



## **Burnout and Depression in Private and Government Hospital Nurses**

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### **ABSTRACT**

The connections between depressive symptoms, burnout in the healthcare workforce, and patient safety are subjects of considerable attention. Compared to the general population, healthcare workers have more depressive symptoms, which theoretically overlap with burnout. However, only a small amount of study has examined these factors in nurses. The study's major goal is to find out the relationship and significant difference between burnout and depressive symptoms among unit of nursing staff in private and government hospitals. The Maslach Burnout Inventory - Human Services Survey and the Depression Inventory by L.N. Dubey were used on 100 nurses in government and private hospitals. The Pearson test verified the correlation between the burnout dimension score and the total score from the Depression Inventory by L.N. Dubey. T- Test was used to analyze whether there is significant difference on depression and burnout between the government and private hospital nurses. The higher the level of emotional exhaustion and depersonalization, and the lower professional accomplishment, the greater the depressive symptoms. The association was significant between burnout and depressive symptoms.

**Keywords:** Burnout, Depression, Nurses

### **Introduction**

#### ***Burnout***

Nursing is the newest profession and one of the oldest arts devoted to caring for individuals, families, and communities within the healthcare sector. So that their optimal health and quality of life can be attained, maintained, or recovered. According to the American Nurses Association in 2003, there are many facets to nursing, including the preservation, enhancement, and optimisation of health and abilities, the prevention of disease and injury, the reduction of suffering through the identification and management of human responses, and advocacy in the care of individuals, families, communities, and populations.

Herbert Freudenberger, an American psychologist, first used the phrase "burnout" in the 1970s. He made use of it to discuss how excessive stress and lofty goals affect careers in the "helping" sector. Burnout is a condition of mental, bodily, and emotional tiredness at work that is brought on by persistent stress. Over the past ten years, burnout syndrome has become increasingly recognised as a serious issue impacting healthcare personnel. According to Maslach and Jackson (1986), the burnout syndrome involves three separate phases in which employees feel emotionally "spent" (emotional fatigue), act impersonally towards others (depersonalization), and have a poor sense of efficacy at work (diminished personal accomplishment).

Previously, job stress and burnout were not considered to be major workplace issues, but in recent years, more and more businesses have come to understand the negative effects that these disorders have on both employee health care costs and their bottom line. It is not always the case that job pressures have a negative effect on people, such as depression or burnout. For example, personality traits and different coping mechanisms may have a moderating influence on the degree of occupational stress that the person experiences (Edward, 1991).

Burnout is a serious kind of psychological anguish brought on by physical and mental harm associated with one's line of work and presents as an irreversible lack of energy. In 2016, Maslach and Leiter. In the US, Freudenberger popularised burnout in 1974. Freudenberger is a clinical psychologist who focuses on the problems affecting young people who work in social services. His findings led him to the conclusion that many volunteers ultimately lose interest, become psychologically worn out, and lose motivation. From the exterior, a burnt-out person may seem to be in perfect health, but on the inside, they are empty and stressed out (Schaufeli and Salanova, 2014). The Grand Theory of Burnout addresses worker difficulties at work because the development of burnout research is still mostly focused on social workers and nurses.

#### ***Depression***

The most prevalent affective illness is depression, which can range from a very mild state that borders on normality to a severe (psychotic) depression accompanied by hallucinations and delusions. A major explanation for disability and untimely mortality may be the current global depression. When we

experience unpleasant emotions in response to everyday events on a regular basis, it makes depression symptoms worse. Numerous events in life present themselves, and we react to them with both positive and negative emotions, such as elation, frustration, fear, happiness, and despair. In the majority of professions, depression is widespread among people of all ages. India reported having a comprehensive period of depression within their life span, nearly 36% suffered from major depressive episode (MDE). MDE is characterized by unhappiness, loss of interest or enjoyment, feelings of blame or low self worth, disturbed sleep or appetite, low energy and poor attention, besides feeling depressed.

**According to marcuset.al (2012)**, Depressed mood, lack of interest or pleasure, decreased energy, guilt or feelings of low self-worth, interrupted sleep or food, and impaired relationships are all symptoms of depression, a common mental condition. In the majority of professions, depression is widespread among people of all ages.

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## Review of literature

A study on Burnout, Depression, Anxiety & Stress among Males and Females frontline workers by Saumya Richa & Aashna Narula (2021), in The international journal of Indian Psychology concludes that female frontline workers were higher on Depression, Anxiety & Stress as compared to male frontline workers. Further this study also found out that Depression, Anxiety & Stress Positively correlated with emotional exhaustion & Depersonalization on the dimensions of Burnout. Physician and other frontline health care workers are especially prone to severe mental health risks as they try to balance the responsibility of caring for patients with their own well-being and that of their family & friends.

