



**A SCIENTIFIC PROTOCOL TO STUDY THE
IMPACT OF PROFESSIONAL BURNOUT, DEPRESSION &
ANXIETY ON THE PERSONAL AND PROFESSIONAL LIVES
OF GOVT AND PRIVATE NURSES**

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ABSTRACT

It's a comparative study; deals with the adverse effects of work related burnout, Depression, Anxiety and stress on Government and Private Nurses on their wellbeing and Work performance. The patient care professionals can have inadequate response to stressful situation at their personal and professional life; can trigger them into burnout. Clinical nurses, who may work for long working hours & inadequate remuneration, as well as certain risk factors such as clinical conflicts, the outrageous demand of patients who need health care, ethical dilemmas, wages problem and the fear of lawsuits can get burnout or depression or both. In our study we individually assessed all the four variables and compared them diagonally with each other to

find the effects, have significant differences or not. This is an experimental cross sectional study, in which the data's were collected from nurses of three different hospitals, whose clinical work experiences around 10 years and more. Health care nurses around 50 no's selected as sample for this study, and they categorised into 4 groups, based on two criteria, 1. Male nurses working in GH, 2. Female nurses working in GH, 3. Male nurses working in Private hospitals, & 4. Female nurses working private hospitals. Correspondence analysis of psychological variables was analyzed using Chi square test and Co-relation coefficient statistical tests. These analyses were carried out to determine the dependence between occupational stress and burnout as well as their effects on subjective well being and work performance in their working area. Finally, we have compared the effects of Independent variables on dependent variables by correlation coefficient. It was proved that nurses working in both Govt and Private hospitals have significant variation with their burnout syndrome and Depression & Anxiety, very quickly and suffer them personally. On the other hand it finds the significant variations of effects on Male and Female nurses of GH and Private both.

KEYWORDS: Professional Burnout, Depression & Anxiety, Govt and Private Nurses.

INTRODUCTION

The Indian Health care professionals are among the efficient and multi-tasking people, and the professional responsibilities have dealt with them are meticulous as well here it is not a time bound activity, so that they need to face a lots of professional challenges and personal issues. Nursing is the kind of job in which professionals have to deal with immense workload which can result in a lot of health problems, both physical and psychological. Apart from that, the patients that come to hospitals themselves accompany a host of problems with them such as the stress of being ill; being frightful and apprehensive about their future and often they are very bitter and sometimes even indignant. Burnout is one of the big deal to cop up occupational and personal fulfilments in any such full time job. It is important to identify organizational stressors that are related to job burnout in order to promote and facilitate strategies aimed at its prevention and reduction. In the nursing professionals, while they handle their patients, they themselves got suffered because of the Physical, Psychological and Mental issues of the patients they handled with. Then, they will lead to a variety of negative

outcomes (e.g., physical illness, reduced happiness, separation, absenteeism, etc.) In this study we have measuring their efficacy and inefficiency due to unbound responsibilities they have taken to care about their patients and clients and through that how much they got affected in their professional and personal life scenario.

The another issue faced by the Indian health care professionals is depression & Anxiety, These include

- extreme exhaustion,
- feeling down, and
- Reduced performance.

[11]mention in their systematic review, it has been found that inventories that assess burnout, and more specifically the subscale of emotional exhaustion—the core component of burnout—are positively correlated with depressive symptoms. This study is in the form of comparative study on two different dimensions, among them such difference of effect of burnout, depression and Anxiety on Government hospital working nurses and Private hospital working nurses, Because of their workload, responsibility and control factors may vary with the types of organisations in which they works. So the researcher planned to

find the level of problem faced by different organisation employed nurses. Second dimension is the levels of problems faced by different genders such as male nurses and female nurses, as their both mental condition, family responsibilities, Individual capabilities are different. Correspondence analysis of the socio demographic, organizational and psychological variables will be analyzed using Chi square test and Coefficient of Correlation, statistical tests to identify the relationship between the variables. These analyses are also carried out to determine the dependence between occupational stress and burnout as well as male, female difference.

