

Burnout and its impact on Nurses and Doctors

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Burnout is a highly researched syndrome resulting from job stress. It is an ultimate response that occurs because of chronic exposure to stressors from the job characterised by the magnitudes/key dimensions which are feeling of cynicism, sense of ineffectiveness, detachment from the job, lack of accomplishment and overwhelming exhaustion.¹ This implies that burnout characterised by a variety of factors can cause extreme suffering to an individual. Exhaustion is a central quality of burnout and the most obvious manifestation of this complex syndrome. It refers to feelings of being overextended and depleted on one's emotional and physical resources. The individual feels drained due to perpetual lack of energy as a result of which, the quality of work responsibility is compromised. The major sources of this exhaustion are work overload and personal conflicts at the work place. The cynicism dimension represents the interpersonal context that refers to negative, callous, or excessively detached response to various aspects of the job which results in the loss of idealism and dehumanisation of others. The inefficacy dimension represents the self-evaluation component of burnout that refers to feeling of incompetence and lack of achievement and productivity in work.

Burnout is a cumulative reaction on ongoing occupational stressors. Healthcare professionals, especially clinicians seem to be at particular risk for burnout. Additionally nurses, specifically psychiatric nurses are considered as a group at risk for excessive stress and burnout because they are in constant interaction and frequent interpersonal contact with psychiatric clients and their families.² These reasons and risk factors can be same in between the professions, however, even within the discipline there are gender differences that calls for further discussions.

There is a scarcity of national data about gender related differences in healthcare professional burnout. The international literature suggests that gender plays a significant role in terms of responding to the feelings of exhaustion. Few women might succumb to burnout related to work because of the added roles and responsibilities of home as posed by the society. The factors contributing could be lack of female role models, must have an offspring as the reproductive years are finite, face

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income disparity, receive lesser opportunities for leadership positions and encounter social stereotypes.³ A study by Goldberg et.al.³ conducted in 2021 made annual assessments on stress, burnout, and satisfaction for three consecutive years. The results exhibited that 96% females strongly agreed that women have more home responsibilities than men and 82% agreed that they find difficulty in balancing work and home life. Surely, these challenges further decrease grip on the work and commence a spiralling cascade of added stress and burnout.

Burnout in Nurses

Burnout had exponentially increased, especially in nurses during the Covid-19 period. In 2022. A cross sectional study was conducted at a tertiary hospital⁴ in which 288 nurses were recruited. The data revealed that 48.6% of the nurses were suffering from burnout, 37.2%, exhibited severe emotional exhaustion, severe depersonalization was evaluated in 36.8%, and lastly the results of 46.9% nurses showed low personal accomplishment. An observational study by Shahana Naz in 2014⁵ assessed severe burnout and a low quality of life in nurses. The results showed that 83 (79%) reported severe burnout and a low quality of life. Nurses in the Surgery and Gynaecology departments who performed longer shifts at night had increased burnout and a lower quality of life.

Burnout in doctors

Doctors face burnout as well due to the hectic schedule and professional expectations. A descriptive study⁶ in a tertiary care hospital on 365 professionals, revealed that 140 (38%) doctors reported high degree of emotional exhaustion, 100 (27%) had high degree of depersonalisation and 208(57%) had severely reduced personal accomplishment. Of the total, 120(33%) doctors wanted to leave their jobs

The Medscape National Physician Burnout and Suicide Report (2020)⁷ reported the burnout rate of about 43%. The Medscape National Physician Report indicates that women physicians tend to feel more symptoms of burnout in comparison to their male counterparts (in 2015, 51% female vs 43% male and in 2020, 48% female vs 37% male).⁷

The burnout in healthcare professionals is surely an

alarming situation as the guardians of the patients facing such exhaustion might pose a greater threat to patient's well-being.

Some strategies that can be employed to address burnout and exhaustion are:

1. **Mindfulness Therapy:** A study by Rich and colleagues (2020)⁸ shared that the health care professionals (n=26) felt positive on use of mindfulness therapy in increasing self-care and reducing stress. Mindfulness is a potential treatment for job burnout.
2. **Laughter Therapy** is another strategy that can be utilized. In 2022, a randomized control trial by Celik et.al.⁹ shared that the therapy was positively welcomed by nurses (n=101). It provided a positive outlook from the adverse emotional effects associated with illness by mood enhancement, reduction in depression and better quality of life.
3. **Diet** also plays a major role in determining and lowering the burnout. A cross sectional study (n=630) conducted on females to find the relationship between nutrition and burnout exhibited that females consuming a healthy diet had lower scores of burnouts.¹⁰

Burnout is not a problem of people but of the social environment in which they work. The structure and functioning in the workspace shape how people interact with one another and how they carry out their jobs. Future progress in dealing effectively with burnout requires a focus in the positive goal of promoting engagements, and not simply reducing burnout

To conclude, finding a solution to the burnout has been a key driver of much of the research in this area. Unlike other research on the workplace, burnout research initially utilized a bottom-up, or grass roots approach derived from

people's actual workplace experiences.

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