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INTRODUCTION

REVIEW OF LITERATURE

NEED/IMPORTANCE OF THE STUDY

STATEMENT OF THE PROBLEM

OBJECTIVES

HYPOTHESES

RESEARCH METHODOLOGY

RESULTS & DISCUSSION

FINDINGS

RECOMMENDATIONS/SUGGESTIONS

CONCLUSIONS

SCOPE FOR FURTHER RESEARCH

ACKNOWLEDGMENTS

REFERENCES

APPENDIX/ANNEXURE

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- Sharma T., Kwatra, G. (2008) Effectiveness of Social Advertising: A Study of Selected Campaigns, Corporate Social Responsibility, Edited by David Crowther & Nicholas Capaldi, Ashgate Research Companion to Corporate Social Responsibility, Chapter 15, pp 287-303.

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- Schemenner, R.W., Huber, J.C. and Cook, R.L. (1987), "Geographic Differences and the Location of New Manufacturing Facilities," Journal of Urban Economics, Vol. 21, No. 1, pp. 83-104.

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VALIDATION AND EVALUATION OF BURNOUT AMONG NURSES

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ABSTRACT

Nursing personnel in the hospital play key role in delivery of health care services. People working in an environment, often filled with tension and unpredictable situations, are vulnerable to physical and psychological distress, and can become burnt out. The study tried to explore the validity of Maslach's burnout inventory for South Indian nurses, to measure the structural relationship between Burnout and its dimensions Emotional Exhaustion, Depersonalization and Personal Accomplishment and to identify the relationship between the dimensions of Burnout. Majority of the nurses were female, married and in the age group of 21 to 30 years. The method of Data collection adopted for the study was personal interview using a structured questionnaire. Job burnout was measured with 22 items of Maslach's Burnout Inventory. Confirmatory factor analysis (CFA) using AMOS 16.0 validated the measurement model prior to examining the hypothesized relationships. Structural equation modeling (SEM) analysis was employed to test the hypothesized relationships. The confirmatory factor analysis indicates that the measurement model of Maslach's inventory is valid for measuring the burnout of nurses. The hypothesized structural model indicated that when emotional exhaustion & Depersonalization increases among nurses it does not lead to an increase in burnout of nurses. Also, when nurses have a low score in personal accomplishment it leads to increased burnout. Therefore, the study indicates that nurses experience emotional exhaustion and act in a depersonalized manner during the course of their work. But, these factors do not lead to burnout among nurses. The structural model highlights that less personal accomplishment among nurses leads to increased burnout.

KEYWORDS

Burnout, South Indian Nurses, Maslach's burnout inventory, Confirmatory Factor Analysis, Structural Equation Modeling, AMOS.

INTRODUCTION

Hospital is an integral part of a social and medical organization, the function of which is to provide for the population a complete health care, both curative and preventive, and whose outpatient services reach out to the family and its home environment; the hospital is also a centre for the training of health workers for bio social research. A hospital, in the modern sense, is an institution for health care providing patient treatment by specialized staff and equipment, and often, but not always providing for longer-term patient stays. In the health care organization, work stress may contribute to absenteeism and turnover, both of which detract from the quality of care. Hospitals in particular are facing a workforce crisis. The demand for acute care services is increasing concurrently with changing career expectations among potential health care workers and growing dissatisfaction among existing hospital staff. By turning toxic work environments into healthy workplaces, researchers and nurse leaders believe that improvements can be realized in recruitment. Nursing personnel in the hospital play key role in delivery of health care services. Resource crunch is the limiting factor to achieve efficient and effective service. Shortage of nurses is currently a problem in several countries and an important question is therefore how one can increase the supply of nursing staff. Shortage of professional staff in a hospital can drastically increase operating costs and compromise the quality care. It may not always be true that the more manpower will yield more output. Deployment of nursing personnel in ward areas always remained a controversial matter and is considered as the major causes of inter-personnel conflicts in hospitals. It is a tedious task to carry out healthcare delivery for the masses without rationalizing human resources in the form of reallocation and redeployment of health care personnel. People working in an environment, often filled with tension and unpredictable situations, are vulnerable to physical and psychological distress, and can become burnt out. The profession of nursing demands high levels of responsibility and knowledge. In addition, nurses are also frequently the target of the frustration, anger, and the suffering of the patient and his family. For nurses, as for many people working in a service profession, chronically stressful circumstances are the norm at work and impossible to avoid. Nursing is cited as one of the most susceptible professions to burnout. The phenomenon is a combination of symptoms such as other workers, the department (in which the burned out nurse works), the patients and their families, the organization, and the reputation of the profession has the potential to damage the individual. These stresses can lead to burnout.

