



A Descriptive Study to Assess the Level of Burnout and Resilience at Work among Staff Nurses at Selected Hospital, Bangalore, Karnataka.

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ABSTRACT

The high level of stress experienced by staff nurses leads to moral distress, burnout and a host of detrimental effects in the hospitals. The aim of this study is to assess the burnout and resilience at work among staff nurses at selected hospitals, Bengaluru.

Methods: The study is based on descriptive research design in which 80 staff nurses were selected based on the purposive sampling technique. A structured tool Copenhagen Burnout Inventory (CBI) scale and Brief Resilience scale (BRS) was used to assess the level of burnout and resilience at work among staff nurses at selected hospitals, Bengaluru. Results: The study's analysis showed that 5% of staff nurses had low levels of burnout at work, 21.25% have normal levels, 13.75% have high levels, and 60% have above-average levels, the majority of staff nurses (63.75%) exhibit normal resilience, whereas 35% have low resilience and 1.25 percent show high resilience at work among staff nurses. Burnout score were significantly associated with gender ($\chi^2 = 15.555$, $p = 0.0001$), and annual income ($\chi^2 = 6.8934$, $p = 0.0087$), but not other demographics, whereas resilience scores were significantly associated with age ($\chi^2 = 5.0793$, $p = 0.0242$), and annual income ($\chi^2 = 7.8202$, $p = 0.0052$). Conclusion: Many staff nurses have normal resilience and burnout levels that are above average. Implementing resilience-building programs would help them avoid burnout and maximize their ability to deliver high-quality healthcare.

Keywords: Staff nurses, Copenhagen Burnout Inventory, Brief Resilience scale, Burnout, Resilience.

Introduction:

Burnout is characterized by emotional exhaustion, defined as the sensation of emotional and physical fatigue caused by occupational stress. Burnout is a psychological condition that primarily affects those who work with others and is brought on by ongoing exposure to occupational stress. Healthcare workers, particularly nurses, are prone to burnout. Predisposing factors that increase the risk of burnout include gender, working rotating shifts, being deployed to highly demanding areas of work (emergency, critical care, etc.), having limited experience, and working in precarious environments. Burnout among nurses can lead to a number of negative outcomes, such as a decline in the quality and security of patient care, negative effects on the mental and physical health of nurses (such as depression, insomnia, and irritability), and institutional issues such as higher absenteeism and sick leave related to burnout¹. Numerous studies on burnout highlight how crucial it is to reduce its risk factors. It would be very beneficial to create and implement a basic nursing training program in the healthcare industry that emphasizes coping mechanisms, emotional intelligence, and a positive attitude².

Resilience is the capacity to deal with adversity, trauma, disaster, threat, or significant stress. It is observable in ways like optimism, humour, and self-efficacy and is not a trait that one has or lacks but rather a pattern of behaviour, thoughts, and behaviours that can be learned and improved. Since nurses deal closely with patients, illnesses, and suffering, resilience is a critical attribute that helps to mitigate the negative impacts of professional pressures and reduce the likelihood of burnout syndrome³. Burnout among clinicians especially nurses is a topic of great interest in the scientific literature. Thankfully, little is known about how clinical support staff and administration, among other parts of the healthcare team, manage stress and burnout. An increasing number of people are realizing how important resilience is for today's healthcare workforce to manage difficult situations. Though attention to resilience in the workplace is growing, particularly with relation to staff retention, the concept of resilience among healthcare workers especially nurses in the primary care context needs to be explored.

Need for The Study:

As per the World Health Organization, burnout is identified as a prolonged reaction to unmanaged workplace stress. A

national poll of nurses in the United States in April 2019 revealed that 15.6% of nurses felt burned out, with emergency department nurses being more likely to experience burnout⁴.

According to the 2020 American Nurse Association Survey, 62% of nurses report feeling burned out. This represents over two thirds of nurses. With 69% of nurses under 25 reporting burnouts, it is particularly prevalent among younger nurses. Every shift has an impact on the healthcare system and all hospitals⁵. Burnout among clinicians especially nurses is a topic of great interest in the scientific literature however an increasing number of people are realizing how important resilience is for today's healthcare workforce to manage difficult situations. Though attention to resilience in the workplace is growing, particularly with relation to staff retention, the concept of resilience among healthcare workers especially nurses in the primary care context needs to be explored, because they must give patients standard treatment and deal with several risk factors in their daily work, nurses need to possess resilience so that they can handle the challenging circumstances if they have greater resilience. Among the healthcare workers, burnout about personal as well as professional factors was highly prevalent. Massive difficulties with staffing shortages, especially in nursing, impact health care systems worldwide⁶.