Abdo et al, (2015), a cross-sectional study was conducted in Physicians and nursing staff working in the emergency. Hospital of Tanta University most of the Participant (66% had a moderate level of burnout and 24.9% of them had high burnout level. The main infindings have been divided into four major groups: Interventions done by workplace, Interventions done by nurses as a community in the word, Interventions done by nurses as an individual and workplace. However prevention of burnout can happen the best when the interventions are carried out together by nurses and organizations. It requires joint efforts from both sides.

Chen.S.M (2010),descriptive correlation design was used to examine the extend of burnout according to selected demographic variables. 68 intensive care nurses from two hospitals completed a demographic data from and the research questionnaire of Maslach Burnout Inventory. Statistical analysis included non Parametric tests. The study result indicated that younger nurses separated and divorced nurses and staff work full time in ICUs were most prone to emotional exhaustion. This research finding recommends support for ICU nurses to prevent burnout in their work settings.

Edward et al (2000) carried out a study to investigate stress, burnout and coping amongst the community mental health nursing work place. The aim of the study was to examine the variety, frequency and severity of stressors, to describe coping strategy used to reduce work based stress and to determine stress outcomes. Finding revealed that stressful items were trying to maintain a good quality service in the midst of long waiting lists, poor resources , and having too many interruption while trying to work in the office. The coping strategies were having a stable home life and looking forward to going home at the end of the day , having outside interest and hobbies and talking to people that they got on well with.

Carson et al (1999) carried out a study on burnout among mental health nurses. The total sample comprised of 648 ward based mental health nurses. The total sample was divided into a high burnout and a low burnout group. The high and low burnout groups were compared on the six subscales of questionnaire. Finding revealed that low burnout group utilizes three of six measures significantly more than the high burnout group. These were social support, organization of task, and involvement with work aims. They also scored significantly higher on the total score.

Leiter and Harvie (1996) reviewed research articles over a 10-year period in relation to burnout and mental health workers. This review suggested that burnout occurs as a result of problems arising through excessive demands associated with caseloads or personal conflict that interfere with opportunities to attend thoroughly to the needs of service recipients. These problems are often exacerbated by insufficient support from colleagues, family or the nature of the work itself.

Sekhar (1996) explored job stress, job burnout and job-related anxiety and helplessness experiences among nursing personal from three hospitals. Results revealed that University hospital nurses scored lower in all the job stress and job burnout experiences than government hospitals. Further calculations showed that nurses' helplessness, depersonalization experiences and personal accomplishment were significantly affected by number of patients nursed.

### Rationale of the study

A few studies were conducted on burnout and depression among nurses in Indian scenario while a lot of studies were conducted on this topic in foreign countries. With that fact in mind the investigator considered it worthwhile to take up the present problem for the investigation.

### Statement of problem

To find relationship and compare the Burnout and Depression among Nurses in Government and Private Hospitals

### Research objectives

1. To study the level of burnout among nurses working in Government and private hospitals.
2. To study the level of depression among nurses working in Government and private hospitals.
3. To describe the relationship of burnout and depression among nurses working in Government and private hospitals.

### Hypotheses

1. There is no significant relationship between Burnout and Depression.
2. There is no significant difference of Burnout among nurses working in Government and Private hospitals.
3. There is no significant difference of Depression among nurses working in Government and Private Hospitals.

### Sample

For the selection of sample random sampling technique was employed. To accomplish this research, the researcher collected a total of 120 samples from female nurses aged 21-60 years from Government and private hospitals. Out of 120, 60 female nurses from Government Hospital and 60 female nurses from Private Hospital were selected.

### Tool used

Standardized tests and scales were selected to measure the performance of nurses working in various government and private hospitals. The following test was used:-

MBI (Maslach& Jackson 1986)

M. D. S. (L. N. Dubey)

#### A. Maslach burnout inventory by Christina Maslach and Jackson (1986)

To assess the burnout government and private hospitals nurses the present study the researcher used the Maslach Burnout Inventory by Christina Maslach and Jackson. The inventory contains 22 items, which are divided into three subscales Emotional Exhaustion, Depersonalization, and Personal accomplishment. The items are written in the form of statements about personal feeling or attitudes. The items are answered in terms of the frequency with which the respondent experience these feelings on a 7- point (ranging from 0, "never" to 6, "every day"). The Maslach Burnout Inventory takes 10 to 15 minutes to fill out. It is self-administered. The higher the score EE and DP but on PA dimension low score indicates high burnout.

