

## **Abstract**

Burnout has been identified and studied extensively as a mental disorder resulting from chronic occupational stress. It is defined as a syndrome of emotional exhaustion (EE), depersonalization (DP) and a sense of low personal accomplishment (PA) which is a result of prolonged response to chronic emotional and interpersonal stressors on the job. Burnout leads to adverse health outcomes like common infections, depression and distress, negative job attitudes, job dissatisfaction and impaired organizational behaviour like absenteeism, job turnover and poor performance. Health care workers and particularly nurses are identified as an occupational group who is at high risk of burnout due to their intense involvement with people. There is limited information about burnout in health care workers in Sri Lanka.

The objectives of this study were to determine the prevalence and correlates of burnout among nursing officers employed in the government teaching hospitals in Colombo and to describe the association between burnout and nursing performance. In order to determine the prevalence of burnout and to assess nursing performance, the Maslach Burnout Inventory-Human Services Survey (MBI-HSS) and the Six Dimension Scale of Nursing Performance (6D Scale) were validated to the Sri Lankan context for the target group.

The MBI-HSS was translated to Sinhala language. The translated MBI-HSS was used as a self administered questionnaire and validated in a random sample of 191 nursing officers from the North Colombo Teaching Hospital by establishing content validity, construct validity and criterion validity. The Six Dimension Scale of Nursing Performance was validated and was utilized to assess nursing performance. The modified Sinhala version of the Maslach Burnout

Inventory-Human Services Survey was identified to be a valid and reliable instrument to measure overall burnout and the three dimensions of burnout. The validated cut-off point for the total score of the MBI was 32.0. At this cut off point the total score had a sensitivity of 93.3% and a specificity of 87.7%. The cut off points for the three subscales EE, DP and PA were also determined.

The prevalence study was conducted in a stratified cluster sample of 1396 nursing officers employed in six teaching hospitals in Colombo. The study instrument comprised of the validated MBI-HSS and a self-administered questionnaire to assess socio-demographic information and correlates of burnout. The overall response rate was 90.4%. The adjusted prevalence of overall burnout determined using the validated cut-off point was 26.3% (95% CI 24.0 – 28.7). The adjusted prevalence of EE, DP and PA were 24.9% (95% CI 22.6 – 27.2), 16.7% (95% CI 14.5% - 18.4%) and 30.7% (95% CI 28.3% - 33.3%) respectively.

The correlates of burnout identified through multivariate analysis were mainly related to worklife of the nursing officers. Of the work life correlates, the multivariate analysis identified less nursing experience (OR=6.5, 95% CI 2.4-17.9), work settings like operating theatres (OR=7.4, 95% CI 2.7-19.8), ICUs (OR=6.3, 95% CI 2.5-15.6) and paediatric wards (OR=8.2, 95% CI 3.1-21.5), poor cleanliness of the work place (OR=1.9, 95% CI 1.03-3.4), poor planning of work in the unit (OR=2.7, 95% CI 1.2-5.9), working two shifts in a row thrice or more in a week (OR=3.4, 95% CI 1.4-8.04), perceived difficulty of shift work (OR=4.3, 95% CI 2.4-7.7), high quantitative workload (OR=3.7, 95% CI 2.1-6.7), experiencing work-family conflict (OR=3.3, 95% CI 1.6-6.9), poor performance feedback (OR=1.9, 95% CI 1.04-3.5), low task clarity

(OR=5.7, 95% CI 2.3-14.4), low task variety, (OR=2.0, 95% CI 1.4-3.1) poor support from supervisors (OR=5.6, 95% CI 2.5-12.8), poor satisfaction with salary (OR=2.3, 95% CI 1.4-3.8) and poor overall job satisfaction (OR=3.2, 95% CI 1.4-7.5) as the main areas significantly correlating with the burnout of nursing officers. Of the personal and family life correlates, only monthly income less than Rs. 25,000 (OR=2.2, 95% CI 1.4-3.6) was a significant correlate of burnout in the multivariate analysis although several variables were associated significantly with burnout in the univariate analysis.

The association between burnout and nursing performance was assessed in a subsample of 296 nursing officers selected randomly from the total 1396 nursing officers selected for the prevalence study. Overall nursing performance and the nursing performance as assessed by the six domains of the modified 6D Scale - education, planning, leadership, critical care, interpersonal relations and professional development, showed significant moderate correlations ranging from 0.31 to 0.54 with the burnout scores of the nursing officers. The three burnout variables accounted for 28.8% of the variance of overall nursing performance. In the multivariate analysis, emotional exhaustion ( $\beta = -0.092$ ), personal accomplishment ( $\beta = 0.064$ ), work demands ( $\beta = -0.097$ ), work resources ( $\beta = 0.198$ ) and work support ( $\beta = 0.194$ ) were correlated with overall nursing performance.

It is concluded that burnout is an important occupational health problem among the Sri Lankan nursing officers employed in government teaching hospitals. Majority of the correlates of burnout are related to the worklife of the nursing officers. The nursing performance was found to be negatively correlated with high emotional exhaustion and low personal accomplishment.