

**Exploring Nurse Burnout and the Impact on Patient Care: Literature Review**

Tracy Donaldson

Lakeview College of Nursing

N434 Evidence-Based Practice

Professor Key

July 13, 2024

## **Exploring Nurse Burnout and the Impact on Patient Care: Literature Review**

Measurable data is used in quantitative research to provide answers to inquiries regarding the relationships between cause and effect (Houser, 2023). In addition to strengthening the body of knowledge on a given topic, a literature review will demonstrate the topic's significance for further research and identify gaps in the body of knowledge (Houser, 2023). This literature review aims to identify the factors contributing to nurse burnout and how it affects patient care. By consolidating this knowledge, researchers can learn more about the connection between nursing burnout and patient health outcomes.

### **An Examination of Work Characteristics, Fatigue, and Recovery Among Acute Care Nurses**

The article by Cochran (2021), investigated nurses' exhaustion levels and capacity to recuperate between shifts. The article also addresses how fatigue lowers nurses' cognitive and physical functioning, which may affect patients' quality of care and increase their risk of occupational injuries (Cochran, 2021). Additionally, it highlights the difference in fatigue levels and a nurse's ability to recover depending on the shift and unit on which they worked (Cochran, 2021).

#### **Key Points**

The data required for the study was gathered from electronic surveys of 573 direct patient care nurses spread throughout five institutions in the southeastern United States (Cochran, 2021). The study included two established worker fatigue scales, the Fatigue Assessment Scale and the Fatigue Exhaustion Recovery Scale for measurement (Cochran, 2021). The research showed that the nurses had a substantial level of total fatigue and a moderately low level of chronic fatigue (Cochran, 2021). Nurses who work twelve-hour shifts have a p-value of .013, while those who

work night shifts have a p-value of 0.001 (Cochran, 2021). Both of these values indicate higher levels of exhaustion, according to the significant data (Cochran, 2021). Staffing adequately, ensuring nurses take breaks, and allowing three days of rest after working two consecutive 12-hour days are ways nurse leaders can help foster a safe and healthy work environment (Cochran, 2021). Since fatigue can impact daily functioning, the study provides evidence of the connection between nurses' weariness and patient care (Cochran, 2021).

### **Assumptions**

The author's central assumption is that the level of fatigue among nurses reduces their ability to recover between shifts, and it can be an organizational hazard (Cochran, 2021). Nurses who experience physical or mental exhaustion may be a danger to patient safety and the standard of care they provide (Cochran, 2021). The research indicates that work-related factors significantly impact the likelihood of fatigue in nurses (Cochran, 2021). According to the article, nurses who worked twelve-hour shifts had higher degrees of exhaustion (Cochran, 2021). Additionally, evidence demonstrates that nurses assigned to particular units, like medical-surgical or labor and delivery, have higher fatigue levels (Cochran, 2021). The study also presumes that all nurses perform poorly when tired, whereas perhaps half do. Future research in more nursing areas could help validate the findings.

### **Deficit/Conclusion**

The research from the article shows that nurses suffer from different levels of fatigue, and it has an opposing relationship with safety (Cochran, 2021). According to Cochran (2021), fatigue impairs a person's mental and physical abilities. According to QSEN's safety competencies, nurses should improve system effectiveness and individual performance to lessen the risk of injury to patients and providers (Quality and Safety Education for Nurses [QSEN],

2020). To contribute to creating a safe work environment, nursing leaders should be aware of whether a nurse can work safely and actively promote teamwork (Cochran, 2021). The findings of this study indicate that high levels of fatigue among nurses are associated with inadequate patient outcomes and are a risk to his/her safety and patient safety (Cochran, 2021). Fatigue is critical to safe nursing practice and should be addressed accordingly.