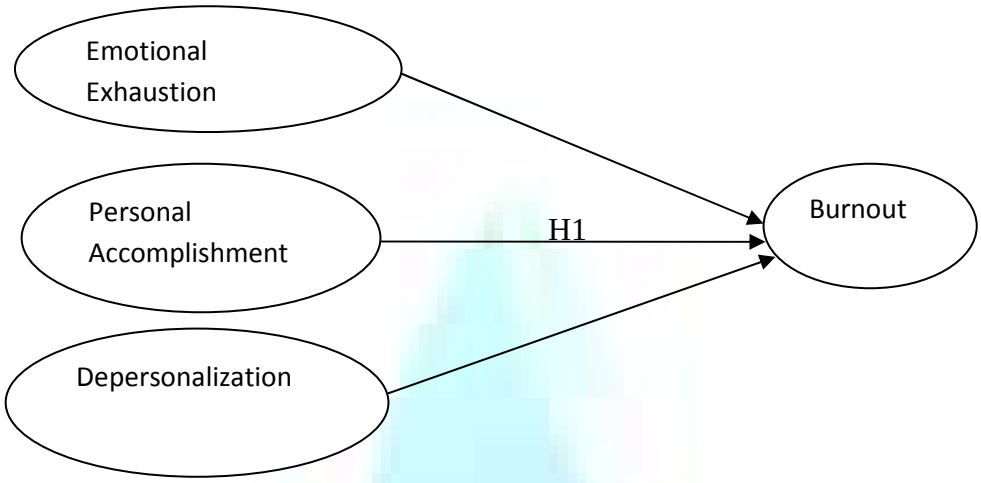
CONCEPTUAL FRAMEWORK OF BURNOUT

Staff Burnout: The term burnout was originated by Freudenberg in 1974 to describe a mental status of professionals who had expended themselves on their occupation, and were thereby "burned out" and declining in not only level of performance at work, but also personalities. Maslach described burnout as a syndrome consisting of emotional exhaustion, depersonalization (treating patients in an unfeeling, impersonal way) and low personal accomplishment. Generally, the burnout syndrome occurs in all fields of public life, mainly in professions of nursing and social work. The symptoms of burn-out are categorized into psychic and somatic. Psychic symptoms range from loss of capability, enthusiasm, engagement, sense of responsibility; listlessness and indifference towards work; self-doubt and negative attitude; irritability, aggressiveness, impatience, nervousness; and tiredness, exhaustion and lack of interest leading to depression. The physical symptoms appear as in sleeping disorders, high disease susceptibility and psychosomatic complaints. The significance of the burnout syndrome may result in illness of nurses but it may lead to possibly inadequate care of patients. Burnout is also known as condition of emotional exhaustion, depersonalization, and a reduced sense of personal accomplishment that occurs among individuals who work with people in some capacity. The term "burnout" is first used to describe a syndrome of exhaustion observed among mental health professionals. The study of burnout had its genesis in the mid seventies when burnout was identified as a major problem among human service professionals. The study described burnout as a situation whereby clinical hospital staff including the medical doctor came to be inoperative. Since then there have been in excess of three thousand publications on the topic Freudenberg, H.J. (1974).**Emotional Exhaustion**: It is the most easily recognized of the three components of burnout. A nurse who is emotionally exhausted feels as if she has nothing left to give on a psychological level. This professional feels tired and has no mental strength to invest in work. The nurse's ability to be involved with and respond to the patients needs is diminished. Emotional exhaustion has documented behavioral and physical consequences including, but not limited to; low energy, chronic fatigue, gastrointestinal complaints and feelings of being frustrated, angered, chronically cynical and overly confident. **Depersonalization**: It is the second component of burnout that develops in response to emotional exhaustion. In depersonalization, the person develops cynical attitudes and feelings about the person they are caring for. Depersonalization can be a defense mechanism created in response to emotional exhaustion. The professional creates an emotional distance from the patient by moderating their compassion. It is an attempt to put an emotional distance between them and the patient to minimize the

