

Nurse Burnout: Literature Review

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Regardless of expertise level, a nurse's entire treatment depends on their mental health. Considering that this problem affects the health of the worker, it can be said that it also affects the quality of life, which translates into a broad concept of personal perception about the sociocultural context, expectations, desires, and their interrelationship with the community and work (Ribeiro et al., 2021). Transitioning from student nurse to graduate nurse is an exciting and rewarding accomplishment. The art of juggling, taking care of yourself while rendering service, and taking care of your clients must be taught. Using quantitative research, this paper will analyze the benefits and unfavorable impacts of managing mental health and lifespan in nursing. To minimize burnout, the field would investigate and promote nurses' mental health to develop solutions to improve overall care. While burnout is known to have numerous negative correlates among nurses, including those related to their ability to deliver compassionate care, most prior studies have linked burnout with other compassion-related forms of burnout (i.e., compassion fatigue) and have failed to illuminate resiliency-type factors that might buffer this relationship (Dev et al., 2018).

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

This quantitative study investigates the occurrence of burnout syndrome, its risk variables, and its implications on the quality of life of nursing professionals. Between January and March 2018, the two emergency care facilities of the municipality of Campina Grande-PB were the site of a cross-sectional, analytical study with a quantitative technique. Regardless of their expertise, the literature indicates burnout syndrome is a prevalent problem among nursing

professionals. The installation of BS favors the emergence of diseases that affect mental health, with symptoms such as fatigue, tiredness, changes in sleep, irritability, isolation, and even pathologies such as anxiety, mood disorders, and depression. These changes hinder coping with work stress, directly interfering with the quality of life (Ribeiro et al., 2021). Burnout syndrome seems to exacerbate stress, which has a destructive impact on how people view their jobs and can cause trauma, discontent, and feeling discouraged when carrying out their duties.

Key Points

The Strengthening the Reporting of Observational Studies in Tool Epidemiology (STROBE) was used as a model for this study's design and as its primary source of inspiration in the two emergency care facilities in the municipality of Campina Grande-PB, nursing professionals (technicians and nurses) of both sexes and any age made up the research population. The sample comprised 83 employees and was non-probabilistic for accessibility (Ribeiro et al., 2021). It is significant to note that, even though sex and age were factors in the data collection process, studies consistently showed that burnout was most common in females between the ages of 22 and 29. According to a study in São Paulo, 16% of participating nurses were diagnosed with BS, and burnout syndrome is more prevalent in women. Another investigation was conducted, and in a medium-sized municipality in Minas Gerais, a higher prevalence of female professionals was also identified in the Primary Health Care units. The data of the present study agree with those evidenced in research developed in the state of São Paulo, in which most nursing professionals who were part of the sample were female (92%), married (50%), and with children (35%) (Ribeiro et al., 2021).

Assumptions

It is possible to identify the effects of work activity on the professional's performance and physical and mental health and analyze the factors that most strongly interfere with this person's quality of life by understanding the relationship between burnout syndrome and nurses' quality of life. This understanding also encourages the creation of preventative measures for high-stress levels in the workplace, aiming to delay the condition's onset and enhance the quality-of-life balance. Research on the impact of burnout syndrome on nursing professionals' overall state of life is essential, given that this professional group offers care that allows patients to experience episodes of stress and psychological suffering regularly when handling various emergencies, accidents, deaths, and an intense workload. It is assumed that the work process among health professionals is constituted by potentially stressful conditions, which can directly affect their health and the quality of care provided to users (Ribeiro et al., 2021).

Deficit/Conclusion

From an academic perspective, this was a great start to providing some background on the effects of nurse burnout. In a meta-analysis review, the authors found that positive effects and social factors were associated with burnout; however, an effective social support network, inside and outside work, contributes to coping with the syndrome, reduces levels of tension, anxiety, and stress, as well as strengthening the resilience of these workers (Ribeiro et al., 2021). With the help of this quantitative essay, the student nurse understood the significance of maintaining a healthy work-life balance to supply and encourage a fantastic release rather than clinging to stress. To foster a better knowledge of their mental health regarding their employment, we could encourage appropriate work-life balance by further investigating this topic. We run the risk of losing new graduate nurses from the field owing to discontent if we do not do this and address

their mental health concerns. Overall, this article has provided vital evidence that burnout syndrome influences the quality of life of nursing professionals and is more prevalent among professionals with older age, high income, and amongst nurses (Ribeiro et al., 2021).

