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REVIEW ARTICLE **OPEN ACCESS**

Burnout Syndrome- A Leading Problem among Nurses

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ABSTRACT

One of the chief reasons of burnout syndrome is mental stress at workplace that may also be detrimental to one's health. Burnout is regarded as a feeling of utter helplessness and an inability to carry out one's work effectively. It's both a psychological and physiological phenomenon that may arise when employees are subjected to a demanding workplace with lofty aspirations, few assets, and poor wages. Technological innovation and expanding internationalization have made it harder for professionals to handle pressure and work pressure, which can result in burnout syndrome.
This review article is formed with intention of focussing on very less discussed issue emerging in today's world. More than 10 research articles were reviewed in order to understand the burnout syndrome, its factors and preventive measures. PUBMED, and GOOGLE SCHOLAR was prominently used as search engine to gather information.
KEYWORDS: *Burnout Syndrome, Bergen Burnout Inventory, Maslach Burnout Inventory*

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INTRODUCTION

Burnout was first recognized by Herbert Freudenberger as a condition of psychological and physical tiredness that eventually progresses from ongoing stress and energy use to exhaustion due to unreasonable obligations. (1)
The healthcare system in general imposes a lot of strain on healthcare providers, including the constraints of patient care, time restraints, increased priorities, a lack of influence over organizational policies and scheduling, and contradictory roles and ties with management. The agency for healthcare research and quality predicts that burnout may impact 10-70 percent of midwives, 30-50 percent of clinicians, and allied health professionals. Burnout syndrome is becoming more widely recognised among healthcare professionals. (2)
Burnout is characterised by a variety of issues, including bodily issues (fatal flaw and sleeplessness), personal difficulties (particularly depression), behaviour issues (animosity, disinterest, and cynicism), and behaviour issues (belligerence, impatience, and solitude) (3)

FACTORS ASSOCIATED WITH BURNOUT SYNDROME

In the modern world, burnout syndrome is quite prevalent, particularly among medical professionals. Burnout syndrome is caused by a variety of circumstances. The following are a few of them:
Burnout has been linked to shift (De la Fuente et al., 2013; Stimpfel et al., 2012), experience (Cabrera Gutierrez et al., 2005), or psychological demands at work (Bartram et al., 2012). M en are more prone to dissociation than women, who appear to suffer more emotional tiredness. One explanation could be that women react psychologically more strongly to difficult job situations than males do (Schaufeli and Enzmann, 1998). fewer important than organisational factors. However, depending on the employee's personality traits, an institutional source of stress might cause varying degrees of burnout (Shimizutani et al., 2008). (3)

FEATURES OF BURNOUT SYNDROME

Burnout indicators can be either physiological or psychosocial. A few of them include **Exhaustion**, which is a comprehensive state of tiredness that can result from exerting too much energy and effort on a task or endeavour that is not thought to be productive. For instance, continuing to care for a patient who has a very slim prospect of recovering might result in tiredness, especially emotional exhaustion. Depersonalization is a cold or uncaring approach to work. Negative, pessimistic, and cruel conduct, as

well as impersonal interactions with co-workers or patients, is signs of depersonalization. Depersonalization might manifest as inappropriate remarks made to co-workers, blaming clients for their health issues, or failing to show compassion or mourning when a patient passes away. **Diminished personal accomplishment** is the propensity to undervalue one's own effort, to feel unqualified to perform individual's assigned tasks, and to have a broad sweeping low opinion of one's own abilities. BOS sufferers may also experience generalised symptoms such as impatience, rage, dread, or anxiety. Individuals might also show a lack of ability to experience pleasure, enthusiasm, or satisfaction. BOS might be accompanied with physical problems such digestive issues, headaches, sleeplessness, and tight muscles. (4)