OPERATIONAL DEFINITIONS

- 1. Burnout:** The term burnout is characterised by “physical or emotional exhaustion, especially as a result of long-term stress or dissipation”
- 2. Depression:** Depression is classified as a mood disorder. It may be described as feelings of sadness, loss, or anger that interfere with a person’s everyday activities.
- 3. Anxiety:** it is “a psychological and physiologic state characterized by cognitive, somatic, emotional, and behavioural components.”
- 4. Subjective wellbeing:** Subjective well-being (SWB) refers to how people *experience* and *evaluate* their lives and specific domains and activities in their lives.
- 5. Work Performance:** Work performance is defined as the total expected value to the organization of the discrete behavioural episodes that an individual carries out over a standard period of time.

REVIEW OF RELATED LITERATURE

[12] stated, Burnout refers to a state of exhaustion due to long working hours, a large workload, and high work intensity [1]; it is also characterized by psychological fatigue. Depression comprises a group of emotional mental disorders or illnesses with the main feature of significant mental disorders, often accompanied by corresponding thinking and behaviour changes. Job performance is a multidimensional, continuous, measurable factor associated with the goals of the institution. It is a relatively broad concept that includes the behaviour of the individual and the results of such behaviour. Many factors affect employee performance. Some researchers believe that job performance is a function that is closely related to personal factors such as anxiety [5, 6]. Burnout it is not limited to emotional exhaustion and workload and high work intensity are not the only factors that contribute to burnout development.

[16] studied that Eight cross-sectional studies met the inclusion criteria, with a total of 1406 health professionals. The sample was limited to nurses, physicians and social workers. None of the included articles presented data about other health professionals. Seven of the included studies assessed the prevalence of burnout using the same instrument - the Maslach Burnout Inventory. Data revealed a prevalence of burnout of 17.3% among health professionals. Personal Accomplishment was the sub-scale from the Maslach Burnout Inventory that had the highest prevalence (19.5%). Nurses had higher levels of Emotional Exhaustion (19.5%) and Depersonalization (8.2%), and physicians had lower levels of Personal Accomplishment (41.2%). The prevalence of burnout was, however, higher in social workers (27%). The palliative care context with the highest prevalence of burnout was home care (19.6%). [10] The inventory has three categories: psychological fatigue; loss

of enjoyment of work; and (attitudinal) hardening. Female nurses in three-shift work reported more stress symptoms and had ceased to enjoy their work more often than women in two-shift work. Psychological fatigue and hardening were not dependent on the shift system. Male nurses experienced the same amount of burnout and stress in two- and three-shift work. Besides shift work, occupational demands and passive stress coping strategies contributed to the experience of burnout and stress. Family demands did not correlate with burnout of the nurses [8], concluded in their study that, Stress has become the most important factor influencing individual efficacy and satisfaction in modern day occupational settings. In this context, the nursing profession is increasingly characterised by occupational stress. This study was conducted with the aim of investigating the effect of role stress in a sample of 120 nursing professionals of government and private hospitals. They were administered Organisational Role Stress Scale by Pareek & Ipar; 1981; in order to assess the level of stress experienced by them. The obtained results revealed that male nurses experienced significantly higher stress level as compared to females. Second, male nurses from private hospitals showed significantly higher level of stress levels than the government nurses on eight out of the ten dimensions of Organisational Role Stress Scale.

Workload, i.e., “the amount of work that has to be performed”, is one of the most significant stressors, investigated in many studies. This source of physical and psychological strain affects the individuals’ health and their well-being at both high and low levels of load. Workload can be quantitative (i.e., sheer amount of required work and a time frame for the work to be completed) or qualitative (i.e., individuals’ affective reactions to their jobs). Quantitative work under load, which refers to boredom and monotonous work conditions with lack of stimulation and

