

Original Article

Prevalence of Burnout and Satisfaction with Profession, among Doctors and Nurses Working in the Emergency Department of a Tertiary Care Hospital in Pakistan

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ABSTRACT

OBJECTIVE

To assess the level of burnout and professional satisfaction among the doctor and nurses working in an emergency department of a tertiary care hospital in Islamabad, Pakistan.

METHODOLOGY

A self-administered questionnaire based cross-sectional study was conducted in the emergency department of Shifa international hospital, Islamabad. The questionnaire was based on a Maslach burnout inventory tool and pre-validated study. Data was collected from all the doctors and nurses who were working in this particular department for at least 3 months in any capacity. The tool consisted of 12 questions and covered 4 domains which included emotional exhaustion, depersonalization, personal accomplishment and personal satisfaction.

RESULTS

There were 80 participants with 40% doctors

and 60% nurses and the male to female ratio was 50-50%. The results found 78.8% of the study population showing low or no burnout and 21.3% having moderate to high burn out. Only 17% of the study population was emotionally exhausted and depersonalization was prevalent among 18% of study population.

CONCLUSION

Emotional exhaustion and depersonalization is a significant concern for the people working in the emergency department. A sense of personal accomplishment and satisfaction with the profession can be a prominent feature that prevents burnout.

KEYWORDS

Burnout, Doctors, Nurses, Emergency Department

INTRODUCTION

Healthcare delivery is a complex task that requires a high level of competence as well as physical involvement, including off-hours work and stress of multiple varieties. Although occupational life provides individuals with social roles and financial stability, yet it comes with significant negative impact. A monotonous or repeatedly assigned task can affect the health of the employee in terms of psychological, physical and emotional complications. Stress in healthcare industry can be physical, mental, social or emotional which results in bodily or mental tension. The stress can be external (environmental, psychological or social) or internal (illness).⁽¹⁾

Whenever the task given to the employee exceeds the capacity of the individual both physically or in terms of competence, it leads to undue stress. This stress level goes drastically low when the job requirements match the skill set of the employee.⁽²⁾ It is well supported that whenever there is imbalance between the abilities and competencies of employees and the job requirements, then there is stress on job performance. Another aspect is complexity of job requirements and uncertain outcomes. Nursing by all parameters is seen as quite stressful by all. This is due to the factors at the workplace like patient load, working hours, care demands and complex decision

making. This leads to work overload resulting in complications of it both physically and psychologically. These occupational stresses have harmful effects on the physical and mental well-being of an individual. ⁽³⁾

Research shows that occupational stress in nurses of a tertiary care hospital is responsible for 50% of all workplace absenteeism and about 40% of employee turnover. ⁽⁴⁾ The previous literature identified key factors causing occupational stress among nurses as workload, lack of status, lack of autonomy, conflicts, lack of motivation, lack of resources and decreased pay scale. ⁽⁵⁾

Research conducted in Delhi shows a high level of stress among nurses because they were extremely overburdened. ⁽⁶⁾ Moreover same is the case in Pakistan as the nurse to patient ratio is quite high as compared to the ratio proposed by Pakistan Nursing Council. ⁽⁷⁾ Occupational stress in nurses was found to be mild in 20%, moderate in 36.5% and severe in 61.5% of cases. ⁽⁵⁾ Contemporary medical workplace is a very complicated environment, and doctors respond to it their own ways. Some take this routine as exciting whereas others may not be able to cope and are burned out due to heavy workload. The workload of a tertiary care teaching hospital is huge and the on-duty doctors and residents are the backbone of this overburdened system. They deal with patients round the clock and are at risk of same stresses as nurses. This exerts a lot of stress on doctors. ⁽⁸⁾ The emergency department of a hospital consists of an environment where healthcare workers face intense stress due to patients arriving with multiple conditions, life-threatening diseases and the outcome at times is not so good. Thus this makes emergency department a setting prone to high level of occupational stress. ⁽⁹⁾ One study has shown that work in ED has added stress of unpredictable workload, shift work, lack of proper rest,

