

A STUDY OF BURNOUT SYNDROME AMONGST HOSPITAL STAFF DURING COVID PANDEMIC IN PUNE DISTRICT

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ABSTRACT

Hospital employees have experienced a higher rate of burnout in the COVID 19 epidemic phase, which is caused by the job's demands and capacity to meet them, organizational structure, relationships with coworkers, and work-life balance. "Burnout" is characterized as a condition of "physical", "emotional", and "mental tiredness" in hospital employees that is brought on by demanding circumstances that cannot be managed by satisfied competency, which is a serious issue. To determine the frequency of burnout amongst the hospital personnel working in those private hospitals in the Pune District, a descriptive research using a questionnaire is conducted.

The "Copenhagen Burnout Inventory" (CBI) was being used in this study to assess burnout amongst hospital workers during the COVID-19 epidemic at the private hospitals in the Pune area. Personal, professional & client-related (i.e. pandemic related) areas of "Burnout" were evaluated.

The personnel of Pune's private hospitals served as the study's target group. Just 2000 of the almost 3000 hospital staff members from private multispecialty hospitals with 100 to 500 beds submitted the questionnaires. Burnout cannot be completely removed from the workplace, but if its causes are identified, it may be more effectively controlled and lessened.

Keywords: Copenhagen Burnout Inventory, COVID Pandemic, Mental health, Burnout.

Introduction

The growing disconnect between the individual and the responsibilities of the profession leads to burnout. Working as a hospital professional in an intricate organizational framework is unavoidably taxing and stressful. Staff well-being, patient safety, and the health organizations whole are all negatively impacted by burnout. By examining the causes of burnout and what can be done to manage and avoid it among the workforce, this study's primary goal was to determine the prevalence of burnout among hospital employees, including physicians, nurses, paramedics, administrative, and support workers. Then, we give analysis of few research studies that has been done to address the problem i.e. burnout in health professionals.

Progressive emotional, mental, and physical depletion is what is meant by burnout. Burnout syndrome is a psychological condition brought on by long-term exposure to pressures from the workplace. The burnout continuum has three main characteristics that are negatively impacted as it advances: emotional exhaustion (referring to feelings of being overworked emotionally), depersonalization (referring to an impersonal response to clients), and personal accomplishment (standing for feeling of the competence and success in the work that people do themselves).

Due to lockdown, contact with affected patients, forced deployment to COVID isolation units, inadequate training, fear of quarantine, particularly among staff who had infected family members or children at home, as well as due to societal stigma against hospital staff, the hospital staffs were put in physically, emotionally, and mentally taxing situations during the pandemic. Many COVID outbreaks that have happened over the previous 20 years have had a significant negative psychological impact on hospital employees, including psychological anguish and posttraumatic stress. Burnout is widely acknowledged these days as a serious issue that affect the hospital staff members' physical and emotional health.

Those that are burned out do make poor judgments, medical errors occur often, act aggressively and get distressed against patients, and have tense working environment and interrelationships. Burnout also raises the risk of melancholy, anxiety, insomnia, exhaustion, alcohol and drug abuse, marital issues, voluntarily retirement, and even suicides.

A common issue among practically all hospital employees is burnout. These research and others show how common burnout is in the healthcare industry. Burnout has a detrimental effect on a person's performance

(Maslach C, 2001). This is important information for hospital employees since it directly jeopardizes the health and life of patients and violates the staff code of conduct.

Freudenberger D. and Maslach C. initially identified burnout as a condition of "emotional tiredness" amongst the professionals in mid of the 1970s. Burnout syndrome is a psychological condition brought on by long-term exposure to pressures from the workplace. It has three main characteristics, all of which are negatively impacted as the burnout continuum advances: emotional exhaustion (referring to the sensation of being overworked emotionally), depersonalization (referring to an impersonal response to clients), and personal accomplishment (referring to the perceptiveness of competence and accomplishment in doing work related to people).

The impacts of psychological strain on hospital workers have not been sufficiently mitigated by healthcare organization administrators' actions or policies.

The "World Health Organization (WHO)" has published a paper on psychological consideration during COVID-19 in order to explicitly acknowledge this danger.

"Maslach Burnout Inventory (MBI)" (Maslach C, Jackson S, 1981) was initially introduced by Maslach C and Jackson S in 1981. Three factors such as emotional weariness presence, de-personalization, and a lacking of personal fulfillment are used by the MBI to define burnout. Using several reasons, Kristensen T, questioned the validity of the MBI. To address these concerns, he established the Copenhagen Burnout Inventory (CBI).

