



ASSESS THE BURNOUT AMONG NURSES WORKING IN MATERNITY UNIT AT SELECTED HOSPITALS, CHENNAI.

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ABSTRACT

Burnout is often construed as the result of a period of expending too much effort at work while having too little recovery. Healthcare workers are often prone to burnout. A qualitative study was conducted among 30 staff nurses working in the maternity units using purposive sampling technique. The nature of the study was briefed to participants. Questionnaire was given to each participant. Tool consists of two sections: section A- Demographic variables, section B: – BURNOUT SELF-TEST TOOL. Results showed that 73.3% were under moderate level of burnout, 16.7% were under severe level of burnout and 10% were under mild level of burnout. No association between the demographic and burnout level among nurses working in maternity units.

KEY WORDS: Burn out, maternity units, staff nurses.

INTRODUCTION

“Better to burnout than rust out” - Neil Young.

“It is better to burnout than fade away” - Kurt.

“When you don’t learn to say no, you may end up disliking yourself, as well as the people you are trying to please” -James.

Burnout is a psychological term (concept) for the experience of long-term exhaustion and diminished interest (depersonalization or cynicism), usually in the work context. Burnout is often construed as the result of a period of expending too much effort at work while having too little recovery. Healthcare workers are often prone to burnout. Still, burnout can affect workers of any kind, including students. High stress jobs can lead to more burnout than lower stress work.

The term "burnout" originated in the 1940s as a word to describe the point at which a jet or rocket engine stops operating. The word was first applied to humans in the 1970s by the psychiatrist Herbert Freudenberger. He used it to describe the consequences of severe stress and high ideals experienced by people working in “helping” professions. Doctors and nurses, for example, who sacrifice themselves for others, would often end up being “burned out” which results in exhausted, listless, and unable to cope and also used the term to describe the status of overworked volunteers in free mental health clinics. He compared the loss of idealism in these volunteers to a building once a vital structure that had burned out and he defined burnout as the “progressive loss of idealism, energy, and purpose experienced by

people in the helping professions as a result of the condition of their work”.

Work is a significant source of stress in all occupations; a nationwide poll by the American Psychological Association (APA) showed that approximately 75% of Americans experienced substantial stress at work and nearly half noted that their work productivity decreased because of the stress. High costs are associated with work-related stress, in terms of absenteeism, decreased productivity, and employee turnover, as are a wide variety of physical conditions, from headaches and insomnia to cardiovascular and immune diseases. Work-related stress that is left unaddressed has the potential to develop into burnout over a long period of time. The costs of burnout are even higher than stress and affect not only the well-being of the individual but that of the individual's family, friends, and colleagues. Burnout has been more prevalent in helping professions, and high levels of burnout have been documented in the healthcare professions, especially nursing.

The characteristics of burnout unique to the healthcare professions are outlined, with a specific focus on burnout in nursing. Nurses are especially vulnerable to the syndrome, and this is of particular concern for several reasons. First, nurses represent the largest fraction of healthcare professionals, with more than 2.6 million nurses in the United States, and they are the frontline for direct patient care in hospitals. Second, job dissatisfaction and subsequent burnout have been

strongly linked to nursing turnover, which has led to the nursing shortage that began in the late 1990s. This shortage remains ongoing, and estimates for the shortage by the year 2020 range from 340,000 to 1 million. Third, the most important, the inadequate nursing staffing levels caused by excessive turnover have been significantly associated with nursing errors and poorer patient outcomes. Thus, enhancing job satisfaction and avoiding burnout is crucial to maintaining an adequate population of nurses, and an adequate population of nurses is vital to maintaining high-quality patient care.

The term has been used to describe a mild degree of unhappiness caused by stress, as well as any degree of distress, from fatigue to major depression. In the early 1980s, social psychologist Christina Maslach began to explore the loss of emotional feeling and concern for clients among human services professionals. Since then, she has researched burnout extensively, becoming the leading authority on the topic and the author of the gold-standard tool to assess burnout, the Maslach Burnout Inventory.

Burnout can occur in any setting, and it has been studied most extensively in a wide range of occupations within the human services field, from healthcare professionals to teachers, police, and prison workers. High levels of burnout among healthcare professionals have been well-documented.

“Burnout” has become a popular term for mental or physical energy depletion after a period of chronic, unrelieved job-related stress characterized sometimes by physical illness. The person suffering from burnout may lose concern or respect for other people and often has cynical, dehumanized perceptions of people, labeling them in a derogatory manner. Causes of burnout peculiar to the nursing profession often include stressful, even dangerous, work environments; lack of support; lack of respectful relationships within the health care team; low pay scales compared with physicians' salaries; shift changes and long work hours; understaffing of hospitals; pressure from the responsibility of providing continuous high levels of care over long periods; and frustration and disillusionment resulting from the difference between job realities and job expectations.

A. NEED FOR THE STUDY

Marie Celle et al., (2007) conducted a questionnaire survey in France among 278 ICUs, 165 (59.4%) included 2,525 nursing staff members, of whom 2,392 returned questionnaires with complete Maslach Burnout Inventory data in that 2,392 respondents (82% female), 80% were nurses, 15% nursing assistants, and 5% head nurses. Severe burnout level-related symptoms were identified in 790 (33%) respondents. Multivariate analysis was used for four domains were associated with severe burnout level personal characteristics, organizational factors, quality of working relations, end-of-life related factors. The study concluded as One-third of ICU nursing staff

had severe Burnout level. Areas for improvement identified in our study include conflict prevention, participation in ICU research groups, and better management of end-of-life care. Interventional studies are needed to investigate these potentially preventive strategies.

