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Health Issues and Organisational Commitment Due to Job Burnout Syndrome among Women Nurses in Mutli-Speciality Hospitals at Salem, Tamil Nadu

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Abstract

Nurses may work long hours like doctors, and may work more irregular hours. Nursing is a profession with the highest burnout prevalence rates and has a negative impact for the organization. The aim of this study is to bring out the job burnout syndrome and its impact on health issues and organisational commitment among women nurses in the select multi-speciality hospitals at Salem city. The recent global economic change has affected nursing working conditions in terms of salary reductions, increased workload and staff shortages. Poor nursing working conditions are associated with higher levels of burnout. In order to increase the nurses' performance quality, not only it is important to recognize the burnout syndrome, but also it is necessary to eliminate or at least reduce them. The objectives of the study are to measure the level of job burnout syndrome and organisational commitment of the Women nurses in multi-speciality hospitals at Salem city and to identify the relationship among the variables of the job burnout syndrome and Organizational commitment. The researcher has selected the healthcare industry for the study. In the study industry the researcher has selected the Multi-Speciality Hospitals, which consists of more than 20 departments and also more than 200 beds, which are located in Salem. Total sample size taken is 620 by multi-Stage sampling. It is clear from the study that nurses seemed to be more prone to mental distress reactions in association with rotating shift work. Nurses who worked rotating shifts reported higher levels of mental distress and lower levels of organisational commitment than nurses who worked regular day shifts, although the associations were weak. Systematic investigation tried to identify the causes for the burnouts and also its ramifications. With the newer understanding, hopefully post- Covid 19 shall bring more talents and satisfaction to nursing personnel in the healthcare sector.

Keywords: Organisational Commitment, Multispeciality Hospitals, Health Issues, Women Nurses

Introduction

Nurses not only treat wounds and handle medicine, but also provide emotional support to their patients. Nurses handle many sick people on a daily basis hence they have to avoid the risk of infection. Nurses are usually in charge of handling information and records pertaining to patients and help with testing and lab work. They can also teach patients how to care for themselves. Some nurses can specialize like doctors, and focus on children, surgery or intensive care. Some others do office work. Nurses may also work long hours like doctors, and may work more irregular hours. Burnout occurs at the individual level. It involves feelings, motives, attitudes and expectations. In Multi-speciality hospitals the patients represent a wide range of higher socio-economic conditions, requiring different types of nursing care and demands, which exposed the nurses to different sources of stress. The study proposes to bring out the health issues and organisational commitment due to burnout syndrome among women nurses in multi-speciality hospitals in Salem, Tamil Nadu.

Aim of the Study

In India, the health problems are enormous and resources are sparse. Nurses are important resources in implementing comprehensive health care in the hospital and to the community at individual level. They play the link role between the health system in the hospital and the

community. As a dominant link in the health-care delivery value-chain, nursing professionals play a pivotal role. Therefore, the job-related studies to enhance their well-being and organizational commitments shall definitely pave way forward in taking the health-care delivery. Also, nursing is a profession with the highest burnout prevalence rates and has a negative impact for the organization. The aim of this study is to bring out the job burnout syndrome and its impact on health issues and organisational commitment among women nurses in the select multi-speciality hospitals at Salem city.

Need and Importance of the Study

Nursing encompasses collaborative care of individuals of all ages, families, groups and communities, and sick or well. Nursing includes the promotion of health, prevention of illness, and the delivery of health-care at the hospitals. Nursing is a noble service. It is the service rendered for the peacefulness of the human community. Economic downturns and recession across the globe have led to budget cuts and service reductions in the healthcare sector. Nurses, being the largest professional group in healthcare, are strongly affected by cost reductions. Economic downturns destabilize the nursing labour market with potential negative outcomes, extending beyond the recessionary period. The recent global economic change has affected nursing working conditions in terms of salary reductions, increased workload and staff shortages. Poor nursing working conditions are associated with higher levels of burnout.