emotional exhaustion. Unfortunately, this distancing forces the professional to ignore the very qualities that make them unique and engaging people. **Personal Accomplishment**: The two components i.e. emotional exhaustion and depersonalization, if left unaddressed, naturally lead to the final phase of burnout, which is a decreased sense of personal accomplishment. This decreased sense of personal accomplishment is manifested by decreased functioning levels at work. As this occurs her sense of accomplishment is eroded and she evaluates herself negatively in relation to her job.

The study will examine the relationship between Burnout and its dimensions for nurses working in Multispeciality hospitals in South India.

FIG. 1: RELATIONSHIP AMONG BURNOUT AND ITS DIMENSIONS



REVIEW OF RELATED LITERATURE

Burnout is frequently studied in populations of nurses for several reasons. These reasons include the fact that nursing is a large health care professional body; it has been linked to a high incidence of burnout (**Jones, E. M. 1962)** Burnout has its origins in physical, emotional or psychological demands as well as institutional demands. It has been argued that the basic causes of burnout lie with the disruptive emotional aspects of patient care, such as overly demanding patients, unreasonable patient behavior, illnesses, (especially those involved in contact and extreme pain and/or certainty of death) that are difficult to treat and which may lead to a strong emotional response from the nurse as well as recognition that there is sometimes denial by care givers to their emotional responses to a patients pain **(Freudenberg, 1974; Freudenberg, 1975;Maslach et al., 2001; Maslach, 1982; Maslach & Jackson, 1984; Pines, Aronson, & Kafry,1981).** The assumption is that there exist a characteristic human tendency to expect some reward such as gratitude in return from others to whom we provide caring, empathy and attention. But within the health profession such expectations are often not fulfilled (**Maslach, C., & Jackson, S.E.1982).** The authors of the Maslach Burnout Inventory (MBI) have yet to clarify the theoretical grounds for grouping these concepts together in the same cluster of symptoms (**Maslach, C., & Jackson, S. E. 1982, 1986).** Nonetheless, the question remains as to why some individuals are burned out while other individuals working in similar environments are not. The most likely explanation is that causes of burnout are found in both the individual and the environment (**Kahill, S. 1988).** Burnout is viewed as an affective reaction to ongoing stress whose core content is the gradual depletion over time of individuals' intrinsic energetic resources, including the expression of emotional exhaustion, physical fatigue, and cognitive weariness. Feelings of emotional exhaustion are generally considered a core symptom of the burnout syndrome **(Shirom, 1989, p. 26).** Review of the empirical evidence from 1974 to 1984 concluded that the influence of individual characteristics on burnout had largely been ignored. Since then significant relationships between burnout and demographic characteristics (e.g. marital status) have been reported (**Russell, D. W., Altmaier, E., & Van Velzen, D. 1997).** Depersonalization is defined as an attitude of negative, cynical, or excessively detached response to other people, representing the interpersonal component of burnout. Reduced personal accomplishment, resulting in feelings of decline in one's competence and productivity and in a lowered sense of self-efficacy, represents the self-evaluation component of burnout (**Maslach, C. 1998).** Patients may be worried, anxious and interaction with such individuals may not be rewarding. Among nurses there are high rates of emotional exhaustion and job dissatisfaction which is strongly associated with inadequate staffing and low nurse to patient's ratio. Emotional exhaustion is defined as the feeling of being depleted of one's emotional resources. This dimension was regarded as the basic individual stress component of the burnout syndrome **(Maslach et al., 2001).** Another dimension was relabeled as reduced efficacy or ineffectiveness, depicted to include the self-assessments of low self-efficacy, lack of accomplishment, lack of productivity and incompetence. These concepts—self-efficacy, accomplishment or achievement, personal productivity or performance, and personal competence—represent well Burnout has been recognised as an occupational hazard for a variety of people-centered professions, such as human services, education and health care (**Maslach, C., Schaufeli, W. B., & Leiter, M. P. 2001).** The very nature of nursing is based on empathy, compassion and humanization of medicine, and nurses as professionals are involved with people on an extremely personal level in an environment that is not always conducive to positive consequences **(Buunk et al., 2001a).** Burnout is a complex subject that has been studied as a sole concept as well as in conjunction with other workplace factors. A plethora of variables and interrelationships has been examined including organization and work-related factors. Most of the research that has examined causes of burnout has focused on conditions in the job environment and have found that role stressors, such as long hours, are associated with burnout **(Cordes, C. L. & Dougherty, T. W. 1993**, **Handy, J. A. 1988. Schaufeli, W. B., Bakker, A. B., Hoogduin, K., Schaap, C., & Kladler, A. 2001).** Burnout is also related to hopelessness, tardiness, and an intention to leave ones job in nursing (**Mimura, C. & Griffiths, P. 2003.).** In nurses occupational stress appears to vary according to individual and job characteristics, and work-family conflict. (**Purvi Parikh, Atish Taukari, Tanmay Bhattacharya, 2004**). Moderate levels of stress are seen in a majority of the nurses. Incidence of psychosomatic illness increases with the level of stress. Healthcare organizations need to urgently take preemptive steps to counter this problem. (**Pratibha P. Kane, 2009**)