Joachim Bauer et al., (2006) conducted a study was to evaluate the relation between occupational burden and psychological strain of teachers who are still in work. 408 teachers at ten grammar schools in the south-western Germany was evaluated. The styles of coping with occupational burden we used the measure of coping capacity questionnaire (MECCA). To analyse the psychopathological and psychosomatic symptom load we applied SCL 90 R questionnaire. According to the MECCA questionnaire, 32.5% of the sample suffered from burnout, 17.7% suffered severe strain, 35.9% showed an unambitious and 13.8% showed a healthy-ambitious coping style. Burnout was significantly higher among women, divorced teachers and teachers working part-time. Teachers indicated that, besides high numbers of pupils in one class, they regarded destructive and aggressive behaviour of pupils as the primary stress factor. The study concluded that MECCA (burnout) correlated significantly with high psychological and psychosomatic symptom load according to the SCL90R. Teachers rate destructive and aggressive behaviour of pupils as the primary stress factor.

Several factors unique to nurses work environments add to their vulnerability for burnout. First, nurses spend an increasing number of hours each day involved in patient care, especially with the advent of extended shifts and overtime. These long hours spent engaged in a high number of interpersonal relationships and subjected to high physical and emotional demands leave nurses fatigued, with insufficient energy to cope with stress effectively. Second, changes in healthcare delivery have created feelings of disillusionment and uncertainty among nurses. Third, nurses have made efforts to overcome the traditional domination of physicians, and nurse-physician relationships have been documented as a common source of stress for nurses.

Given that stress and burnout are direct consequences of job dissatisfaction, an understanding of the prevalence and causes of job dissatisfaction among nurses can help to define the sources of stress and burnout. According to the 2008 National Sample Survey of Registered Nurses, the rates of moderate or extreme job satisfaction were lowest for staff nurses (79%), patient coordinators (82%), and nursing managers/administrators (83%); the highest rates were found for certified nurse anesthetists (94%), midwives (93%), and clinical nurse specialists and educators (90%). These rates of job satisfaction are much higher than those reported in earlier studies.

Studies have indicated that among nurses, factors within the work environment are greater predictors of job

dissatisfaction than factors related directly to the care of patients. In addition, work environment factors are more predictive of stress and burnout than demographic factors. As Maslach indicated, age influences the risk of burnout, and studies have shown that burnout is usually more prevalent among nurses younger than 30 years of age. However, more recent data indicate an increase in dissatisfaction among older nurses. In the 2008 survey of registered nurses, moderate dissatisfaction was high among nurses younger than 25, but the rate of moderate or extreme dissatisfaction was the highest for nurses 40 to 44 (12%) and 45 to 49 (13%). The highest rate of extreme dissatisfaction (only) was found for nurses 55 to 59 and 45 to 49 (approximately 3% each).

Nurses' job dissatisfaction varies according to setting and position. The highest rates of job dissatisfaction have been reported among nurses in nursing homes (17%) and hospitals (12%). The rate of job dissatisfaction among hospital nurses has been estimated to be four times greater than the average for all workers in the United States. Because the majority (62%) of nurses works in a hospital setting, most on a medical-surgical unit, that population is the focus of this course.

Numerous surveys and studies have indicated several primary sources of job dissatisfaction among nurses: staffing inadequacy and schedule, lack of involvement in decision making, lack of support from nursing leadership and administration, interpersonal conflict (interactions with physicians and peers), and inadequate pay. These sources of dissatisfactions can be correlated with four of the mismatches identified by Maslach, namely, work overload, lack of control, insufficient reward, and absence of community

B. STATEMENT OF THE PROBLEM

A study to assess the burnout among nurses working in maternity unit at selected Hospitals, Chennai.

C. OBJECTIVES OF THE STUDY

1. Assess the burnout among nurses.
2. Associate the selected demographic variables with the burnout level among nurses.

D. OPERATIONAL DEFINITIONS

1. Assess: Evaluate the burnout level among nurses working in maternity units at Sri Ramachandra Hospital.

2. Burnout: An emotional and physical exhaustion marked by tiredness, loss of interest, or frustration that interferes with job performance and combination of exposure to environmental and internal stressors that leads to inadequate coping and adaptive skills.

3. Nurses: Registered professional qualified with general nursing or B.Sc Nursing with minimum of 6 months and above of work experience working in maternity unit.

4. Maternity unit: Is the department of a hospital that provides care for women during pregnancy and childbirth as well as for newborn infants at Sri Ramachandra Hospital.

E. ASSUMPTIONS

1. The perception of a phenomenon varies in each individual.
2. The essence of reality can be identified by assessing burnout.

CHAPTER II

REVIEW OF LITERATURE

Review of literature is a critical and evaluative account of that which has been published on a chosen research topic. The purpose is to analyze critically a segment of a published body of knowledge through summary, classification, and comparison of prior research studies, reviews of literature, and theoretical articles.

This chapter consists of two sections

Section- A: Review of related literature

Section- B: Conceptual frame work

SECTION- A: REVIEW OF LITERATURE

The related literatures are categorized under following headings

1. Prevalence of burnout among nurses.
2. Impact of burnout among nurses.

1. Prevalence of burnout among nurses: Lyndall, Skinner, Carol and Maralyn (2011) conducted a study to determine the incidence and level of work-related stress and burnout among 152 midwives working in two public hospital maternity units. Of that two thirds (60.7%) of midwives in this sample experienced moderate to high levels of emotional exhaustion, a third (30.3%) scoring low personal accomplishment and a third (30.3%) experiencing depersonalization related to burnout. Significant differences were found among groups of midwives according to years in the profession, shifts worked and concluded as those midwives who had spent longer in the profession and exercised scored low burnout levels.

