

Nursing Burnout: Literature Review

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November 1, 2021

Nursing Burnout

Nursing burnout can detrimentally affect not only nurses but patient care. It is imperative to find ways to curb burnout as much as possible to alleviate these problems. The purpose of this literature review is to examine three journals that explore demographics, situations, and emotional states that precipitate burnout; this can be valuable information used to find solutions and curb incidence (Houser, 2018). More burnout could lead to a nursing shortage that negatively affects patient care.

Gender, marital status, and children as risk factors for burnout in nurses: A meta-analytic study.

This article seeks to find correlations of burnout syndrome with sociodemographic risk factors (Cañadas-De La Fuente et al., 2018). Knowing who is at risk for burnout may help find and assist the individuals affected. It is imperative to study burnout correlations in nurses to understand the root of the issue better.

Key Points

Only articles using the Maslach Burnout Inventory were accepted to keep data uniform (Cañadas-De La Fuente et al., 2018). The article used meta-analysis in searching several studies as samples. Several databases such as Ovid, ProQuest, and CINAHL helped find relevant studies. The data showed that burnout was more likely for unmarried nurses, men, or without children. Significant correlations are present in gender and marital status with depersonalization. Child presence is significantly associated inversely with the emotional exhaustion and

depersonalization of nurses. The p-values between gender are as follows: Emotional exhaustion $p = 0.114$, depersonalization $p = 0.042$, and low personal accomplishment $p = 0.711$. The p-values between marital status are: Emotional exhaustion $p = 0.480$, depersonalization $p = 0.039$, and low personal accomplishment $p = 0.762$. The p-values correlating with having children are: emotional exhaustion $p = 0.003$, depersonalization $p = 0.036$, and low personal accomplishment $p = 0.703$. The authors conclude that these variables indicate prevention programs for nurses using interventions such as support groups to avoid burnout.

Assumptions

The authors have an assumption that sociodemographic factors may be more accurate in predicting burnout due to contradictory results in studies focusing on work experience, income, and hours worked (Cañadas-De La Fuente et al., 2018). The authors also assumed that a correlation existed between sociodemographic factors and nursing burnout. Lastly, the authors seem surprised that raising children may help prevent burnout, indicating that they assumed burnout would increase with having children.

Deficit/Conclusion

The authors are correct in their findings; they find significance with a p-value of 0.05 or less (Houser, 2018). The implications for this article may mean that nurses without children, divorced or single nurses, and male nurses may be more at risk for burnout (Cañadas-De La Fuente et al., 2018). If the nursing profession discards this article, burnout intervention may lose efficiency; the workforce and patient care may suffer.

Burnout and depressive symptoms in intensive care nurses: Relationship analysis.

This article's purpose is to explore the correlation between burnout and depressive symptoms of nurses working in an intensive care unit (de Vasconcelos et al., 2018). High incidences of occupational stress within ICUs present a unique scenario. Finding a correlation between burnout and depression can help discern treatment and help those at risk.

Key Points

This article uses a quantitative, cross-sectional method with a sociodemographic questionnaire given to 91 intensive care nurses using convenience sampling (de Vasconcelos et al., 2018). The Maslach Burnout Inventory and Beck Depression Inventory provided data with verification via the Pearson test using the scores of both; In addition, Fisher's exact test provided for possible correlations of the diseases. Emotional exhaustion, depersonalization, and a low sense of accomplishment are significant, correlating with increased depressive symptoms ($P < 0.001$). The data was also significant between incidences of burnout in those showing symptoms of depression (40%) than without symptoms of depression (11%), showing a strong correlation between depression and burnout ($P = 0.033$). The author found that nurses that have developed burnout have a greater likelihood of developing depression symptoms than those without burnout.

Assumptions

The authors start from the assumption that burnout links depression (de Vasconcelos et al., 2018). They believe that many providers misdiagnose depression when the accurate diagnosis is burnout. In the end, they conclude that depression precipitates from burnout, not the other way around, but admit this topic is currently under debate.

Deficit/Conclusion

The authors' line of reasoning seems to be acceptable; the article is well-cited and persuasive using a variety of evidence (de Vasconcelos et al., 2018). The implication for this article may not be immediate but can affect further research and protocols surrounding the diagnosis of burnout versus depression. If nursing fails to accept this line of reasoning, further research would be affected while nurses with burnout may be misdiagnosed with depression.

Predictors of burnout syndrome in intensive care nurses

This article seeks to predict burnout factors in intensive care nurses (de Vasconcelos & de Martino, 2017). Finding predictors of burnout can help identify and prevent it from starting. It is imperative to find workable solutions for burnout in nurses to prevent staffing shortages.

Key Points

This quantitative, cross-sectional study collected data from 91 intensive care nurses using a form to capture sociodemographic features and a Maslach Burnout Inventory (de Vasconcelos & de Martino, 2017). The Pearson and Fischer tests determined burnout incidence in different categories. The data examined several variables such as physical activity, income, shift length, workload, second jobs, and participation in training; however, vacation time was the only significant predictive factor. Those who took 25 days or less vacation time were 3.92 times more likely to suffer burnout than those who had a vacation of 30 days or more yearly ($p = 0.034$). The authors concurred with the data and concluded that this study could be a basis for occupational health programs for employees and further research.

Assumptions

The authors start by assuming that long working hours, low pay, workplace conflict, workload, and lack of resources may predict burnout in nursing (de Vasconcelos & de Martino,

2017). Also, they expressed the belief that women are more likely to get involved in patients' problems than their male counterparts. Based upon the correlation of burnout with vacation time taken, the authors further assumed that burnout might be caused by selling vacation time instead of using vacation time as a rest period.

Deficit/Conclusion

A variety of citations and evidence demonstrates the authors' line of reasoning, making it favorable (de Vasconcelos & de Martino, 2017). This study is the first of its kind in Brazil, finding a correlation between the length of vacations and burnout. The implications of this article could incentivize further research in this area; healthcare organizations may be more cautious about overworking their staff as it could debilitate nursing further. The implications of nursing rejecting this study could make the nursing occupation more burdensome, causing more burnout and a shortage of nursing staff.

Conclusion

Burnout is a problem that plagues nurses who use interpersonal skills daily (de Vasconcelos & de Martino, 2017). These articles provide research that can contribute to keeping nurses in their practice longer and away from burnout by decreasing incidence and treating existing burnout victims; this benefits the nursing practice. Patients will be better off with the possibility of having more nurses available with less stress between them, fostering an environment where patients receive more attention and care. This research provides the bedrock for further evidence-based practice development and quality improvements by providing measurable data to launch occupational programs for nursing and healthcare staff while aiding in better healthcare policy. Healthcare facilities will benefit from this research as burnout tends to influence nurses to

change professions creating shortages that affect patients, doctors, and organizations that create excessive burdens across the healthcare system (Cañadas-De La Fuente et al., 2018).

References

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