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Impact of Organizational Policies on Nurse Burnout in Chiguru Multi-Specialty Hospital

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ABSTRACT: Employee burnout is a specific type of workplace stress, acknowledged even by the World Health Organization (WHO), where workers feel general dissatisfaction with their work and multiple levels of exhaustion, including Mental exhaustion. Physical exhaustion. Emotional exhaustion. It's crucial to address symptoms and seek support, as untreated burnout can lead to decreased performance or other issues that could indirectly jeopardize one's job. Nurse burnout involves the emotional and physical exhaustion that comes with the stressful responsibilities required for nursing. In comparison, compassion fatigue results when prolonged emotional strain culminates in detachment and difficulties in providing empathetic care. Critical care nurses tend to suffer the highest rates of burnout. This study aims to study the impact of nurse burnout in Chiguru Multi-Specialty hospital, Bengaluru by looking at the elements that contribute to nurse burnout and how it affects interactions with patients.

I. INTRODUCTION

In the healthcare industry, burnout among nurses is a serious problem that is typified by depersonalization, emotional tiredness, and a weakened sense of personal success. Because of the significant effects this phenomenon has on patient care quality as well as the wellbeing of healthcare staff, it is receiving more and more attention. Increased absenteeism, greater turnover rates, and lower job satisfaction are all linked to burnout among nurses, and these factors can have a negative impact on patient outcomes and safety. Nurses are essential to the treatment and recovery of patients since they are the first line of care. But the hard nature of their profession, in addition to structural issues like low staffing, heavy patient loads, and scarce resources, greatly exacerbates their stress and burnout. The purpose of this study is to investigate the relationship between nurse burnout and patient care, with a particular emphasis on how burnout affects patient satisfaction and the standard of care provided.

This study aims to demonstrate reduce burnout and improve the entire healthcare environment by looking at the elements that contribute to nurse burnout and how it affects interactions with patients. The results will offer insightful information on how to enhance patient care and nurse well-being, ultimately leading to a more encouraging and efficient healthcare system.

Despite these advancements, the healthcare industry still faces significant challenges. Regulatory complexity poses ongoing obstacles for organizations and practitioners, such as following healthcare regulations and standards. Aims to balance cost and quality of service have been spurred by resource shortages brought on by rising healthcare costs. Furthermore, maintaining robust data security and privacy policies is essential due to the sensitivity of patient data and the increasing frequency of cyberattacks. The issue of worker shortages—particularly in important healthcare roles—must be addressed in order to sustain the provision of high-quality healthcare in the face of increasing demand.

II. COMPANY PROFILE

Chiguru Multi-Speciality Hospital is a leading healthcare provider medical services and commitment to patient-centered care. Situated in [insert location], the hospital offers specialized treatments across various disciplines, including cardiology, orthopaedics, neurology, oncology, obstetrics, pediatrics, and emergency medicine. Equipped with state-of-the-art medical technology such as advanced diagnostic imaging (MRI, CT scanners) and surgical equipment, Chiguru Multi-Speciality Hospital ensures high-quality diagnostics and treatment options for its patients.

Chiguru Multi-Speciality Hospital is dedicated to clinical excellence and patient safety, utilizing streamlined EHR systems to enhance healthcare efficiency and accuracy. Their commitment to community health is evident through compassionate care, innovative medical practices, and values that prioritize ethical conduct and continuous improvement. The hospital engages proactively with the community through health education programs and medical camps, promoting preventive healthcare and improving health literacy. Looking forward, Chiguru plans to expand its services and technological capabilities to meet increasing regional healthcare demands, emphasizing patient-centered

care and leveraging cutting-edge medical advancements to uphold its role as a trusted healthcare provider focused on enhancing overall well-being.

III. FUTURE GROWTH AND PROSPECTS

Chiguru Multi-Speciality Hospital is poised for significant growth by expanding its range of medical services, investing in telemedicine and advanced technologies, and enhancing its community engagement initiatives. The hospital plans to introduce new specialties, improve outpatient services, and adopt cutting-edge medical technologies to stay at the forefront of healthcare delivery. By focusing on quality improvement, strategic partnerships, and sustainability practices, Chiguru aims to provide comprehensive, high-quality care to a broader patient base and establish itself as a leader in the healthcare industry.