Ester, Pedro, Juan, and Hugo (2009) conducted a longitudinal study to examine incidence of burnout among 316(53 males and 262 females) Spanish nursing professionals working in different units of 13 Spanish hospitals. The gap between time 1 (T1) and time 2 (T2) was 1 year. The results showed that the prevalence of burnout was 2.84% in T1 and 1.89% in T2 and confirmed that there was a significant increase in the levels of emotional exhaustion from T1 to T2.

Escriba, Martin, and Hoyos (2006) analysed the prevalence of burnout syndrome and the relationship between the psychosocial work environment and burnout syndrome among 945 nursing staff in Spain by means of cross-sectional survey. The outcome variable was three

dimensions of burnout syndrome [emotional exhaustion (EE), personal accomplishment (PA), depersonalization (DP)]. The result showed that probability of high EE was greater among those exposed to high psychological demands, low job control and low supervisors' social support. Those exposed to low job control had a higher risk of low PA. There was no evidence of negative effect of psychosocial risk factors on the DP. Prevalence of EE and PA was higher among nurses. The study concluded as presence of risk factors derived from work organization within the work place (psychosocial risk factors) increases the probability of presenting burnout syndrome and EE.

Suzuki et al (2009) conducted a study to identify relationship between assertiveness and burnout among 172 nurse managers at Japan university hospitals. Rathus Assertiveness Schedule (RAS) and the Maslach Burnout Inventory (MBI) were used as scales. The results showed that the mean RAS score of the burnout group was significantly lower than that of the non-burnout group and suggested that increasing assertiveness and satisfaction with own care provision contributes to preventing burnout among Japanese nurse managers.

Gomez and Rutledge (2008) conducted an exploratory study to investigate the prevalence of stress traumatic syndrome (STS) in 67 emergency nurses from three general community hospitals in California. 54% of nurses reported irritability syndrome, 52% reported avoidance of patients and 46% had intrusive thoughts about patients. High prevalence of STS in result indicates that potentially large numbers of emergency nurses may be experiencing the negative effects of STS. Symptoms may contribute to emotional exhaustion and job separation of emergency nurses.

2. Impact of burnout among nurses: Vasilios, Andreas, and Michael (2012) conducted a census to identify the factors associated with the burnout syndrome among 1,482 Cypriot nurses. Questions related to occupational stress, and questions pertaining to self reported fatigue were included in the questionnaire. Results showed that two-thirds (65.1%) of the nurses believed that their job is stressful with the majority being female nurses (67.7%). The prevalence of fatigue in nurses was found 91.9%. The prevalence of fatigue was higher in females (93%) than in males (87.5%). Study concluded that the fatigue is considered as a predictor of burnout.

Gall, Azoulay, Embriaco, Poncet, and Pochard (2011) conducted a literature review to assess burn out syndrome among critical care workers. Recent studies suggest that severe burn out syndrome is present in about half of all critical care physicians and one-third of critical care nurses. But the determinants of burn out syndrome differ between the two groups of caregivers. Intensivists with severe burn out syndrome tend to be those with a large number of working hours (number of night shifts, and time since last vacation), whereas severe burn out

syndrome among ICU nurses is mainly related to ICU organization and end-of-life care policy. ICU conflicts were independent predictors of severe burn out syndrome in both groups and also identified potential preventive measures, such as ICU working groups, better communication during end-of-life care, and prevention and management of ICU conflicts.

Louise, Vishwanath, and Wang (2010) assessed the relationships between emotional exhaustion and other dimensions of burnout as well as depression among nurses in Japan and China. Data were collected from 239 nurses in Japan and 550 nurses in mainland China. Job satisfaction and absence were found to moderate the relationship between emotional exhaustion and depression simultaneously among both Japanese and Chinese nurses. Job satisfaction and absence simultaneously moderated the effect of emotional exhaustion on diminished personal accomplishment among Japanese nurses only.

Ilhan, Durukan, Taner, Maral, and Bumin. (2008) conducted a study to determine the burnout level and its correlates in nurses at a university hospital in Turkey among 418 nurses. The results showed that all the nurses were female, with a mean age of 30.6. Emotional Exhaustion decreased with increasing age. Total time in the job, weekly working hours, shift-working and the unit where employed influenced burnout scores. Not being happy with relations with superiors, not finding the job suitable, feeling anxious about the future, perceived poor health, problems with personal life and financial difficulties were also factors influencing burnout scale scores.

Lu and Jinky (2008) conducted a cross sectional study to determine the interaction between situational, factors, role stressors, hazard exposure and personal factors among 246 nurses from the different wards and units in the Philippine General Hospital (PGH). Results showed that almost half (49.6%) of the respondents reported being ill due to work in the past year, and 56.1% missed work because of an illness. Correlation statistics showed organizational role stressors was most significant in burnout among nurses in the Philippine's largest tertiary hospital. Organizational role stressors consisted of ten dimensions, namely: 1) Inter-role Distance (IRD); 2) Role Stagnation (RS); 3) Role Expectation Conflict (REC); 4) Role Erosion (RE); 5) Role Overload (RO); 6) Role Isolation (RI); 7) Personal Inadequacy (PI); 8) Self-role Distance (SRD); 9) Role Ambiguity; and 10) Resource Inadequacy (RIn).

Marie et al. (2007) conducted a questionnaire survey to identify determinants of burnout syndrome in critical care nurses in France. 2,525 nursing staff members from 165 ICUs were selected. Results showed that one-third of ICU nursing staff had severe burn out syndrome. Both personal characteristics and work-related factors have been associated with burn out syndrome. Among work-

related factors, workplace climate and workload influence the risk of burn out syndrome. Perceived conflicts with patients, families, or other staff members and perceived poor relationships with other staff members were strong independent risk factors for severe burn out syndrome. Interventions such as research groups, stress management workshops, and training in communication and stress management have been found to decrease stress and burn out syndrome in health care workers.

