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The Effect of Safety Attitude on Factors Related to Burnout among Nurses

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Abstract

Burnout describes an occupational psychosocial syndrome that results from the poor management of elevated levels of emotional and social stress in the workplace for prolonged periods. The study aims to determine the methods for preventing burnout syndrome in nurses and to talk about the outcomes for potential future interventions aimed at reducing burnout in these workers. To assess the effect of safety attitude on factors related to burnout among Nurses to find out the association of the effect of safety attitude on factors related to burnout among nurses with selected demographic variables. The research design selected for the study was descriptive research design The samples of the study were nurses working at Saveetha Medical College and Hospital, Chennai. The sample size of the study was 30. nurses working at Saveetha Medical College and Hospital, Chennai. Sampling Technique. The investigator applied a non-probability convenient sampling technique to the sample selection. Data was collected through a structured questionnaire after obtaining permission from the hospital's medical superintendent. Statistically significant correlation between the demographic variable ward ($\chi 2=13.195$, $p=0.040$) and the amount of influence of safety attitude on parameters associated with burnout among nurses at the $p<0.05$ level. The degree of safety attitude's influence on characteristics linked to nursing burnout was not statistically significantly correlated with any of the other demographic variables. According to the results, 4(13.3%) had mild to high anxiety, 7(23.3%) had severe anxiety, and 19 (63.4%)had moderate anxiety. Anxiety measured a mean of 21.43±3.57. With a minimum score of 15.0 and a maximum score of 28.0, the median was 21.50. The demographic variable, ward showed a statistically significant correlation with the degree of safety attitude influence on variables associated with nurse burnout at the $p<0.05$ level.

Keywords: *Emotional and Social Stress, Hours Per Shift, Job Performance, Staff Nurse Burnout, Safety Attitude, Workload, Workplace.*

Introduction

Burnout syndrome has been clinically characterized by a series of three subtypes: frenetic, under-challenged, and worn-out, concerning coping strategies for stress and frustration at work with different degrees of dedication according to Montero-Marin et al [1]. According To WHO Burnout in the course of employment can make one feel emotionally drained and unable to function in the context of work and other aspects of life [2]. The three primary aspects or indicators that are commonly recognized are fatigue, cynicism, and inefficacy, people who experience burnout often experience emotional exhaustion, form unfavourable views about their coworkers, [3] and believe they lack the skills necessary to carry out their duties and obligations successfully [4]. While burnout was once thought to be a singular phenomenon, more recent research has divided burnout into three categories to differentiate between distinct symptoms and tailor more successful treatment approaches for each. Whereas "under-challenged" burnout is seen in those whose

