Summer Internship Report

At

FORTIS HOSPITAL , MANESAR

(April 22nd to July 15th, 2024)

A Report on

TO STUDY THE MAJOR ATTRIBUTES FOR BURNOUT AMONG NURSES IN DELHI NCR FOR DESIGNING THE FUTURE STRATEGIES.

By

PURNIMA SHARMA

(PG/23/088)

PGDM (Hospital and Health Management)

2023-25

International Institute of Health Management Research, New Delhi.

(Completion of Summer Internship from respective organization)

The certificate is awarded to

Name Purnima Sharma

In recognition of having successfully completed his/her Internship in the department of

Title Human Resource

and has successfully completed her Project on

Title of the Project

Date 29/06/2024

Organisation Fortis Hospital, Manesar, Gurugram

He/She comes across as a committed, sincere & diligent person who has a strong drive & zeal for learning

We wish him/her all the best for future endeavors

Organization Supervisor

Head-HR/Department Head

FEEDBACK FORM

(Organization Supervisor)

Name of the Student: Purnima Sharma.

Summer Internship Institution: Fortis Hospital, Manesar, Gurugram

Area of Summer Internship: Human Resources

Attendance: Punctal, 100%.

Objectives met: To understand the Process of H.R. Management and their key contribution to Business growth.

Deliverables: HR SOP, Business Acumen, Recruitment.

Strengths: Smart presentor, Good negotiation skills, Result & outcome oriented, well articulative, Knows the subject well as Management graduate; Ownership

Suggestions for Improvement:
Prioritization of Task (Task planner), Excel (~~Advance~~).
Business & financial Acumen, Data Analysis,

Signature of the Officer-in-Charge (Internship)

Date: 29/6/24.
Place: Manesar, Gurugram.

* She is an assest which can be trained on I/c role. From day zero. She can do perform task based on the Businessned. She should get training on financial Implications so that She can utilise her skills not only in hospital but also in consulting / Business as Entrepreneur

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HOSPITAL
Manesar, Gurugram

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No. FHL-MANESAR-EX-02 **13-July-2024**

TO WHOMSOEVER IT MAY CONCERN

This is to certify that **Ms. Purnima Sharma D/o Mr. Tarun Kumar Sharma** has completed her Internship in the department of Human Resources at Fortis Hospital, Manesar, Gurugram from **22-April-2024** to **13-July-2024**

We wish her all the best in her future endeavors

For **Fortis Hospital, Manesar, Gurugram**

Rahul Khandelwal
Unit Head - Human Resources

Acknowledgement.

I would like to express my sincere gratitude to my esteemed mentor, Mr. Ashish Kaushik, Assistant Manager HR at Fortis Hospital, Manesar, for his invaluable guidance, support, and encouragement throughout the course of my internship. His expertise and unwavering commitment played an instrumental role in shaping the direction of my research project on "The Major Attributes for Burnout among Nurses in Delhi NCR for Designing Future Strategies" and ensuring its successful completion. I am deeply grateful for his insights, constructive feedback, and mentorship, which have enriched my understanding and contributed significantly to the quality of this study.

I would also like to extend my heartfelt appreciation to & deepest sense of gratitude to Dr. Sutapa Bandyopadhyay Neogi (Director, IIHMR Delhi) and my mentor Dr. Vinay Tripathi , for his continuous support, encouragement, and invaluable guidance throughout this endeavour. Their mentorship and expertise have been invaluable assets, and I am truly grateful for their assistance in navigating the complexities of the research process.

I am indebted to each of them for their unwavering support, encouragement, and mentorship, which have been pivotal in shaping this research project and enhancing my professional growth. Their contributions have been instrumental in achieving the objectives of this study, and I am truly honoured to have had the opportunity to work alongside such esteemed mentors and colleagues. Thank you once again for your invaluable support and guidance.

Sincerely,

Purnima Sharma

Contents

INTRODUCTION

ABOUT THE ORGANIZATION:

Fortis Hospital Manesar, Gurugram will be a 350 - bedded multi-speciality hospital located in IMT, Sector-5, Manesar, Gurugram. Fortis Healthcare Limited – an IHH Healthcare Berhad Company – is a leading integrated healthcare services provider in India. It is one of the largest healthcare organizations in the country with 28 healthcare facilities, 4,500+ operational beds (including O&M facilities), and over 400 diagnostics centers (including JVs). Fortis is present in India, the United Arab Emirates (UAE), Nepal & Sri Lanka. The Company is listed on the BSE Ltd and National Stock Exchange (NSE) of India. It draws strength from its partnership with global major and parent company - IHH, to build upon its culture of world-class patient care and superlative clinical excellence. Fortis employs ~23,000 people (including Agilus Diagnostics Limited) who share its vision of becoming the world's most trusted healthcare network. Fortis offers a full spectrum of integrated healthcare services ranging from clinics to quaternary care facilities and a wide range of ancillary services.

The institute have a strong emphasis on ethical medical practice that always puts the interest of the patient first.

VISION

To create a world-class integrated healthcare delivery system in India, entailing the finest medical skills combined with compassionate patient care.

MISSION

To be a globally respected healthcare organisation known for Clinical Excellence and Distinctive Patient Care.

Featured specialties:

* **Obstetrics and Gynecology**
* **Paediatrics**
* **Internal Medicine**

Services provided by the hospital:

* **Inpatient services**
* **Outpatient services**
* **Day care services**
* **Endoscopy**

*** Diagnostic services**

*** Laboratory services**

*** Emergency services**

*** Radiology**

Departments in the hospital:

*** Anesthesiology**

*** Dental**

*** Dermatology**

*** Diabetes and endocrinology**

*** ENT**

*** Fertility services**

*** General surgery**

*** Gastroenterology**

*** Internal medicine**

*** Laboratory**

*** Nephrology**

*** Obstetrics and gynecology**

*** Ophthalmology**

*** Orthopedics**

*** Pediatrics**

*** Psychiatry and psychology**

*** Radiology**

*** Urology**

ACRONYM/ABBREVIATIONS

Abbreviation	Full Form
• MBI	Maslach burnout inventory
• NCR	National capital region
• ICU	Intensive care unit
• ENT	Ear ,Nose ,Throat

Section 3: General findings on learning during the internship.

During my internship at Fortis Hospital Manesar, I gained invaluable insights into the intricacies of human resource management within a healthcare setting. Under the guidance of Mr. Ashish Kaushik and the supportive mentorship of Mr. Rahul Khandelwal, Mr. Amit, Mr. Hemant, and Ms. Himanshi, I learned about nursing recruitment processes, effective salary negotiation techniques, and the importance of maintaining a harmonious workplace environment. This hands-on experience enhanced my understanding of the challenges and strategies involved in managing healthcare personnel, equipping me with practical skills and knowledge essential for my professional growth in healthcare administration.