RESEARCH OBJECTIVES

1) To explore the validity of Maslach's burnout inventory for South Indian nurses.
2) To measure the structural relationship between Burnout and its dimensions Emotional Exhaustion, Depersonalization and Personal Accomplishment.
3) To identify the relationship between the dimensions of Burnout.

ABOUT THE STUDY

Nurses play a key role in caring and curing the patients. Also, nursing is a very rewarding and noble career. Nurses spend a short time with many patients and the patients are always in a state of not being well. It becomes difficult to experience relationships with people in these conditions. During such situations people are concerned for their own welfare and they are heavily dependent on nurses in taking care of them and providing them with reassurance of their recuperation. Hence it is not uncommon for nurses to experience "burnout". This leads to a burnout status in their personal and professional life which in turn causes problem, for their Hospital, patients, and colleagues and for themselves. Also, Maslachs burnout Inventory scale was used widely in the international health care sector for determining the burnout of nurses. The Maslachs burnout Inventory scale was used in Indian studies for measuring the burnout of employees working in

Information Technology Enabled Services sector. Hence a study on Burnout of South Indian nurses and its dimensions through Maslachs burnout Inventory was done among the nurses in multispecialty hospitals of South India.

RESEARCH METHODOLOGY

PERIOD OF THE STUDY

The study was conducted during the time period January, 2011 to May, 2011

PILOT STUDY

The pilot study was conducted among 20 nurses working in multispecialty hospitals of South India.

SAMPLE SIZE

The pilot study conducted among nurses of multispecialty hospitals indicated that the standard deviation of the nurses was 0.4418 and the sample size was calculated as 300 using the formula*.

SAMPLING METHOD

The sampling method adopted for the study was purposive sampling because the nurses working in multispecialty hospitals were selected based on the researchers judgment.

SAMPLE

Majority of the nurses were female, married and in the age group of 21 to 30 years. Most of them are diploma holders, working in the wards on 6 hr shift basis, having the job title as staff nurse and have experience of 1 to 5 years in the present hospital. Most of the nurses have working hours of about 40 to 49 hrs per week and earning more than 50,000 as annual

* $N = (z \times s/e)^2$ $Z = 1.96$, $e = 0.05$

income. Majority of the nurses are staying with their brothers or sisters.