challenges, is also identified as a potential stressor at work. This stressor appears to predict anxiety, depression, and job dissatisfaction. Quantitative work overload refers to the amount of work that should be done under the pressure of time. These stressors appear to relate to high levels of strain and job performance. Similarly, Qualitative overload and under load, on the other hand, are also identified as sources of stress at the workplace. [17] has found that working under rotating shifts, night shift in particular, can affect individuals’ as well as their families’ health-related outcomes and overall subjective well-being. distinguish six types of environmental work stressors: 1) factors intrinsic to the job, 2) organizational roles, 3) work relationships (e.g., with supervisors, subordinates, and colleagues), 4) career development issues, 5) organizational factors (e.g., structure, climate, culture, and policy), and 6) the work-home interface. Furthermore, a study on military nurses serving in isolated installations of the South African National Defence Force indicates that lack of support from supervisors, high responsibility, long working hours, and role overload are the four most common work stressors reported by nurses.[3]concluded Out of 450 nurses enrolled 19 were excluded due to partially complete responses. The participants were all female nurses working on day shift during the study period. The baseline characteristics of the nurses are as given in. Majority of the nurses in the study population worked in private sector for an average 48 hours per week. They were distributed across thirty different work areas in the hospitals. Comparison of perceived causes of stress showed that the nurses working in private sector had significantly lesser job satisfaction, more stress due to conflicts with doctors and patients and felt that work affected their relationship with family and friends when compared those working in government hospital. Significantly increased fear of acquiring infectious diseases from patients in hospital was seen with the nurses in the

government sector ($P = 0.003$). The nurses working in private hospital were more significantly anxious compared to those in the government hospital [75.7% (281) versus 63.3% (38) respectively; $P = 0.042$]. [1] concluded that A descriptive study was conducted to assess the occupational stress among nurses working in Government and private sector in Kottayam District, Kerala. The research study was undertaken in one government medical college hospital and two private hospitals of Kottayam district, Kerala, India. Sample consists of 400 nurses selected by simple random sampling technique, 200 each from the government and private sector. The Tools used for the study were socio-personal data sheet and a stress assessment rating scale. The maximum score of the stress assessment rating scale was 448 which is categorized as mild stress (1-149), moderate stress (150-299) and severe stress (300-448). All the staff nurses in the present study experienced stress ranging from mild to severe. The findings showed that the mean stress score of the nurses working in government sector was significantly higher than that of the nurses working in private sector ($t=2.52$, $p<0.05$). Present study findings revealed a significant association between occupational stress of nurses and the presence of elderly at home.[15] estimated that 90% of all studies analysing the burnout syndrome had used the Maslach Burnout Inventory (MBI) as a measurement instrument. Burnout is a syndrome that causes severe problems for both professionals who suffer from it and recipients of their work. In general, research has indicated that there are negative consequences of a psychosomatic, behavioural, emotional, attitudinal, social, and organisational nature. Burnout involves problems such as anxiety, irritability, changes in mood, insomnia, depression, and drug use In addition, this syndrome is associated with a decrease in work performance and health problems linked to stress .Empirical findings from different organisational settings support the negative

association between burnout components and extra role behaviours, and the relationship between chronic exposure to stressful events, job stress, and contextual performance Contextual performance is considered one of the possible consequences of burnout. Particularly, some scholars suggest that employees' sense of emotional and mental resource depletion prevents them from putting extra effort into or spending personal time on activities that exceed job requirements, are discretionary, and are likely not rewarded .

[7], mentioned in their study that the effect of job burnout on worker well-being has attracted the attention of organizational researchers and administrators for two central reasons. The first is the ethical responsibility of organizational leaders to protect the well-being of employees in the workplace .Work is ever present in the lives of most adults. Work is not merely a source of livelihood; for many, work fulfils intrinsic needs such as motivation, belonging, and accomplishment .The second is the impact of worker well-being on his or her performance, which can subsequently shape service provision and client outcomes stated that, Nursing is a profession with high level of Occupational Stress, especially for those employed in hospice settings. Occupational Stress has captured the attention of investigators from the variety of disciplines during past decade. Perhaps this is a consequence of the Department of Labour's identification of nursing as a particularly stressful occupation . Not only does stress effect the patient in the environment, it can engulf the nurse as well. Many nursing tasks are mundane and unrewarding. Many are, by normal standards, distasteful, even disgusting, others are often degrading; some are simply frightening". Researchers have noted that those with a close responsibility for the 'lives of others' are more often victims of a range of stress related diseases such as peptic ulcers, myocardial 6 infarctions, hypertension and diabetes. Workers in the caring professions