Studies from other countries have examined the effects of social wellbeing and support on psychological healthiness using "Structural Equation Model (SEM)". These studies revealed signs of depression, anxiety, sleeplessness, and discomfort.

We performed this questionnaire based survey by means of the CBI to evaluate the occurrence of burnout amongst the hospital workers of Pune area who are responsible for caring for COVID-19 patients because there were less research analyzing the psychological health state and dominance of burnout in this population.

Literature Review

According to the definition of burnout, it is "a multidimensional construct made up of Emotional Exhaustion, Depersonalization & Diminished Personal Accomplishment that develops among persons who undertake 'people's work' of any sort" (Maslach, 1982). Maslach claims that burnout is a final response to ongoing work-related pressures that emerges in three dimensions: cynicism, ineffectiveness, and tiredness (Maslach, 1997). This suggests burnout is characterized by variety of elements and not just one specific symptom, therefore having a difficult day at office or work or a terrible day doesn't always mean that someone is experiencing burnout. When there is a mismatch between the sort of work being done and the type of person doing it, burnout is unavoidable.

There are three distinct phases in the development of burnout research. A number of "theories" regarding burnout's causes were put forth during the first stage, which spanned the 1970s through the middle of the 1980s. These elements included interpersonal factors (e.g., an imbalance between customer needs and employees' resources), individual (e.g., over-commitment, unreal job expectations), emotionally drained labour outcomes (e.g., qualitative and quantitative emotional work), and organizational reasons (e.g., lack of control and support along with quantitative job demands).

History of the Burnout related research's second phase covered the years from the middle of the 1980s and the end of the 1990s. Almost a thousand researches on burnout were undertaken during this time. Nevertheless, because most of the studies had a cross-sectional design, causal inference was not possible. In a meta-analysis of this research, significant degrees of burnout were linked to emotional work mixed with organizational issues (Zapf, 2002).

The third stage had shown increase in number of longitudinal research studies from the late 1990s to the present. 38 longitudinal research studies were discovered in the literature searches done for the publications in the given thesis. Only 13 of these studies included a special focus on risk factors for burnout, participants from many occupational groups (thus varying the exposure), and follow-up periods more than one year, or response rates about 50%. These research' key conclusions were that emotional weariness is predicted by a heavy workload, a high degree of the emotional demand and difference between job expectations, control, and support.

Burnout was defined in a variety of the ways by different authors, including Aronson (1988), Burke, Richardsen M,(1993), and Stalker, Harvey (2002). However, most of the researchers prefer the multidimensional definition developed by Maslach and colleagues (1993; 1996), which includes three dimensions: “emotional exhaustion”, “depersonalization” and decreased “personal accomplishment”. “Emotional Exhaustion is a dimension that describes how you feel spent, overworked, and exhausted.” “Feelings of being emotionally overextended” (Klusmann U, 2021) are reflected in emotional tiredness. “Depersonalization” often known as cynicism, is a person's unfavourable and cynical sentiments regarding their business or work in general. An "impersonal approach towards beneficiaries of one's service" is referred to as depersonalization. Personally successful (feelings of personal achievement in job). "Feelings of the competency and effective performance in one's people's work" is the definition of personal accomplishment.

The author's approach of investigation is literature review. A collection of academic intellectual publications, including conference proceedings, book, journal articles and dissertations, is referred to as "literary." A continually expanding web of related scholarly works is made up in part by literature reviews. Knowledge cannot grow without evaluating current information; hence a thorough literature review builds on previously completed research studies, articles and journal study on a related subject. The definition of a literature review, according to Wilkinson 2000, includes six concepts: “list, survey, search, knowledge enhancer, report, and a supporting or guiding tool” (Wilkinson D, Aveyard H, 2010).

Our review is distinctive which emphasizes on problems that are totally associated with burnout, a thorough review of the literature, and new research strategies for remediating the burnout. Throughout the paper, we try to identify areas that are important for additional research before making final conclusions.

The pandemic has increased the demand for high-quality patient care, safety, and treatment, wherein in addition to medical supplies, a system of emotional and psychological support is also required for the patient's and the staff's wellness.

