atmosphere (e.g., lack of power, lack of administrative support) and job dissatisfaction (Muriithi et al., 2016; Hoff et al., 2019).

In terms of moderating factors on burnout, previous studies report inconsistent findings. Qu and Wang (2015) contended that nurses with less than five years of working experience, experience a higher burnout level, a finding supported by Kim and Yeom (2018). Mahmoudi et al. (2020) also found that nurses in surgical and medical wards experience higher burnout. On the contrary, Yektatalab et al. (2019) found no significant association between occupational burnout and nurses' assignment unit.

Oliveira et al. (2019) declared that nurses who have effective coping mechanisms to job stress experience low burnout in their workplace and tend to deliver holistic care to their patients and perform their duties well and frequently at work. Fares et al. (2016) define coping as efforts to minimize or remove the adverse effects of stress and burnout on an individual's wellbeing. However, when nurses are unable to cope with high job stress, it results in burnout, which has implications on medical care quality, patient satisfaction, higher health-related infections, and increased patient mortality rates (Hall et al., 2016).

Previous research in the United States, the United Kingdom, and the Netherlands have recorded low-performance prevalence rates ranging from 0.5% to 12% among health care professionals (van den Goor et al., 2020; Donaldson et al., 2014). Sony and Mekoth (2016) define job performance as the effectiveness of an individual in carrying out his or her direct roles and responsibilities in patient care and as a means of achieving a goal or collection of goals within a task, place, position, or organization.

Job performance is typically a multifaceted phenomenon with many variables influencing its levels, such as individual characteristics, workload, job satisfaction, working environment, personal skills, acknowledgment of accomplishments, and social support (Lee & Yom, 2015; Olsen et al., 2017; Yu & Ko, 2017). Furthermore, open communication and feedback, leadership behavior, organizational environment, affective commitment, poor working conditions, and hazards influence job performance (Sharma & Dhar, 2016; Kaynak et al., 2016).

Apex- Apeh et al. (2020) found that nurses' years of working experience affect nurses' job performance, a finding similar to the results of Fujino et al. (2015) and Osei et al. (2019).

Nonetheless, Al-Makhaita et al. (2014) found no difference in job performance based on nurse experience. Also, previous research shows that nurses who are burnt out are less willing to lead and more likely to leave their jobs (Hosseini et al., 2017; Liu et al., 2018; Al Sabei et al., 2019). However, few studies have examined the possible effect of burnout on nurses' job performance in some countries and care settings (Li et al., 2017).Regarding the association of burnout and performance, one study of 812 American nurses reported that nurses who experience high burnout levels are more likely to be absent for one or more days, have poor work performance, or perform low in assigned nursing tasks (Dyrbye et al., 2019). Another study of 100 mental nurses working in Iran also found a negative correlation between burnout levels and nurses' job performance, where nurses with high burnout provided poor nursing care (Farhady et al., 2009). Hosseini et al. (2017) also reported similar findings. Moreover, in another study of 81 mental nurses working in Malaysia, emotional exhaustion and depersonalization predicted low job performance (Abdullah & Yuen, 2011).

Ross (2020) postulated that burnout among nurses during the COVID-19 pandemic is a problem in developed and developing countries and likely to influence their intentions of leaving the profession or missing nursing tasks, which would affect nurse and patient outcomes. Since the emergence of the COVID- 19 pandemic, many studies have been conducted and reported, navigating the impact of the outbreak of the disease on the health and wellbeing of health care professionals (Luceño-Moreno et al., 2020; Matsuo et al., 2020). However, studies supporting the relationship between burnout and job performance among nurses during the COVID-19 pandemics are inadequate.

Significant limitations of previous works of literature include studies being conducted more than a decade ago and outside the Philippines, nurses from a single specialty (mental health nurses), using the old Maslach burnout inventory and before the COVID-19 outbreak (Farhady et al., 2009; Abdullah & Yuen, 2011; Dyrbye et al., 2019).