Mental Depression Scale by L. N Dubey

For the assessment of depression level of government and private hospitals nurses' mental depression scale of L. N. Dubey was selected. The scale easily administered. The scale contains 50 statements with Yes and No response. Yes, indicates mental depression and No indicates no depression.

## Result and discussion

### Inter – Correlation matrix for Depression and Burnout obtained from 100 nurses working in Government and Private Hospitals.

VARIABLE	DEP	EE	DP	PA
DEP	1	.51**	.54**	-.32**
EE		1	.67**	-.37**
DP			1	-.31**
PA				1

In table no 01 Pearson's Correlation Coefficient is used. Coefficient between Burnout and related components, Depression in the individual sample were calculated. The result, display as a correlation Matrix is shown in table 1. The correlation between total Depression and Burnout components i.e. the correlation coefficient between emotional exhaustion and depression ( $p < 0.01$ ,  $r = .51^{**}$ ), between depersonalization and depression ( $p < 0.01$ ,  $r = .54^{**}$ ), between personal accomplishment and depression ( $p < 0.01$ ,  $r = -.32^{**}$ ) all show that decreasing personal accomplishment and increasing emotional exhaustion and depersonalization resulted in more depression among nurses working in government and private hospitals. The reason behind experience of more burnout syndrome by nurses of private hospitals than other group of female nurses may be the job insecurities and low salary and less promoting opportunities. Result also shows a significant relationship between burnout and depression. Increasing severity of burnout resulting more depression among nurses working in both government and private sector.

**Table 2 showing Descriptive statistics and t-value of all the Variables for Government and Private Hospital Nurses**

VARIABLE	N=50	MEAN	SD	t- value
DEPRESSION	NURSES AT GOVT. HOSPITAL	8.80	9.96	4.68
	NURSES AT PRIVATE HOSPITAL	18.74	11.20	S .001
EMOTIONAL EXHAUSTION	NURSES AT GOVT. HOSPITAL	8.70	7.26	5.48
	NURSES AT PRIVATE HOSPITAL	17.64	8.94	S .001
DEPERSONALISATION	NURSES AT GOVT. HOSPITAL	3.58	4.32	6.20
	NURSES AT PRIVATE HOSPITAL	9.24	4.78	S .001
PERSONAL ACCOMPLISHMENT	NURSES AT GOVT. HOSPITAL	37.84	12.91	2.28
	NURSES AT PRIVATE HOSPITAL	31.14	10.42	S .005

Result contained in above tables showed nurses working in private sector had more depression ( Mean 18.74 & SD 11.20) than nurses working in government sector ( Mean 8.80 & SD 9.96) with the calculated t-ratio equal to 4.68 significant at  $p < 0.01$  level.

In the above table mean score and standard deviation for depression and various dimensions of burnout depicts the comparison been made between government and private sectors by independent 't' test. Result contained in table make it clear that nurses of private hospitals had experienced comparatively more burnout on emotional exhaustion (Mean 17.64 & SD 8.94), and followed by nurses of government hospital (Mean 8.70 & SD 7.26). The calculated t-value equal to 5.48 which is significant at  $p < 0.01$ .

As inspection of the above table reveals that mean score of two comparable groups on the measure of depersonalization are 9.24 and 4.78 (in private hospitals) and 3.58 and 4.32 (in govt. hospitals) with their respective standard deviations. The calculated t-ratio equal to 6.20, which is significant at  $p < 0.01$ . It reveals that there is significant difference between government and private hospital nurses on depersonalization. It means private sector nurses feel that they have changed and the world has become vague, dreamlike, less real, Lacking in significance or being outside reality while looking in. It's not uncommon for them to face double and sometimes triple shifts, in addition to being on call. Late patient admissions tragic circumstances and providing emotional support for patients and their loved ones can take a mental and physical toll.

It can be observed from the above table that means score of two comparable groups on personal accomplishment were 31.14 and 37.84 with their respective standard deviations 10.42 and 12.91. The calculated t-value equal to 2.28 which is significant at  $p < 0.05$ . It reveals that there is significant difference between government and private hospital nurses on personal accomplishment. It shows government hospital nurses have some better personal accomplishment level comparative to private hospitals.

## Conclusion

This study found a high prevalence of Burnout and Depression among female nurses. Nurses working in private hospitals are high risk of Depression and Burnout as compared to the nurses working in government hospital. Depression also associated with burnout nurses who score high on depression also find high score on burnout.

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