### **Effects of Nursing Workload on Medication Administration Errors: A Quantitative Study**

The article by Jin, Yao, Xiao, Qu, and Fu (2023) researches how the nursing workload contributes to medication mistakes and how patient safety is at risk. Nurses spend 40% of working hours administering medication, and medication errors account for the most common type of medical error (Jin et al., 2023). The study examines four categories of medication errors and nine distinct workload types (Jin et al., 2023). In addition, it examines medicine delivery problems resulting from human error and acknowledges the stress, unpredictable work schedules, long workdays, and variety of occupations that nurses perform (Jin et al., 2023).

### **Key Points**

The data on medication administration errors was collected from January 2019 to December 2020. The medical safety offices provided self-reports from three general medical institutes (Jin et al., 2023). Using the partial least squares (PLS) analysis method, the article showed the relationship between the mistake kinds and nursing workload categories and was assessed quantitatively (Jin et al., 2023). The first phase in the procedure was extracting the error type, identifying the behavior, and determining the type of error (Jin et al., 2023). The second step involves examining the type of workload by integrating the actual and standard workflows, analyzing the workload, and determining the workload (Jin et al., 2023). The study's data was significant, according to Jin et al. (2023), with coefficients higher than 0.3 showing a strong

correlation between specific workloads and error kinds. The study found that medication errors are impacted by nurse workload (Jin et al., 2023).

### **Assumptions**

The author's primary assumption in the article is that a nurse's workload can increase medication errors (Jin et al., 2023). In addition to a nurse's workload, a diverse patient population, a wide range of drugs, and irregular doses and administration times significantly contribute to medical errors (Jin et al., 2023). The study only included three medical hospitals, so more participants are required for additional analysis. Errors can occur in any healthcare area setting, especially when overwhelmed and exhausted.

### **Deficit/Conclusion**

Exhausted and overworked nurses can make medication mistakes. Before administering medication, nurses should double-check the date, time, medicine name, use, dosage, speed, route, and patient name (Jin et al., 2023). The priority in terms of safety and knowledge competency for Quality and Safety Education for Nurses should be to delineate broad categories of errors and risks in care (QSEN, 2020). Medication errors can have a catastrophic effect on a patient's life, and management should keep a careful eye on overworked nurses (Jin et al., 2023). Nurse workload responsibilities cannot be disregarded when a patient's life is in danger.

### **Incidence of Burnout Syndrome in Nursing Professionals in Intensive Therapy Unit**

Silva, Carneiro, and Ramalho (2020) look at the leading causes of burnout syndrome and how it affects nurses who work in high-stress environments such as intensive care units. Burnout is a state of physical and emotional weariness that can include difficulty readjusting to one's work environment (Silva et al., 2020). Three primary characteristics define Burnout Syndrome: depersonalization, emotional depletion, and lack of professional success (Silva et al., 2020).

Intensive care unit nurses experience a great deal of stress in their jobs. Therefore, it is not surprising that they may experience burnout. Patient treatment can directly be impacted when Burnout Syndrome occurs (Silva et al., 2020).

### **Key Points**

Twenty-five nurses and nursing technicians employed in a Brazilian public hospital participated in the research gathered for the study (Silva et al., 2020). Participants filled out a semi-structured questionnaire that included both objective and subjective features (Silva et al., 2020). The scale utilized was the Maslach Burnout Inventory (Silva et al., 2020). The study concluded that 20% had high levels of Burnout Syndrome, and 80% had other levels (Silva et al., 2020). Furthermore, Burnout Syndrome was classified into three levels: high, medium, and low, with 60% of cases falling into the high category (Silva et al., 2020). The research indicates a significant prevalence of Burnout Syndrome among intensive care nurses, even though there are no p-values provided in the publication (Silva et al., 2020). Previous studies have demonstrated that Burnout Syndrome is real and can cause a significant decrease in the standard and humanity of patient care (Silva et al., 2020). Prioritizing patient care and addressing Burnout Syndrome should be a priority.