A descriptive correlation study was conducted in Australia (2020) with the aim to study on Workplace stressors, psychological well-being, resilience, and caring behaviours of mental health nurses. The data collected from 498 nurses working in Victoria Australia, the survey was done through an online questionnaire. The study revealed that there is strong positive relationship between the work place resilience with psychological wellbeing across all the stressor. This study is concluded that to improved their resilience and prevent psychological distress, the resilience building strategies has to include during undergraduate programmes⁷.

Objectives of The Study:

1. To assess the level of burn out among the nurses by using CBI (Copenhagen Burnout Inventory) scale.
2. To assess the level of resilience at work among the nurses by using Brief Resilience scale.
3. To evaluate the association between the burnout and resilience score with the selected demographic variables.

Assumption:

1. There will be a high level of burnout among the nurses working in the hospital.
2. There will be a significant resilience at among the nurses working in the hospital

Hypotheses:

H0: There will be a no significant association between the burnout and resilience score of staff nurses with their selected demographic variables.

Materials and Method:

- **Research design:** Descriptive research design.
- **Population:** Nurses working in selected Hospitals of Bangalore.
- **Sampling technique:** In this study the sample are selected through purposive sampling technique.
- **Sample size:** The sample size is 80.
- **Instrument used:**
In this Study the data will be collected through:
 - Section A- Demographic data.
 - Section B- Assess the level of burnout by using CBI (Copenhagen Burnout Inventory) scale.
 - Section C- Assess the level of resilience at work by using BR (Brief Resilience) scale.

Plan for data analysis:

The data will be analysed using descriptive and inferential statistics.

Result and interpretation

Section 1: Description of Demographic variables of staff Nurses at selected hospitals.

Section 2: Description of Burnout and resilience score among s staff nurses at selected hospitals.

Section 3: Association of Burn out and resilience score with selected demographic variables of staff nurses at selected hospitals of Bengaluru.

Section 1: Description of Burnout and resilience score among s staff nurses at selected hospitals.

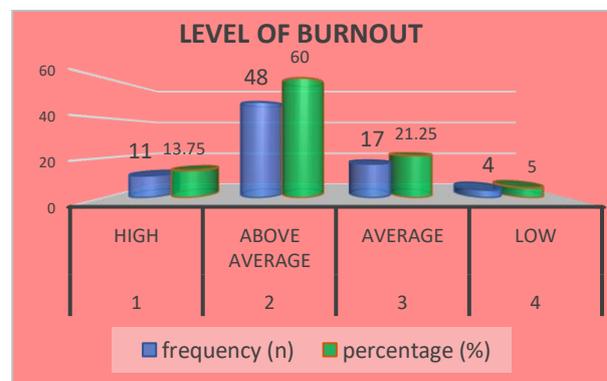


Fig 1. According to the above data 60% of the participants are above average level, 21.25% of the participants are

average level, 13.75% of the participants are high level and 5% of the participants have low level of burnout.

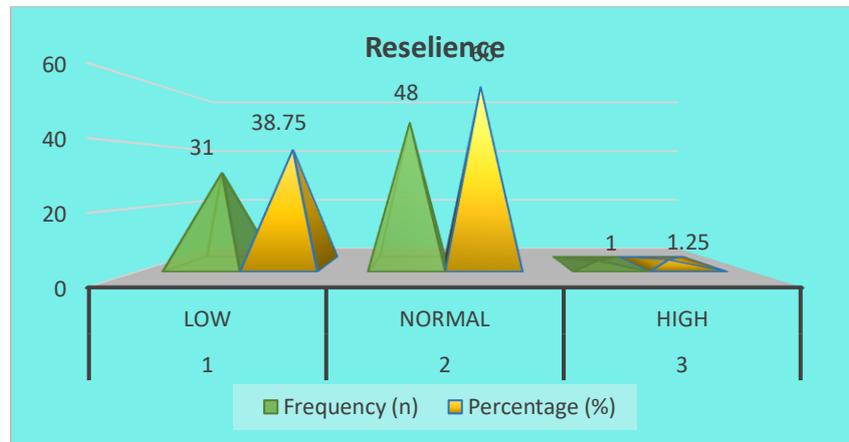


Fig 2. The above data shows that majority (60%) of the Nurses have normal resilience whereas (38.75%) have low resilience and (1.25%) have high resilience.

