

Nurses' Burnout During the COVID-19 Pandemic: Quality Improvement

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Quality improvement uses "data to monitor the outcomes of care processes and use improvement methods to design and test changes to improve the quality and safety of health care systems continuously" (Quality and Safety Education for Nurses [QSEN] Institute, 2020, Table 4). The QSEN competency of Quality Improvement involves using knowledge, skills, and attitudes conducive to quality improvement (QSEN Institute, 2020, Table 4). This paper will discuss the prevalence of burnout syndrome in the nursing population and associated risk factors during the COVID-19 pandemic. COVID-19 has severely impacted the nursing profession for the last two years. Since there is still no cure for COVID-19, it is essential to know how the effects of the COVID-19 pandemic affected nurses and contributed to burnout syndrome. If there is another wave of the COVID-19 virus, nurses will be better prepared to combat the risk factors associated with burnout symptoms related to the pandemic.

Article Summary

The main idea of this article was to compare multiple articles about burnout syndrome in the nursing profession during the COVID-19 pandemic. The article found that three main areas contributed to burnout syndrome (Galanis et al., 2021). These include emotional exhaustion, depersonalization, and personal accomplishment (Galanis et al., 2021). The article compared the prevalence of each of these areas to nurses working closely with COVID-19 and high-stress nursing specialties, including pediatrics, OB, and ED nurses (Galanis et al., 2021). The article discusses different risk factors associated with burnout. These risk factors included sociodemographic, social, and occupational factors (Galanis et al., 2021). This article found that female nurses experienced a higher prevalence of emotional exhaustion while male nurses

experienced a higher prevalence of depersonalization and a lower prevalence of personal accomplishment (Galanis et al., 2021). Some articles even found some protective factors against burnout, including training and experience in COVID-19 patients, safety during clinical work, and increased social support (Galanis et al., 2021). The article said that nurses must obtain new knowledge and skills about COVID-19 to build their confidence when providing health care to patients with COVID-19 (Galanis et al., 2021). The article stressed that governments, healthcare organizations, and policymakers act to prepare healthcare systems, individuals, and nurses for a better response against the COVID-19 pandemic (Galanis et al., 2021). The data provided in this article indicates a need for QSEN quality improvement, as nurses must continue to do their job as usual, except they are now facing extraordinary circumstances. This study has proven that a significant number of nurses' mental health is struggling during this pandemic and even provides ways to help improve mental health among those in the nursing profession. The article suggests using mental health screening for nurses, making sure that mental health services are available, giving nurses rest periods, and having support groups available (Galanis et al., 2021). Improving the mental health of the nurses will help the hospital and its patients; therefore, change must happen to help nurses through this time.

References

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