Burnout in Nursing: Literature Review

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The daily arduous efforts that nurses experience make the job difficult. From prolonged focus, balancing care between clients, and communicating with all departments of the healthcare team, the nursing profession can be demanding for many people to maintain as a profession. This paper will evaluate three literature reviews on burnout in nursing to examine the effects of burnout within nursing. A literature review is an in-depth analysis of completed research to benefit the field and identify flawed areas (Houser, 2023).

Influence of burnout syndrome on the quality of life of nursing professionals: Quantitative study

Amaral Ribeiro et al. (2021) discuss the impact of nursing on the quality of life of nurses. The researchers chose 83 employees from two hospitals in the nursing field that had worked for more than six months. The study used three data collection pieces: a characterization questionnaire for the researchers, a Maslach Burnout Inventory (MBI) scale, and the Brazilian version of the quality of life questionnaire. After data collection, the researchers determined that burnout syndrome dramatically impacts the quality of life of nurses, leading to complications in vitality, pain, social life, and mental health.

Key Points

The limitations for the participants of the study were put in place so the researchers could get an accurate representation of burnout syndrome within the cohort. The limitations included being over 18 years old, working in nursing for at least six months, and excluding anyone diagnosed with burnout syndrome within the last year (Amaral Ribeiro et al., 2021). The

researchers used existing surveys to complete the study, as the MBI and the short-form (SF-36) surveys are easily accessible and straightforward to fill out. Amaral Ribeiro et al. (2021) chose three aspects of the MBI to draw questions from for the survey: emotional exhaustion, professional fulfillment, and depersonalization. Burnout syndrome was identified in the participant if they had a low score of professional effectiveness and high scores in emotional exhaustion and depersonalization. The researchers then quantified the data. The data indicated a significant correlation between burnout syndrome and quality of life ($p = 0.04$), pain (0.03), vitality ($p < 0.001$), and mental health ($p = 0.01$) (Amaral Ribeiro et al., 2021). The p-value is symbolic of error within the study. The smaller the p-value, the less likely the results occurred due to error (Houser, 2023). The researchers concluded that burnout syndrome occurs more often in older female nurses who have children and receive a higher income (Amaral Ribeiro et al., 2021).

Assumptions

The researchers believed that burnout syndrome exists in each individual that works in nursing. The study did not identify participants that did not display signs of burnout. It is possible that the surveys were persuasive toward burnout syndrome.

Deficit/Conclusion

The researchers used an issue seen in all professions and applied it to nursing. Burnout syndrome is a real issue in healthcare and is even more evident following the COVID-19 epidemic. This article identifies burnout in nurses, especially those who have been in the field for an extended period and have children. This profession demands attention, focus, and prolonged

time doing the job. If the nursing field fails to identify that burnout syndrome is rising in nurses and changes are not made, more nurses will have burnout syndrome and may choose another career.

Does self-compassion mitigate the relationship between burnout and barriers to compassion? A cross-sectional quantitative study of 799 nurses

Dev et al. (2018) looked into the link between burnout and compassion toward clients. The study involved 799 nurses in New Zealand that answered the Copenhagen Burnout Inventory (CBI), the Barriers to Physician Compassion Scale (BPCS), and a measure of dispositional self-compassion. The researchers concluded that the nurses with more significant burnout experienced less compassion toward clients, and the nurses with greater self-compassion had even less compassion toward clients.

Key Points

To eliminate bias, the researchers consulted with a senior academic nurse and colleagues to create a sample population that addressed relevance to nurses in the field. The researchers used convenience sampling to create a population of 93% females and an average clinical experience of 26.12 years (Dev et al., 2018). Using the CBI, BPCS, and a measure of dispositional self-compassion, the researchers concluded that more significant burnout led to greater barriers to compassion. P-values for each questionnaire were less than 0.05, indicating that errors did not result in the study.

Assumptions

The researchers vaguely quantified burnout and did not detail the specifics of burnout with the participants. The third questionnaire was a self-reflection about self-compassion, in which the researchers had to believe that the participants were unbiased while filling out that questionnaire. Lastly, the researchers only evaluated the link between burnout and compassion towards clients and did not factor in any other elements that could be causing the participants to experience burnout.

Deficit/Conclusion

The nursing profession should accept the line of reasoning that the researchers provided. The article linked burnout to less compassion for clients. Burnout is a severe issue since nurses dominate direct client care. Burnout must be addressed because it could lead to poor nursing practice and a shortage of nurses.

Burnout assessment in nurses from a general emergency service

Rocha Nobre et al. (2019) chose to evaluate burnout among nurses in the emergency department. 32 nurses from the Lisbon emergency department answered the Copenhagen Burnout Inventory (CBI). The researchers organized the data and found that 25 nurses had total burnout.

Key Points

The researchers used the CBI and had it distributed to emergency department nurses by a fellow nurse. The participants voluntarily contributed to the study, as they were asked if they would like to complete the questionnaire. The CBI consisted of the personal burnout scale, the work-related burnout scale, and the client-related burnout scale. These three scales contributed to

the total burnout scale, with work-related burnout being the most significant factor. The p-value was less than 0.001 for the CBI, indicating that the questionnaire had no errors. The data from the scales showed that most nurses experienced high levels of burnout on each scale, further proving why most nurses are experiencing total burnout (Rocha Nobre et al., 2019).

Assumptions

The researchers only gave one questionnaire, which focused on burnout. It appeared that the researchers believed that each nurse experiences burnout. Also, using only one type of burnout questionnaire can be considered questionable, as using only one questionnaire does not provide another style or type of burnout questionnaire to compare results. Another issue with this study is the number of participants. Since only 32 nurses filled out the CBI and all of the nurses were from the same department, burnout may be the culture of that department.

Deficit/Conclusion

Burnout is evident in the Lisbon emergency department, as evidenced by the results of the CBI (Rocha Nobre et al., 2019). Measures need to be identified that can assist with decreasing burnout in nurses. Again, if burnout in the nursing profession is not corrected, the profession as a whole will struggle.

Conclusion

Burnout in the nursing profession is an issue. The three quantitative studies above indicate that a majority of nurses experience burnout. Correcting burnout in the profession would improve patient outcomes, as Dev et al. (2018) identified that burnout significantly decreases a nurse's compassion when caring for clients. Rocha Nobre et al. (2019) identified that work-

related burnout in nursing leads to less gratification with their job. Amaral Ribeiro et al. (2021) proved that burnout in the workplace leads to poorer quality of life for nurses. Adams et al. (2019) have used meaningful recognition of nurses, shared decision-making, and increased leadership involvement and support to combat burnout in an emergency department in southeast Texas.

The healthcare field will only be able to handle burnout if burnout is addressed in nursing. Nurses are the most prevalent healthcare member regarding direct client care. So, having nurses that are tired of their job, less compassionate, and not getting gratification from their profession will cause the healthcare field to crumble. Burnout must be addressed in the nursing profession.

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