

Nursing Burnout: Literature Review

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Nursing Burnout

Nursing burnout is a significant concern for nurses, employers, and patients. Developing depressive disorders and other mental health conditions, as well as leaving their jobs, are all risks for nurses. A decline in the standard of patient care can impact an institution's reputation and financial performance. Burnout among nurses can harm patients' health. When dealing with nursing burnout, it is crucial to understand that continual quality improvement is crucial to every health professional's day-to-day tasks (QSEN Institute, 2020, Table 4). A literature review is a thorough summary of earlier studies on a subject. The literature review examines scholarly books, journals, and other sources pertinent to a particular field of study.

Does Self-Compassion Mitigate the Relationship Between Burnout and Barriers to Compassion?

For nurses, burnout has several detrimental effects that may reduce their capacity to provide compassionate patient care. Uncertainty exists regarding the relationship between burnout and compassion, specifically the obstacles to compassion in the medical field (Dev et al., 2018). This article evaluates the relationship between burnout and obstacles to compassion and the possibility that dispositional self-compassion could lessen this relationship (Dev et al., 2018).

Key Points

The recruitment of registered nurses working in New Zealand medical settings involved non-random convenience sampling (Dev et al., 2018). Following consent, a cross-sectional survey with the Copenhagen Burnout Inventory, the Barriers to Physician Compassion scale, and a test of dispositional self-compassion had 799 valid participants (Dev et al., 2018). Higher self-

compassion predicted fewer barriers to compassion, whereas more incredible burnout indicated more significant barriers to compassion. However, self-compassion reduced the link between burnout and barriers to compassion associated with burnout. The interaction revealed that the link was more pronounced among people with higher levels of self-compassion (Dev et al., 2018). This study has a p-value of $< .05$ and $< .01$. In multivariate analyses, the connection between self-compassion and obstacles to compassion is significant for patient/family and clinical barriers to compassion (Dev et al., 2018). However, the interaction between burnout and self-compassion was significant, indicating that the association between burnout and burnout-related barriers varied as a function of trait self-compassion. Lower experience, more workload, and more incredible burnout continued to predict reports of more significant burnout-related barriers. More incredible burnout and reports of greater patient/family barriers remained to be predicted by lower experience, workload, and self-compassion (Dev et al., 2018). However, the interaction between burnout and self-compassion was not statistically significant. Being a woman, having less experience, having a heavier workload, burning out more efficiently, and having less compassion for oneself all predicted higher reports of clinical barriers to compassion. However, the relationship was not statistically significant (Dev et al., 2018).

Assumptions

According to earlier research, the authors anticipated that more burnout would indicate more significant obstacles to compassion. Additionally, they anticipated that self-compassion would lessen the link between nurse burnout and obstacles to compassion (Dev et al., 2018). In the end, they found these assumptions to be untrue.

Deficit/Conclusion

This student thinks the author's line of thinking is sound. One could assume that someone burnt out would find it more difficult to sympathize with their patients. Self-compassion may indicate lower levels of specific barriers, but it does not mitigate the link between burnout and caregiving difficulties (Dev et al., 2018). Thus, it might contribute to a greater understanding among medical professionals of how burnout creates obstacles to the compassion and care they can offer to their patients. Self-compassion is a skill that people learn, and there is no reason to believe that standardized training would not be helpful for nurses in both practice and training. However, it is essential to note that developing greater self-compassion may not always lessen the degree to which burnout links to more considerable compassion barriers (Dev et al., 2018). Nursing interventions promoting self-compassion may also raise nurses' awareness of burnout's effects on their professional lives. Burnout's effects could become more apparent and treatable through experience rather than "soldiering on" (Dev et al., 2018). If this reasoning is not accepted, it could lead to patient neglect.

Influence of Burnout Syndrome on the Quality of Life of Nursing Professionals:**Quantitative Study**

Examining the relationship between burnout syndrome and quality of life might improve nursing practices and foster managers' and professionals' ability to reflect on their actions critically. As a result, it will be possible to implement tactics that less work overload and job dissatisfaction, leading to appropriate levels of mental health in healthcare facilities. This study aims to determine the prevalence and risk factors for burnout syndrome and other factors affecting the quality of life among nursing practitioners (Ribeiro et al., 2021).

Key Points

This research is a cross-sectional, analytical study created with 83 professionals working in Campina Grande's emergency departments (Ribeiro et al., 2021). To assess this sample, researchers use a questionnaire, the SF-36, the Maslach Burnout Inventory scale, and descriptive and inferential statistics to analyze the data (Ribeiro et al., 2021). Most professionals displayed average depersonalization, low professional effectiveness, and average emotional weariness. The link between the syndrome and vitality ($p=0.001$), mental health ($p=0.01$), and overall quality of life ($p=0.04$) were statistically significant (Ribeiro et al., 2021). There was a statistical difference between the scores of the syndrome and the pain ($p=0.03$), vitality ($p=0.04$), and social component ($p=0.03$) (Ribeiro et al., 2021). The effects of burnout syndrome on nursing professionals' quality of life are affected; they are more common in older, higher-paid nursing professionals.