- **Expansion of Services:** Introduction of new specialties and sub-specialties, along with enhanced outpatient services and day care facilities.
- **Telemedicine and Digital Health:** Significant investment in telemedicine platforms, online consultations, remote monitoring, and digital health records management.
- **Technological Advancements:** Adoption of AI-driven diagnostics, robotic-assisted surgeries, and advanced imaging techniques to improve diagnostic accuracy and treatment outcomes.
- **Quality Improvement and Accreditation:** Continuous quality improvement initiatives aiming for national and international accreditations, regular audits, and staff training programs.
- **Community Engagement and Preventive Healthcare:** Increased community involvement through wellness initiatives, health education campaigns, and preventive healthcare projects.
- **Strategic Partnerships and Collaborations:** Forming partnerships with healthcare institutions, research centers, and educational institutions for knowledge sharing and joint research projects.
- **Sustainability and Environmental Responsibility:** Incorporation of sustainability practices within hospital operations, including energy-efficient infrastructure and waste reduction initiatives.

CONCEPTUAL BACKGROUND : In the medical field, burnout has emerged as a significant issue for healthcare workers, especially nurses. Intensive work settings with high patient loads, emotional stress, lengthy workdays, and a persistent need for compassionate care are commonplace for nurses. This may result in emotional and physical tiredness, which would be detrimental to the nurses' wellbeing and lower the standard of patient care. Comprehending burnout in this setting is crucial for formulating tactics that can alleviate its consequences and enhance patient results and staff contentment.

Defining Burnout: A psychological condition known as burnout is brought on by ongoing stress at work that is not well controlled. It is characterized by three things: depersonalization, a lowered sense of personal achievement, and emotional exhaustion. Experiencing a sense of being overburdened and lacking in both emotional and physical resources is known as emotional exhaustion. A detached reaction to different components of the work is known as depersonalization, and a diminished sense of personal accomplishment is indicative of a reduction in one's sense of competence and successful completion of tasks when working with people.

Factors Contributing to Burnout: Numerous factors, including an excessive workload, a lack of control over one's work, inadequate pay, a lack of community, unfairness, and conflicting moral ideals, can lead to nurse burnout. The fast-paced, high-stress environment of Chiguru Multi-Speciality Hospital may exacerbate these factors in the healthcare context. The emotional burden of tending to very ill patients and their families, administrative duties, and the requirement to stay up to date on continuous advancements in medical care all contribute to increased stress levels among nurses.

Impact on Patient Care: Burnout affects nurses' physical and mental health and has detrimental effects on patient care. Care is likely to suffer as burned-out nurses' decreased empathy and compassion for their patients. Longer recovery durations, a decrease in patient satisfaction, and a rise in medical errors can all arise from this. Hospital administration must comprehend the relationship between nurse burnout and the caliber of patient care in order to put effective treatments into place.

Current Interventions and Gaps: Nurse burnout has been addressed by a number of measures, including stress management education, sufficient staffing, work-life balance, and supportive management procedures. There are, nevertheless, knowledge gaps about the unique pressures that nurses in various healthcare environments—including Chiguru Multi-Speciality Hospital—face. Tailored therapies that tackle the particular difficulties encountered in this institution are necessary in order to mitigate burnout and its deleterious consequences.

Importance of the study: A study on burnout among nurses at Chiguru Multi-Speciality Hospital is vital for multiple reasons. It will make clear how common and severe burnout is among nurses in this particular setting, pinpoint the main stressors that fuel burnout, and evaluate the effect on patient care. The results can be utilized to create focused initiatives that will improve work happiness, boost nurse wellness, and eventually improve patient outcomes. This research will also add to the growing body of knowledge about burnout in the healthcare industry by providing insightful information that may have an influence on relevant policies and practices.

IV. LITERATURE REVIEW

(Bilal & Sari, 2020) The frequently draws attention to the widespread problem of nursing burnout, which is linked to high workloads and organizational issues. Attitudes toward patient safety, both attitudes and actions, are critical in healthcare environments. Research indicates a strong correlation between burnout, namely emotional weariness, and unfavourable attitudes toward patient safety, which manifest as a decline in attentiveness and an increase in medical errors. In order to protect the safety of, paediatric nurses must manage burnout special difficulties and emotional demands they face. To support both nurse well-being and patient safety, interventions should concentrate on organizational methods like workload management and creating supportive settings, in addition to providing access to mental health support services and individual resilience training.

(Åstrom et al., 1990) The study looked at burnout, and empathy among different types of nursing personnel in various types of care environments. Comparing registered nurses (RNs) to licensed practical nurses (LPNs) and nurses' aides, RNs showed the highest levels of empathy and reported far reduced burnout. There was a small negative association between burnout and empathy, indicating that burnout may have an effect on nursing staff members' levels of empathy, even if there was no linear correlation between burnout, attitudes, and empathy. In light of growing patient complexity and workload in long-term care settings, these findings emphasize the significance of addressing burnout and offering focused support to nursing staff, especially LPNs and nurses' aides, in order to preserve empathy and positive attitudes toward patients, especially those with dementia.