are faced with a number of sources of Occupational Stress which are unique to the nature of their job. The nursing profession and the stress commonly associated with it has been the subject of considerable concern for decades. This is perhaps not surprising given that nursing is widely perceived to be one of the most inherently stressful of occupations, often characterized by high rates of staff turnover, absenteeism and burnout⁴⁴. Common to most of the research is the desire to establish the impact and consequences of such pressures on the quality of working life and well-being of nurses. In recent years, a considerable body of evidence has accumulated on the effect of stress on health in variety of health professions. In several studies, work overload has been the most significant predictor of poor mental health outcome⁴⁴. Most of the studies focused on nurses, but the studies were not always clear regarding which types of nursing personnel participated. Registered nurses (RNs) were the dominant focus. Other investigations considered licensed practical nurses (LPNs) and nursing aides; licensed nurses (e.g., RNs and LPNs); RNs, aides, and clerical staff; and generic assessments of nursing staff. Only four of these investigations considered the effect of stress and burnout among nurses on patient outcomes. These studies examined burnout in relation to increased mortality, failure to rescue, and patient dissatisfaction. Similarly, in an investigation of the relationship between personal stress and clinical care, 225 physicians reported 76 incidents in which they believed patient care was adversely affected by their stress. [1] concluded that A descriptive study was conducted to assess the occupational stress among nurses working in Government and private sector in Kottayam District, Kerala. The research study was undertaken in one government medical college hospital and two private hospitals of Kottayam district, Kerala, India. Sample consists of 400 nurses selected by simple random sampling

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OBJECTIVES

- To explore that is there any association between work related burnout and Depression, Anxiety and stress on Health care nurses working in both Govt and private hospitals and compared.
- To find out the difference of effect of work related stress induced Burnout on Subjective well being of clinically working Health care nurses in both Govt and private hospitals of South Indian region.
- To find out any relationship with both Depression, Anxiety and stress on Subjective well being or Job performance of Govt and Private hospital working nurses involved in clinical duties in South India.
- To find out the difference of impact on Job performance and Subjective well being of Professional staff Nurses due to Burnout and Depression & Anxiety at South India.
- To explore the effect on both Male and Female nurses on their subjective well being and Job performance by burnout, depression & anxiety in south indian hospitals.

HYPOTHESES

- H₀: Health Care Nurses working in both Govt and Private Hospitals have got significant relation in their psychosomatic issues such as subjective well being, and Job performance mediated by Professional work stress related burnout and depression.
- H₁: Health Care Nurses working in both Govt and Private Hospitals have got significant difference on their psychosomatic issues such as subjective well being and Job performance mediated by work stress burnout and Depression, Anxiety and stress in their long work experience.
- H₂: Professional Health care Male and Female Nurses working in Govt Hospitals have got significant association with subjective wellbeing, mediated with Professional Burnout.
- H₃: Professional Health care Male and Female Nurses working in Private Hospitals have got significant association with their Job performance, mediated by Depression, Anxiety & Stress.
- H₄: Professional Health care Male and Female Nurses working in Govt sector have significant difficulty in moderating the relationship between professional Burnout with their subjective well being due to their long professional work stress caused Burnout.
- H₅: Professional Health care Male and Female Nurses working in Private sector have significant difficulty in moderating the relationship between depression &

Anxiety with their Job performance due to their long professional work stress caused Depression and Anxiety.

METHODOLOGY

The central aim of this research study is to analyze the effect of burnout, and Depression, Anxiety & stress phenomenon on their personal life changes from the perspective of the affected health care Nurses. There are four tools were used for the study to find expected values for the study. The measurements of levels of burnout, Depression & Anxiety and there consequences on subjective well-being and Job performance of the health care Nurses working in different shifts. Here, we are intended to find out the effect of burnout on subjective well of the selected samples.

