

## Burnout among Nurses Working in Government and Private Hospitals

Sudha Katyal

*Department of Human Development and Family Relations, Govt. Home Science College,  
Sector 10, Chandigarh, 160 010, India  
E-mail: sudhakatyal@gmail.com*

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**ABSTRACT** The present study was aimed to find out burnout among nurses and to determine difference, if any, in burnout of nurses working in Government and Private Hospitals. The sample comprised of randomly selected two government and two private hospitals of Chandigarh and S.A.S. Nagar, Mohali. The findings revealed that government hospital nurses had high level of burnout. On the other hand nurses working in private hospitals had moderate to low level of burnout. Government hospital nurses were found to have significantly higher emotional exhaustion and depersonalization as compared to their counterparts working in private hospitals. However, they did not differ significantly with respect to personal accomplishment.

### INTRODUCTION

Burnout is a serious problem for professionals whose work involves intense involvement with clients. It conveys the idea of energy extinguished, the fire of enthusiasm dampened. Burnout is associated with situations in which a person feels: 1. overworked, underappreciated, confused about expectations and priorities, 2. concerned about job security, overcommitted with responsibilities, 3. resentful about duties that are not commensurate with pay.

Burnout spreads gradually and continuously over time sending people into downward spiral over where it is hard to recover. According to Wikipedia Encyclopedia (2013), "Burnout is a psychological term for the experience of long term exhaustion and diminished interest (depersonalization or cynicism) usually in work content. It is also used as English slang to mean exhaustion".

Burnout is a loss of interest in work and, in extreme forms, the burnout victim literally becomes unable to work. The work skills remain intact, but burnout leaves its victim unable to become involved in work. It extinguishes motivation. Occasional feelings of frustration, anger, depression, dissatisfaction, and anxiety are normal parts of living and working but people

caught in the burnout cycle usually experience these negative emotions more often until they become chronic. In the worst cases, people complain of a kind of emotional fatigue or depletion.

Three chief components of burnout are emotional exhaustion, depersonalization and diminished personal accomplishment. Emotional exhaustion is the experience of feeling drained of all energy or all used up. It refers to the feelings of being overextended and drained by one's contact with other people (Leiter and Maslach 1988). Depersonalization commonly refers to maintaining an emotional distance from others. This depersonalization can be expressed by an indifferent attitude towards others.

It is also common for a burnt-out person to view others as objects or numbers. Withdrawing from others is a frequently response. Third component- diminished personal accomplishment refers to the tendency to evaluate oneself negatively, particularly with regard to one's work with clients. Individuals in this phase of burnout view themselves negatively in both their ability to perform the job and ability to have positive interactions (Cordes and Dougherty 1993).

Burnout pervades every occupation. However, it is thought to be more prevalent among human professionals as the services offered by them are in response to the needs of the society. Among human professionals, professional nursing in particular, is a service for the promotion of human and social welfare. It includes caring for the sick, promotion and restoration of health and prevention of diseases. The professional

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*Address for correspondence:*  
Dr. Sudha Katyal  
H.No. 3142, Sector-28D,  
Chandigarh, India  
Phone: 0172-2651398  
Mobile: 07837729090  
E-mail: sudhakatyal@gmail.com

nursing service meets the physical, psychological, spiritual and social needs of human beings. Along with looking after patients, a nurse has to handle wide variety of tasks like documenting patients' health records, attending educational programs, and guiding discussions about organizational value of patient centred care within a collaborative multidisciplinary context. Sometimes due to heavy workload, more varied kind of work demands and less supportive work environment may deplete their high energy level, good health and enthusiasm which are the necessary conditions for giving peak performance.

### Objectives

- To find out burnout among nurses.
- To determine difference, if any, in burnout of nurses working in Government and Private Hospitals.

## METHOD

### Sample

For the selection of government hospitals, a comprehensive list of all government hospitals of Chandigarh (U.T.) and Mohali (Punjab) having indoor-patient admission facilities was obtained from Health and Family Welfare Office, Chandigarh and Punjab. From this list, two government hospitals – Government Multi Speciality Hospital (GMSH), Sector 16, Chandigarh and Government Medical College and Hospital (GMCH), Sector 32, Chandigarh, were selected randomly using lottery system.

For the selection of private hospitals, a comprehensive list of all private hospitals of Chandigarh (U.T.) and Mohali (Punjab) having indoor patient admission facilities, was pre-

pared with the help of information obtained from internet and survey. From this list, again two hospitals – Fortis Heart Institute and Multi Speciality Hospital, Phase-8, Mohali and INSCOL Hospital, Sector-34 A, Chandigarh, were selected randomly using lottery method.