Section 2: Association of Burn out and resilience score among staff nurses with their selected demographic variables at selected hospital.

Table 1: Association of Burn out score among staff nurses at selected hospital.

N=80

SL no	Demographic variables	Level of Burnout		Chi square value (χ^2)	p value	Remarks
		Below average \leq 50	Above average $>$ 50			
1	Age in a year	15	41	2.9684	0.08684	NS
	20- 30 years	5	7			
	31- 40 years	6	6			
	41- 50 years					
2	Gender			15.555	0.0001	S
	Male	17	10			
	Female	10	43			
3	Working experience			0.5168	0.4722	NS
	less than 1 year	7	19			
	1- 2 years	8	15			
	2-3 years	5	12			
4	More than 3 years	5	9	2.1274	0.1274	NS
	Area of working					
	ICU	5	15			
	Emergency	5	10			
	OT	6	9			
5	General ward	8	12	0.257	0.6122	NS
	Others	2	8			
	Working hour in a day					
	less or equal to 8 hours	16	30			
	More than 8 hours	10	24			

6	Annual income			6.8934	0.0087	S
	Less than 2 lakhs	10	37			
	2- 3 lakhs	10	9			
	above 3 lakhs	6	8			

Note: *- significant (p< 0.05)

The table 1 indicates that there was a significant association between gender ($\chi^2= 15.555$, $p=0.0001$), and Annual income ($\chi^2=6.8934$, $p=0.0087$). Accordingly, the research hypothesis (H3) states that among staff Nurses burnouts scores are statistically associated with gender, and annual income, while burnouts scores are not associated with other demographic variables. Since the cell value obtained was zero, the association between the Number of children, marital status was and burnouts score was not calculated.

Table 2: Association of Resilience score among staff nurses at selected hospital.

N= 80

SL no	Demographic variables	Level of Resilience		Chi square value (χ)	p value	Remarks
		Below average ≤ 2.5	Above average > 2.5			
1	Age in a year	10	46	5.0793	0.0242	S
	20- 30 years	5	7			
	31- 40 years	5	7			
	41- 50 years					
2	Gender			0.5377	0.4634	NS
	Male	7	20			
	Female	18	35			
3	Working experience			1.2012	0.2731	NS
	less than 1 year	6	20			
	1- 2 years	8	15			
	2-3 years	6	11			
	More than 3 years	5	9			
4	Area of working					
	ICU	6	14	2.7866	0.0951	NS
	Emergency	5	10			
	OT	5	10			
	General ward	3	17			
	Others	4	6			
5	Working hour in a day			3.1286	0.0769	NS
	less or equal to 8 hours	18	28			
	More than 8 hours	7	27			
6	Annual income			7.8202	0.0052	S
	Less than 2 lakhs	9	38			
	2- 3 lakhs	10	10			
	above 3 lakhs	6	7			

Note: *- significant (p< 0.05)

The table 2 indicates that there was a significant association between age ($\chi^2= 5.0793$, $p=0.0242$), and Annual income ($\chi^2=7.8202$, $p=0.0052$). Accordingly, the research hypothesis (H3) states that among staff Nurses resilience

scores are statistically associated with age, and annual income, while resilience scores are not associated with other demographic variables. Since the cell value obtained was zero, the association between the Number of children, marital status was and resilience score was not calculated.

Conclusion:

Many staff nurses at work have normal resilience and burnout levels that are above average. The findings of this study may help nurse managers and hospital administrators to have a better understanding of nurse burnout and resilience, implementing resilience-building programs would help them avoid burnout and maximize their ability to deliver high-quality healthcare.

Conflict of Interest: No conflict of Interest

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