Depersonalization may result in poor patient relations that put patients' safety in danger and cause burnout in the staff members caring for that patient. Although the goal of the hospital is to give patients with high quality care and exceptional treatment services, staffs that are burnt out are more prone to make mistakes and provide subpar care.

Burnout can arise for a number of reasons, including inadequate pay, job unhappiness, bad working relationships, a heavy workload, the perception that management does not value one's contributions, neglecting personal interests in favour of family obligations, etc.

Lack of input and collaboration from hospital administration, its employees, patients, and patient family may lead to high levels of burnout since you won't feel that the task you have to perform is closely related to what you want to accomplish.

Burnout syndrome, which is becoming more common among hospital and healthcare workers, has come under scrutiny recently as a possible danger to patient safety and the quality of medical care. Hospital employees frequently experience burnout. Effective methods are required to stop and reverse staff and hospital burnout. The majority of comments have emphasized the need for medical professionals to take better care of themselves, develop more resilience, and manage pressures on their own.

Due to the high levels of stress in this service-oriented industry, hospital staff members are particularly vulnerable to burnout. It is critical that hospital professionals are capable of managing the workload pressure and giving 100% effort in emergency or non-emergency situations without compromising their physical, emotional, or mental health. This is due to the growing number of patients and their interactions with the hospital staff. With the current national conversation around COVID-19 and the medical staff caring for these patients, the long-repressed challenges of hospital workers dealing with mental health difficulties such as sadness, anxiety, and physical tiredness are suddenly front and centre. The research is now being conducted to find out how often burnout is among hospital workers.

Objectives

1. To assess the contributing elements and gauge the extent of burnout among hospital workers.
2. To track how burnout affects staff performance at work in the hospital.
3. To research how burnout affects hospital staff's mental health there.

Hypothesis

Ho: During COVID-19, certain staff members experience a low prevalence of burnout.

H1: Burnout is a common occurrence among staff members of multispecialty hospitals during COVID-19.

- Ho: Burnout and employees' performance at work are unrelated.
H2: Staff performance at work and burnout are significantly correlated.
Ho: Shorter-term exposure to burnout may not cause mental dangers.
H3: Longer-term burnout exposure may have negative mental effects.

Research Methodology

The lifestyle is changing in proportion to the population growth. Lifestyle is linked to both personal and professional life; therefore it makes sense that Pune is becoming the biggest city in terms of population. Indirectly to indicate that there are more individuals, each with unique opinions and ideas. Pune District Multispecialty Hospitals would be the site of research to obtain the necessary analyses. This cross-sectional descriptive study explores the association between the prevalence of burnout and job performance using qualitative and quantitative analysis.

To gauge the occurrence of burnout condition during the COVID pandemic, we had conducted cross-sectional online survey. We gathered information on gender, age, and work profile. The 31-question survey was created using Google Forms and sent to the whole hospital staff via emails and WhatsApp. We included every member of the hospital personnel, including physicians, nurses, paramedics, pharmacists, dieticians, and physiotherapists, as well as support employees like ward boys, sweepers, and attendants. Two participation requests were received, one week apart.

Three areas of burnout-related specialized questions were included in the questionnaire's five general questions. The general inquiries concerned the working environment, age, gender, and job profile. Five items in domain 1 were based on the personal burnout (i.e. without any specific attribution). The third domain was based on client-related or patient related burnout and comprised 13 items (seen as relevant to the persons' work with patient i.e. COVID pandemic). The second domain contained six items based on work related burnout (considered to be in relation with person's employment).

The Likert scale contained five response categories for each of the items ranged from "a very high degree" to "a very low degree," while additional options ranged from "always" to "never or practically never" for frequency. Each scale had a range of 0 to 100, with a greater score indicating a higher amount of the burnout. Burnout was determined as a CBI score greater than 50, which was the average of the results. CBI is straightforward, thorough, trustworthy, self-explanatory, and simple to comprehend. To gauge HCW burnout, it has strong psychometric qualities. It is free to use, has elements that address the physical and mental effects of tiredness, and contains a mix of positive and negative statements.

Data Analysis

Google forms were used to collect the data, which was then analyzed using IBM SPSS 26. Variables were measured using a "nominal scale" and summed through percentages (%). Mean scores (mean SD) in the personal, work-related, and pandemic related categories were calculated using a 0-to-100-point scale. Also, the replies (n, %) and average scores were computed independently for every topic. Respondents with a mean score of >50 reported burnout. ANOVA was used to determine the burnout ratings in each domain, then Tukey's multiple comparison testing. In order to analyze categorical variables, Pearson's 2 test was utilized.