Section 4: Conclusive Learnings, Limitations & Suggestions for Improvement

Conclusions

The study on burnout among nurses in Delhi NCR revealed a significant prevalence of burnout, with a notable proportion of nurses experiencing emotional exhaustion, depersonalization, and reduced personal accomplishment. Key factors contributing to burnout included high workloads, insufficient job satisfaction, and challenging work environments. The findings underscore the urgent need for targeted interventions to mitigate burnout, enhance nurse well-being, and improve patient care outcomes.

Learning

Throughout this study and my internship at Fortis Hospital Manesar, I developed a comprehensive understanding of the dynamics of nursing burnout. Observational learning provided insights into the real-world application of theoretical concepts, while hands-on experience in HR and nursing recruitment offered a deeper appreciation for the complexities of healthcare management. The mentorship from experienced professionals enriched my knowledge and honed my skills in effective communication, problem-solving, and strategic planning.

Limitations

1. *Selection Bias*: The study may have inherent selection bias as it relied on voluntary participation, which could influence the results.

2. *Confounding Variables*: Factors such as personal life stressors and institutional support were not fully accounted for, potentially affecting burnout scores.

3. *Cultural Differences*: Cultural influences on burnout experiences were not comprehensively addressed.

4. *Temporal Changes*: The study did not account for fluctuations in burnout levels over time.

5. *Resource Constraints*: Limited resources restricted the scope and depth of the research.

Suggestions for Improvement

1. *Implement Support Programs*: Develop comprehensive support programs, including counseling services, peer support groups, and stress management workshops, to help nurses cope with the emotional and physical demands of their roles.

2. *Enhance Work-Life Balance*: Introduce flexible scheduling, adequate time off, and policies that promote a healthy work-life balance to prevent burnout and improve overall job satisfaction.

3. *Promote Professional Development*: Provide ongoing training and professional development opportunities to help nurses advance their skills, stay updated with the latest practices, and feel valued in their roles.

4. *Improve Staffing Levels*: Ensure adequate staffing levels to reduce the workload on individual nurses, thereby minimizing stress and preventing burnout.

5. *Foster a Positive Work Environment*: Create a supportive and positive work environment through team-building activities, open communication channels, and recognition programs that acknowledge and reward the hard work and dedication of nursing staff.

6. *Regular Assessment of Burnout Levels*: Implement regular assessments of burnout levels using validated tools like the Maslach Burnout Inventory to identify early signs of burnout and address them proactively.

7. *Strengthen Leadership Training*: Train leaders and managers in effective leadership and management practices to create a supportive and motivating work environment that can help mitigate burnout among staff.

8. *Encourage Participation in Decision-Making*: Involve nurses in decision-making processes related to their work environment and patient care practices, fostering a sense of ownership and empowerment.

9. *Provide Adequate Resources*: Ensure that nurses have access to the necessary resources, including medical supplies, equipment, and technology, to perform their duties effectively and efficiently.

10. *Address Workplace Violence*: Implement strict policies and training programs to prevent and address workplace violence, ensuring a safe and secure environment for nurses.

Section 1:- INTRODUCTION

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Burnout syndrome is a psychological state during which an individual experiences high levels of emotional exhaustion and disengagement from their work due to prolonged exposure to work environment stressors . It has been recognised by the World Health Organization (WHO) as a mental health problem and defined as a “state of vital exhaustion”; both physical and mental due to work-related stressors . The prevalence of burnout syndrome amongst medical personnel ranges from 27% to 45% ; and is usually associated with a high prevalence of depression, suicide, use of psychoactive substances, marital problems and professional dysfunction amongst medical personnel .

The term “burnout” was first coined by Freudenberger in 1974. This term was used to describe worker´s reaction to the chronic stress and it is common in occupations involving multiple interactions with people. (Hughes 2008, 7.)

Burnout syndrome is one of the most common occupational illnesses. It has many psychological and physical destructive consequences, and it may contribute to some disorders such as anxiety, depression, and loss of personal motivation. Burnout syndrome decreases the productivity in a workplace, and it has a negative impact in providing proper health care.

The topic of burnout has been studied a lot in different dimensions since 1974 till today and has become a phenomenon of notable global significance. Both researchers and practitioners have shown their interests to this subject during these years. Researches have been done to understand what burnout is and why it happens. Practitioners mostly have been interested in finding ways to cope, prevent, or combat it. (Schaufeli et al. 2008.)

Burnout syndrome accounted for 7% of the psychological Burnout syndrome is presented through four class of symptoms: physical, when workers present constant fatigue, difficulties sleeping, inappetence and muscular pain; psychological observed by lack of attention, memory changes, anxiety and frustration; behavioural, identified when individuals neglect work, present occasional or instantaneous irritability, inability to focus, increase in conflicting relations with colleagues, long pauses for rest, problems with complying with work hours; and defensive, when workers tend to isolate themselves, when they feel omnipotent, when quality of work is poorer and they present a cynical attitude.

According to the statistics, nurses are also suffering from burnout syndrome. The lack of enough knowledge about burnout among nurses makes it difficult to early diagnose, prevent and possibly treat this issue. More studies and research are required to make health care professionals aware and informed enough to be able to reduce this phenomenon and its consequences in working life.

t has been recognized by the World Health Organization (WHO) as a mental health problem and defined as a “state of vital exhaustion”. Both mental and physical due to work related stressors.

The prevalence of burnout syndrome among health care workers ranges from 27% to 45% and it is usually associated with the depression, suicide, marital problems and professional dysfunction amongst health care workers. Large part of society including nurses suffer from burnout syndrome (Ribeiro et al. 2014)

According to the literatures, the burnout among healthcare professionals may occur as a result of a variety of reasons including, disparity between what the person gives and receives in the workplace, organizational issues, emotional and physical intensity of nursing care, stress in work-place, continues exhaustion, inadequate physical working conditions, rotational work schedules that disrupt social and family relationships, Unsafe working environment, being exposed to the clients psychological, socioeconomic and physical problems, understaffing, lack of resources, inadequate salaries, inadequate security (Abdo et al. 2015).

1.2 Research Question

What is the major attributes for burnout among the nurses inDelhi ,NCR for designing the future strategies.

1.3 Objective

General Objective:

To assess the prevalence of Burnout Syndrome among nurses in Delhi NCR.

Specific Objectives:

- Determine the proportion of nurses experiencing Burnout Syndrome.
- Identify risk factors associated with Burnout Syndrome (e.g., workload, job satisfaction, work environment).
- Investigate whether Burnout Syndrome rates differ across nursing specialties.
- Examine variations in Burnout Syndrome prevalence based on demographic characteristics (e.g., age, gender, years of experience).

- Provide insights to guide targeted interventions aimed at reducing Burnout Syndrome among nurses.

PROBLEM STATEMENT

A descriptive study to assess the prevalence of Burnout Syndrome among nurses.

RESEARCH QUESTION

"What is the prevalence of Burnout Syndrome among nurses in a specific healthcare setting?"