So a total of four hospitals – two government and two private were selected for the study.

### Tool Used

#### *Maslach Burnout Inventory-Human Services Survey*

Maslach Burnout Inventory-Human Services Survey (MBI-HSS), developed by Maslach and Jackson (1996) was used to assess burnout among the subjects. MBI-HSS consists of 22 statements in all related to the three subscales namely emotional exhaustion, depersonalization and personal accomplishment. It is found to be highly reliable and valid. The reliability co-efficient reported for the subscales were 0.90 for emotional exhaustion, 0.79 for depersonalization and 0.71 for personal accomplishment. For analyzing the data, percentages and t-test were carried out.

## RESULTS AND DISCUSSION

Table 1 presents data regarding the percentage distribution of government and private hospital nurses with regard to burnout. Table 1 reveals that majority of nurses working in government hospitals had high level of emotional exhaustion (52%), moderate level of depersonalization (44%) and low level of personal accomplishment (62%). On the contrary majority of nurses working in private hospitals had moderate (40%) as well as low (40%) levels of emotional exhaustion, low level of depersonaliza-

**Table 1: Level of burnout in government and private hospital nurses (N=100: 50 Govt. Hospital Nurses and 50 Private Hospital Nurses)**

Variable	Components	Categories	Govt. hospital nurses (%)	Private hospital nurses (%)	Total sample (%)
Burnout	Emotional Exhaustion	High	52	20	36
		Moderate	18	40	29
		Low	30	40	35
	Depersonalization	High	36	14	25
		Moderate	44	30	37
		Low	20	46	38
	Personal Accomplishment	High	4	18	11
		Moderate	34	58	29
		Low	62	24	60

**Table 2: t-values for the mean scores of burnout of government and private hospital nurses (N=100: 50 Govt Hospital Nurses and 50 Private Hospital Nurses)**

Variable	Components	Govt. hospital nurses		Private hospital nurses		t value
		Mean	SD	Mean	SD	
Burnout	Emotional Exhaustion	<b>25.0</b>	11.9	<b>19.08</b>	9.90	<b>2.70*</b>
	Depersonalization	<b>10.30</b>	4.8	<b>6.78</b>	4.60	<b>3.68**</b>
	Personal Accomplishment	31.70	6.10	33.68	4.4	1.85

\* p<0.05    \*\*p<0.01

tion (46%) and moderate level of personal accomplishment (58%). So it can be concluded that level of burnout in nurses is different depending upon the type of hospital in which they are working. Government hospital nurses have high level of burnout as compared to their counterparts working in private hospitals.

The present results have been endorsed by Sekhar (1996) and Al-Aameri (2003) who suggested the same trend in burnout among nurses working in government and private hospitals. The possible reason for the present findings could be that nurses in government hospital have to deal with a large number of patients everyday which makes them feel exhausted. Moreover, the work environment is not very good, they often lack autonomy in decision making, and they have to work within organizational constraints with regard to facilities, techniques and material resources. They are not given any monetary benefits and incentives. All these factors combine together to develop a feeling of high burnout among government hospital nurses.

On the contrary nurses working in private hospitals have usually less workload per day and access to latest techniques, equipments and material resources. They often get more social support from doctors, co-workers and management. They have good work environment, get good salaries and are more satisfied with their jobs.

Table 2 present data regarding 't' values for mean scores of burnout of government and private hospital nurses. Results incorporated in Table 2 reveal significant differences in mean scores of emotional exhaustion ( $t=2.70$ ,  $p<0.05$ ) and depersonalization ( $t=3.68$ ,  $p<0.01$ ) of nurses working in government and private hospitals. Nurses working in government hospitals were found to have higher emotional exhaustion and

depersonalization as compared to their counterparts working in private hospitals.

The possible reason for the present results could be that as compared to private hospital nurses, nurses working in government hospitals have more workload, more number of night duties, poorer work environment, lesser social support from superiors and administration. All these factors make them feel more exhausted and lead to the feeling of higher depersonalization among them as compared to their counterparts working in private hospitals.

## CONCLUSION

It can be concluded from the present study that burnout is higher in nurses working in government hospitals than those working in private hospitals. The findings of the present study have implications for policy makers, hospital administrators, researchers and nurses themselves. There is need to plan and chalk out various intervention strategies for coping up with this serious problem.

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