In order to determine whether there is any correlation between demographic characteristics and personal, professional, and client-related (pandemic-related) burnout, a univariate analysis was conducted (OR). Given that there were only four independent variables, binary regression analysis

was not performed; For each category of burnout, only two of them on a univariate analysis were significant. P value of 0.05 was defined as statistical significance.

<i>Variables</i>	<i>Frequency (%)</i>
Age in years	
21–30	374 (18.7)
31–40	779 (38.9)
41–50	473 (23.7)
51–60	250 (12.5)
>61	124(6.2)

Staff Job profiles	
Doctors	1,661 (83.5)
Nurses	193 (9.6)
Administrative Staffs	85 (4.2)
Paramedical Staffs	38 (1.9)
Support Staffs (Sweepers, Wardboy, etc.)	23 (1.15)
Work Environments	
High risk areas(ICU, CCU, ER, Wards, OT)	1,723 (86.15)
Low risk areas	277 (13.85)

Table 1: Participants' ages, job descriptions, and places of employment (n = 2,000)

All of the 2000 hospital employees who responded to the survey were over the age of 21, and 1,626 of them (81.3%) were between the ages of 31 and 40. Doctors made up the majority of responders (1661, or 83.5%). The majority of respondents (1723, 86.15%) were employed in high-risk regions. Almost all respondents (1975, 98.75%) believed mental healthiness was equally essential to physical healthiness (Table 1).

Questions	Very high degree /Always	high degree /often	Sometimes	Low degree/seldom	Very low degree /Never	Mean score
How frequently you think that "I cannot take it anymore?"	85 (4.4%)	295 (14.8%)	932 (46.2%)	493 (24.6%)	195(9.9%)	44.82 ± 24.06
How frequently do you feel extremely tired or worn out??	67(3.6%)	329 (16.5%)	942 (46.7%)	520(25.9%)	142 (7.3%)	45.77 ± 22.78
How often you are emotionally stressed out or exhausted?	163 (8.3%)	584 (29.1%)	943 (46.8%)	231 (11.6%)	79 (4.2%)	56.40 ± 22.93
How often you are tired physically?	157 (8.0%)	593 (29.5%)	997(49.5%)	189 (9.6%)	64 (3.2%)	57.26 ± 21.87
How frequently do you feel you susceptible to illness being weak?	65 (3.5%)	294(14.8%)	943 (46.8%)	518 (25.8%)	180 (9.2%)	44.37 ± 23.19
Average Score						49.72 ± 18.68

Table 2: Distribution of Responses received against Personal burnout (n = 2,000)

Questions	Always or to a very high degree	Often or to a high degree	Sometimes or somewhat	Seldom or to a low degree	Never or to a very low degree	Mean score
Do you feel fatigued in morning thinking of the day at work?	86 (4.5%)	227 (11.5%)	811 (40.3%)	477 (23.8%)	399 (20.0%)	39.17 ± 26.74
Do you often get the feeling that it's very tiring to work at every moment in office?	75 (3.9%)	209 (10.6%)	711 (35.3%)	585(29.1%)	420 (21.0%)	36.82 ± 26.44
Do you have enough enthusiasm and energy for social wellbeing w.r.t family and friends?	431 (21.5%)	652 (32.4%)	665 (33.1%)	196 (9.9%)	56 (3.1%)	35.14 ± 25.67
Do you often feel that your job is very draining emotionally?	142 (7.3%)	493 (24.6%)	839 (41.7%)	327 (16.4%)	199 (10.1%)	50.62 ± 26.27
Does your work make you tired & frustrate?	70 (3.7%)	237 (11.9%)	760 (37.8%)	443 (22.1%)	490 (24.5%)	37.07 ± 27.40
Do you feel burnt out completely because of your physically and	96 (5.0%)	263 (13.2%)	767 (38.1%)	431 (21.5%)	443 (22.2%)	39.34 ± 27.97

mentally?						
Average Score						39.69 ± 20.43

Table 3: Distribution of Responses received against Work related burnout (n = 2,000)

According to table 2, 3 and 4, the mean scores (SD) for the pandemic-related, personal, and work related burnout domains were shown 49.72 (18.68), 39.69 (20.43), and 51.37 (15.12), respectively. In comparison to work related burnout, personal burnout, the mean pandemic-related burnout score was substantially greater. One-fifth of respondents (435, 21.75%) indicated concern about dying while at work, and almost half (1094, 54.7%) showed concern about acquiring COVID-19 infection. Respondents (1331, 66.5%) also expressed concern about bringing the illness home. 514 respondents, or 25.7%, said they didn't feel accepted in their neighborhood.