AIM & OBJECTIVES

AIM:-The aim of this study is to assess the prevalence of Burnout Syndrome among nurses within a specific healthcare setting. By investigating the frequency and distribution of Burnout Syndrome, the study aims to identify risk factors, analyse variations across nursing specialties and demographics, and inform targeted interventions to mitigate Burnout Syndrome among nurses.

Objectives:-

General Objective:

To assess the prevalence of Burnout Syndrome among nurses within a specific healthcare setting.

Specific Objectives:

Objective 1: Determine the proportion of nurses experiencing Burnout Syndrome.

Objective 2: Identify risk factors associated with Burnout Syndrome (e.g., workload, job satisfaction, work environment).

Objective 3: Investigate whether Burnout Syndrome rates differ across nursing specialties.

Objective 4: Examine variations in Burnout Syndrome prevalence based on demographic characteristics (e.g., age, gender, years of experience).

Objective 5: Provide insights to guide targeted interventions aimed at reducing Burnout Syndrome among nurses.

ASSUMPTIONS

The study assumes that: -

1. stressful work environment increases prevalence of Burnout syndrome
2. The study subjects will honestly and sincerely respond to the questionnaires.

OPERATIONAL DEFINITION

Burnout: exhaustion psychological exhaustion and diminished efficiency resulting from overwork or prolonged exposure to stress

Staff Nurses: A nurse with a minimum qualification of GNM/B.SC nursing who came for interview in fortis hospital, Manesar.

METHODOLOGY

- **RESEARCH APPROACH**-Quantitative research approach
- **RESEARCH DESIGN**: A non-experimental survey design was adopted to assess the prevalence of burnout syndrome among the staff nurses .
- **VARIABLES UNDER STUDY**- Prevalence
- **POPULATION**: Staff Nurses who came for interview in fortis hospital, manesar .
- **Sample and Sample size**: -

  The sample of the study comprised of 291

  Sampling Technique: - Convenient sampling technique.

INCLUSION CRITERIA

- Nurses who are doing shift duty
- Willing to participate

Variables

Attributes: - Age , Marital status , Professional qualification , Area of job, Total clinical experience in years.

Independent variables: - Work environment (Involvement ,Peer cohesion, Management support ,Autonomy, Task orientation, work pressure ,Clarity ,Control , Innovation ,Physical comfort).

Tool and Technique used in data collection

Data Collection Tool	Technique
Socio demographic variables	Self report
Mashlach Inventory	Self report

SECTION 3:- DATA ANALYSIS AND INTERPRETATION

3.1Frequency distribution of study subjects according to Age ,Marital status, professional qualification, Area of job, and Total clinical experience

Demographic variables	Frequency(%)
1.Age	
a) Less than 35 years	225(77.3%)
b) Above 35to 40 years	56(19.2%)
c) Above 40 to 45 years	10(3.4%)
d) Above 45 years	0
2.Marital status	
a) married	108(37.1%)
b) Unmarried	183(62.8%)
c)Widow	0
d)Divorced	0
e)Separated	0

Table shows that 77% of the respondents fell in less than 35 years age group.19.2% belonged to the group above 35 to 40 years.3.4% of the sample has attained the age above 40 to 45 years.

In classification of the sample, another criteria that was considered marital status of the sample. five groups were classified as group I married ,group II unmarried, group III widow, group IV divorced, and group V is separated.62.8% of the sample in this classification fell in group II that were unmarried,37.1% were in group I that was married. There was no fell in group III (widow), group IV (divorced) and group V (separated).

In case of professional qualification, the minimum eligibility for being a staff nurse BSC. Nursing/Post Basic Nursing that is 45.7%.and whereas the maximum

eligibility for being a staff nurse is diploma in general Nursing and midwifery (GNM) that is 54.2%.

Another important demographic factor has considered in the present study that was area of job in which the respondent were presently working. Eleven classes were identified in this classification. 16.1% of the respondent were serving in surgery ,13% o the respondent were serving in medicine, 12 % of the respondent were serving in any other,10.6% of the respondent were serving in Paediatrisc, 10.9% of the respondent were serving in maternity,9.9% of the respondent were serving in ICU, 8.5% of the respondent were serving in emergency, 5.2 % of the respondent were serving in ortho,5.1% of the respondent were serving in Onco, 4.8% of the respondent were serving in psychiatric, and 4.1% of the respondent were serving in emergency.

In case of clinical experience, 48.4% respondent included in the sample having 0-2 years of experience, 25.4% respondent include in the sample having 2-4 years of experience, 22.3% respondent included in the sample having 4-10 years of experience, 2.4% respondent included in the sample having above 17-25 years of experience, whereas 1.37 % respondent included in the sample having above 10-17 years of experience.

Fig . 1

Bar graph showing the frequency and percentage distribution of age among nurses

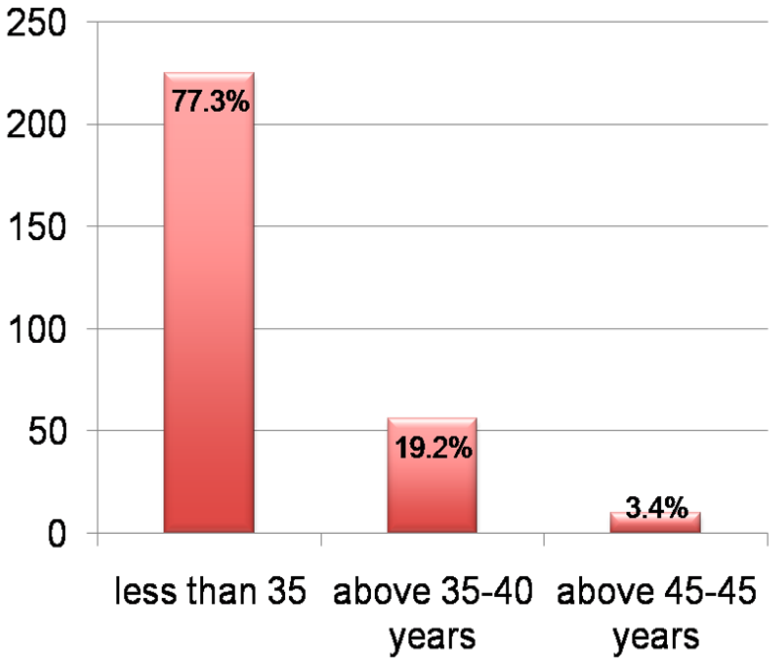


Fig 2

Bar graph showing frequency and percentage distribution of marital status among nurses.