Sampling Technique: The participants for the study were recruited by using simple random sampling technique to collect the data from clinically working Nurses from various Hospitals, in and around south Indian region, and the number of samples collected was around 80 people who completed the inclusion criteria for the study. From these samples, the data of only 50 people were taken for analysis, as they only completed filling, all the 4 tools which were distributed to them. The samples were collected in 4 category group of people, Female nurses working Govt sector, Male nurses working Govt sector, Female nurses working Private sector and male nurses working private sector.

TABLE 1. No of Participants in different group

| Gender | Nature of job | | Total |
|--------|---------------|---------|-------|
| | Government | Private | |
| Female | 12 | 15 | 27 |
| Male | 9 | 14 | 23 |
| Total | 21 | 29 | 50 |

Population of the study: Health Care Nurses of various disciplines working in the Govt and Private Hospitals in and around South Indian Region.

Criteria For Selection

Inclusion criteria

- Health care Nurses working in both Govt and Private Hospitals of south India region
- Both male and female Health care Nurses are selected
- Professional clinical Nurses of different departments are selected for study
- Professional clinical Nurses of different responsibilities are selected for study
- Age group of nurses between 30 and 45 years
- Having Professional clinical experience not less around 10 years
- Nurses working in different shifts

Exclusion Criteria

- People who have features and Characters other than inclusion criteria are excluded

Variables Of The Study

Independent Variable

- Burnout
- Depression & Anxiety

Dependent Variable

- Subjective Wellbeing
- Job Performance

Tools

Maslach Burnout Scale: Maslach Burnout Scale was developed by Maslach and Jackson (1981) in order to determine the level of burnout. It is a scale consisting of three sub-dimensions as emotional exhaustion, depersonalization, and personal accomplishment and 22 items that have defining characteristics of these dimensions³¹. Depression Anxiety and

Stress Scale (DASS 21): The Depression, Anxiety and Stress Scale - 21 Items (DASS-21) is a set of three self-report scales designed to measure the emotional states of depression, anxiety and stress. Each of the three DASS-21 scales contains 7 items, divided into subscales with similar content. The DASS-21 is based on a dimensional rather than a categorical conception of psychological disorder. The assumption on which the DASS-21 development was based (and which was confirmed by the research data) is that the differences between the depression, anxiety and the stress experienced by normal subjects and clinical populations are essentially differences of degree. The DASS-21 therefore has no direct implications for the allocation of patients to discrete diagnostic categories postulated in classificatory systems such as the DSM and ICD. Recommended cut-off scores for conventional severity labels (normal, moderate, severe)

The Subjective Well Being Inventory (SWBI): It is designed to measure feelings of well being or ill being of the person selected for the study, as experienced by an Individual or a group of individuals in various day to day life concerns. This is a questionnaire on how you feel about some aspects of your life. It consists of 40 items, each question may be answered by one of the given 3 categories by putting a circle around the number, which seems to represent your feelings best.

Measurement of job performance: The four-dimensional framework of provides a theoretical starting point for developing such an instrument. Terms included here are task performance, contextual performance, adaptive performance, and counterproductive work behaviour.

DATA ANALYSIS AND INTERPRETATION

The obtained data were proposed to be subjected to statistical treatment by

quantitative analysis with the use of Microsoft Excel 10 in order to extract the values of Chi square test and coefficient of Co-relation. Here the Chi square test done, as there were more than two variables got selected for the study purpose. And the coefficient of co-relation for the purpose of comparing the effects of work-related burnout on subjective wellbeing and its impact on work performance among male and female Nurses of Government and Private hospitals in South India. The same

way the effect of Depression and Anxiety on subjective wellbeing and on work performance at male and female Nurses of Government and Private hospitals. The above method of data analysis was used to extract the correlation value between Stress induced Depression & Anxiety on Subjective wellbeing and Job performance of both Government and Private Nurses. Finally, the values of correlation had been compared.