(Leiter et al., 1998) An increasing number of studies has looked at how patient satisfaction and care results are affected by nurse burnout, intention to leave, and meaningful employment. In healthcare settings, burnout has been extensively examined and has been associated with depersonalization, emotional exhaustion, and a decline in personal accomplishment. It also affects nurses' well-being and the standard of patient care (Maslach et al., 2001; Adriaenssens et al., 2015). Studies have also indicated the importance of nurses' perceptions of their work environment, namely the relevance of their duties, in influencing patients' satisfaction levels with their treatment.

(Grønkjær, 2013) The body of research on nursing burnout and stress emphasizes the complex effects of these events on individual nurses as well as the standard of patient care. According to McVicar (2003) and Adriaenssens et al. (2015), stress has been found to be a major contributing factor to a number of health issues that affect nurses, including psychological and physical symptoms as well as lower productivity and job satisfaction. Additionally, stress has been connected to nursing staff members' plans to leave their careers and feel dissatisfied with their careers, underscoring the wider organizational effects of nurse burnout (Pérez-Francisco et al., 2020) The discrepancy between the growing demand for primary care and the scarcity of primary care nurses is causing worry for healthcare systems worldwide. This situation has a detrimental impact not only on the health and well-being of the nursing staff, but also on the safety and quality of patient care. The current body of literature highlights the complex relationships between burnout, illness among nurses, and an excessive workload, as well as how these relationships impact patient safety and service quality. Research consistently demonstrates that burnout syndrome is common among primary care nurses, which has a detrimental effect on both the nurses' personal health and capacity to deliver care. However, there is still a dearth of information about the (Gama et al., 2014) The literature surrounding burnout among nurses coping with death-related issues underscores the complex interplay of socio-demographic, professional, and personal factors in shaping nurses' experiences and responses to end-of-life care. Previous studies have highlighted the significant emotional and psychological challenges faced by nurses working in internal medicine, oncology, haematology, and palliative care departments, where exposure to death and dying is frequent (Ferrell et al., 2017; Seifart et al., 2014) While burnout is a pervasive concern in healthcare settings, research specific to nurses dealing with death issues has shown varying levels of emotional exhaustion, depersonalization, and personal accomplishment across different clinical specialties (Piers et al., 2012; Shanafelt et al., 2009). Additionally, factors such as purpose in life, attachment style, and attitudes towards death have emerged as potential protective or risk factors for burnout among nurses in these specialized areas (Weiss et al., 2018; Zhang et al., 2020) This study contributes to the existing literature by examining the unique predictors of burnout dimensions among nurses in internal medicine, oncology, haematology, and palliative care departments,

highlighting the importance of targeted training and support strategies to promote nurses' well-being and resilience in coping with death-related challenges.

(AL Ma'mari et al., 2020) In the literature, there is a growing recognition of the intricate relationship between nurse factors, such as fatigue, workload, burnout, and the work environment, and their impact on perceptions of patient safety in critical care settings. Numerous studies have documented the detrimental effects of fatigue and high workload on nurses' cognitive functioning, decision-making abilities, and overall job performance, all of which can compromise patient safety (McHugh & Ma, 2014; Gurses et al., 2009) Furthermore, among healthcare workers, including critical care nurses, burnout—which is defined by emotional weariness, depersonalization, and a diminished sense of personal accomplishment—has been repeatedly associated with a worse adherence to safety procedures and a higher risk of medical errors. Furthermore, the work environment—which includes things like staffing numbers, collaboration, and organizational support—has a significant impact on how nurses view the patient safety culture.

(Aiken et al., 2012; Kutney-Lee et al., 2009) This study contributes to the existing literature by empirically examining the predictive factors for patient safety perceptions among critical care nurses in Oman, highlighting the need for targeted interventions to address fatigue, burnout, and work environment issues to enhance patient safety culture in Omani hospitals.

(Teng et al., 2010) In the literature, the global nursing workforce crisis has underscored the impact of time pressure and burnout on nurses' ability to deliver safe and effective patient care. Extensive research has established a strong correlation between burnout and adverse patient outcomes, including medication errors, patient falls, and nosocomial infections

(Dall'Ora et al., 2015; Aiken et al., 2002) The combined impacts of burnout and time constraints on patient safety results, however, have not received much attention in studies. By examining the relationship between time constraints and nursing burnout and how it affects nurses' perceptions of patient safety in northern Taiwanese medical centers, this study closes a significant research gap. The results highlight the necessity of focused interventions to support nurses' well-being and improve the quality of patient care, and also highlight the significance of addressing both time pressure and burnout in nursing practice to offset their combined influence on patient safety.