MEASUREMENT

METHOD OF DATA COLLECTION

The method of Data collection adopted for the study was personal interview using a structured questionnaire.

SURVEY INSTRUMENT

The questionnaire used for this research contained 11 questions on demographic factors and 2 questions on number of hours worked per week & shift timing. Also, the questionnaire had 22 questions on job burnout.

JOB BURNOUT

Job burnout was measured with 22 items of Maslach Burnout Inventory. The respondents were asked to rate how they agreed with each of the statements in the questionnaire on a five-level Likert scale from "strongly disagree" (coded as one) to "strongly agree" (coded as five). The alpha reliability coefficient for the constructs emotional exhaustion, personal accomplishment and Depersonalization were 0.721, 0.708 and 0.725 respectively. Also, the alpha reliability coefficient for Burnout was 0.659.

DATA ANALYSIS AND RESULTS

Confirmatory factor analysis (CFA) using AMOS 16.0 validated the measurement model prior to examining the hypothesized relationships. Structural equation modeling (SEM) analysis was employed to test the hypothesized relationships. CFA generated 22 indicators to measure 4 latent constructs viz. Burnout, Emotional Exhaustion, Depersonalization & Personal Accomplishment as shown in Table 1. The χ^2 of 479.522(df = 206, p = 0.000, χ^2/ df = 2.328), Goodness of fit index (GFI) of 0.867, Comparative fit index (CFI) of 0.818 and Root mean square error of approximation (RMSEA) 0.067. All items loaded significantly (t-value > 1.96) on their corresponding latent constructs indicating that convergent validity was obtained. Construct reliabilities ranged from 0.71 – 0.73. Discriminant validity was supported based on the comparison between square root of the average variance extracted (AVE) of each pair of constructs and Φ^2 (i.e. the squared correlation between two constructs). Φ^2 did not exceed square root of the AVE between each pair of constructs as shown in Table 2. Overall, Discriminant validity was obtained.

TABLE 1: CONFIRMATORY FACTOR ANALYSIS RESULTS

Construct	SFL[a]	SE	t-value	Construct[b] Reliability	Extracted[c] variance
Emotional Exhaustion					
I feel emotionally drained from my work	0.561	-	-		
I feel used up at the end of the work day	0.630	**0.117**	**8.159**		**0.72**
I feel fatigued when I get up in the morning and have to face another day on the job.	0.556	**0.123**	**7.499**		
Working with people all day is really a strain for me	**0.650**	**0.131**	**8.332**		
I feel burned out from my work	**0.620**	**0.124**	**8.077**		
I feel frustrated by my job	**0.521**	**0.116**	**7.154**		
I feel I am working too hard on my job	**0.137**	**0.101**	**2.163**		
Working with people directly put us too much stress on me	**0.445**	**0.114**	**6.339**		
I feel like I'm at the end of my rope	**0.148**	**0.101**	**2.330**	**0.721**	
Personal Accomplishment	**0.484**	-	-		**0.58**
I can easily understand how my recipients feel about things				**0.708**	
I deal very effectively with the problems of my recipients	**0.406**	**0.190**	**5.117**		
I feel I'm positively influencing other people's lives through my work	**0.446**	**0.213**	**5.452**		
I feel very energetic	**0.243**	**0.171**	**3.407**		
I can easily create a relaxed atmosphere with my recipient	**0.513**	**0.212**	**5.939**		
I feel exhilarated after working closely with my recipients	**0.578**	**0.202**	**6.337**		
I have accomplished many worthwhile things in this job	**0.633**	**0.226**	**6.611**		
In my work, I deal with emotional problems very calmly	**0.579**	**0.201**	**6.344**		
Depersonalization				**0.725**	**0.78**
I feel I treat some recipient as if they were impersonal objects	**0.590**	-	-		
I've become more callous towards people since I took this job	**0.504**	**0.116**	**7.296**		
I worry that this job is hardening me emotionally	**0.631**	**0.126**	**8.655**		
I don't really care what happens to some recipients	**0.490**	**0.117**	**7.128**		
I feel recipients blame me for some of their problems	**0.724**	**0.139**	**9.507**		

