Nursing Issue: Nurse Burnout

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Nurse Burnout

 The National Nurses United (NNU) defines Nurse Burnout as an extreme condition of physical exhaustion, mental stress and emotional imbalance often experienced by nurses as a result of chronic overwork and prolonged feeling of lack of job support and fulfillment (Holdren et al., 2015). Burnout makes one feel less motivated and despair. Burnout can make one experience a really long and bad day at work, and not only nurses are susceptible to burnout; any worker can experience the same. The issue of nurse burnout is of significant importance because it, directly and indirectly, affects patients. Directly because it can cause the nurse to give wrong injections, wrong drugs, or improper handling of patients, indirectly because nurse burnouts cascade down unto the patients under their care, a nurse experiencing burnout may not give her the best service, and this leads to patient dissatisfaction (Holdren et al., 2015). Infections in patients are likely to increase as a result of nurse burnout, studies have found. Nurse burnout is a condition that not only affects the nurse, but everyone ever receiving care in a hospital.

**Scope of the Study**

 The study aims to determine the causes of nurse burnout, the impact it has on individuals and patients, ways of preventing and managing it, and what hospitals can do to prevent nurse burnout. The study will be conducted in various public hospitals within one month. The study sample will include nurses and patients. The study will answer the question of why nurse burnout is an important issue in the medical profession.

**Causes of Nurse Burnout**

 Nurses are ever dedicated to offering service to others and, most importantly, their patients; the duties assigned to nurses sometimes overwhelm them and cause physical fatigue and emotional stress. In most cases, individual nurses' issues are overlooked. Committed nurses will endure working in a stressful environment and end up experiencing burnout, which has a negative impact on their lives as well as their patients' lives. An emotional exhaustion score of 28 or more was recorder among one-third of nurses in a public hospital, reported a survey conducted in 2017. According to medical professionals, this was a "high burnout." Another study revealed that high levels of exhaustion were typical among nurses under the age of 30. But why do nurses reach a breaking point?

 Chronic overwork and lack of fulfillment can cause burnout among nurses. The most significant burnout symptoms include work-related cynicism, emotional exhaustion, and lack of personal accomplishment (Maslach & Schaufeli 2017). Burnout symptoms may not disappear or improve on their own hence; it may cause clinical depression if left untreated and symptoms accumulate with time. Unfavorable organizational factors like under-staffing may cause nurses to be overwhelmed by duties. In Michigan, nurses who worked for 12 hours a day recounted high-stress levels, unlike those who worked for eight hours (Maslach & Schaufeli 2017). Nurses' duties on a daily basis can vary depending on the healthcare setting. However, on an average day, the duties of a nurse are recurrent and increase as the day progresses. They move from one wardroom to another attending to patients; they are ever sent by doctors, monitor patients, comfort patients, and families, administer medication, visit patients in their homes, manage medical records, and educate individuals and family members, among other duties. Furthermore, nurses are required to stay up-to-date with new equipment and technology to be efficient in-service provision and respond appropriately to patient issues. When these responsibilities are combined, they result from nursing burnout.

 Many hospital settings are adopting high-quality, multi-faceted care aimed at prioritizing patient care. Nurses are tasked with carrying out emotionally difficult dialogues with patients and their families, and this aggravates psychological fatigue and affliction to a nurse's already hectic shift. Unfortunately, these strenuous duties put at stake and an individual nurse's well-being.

 The working environment also determines levels of stress for nurses. The primary cause of workplace stress is tackling several roles; this is according to a survey done in Iran, where 48 percent of nurses responded (Bahadori et al., 2013). Other causes of stress include long working hours and unfavorable working conditions. A study in India where 78 percent of nurses were interviewed revealed that untimely completion of assigned tasks by nurses caused them significan6t stress, other causes cited by nurses include, staff shortages and backaches due to long-standing hours (Sharma et al., 2014). According to the American Nurses Association (ANA), teamwork is the primary cause of stress among nurses. Nurses report feeling pressure while working in a team; this results from improper communication, tension, and conflict alongside high employer demands and client satisfaction (Kieft et al., 2014).