### **Assumptions**

The author's central assumption is that Burnout Syndrome occurs in nursing, especially in intensive therapy units (Silva et al., 2020). The research article provides information from fifteen nursing graduates and ten nursing technicians, primarily female, and one public hospital (Silva et al., 2020). With 60% of professionals reporting high burnout levels, the research also gives reasons for it (Silva et al., 2020). These are lack of material, night shifts, unhealthy environments, lack of human resources, and lack of acknowledgment (Silva et al., 2020). The

study failed to mention stressors from home that may contribute to burnout and the questionnaire only included a few professionals, so more information is necessary for future studies. The article acknowledges that Burnout Syndrome can negatively impact a nurse's quality of life in any form because it takes a physical and mental toll (Silva et al., 2020).

### **Deficit/Conclusion**

High degrees of both physical and emotional tiredness are possible for intensive care nurses (Silva et al., 2020). It is crucial to remember that a nurse's life at work and general well-being impact the standard of nursing care and should not be ignored (Silva et al., 2020). QSEN's competency in safety and attitudes recognizes the importance of exercising self-awareness and monitoring (QSEN, 2020). Safe nursing practice depends on effective burnout management.

### **Conclusion**

Nursing burnout can affect patient care, whether from the inability to recuperate between shifts, the workload, or the general demands of the job. Medical errors are third in the US in terms of causes of mortality, yet it is unclear how many of these errors were influenced by fatigue (Cochran, 2021). Research has indicated a connection between medical mistakes and the workload of nurses (Jin et al., 2023). The overall quality of patient care is influenced by the nurse's well-being (Silva et al., 2020).

The information provided in the articles shows evidence that nursing fatigue can impact patient outcomes. The purpose of literature reviews is to support the significance of the suggested research topic (Houser, 2023). Additional research to enhance the field is welcomed, as nurse fatigue is closely linked to patient care, which is very important. The research studies from the articles can all be measured because they are all quantitative, allowing them to show the

cause-and-effect relationship (Houser, 2023). Patient outcomes will benefit from research efforts to reduce nurse exhaustion since there is a cause-and-effect relationship between it and patient care.

The research presented in these articles can enhance nursing practice. Managers and nurses can improve nurses' work by keeping staff members from tiring out or experiencing burnout. Finding ways to strengthen nurses' well-being will ultimately help patient care. The association between nurse fatigue and patient care is a topic that requires more investigation and possible research methodologies (Houser, 2023).

A component of the QSEN competency of quality improvement is gaining information by describing strategies for learning about care outcomes in the context of clinical practice (QSEN, 2020). Next, using skills to determine care outcomes for populations receiving care in care settings is helpful for quality improvement initiatives (QSEN, 2020). Finally, health workers should recognize that ongoing quality improvement programs should be a part of their everyday job (QSEN, 2020).

In summary, nurse exhaustion and burnout seriously negatively influence patient care, jeopardizing the standard and safety of healthcare delivery. When nurses are exhausted and overworked, their ability to do critical duties, make informed judgments, and provide compassionate care is compromised. Increased incidence of adverse events and medical errors may result from this. The issue of nurse burnout and fatigue needs to be addressed to provide the highest caliber of patient care.

## References

- Cochran, K. R. (2021). An examination of work characteristics, fatigue, and recovery among acute care nurses. *JONA: The Journal of Nursing Administration*, 51(2), 89–94.  
<https://doi.org/10.1097/nna.0000000000000975>
- Houser, J. (2023). *Nursing research: Reading, using, and creating evidence* (5th ed.). Jones & Bartlett Learning.
- Jin, H., Yao, J., Xiao, Z., Qu, Q., & Fu, Q. (2023). Effects of nursing workload on medication administration errors: A quantitative study. *Work*, 74(1), 247–254.  
<https://doi.org/10.3233/wor-211392>
- Quality and Safety Education for Nurses. (2020). *QSEN institute competencies*.  
[https://qsen.org/competencies/pre-licensure-ksas/#quality\\_improvement](https://qsen.org/competencies/pre-licensure-ksas/#quality_improvement)
- Silva, A., Carneiro, L., & Ramalho, J. (2020). Burnout syndrome among critical care nursing professionals. *Revista de Pesquisa Cuidado é Fundamental Online*, 915–920.  
<https://doi.org/10.9789/2175-5361.rpcfo.v12.7986>