Questions	Very high degree/Always	High degree/Often	Sometimes	Low degree/Seldom	Very low degree/Never	Mean score
Do you feel it's productive and fruitful while doing your task /work during the current covid situation?	269 (13.3%)	583 (28.8%)	774 (38.2%)	279 (13.8%)	121 (6.0%)	42.60 ± 26.32
Do you think that your patience is tested while working in the current covid situation?	526 (26.0%)	673 (33.2%)	628 (31.0%)	135 (6.7%)	64 (3.2%)	68.04 ± 25.53
Do you think that you are giving more than what you receive in current working condition?	563 (27.8%)	587 (29.0%)	581 (28.7%)	170 (8.4%)	125 (6.2%)	65.96 ± 28.78
Does it trench your energy /liveliness to work during the current situation of pandemic?	287 (14.2%)	654 (32.3%)	657 (32.4%)	274 (13.5%)	148 (7.6%)	57.97 ± 27.70
Do you get unhappy and hesitated to work in this pandemic situation?	232 (11.5%)	342 (16.9%)	791 (39.0%)	381 (18.8%)	280 (13.8%)	48.33 ± 29.20
Do you get depressed and anxiety in current situation of pandemic?	154 (7.6%)	308 (15.2%)	818 (40.4%)	346 (17.1%)	400 (19.7%)	43.46 ± 29.03
Do you feel you are stressed out because if lockdown?	284 (14.0%)	438 (21.6%)	770 (38.0%)	266 (13.1%)	268 (13.2%)	52.52 ± 29.87
Do you often feel it is difficult to work in the current situation?	327 (16.1%)	618 (30.5%)	716 (35.3%)	224 (11.1%)	141+F26 (7.0%)	59.45 ± 27.35
Do you get scared of catching COVID infection during work in the current situation of pandemic?	613 (30.3%)	507 (25.0%)	615 (30.4%)	180(8.9%)	111 (5.5%)	66.42 ± 28.91
Do you feel that you are being helped and supported by co-workers during this situation?	535 (26.4%)	616 (30.4%)	626 (30.9%)	174 (8.6%)	75 (3.7%)	33.19 ± 26.73
Are you indulging yourself in abusive substance such as alcohol, smoke or drugs during the period of lockdown?	43 (2.1%)	65 (3.2%)	446 (22.0%)	261 (12.9%)	1,211 (59.8%)	18.76 ± 25.92
Average score						51.37 ± 15.12

Table 4: Distribution of Responses received against Pandemic related burnout (n = 2,000)

Variables	Personal Burnout, (n = 877) (43.85)			Work/Job Related Burnout, (n = 518) (25.9)			Pandemic Related Burnout, (n = 1043) (52.15)		
	n(%)	[CI 95%]	P value	n(%)	[CI 95%]	P value	n(%)	[CI 95%]	p value
Age in years									
21 – 30	199 (22.6)	1 (Ref.)		120 (23.1)	1 (Ref.)		184 (17.64)	1 (Ref.)	
31 – 40	370 (42.1)	0.79 [0.62–1.02]	0.07	236 (45.5)	0.91 [0.70–1.18]	0.48	463 (46.0)	1.49 [1.17–1.91]	<0.01
41 – 50	205 (23.3)	0.68 [0.52–0.88]	<0.01	113 (21.8)	0.67 [0.49–0.90]	<0.01	248 (23.7)	1.15 [0.87–1.5]	0.32