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

This quantitative study discovered the anticipated relationship between professional burnout and compassion-related outcomes. It showed that higher levels of burnout predicted higher levels of burnout-related, patient and family, clinical, and environmental obstacles to compassion in a large sample of nurses. The study provided evidence-based information and statistical data that showed that the effects of burnout might start to become more palpable and thus reversible, as opposed to putting on a brave face and "soldiering on" as time goes on. The study showed that when nurses saw an issue affecting them, they were more than likely to seek outside assistance if they saw that burnout was affecting patient care. The study explored whether self-compassion could predict fewer obstacles and diminish associations to find personal, resiliency-type traits. Concluding the article, they found that nurses who are gentler with themselves in times of difficulty experience less burnout and are likely better able to sustain compassionate care over time (Dev et al., 2018).

Key Points

The Self-Compassion Scale-Short Form was used to measure self-compassion. The following questions were used to measure gender, ethnicity, and workload: "How would you characterize your overall workload as a nurse?" and "How would you indicate being male or female,' to

indicate ethnicity (from a set of options including an "Other" response)." Responses were given on a scale of 1 (too much) to 5 (too little), with 5 being the highest response. (Dev et al., 2018). 93.90% of the 799 registered nurses in this report were female. The participants were classified primarily as New Zealand European (65.30%) and British (12.80%), with an average age of 45.47 years (SD = 11.81) and average clinical experience of 26.12 years (SD = 12.77). Seventy-three percent (73.8%) received their education in New Zealand, with the remaining 14.30% receiving their education abroad. 54.80% of the sample's participants worked regular day shifts, 26.40% rostered, and the remaining participants worked various shifts. The majority (59.3%) of people worked in big cities, while lesser numbers (17%) and 10%) did so in small cities and big towns. On average, 38.80% of nurses worked 35–40 hours weekly (Dev et al., 2018).

Assumptions

If all the problems are resolved, nursing is expected to encourage longevity by balancing compassion and job satisfaction. The facts reported herein clearly indicate an undeniable connection between the capacity to care and the ability to be kind to oneself (self-compassion). It is assumed that some people lack the awareness to recognize their lack of self-kindness, so it is possible that aiding nurses in acknowledging and being mindful of their experience of burnout will help them recognize its impact on patient-centered care and how they care for themselves to prevent nurse burnout. It was also assumed that Self-compassion could be trained, and there is no reason to suspect that standardized training would not benefit practicing or trainee nurses. Significantly, however, being more self-compassionate may not directly reduce the extent to which burnout is associated with more significant barriers to compassion (Dev et al., 2018).

Deficit/Conclusion

This study has a few shortcomings; however, I accept this line of reasoning even though it contributes to research examining the relationship between compassion and burnout in the caring professions. If nursing fails to accept this reasoning, more nurses could leave the bedside due to burnout and a lack of self-compassion. If nursing were to promote and provide outlets outside and within the facility, this could make nurses feel satisfied in their careers. This could lead to better bedside care and positive patient experiences. The data in this article thus extends current literature in suggesting that burnout may negatively impact the capacity to deliver care by increasing the experience of barriers to compassion. Indeed, rather than only impacting compassion-fatigue, a construct reflecting both burnout and secondary traumatic stress, professional burnout may have consequences for (and be reflected in) how nurses experience their working environments, patients and their families, and their clinical responsibilities (Dev et al., 2018).

Impact of nurse burnout on Organizational and position turnover

Direct care nurses were surveyed twice, in March 2018 and March 2019, as part of a quantitative nonexperimental study. In this quantitative study, direct care nurses in three hospitals were polled one year apart. A total of 3,135 surveys, completed by 1,688 nurses, were analyzed. In their sample, 54% of nurses are moderately burned out, with emotional tiredness ratings rising 10% and cynicism levels rising 19% after one year. Although it was not a factor in position turnover, burnout significantly impacted organizational turnover, with a 12% increase in the number of nurses departing for each unit rise on the emotional fatigue scale. The findings of this study contribute to the growing body of evidence of nurse burnout and support policies and

programs for annual measurement of burnout, increased employee well-being support, and improved work environments (Kelly et al., 2021).