Jamal (2004) conducted a study to examine the relationship between non-standard work schedules, such as shift work and weekend work, and job burnout, stress, and psychosomatic health among full-time employees in a metropolitan city. The findings revealed that employees involved in weekend work reported significantly higher levels of emotional exhaustion, job stress, and psychosomatic health problems compared to those not involved in weekend work. Similarly,

employees on non-standard work shifts reported significantly higher overall burnout, emotional exhaustion, job stress, and health problems compared to employees on fixed day shifts.

Nakta et al. (2001) conducted a cross-sectional study to investigate the contribution of psychological job stress to insomnia in shift workers. They found that insomnia was prevalent among shift workers who experienced symptoms such as difficulty falling asleep, maintaining sleep, or early morning awakenings.

Kandolin (1993) analyzed burnout and psychological stress among nurses working in two and three shift rotations. The study included mental health nurses and nurses of mentally handicapped persons, with female nurses in three-shift work reporting more stress symptoms and reduced job satisfaction than those in two-shift work. However, male nurses experienced similar levels of burnout and stress regardless of their shift. Occupational demands and passive stress coping strategies were identified as contributors to burnout and stress.

Baba and Jamal (1992) conducted a study involving Canadian nurses, revealing that workers assigned to rotating shifts were more prone to job stress, health problems, and suboptimal work behaviors compared to those with permanent shifts.

Ohue (2011) conducted a study focusing on a cognitive model of stress and burnout in nurses. The research aimed to understand the relationship between burnout and the intention to resign among nurses. The results highlighted factors such as conflicts with nursing staff, nursing role conflicts, workload, and irrational beliefs as contributors to burnout. Stress was found to be associated with the intention to resign. The study suggested that addressing irrational beliefs, reducing negative thoughts, and promoting positive thoughts could help prevent burnout and reduce nurse turnover.

Overall, nursing is considered one of the most stressful professions, and burnout is a common issue, often arising from long-term working conditions, inadequate staffing levels, and communication challenges. Burnout can negatively impact the quality of care provided by nurses, as it reduces their ability to cope with the demands of their profession.

Preventing burnout among healthcare professionals, including nurses, is crucial for promoting their physical and mental well-being. The World Health Organization emphasizes the importance of investing in prevention and improving the work environment to protect workers' health. Early symptoms of burnout include difficulties in coping with workplace stress, and interventions in this

area are essential. Additionally, recognizing other mental health issues that may contribute to burnout, such as distress, coping strategies, and substance use, is vital for comprehensive prevention strategies.

Matteo Bernardi, in his article "The World Of Nursing Burnout," emphasizes that burnout is closely related to coping strategies, stress levels, and personal accomplishment. It is noted that nurses, especially those working with oncology or AIDS patients, are at a high risk of experiencing burnout.

The review underscores the importance of support groups within clinical practice to prevent burnout among healthcare providers who care for patients. Burnout is a significant issue in the world of nursing, and understanding its various facets is essential for addressing this problem effectively.

CHAPTER III

RESEARCH METHODOLOGY

TITLE OF THE STUDY : BURNOUT AMONG NURSES DURING COVID-19 PANDEMIC

GENERAL OBJECTIVES

What are the underlying factors contributing to burnout among nurses employed in private healthcare sectors amidst the backdrop of the COVID-19 pandemic?

SPECIFIC RESEARCH QUESTION

1. What are the specific factors contributing to burnout among nurses, considering workload, patient caseload, availability of personal protective equipment (PPE), and organizational support?
2. What coping mechanisms and strategies utilized by nurses to manage burnout during the pandemic, both individually and collectively?

CONCEPTUAL CLARIFICATION

THEORETICAL DEFINITION

BURN OUT

Burnout is a state of emotional, physical and mental exhaustion resulting in increased mental distance and low personal satisfaction in work activities.

RESEARCH DESIGN

Case Study Design

The objective of this research was to investigate burnout and associated challenges experienced by nurses employed in both private and public healthcare sectors. The study focused on various aspects, including their workloads, stress levels, physical well-being, emotional state, support from their families, and the quality of hospital facilities. The research adopted a qualitative approach.