Watson, Ian, Thompson, and Gloria (2007) conducted a Prospective survey using self-administered questionnaires to assess stress and burnout among 147 nursing students in a university school of nursing in Hong Kong. The results showed that students suffered greater levels of psychological morbidity and burnout was largely explained by the personality trait of neuroticism. Stress also increased and this was largely explained by emotion-oriented coping. Undertaking a nursing programme leads to increased level of stress, burnout and psychological morbidity and this is largely related to individual personality and coping traits.

Geetika (2006) conducted a study with the aim of investigating the effect of role stress in a sample of 120 nursing professionals of government and private hospitals. They were administered Organisational Role Stress Scale by Pareek (1981) in order to assess the level of stress experienced by them. The obtained results revealed that male nurses experienced significantly higher stress level as compared to females. Second, male nurses from private hospitals showed significantly higher level of stress levels than the government nurses on eight out of the ten dimensions of Organisational Role Stress Scale.

Doris, Linda, Douglas, and Vargas (2004) examined the effect of the nurse work environment on nurse burnout, and the effects of the nurse work environment and nurse burnout on patients' satisfaction with their nursing care by cross-sectional surveys of 820 nurses and 621 patients from 40 units in 20 urban hospitals across the United States. Study identified that patients cared on units that have adequate nursing staff, good administrative support for nursing care, and good relations between doctors and nurses have high satisfaction with their care, and their nurses reported significantly lower burnout. The overall level of nurse burnout on hospital units also affected patient satisfaction. Improvements in nurses' work environments in hospitals have the potential to reduce nurses' high levels of job burnout and risk of turnover and increase patients' satisfaction with their care.

Mustafa and Levent (2004). Investigated the relationship between daylight exposure and the other predictors of burnout among 141 nurses who work in Akdeniz University Hospital in Antalya, Turkey. The result showed that exposure to daylight at least 3 hours a day was found to cause less stress and higher satisfaction at

work. Suffering from sleep disorders, younger age, job-related health problems and educational level were found to have total or partial direct effects on burnout. Night shifts may lead to burnout via work related strain and working in inpatient services and dissatisfaction with annual income may be effective via job dissatisfaction. Study concluded that daylight exposure is effective in preventing job burnout.

Kilfedder et al. (2001) examined the relationship between job specific nursing stressors and generic role stressors (role conflict and role ambiguity) using a sample of 510 psychiatric nurses. The results revealed that higher level of emotional exhaustion were associated with job specific nursing stressors. Lack of social support was found to be a significant predictor of emotional exhaustion and depersonalization. Lower level of personal accomplishment were associated with less control over job related events and less use of coping strategies.

Demerouti et al. (2000) investigated the influence of ten job demands and eleven job resources (social support) on burnout using a sample of 109 nurses. The results suggested that demanding patients, high workload, time pressure, unfavorable environmental conditions and problems with shift work schedule was significantly related to emotional exhaustion. An attitude of disengagement was primarily associated with a work environment lacking resources (job control, task variety).

SECTION B: CONCEPTUAL FRAMEWORK

Conceptual framework is "A group of concepts that are related but the relationship is not explicit" (Polit and Beck, 2008). The main aim of conceptual framework is to communicate clearly the relationship between various concepts. It guides an investigator to know what data needs to be collected and directs entire research process (Kerlinger, 1996).

The investigator espoused General system theory (1936) developed by Ludwig Von Bertalanffy a pedestal for developing the conceptual framework for this study in order to assess the burnout level among staff nurses working in the maternity unit.

Ludwig Von Bertalanffy's general system theory can be described as a conceptual system that is developed to serve some purpose. This is a situational theory that conceptualizes both desired situation and the prescription by which it is to be brought about. The present study is aimed in assessing the burnout level among maternity nurses, so the investigator has adopted the General system theory (1936) as a base for developing the conceptual framework for this study to determine the burnout level among nurses working in the maternity unit.

This theory consists of mainly three concepts

- Input

- Through put
- Output

INPUT

It is any form of energy, information and that enters in to a system through its boundaries. The system uses the input. The system uses input to maintain its homeostasis. In this study the input refers to the nurses working in the maternity units of Sri Ramachandra Hospital, Chennai with their demographic variables such as age, sex, professional qualification, income per month, total years of experience and total years of experience.

THROUGHPUT

It is the process that occurs between the input and output process, which enables the input to be transferred as output in such a way that it can be readily used by the system. The throughput in this study refers to the activity

- Administering Stress – Burnout tool

OUTPUT

It is the energy material or information that is transferred to the environment. In this study it is the information received from the staff nurses working in the maternity unit regarding the burnout level.

FEEDBACK

The feedback refers to the output that is returned to the system that allows it to monitor itself overtime in an attempt to move closer to the state known as equilibrium or homeostasis. In this study the burnout level of nurses working in the maternity unit were assessed through Stress – Burnout tool. The outcome of the study was achieved on output evaluation and hence negative feedback to the system occurs while maintaining homeostasis.