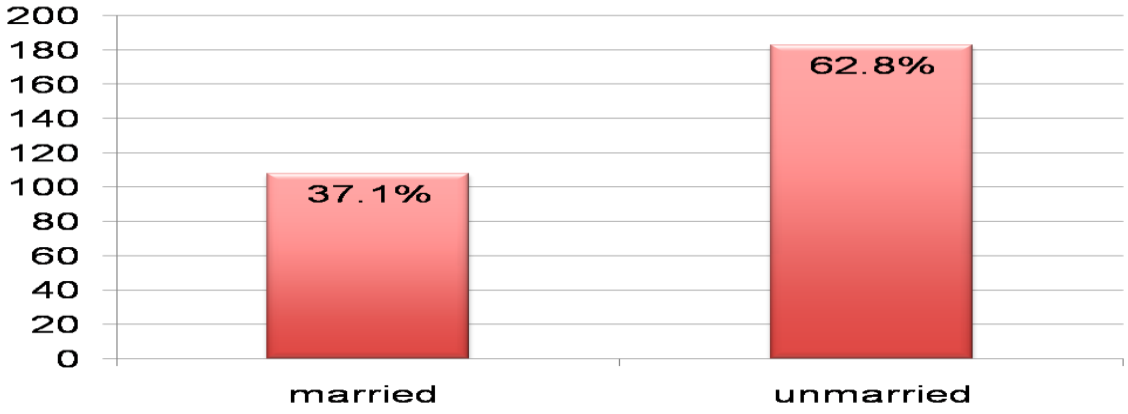


Fig 3

Bar graph showing frequency and percentage distribution of professional qualification among nurses

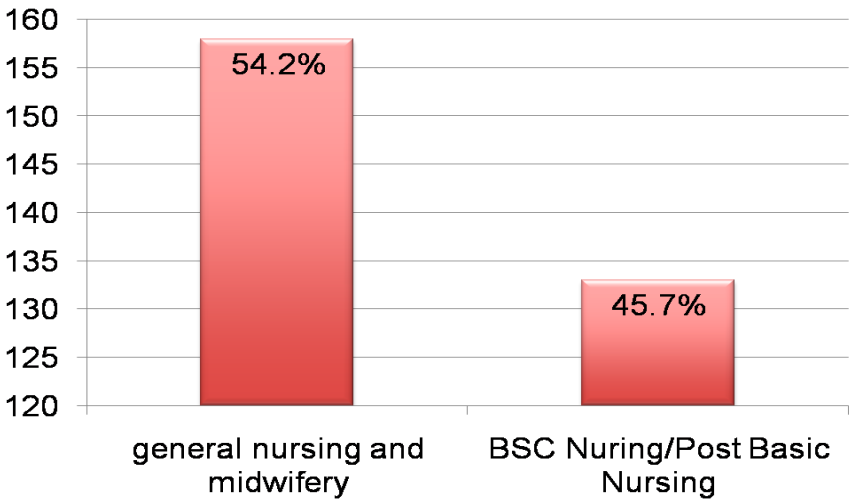


Fig 4

Bar graph showing frequency and percentage distribution of area of job among nurses

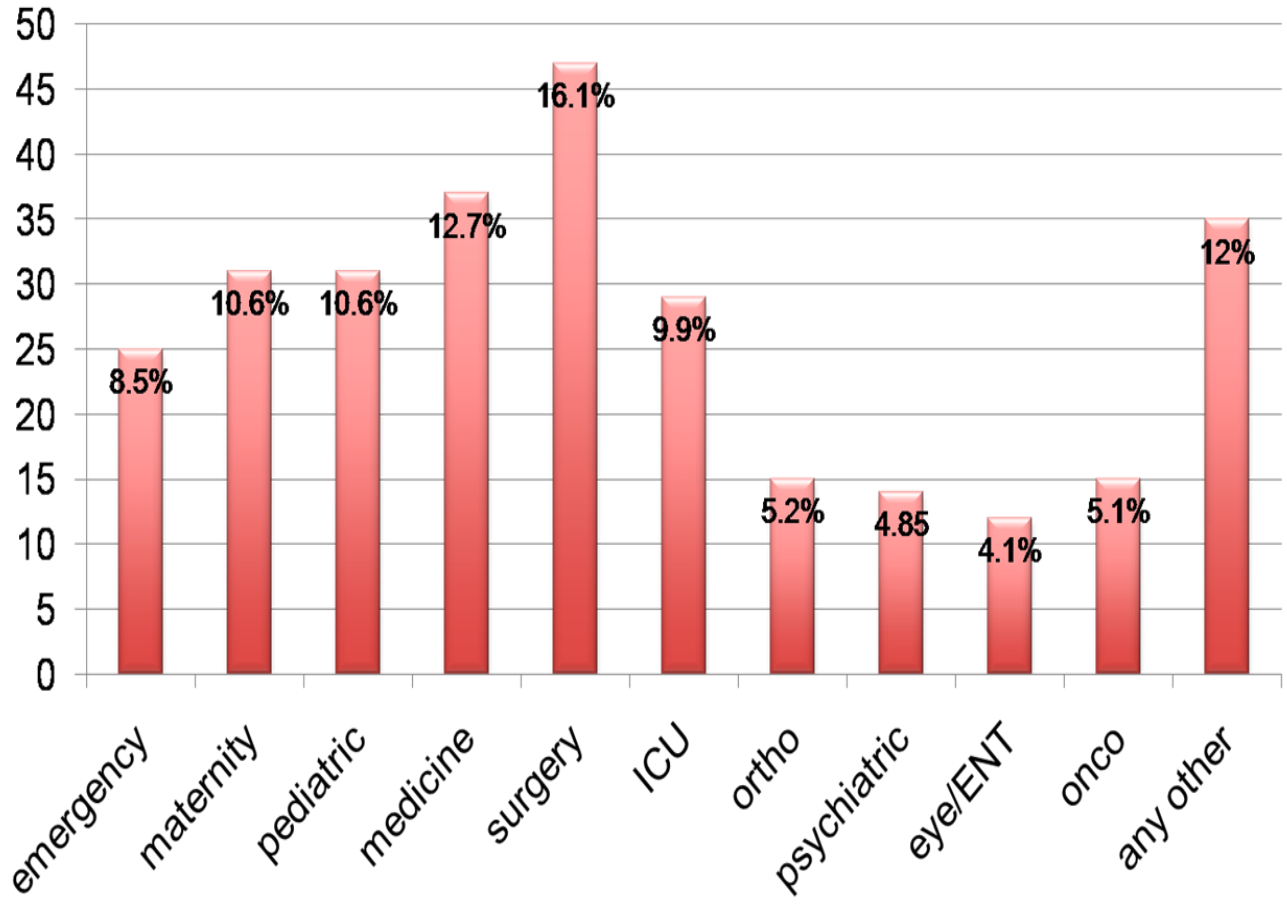
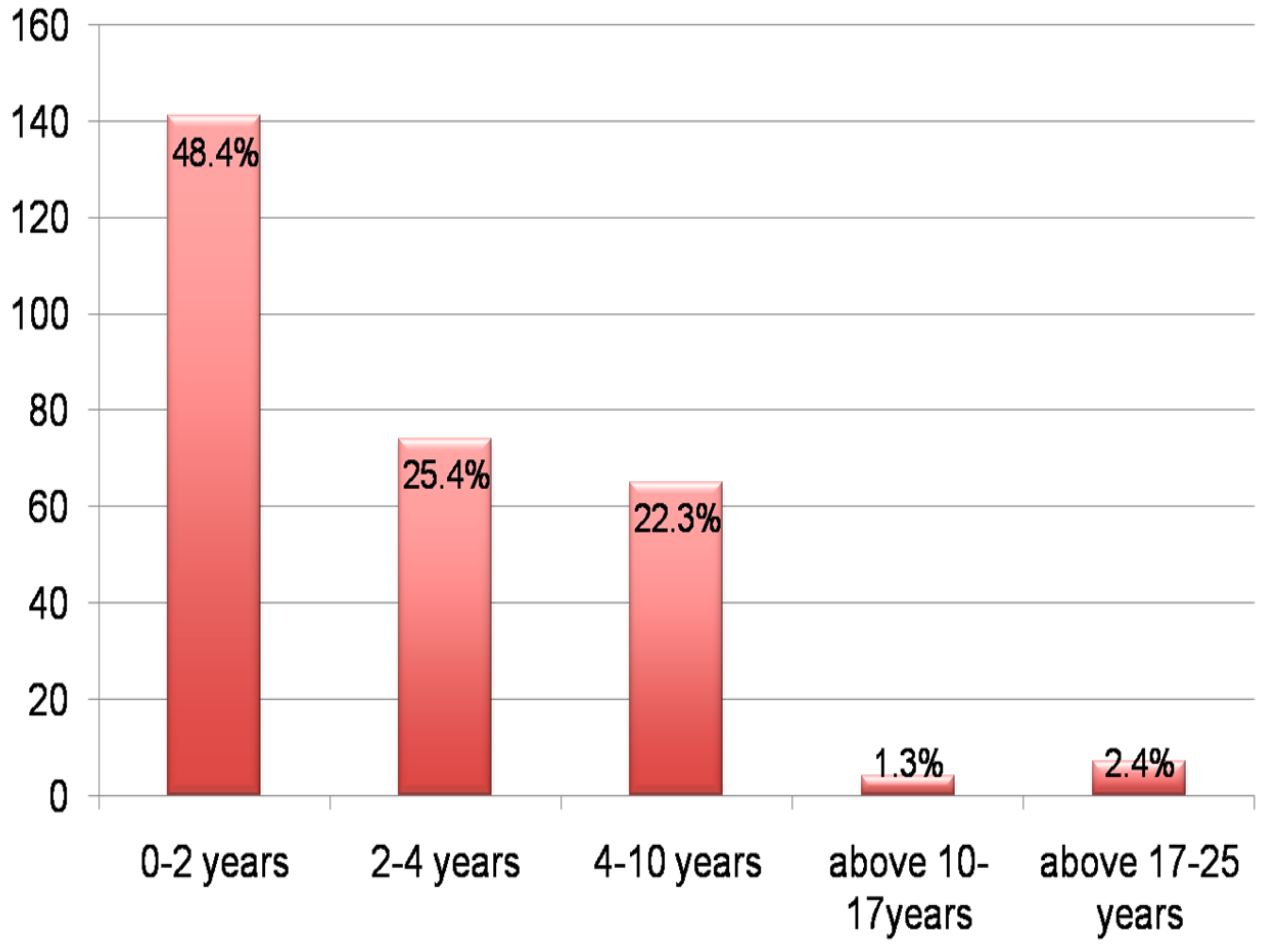