Assumptions

Given that this issue impacts the worker's health, it is reasonable to conclude that it also impacts their quality of life. *Quality of life* is a broad concept of personal perception of the sociocultural context, expectations, and desires and how these factors relate to the community and the workplace (Ribeiro et al., 2021). Thus, assessing the quality of life of nurses permits consideration of the recommendation of health-related interventions that will impact the standard of care, personal happiness, stress reduction, and avoidance of burnout syndrome (Ribeiro et al., 2021).

Deficit/Conclusion

It is possible to identify the effects of work activity on the professional's performance and physical and mental health, as well as analyze the elements that most strongly interfere with this

person's quality of life, by understanding the relationship between burnout syndrome and nurses' quality of life (Ribeiro et al., 2021). This understanding also encourages the creation of preventative measures for high-stress levels in the workplace, intending to delay the onset of the condition and enhance the quality of life (Ribeiro et al., 2021). This student agrees with the author's reasoning that burnout affects the quality of life and nursing care. The study's limitations cite the nurses' heavy workloads, which interfere with their capacity to do the study and make it more difficult for the researcher to recontact them and collect the necessary data.

A Multicentre Study of Psychological Variables and the Prevalence of Burnout among Primary Health Care Nurses

Primary care nurses are responsible for various tasks but frequently face resource constraints. The study aims to determine the extent of burnout among primary health care nurses. Emotional weariness and depersonalization parameters correlate with anxiety, sadness, on-call duty, and seniority-profession (Ortega-Campos et al., 2019). Additionally, emotional weariness had an inverse relationship with age, and depersonalization significantly correlates with gender (Ortega-Campos et al., 2019).

Key Points

This study is a cross-sectional, quantitative, observational study involving 338 PHC nurses from various Andalusian Public Health Service (Spain) centers (Ortega-Campos et al., 2019). The study's nurses showed significant burnout levels in 40.24 percent of them (Ortega-Campos et al., 2019). Personal success correlates with agreeableness, extraversion, responsibility, anxiety, and sadness. Burnout is widespread among nurses working in PHC (Ortega-Campos et al., 2019). The most vulnerable to burnout syndrome are those still in their twenties, with anxiety or depression (Ortega-Campos et al., 2019). The information gathered was

recorded using a research questionnaire. The sociodemographic factors examined were age, marital status, number of children, and gender. Work pattern, being required to be on call, seniority in the workplace, and seniority in the profession were the employment-related variables considered. The test comprised 22 items, each of which assessed the three dimensions of EE, D, and PA on a seven-point Likert scale, from 0 to 6 (Ortega-Campos et al., 2019). Researchers create cut-off points for the existence of burnout about predetermined values. Statistically, researchers found significant differences in the D scale between men and women ($t(331) = 2.52$, $p = 0.012$, $d = 0.28$), with men presenting higher levels (Ortega-Campos et al., 2019). With respect to on-call duties, statistically significant differences were found in the EE scale ($t(232,646) = 1.98$, $p = 0.048$, $d = 0.23$) and D ($t(330) = 2.85$, $p = 0.005$, $d = 0.31$), with higher scores recorded for EE and D by the nurses who performed on-call duties (Ortega-Campos et al., 2019).

Assumptions

Burnout defining as a three-dimensional syndrome in which a worker feels depersonalization. Depolarization is due to the continuous interactions required between the worker and users of the service. Nurses are particularly vulnerable to the condition in the health professions, where those who experience burnout have contact with the public (Ortega-Campos et al., 2019). This sickness affects the personnel and can potentially lower the standard of treatment given (Ortega-Campos et al., 2019).

Deficit/Conclusion

This student does agree with the author's train of thought. When establishing preventive strategies, healthcare management should consider this profile of primary care nurses who might be more susceptible to burnout syndrome. Reduced levels of burnout would improve the quality

of treatment given as a result of actions taken to improve primary health care nurses' working circumstances (Ortega-Campos et al., 2019). Nurses will not receive assistance with burnout if nursing refuses to embrace the implications, which will impact patient care.

Conclusion

Overall, nurse burnout has a significant impact on patient care. It is critical to developing strategies for avoiding burnout. Preventing burnout will keep patients and nurses more satisfied with the quality of care.

- By identifying methods to alleviate burnout symptoms, this research can assist reduce burnout. The patient-nurse relationship will improve for the patients. Additionally, research can assist patients in receiving higher-quality care.
- Burnout among nurses is terrible for patients and consequently for healthcare systems. Hampering emotional anguish affects nurses who can lower the quality of care and possibly put patients in danger. Nursing management can identify different strategies to help with burnout.
- When dealing with nursing burnout is crucial to understand that continual quality improvement is crucial to every health professional's day-to-day tasks (QSEN Institute, 2020, Table 4). Additionally, attention, memory, and executive function issues that reduce recall and attention to detail may also be present in burnout in nurses. Averting this will improve the standard of care.

- Healthcare as a whole will improve and the healthcare team can identify who is at higher risk for burnout. The healthcare team will be able to identify burnout earlier. Treatment for burnout will help everyone in healthcare altogether.

References

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