Statement of the Problem

Advances in technology and changes in healthcare procedures and delivery in these private hospitals have added new responsibilities to the nurse's traditional role as a caregiver and the patient's advocate. Consequently, it has become imperative to determine scientifically the effect of these factors on individual nurses. By considering the nurses' critical role in protecting the society's health, first their own mental and physical health must be taken into account. In order to increase the nurses' performance quality, not only it is important to recognize the burnout syndrome, but also it is necessary to eliminate or at least reduce them.

Objectives of the Study

1. To study the socio-economic profile of the women nurses in multi-speciality hospitals at Salem city.
2. To measure the level of job burnout syndrome and organisational commitment of the Women nurses in multi-speciality hospitals at Salem city.
3. To identify the relationship among the variables of the job burnout syndrome and organizational commitment.
4. To examine the impact of job burnout syndrome over the organisational commitment.

Research Hypotheses

- There is no significant difference of opinion on the variables of organisational oriented burnouts based on the demographical profile
- There is no significant difference of opinion on the variables of individual oriented burnouts based on the demographical

- There is no significant difference of opinion on the variables of social oriented burnouts based on the demographical profile
- There is no significant difference of opinion on the variables of sources of burnout based on the demographical profile
- There is no significant difference of opinion on the variables of health issues & refreshment based on the demographical profile
- There is no significant difference of opinion on the variables of organisational commitment based on the demographical profile

Review of Literature

The literature regarding the Job Burnout Syndrome and its Impact on Health Issues and Organisational Commitment among Women Nurses have been made and selected reviews are presented here.

Rudraprasad Chakraborty et al., (2012) had examined the internal predictors of burnout in psychiatric nurses: An Indian study. To determine whether there are any internal psychological factors relevant to burnout in psychiatric nurses in India. They recruited 101 psychiatric nurses scoring less than two in General Health Questionnaire, version 12 (GHQ12) from two psychiatric hospitals after obtaining informed consent. All subjects filled up a socio demographic data sheet along with global adjustment scale, emotional maturity scale, PGI general wellbeing scale, locus of control scale, and Copenhagen Burnout Inventory (CBI). Correlations between burnout and socio demographic clinical variables were done by Pearson's r or Spearman's rho. Significant variables were entered in a stepwise multiple linear regression analysis with total burnout score as dependent variable. It showed that age, duration of total period of nursing, prior military training, locus of control, sense of general wellbeing, adjustment capabilities, and emotional maturity had significant relation with burnout. Of them, emotional maturity was the most significant protective factor against burnout along with adjustment capabilities, sense of physical wellbeing, and military training in decreasing significance. Internal locus of control was also correlated with lower burnout.

Natasha et al., (2015) had undertaken a study on Work Related Stress, Burnout, Job Satisfaction and General Health of Nurses. The study is to identify the relationship between work-related stress, burnout, job satisfaction and general health of nurses. A total of 1200 nurses from four hospitals were invited to participate in this cross-sectional study (75% response rate). Participants completed five questionnaires and multiple linear regression analysis was used to determine significant relationships between variables. Staff issues are best associated with burnout as well as job satisfaction. Burnout explained the highest amount of variance in mental health of nurses. These are known to compromise productivity and performance, as well as affect the quality of patient care. Issues, such as security risks in the workplace, affect job satisfaction and health of nurses. Although this is more salient to developing contexts it is important in developing strategies and intervention programs towards improving nurse and patient related outcomes.

Mrinali Tikare (2014) had undertaken a study on An Evaluation of Organizational Commitment of Indian Nursing Staff of Trust/Private Hospitals with Reference to Education. The present study focuses on organizational commitment with reference to the educational level of the nursing professionals. The data have been collected from eight cities, comprising of four zones of India. The study uses a stratified sampling method in which 376 Nursing Staff from 32 hospitals have responded. This study uses the well-known instrument - ACN scale developed by Allen and Meyer (1997). The result of the study confirmed the findings of the earlier studies with the context of hospital organization and nursing staff of India. There is a significant difference in total score of organizational commitment, continuance commitment, and normative commitment. However, the nursing staff across India has similar levels of effective commitment towards the organization. The rationale of the findings has been discussed subsequently. This study suggests that the HR Managers should develop HR 38 Policies in alignment to the demographic factors like education to increase the commitment level of employees.