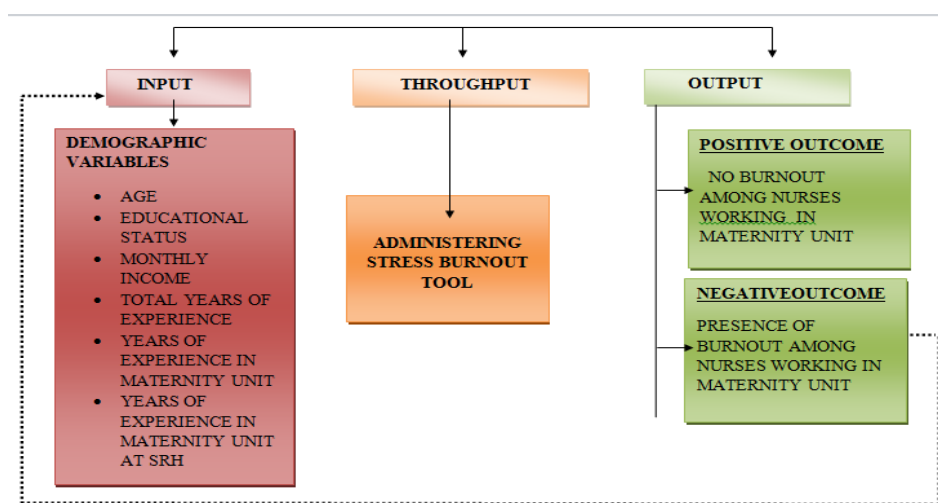


Figure 1: conceptual framework based on general system theory by ludwig von bertalanffy (1936)

CHAPTER III

Methodology: This chapter deals with the method that was used to assess the level of burnout among staff nurses working in maternity unit. This chapter includes research approach, research design, setting, sample, sample size, sampling technique, inclusion and exclusion criteria, tool, pilot study, data collection procedure and plan for data analysis.

A. RESEARCH DESIGN

The design adopted for the study was Qualitative design.

B. SETTING OF THE STUDY

The study was conducted in the maternity units of Sri. Ramachandra Hospital, Porur, Chennai. The maternity units consisted of antenatal ward, labour room, postnatal ward, and operation theatre which are all situated in the third floor of Sri. Ramachandra Hospital.

C. POPULATION

Nurse's working in the maternity units.

D. SAMPLE

Nurse's who fulfilled the inclusion criteria in the maternity units of Sri Ramachandra Hospital.

E. SAMPLE SIZE

The sample consisted of 30 nurses. The nurses who satisfied the inclusion criteria during the period of study were selected as the sample.

F. SAMPLING TECHNIQUE

Purposive sampling method was used to select the samples.

G. SAMPLING CRITERIA**1. Inclusion criteria**

Nurses

- Who were willing to participate in the study.
- Available during the period of study.

2. Exclusion criteria

Nurses

- Doing night duty.
- In administrative posts such as supervisors and head in charge nurse.

H. INSTRUMENT AND SCORING

Section A - DEMOGRAPHIC VARIABLES

Demographic variables consist of nurse's age (in years), educational status, monthly income (rupees), total years of professional experience, years of experience in maternity unit and years of experience in maternity unit at SRU.

Section B – BURNOUT SELF-TEST TOOL

The burnout self test tool was developed in the year 1985 by Christina Maslach, one of the leading researchers in the field of burnout. The burnout self-test tool had fifteen questions assessing the burnout level among nurses. It consist of 5 point likert scale containing certain statements like not at all, rarely, sometimes, often, very often given for each question. The scoring was given accordingly, not at all – 1, rarely – 2, sometimes – 3, often – 4 and very often – 5. There was no reverse scoring. The minimum score was 15 and maximum score was 75.

SCORE INTERPRETATION

Score	Interpretation
15-18	No signs of burnout
19-32	Mild risk of burnout
33-49	Moderate risk of burnout
50-59	Severe risk of burnout
60-75	Very severe risk of burnout

I. VALIDITY AND RELIABILITY

The burnout self-test tool was standardized. Reliability of the tool was assessed by test and retest method, the obtained $r = 0.8$. Hence the tool was found reliable to assess the burnout among nurses.

J. DATA COLLECTION PROCEDURE

The period of data collection extended from 10th February 2014 to 15th February 2014. The study group consisted of 30 nurses working in the maternity units of Sri. Ramachandra Hospital, who met the inclusion criteria and were conveniently selected. The objective of the study was explained to each nurse and consent was obtained from them for participating in the study. The standardized burnout self test was used in order to obtain the demographic data and to assess the existing burnout among them. The burnout level was acquired through the self report method by the administration of burnout self-test, a standardized tool to the nurses.

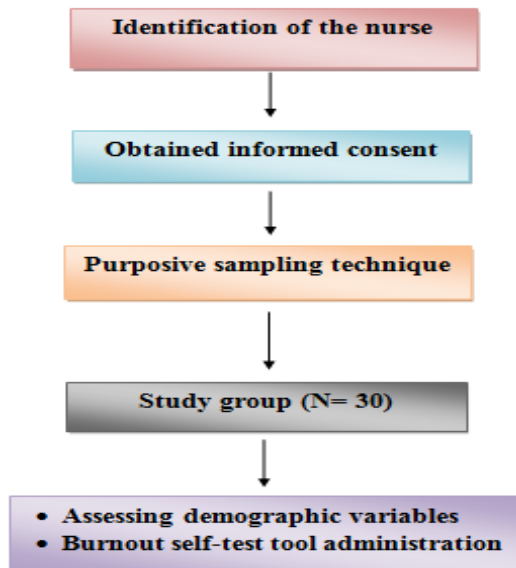


Figure 2. Schematic representation of data collection procedure

K. PLAN FOR DATA ANALYSIS

Table1. Plan for data analysis

Statistics	Methods	Purpose
Descriptive statistics	Frequency, percentage, mean and standard deviation	To assess the demographic variables
Inferential statistics	Chi – square	To find the association between the burnout among nurses with selected demographic variables

CHAPTER IV

Data Analysis: This chapter deals with the analysis and interpretation of the data of this study.

Kerlinger (1943) defines analysis as categorizing, ordering, manipulation, and summarizing the data in an intelligible and interpretable form so that the research problem can be studied and listed along with the relationship between the variables. The collected data are presented in the following tables.

Section A: Frequency and percentage distribution of demographic variables among staff nurses of maternity units (Table 2).