(Åström et al., 1991) In the literature, Because it affects and healthcare outcomes, the relationship between burnout, empathy, and attitudes among nursing staff in geriatric and psychogeriatric care settings has drawn more attention. Previous studies have demonstrated the high frequency of burnout among the elderly and mentally ill. This condition is frequently linked to a heavy workload, emotional strain, and difficult patient behaviours.

(Curyto et al., 2010; Banerjee et al., 2009) However, little is known about how nurses' attitudes and ability to empathize with mentally ill patients are impacted by exhaustion. This study advances knowledge by shedding light on the dynamic connections between burnout, empathy, and attitudes among nursing staff over the course of a year. It does this by longitudinally assessing changes in these variables and their implications for patient care. Addressing burnout and fostering supportive work cultures are crucial to improving the quality of treatment for this vulnerable patient population. According to the study, burnout is linked to a decline in empathy and a decrease in favorable sentiments toward individuals with mental illnesses. Moreover, the discovery of crucial elements that lead to burnout—like time spent in the present job and feedback obtained there—highlights the requirement of concentrated

NEED FOR THE STUDY: Because nursing burnout has a significant impact on patient care, workforce stability, financial ramifications, ethical considerations, and broader public health outcomes, research on this topic is crucial. There is an immediate need to address burnout among nurses because it has been associated with a rise in medical errors, a decline in the quality of care provided, and a decrease in patient satisfaction. Elevated rates of burnout are a contributing factor to nurse attrition and work discontent, resulting in substantial expenses related to hiring, training, and lost productivity. Ethically, healthcare organizations have a responsibility to safeguard the well-being of their staff, including preventing burnout to foster a supportive and sustainable work environment. Researching nurses' burnout not only informs effective interventions to improve working conditions and support systems but also guides policy development aimed at enhancing healthcare delivery and promoting overall public health. By addressing burnout comprehensively, healthcare systems can better support their nursing workforce, enhance patient outcomes, and ensure the integrity and efficacy of healthcare services for the benefit of both healthcare professionals and the communities they serve.

OBJECTIVE OF THE STUDY: To investigate how organizational policies and practices impact nurse burnout in Chiguru Multi-Specialty hospital.

SCOPE OF THE STUDY: The goal of the study is to ascertain the extent of burnout that nurses experience in healthcare settings as well as the patient-related factors that influence this problem. Additionally, the study will investigate how managerial decisions and organizational support systems can either lessen or increase nurse burnout. To enhance patient outcomes, foster a positive work environment, and increase nurse resilience, the research aims to clarify the relationships between organizational dynamics, patient care, and nurse well-being. The study's findings will give legislators and officials in the healthcare sector helpful recommendations for initiatives aimed at reducing nurse burnout and improving the calibre of patient care.

Reliability Test

The reliability of the scale was assessed using Cronbach's Alpha, a measure of internal consistency. The results are summarized in the table below:

Reliability Statistics		
Cronbach's Alpha	Cronbach's Alpha Based on Standardized Items	No of Items
0.772	0.729	9

The Cronbach's Alpha value of 0.772 indicates a good level of internal consistency among the nine items in the scale. This suggests that the items are measuring the same underlying construct reliably. The slight difference with the standardized alpha (0.729) suggests that the scale's reliability is consistent across items, even when standardized. Overall, the scale is suitable for research purposes and provides reliable results.

CORRELATION ANALYSIS

A Pearson correlation coefficient of 0.232, which indicates a weakly positive link, is found when the correlation between

Correlations			
		Year of experience	How often do you work night shifts?
Year of experience	Pearson Correlation	1	0.232
	Sig. (2-tailed)		0.097
	N	52	52
How often do you work night shifts?	Pearson Correlation	0.232	1
	Sig. (2-tailed)	0.097	
	N	52	52

"Year of experience" and "How often do you work night shifts" is analyzed. This implies that there is a minor increase in the frequency of working night shifts with an increase in years of experience, although the link is weak. This indicates that the association is not statistically significant at the 5% level. The p-value, or significance value, is 0.097, which is greater than the customary 0.05 threshold for statistical significance. This implies that not enough information is available to conclude that the discovered relationship deviates significantly from zero. With a sample size of 52, the data provides some information; nevertheless, the power of the statistical test may be limited, making it more challenging to discover the statistics show a positive correlation between years of experience and the frequency of working night shifts, however this relationship is not statistically significant at the 5% level. As a result, we are unable

to conclude with certainty from this data alone that an increase in years of experience corresponds to a rise in the number of night shifts worked.