CASE SELECTION

The researcher took 5 cases from private sector to study the individual experiences of the nurses.

AREA OF STUDY

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

DATA COLLECTION

Information regarding the lives of nurses and the burnout issues they encounter was gathered through direct visits and personal interactions with them. Primary data was acquired through a case study approach, while secondary data was obtained from articles, existing research findings, and newspaper reports.

DATA COLLECTION TOOLS

Unstructured Interview

SOURCES OF DATA

Primary source

Collected from the respondents by interviewing them

Secondary source

Collected from books, articles, records, journals and internet.

DATA COLLECTION PROCESS.

The data was collected from a private hospital where the head of the nurse and the hospital management cooperated with the researcher for different days for the interview. An individual, face-to-face, semistructured interview was conducted with each nurse participant.

ANALYSIS AND INTERPRETATION

The data collected was thematically analysed.

CHAPTER IV

CASE PRESENTATION AND INTERPRETATION

The demographic profile form consisted of two distinct sections. The initial section covered demographic factors, including age, gender, marital status, and educational attainment. The subsequent section encompassed professional characteristics, such as years of experience in the field, the specific ward or department worked in, and the number of overtime hours performed.

CASE 1

Anagha, an experienced nurse at XYZ medical facility, shared her encounters working in her profession during the COVID-19 pandemic. With nine years of experience in the field, she faced particularly challenging circumstances during this period. Amritha worked in both private and government healthcare sectors, allowing her to witness significant differences between the two.

During the pandemic, she took up a temporary position at a government hospital for six months, which provided her with insights into the contrasting dynamics of public and private healthcare institutions. In the private sector, she received numerous job offers from organizations like NHRM and NHM, along with associated allowances. The private sector also provided training sessions on fieldwork, precautions, and safety measures. However, economically, as a private sector employee, Amritha faced difficulties. Initially, the hospital provided personal protective equipment (PPE), masks, gloves, and other necessary items for staff safety. However, shortages led to the reuse of single-use materials and the provision of less effective cloth masks before eventually obtaining N-95 masks.

Amritha and her fellow nurses had significantly more exposure to COVID-19 patients compared to doctors. Nurses took on various responsibilities, including patient consultations, record-keeping, and reporting. Despite the provision of risk allowances, these funds often reached their hands only after several months, causing financial strain, particularly for those from average-income families.

Handling COVID-19 patients presented its own set of challenges. Amritha cared for four COVID-19 positive patients, a unique experience in her career. She had to address patient complaints and provide emotional support, especially when patients resisted wearing masks and following safety measures. Staff shortages emerged as a major issue due to the surge in patient numbers, leading to

a reduction in days off from 10 to just 3. The workload increased, with staff now working 6-hour shifts alongside a colleague, leaving them physically drained. Staying at the hospital without going home for extended periods took a toll on her emotional well-being, particularly as a mother unable to care for her 4-year-old child. Even when visiting home, she had to quarantine away from family members for 14 days due to her high patient exposure, necessitating stringent protective measures like PPE, masks, gloves, and goggles. Continuous mask use caused severe headaches, while PPE made her sweat excessively and made restroom breaks challenging. Frequent hand sanitization led to itching and burning sensations, and she also experienced eye pain, leg pain, and hair loss.

Amritha's concerns about these issues in the private hospital were often met with inaction from the management, contributing to heightened stress among the nursing staff.

CASE 2

For the second respondent, an employee in the private sector, the COVID-19 period was an extremely challenging time. Communication became nearly impossible, with social distancing measures affecting interactions with family and friends. The mental stress was overwhelming, exacerbated by the isolation from daily activities due to quarantine protocols. While the respondent had strong family support, they found themselves heavily reliant on their family members, which also brought about anxiety from their loved ones.