Key Points

The Maslach Burnout Inventory (MBI) and the Connor Davidson Resilience Scale (CDRISC-10) were used to assess burnout. A greater score on the emotional exhaustion and cynicism subscales of the MBI suggests a higher level of burnout. In contrast, a lower score on personal accomplishment implies burnout through diminished drive. The CDRISC-10 measures resilience with a total score of ten items, with a higher total indicating increased resilience (Kelly et al., 2021). One thousand eight hundred thirty-four surveys were returned in 2018 (with a response rate of 51%), and 1,632 surveys in total were returned in 2019 (with a response rate of 46%). Three thousand one hundred thirty-five surveys comprised the final analytical sample on complete outcome data. The 1,688 nurses in 78 different units make up this sample. For nurses who completed the survey both years ($n = 1,034$) we find that emotional exhaustion scores increased by 10% (from 18.95 to 20.89), and cynicism increased by 19% (from 5.50 to 6.54). Personal accomplishment remained essentially flat, from an average of 36.37 in 2018 to 36.07 in 2019 (Kelly et al., 2021).

Assumptions

To assist in these efforts to reduce burnout, the work schedule should be improved, self-management promoted, and opportunities to foster individual resilience development, such as stress reduction techniques based on mindfulness and mental health awareness tools, provided as part of initiatives to lessen the workload, stress, and potential burnout. Researchers also did not

find evidence that burnout contributes to position turnover. On the one hand, the opportunity may drive position turnover, as nurses may desire career advancement or seek novel opportunities. While often considered controversial, placement of new graduates early into specialty positions may decrease turnover, although it comes with other financial and training challenges (Kelly et al., 2021).

Deficit/Conclusion

Nurse burnout is already a big issue, and the COVID-19 epidemic introduced extra stressors, higher morbidity, and harsh working circumstances, which raise the chance of burnout. Hospitals must take proactive steps during a pandemic to lessen burnout. A fragile profession could lose more nurses if they do not take proactive steps. The importance of identifying and reducing burnout in the workforce, organizations must systematically measure burnout and well-being to understand and address the impact on their turnover (Kelly et al., 2021).

Conclusion

Including workshops, classes, and a supportive workplace environment that encourages a healthy work-life balance benefits the nurse's overall mental health. A cheerful nurse gives excellent patient-centered care. Giving newly graduated nurses access to specialist positions helps lower nurse burnout. It might be more satisfying for nurses to work in roles with autonomy instead of always assigning new nurses to positions in medical-surgical settings. The tradition of instructing nurses where they should be based on their nursing experience deserves to be long gone. The three articles chosen for this literature review show that the research is there. If the nursing practice were to incorporate what the nurses are asking for, there could be a significant turnaround for the nursing profession. Because of the importance of

identifying and reducing burnout in the workforce, organizations must systematically measure burnout and well-being to understand and address the impact on their turnover (Kelly et al., 2021).

References

- Dev, V., Fernando, A. T., Lim, A. G., & Consedine, N. S. (2018). Does self-compassion mitigate the relationship between burnout and barriers to compassion? A cross-sectional quantitative study of 799 nurses. *International Journal of Nursing Studies*, *81*, 81-88.
<https://doi.org/10.1016/j.ijnurstu.2018.02.003>
- Kelly, L. A., Gee, P. M., & Butler, R. J. (2021). Impact of nurse burnout on organizational and position turnover. *Nursing Outlook*, *69*(1), 96–102.
<https://doi.org/10.1016/j.outlook.2020.06.008>
- Ribeiro, E. K. do A., Santos, R. C. dos ., Araújo-Monteiro, G. K. N. de ., Brandão, B. M. L. da S., Silva, J. C. da ., & Souto, R. Q.. (2021). Influence of burnout syndrome on the quality of life of nursing professionals: quantitative study. *Revista Brasileira De Enfermagem*, *74*, e20200298. <https://doi.org/10.1590/0034-7167-2020-029>