Fig 5

Bar graph showing frequency and percentage distribution of total clinical experience among nurses



SECTION II

ASSESMENT OF PREVALANCE OF BURNOUT SYNDROME ACCORDING TO CATEGORIZATION OF MASLACH BURNOUT INVENTORY SCORES.

To access the prevalence of burnout syndrome among staff nurses, frequency and percentage distribution of study subjects according to categorization of MBI scores were analyzed and value are shown in table.

Dimension of burnout	Categories	Range	Frequency
Emotional exhaustion		Upto 54	
	Low	< 17	65
	Average	17-26	74
	High	>26	152
Depersonalization		Upto 30	
	Low	<7	47
	Average	7-12	74
	High	>12	170
Reduced personal accomplishment		Upto 48	
	Low	>38	36
	Average	38-32	173
	High	<32	82
Burnout		Upto 84	
	Low	<34	96
	Average	34-54	147
	High	>54	48

Table 4 shows that according to categorization of maslach burnout inventory scores, 152 study subjects experience high level of emotional exhaustion,74 had average and 65 had low level of emotional exhaustion.

In case of depersonalization, 170 study subjects were having high level, 74were with average and 47 with low level of depersonalization.

The distribution made on the basis of reduced personal accomplishment 173 study subjects experienced average, 82 with high and 36 with low level of reduced personal accomplishment.

In case of burnout 147 study subjects were categorized in average, 96 study in low 48 with high level of burnout.

TABLE:-3

Dimensions of burnout	Mean +_ SD	Median	Range
Emotional exhaustion	**27.66 +_9.775**	**28**	**4-52**

Depersonalization	**15.12+_5.358**	**15**	**0-30**
Reduce personal Accomplishment	**28.49+_8.128**	**27**	**7-48**
Burnout	**41.66+_14.658**	**42**	**8-82**

To access the prevalence of burnout syndrome, an analysis of mean of burnout and various dimensions of burnout were computed and values are shown in the tables.

Table 3 shows that three dimensions of burnout, taken into considerations, classified by C.Maslach(1986) were as emotional exhaustion , depersonalization and reduced personnel accomplishment. For the analysis of mean score of burnout and its three dimensions, the Maslach burnout inventory (MBI) score was computed.

The mean of the total sample (N=291) in case of burnout calculated s 41.66.the mean score of emotional exhaustion is 27.66, median is 28, range is 4-52 and standard deviation is 9.775.the mean score of depersonalization is 15.12, median is 15, range is 0-30 and SD is 5.358.the mean score of reduced personnel accomplishment is 28.49, median is 27, range is 7-48 and SD is 8.128.

Table 4

Chi square showing association of prevalence burnout syndrome with selected sample characteristics.