Patients themselves were experiencing similar anxiety, making it a significant challenge for the respondent to provide psychological support to ease the worries of both patients and their families. Initially, there was difficulty in accepting COVID-19-positive patients, but the only option was to help them come to terms with the situation. The mental strain was immense, particularly because the respondent had to witness patients' suffering. This situation underscored the need for psychological support for the respondent.

Compensation was also a concern, as not all staff received allowances. For a 24-hour shift, they were only compensated for 12 hours of work, making the demanding duties even more challenging. The continuous use of personal protective equipment (PPE) took a toll, causing physical and mental strain. The mental fatigue resulted in depression and an inability to

communicate cheerfully with colleagues and family members. The respondent felt exhausted at the end of each day, making it difficult to engage in conversations or relax mentally.

Initially, there was a reduction in salary, with only half the pay being received. Aside from this issue, the respondent received strong support from their family, even though they were understandably concerned. Despite the challenges, they found the courage to continue their work. Treating COVID-19-positive patients while wearing PPE, especially during 8-hour shifts without breaks, was physically demanding. The use of face shields hindered visibility and documentation. Excessive sweating within the PPE, due to limited air exchange, was a major discomfort. At the end of each duty, the respondent felt completely drained.

During their days off, they had to stay in a separate room for seven days as part of quarantine measures, particularly because there were elderly family members in their home. The isolation was isolating and monotonous, with the only connection being through their phone. The initial two days were manageable, but the following days grew increasingly boring, with the respondent likening seven days of isolation to feeling like seven years.

CASE 3

The third respondent, working as a staff member in a private hospital, shared her experiences treating COVID-19 positive patients, a period she described as unforgettable in her life and career. It was a time when she had to carry on with hope, despite the emotional toll it took on her. Witnessing the deaths of many, particularly infants, weighed heavily on her heart.

Fortunately, her family provided unwavering support for her profession. She acknowledged the widespread job losses during the pandemic that had an impact on many people's financial stability. Isolation itself led to stress and depression, compounded by the fact that patients and their families often expressed frustration and did not fully comprehend the mode of disease transmission, contributing to the disease's spread.

In the early days, she and her colleagues faced challenges in communicating with the families of patients. Many were initially hostile, eager to see their loved ones despite the impossibility of it in the circumstances. Although there were confrontations, eventually, the families began to cooperate.

The stress took a toll on her, affecting her body's rhythm and potentially leading to long-term health issues. During the lockdown, she experienced isolation and had difficulties obtaining essential daily supplies.

Despite the worldwide praise for nurses during the COVID-19 era, she emphasized that nursing is not about seeking fame but earning respect in society. The demanding nature of the job required continuous use of personal protective equipment (PPE) during duty hours. She mentioned the difficulty of not being able to return home, all the while needing to take extra precautions to protect her family from potential infection, as her COVID-19 status remained uncertain.

The stress also took a toll on her mental health, leading to instability. The continuous use of PPE presented various challenges, including breathlessness and blurred vision. Since COVID-19 is highly contagious and affects both children and the elderly, she often had to isolate herself from her own family members, which strained her relationships and bonds.

CASE 4

In the next case, the respondent worked as an employee in the private sector and was on duty during the COVID-19 pandemic. At the beginning of the pandemic, she and her colleagues were overwhelmed with fear as it was a novel virus, and they were unaware of the necessary precautions and preventive measures. The uncertainty surrounding the virus and the lack of treatment or vaccines left her feeling extremely anxious, even fearing for her life.

As the situation unfolded, they gradually became more informed and adapted their duties accordingly. Her working hours increased from 8 hours to 24 hours, effectively tripling her workload. Initially, there was a shortage of staff, but this was eventually addressed by hiring contract workers. The respondent appreciated the support from student nurses who assisted without expecting payment.

She had treated six COVID-19 positive patients, including a child, and sadly, one of her patients, a 66-year-old individual, passed away due to COVID-19. This was a distressing experience for her, and she often had to go into home quarantine after mingling with the patient's family. Even when at home, she remained connected to the hospital, answering calls, addressing patient concerns, and providing psychological support. Psychologists contacted her during quarantine to offer mental support and awareness.