ASSESSMENT OF BURNOUT

The Maslach Burnout Inventory was the first burnout assessment tool that was based on an extensive programme of diagnostic research (MBI). The MBI was created expressly to evaluate the three aspects of burnout that had developed from earlier descriptive study. It has been validated in translations and is widely regarded as the industry standard for research in this area. (5)
THE MBI has three scales: personal accomplishment, depersonalization, and emotional fatigue.
The Bergen Burnout Inventory (BBI) also focuses on three primary dimensions: exhaustion at work, negativity toward the purpose of work, and feelings of inadequacy at work. Where exhaustion is defined as the depleting of emotional energy and feeling of chronic fatigue, cynicism is defined as having a cynical outlook toward individual's profession, and reduced professional efficacy is the conviction that one is no longer effective in carrying out one's work tasks. (6)
The BCSQ-12, a validated scale that has been used in previous studies to measure burnout among healthcare experts, pupils, and medical professionals, can also be used to measure burnout. There are three main burnout categories on the BCSQ-12. The overabundance, contempt, and lack of advancement. The contempt category (items 2, 5, 8, and 11) evaluates how guilty and uncaring a person feels about their job as a result of burnout. While the lack of advancement category (items 3, 6, 9, and 12) reflects how professionals feel they are unable to advance professionally as a result of workplace strain. (8)

PREVENTION OF BURNOUT

Depending on the level of prevention and the precautionary strategy, there are many types of burnout prevention measures. Modifying the workplace (preventing situations) and enhancing an individual's stress resistance are both preventive techniques that should be taken into account (behavioural preventive measures). In accordance with the WHO, the levels of prevention can be broken down into tertiary measures (learning to cope with the implications of disease—rehabilitation and relapse prophylaxis), secondary measures (early recognition—intervention of manifest disease), and primary preventive measures (avoidance/removal of factors that make the patient ill). Some of the measures are:
• Enhancements in stress management,
• Learning calming strategies,
•Delegation
• Interests
• Making an effort to maintain enduring social and intimate relationships;
• Prevention of frustration
It is possible to distinguish between ideas that are primarily directed at (groups of) people and actions where the emphasis is on work structure and management and suggestions aimed primarily at (groups of) persons.Workplacerelated measures are:

- The establishment/maintenance of a "healthy workplace" (e.g., time management, specific leadership approach),
- The acknowledgement of performance (plaudits, appreciation, remuneration), and
- The management training (the "essential role" of the employer in burnout avoidance).

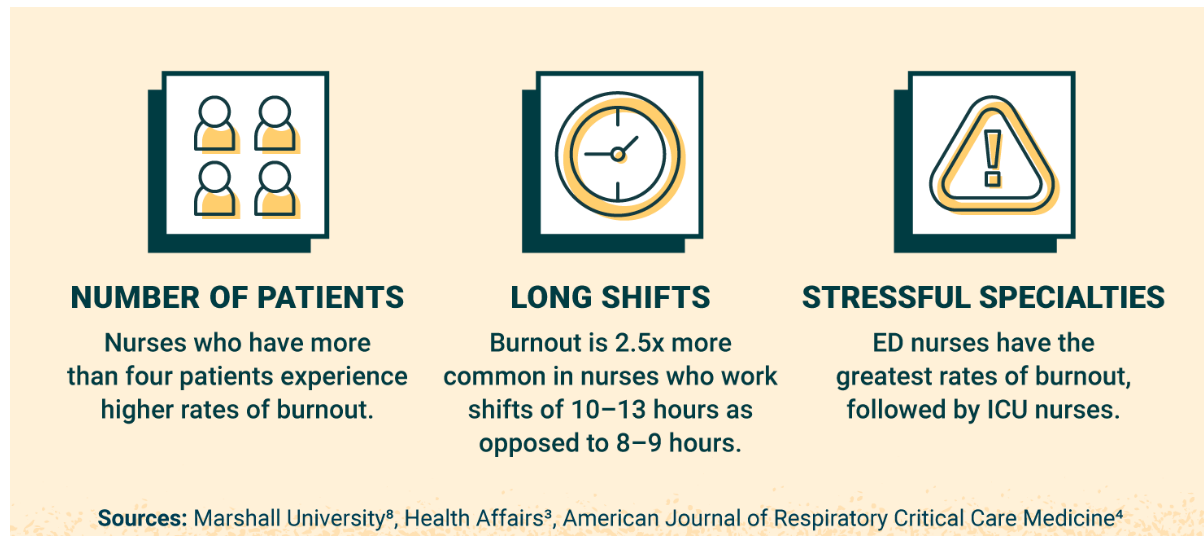
Individual strategies include the following:

- Conducting "suitability tests" prior to job training;
- Creating specialised "job-stress" checkups for the early detection of burnout;
- Providing special policies to go along with the work of people in risk groups; and
- Routine vocational monitoring. (7)

BURNOUT SYNDROME AMONG NURSES

Even though employment pressure and burnout have been extensively studied in industrialised developed states, there is a dearth of burnout-related literature in India.

Nurse burnout is a condition characterised by persistent employment stimuli, including such long working hours, the demand for hasty decisions, and the burden of providing care for patients who may not recover well. (7)



Using the Maslach Burnout Inventory, a combination of Fifteen studies examining burnout in 3845 Indian Health personnel were found. Within E.E. domain, burnout incidence was 24 per cent, in the D.P. domain it was 27 percent, while in the P.A. domain it was 23 per cent. Higher risk of burnout was linked to relatively young age, feminine gender, single status, and demanding employment conditions. (9)

A number of factors, including an insufficient nurse to patient ratio and the number of patients a nurse is responsible for in a critical care unit, can contribute to burnout in nurses. The second explanation could be working longer shifts. Overworked nurses are more likely to experience stress and burnout.The third reason is that nurses working in emergency departments or intensive care units are more likely to experience burnout than those who work in departments. Insufficient assistance from bosses and teammates, operating amid difficult circumstances, individual variables including low levels of self, and emotional vulnerability are other contributing factors that may increase burnout syndrome.

The repercussions of burnout can have a direct impact on a nurse's life both personally and professionally. Researchers discovered a link between greater rates of burnout syndrome and nurses' intent to quit in a study published in the International Journal of Environmental Research and Public Health. An already strained environment is made more stressful by this rise in churn.

A decline in the standard of patient care and patient safety is a danger related to burnout. Errors brought on by fatigue can cause patient unpleasantness, contagion, and even (in severe circumstances), death. According to one study, patients of staff nurses who were burned out had higher percentages of infections of the bladder and wound infections.

According to a Marshall University study, nurse-to-patient ratios higher than 1:4 were not only linked to greater levels of burnout, but also a 7% rise in hospital mortality for every incremental patient.

In order to balance their personal and professional lives better and avoid burnout, nurses must address the causes of this problem. The maximum shift length that nurse managers should set for their personnel is nine hours. Try to work as a nurse in a place that values its employees. A timetable that allows to live a balanced and healthy life while still having time and energy for loved ones and favourite pastimes is something they should strive for. Nurses must take pauses from their job in order to alleviate the anxiety and tension that may develop as a result of the workload. Nurses should ask for assistance when necessary as a further preventative strategy. There are many different self-help groups in existence. (8)

CONCLUSION

The gaps in our understanding shouldn't be an excuse for us not to do our utmost to put preventive measures and hospital attention into practise. Individuals with burnout require qualified assistance and should believe that their issues are being addressed seriously. Comprehensive clarification of the concerns is crucial, even in times of little resources, while avoiding becoming overly fixated on particular causal linkages. Burnout is a problem for theory and analysis on the cusp of the twenty-first century, and not just because it might have an impact on healthcare workers. National healthcare and allied health

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professionals shouldn't pass up the opportunity to work in multidisciplinary teams with psychotherapists to look into the issue of burnout syndrome.

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