Notes: [a]Standardized factor loading; the first item for each construct was set to 1;

[b] Cronbachs alpha : [c]calculated as $[\sum (\text{std loading}^2)] / [\sum(\text{std loading}^2) + \sum \epsilon_j]$;

$\chi^2 = 604.633$ (df = 254, p < 0.000); NFI = 0.918; CFI = 0.951; RMSEA = 0.068

TABLE 2: CORRELATIONS AND SQUARE ROOT OF THE AVE

Construct	1	2	3
1 Emotional Exhaustion	*0.85*	0.133	0.82
2 Personal Accomplishment	-0.365	*0.76*	0.339
3 Depersonalization	0.906	-0.582	*0.88*

Note: The diagonal italic numbers represent the square root of AVE where the lower diagonal area represents the correlation between each construct, and the upper area represents Φ^2

TABLE 3: GOODNESS – OF – FIT MEASURES OF THE MEASUREMENT MODEL

Fit Indices	χ^2 / df	GFI	NFI	CFI	IFI	RMSEA	RMSR
Recommended value	≤3.0	≥0.8	≥0.9	≥0.9	≥0.9	≤0.05 – 0.08	≤0.1
Result value	2.33	.867	0.724	0.818	0.821	0.067	.341
Type of Fit	Good	Good	Medium	Close to Good	Close to Good	Good	Medium

Eight common model-fit measures were used to assess the model's overall goodness-of-fit: the ratio of χ2 to degrees-of-freedom (**χ2/df**); goodness-of-fit index (**GFI**); normalized fit index (**NFI**);comparative fit index (**CFI**); Incremental Fit Index (**IFI**); Root Mean Square Error of Approximation (**RMSEA**); and root mean square residual (**RMSR**). The ratio of χ2 to degrees-of-freedom (**χ2/df**) for the measurement model was calculated to be 2.33 which is within the accepted level of 3. The **GFI** was 0.867, which is greater than the 0.80 benchmark suggested by Doll et al. (1994). The **NFI** here was 0.724, which is not within the 0.90 benchmark suggested by Bentler (1989). The **CFI** here was 0.818, which is closer to the 0.90 benchmark suggested by Bentler (1989). The **IFI** here was 0.821, which is closer to the 0.90 benchmark suggested by Bentler (1989). The **RMSEA** was 0.067, which was within the recommended range of acceptability (<0.05–0.08) suggested by MacCallum et al. (1996). The **RMR** was 0.341 which was not within the recommended value of 0.1.The various goodness-of-fit statistics are summarized in Table and demonstrate the good overall fit of the measurement model to the data.

TESTING HYPOTHESES

SEM was conducted to test the hypothesized structural model. The result showed a Medium, model fit with the χ^2 of 2383.765 (df = 226, p = 0.000; χ^2 / df = 10.548), NFI of 0.449, GFI of 0.828, and RMSEA of 0.179. Therefore, the research model was considered structurally fit by the conventional criteria for acceptable model fitness. The results of testing statistical hypotheses proposed in this study are shown in Figure 1 and Table 4. Hypothesis 1 which proposed that emotional exhaustion will have a significant positive effect on burnout was not supported with a path estimate of 0.312 (*t*-value = 1.831). Hypothesis 2, which proposed the significant negative effect of personal accomplishment on burnout, was confirmed based on a path estimate of 0.420 (*t*-value = 5.192). Hypothesis 3 which predicted that depersonalization will have a significant positive effect on burnout was not sustained with a path estimate of 0.257 (*t*-value = 1.282). As shown in Table 4, Hypotheses 1 and 3 were not supported, which indicated that when emotional exhaustion & Depersonalization increases among nurses it does not lead to an increase in burnout of nurses. Also, Table 4
Shows that when nurses have a low score in personal accomplishment it leads to increased burnout.