Sukrita Mukherjee and Ishita Chatterjee (2017) had undertaken a study on Level of Job Satisfaction, Motivation (Intrinsic and Extrinsic) and Organizational Commitment, Of Nurses Working In Public and Private Hospitals. The researcher aimed to understand the level of job satisfaction and organizational commitment of nurses, working in private and government hospitals. The study sample consists of 200 nurses (100 each from private and government hospitals). The ratio was 50-50. The results indicated that the t test value was significant for the domains of Job Satisfaction, Organizational Commitment and Intrinsic Motivation at 0.00 levels, and the value was insignificant for the Extrinsic Motivation at 0.00 levels. Pearson's Product Moment Correlation was also administered and the results indicated that there was a significant correlation between Job Satisfaction and Organizational Commitment of the nurses' working in both public and private sector respectively.

Lima Raj and Manikandan (2018) had examined the influence of organizational commitment and subjective well-being on work engagement of nurses. Nurses are

considered as the backbone of any healthcare system for their honourable unparalleled service. Hence it is one of the basic prerequisites of organizational management of healthcare institutions to monitor and sustain the level of personal and organizational factors that has a direct impact on the quality of performance of nurses. Data was collected from a total of 200 nurses working at both government and private hospitals. Two-way ANOVA was used to examine the interaction effect of subjective well-being and organizational commitment on work engagement. The results revealed that work engagement is being significantly influenced by organizational commitment and subjective well-being of nurses.

The research design used for the study is descriptive, which is concerned about the characteristics of an individual or a group.

Data Collection

The primary data is collected from the respondents through a well-structured questionnaire. The internal consistency of the questionnaire was tested by one of the most commonly used reliability coefficients that is the Cronbach's Alpha coefficient. The calculated overall reliability coefficient has exceeded 0.8 and appears to be consistently high across the entire variables. Secondary data have already been collected by someone and might have passed through some statistical treatment/process.

The researcher has selected the healthcare industry for the study. In the study industry the researcher has selected the Multi-Speciality Hospitals, which consists of more than 25 departments and also more than 250 beds, which are located in Salem.

Sampling Method and Technique: The Researcher has adopted a Multi-Stage Random Sampling. The stages are: • First Stage - In the first stage the researcher has selected the Multi-Speciality Hospital with more than 20 departments and also more than 200 beds. The list of the Multi-Speciality Hospitals and the total number of departments, beds and nurses working in the respective hospitals has been listed in the table • Second Stage - In the second stage the researcher has adopted simple random sampling technique to select the sample size (nurse working in the Multi-Speciality Hospital with more than 20 departments and also more than 200 beds in Salem city).

Table: Sample Size Selection

	Name of the Hospital	Number of Beds	Number of Departments	Total Number of Nurses
1.	SKS Hospitals Limited	460	56	860
2.	Dharan Hospitals Ltd.	432	45	710
3.	Gokulam Speciality Hospitals	354	40	625
4.	Aiswaryam Speciality Hospitals	295	34	510
5.	Manipal Hospitals	484	52	710
6.	Salem Polyclinic	310	30	480
7.	Shanmuga Hospitals Ltd	240	24	410
	Total			4300

Source: Primary Data

Data Analysis

- Frequency Distribution
- Garrett's Ranking Technique
- Measures of Central Tendency and Dispersion (Mean and Standard Deviation)
- Z - Test
- One way Analysis of variance (ANOVA)

Major Findings

- 70.3 percent of the respondents are in the age group between 21 years - 25 years
- 54 percent of the respondents have Diploma in General Nursing and Midwifery (DGNM) as their educational qualification

- The majority of the respondents have 1 year and below as their work experience with 36.8 percent
- The majority of the respondents are full time temporary employee with 70.2 percent
- The majority of the respondents have permanent day shift as their work duty with 27.6 percent