Despite being in quarantine, she didn't truly have "off days" because the continuous communication with patients and updates from the hospital made it feel like she was still at work. She felt that the psychological support she received was necessary, but she believed it was equally important for the patients. She noted a software called "JAAGRATHA PORT" that connected all government hospitals, helping in the reporting of positive cases and facilitating communication among health workers in different areas. However, she mentioned that she did not receive any allowances from the government, and they deducted one month's salary, which affected her economically. She also highlighted the financial difficulties faced by a colleague who was the sole breadwinner for her family.

The hospital provided adequate safety equipment such as PPE, masks, gloves, and goggles, which was reassuring. However, the intense workload and fear of virus transmission created a level of stress that she had never experienced before. Support from her family and relatives played a crucial role in helping her cope with this challenging situation.

CASE 5

In this case, the respondent, has nine years of experience at ABC hospital, shared her experiences during the COVID-19 pandemic. She faced a significant increase in workload during this critical period, leading to emotional stress and depression. She treated four COVID-19 positive patients and experienced the loss of a patient due to COVID-19, all the while having greater exposure to the virus compared to doctors.

During quarantine, which she experienced multiple times at home as a government employee, she still had to respond to patient inquiries and attend to calls. While in quarantine, she received mental support from a psychiatrist, but she found herself providing mental support and awareness about COVID-19 to her patients more than receiving it herself. Unfortunately, there were no government allowances provided to her during this time, and she and her colleagues had one month's salary deducted.

On top of her demanding duties, her mother contracted COVID-19 during her duty days, leaving her in a difficult situation. She couldn't care for her mother as she was working with COVID-19 patients in the hospital. This situation caused her immense anxiety, especially considering the high death rate at the time, particularly among individuals with underlying health conditions.

Fortunately, her mother eventually tested negative, but the experience had a profound impact on her emotional well-being. She had to strike a balance between being a daughter and a nurse, providing mental support for her mother and navigating the emotional challenges of treating COVID-19 patients. Despite the difficulties, she found satisfaction in being able to provide quality care and remain dedicated to her profession.

INTERPRETATION

The data collected from the respondents highlights a prevalent issue of burnout among nurses in both the private and government sectors. Nurses have been working in this field for many years, and the emergence of the COVID-19 pandemic significantly increased their workload. The analysis suggests that burnout is a common phenomenon in the nursing profession, exacerbated by the doubling of their workload during the pandemic.

BURNOUT

Nurses are expected to work tirelessly and be prepared to handle various challenges without complaining or making excuses. This constant pressure and the increased workload due to COVID-19 have led to feelings of burnout among nurses. Burnout is characterized by emotional exhaustion, reduced motivation, and an overall sense of being overwhelmed by their responsibilities.

It's essential to recognize the impact of burnout on nurses' well-being and the quality of patient care. Addressing burnout is crucial to ensure the mental and emotional health of healthcare professionals and to maintain the effectiveness of healthcare systems during critical times like the COVID-19 pandemic. This interpretation highlights the need for support mechanisms, proper workload management, and strategies to mitigate burnout among nurses in both the private and government sectors.

"I encountered numerous challenges from both the hospital and senior staff members. It was often a struggle, and I couldn't see a way to overcome these difficulties. However, as a nurse, my commitment to my patients compelled me to be there for them, even at the expense of my own well-being. It's my duty to provide the utmost support in this pandemic. We faced significant hardships,

primarily because the hospital and management's responses and support were far from satisfactory, frequently causing extreme stress. Some of us even reached a breaking point and contemplated leaving our jobs. Fortunately, the unwavering support of our families and colleagues helped us persevere through these trying times. The issues we faced primarily revolved around a lack of support and resources from the hospital and management, leading to continuous work without proper protective measures and mental support. These factors were significant reasons that made us consider quitting our jobs."