difficult attendants to deal with and patients in critical condition. ⁽¹⁰⁾

METHODS

A self-administered questionnaire based cross-sectional study was conducted in the emergency department of Shifa international hospital Islamabad, Pakistan. The study was conducted within the time frame of May 2019 to July 2019. All the doctors and nurses who were working for more than 3 months in the emergency department of this hospital were included in the study, people who were on leave during this time period were excluded along with nursing inters. After applying the inclusion and exclusion criteria this study consisted of 80 participants. For data collection, after a verbal consent self-administered pre-validated questionnaire was filled by each participant. This study employed Maslach Burnout Inventory and a pre-validated questionnaire reported from McManus et al. ⁽¹¹⁾ This tool consisted of 12 questions measured on Linkert scale with scoring from 0-6 (0=Never, 6=Everyday) and covers four components like emotional exhaustion, depersonalization, personal accomplishment, and personal satisfaction. Using the recommended guidelines burn out was calculated e.g. more than 75 percentile was considered as high burnout. ^(12, 13) Data was analyzed through SPSS version 21, bivariate analysis was done with the application of independent sample T-test and analysis of variance (ANOVA).

RESULTS

The total study population consisted 80 participants out of which 32 were medical doctors and 48 were nurses. Other demographic information about study population is shown in figure 1 and table 1.

After computing the sums of each responder and application of tests, data analysis of this study is shown in

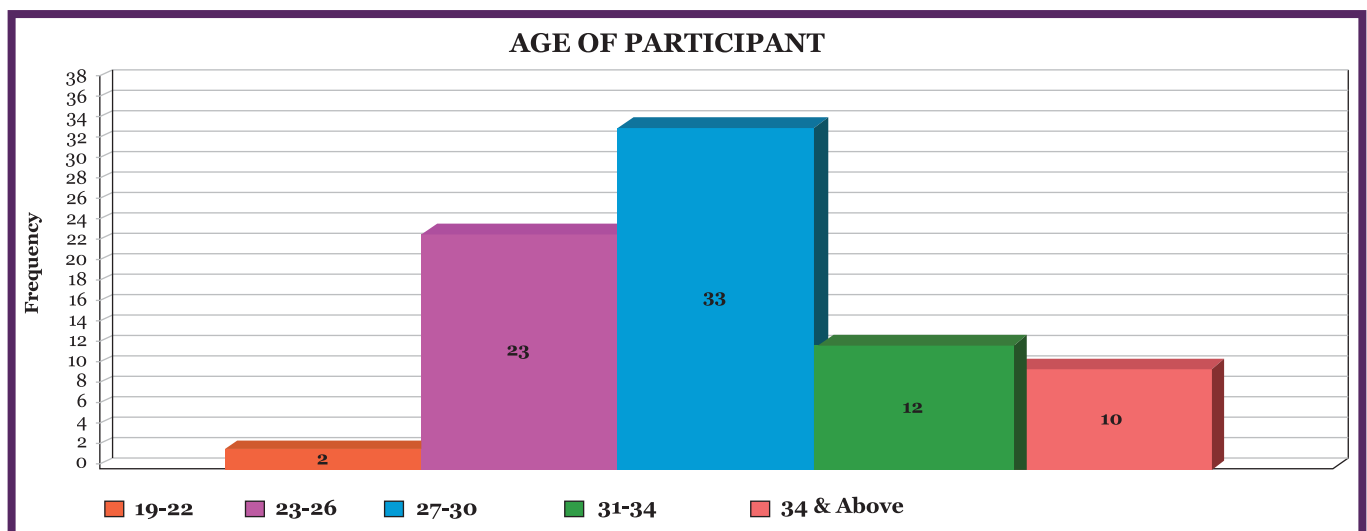


Figure 1: Age of Participants

Demographic Variables		Frequency
Gender	Male	40(50%)
	Female	40 (50%)
Profession	Medical Doctor	32 (40%)
	Nurses	48 (60%)
Marital Status	Single	52 (65%)
	Married	28(35%)
	Divorced	Nil
	Widow	Nil
Educational Qualification	Diploma (Nursing)	32(40%)
	Bachelors	36 (45%)
	Masters	5 (6.2%)
	Above Masters	7 (8.8%)
Total Working Experience	1-4 years	47 (58.8%)
	5-8 years	25(31.2%)
	9-12 years	2(2.5%)
	>12 years	6(7.5%)

Table 1: Demographics of study population

Table 2. The mean score of emotional exhaustion is 7.5 with standard deviation of 3.7, similarly mean score of depersonalization was 4.5 with standard deviation of 3.9. While on the other hand, accomplishment and satisfaction both got higher mean score i.e. 15.4 and 14.5 respectively. It was also noted that out of 80 participants 63 (78.8%) fall in the low to no burnout category and 17 (21.3%) were in the category of moderate to high burn-out as shown in table 3.