SECTION A

Table2. Frequency and percentage distribution of demographic variables among nurses working in maternity unit (N= 30).

Demographic Variables	No.	%
1. Age (years)		
a. 21 – 25	12	40.0
b. 26 – 30	13	43.3
c. 31 – 35	04	13.3
d. 36 – 40	00	00.0
e. 41 – 45	01	03.3
2. Educational status		
a. GNM	15	50.0
b. B. Sc Nursing	15	50.0
c. B.Sc Nursing (Post-Basic)	00	00.0
3.Monthly Income (Rupees)		
a. 5001 - 8000	03	10.0
b.8001 – 11000	06	20.0
c. Above 11001	21	70.0
4. Total years of professional experience.		
a. < 1	01	03.3
b. 1 - 2	17	56.7
c. 2 - 3	06	20.0
d. > 3	06	20.0
5. Years of experience in maternity unit.		
a. < 1	06	20.0
b. 1 - 2	15	50.0
c. 2 - 3	06	20.0
d. > 3	03	10.0
6. Years of experience in maternity unit at SRU.		
a. < 1	07	23.3
b. 1 - 2	18	60.0
c. 2 - 3	03	10.0
d. > 3	02	06.7

Table 2 describes the frequency and percentage distribution of demographic variables of the nurses working in maternity units.

On consideration of the age group of the staff nurses, it was found that out of 30 nurses 12(40.0%) nurses were of 21-25 years of age, 13 (43.3.3%) in the age group between 26-30 years, 4(13.3.7%) nurses in the age group between 31-35 years and 1(03.3%) nurse in the age group between 40-45 years.

Section B: Frequency and percentage distribution of Burnout level among Staff nurses working in maternity units (Table 3)

Mean and Standard deviation of Burnout level among staff nurses working in maternity units (Table 4)

Section C: Associate the demographic variables and burnout level among staff nurses working in maternity units (Table 5).

With regard to the educational status majority of them 15(50%) had completed GNM whereas 15 (50%) had completed B.Sc nursing.

With respect to the monthly income around 3(10%) earns between Rs.5000-8000, 6(20%) earns between Rs.8001-11000 and 21(70%) earns between above Rs.11001.

Regarding the total years of professional experience, majority of nurses had 1-2 years professional experience whereas 06(20%) had 2-3 and above 3 years of professional experience respectively.

About the years of experience in the maternity unit, majority of the nurses 15(50%) had 1-2 years of experience whereas 06(20%) had less than 1 years and 2-3 years of experience in maternity unit respectively.

Considering the years of experience in the maternity units at SRH, it was identified that about 18 (60%) nurses had an experience of 1 - 2 year whereas 07(23.3%) had less than 1 years of experience, 3(10%) had 2-3 years of experience and 2(6.7%) had more than 2 years of experience in maternity units.

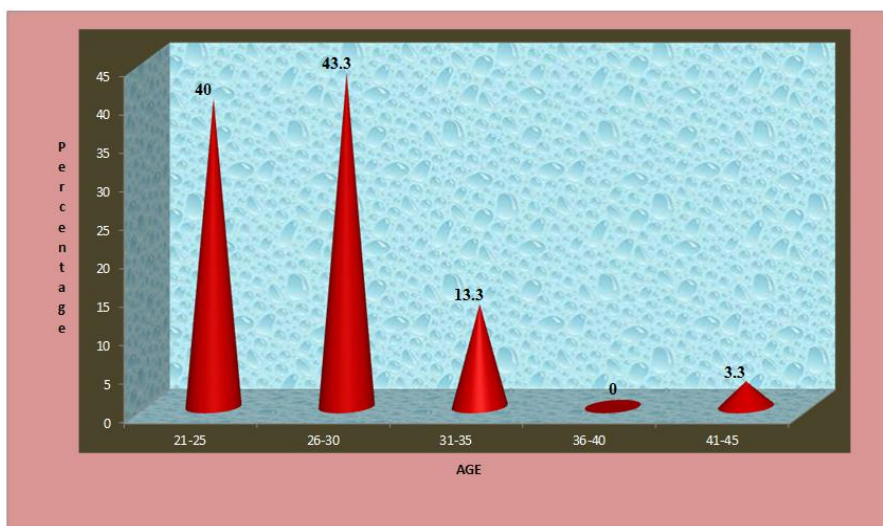


Figure 3. Percentage distribution of age of nurses working in maternity units (N=30)

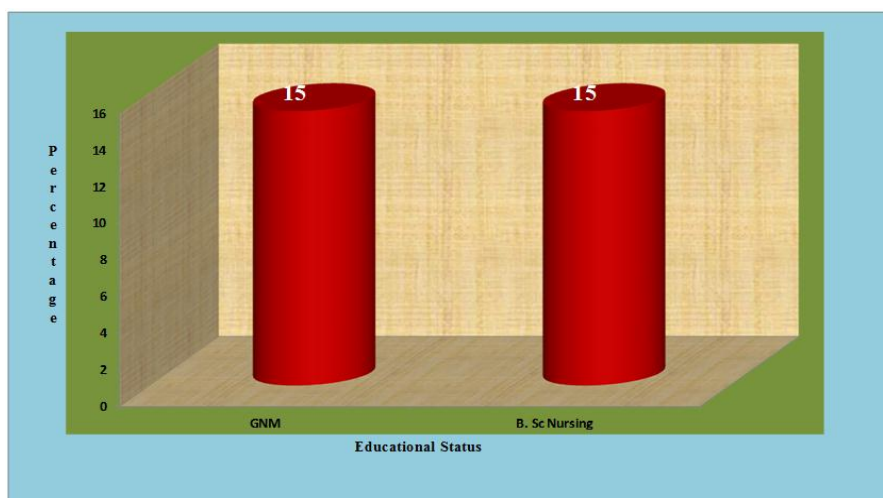


Figure 4. Percentage distribution of educational status of nurses working in maternity units (N=30)

Section B

Table 3. Frequency and percentage distribution of burnout level among nurses working in maternity units (N=30).