REGRESSION

ANOVA ^a						
Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	1.203	1	1.203	1.935	.170 ^b
	Residual	31.104	50	0.622		
	Total	32.308	51			

An overview of the variability in the model described by the independent variable is given by the ANOVA results. The variability described by the independent variable is shown by the regression sum of squares, which is 1.203; the variability left unexplained by the model is shown by the residual sum of squares, which is 31.104. The overall variability of the dependent variable is represented by the sum of squares, which comes out to 32.308. The model has one predictor variable with a regression degree of freedom of 1, and the number of observations less the estimated parameters is accounted for by a residual degree of freedom of 50. 1.203 is the regression mean square, and 0.622 is the residual mean square. The ratio of the regression mean square to the F-statistic of 1.935

Coefficients

Coefficients						
Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.
		B	Std. Error	Beta		
1	(Constant)	2.095	0.362		5.788	0.000
	How often do you work night shifts?	-0.186	0.134	-0.193	-1.391	0.170

The coefficients table shows the relationship between the dependent variable, "How often do you work night shifts?" and the independent variable. The unstandardized coefficient for night shifts is -0.186, meaning that for every unit increase in the frequency of working night shifts, the dependent variable is expected to decrease by 0.186 units, assuming other factors remain constant. Additionally, the standardized coefficient (Beta), which is -0.193, shows a slight inverse correlation. However, the t-statistic of -1.391 and the p-value of 0.170 suggest that this relationship might not be statistically significant at the 0.05 level. The intercept of 2.095 represents the projected value of the dependent variable when the independent variable is zero. Taking everything into account, the study reveals that the frequency

V. FINDINGS

- The study aimed to assess how organizational policies and practices impact nurse burnout at Chiguru Multi-Specialty Hospital.
- Hypotheses were formulated to test the relationship between organizational policies and nurse burnout, with the null hypothesis stating no significant relationship exists.
- The reliability of the scale used to measure nurse burnout was confirmed with a Cronbach's Alpha of 0.772, indicating good internal consistency across nine items.
- A weak positive Pearson correlation (0.232) was found between "Year of experience" and "How often do you work night shifts," suggesting a slight increase in night shifts with more experience.
- The correlation was not statistically significant, as indicated by a p-value of 0.097, meaning there is insufficient evidence to conclude a meaningful relationship.
- ANOVA results showed that the regression model did not significantly explain the variation in nurse burnout, with an F-statistic of 1.935 and a p-value of 0.170.

- The unstandardized regression coefficient for night shifts was -0.186, indicating a slight inverse relationship with the dependent variable, but this was not statistically significant.
- The t-statistic of -1.391 and a p-value of 0.170 further supported the lack of statistical significance in the relationship between night shifts and nurse burnout.
- The overall findings suggest that neither years of experience nor the frequency of night shifts significantly predict changes in nurse burnout in this study.
- The study concludes that additional research with a larger sample size or additional variables may be necessary to uncover potential relationships affecting nurse burnout.

VI. SUGGESTIONS

- Include additional factors such as nurse-to-patient ratios, workload, emotional support, and leadership styles.
- Increase the sample size for more reliable and generalizable results.
- Conduct a longitudinal study to track changes in burnout over time.
- Incorporate qualitative methods like interviews or focus groups for deeper insights.
- Compare findings with similar studies in other hospitals to identify best practices.
- Evaluate the effectiveness of specific organizational changes or interventions on burnout.
- Analyse burnout levels across different departments within the hospital.
- Implement a feedback system for ongoing improvements based on nurses' experiences.

VII. CONCLUSION

The study aimed to explore the impact of organizational policies on nurse burnout at Chiguru Multi-Specialty Hospital but did not find a statistically significant relationship. This suggests that other factors, such as personal stress management or external support systems, may play a more substantial role in nurse burnout. The study confirmed the reliability of the measurement tools used and highlighted the complexity of burnout, indicating that broader factors beyond organizational policies might be influencing nurse well-being. Future research should explore additional variables such as workload and emotional support to better understand and address nurse burnout. Despite the findings, the hospital's commitment to technology, patient-centred care, and community engagement may contribute positively to reducing burnout, underscoring the need for a comprehensive approach to support nurses effectively.

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