REASONS FOR BURNOUT

Causes of burnout in the healthcare sector are diverse, encompassing physical, emotional, and mental exhaustion stemming from persistent work demands and stress. Burnout is a widespread issue affecting numerous professions, but it is particularly prevalent in nursing. Nurses face a heightened risk of burnout due to their regular exposure to disease-ridden environments and their responsibility for the well-being of numerous individuals.

I'm aware that my own well-being is at risk, but I find happiness and pride in the fact that I can contribute to saving lives. We are all making our utmost efforts to combat this severe illness, and I extend my gratitude to all those who stand by us. Even as we navigate through this challenging situation, it remains our duty to continue caring for our patients."

While they derive happiness and immense pride from their work in this field, the toll it takes on their personal lives is undeniable. They are compelled to stay separated from their loved ones, with some not having seen their families for an extended period, leading to emotional distress. A significant number of them are parents of young children, and the demands of their profession often prevent them from providing the care and attention they desire to give to their families. Consequently, many have contemplated taking a break from their careers, even though such a decision seems nearly impossible given the current circumstances.

THE MAJOR CHALLENGES

The nursing community confronts numerous formidable challenges when it comes to patient care. In government hospitals, the lack of adequate facilities, especially restrooms, becomes glaringly evident as the patient load surges. Despite this adversity, they have adapted to these circumstances. However, the use of protective gear like PPE and masks has imposed significant hardships on

them. Balancing the demands of these protective measures with their basic needs has been an arduous task. Opportunities for brief breaks have been scant, mainly due to the pervasive issue of staff shortages. This demanding lifestyle has led to health problems among many nurses.

Furthermore, the persistent unavailability of essential items such as face masks and other equipment has been a source of frustration. Nurses were initially required to reuse these items by washing them, a practice deemed unhealthy. Despite raising concerns and complaints, the management has demonstrated a lack of regard for the protection and well-being of nurses. In this context, nurses find themselves more exposed to patients than doctors and thus in need of greater precautions.

For example, one nurse recalled receiving masks and face shields initially, but due to shortages, they were instructed to reuse them through washing, which posed health risks.

The nurses also grapple with the challenge of addressing patient complaints and demands from doctors, a responsibility that compounds their stress levels.

DEPERSONALIZATION

Burnout often leads to feelings of depersonalization, which can result from factors such as sleep deprivation and an overly stimulating environment. Being separated from loved ones and enduring long periods of isolation are major contributors to this condition. The emotional exhaustion that burnout brings can make it more challenging for individuals to interact with others, both in their professional roles and at home. In medical terms, depersonalization is described as exhibiting an "unfeeling or impersonal response toward recipients of one's service, care, treatment, or instruction." For nurses experiencing depersonalization, it may become difficult to display empathy and care, particularly when dealing with patients facing challenging treatments. This often occurs when a nurse develops a negative attitude or perception about their job, and this unfavorable outlook can impact their relationships with patients.

JOB SATISFACTION

Job satisfaction is a crucial aspect of the nursing profession, much like any other field. It plays a pivotal role in patient safety, staff morale, productivity, job performance, the quality of care provided, staff retention and turnover rates, commitment to the organization, and dedication to the

profession. In the context of this study, the researcher has identified variations in job satisfaction among nurses. Some are satisfied with their profession, while others are not. Job satisfaction can be influenced by living conditions, passion for the job, and dedication levels. Despite being often regarded as "living angels," many nurses do not prioritize or take into account their job satisfaction, which, as the researcher has found, contributes significantly to the burnout experienced by nurses.

CHAPTER V

FINDINGS, CONCLUSIONS AND SUGGESTIONS

Burnout is a pervasive issue affecting individuals across various professions. It results in decreased productivity and effectiveness at work, and nursing professionals are not immune to its impact. Nursing burnout, specifically, is characterized by mental, physical, and emotional exhaustion due to sustained work-related stressors, including long hours, the pressure of making quick decisions, and the strain of caring for patients with uncertain outcomes. A 2019 report on nursing engagement found that 14.4% of nurses were disengaged from their work. This research has revealed that a significant proportion of respondents reported experiencing burnout. Burnout is typically understood as a syndrome marked by emotional exhaustion, depersonalization, and diminished personal accomplishment.