N= 291

Sr.NO	Sample characteristics	Low	Average	High	Chi square	df	P value
1	Age						
	a) Less than 35 years	53	5	167			
	b) Above 35-40 years	2	18	36	18.8	4	0.02*
	c) Above 40-45 years	3	3	4			
2	Marital status						
	a) Married	14	33	61	22.8	16	0.01*
	b) Unmarried	31	56	96			
3	Professional qualification						
	a)General nursing and midwifery	35	39	84	28.8	1	0.0***

	b) BSC .Nursing/post basic nursing	32	45	56			
4	Area of job						
	a) Emergency	9	5	11			
	b) Maternity	5	6	20	183.4	20	0.03*
	c)Pediatric	5	9	17			
	d) Medicine	7	8	22			
	e)Surgery	21	10	11			
	f) ICU	20	11	16			
	g) Ortho	9	8	12			
	h) Psychiatric	5	4	6			
	i) Eye ENT	4	3	7			
	j) Onco	3	3	9			
	k) Mislaneous	3	3	9			
5	Total clinical experience						
	a)0-2 years	40	39	62			
	b)2-4 years	19	21	34	54.8	16	0.01*

	c) 4-10 years	**20**	**25**	**20**			
	d)Above 10-17 years	**1**	**2**	**1**			
	e) Above 17-25 years	**2**	**2**	**3**			

Table 4 shows that p value is 0.02 *statistically significant and there is association between age and prevalence o burnout syndrome and chi square of age is 18.8, p valve is 0.01* statistically significant and there is association between marital status and prevalence of burnout syndrome and chi square is 22.8,p value is 0.00*** statistically significant and there is association between professional qualification and prevalence of burnout syndrome and chi square is 28.8, p value is 0.03* statistically significant and there is association between area of job and prevalence of burnout syndrome and chi square is 183.4, and P value is 0.01* statistically significant and there is association between total clinical experience and prevalence of burnout syndrome and chi square is 54.8.

Table 5

Item wise frequency distribution of nurses regarding total burnout syndrome among nurses

Sr. no.	**ITEMS**	**Never (0) f(%)**	**A few times a year or less (1) f(%)**	**Once a month or less(2) f(%)**	**A few times a month (3) f(%)**	**Once a weak (4) f(%)**	**A few times weak (5) f(%)**	**Every day (6) f(%)**

1	I feel emotionally drained from my work.	42(14.4)	43(1)	36(12.3)	54(18.5)	38(13)	47(16.1)	31(10.6)
2	I feel used up (exhausted) at the end of the workday.	37(12.1)	39(13.4)	40(13.7)	63(21.6)	50(17.1)	31(10.6)	31(10.6)
3	I feel fatigued when I get up early in the morning and to face another day on the job.	67(23)	38(13)	40(13.7)	43(14.7)	45(15.4)	35(12)	23(7.9)
4	I can easily understand, how people I work with, feel	17(5.8)	28(9.6)	48(16.4)	43(14.7)	47(16.1)	52(17.8)	56(19)

	about things.							
5	I feel I treat some people in an impersonal manner.	38(13)	36(12.6)	54(18.5)	60(20.6)	57(19.5)	22(7.5)	24(8.24)
6	Working with people all day is really a strain for me.	37(12.7)	46(15.8)	45(15.4)	52(17.8)	57(19.5)	37(12.7)	17(5.8)
7	I deal very effectively with problems people bring me at work.	5(1.7)	29(9.9)	45(15.4)	67(23)	53(18.2)	45(15.4)	47(16)
8	Ii feel burned	30(10.3)	44(15.1)	39(14.9)	43(14.7)	63(21.6)	46(15.8)	26(8.9)

	out from my work.							
9	I feel I am making a different and influencing in other people's lives through my work.	16(5.4)	30(10.3)	59(20)	64(21.9)	48(16.4)	37(12.7)	37(12.7)
10	I have become mere callous towards people since I took this job.	30(10.3)	37(12.7)	42(14.3)	56(19.24)	71(24.39)	28(9.6)	27(9.27)
11	I worry that this job is hardening me emotionally.	31(10.6)	38(13)	45(15.4)	63(21.6)	57(19.5)	40(13.7)	17(5.8)
12	I feel very energetic	2(0.6)	14(4.8)	42(14.4)	53(18.2)	74(25.4)	47(16.1)	59(20.2)

13	I feel frustrated by my job.	20(6.8)	45(15.4)	44(15.1)	61(20.9)	64(21)	44(15.1)	13(2.4)
14	I feel I'm working too hard on my job.	8(2.7)	24(8.2)	42(14.4)	61(20.9)	56(19.2)	46(15.8)	54(18.5)
15	I don't really care what happens to some people I encounter at work.	16(5.4)	32(10.9)	55(18.9)	48(16.4)	62(21.3)	50(17.1)	28(9.6)
16	Working with people directly puts too much stress on me.	21(7.2)	34(11.6)	46(15.8)	59(20.2)	64(21.9)	42(14.4)	25(8.5)
17	I can easily create a relaxed atmosphere with people	2(0.6)	16(5.4)	37(12.7)	66(22.6)	57(19.5)	60(20.6)	53(18.2)

	closely at work.							
18	**I feel exhilarated after working with people closely on my job.**	**2(0.6)**	**23(7.9)**	**47(16.1)**	**58(19.9)**	**59(20.2)**	**60(20.6)**	**42(14.4)**
19	**I have accomplished many worthwhile things in this job.**	**6(2)**	**29(9.9)**	**44(15.1)**	**65(22.3)**	**62(21.3)**	**54(18.5)**	**31(10.6)**
20	**In my work, I deal with emotional problems very calmly.**	**5(1.7)**	**12(4.1)**	**41(14)**	**68(23.3)**	**74(25.4)**	**52(17.8)**	**40(13.7)**
21	**I feel like I'm at the end of my rope.**	**18(6.1)**	**40(13.7)**	**51(17.5)**	**51(17.5)**	**73(25)**	**31(10.6)**	**27(9.2)**
22	**I feel others at work**	**17(5.8)**	**43(14.7)**	**39(13.4)**	**63(21.6)**	**63(21.6)**	**38(13)**	**28(9.6)**

	blame me for some of their problems.							

Table 5 shows that item wise analysis majority of the nurses i.e. 18.5% were emotionally drained from their work few times a month, maximum (21.65) nurses were feel exhausted at the end of the work day. Most 23% feel fatigued when get up early in the morning and to face another day of the job. majority 19% can easily understand how people I work with feel about things. majority 20.6% were feel I treat some people in an impersonal manner. most 19.5% were feel working with people all day is really a strain for me. Majority 23% were deal very effectively with problem people bring me at work. maximum 21.6% were feel burnout from their work. maximum 21.9% were feel they making a different and influencing in other people lives to their work. Majority 24.3% feel they have become more callous towards people thing they took this job. most 21.6% were feel worry that this job is hardening us emotionally. Most 22.2% were they feel very energetic. Maximum 21% were they feel frustrated by their job. Majority 20.9% were they feel they are working too much hard on their job. Maximum 21.3% were feel they don't really care what happen to some people they encounter at work. Maximum 21.9% they feel working with people directly puts too much stress on us. Majority 22.6% feel they can easily create a relaxed atmosphere with people closely at work. Maximum 20.6% they feel exhilarated after working with people closely on my job. majority 22.3% they have accomplished many worthwhile things in this job. Majority 23.3% deal with emotional problems very calmly. majority 25% they feel like I'm at the end of my rope. Majority 21.6% they feel other at work blame me for some of their problems.