51 – 60	80 (9.12)	0.43 [0.31–0.60]	<0.01	41 (7.9)	0.45 [0.31–0.66]	<0.01	103 (9.8)	0.74 [0.54–1.02]	0.07
>61	23 (2.62)	0.23 [0.15–0.38]	<0.01	8 (1.5)	0.23 [0.12–0.42]	<0.01	45 (3.3)	0.64 [0.43–0.96]	0.03
Staff Gender									
Female	448 (51.1)	1 (Ref.)		266 (51.4)	1 (Ref.)		581 (55.7)	1 (Ref.)	
Male	429 (48.9)	1.35 [1.13–1.61]	<0.01	252 (48.6)	1.24 [1.01–1.50]	0.03	462(44.3)	0.96 [0.81–1.15]	0.68
Job profile									
Administrative Staff	38 (4.3)	1 (Ref.)		19 (3.67)	1 (Ref.)		32 (3.1)	1 (Ref.)	
Doctors	724 (82.6)	0.82 [0.53–1.25]	0.35	415 (80.1)	0.89 [0.55–1.42]	0.38	885 (84.9)	1.64 [1.03–2.42]	0.04
Paramedical staff	17 (1.9)	1.20 [0.58–2.49]	0.31	10 (1.9)	1.54 [0.71–3.33]	0.13	14 (1.3)	1.19 [0.57–2.47]	0.32
Nurses	95 (10.8)	1.09 [0.66–1.79]	0.37	70 (13.5)	1.62 [0.94–2.79]	0.04	90 (8.6)	1.29 [0.78–2.13]	0.16
Support Staffs	3 (0.33)	0.13 [0.35–0.44]	<0.01	4 (0.77)	0.44 [0.14–1.37]	0.08	22 (2.1)	5.02 [1.85–13.57]	<0.01
Work environment									
Low risk area	104(41.3)	1 (Ref.)		47 (21.2)	1 (Ref.)		116 (45.6)	1 (Ref.)	
High risk area	773 (45.1)	1.16 [0.90–1.50]	0.24	471 (27.8)	1.43 [1.05–1.94]	0.02	927 (53.9)	1.40 [1.08–1.79]	<0.01

Table 5: Univariate Analysis of gender, age, work environment and job profile on personal related, work related, and pandemic related burnout.

The prevalence of personal burnout is 43.85% (877) and work related burnout is 25.9%. A bit over half (1043, 52.8%) of the responders were burnt out as a result of the epidemic (Table 5). When compared to personal burnout and work related burnout, the mean pandemic related burnout score was substantially greater.

In age groups of 31 to 40 years, drastic increase was shown in pandemic related burnout (OR = 1.49, p 0.01). Burnout on both a personal and professional level was shown to be much less common among responders above the age of 50. Burnout was shown to be rather common among those between the ages of 31 and 40, both personally and professionally.

Age groups above 60 did not exhibit any notable differences or, to put it another way, they were on the lower side with low rates. It was shown that more women's were the one to experience the higher burnout compared to men. Around 51% of women reported experiencing both personal and work-related burnout, compared to 48% of men. When compared to paramedical and support employees, it has been found that physicians and nurses had higher prevalence rates.

The incidence of burnout due to work and pandemics was considerably higher among hospital staff working in high-risk locations (27.8% vs. 21.2%, p 0.01). It has been demonstrated that staff burnout, particularly among physicians and nurses, increases the risk of medical mistakes. That may result in lower patient satisfaction, which raises the likelihood of legal action. Burnout will cause many doctors to retire, further depleting a resource that is already in short supply.

Among all categories of hospital staffs, we observed that the prevalence of pandemic related burnout was greatest. For responders who were female, burnout was more common on both a personal and professional level. We discovered that pandemic-related burnout significantly increased when compared to situations as usual. Depression, sleeplessness, and mental distress symptoms were more common in COVID patients. Long hours, job uncertainty, feeling devalued as a workforce, inadequate pay, and a lack of support from superiors are likely to blame for paramedic burnout.

Hospital worker burnout is complex and has been linked to negative outcomes in earlier pandemics. The COVID-19 outbreak's fast worldwide expansion may have made burnout worse since it faced medical staffs with previously unheard-of difficulties.

The institutions and organizations should provide a safe and protected work environment. They should be communicative and maintain transparency in delivering proper information, guidelines, and training along with technological updates about COVID pandemic. By facilitating enough PPE kits, minimizing lengthy workdays, insuring pay, rehabilitation, and curative therapies, and counseling services, employers may instill a sense of security in their employees. They ought to provide a work atmosphere that will increase employee morale and confidence and aid in the healing of those who are currently afflicted. Every employee should adopt a customized resilience plan and workshop-based training to put a personal emphasis on self-care and de-stressing. For psychological well-being, one can employ digital learning packages (e-package) and computer-assisted resilience training. While in pain, one should speak out and ask a professional or a coworker for assistance.