Garrets Ranking

- The respondents say that the work-related factors as the priority factor, which causes for occupational burnout, followed by economic factors, survival of employment, psychological factors and finally personal factors
- The respondents say that the conflicts with others is the priority consequence faced by them during the occupational burnout, followed by lack of interest in work, poor concentration, mental pressure and finally physical illness

Sources of Burnout

- **Organisation Oriented Burnouts**
Work Role, Work Load, Working Hour Related Burnout, Organisation Structure & Policy, Work Shift, Organisation Oriented Burnouts
- **Individual Oriented Burnouts**
Interpersonal Relationship, Lack of Professionalism, Career Development & Pay, Lack of Resources, Individual Oriented Burnouts
- **Society Oriented Burnouts**
Physical Environment & Welfare, Discrimination & Sexual Harassment, Attitude towards Work, Home Work Conflict, Society Oriented Burnouts, Sources of Burnout, Health Issues & Refreshment

Organisational Commitments

Z Statistics

- The variable of organisation-oriented burnouts like working hour shows significant difference based on the educational qualification, the residence (location), the place of stay and the previous experience.
- All the variables of organisation-oriented burnouts like work role, work load, working hour, organisation structure & policy and work shift show no significant difference based on the tenure of job

Individual Oriented Burnouts Vs Educational Qualification

- The variable of individual oriented burnouts like lack of professionalism shows significant difference based on the educational qualification, the residence (location), the residential status, the place of stay, the tenure of job, the residential status and the previous experience.
- All the variables of society-oriented burnouts like physical environment & welfare, discrimination & sexual harassment, attitude towards work and Home Work Conflict show no significant difference based on the Tenure of job.
- The variables of sources of burnout like overall organisation-oriented burnouts, overall society-oriented burnouts and overall sources of burnout shows significant difference based on the educational qualification, the place of stay and the residential status.

- All the variables of sources of burnout like overall organisation-oriented burnouts, overall individual oriented burnouts, overall society-oriented burnouts and overall sources of burnout shows significant difference based on the previous experience and the residence (location)

Organisational Commitments Vs Demographic Variables

- The variables of organisational commitment like affective commitment and overall organisational commitment shows significant difference based on the educational qualification, the residence (location), the residential status, the place of stay, the previous experience and the Tenure of job.

Analysis of Variance

- All the variables of organisation-oriented burnouts like work role, work load, working hour, organisation structure & policy and work shift shows significant difference based on the age, the present salary, the work experience, the job situation, the department, the present work shift the number of nurses in department and the mode of travel.
- All the variables of organisation-oriented burnouts like work role, work load, working hour, organisation structure & policy and work shift show no significant difference based on the marital status.

Society Oriented Burnouts

- The variables of society-oriented burnouts like physical environment & welfare, attitude towards work and home work conflict shows significant difference based on the age and the marital status.
- All the variables of society-oriented burnouts like physical environment & welfare, discrimination & sexual harassment, attitude towards work and home work conflict shows significant difference based on the number of members in family, the present salary, the department, the present work shift and the number of nurses in department and the mode of travel.
- The variables of society-oriented burnouts like discrimination & sexual harassment, attitude towards work and home work conflict shows significant difference based on the work experience.
- The variables of society-oriented burnouts like attitude towards work and home work conflict shows significant difference based on the work experience.

Bivariate Correlation

There is no significant correlation between the variables of individual oriented burnouts and society-oriented burnouts.

Positive Correlation - The independent variable physical environment and welfare has positive correlation with the dependent variables like interpersonal relationship; lack of professionalism; career development and pay; lack of resources and individual oriented burnouts. Similarly, the independent variable discrimination and sexual harassment has positive correlation with the dependent variables like interpersonal relationship; lack of professionalism; career development and pay; lack of resources and individual oriented burnouts. Similarly, the independent variable attitude towards work has positive correlation with the dependent variables like interpersonal relationship; lack of

professionalism; career development and pay; lack of resources and individual oriented burnouts. Similarly, the independent variable home work-conflict has positive correlation with the dependent variables like interpersonal relationship; lack of professionalism; career development and pay; lack of resources and individual oriented burnouts. And finally, the independent variable society-oriented burnouts have positive correlation with the dependent variables like interpersonal relationship; lack of professionalism; career development and pay; lack of resources and individual oriented burnouts.