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work is monotonous and repetitive, making them feel unfulfilled and uninterested, "frenetic" burnout is typically seen in very ambitious people who push themselves to the limit all the time [5] people who surrender easily and become uncontrollable throughout those whose tasks are monotonous and repetitive are known to be the "under-challenged" type [6]. this type makes them feel unfulfilled and uncaring Last but not least, the "worn-out" kind of burnout is exhibited by those who succumb to stress and lose control easily Identified The demanding obligations, essentially no control over the job nature, lack of social support, and lengthy work shifts associated with the healthcare industry, and especially the nursing setting, can make for a very stressful workplace [7]. Along with this, coping with pain, patient deaths, and imparting bad news to patients are some of the other stressors that nurses face in their settings.[8]. Emotionally taxing situations might also arise in the personal lives of nurses. The disruption of job and life might result in psychological stress [9]. WHO recently declared burnout as an "occupational phenomenon" in the International Classification of Diseases 11th revision (ICD-11), recognizing burnout as a serious health issue. Amongst healthcare workers, nurses are known to struggle with burnout symptoms the most, carrying serious consequences for patients, other healthcare professionals, and healthcare organizations. Blaauw D, et al [10]. indicated that Emergency department (ED) professionals are exposed to burnout syndrome due to excessive workload and high demands for care. Shoorideh FA et al had conducted the study among ICU nurses. The motivation, retention, and performance of health workers are all influenced by job satisfaction, and these factors are crucial for enhancing the efficiency of health systems in low - and middle-income nations [11]. Moral distress is one of intensive care unit nurses' major problems, which may happen due to various reasons, and has several consequences. Primary health care (PHC) systems bear motivated and well-trained frontline providers but are decreasingly challenged by the growing global deficit of healthcare workers.Collapse, defined as emotional prostration, depersonalization, and low particular achievement, negatively impacts provocation and may further drop the productivity of formerly limited workforces [12]. The idea of this review was to dissect the frequency of and factors associated with provider collapse in low and middle-income countries [13]. Caregivers have been exposed to important stresses during the COVID-19 pandemic leading to important mental health issues. Previous research showed that nurses were particularly emotionally affected compared to physicians. The burnout syndrome is beginning to be regarded as an occupational illness of high prevalence among nurses [14]. It is a widespread worry and a prevalent source of work-related stress for healthcare workers, particularly for nurses whose jobs need them to deal with patients' demanding schedules and intense contact with their physical and emotional needs [15]. Nurses burnout syndrome among nurses is a global phenomenon [16]. Nursing professionals are exposed to several risk factors and high levels of stress that can affect their mental, emotional, and physical health, which can trigger burnout syndrome [17].With increasing workloads and dismal working conditions, healthcare professionals (HCPs) in India often suffer from burnout [18]. Understanding the extent of these problems and the contributing factors is necessary to build a healthy workforce capable of serving society [19]. Burnout among nurses is a significant problem in healthcare establishments and has negative implications on clinical outcomes [20,21]. Burnout is severely affected among Indian HCPs, with close to one-fourth of them suffering from burnout. Some personal and professional factors are related to burnout [22,23]. Repeated occupational exposure and increased stress and

fatigue levels contribute to a high risk of coronavirus disease 2019 (COVID-19) infection among frontline nurses. A safety culture promotes proper healthcare delivery and minimizes the occurrence of errors of omission, commission, communication, context, and diagnosis Avoiding all these errors is possible only if healthcare institutions address the issues that support their occurrence. Committing to patient safety and focusing on improving a safety culture lies in the hands of healthcare providers and their institutions [26-27]. Nurse burnout can lead to unstable relationships among colleagues, unfavourable sentiments toward patients, the job, and the nursing profession, and a detrimental effect on the quality of nursing care offered to patients and families Healthcare professionals (HCPs) in India frequently experience burnout due to their heavy workloads and unfavourable working environments. The primary outcomes were the likelihood of leaving employment in the last year owing to burnout [29].

Materials and Methods

Objectives are to assess the effect of safety attitude on factors related to burnout among nurses.to find out the association of the effect of safety attitude on factors related to burnout among nurses with selected demographic variables. The methodology of the present study includes the research approach, research design, variables of the study, setting, population, sample,sample size, sampling technique, criteria for sample selection, development and description ofthe tool, procedure for data collection, and plan for data analysis. The research design selected for the study was descriptive. The setting of the study is Saveetha Medical College & Hospital, Thandalam, Chennai. Safety attitude on factors related to burnout Demographic Variables Age, gender, marital status, educational status, monthly income, ward, working hours, shift duty, are you have access to basic facilities for nurses need and what are the signs and symptoms of nurses in night duty. The population of the present study was nurses working at Saveetha Medical College and Hospital, Chennai, **The samples** of the study were nurses working at Saveetha Medical College and Hospital, Chennai **Sample Size** The sample size of the study was 30 nurses working at Saveetha Medical College and Hospital, **Sampling Technique** The investigator applied a non-probability convenient sampling technique to the sample selection. **Inclusion Criteria** Nurses who are available at the time of data collection. Nurses who are willing to participate in the study. Exclusion Criteria Nurses who are not willing to participate in the study. The demographic data consists of Age, gender, marital status, educational status, monthly income, ward, working hours, shift duty, are you have access to basic facilities for nurses' needs, and what are the signs and symptoms of nurses on night duty Section B: Hamilton Anxiety Rating Scale. It is a 5 5-point rating scale which is rated as 0 – Not present, 1 – Mild, 2 – Moderate, 3– severe, and 4 – Very severe. The minimum score is 0 and the maximum score is 56.