Limitations Of The Study

- Lacking in uniformity, variations in responses and biasness based on regional areas were the limitations as it was an anonymous survey.
- Another drawback of our study was that the majority of survey respondents were employed in high-risk environments.
- At hospitals, women made about 80% of the personnel.
- Low response rates may be caused by employee shame or negativity, a lack of time, or a lack of interest.

Conclusion

During the COVID-19 epidemic, burnout is a big problem among medical employees, especially among physicians and nurses. The prevalence of female nurse respondents was greater. We recommend that management take the initiative to enhance working conditions and help personnel by assuring them.

Among hospital employees, we discovered a significant incidence of burnout brought on by the epidemic. In addition to working in the healthcare industry, the females had a greater likelihood in experiencing personal burnout and occupational burnout. This may be caused due to the dual role that women are playing in managing the household& job.

Most people were scared about becoming sick and spreading their family members as well as about passing away from COVID-19 infection. Hospitals should guarantee the safety and well-being of their most valuable resource, their workers, at a difficult period for the healthcare industry. Hospital staff stress and burnout may be greatly reduced with organizational-level interventions such developing anticipatory resilience measures and creating a welcoming workplace for employees. Establish a safer and protective work environment, and interconnect often to provide information, training and technological updates against COVID.

By facilitating sufficient safety PPE kits, minimizing lengthy workdays, insuring pay, rehabilitation, and curative therapies, and counselling services, employers may instill a sense of security in their employees. The long-term impacts of burnout, as well as its prevalence, prevention, and management, need to be further evaluated in light of the potential occurrence of pandemics.

References

- Aveyard H, (2010.) Doing a Literature Review in Health and Social Care: A Practical Guide. *Open University Press, Maidenhead.*
- Burke R & Richardsen M. (1993). Psychological burnout in organizations. In R. T. Golembiewski (Ed.), *Handbook of organizational behavior*, 263–289. New York: Marcel Dekker.
- Kristensen T, Borritz M, Villadsen E, & Christensen K, (2005). The Copenhagen Burnout Inventory: A new tool for the assessment of burnout. *Work & stress*, 19(3), 192-207. Chicago
- Klusmann U, Aldrup K, Roloff J., Lüdtke O, & Hamre B. (2021). Does instructional quality mediate the link between teachers' emotional exhaustion and student outcomes? A large-scale study using teacher and student reports. *Journal of educational psychology*.
- Maslach C, & Jackson S.(1981). The measurement of experienced burnout. *Journal of organizational behavior*, 2(2), 99-113.
- Maslach C, & Jackson S. (1981). MBI: Maslach burnout inventory. *Palo Alto, CA*, 1(2), 49-78.
- Maslach C, & Jackson S. (1982). A social psychological analysis. *Soc. Psychol. Health Illn*, 227-251.

- Maslach C, (1993). Burnout: A multidimensional perspective. In Schaufeli W, Maslach C, & Marek T (Eds.), *Professional Burnout: Recent Developments in Theory and Research*, 19–32. Washington, DC: Taylor & Francis.
- Maslach C, Jackson S, Leiter M, (1996). *The Maslach Burnout Inventory*. (3rd ed.). Alto P, CA: Consulting Psychologists Press.
- Maslach C, Jackson S, & Leiter M. (1997). Maslach burnout inventory. Scarecrow Education.
- Maslach C, Schaufeli, W, & Leiter M, (2001). Job burnout. *Annual Review of Psychology*, 52, 397–422. <https://doi.org/10.1146/annurev.psych.52.1.397>
- Pines A, & Aronson E, (1988). *Career burnout: Causes and cures*. Free press.
- Stalker C, & Harvey C, (2002). Professional Burnout in social service organizations: A review of theory, research and prevention.
- Wilkinson D, (2000). *The Researcher's Toolkit: The Complete Guide to Practitioner Research* (1st ed.). Routledge. <https://doi.org/10.4324/9780203185124>
- World Health Organization. (2020). *Mental health and psychosocial considerations during the COVID-19 outbreak, 18 March 2020* (No. WHO/2019-nCoV/MentalHealth/2020.1). World Health Organization.
- Zapf D, (2002). Emotion work and psychological well-being: A review of the literature and some conceptual considerations. *Human resource management review*, 12(2), 237-268.