Suggestions

Hospital Management

Reduce work load: Employers need to identify ways of reducing employee workloads. Special attention needs to be given in reducing the workloads of nurses 213 working in critical care units. Determine how workloads can be made more reasonable by proper planning on priorities, training etc.

Adequate staffing: Nursing shortage is a major concern for nurse administrators. Shortage of staff gives other nurses the high work-related pressure and they are not able to finish their work in time. Improved staffing of critical care nurses during peak hours will facilitate reduction in workloads, improvements in organizing shifts, and absence of nurses and work completion in time. Management must review staff requirements on a monthly basis and measure improvements in work life balance and successes. Accordingly, employers must analyze workloads and hire more people in those areas where the organization is overly reliant on work complexity and workload.

Reduce load and time in work: It is found that the workloads on all shifts are heavier than weekends shift thus hospital administration should follow as below:

- The maximum length for shifts should not exceed 8 hours
- Maximum 8 hours' work per day (10 hours' work per day in emergency/overtime)

Health assessments: Lifting, stooping, pushing, pulling were associated with health hazards of critical care. Also, musculoskeletal disorders are found to be the major symptom relating to health issues of critical care nurses. Thus, health assessments of employees may be useful for the evaluation of their complete health problems and immediate remedial measures are to be provided to the critical care nurse at the cost of the hospital in which they are employed in. Health assessments should only be carried out by duly informing and with participation of the critical care nurses:

- Conduct complete check-up once in 3 months but not more than 6 months
- Frequent job rotation can be made to relax the monotonous type of work
- Provide support to prevent work - related injuries and diseases
- Provide counselling services about their health importance

Stress reduction/relaxations: Employers cannot control employees stress but can help in reducing. Majority critical care nurses alleged that the main source of stress is at the

work place. Organization must provide proper diet, adequate break that may help lessen the symptoms of stress. Also, yoga, exercise facility can be provided at the cost of the hospital.

Adequate Pay: Employers should note that the pay scales do not incorporate enrichment for working unsocial hours or for those nurses employed in the critical care units. The organizations focusing on competitive salaries contribute to employee commitment toward job satisfaction. The lowest levels of satisfaction were shown for pay level thus change their reward structures and tangibly reward and recognize overtime work. The benefits given to employees should commensurate their dedication to their respective work. It is suggested to the hospitals to:

- Revise the pay scale competitively
- Provide loan with less or no interest
- Enlighten the employees on how their salaries are determined
- Bonus or incentive schemes can be provided to nurses in night work

Flexibility with Leave Arrangements: Organization must provide provision for availing their eligible leave and provide flexibility to suit their emergencies as:

- Offer the ability to take accrue leave entitlements and leave facility like bereavement leave and paid maternity leave
- Ability to request and take leave for long period (more than a year) without pay following parental leave and annual leave, or if a family member is seriously ill or injured and in need of care as an alternative to resignation to maintain retention.

Conclusion

This research described nurses' work environment and health outcomes in relation to different workplaces stressors. It is clear from the study that nurses seemed to be more prone to mental distress reactions in association with rotating shift work. Nurses who worked rotating shifts reported higher levels of mental distress and lower levels of organisational commitment than nurses who worked regular day shifts, although the associations were weak. The predictor variables had limited contributions to the variance in mental distress and organisational commitment. The study encompassed a wider scope with copious independent variables influencing the emotional, physical, and mental exhaustion caused by excessive and prolonged stress to a specific working group in healthcare industry in the Salem City of Tamil Nadu. The recent pandemic also shed enough limelight on to the frontline healthcare personnel, which includes our mainstay subject of this research. Systematic investigation tried to identify the causes for the burnouts and also its ramifications. With the newer understanding, hopefully post- Covid 19 shall bring more talents and satisfaction to nursing personnel in the healthcare sector.

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