BURNOUT	NO.	%
NO RISK	00	00.0
MILD RISK	03	10.0
MODERATE RISK	22	73.3
SEVERE RISK	05	16.7
VERY SEVERE RISK	00	00.0

Table 3 highlights the frequency and percentage of burnout level among staff nurses working in maternity units. With regard to burnout among nurses working in

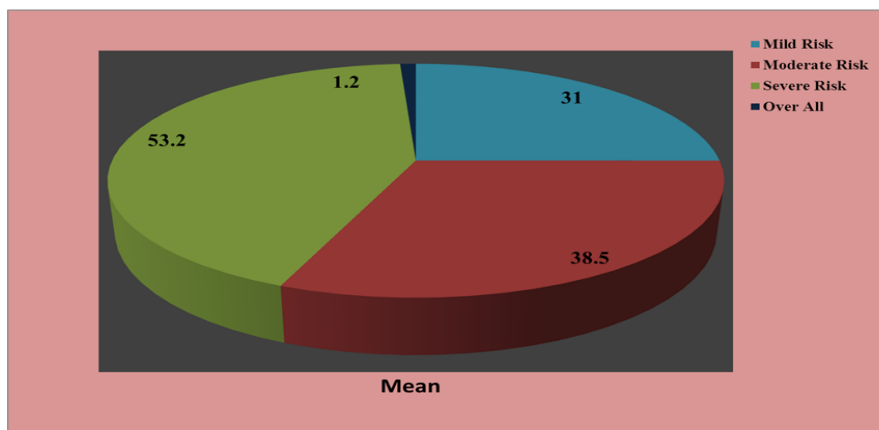
maternity unit, majority in the group 22(73.3%) were at moderate risk, whereas 5(16.7%) were at severe risk and 3(10%) were at mild risk of burnout during work.

Table 4. Mean and Standard deviation of burnout level among nurses working in maternity units (N= 30).

BURNOUT	MEAN	S.D
NO RISK	00.0	00.0
MILD RISK	31.0	01.0
MODERATE RISK	38.5	03.8
SEVERE RISK	53.2	03.3
VERY SEVERE RISK	00.0	00.0
OVER ALL	40.3	07.2

Table 5 shows mean and standard deviation of burnout among nurses working in maternity units were mean score of 31.0 with standard deviation of 1.0 were at mild risk of burnout, mean score of 38.5 with standard

deviation of 3.8 were at moderate risk burnout, mean score of 53.2 with standard deviation of 3.3 were at severe risk of burnout and overall score with mean score of 40.3 with standard deviation of 07.2.

**Figure 5. Mean of burnout level among nurses working in maternity units (N= 30).**

SECTION C

Table 5. Association between demographic variables and burnout level among nurses working in maternity units (N= 30).

Demographic variables	Level of Burnout			χ^2 & p value
	Mild Risk	Moderate Risk	Severe Risk	
1. Age (years)				
a. 21 – 25	2	8	2	
b. 26 – 30	1	11	1	
c. 31 – 35	0	3	1	6.04
d. 36 – 40	0	0	0	12.59(NS)
e. 41 – 45	0	0	1	
2. Educational status				
a. GNM	2	9	4	2.86
b. B. Sc Nursing	1	13	1	5.99(NS)
c. B.Sc Nursing (Post-Basic)	0	0	0	
3. Monthly Income (Rupees)				
a. 5001 - 8000	1	0	2	9.79
b. 8001 – 11000	0	5	1	11.07(NS)
c. Above 11000	2	17	2	
4. Total years of professional experience.				
a. < 1	0	1	0	4.96
b. 1 - 2	2	13	2	12.59(NS)
c. 2 - 3	0	5	1	
d. > 3	1	3	2	
5. Years of experience in maternity unit.				
a. < 1	0	4	2	16.12
b. 1 - 2	2	13	0	12.59(NS)
c. 2 - 3	1	4	1	
d. > 3	0	1	2	
6. Years of experience in maternity unit at				

SRU.	0	5	2	
a. < 1	2	14	2	
b. 1 - 2	1	2	0	4.38
c. 2 - 3	0	1	1	12.59(NS)
d. > 3				

NS-Non Significant

Table 5 depicts there is no association between the burnout level and the nurses working in maternity units.

CHAPTER V DISCUSSION

This chapter confers about the study results according to the stated objectives. It also provides sufficient elucidation to conclusion and for further generalization and utilization of the study results.

This study was done to assess the burnout level among nurses working in maternity units at Sri Ramachandra Hospital, Chennai.

Description of the population: The sample study comprised of 30 nurses working in the maternity units. On consideration of the age group of the staff nurses, it was found that out of 30 nurses 12(43.0%) nurses were of 21-25 years of age, 13 (43.3.3%) in the age group between 26-30 years, 4(13.3.7%) nurses in the age group between 31-35 years and 1(03.3%) nurse in the age group between 40-45 years.

26-30 years, 4(13.3.7%) nurses in the age group between 31-35 years and 1(03.3%) nurse in the age group between 40-45 years.

With regard to the educational status majority of them 15(50%) had completed GNM whereas 15 (50%) had completed B.Sc nursing.

With respect to the monthly income around 3(10%) earns between Rs.5000-8000, 6(20%) earns between Rs.8001-11000 and 21(70%) earns between above Rs.11001.

Regarding the total years of professional experience, majority of nurses had 1-2 years professional experience whereas 06(20%) had 2-3 and above 4 years of professional experience respectively.