CORRELATION AMONG CONSTRUCTS

The table 5 shows the estimates of the correlation between the constructs emotional exhaustion, depersonalization and personal accomplishment. The table 5 shows that there is high positive correlation between emotional exhaustion and depersonalization, low negative correlation between emotional exhaustion and personal accomplishment and medium negative correlation between depersonalization and personal accomplishment. The table highlights that nurses with high emotional exhaustion will also have high depersonalization and vice versa, the nurses who have low personal accomplishment will have low emotional exhaustion and the nurses who have low personal accomplishment will have moderate depersonalization.

TABLE 4: STRUCTURAL PARAMETER ESTIMATES

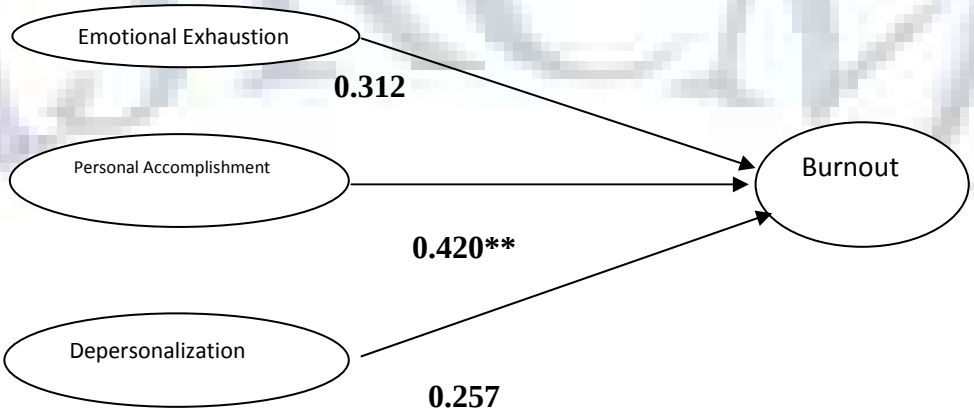
Hypothesis	Path			Path Estimate	t-value	p-value	Result
H1	Emotional Exhaustion	→	Burnout	0.312	1.831	0.067	Not Supported
H2	Personal Accomplishment	→	Burnout	0.420	5.192	0.000**	Supported
H3	Depersonalization	→	Burnout	0.257	1.282	0.200	Not supported

*p-value < 0.05 ** p-value < 0.001

TABLE 5: CONSTRUCT CORRELATION

Correlation among Constructs	Estimates
Emotional Exhaustion ↔ Depersonalization	0.939
Emotional Exhaustion ↔ Personal Accomplishment	-0.223
Depersonalization ↔ Personal Accomplishment	-0.437

FIG.2. COVARIANCE STRUCTURAL MODEL FOR THE STUDY



(*p-value < 0.05, ** p-value) < 0.001

DISCUSSION AND IMPLICATION

The confirmatory factor analysis indicates that the measurement model of Maslach's inventory is valid for measuring the burnout of nurses. Hence, Maslach's inventory can be used to measure the burnout of nurses working in South Indian hospitals. The hypothesized structural model indicated that when emotional exhaustion & Depersonalization increases among nurses it does not lead to an increase in burnout of nurses. Also, when nurses have a low score in personal accomplishment it leads to increased burnout. Therefore, the study indicates that nurses experience emotional exhaustion and act in a depersonalized manner during the course of their work. But, these factors do not lead to burnout among nurses. The structural model highlights that less personal accomplishment among nurses leads to increased burnout. The correlation among constructs indicated that nurses with high emotional exhaustion will also have high depersonalization and vice versa, the nurses who have low personal accomplishment will have high emotional exhaustion and vice versa and the nurses who have low personal accomplishment will have moderate depersonalization and vice versa. Therefore, the study reveals there is high correlation between emotional exhaustion and depersonalization, less negative correlation between emotional exhaustion and personal accomplishment and moderate negative correlation between personal accomplishment and depersonalization. The hospitals must try to reduce emotional exhaustion among nurses by combining young nurses with experienced nurses or providing counselors or encouraging nurses to read, exercise and meditate. Otherwise, emotional exhaustion may lead to depersonalization, less personal accomplishment and ultimately to burnout.

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