Scoring and Interpretation

Level of Anxiety	Interpretation
0 – 18	Mild Anxiety
19 – 37	Moderate Anxiety
38 – 56	Severe Anxiety

The formal permission was obtained from the principal, of Saveetha College of Nursing, and the Chief Medical Officer, of Saveetha Medical College and Hospital, Chennai. Ethical approval no (IEC /2021-02-/005). Nursesworking in various wards who fulfilled the inclusion criteria were selected as samples for the study. The nurses were informed about the purpose of the study and informed consent was obtained from them. The nurses were assured of the confidentiality of the data collection and it was assured that the collected data will be used only for the research purpose. The nurse's baseline data necessary for the study was collected by the structured questionnaire. The anxiety was assessed by using the Hamilton Anxiety Rating Scale. Each sample took approximately 25 minutes to complete the questionnaire. The data was collected and organized for data analysis and interpretation.

Results and Discussion

Descriptive Statistics Frequency and percentage distribution were used to analyze the baseline details and level of anxiety among the nurses. Mean and standard deviation were used to analyze the anxiety scores among the nurses Inferential Statistics Chi-square test was used to associate the level of anxiety among nurses with selected demographic variables. According to Borges EMDN, et al supported his results 42% of the nurses showed moderate/high levels of burnout, with no differences found between countries (Portugal and Brazil 42%, Spain 43%). Wei Yi Tay, et al . Found no difference between burnout and years of experience 20. Differences in the demographic profiles of nurses in these studies limited the comparison of findings [25].

Below Table 1 shows that most of the nurses, 13(43.35) were aged between 20 to 25 years, 23(76.7%) were female, 19(63.3%) were unmarried, 22(73.4%) were B.Sc. Nursing, 35(83.3%) had monthly income of 12000 to 15000, 10(33.3%) were working in general ward, 25(83.3%) were working for 8 hours, 8(26.7%) were working in afternoon duty, general duty & night duty, 30(100%) have to basic facilities such as rest room and 16(53.4%) had the signs and symptoms of headache in night duty.

Table 1. Frequency and Percentage Distribution of Demographic Variables of the Nurses

N = 30

Demographic Variables	**Frequency(f)**	**Percentage(%)**
Age		
20 to 25	13	43.3
25 to 30	11	36.7
30 to 35	6	20.0
Gender		
Male	7	23.3
Female	23	76.7
Marital status		
Married	11	36.7
Unmarried	19	63.3
Educational status		
B.Sc. Nursing	22	73.4
Auxiliary Nursing	4	13.3

Midwife		
M.Sc. Nursing	-	-
General Nursing Midwife	4	13.3
Monthly income		
12000 to 15000	25	83.3
20000 to 25000	5	16.7
Above 35000	-	-
Ward		
ICU	5	16.7
General ward	10	33.3
Surgery ward	9	30.0
Suspected ward	6	20.0
Working hours		
8 hours	25	83.3
12 hours	5	16.7
6 hours	-	-
Shift duty		
Morning duty	6	20.0
Afternoon duty	8	26.7
General Duty	8	26.7
Night duty	8	26.7
Do you have basic facilities for nurses' needs?		
Restroom	30	100.0
Dressing room	-	-
Drinking water	-	-
Nothing	-	-
What are the signs and symptoms of nurses on night duty?		
Headache	16	53.4
Urinary tract infection	-	-
Muscle pain	7	23.3
Sleep disturbance	7	23.3

Table 2. Frequency and Percentage Distribution of Level of Effect of Safety Attitude on Factors Related to Burnout Among Nurses.

N = 30

	F	**%**
Mild (≤17)	4	13
Moderate (18 – 24)	19	63
Severe (25 – 40)	7	23

Very severe (>40)	0	0

Table 3. Association of Level of Effect of Safety Attitude on Factors Related to Burnout among Nurses with Selected Demographic Variables.