About the years of experience in the maternity units, majority of the nurses 15(50%) had 1-2 years of experience whereas 06(20%) had less than 1 years and 3-4 years of experience in maternity units respectively.

Considering the years of experience in the maternity units at SRH, it was identified that about 18 (60%) nurses had an experience of 1 - 2 year whereas 07(23.3%) had less than 1 years of experience, 3(10%) had 2-3 years of experience and 2(6.7%) had more than 2 years of experience in maternity units.

The first objective was to assess the burnout level among nurses working

The outcome of the study results regarding burnout among nurses concluded that, majority in the group 22(73.3%) were under moderate risk of burnout, whereas 5(16.7%) were under severe risk and 3(10%) were had little signs of burnout during work.

The mean and standard deviation of burnout among nurses working in maternity unit were mean score of 31.0 with standard deviation of 1.0 had mild risk of burnout, mean score of 38.5 with standard deviation of 3.8 were under moderate risk of burnout, mean score of 53.2 with standard deviation of 3.3 were at severe risk of burnout and the mean score of 40.3 with standard deviation of 7.2 were overall score of burnout.

The second objective was to associate the burnout with the selected demographic variables of nurses.

The study concluded that there is no association between the burnout and demographic variables among nurses working in maternity units.

CHAPTER VI SUMMARY, IMPLICATIONS AND RECOMMENDATIONS

This chapter presents the summary, implications and recommendations to provide a foundation for future researchers in a view to follow evidence-based nursing practice.

A. SUMMARY OF THE STUDY

The study focuses to assess the burnout among nurses working in the maternity units of Sri Ramachandra Hospital, Chennai.

Objectives of the study were

1. To assess the burnout level among nurses working.
2. To associate the burnout level with the selected demographic variables of nurses.

Review of literature was done and categorised in to various dimensions the conceptual framework was based on General System Theory. This theory was consistent with the investigators steps of research. The investigator found that her research process was well fitted with this theory.

Reviews of related literature provide a sound base of evidence-based ground for the study. The reviewed literatures were subdivided into the following sections, studies on the Prevalence of burnout among nurses and burnout among nurses the conceptual model applied for

this study was Ludwig Von Bertalanffy's General system theory (1968).

The design selected for the study was phenomenological design. According to the inclusion criteria stated, 30 nurses were conveniently selected for the study.

Descriptive statistics (frequency percentage, mean, standard deviation) and inferential statistics (chi – square a) were used to analyze the data

FINDINGS OF THE STUDY

The significant findings in the study were

1. Majority of the 43.3% were in the age group between 21 and 25 years.
2. Most of the nurses 50% had completed GNM course.
3. About 50% nurses had an experience of about 1 to 2 years in the maternity unit at SRH.
4. About 60% nurses had an experience of about 1 to 2 years in the maternity unit at SRH.
5. Frequency and percentage distribution of burnout level among nurses working in maternity units, majority 73.3% were under moderate level of burnout, 16.7% were under severe level of burnout and 10% were under mild level of burnout.
6. Mean and standard deviation of burnout level among nurses working in maternity unit were mean score 31.0 with standard deviation of 1.0 had mild level of burnout, mean score 38.5 with standard deviation of 3.8 were under moderate level of burnout, mean score of 53.2 with standard deviation of 3.3 were at severe level of burnout and overall score of burnout were with mean score of 40.3 with standard deviation of 7.2.
7. No association between the demographic and burnout level among nurses working in maternity units.

B. NURSING IMPLICATIONS

Nursing is a dynamic process. Thus the implication drawn from the present study is of vital concern to the professional nurse practitioners, nurse educators, nurse administrators and researchers.

1. Nursing practice

- a. Nurses' should be provided with some recreational activities during their service.
- b. There should be adequate nurses for the division of work in order to reduce the work burden level.
- c. Nurses should provide evidence based care during their service so as to provide quality care to the patient and also protect themselves from any kind of litigations which can create stress among them.
- d. Nurses can have rotation in various wards in order to avoid work stagnation and have a change in the work environment.

2. Nursing education

- a. More focus should be given on the student nurses regarding various methods of work division in the clinical setting.

- b. Nurse educators should provide adequate clinical teaching on various nursing codes to the nursing students during their maternity nursing clinical postings to avoid any stress related to mistakes in the work field.

- c. Periodic conferences, workshops, symposium and debate can be conducted for students as well as for faculties regarding how to manage the stress in the work area.

- d. Students must be given opportunities to produce their views through which nurses can reduce the stress during their service.

3. Nursing administration

- a. The nurse administrator should take more responsibilities to inculcate new ideas for reducing the stress among nurses during their service.
- b. Nurse administrator should inspire the nurses to incorporate evidence based practices so as to avoid any stress related situation in the work area.

- c. They should provide a gratifying environment that continuously motivates nurses to work in a stress free environment.

4. Nursing research

- a. Nursing researchers should be aware about the problems that nurses face so as to give more focus on the studies related to those aspects.
- b. More research in this area will be beneficial to the nursing personnel in carrying out their service effectively without any legal litigation to avoid legal litigation.
- c. Nursing students and staff nurses should be positively encouraged to conduct research on various other aspects which leads to stress in the service side.

C. RECOMMENDATIONS

The finding of the study has helped to develop further recommendations as follows.

1. This study can be done on larger samples.
2. A similar study can be conducted among group as a follow-up after 3 months.
3. A comparative study can be conducted between nurses in the maternity units of different hospitals to assess the stress level among nurses'.
4. A similar study can be conducted using random sampling method.

CONCLUSION

The nurses play a vital role in providing care to the patient, stress creates a lot of pressure on the nurse and that can even hamper their work quality, therefore the nurse should be kept free from stress. The nurses can be given stress free environment to help in progress in their work area.

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