Scoring of each component is individually given in the table 4 and 5 which describes that study population who have moderate to high burn out were emotionally exhausted and they were also struggling with depersonalization. In the sense of personal accomplishment and satisfaction with profession all study population score in no to low burnout.

	Emotional Exhaustion	Depersonalize Action	Personal Accomplishment	Satisfaction with profession	Overall Burnout score
Mean	7.5	4.5	15.4625	14.5375	12
Std. Deviation	3.78872	3.90715	2.80571	3.89724	6.41201
Minimum	0	0	8	2	0
Maximum	16	15	18	18	28

Table 2: Statistics

Over All Burnout	Frequency	Percent
Low or no burnout	63	78.8
Moderate to high burnout	17	21.3

Table 3: Over all Burnout

Emotional exhaustion score	Frequency	Percent
Low or no exhaustion	63	78.8
Moderate to high exhaustion	17	21.3

Table 4: Emotional exhaustion score

Score of Depersonalization	Frequency	Percent
Low or no burnout	62	77.5
Moderate to high burnout	18	22.5

Table 5: Score of Depersonalization

DISCUSSION

An emergency department is a place of hustle and bustle where a lot of things are happening simultaneously. Because of the complexity of the work and the uncertainty of the outcome and at times very stressful situations the people working in the emergency departments are prone to develop the complications of the workload imbalance. The occupational life span of people working in the emergency department is lower than the peers working in other parts of the hospital. The longer someone is exposed to these stressors the higher the chances that they will face the effects of burnout and exhaustion.

People who are exposed to workplace excessive stress can go into a stress cycle which comprises of:

- 1) Impact phase
- 2) Crisis phase
- 3) Resolution phase
- 4) Reconstruction phase

These phases usually happen after any single event but when people are exposed to the same or different kinds of stresses multiple times the impact has long-lasting effects. Doctors are considered to be at high risk of occupational stress with an increased number of suicides among medical practitioners than other group's professions. ⁽¹⁴⁾ In doctors 93.63% found their life stressful with 31.27% reporting extreme levels of stress. ⁽¹⁵⁾ In a study of Thailand, the emergency department nurses reported patients' attendants and relatives as primary stressors in private hospitals as the attendants expected and demanded more services from them whereas this was not the case in public sector hospitals. ⁽¹⁶⁾ A study showed that major stressors of doctors working in a teaching hospital are work overload, unfriendly management

demands at work, being underpaid, lack of support, lack of training and development and workplace harassment. ⁽¹⁷⁾

The annual visits of an individual to ED have increased over the years globally, ⁽¹⁸⁾ as evidenced by research conducted in the U.S suggesting that attendance of patients in ED has increased by 32% over the period of 10 years. ⁽¹⁹⁾ Developing countries such as Pakistan are susceptible to increased workload on emergency department due to lack inefficient primary health care facilities. ⁽²⁰⁾ There is a close relationship between performance and workload because overburden may result in suboptimal performance, ⁽²¹⁾ so for the mutual benefit of both patients and medical staff burn out of medical and nursing staff should be decreased specially in country like Pakistan which have very scarce resources allocated to health care sector and health care sector is underperforming. ^(22, 23) The factors which can prevent the burnout may be good teamwork and early intervention by the senior staff once the effects of stress are seen to manifest in employees.

In our study, we saw a low rate of burnout in doctors and nurses, and we attribute that to short exposure to the work in the emergency department. Also that it is a private hospital with relatively lower patients load as compared with the public sector hospitals, being well equipped and with low nurse to patient ratio is also other protective factors.

Further studies are needed in both public and private hospitals to document the level of stress as well as possible outcomes of the people who develop features of burnout.

CONCLUSION

Emotional exhaustion and depersonalization is a most noted feature which was seen in the doctor and nurses of Shifa international hospital Islamabad. People who are face burnout in this hospital score quite high in this component. But overall there is less prevalence of burnout and people feel satisfied with their job and sense of accomplishment is there in their life.

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