SECTION :-4 RECOMMENDATION AND CONCLUSION

4.1:-RECOMMENDATION

Recommendation	Objective	Actions
Enforce Mandatory Staffing Ratios	Prevent excessive workloads	- Determine optimal nurse-to-patient ratios.
		- Adjust staffing levels accordingly.
Offer 24/7 Mental Health Support	Provide emotional and psychological support	- Establish a 24/7 counseling hotline.
		- Create peer support groups.
Introduce Flexible Scheduling	Enhance work-life balance	- Implement flexible scheduling policies.
		- Ensure adequate rest periods between shifts.
Enhance Recognition Programs	Acknowledge efforts and promote career growth	- Develop regular recognition and reward programs.
		- Offer continuing education and career advancement opportunities.
Conduct Regular Burnout Surveys	Monitor and address burnout proactively	- Conduct periodic burnout surveys.
		- Analyze feedback and implement changes based on results.

4.2:-CONCLUSION

- Maximum numbers of subjects, 77.3% were in the age group of less than 35 years.
- In case of professional qualification maximum subjects (54.2%)were with general Nursing and midwifery.
- Regarding area of job 16.1% were working in surgery ward .
- As regard to total clinical experience maximum subjects, 48.4% had 0-2 years experience
- According to MBI scale ,the rate of burnout among staff nurses was on average side.

REFERENCES:-

1. Journals and Research Articles

- Maslach, C., & Jackson, S. E. (1981). The measurement of experienced burnout. Journal of Organizational Behavior, 2(2), 99–113.

(Introduced the Maslach Burnout Inventory (MBI), a widely used tool for measuring burnout.)

- Schaufeli, W. B., Leiter, M. P., & Maslach, C. (2009). Burnout: 35 years of research and practice. Career Development International, 14(3), 204–220.

(Offers a comprehensive review of burnout research and its applications in healthcare.)

- Alenezi, A. M., Aboshaiqah, A. E., & Baker, O. G. (2018). Work-related stress among nursing staff working in government hospitals and primary health care centres. International Journal of Nursing Practice, 24(6), e12676.

(Discusses the factors contributing to burnout among nurses in hospital settings.)

- Dall'Ora, C., Griffiths, P., Ball, J., Simon, M., & Aiken, L. H. (2015). Association of 12-hour shifts and nurses' job satisfaction, burnout, and intention to leave: Findings from a cross-sectional study of 12 European countries. BMJ Open, 5(9), e008331.

- Explores the impact of long shifts on burnout among nurses.

2. Books

- Maslach, C., & Leiter, M. P. (2016). Burnout: A multidimensional perspective. New York: Taylor & Francis.
- Examines the causes and prevention of burnout with a focus on healthcare professions.
- Happell, B., Dwyer, T., Reid-Searl, K., Burke, K. J., & Caperchione, C. (2013). Nurses and stress: Burnout prevention through self-care and mindfulness. Springer Publishing.
- Discusses strategies for reducing burnout through mindfulness and self-care techniques.

3. Relevant Tools

- Maslach Burnout Inventory (MBI):
- The gold standard tool for measuring burnout, especially in healthcare settings.
- Copenhagen Burnout Inventory (CBI):
- Focuses on measuring personal, work-related, and client-related burnout, often used in nursing studies.

4. Global and National Reports

- WHO (2022): Health workforce stress and the burnout crisis.
- Provides insights into the global state of healthcare worker burnout.
- Indian Nursing Council (2020): Burnout levels in Indian nurses: A national overview.
- Explores burnout trends among nurses in India.

5. Additional References for Related Studies

- Aiken, L. H., Clarke, S. P., Sloane, D. M., et al. (2002). Hospital nurse staffing and patient mortality, nurse burnout, and job dissatisfaction. JAMA, 288(16), 1987–1993.
- Highlights the relationship between staffing levels and nurse burnout.

- Poghosyan, L., Clarke, S. P., Finlayson, M., & Aiken, L. H. (2010). Nurse burnout and quality of care: Cross-national investigation in Japan, New Zealand, and the USA. International Journal of Nursing Studies, 47(7), 808–815.

ANNEXURES

- **SELECETD SAMPLE CHRACTERISTICS**

1.Age:

1.1 Less than 35 years

1.2 Above 35-40years

1.3 Above 40-45 years

2. Marital status

2.1 Married

2.2 Unmarried

3.Professional qualification

3.1 General nursing and midwifery

3.2 B.Sc. Nursing/ Post Basic B.Sc. Nursing

4. Area of job

4.1 Emergency

4.2 Maternity

4.3 Paediatric

4.4 Medicine

4.5 Surgery

4.6 ICU

4.7 Ortho

4.8 Psychiatric

4.9 Eye ENT

4.10 Oncology

4.11 Any other (Gastrology ward, Urology ward and Neurology ward)

5. Total Clinical Experience

5.1 0-2 years

5.2 2-4 years

5.3 4-10 years

5.4 10-17 years

5.6 Above 17- 25 years

- **STUDY TOOL**

(FOR STAFF NURSES)

(HOW DO YOU FEEL? INVENTORY)

There are 22 statements of job-related feeling. Please read each statement carefully and decide if you ever feel this way about your job.

If you have never had this feeling, encircle 0 (zero) out of given digits with statement.

If you have had these feelings, indicate how often you feel it by encircling number (from 1-6) that best describes how frequently you feel that way.

An example is show below.

How often:

0 Never

1 A few times a year or less

2 once a month or less

3 A few times a month

4 once a week

5 A few times weak

6 Every day

Statement

I feel depressed at work.

How often (0-6)

0 1 2 3 4 5 6

If you feel depressed at work, you will encircle the number"0" (zero) under the healing "How often".

If you rarely feel depressed at work (A few times a year or less), you will encircle the number “1” (one).

Your feelings of depression are frequent (a few times a week but not daily) you would encircle number “5” (five).

1. If feel emotionally drained (exhaust) from my work.

0 1 2 3 4 5 6

2. I feel used up (exhausted) at the end of the workday.

0 1 2 3 4 5 6

(How often)