N = 30

Demographic Variables	**Mild**		**Moderate**		**Severe**		**Chi-Square Test & p-value**
	F	**%**	**F**	**%**	**F**	**%**	
Age							χ^2=1.177 d.f=4 p=0.882N.S
20 to 25	1	3.3	9	30.0	3	10.0	
25 to 30	2	6.7	7	23.3	2	6.7	
30 to 35	1	3.3	3	10.0	2	6.7	
Gender							χ^2=2.764 d.f=2 p=0.251N.S
Male	0	0	4	13.3	3	10.0	
Female	4	13.3	15	50.0	4	13.3	
Marital status							χ^2=0.634 d.f=2 p=0.729N.S
Married	2	6.7	6	20.0	3	10.0	
Unmarried	2	6.7	13	43.3	4	13.3	
Educational status							χ^2=1.155 d.f=4 p=0.885N.S
B.Sc. Nursing	3	10.0	14	46.7	5	16.7	
Auxiliary Nursing Midwife	0	0	3	10.0	1	3.3	
M.Sc. Nursing	-	-	-	-	-	-	
General Nursing Midwife	1	3.3	2	6.7	1	3.3	
Monthly income							χ^2=1.430 d.f=2 p=0.489N.S
12000 to 15000	3	10.0	17	56.7	5	16.7	
20000 to 25000	1	3.3	2	6.7	2	6.7	
Above 35000	-	-	-	-	-	-	
Ward							χ^2=13.195 d.f=6 p=0.040 S*
ICU	2	6.7	2	6.7	1	3.3	
General ward	1	3.3	9	30.0	0	0	
Surgery ward	1	3.3	6	20.0	2	6.7	
Suspected ward	0	0	2	6.7	4	13.3	
Working hours							χ^2=3.744 d.f=2 p=0.154N.S
8 hours	2	6.7	17	56.7	6	20.0	
12 hours	2	6.7	2	6.7	1	3.3	
6 hours	-	-	-	-	-	-	

The below table 2 shows that 19(63.4%) had moderate anxiety, 7(23.3%) had severe anxiety and 4(13.3%) had mild to anxiety

The study showed a statistically significant correlation between the demographic variable ward (χ2=13.195, p=0.040) and the amount of

influence of safety attitude on parameters associated with burnout among nurses at the $p<0.05$ level. The degree of safety attitude's influence on characteristics linked to nursing burnout was not statistically significantly correlated with any of the other demographic variables the mean burnout scores in nursing faculty members were moderate. Therefore, health policymakers and managers can reduce the likelihood of burnout in nursing faculty members by using psychosocial interventions and support [28]. According to the results, 4(13.3%) had mild to high anxiety, 7(23.3%) had severe anxiety, and 19(63.4%) had moderate anxiety.Anxiety measured a mean of 21.43±3.57. With a minimum score of 15.0 and a maximum score of 28.0, the median was 21.50. The demographic variable ward showed a statistically significant correlation with the degree of safety attitude influence on variables associated with nurse burnout at the $p<0.05$ level. A preventive and therapeutic strategy is needed to reduce the extent of burnout [29]. The hospital management needs to identify sociodemographic characteristics that will improve the working environment, recruitment and retention systems, and the provision of effective health services [30].

Conclusion

The present study assessed the effect of safety attitude on factors related to burnout among nurses working a SMCH Hospital. The study concluded that the majority of nurses experienced moderate to severe anxiety due to safety attitudes on factors related to burnout. The Ministry of Health should consider recruiting more nurses to reduce workload and adjust working hours to prevent workplace-related burnout among nurses in the country. Solutions must come through system-level efforts in which we reimagine and innovate workflow, human resources, and workplace wellness to reduce or eliminate burnout among frontline nurses and work toward healthier clinicians, better health, better care, and lower costs.

The investigator had drawn the following implications from this study which is the vital concern to the field of nursing practice, nursing education, nursing administration, and nursing research. The Nurse plays playing vital role in the field of health care and a professional job has significant burnout in psychological dimensions. Nurses experienced excessive physical and emotional strain due to stress, panic, and overwork. Hence workplace wellness programs should be conducted to promote their wellness and improve their quality of work. Health systems should focus on implementing known strategies to alleviate burnout, including adequate nurse staffing and limiting the number of hours worked per shift maximum of 8 hours per shift is accepted level.

Conflict of Interest

All authors should declare that there is no conflict of interest.

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