RESULT

TABLE 2. Individual Mean Value of all the 4 variables and Difference of Mean between the group

| | Nature of job | Group | Mean | Difference of Mean |
|--------------------------------------------------|---------------|--------|------|--------------------|
| Maslach Burnout Inventory | Government | Female | 3.11 | -0.13 |
| | | Male | 3.24 | |
| | Private | Female | 3.08 | -0.1 |
| | | Male | 3.18 | |
| Depression, Anxiety & Stress 21 scale | Government | Female | 1.62 | 0.06 |
| | | Male | 1.56 | |
| | Private | Female | 1.47 | -0.07 |
| | | Male | 1.54 | |
| Subjective Well Being | Government | Female | 3.03 | 0.15 |
| | | Male | 2.88 | |
| | Private | Female | 2.99 | 0 |
| | | Male | 2.99 | |
| Work Performance | Government | Female | 2.03 | 0.03 |
| | | Male | 2 | |
| | Private | Female | 2.01 | 0.11 |
| | | Male | 1.9 | |

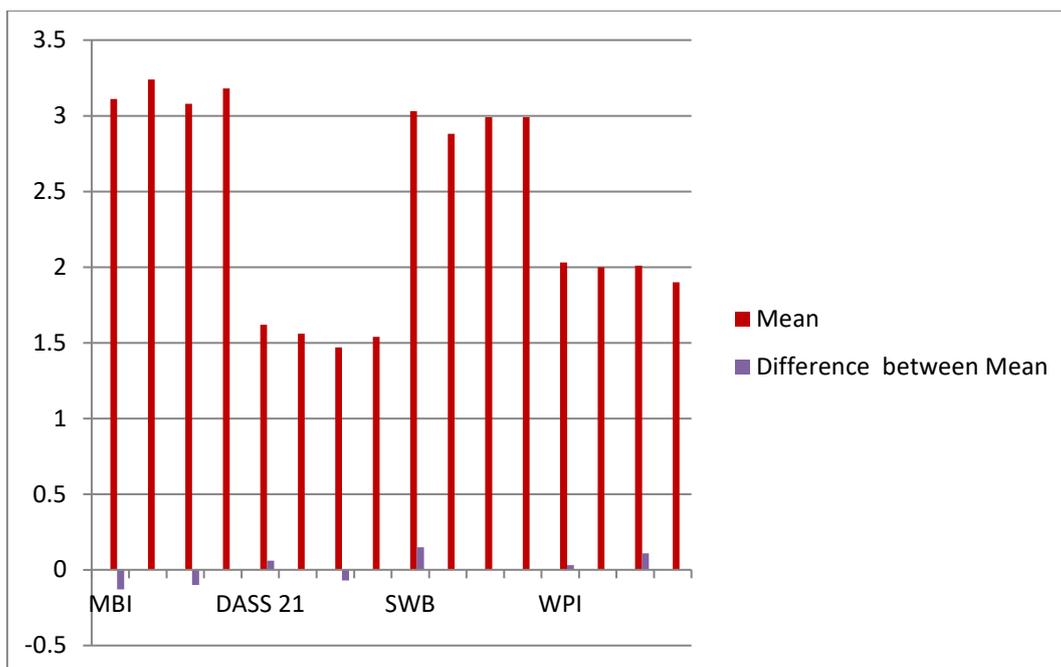


Figure 1. Mean Value of Individual group and difference of Mean between the Groups

Formula for Chi – Square test:

$$\chi^2 = \sum \frac{(O - E)^2}{E}$$

O = the frequencies observed

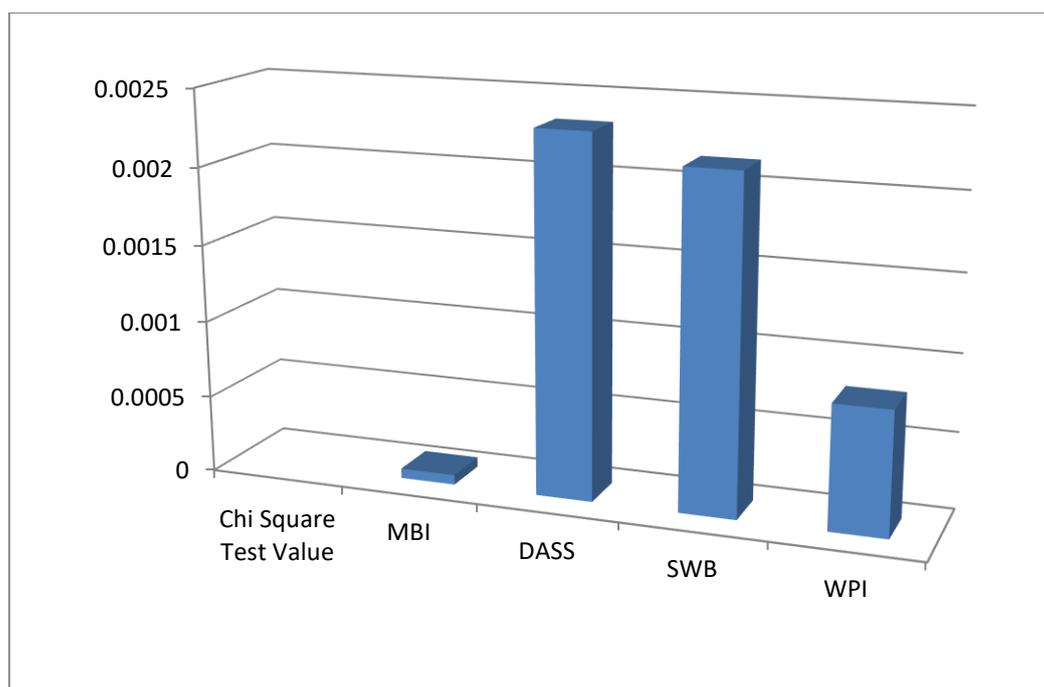
E = the frequencies expected

\sum = the 'sum of' (1)

χ^2 - The test statistics

TABLE 3. Chi Square Test Values of individual variables

| Chi Square Test Values | |
|------------------------|----------|
| MBI | 6.35E-05 |
| DASS | 0.002328 |
| SWB | 0.002153 |
| WPI | 0.000806 |



GRAPH 2. Chi square test value of the individual variables

From the above table.3 and Graph.2 are indicating the calculated X^2 test values of burnout 0.0000635 is less than table value 3.841 at its 0.05% confidence level, and the degree of freedom at 1 ie. $CV < TV$, there is a significant relationship between Govt and Private nurses, at their working place. So, H_0 hypothesis is accepted. The same way, values of Depression scale 0.002328, Subjective wellbeing 0.002153, and work performance Inventory 0.000806, are less

than the table value ie. $P = 3.841$ for the confidence level at 0.05. As per the report of the above table and their values, here we also accept the hypothesis H_3 and H_5 .

Formula for coefficient of Co-relation:

$$r = \frac{n(\sum xy) - (\sum x)(\sum y)}{\sqrt{[n\sum x^2 - (\sum x)^2][n\sum y^2 - (\sum y)^2]}}$$

(2)

TABLE 4. Coefficient of Co-Relation between the variables

| | MBI | DASS | SWB | WP |
|------|----------|----------|----------|----|
| MBI | 1 | | | |
| DASS | -0.04747 | 1 | | |
| SWB | -0.13512 | 0.070456 | 1 | |
| WP | -0.19795 | 0.120285 | 0.020005 | 1 |



GRAPH 3. Coefficient of Co-Relation between the variables

From the above table we could find that the result of coefficient of correlation values, suggest that the there is negative relationship or there is no any effect of burnout with Subjective well being as well as with work performance of Govt and Private nurses. But, there was a significant effect of Depression, Anxiety and stress on subjective well being more and work performance mildly on both the male and female genders of nurses.

CONCLUSION

From the results of this study, it is evident that the nurses working in both Govt and Private hospitals suffers more or less equally with their stress, anxiety and depression; especially without any gender difference both got suffered with Depression compared to work related Burnout. We establish statistically that the nurses of both working place have got significant impact on employee performance and their subjective well being seriously as a result only due to their depression, anxiety and stress. This finding is additionally suggestive of a relationship between burnout on subjective well being as well as work performance is not heavily impacted, found among this study sample,

as it is confirmed by existing research report.

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