During the COVID-19 pandemic, nurses, who are on the frontlines of the battle against the virus, faced heightened stress and a significantly increased workload. Prolonged stress can evolve into burnout over time. A recent study involving over 400,000 nurses who left their jobs in 2018 discovered that nearly one-third cited burnout as their primary reason for resigning, as reported in a study published in JAMA Open Network.

In recent years, nursing has been recognized as a profession associated with high risks and intense pressures, both in the private and public sectors. This pressure existed both before and after the onset of the COVID-19 pandemic. Nurses are constantly exposed to high-pressure situations, and their working environment demands that they handle emergencies effectively. Almost daily, nurses are required to make life-and-death decisions and provide skilled, high-quality care, especially in the current context of the COVID-19 pandemic, which has further exacerbated the demanding nature of their work.

SUGGESTIONS

The prevalence of job burnout among nurses in private sector has been identified as a significant concern, with potential adverse effects on their physical and mental health. Implementing active interventions can play a crucial role in reducing job burnout and maintaining stable nursing workforce levels. Here are some suggestions to address and mitigate job burnout in the nursing field:

Hospital and Management Support: Hospitals and management should provide adequate support and cooperation to reduce the incidence of burnout among nurses. This includes addressing staffing issues, ensuring access to protective equipment, and offering mental health resources.

Positive Working Environment: Create a positive working environment that fosters teamwork, empathy, and open communication. Reducing workplace stressors and improving nurse-patient ratios can help alleviate burnout.

Stigma Reduction: Efforts should be made to reduce the stigma associated with seeking help for burnout. Encourage nurses to seek support without fear of judgment or negative consequences.

Burnout Recovery Services: Offer comprehensive burnout recovery services that include counseling, stress management programs, and access to mental health professionals.

Early Intervention: Address burnout in training programs and at the early stages of nurses' careers. Provide education and resources on stress management and coping strategies from the beginning of their nursing journey.

Self-Care and Mindfulness: Encourage nurses to practice self-care and mindfulness techniques. This includes managing shift schedules, avoiding overloading responsibilities, setting boundaries between work and personal life, getting sufficient sleep, and prioritizing physical and mental health.

Build Support Networks: Nurses should build strong interpersonal relationships with co-workers and individuals outside of work to serve as a supplemental support system. These relationships can provide emotional support and a sense of community.

Lifestyle Improvements: Emphasize the importance of a healthy lifestyle, which includes regular exercise, a balanced diet, stress reduction techniques, and adequate sleep. These lifestyle choices can significantly reduce the risk of burnout.

By implementing these suggestions, healthcare institutions can work towards reducing job burnout among nurses, improving their overall well-being, and ensuring the continued delivery of high-quality patient care.

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INTERVIEW GIUDE

Can you please tell me about your role and experience as a nurse?

How long have you been working in healthcare, especially during the COVID-19 pandemic?

Can you briefly describe the healthcare setting or hospital where you work?

How would you define burnout in your own words?

Have you heard about or experienced burnout personally or among your colleagues during the COVID-19 pandemic?

Can you describe any symptoms or signs of burnout that you or your colleagues have experienced during the pandemic?

How do these symptoms manifest in your daily work and personal life?

What specific factors or challenges do you believe have contributed to burnout among nurses during the COVID-19 pandemic?

Have there been any changes in your work environment or responsibilities that you think have influenced burnout?

How do you and your colleagues cope with the stress and emotional toll of working during the pandemic?

Are there any support systems or resources in place to help manage burnout?

Based on your experiences and observations, what changes or initiatives do you think could help mitigate burnout among nurses in the current situation?

Do you have any suggestions for healthcare institutions or policymakers to better support nurses during crises like the COVID-19 pandemic?

How has burnout affected your own well-being and job satisfaction?

Have you noticed any changes in your relationships or personal life as a result of burnout?