3. I feel fatigued when I get up early in the morning and have to face another day on the job.

0 1 2 3 4 5 6

4. I can easily understand, how people I work with, feel about things.

0 1 2 3 4 5 6

5. I feel I treat some people in an impersonal (not involving human feelings) manner.

0 1 2 3 4 5 6

6. Working with people all day is really a strain for me.

0 1 2 3 4 5 6

7. I deal very effectively with problems people bring me at work.

0 1 2 3 4 5 6

8. I feel burned out (exhausted and ruins health) from my work.

0 1 2 3 4 5 6

9. I feel I am making a difference and influencing in other people's lives through my work.

0 1 2 3 4 5 6

10. I have become more callous (hard-hearted or unsympathetic) towards people since I took this job.

0 1 2 3 4 5 6

11. I worry that this job is hardening me emotionally.

0 1 2 3 4 5 6

12. I feel very energetic.

0 1 2 3 4 5

13. I feel frustrated by my job.

0 1 2 3 4 5 6

14. I feel I'm working too hard on my job.

0 1 2 3 4 5 6

15. I don't really care what happens to some people encounter (meet) at work.

0 1 2 3 4 5 6

16. Working with people directly puts too much stress on me.

0 1 2 3 4 5 6

17. I can easily create a relaxed atmosphere with people closely at work.

0 1 2 3 4 5 6

18. I feel exhilarated (cheered or excited) after working with people closely on my job.

0 1 2 3 4 5 6

19. I have accomplished many worthwhile things in this job.

0 1 2 3 4 5 6

20. In my work, I deal with emotional problems very calmly.

0 1 2 3 4 5 6

21. I feel like I'm at the end of my rope (Over stretched).

0 1 2 3 4 5 6

22. I feel others at work blame me for some of their problems.

0 1 2 3 4 5 6

Study subjects according to categorization of MBI scores

Dimensions Of Burnout	Low	Average	High
Emotional exhaustion score (0-54)	<17	17-26	>26
Depersonalization score (0-30)	<7	7-12	>12
Reduced Personal Accomplishment score (0-48)	>38	38-32	<32
Burnout Score (up to 84)	<34	34-54	>54

Annexure-2

Consent Form

Greetings!

I am Purnima Sharma , a first-year student at IIHMR, Delhi pursuing Post Graduate Diploma in Health Management Research. I am currently doing research in the area of nursing Burnout. The aim of this study is to assess the prevalence of Burnout Syndrome among nurses within a specific healthcare setting. By investigating the frequency and distribution of Burnout Syndrome, the study aims to identify risk factors, analyse variations across nursing specialties and demographics, and inform targeted interventions to mitigate Burnout Syndrome among nurses.

The survey will take about 5-10 minutes.

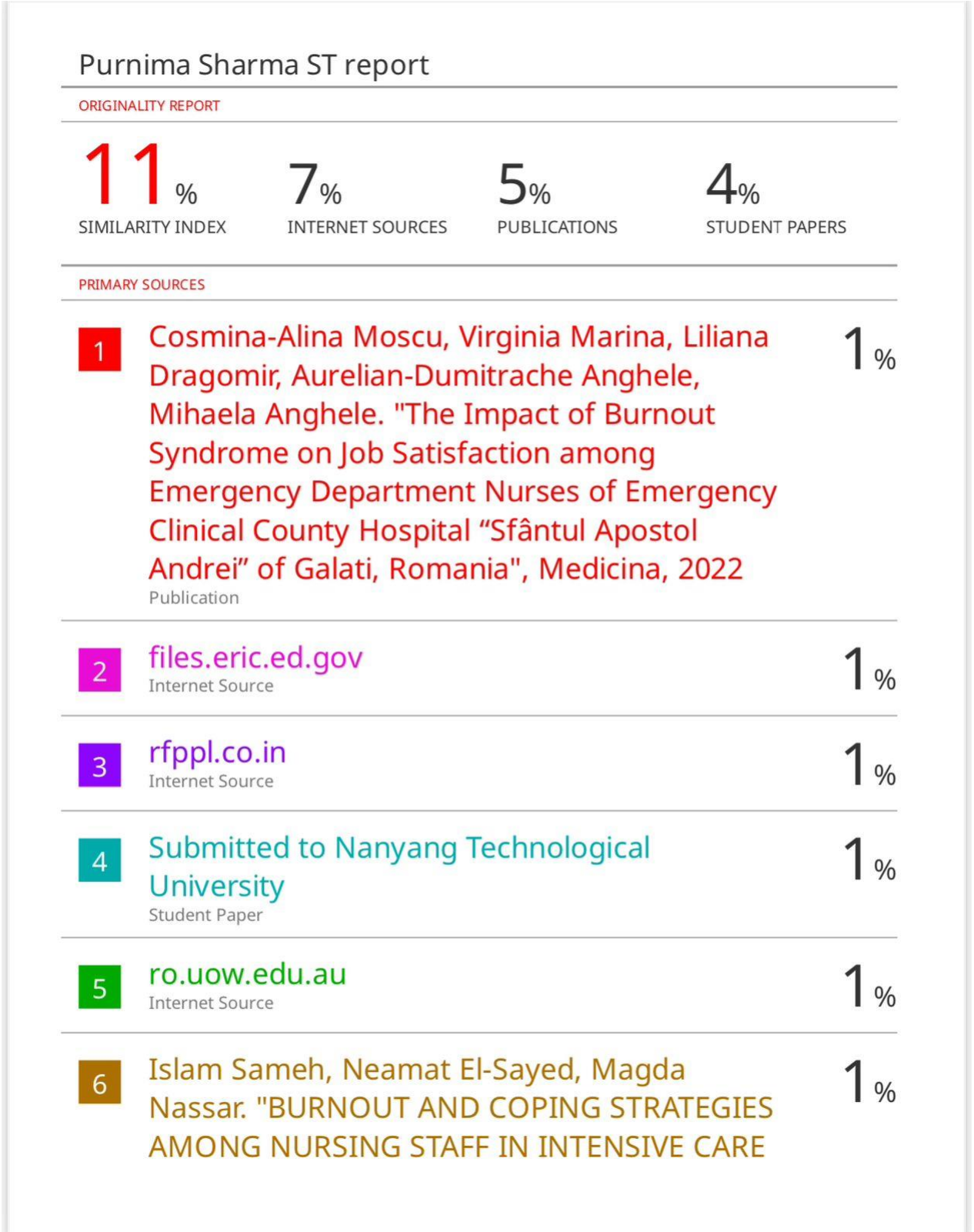
The information you provide is totally confidential and will not be disclosed to anyone. It will only be used for research purposes. I may contact you again only if it is necessary to complete the information on the survey.

If you have any questions about this survey then please feel free to reach out to me at 1998purnimasharma@gmail.com

Do you agree to participate in this survey? By providing this consent indicates that you understand what will be expected of you and are willing to participate in this survey.

I Purnima Sharma certify that I have correctly explained all of the information included in the information sheet to the participant, that I have addressed all questions posed by the

participant, and that she/He has understood the content of the information I shared with them.



Purnima Sharma ST report

ORIGINALITY REPORT

11%	7%	5%	4%
SIMILARITY INDEX	INTERNET SOURCES	PUBLICATIONS	STUDENT PAPERS

PRIMARY SOURCES

1	Cosmina-Alina Moscu, Virginia Marina, Liliana Dragomir, Aurelian-Dumitrache Anghele, Mihaela Anghele. "The Impact of Burnout Syndrome on Job Satisfaction among Emergency Department Nurses of Emergency Clinical County Hospital "Sfântul Apostol Andrei" of Galati, Romania", Medicina, 2022 Publication	1%
2	files.eric.ed.gov Internet Source	1%
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6	Islam Sameh, Neamat El-Sayed, Magda Nassar. "BURNOUT AND COPING STRATEGIES AMONG NURSING STAFF IN INTENSIVE CARE	1%