A Study To Assess The Burn Out And Coping Strategies Among Critical Care Nurses In Haryana

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ABSTRACT

Background: prevalence of burnout among healthcare professionals poses a serious health concern. Recent studies focus on prevalence and predictors of burnout among healthcare providers, emphasizing the need for well-being of Health care professionals.

Aim and Objectives:- The present study aims to assess the Burn out and Coping strategies in Critical care Nurses. Objectives of the study were to assess and find out association of level of Burn out and Coping strategies among Critical care Nurses with selected sample characteristics.

Methodology: A non – experimental research with descriptive survey research design was carried with 125 patients by purposive sampling technique. Data was collected by Maslach burnout inventory and coping strategies Questionnaire through face to face interview technique.

Result: The significant finding of the study was that majority of the patients (52%) had severe burnout followed by moderate burnout (38.4%) due to which the coping strategies were also affected as majority of critical care nurses (48.8%) were having poor coping strategies. Coping strategies was having positive correlation as computed r value (0.25) in burnout was significant (0.005) and computed r value was (-0.28) between burnout and coping strategies that was statistically significant at 0.05 level of significance i.e. (0.001). **Conclusion:** The study inferred that overall patients were having poor coping strategies and having burnout.

Key Words: Burnout, Coping strategies & Meshach burnout inventory

BACKGROUND Burnout is a common issue among critical care workers, affecting up to 80% of nurses and 70% of physicians. It can have a negative impact on the individual, the healthcare system, and patient outcomes. Burnout is a state of mental, physical, or emotional exhaustion that can be caused by prolonged or repeated stress at work. It's characterized by Emotional exhaustion that is feeling overwhelmed and exhausted by work Depersonalization: Having an impersonal response towards patients Reduced personal accomplishment: Feeling a lack of competence or successful achievement Burnout can lead to a number of consequences, including mental health that is Increased risk of depression, anxiety, post-traumatic stress disorder, and suicidal ideation , Physical health: Increased risk of headaches, hypertension, cardiopulmonary diseases, musculoskeletal disorders, gastritis, stomach ulcers, insomnia, and dizziness Healthcare system: Increased job turnover and lower patient satisfaction scores Patient outcomes that is reduced performance and increased errors that can impact patient safety

Material and Methods:

This study has a descriptive survey research design, which was subjected to quantitative content analysis. In the study purposive sampling technique was used to select samples from population. Sample size was 125 Critical care nurses of Haryana. The study aimed to assess the burnout and coping strategies. Data was collected through Performa for demographic variables, Maslach burnout inventory and coping strategies through face to face interview.

Data Analysis

Data was analyzed with descriptive statistics. Mean, Median & Standard deviation of burnout, and coping strategies. Chi square was incorporated to find out association between level of burnout, and coping strategies.

Ethical Consideration

Permission for this study was taken from Nursing Superintendent of Hospitals.

Table-1

Range, Mean, Standard Deviation and Median in term of Burnout and coping strategies scores among critical care nurses

N=125

Variable	Actual range	Obtained range	Mean± S.D.	Median
Burnout	0-56	18-53	39.57± 9.52	45
Coping strategies	0-56	13-51	41.09± 10.55	47

This table reveals mean score of burnout is 39.57± 9.52 and the median was 45 with the range of 18-53, .In coping strategies the mean score is 41.09± 10.55 and median was 47 with the range of 13-51

Table 2

Mean, Mean Difference, Standard Deviation of difference, Standard Error of Mean Difference and 't' value of Burnout and coping strategies

N=125

Variable	Mean ±SD	M$_D$	SE$_{MD}$	't' value	Df	p value
Burnout	39.57 ±9.52	39.57	0.85	46.45	124	0.00*
Coping strategies	41.09±10.55	41.09	0.94	43.51	124	0.00*

NS- Not significant (p>0.05)   ***-significant (p<0.05)**

This table depicts that mean, mean difference, standard deviation of difference, standard error of mean difference and 't' value of burnout and coping strategies were it shows that the mean difference score of burnout is 39.57, standard error of mean difference is 0.85 and the calculated t value is 46.45 with p value of 0.00* i.e. < 0.05. Were as in coping strategies the mean difference is 64.99 and standard deviation of difference is 1.83 with t value is 35.56 with the p value <0.05 i.e. 0.00*

Table-3

Correlation between burnout and coping strategies of Score among critical care nurses

N=125

Pearson's Correlation	Depression (r and p value)	Anxiety (r and p value)	Quality of life (r and p value)
Burnout	XX	0.25 (0.005*)	-0.28(0.001*)
Coping strategies	0.25 (0.005*)	XX	-0.26 (0.003*)

[NS] -Not significant (p>0.05)   *Significant (p<0.05)

This table reveals that there was positive relationship between burnout and coping strategies among critical care nurses as the calculated p value < 0.05 level of significance.

Table-4

Level of burnout and coping strategies of Score among critical care nurses

S. No	Selected Variables	Mild burnout	Moderate burnout	Severe burnout	χ2	df	p value
1.	**Age in years**						
1.1	<25	2	7	13			
1.2	26-40	5	17	29	2.87	6	0.82^{NS}
1.3	41-50	4	16	15			
1.4	>51	1	8	8			
2.	**Gender**						
2.1	Mamale	8	33	40	0.65	2	0.72 ^{NS}
2.2	Female	4	15	25			
3.	**Marital Status**						
3.1	Married	8	36	51			
3.2	Unmarried	13	10	17	4.98	4	0.28 ^{NS}
3.3	Other	1	2	1			
4.	**Native Place**						
4.1	Urban	3	11	17	0.15	2	0.92 ^{NS}
4.2	Rural	9	37	48			
5.	**Educational status**						
5.1	GNM	4	21	23			
5.2	P.B.Sc. Nursing	4	6	8			
5.3	B.sc Nursing	4	19	26	8.14	8	0.42 ^{NS}
5.4	M.sc Nursing	0	2	5			
5.5	Other	0	0	3			
6.	**Area of working**						
6.1	ICU Nurse	3	13	21			
6.2	SICU	2	11	13			
6.3	PICU	1	1	2	3.81	8	0.87 ^{NS}
6.4	IICU	5	14	22			
6.5	Other	1	9	7			

^{NS} **-Not significant (p>0.05)**   ***- significant (p ≤ 0.05)**

This table depicts that burnout is only associated with coping strategies ($\chi^2 = 24.11$, p = 0.00) ($\chi 2 = 23.27$, p equal to 0.02).

Discussion

A similar study was conducted by Marrie and jamson on anxiety and burnout among Health care professional at Santun referral hospital, New York USA were they found maximum no of health care professional were in the age group of 24- 30 i.e. (44.7%) and one third of health care professional (27%) were in the age group of 31-35 years of age and very least no of health care worker were in the age group of 36-45 i.e. (11.4%) and 36-43 of age i.e. (16.66%). (58.3%) were in Females were as (41.7%) were males health care professional. in relation to marital status majority of patients (72.9%) were married were as least no were single (5.2%) separated and widower (20.9%).[1]

The findings of study was partially consistent and contradictory to a cross sectional study conducted by Abdullah Y Naser, Joor Mustafa , Hassana Al Wafi on anxiety among health care professional at department of pharmacology and toxicology, college of medicine , shows the result that majority of health care workers were having minimal anxiety i.e. (55.4%)were as least no health care were having severe (23.2%) to moderate (21.4 %) level of anxiety.[2]

Conclusion

The finding of the study shows that there was significant correlation between Burnout and coping strategies and predominantly burnout has a stronger impact on the coping strategies of health care professional.

Funding sources

Acknowledgement

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