**Dangers of Nurse Burnout**

 There are far-reaching consequences of nurse burnout. Evidence from ANA shows that slow reaction, demotivation, and increased errors, all caused by nurse burnout, affect patient care. ANA found out that nurse burnout and the quality of patient care have a direct correlation (Van Bogaert et al., 2014). Nurse burnout increases patient's risk of infection; for instance, research in a hospital in Columbia showed an association between nurse burnout and surgical site problems in patients. Increased number of patients added to nurses' workload, and for every additional patient, research showed that the rate of patient mortality increases by 7 percent.

The levels of patient satisfaction are determined by the motivation and efficiency of nurses attending to them (Arnold & Boggs 2017). There is a positive correlation between patient satisfaction and a motivated nurse. When hospitals are understaffed, the probability of reoccurrence of cases nurse’s burnout is high, and this affects patient's outcomes (Arnold & Boggs 2017). Mercer, a healthcare workforce consultant, maintains that as many healthcare workers continue to retire, and many others get dismissed annually, by the year 2025, over 2.3 million new healthcare workers will need to be hired to fill the demand. According to Mercer, there will be a deficit of about 446,300 healthcare workers if issues of nurse burnout continue to be overlooked.

**How to Address Nurses Burnout**

**Personal Initiatives**

 Individuals can battle the effects of burnout by identifying warning signs, taking symptoms seriously, and seeking early interventions (Sharma et al., 2014). However, the most crucial way of dealing with burnout is preventing it in the first place. If a nurse detects signs of burnout, he or she should stop and take deep breaths, as a first intervention measure. One should analyze things that are causing them to stress, then brainstorm ways to avoid or regulate them. If possible, you can talk with the management to reduce your workload or add more staff. Set boundaries, make a strict work, and rest schedule. If you are supposed to sleep by 10 pm, ensure you sleep at that time. Always plan your work well to avoid wasting time on one task. Engage in stress-relieving activities such as exercising regularly, having enough sleep, holding a conversation, meditating, listening to music, and many others (Sharma et al., 2014). In my opinion, the best way of reducing job-related stress is by avoiding to mix personal life with professional work. There should be leisure time where you spend time with friends and family, and this includes an after-duty period where you must go home and take a break from professional duties.

**Organizational Initiatives**

 It might not be possible to make changes in an entire workplace; actually, it is impossible, but hospital administrations can take several steps to safeguard their employee's well-being (Arnold & Boggs 2019). For example, hospitals can offer nurses who experience burnout free phone counseling sessions, stress-relieving programs, and pastoral counseling where applicable.

Positive leadership works better in addressing issues related to nurse burnout. According to research, 58% of newly graduated nurses experience severe burnout, and this has been primarily attributed to lack of supervisor support, followed by long working hours (Arnold & Boggs 2019). Leaders are capable of shaping their employee's working environment and provide better working terms. Burnout reduces performance, and if the nurses' voices are not heard, there will be poor nurses-patient’s relationships, which will lead to poor patient outcomes.

  The organization should recognize the efforts of individual health workers. When workers feel a sense of belonging and recognition, they get motivated to work even better. Hospitals should take appropriate actions to secure the well-being of nurses before burnout occurs. Of the 206 registered nurses who participated in a survey termed as 'Nurses' Happiness Index' indicated that their general happiness at their workplace was moderate (Kim 2014). The nurses expressed their wishes for the change in the mode of operations in their workplaces and the better inter-personal relationship between employees and the management, as this would enhance their performance (Kim 2014).

**Summary**

 Nurse Burnout is an extreme condition of physical exhaustion, mental stress, and emotional imbalance often experienced by nurses as a result of chronic overwork and prolonged feeling of lack of job support and fulfillment. Nurse burnout reduces their performance and puts patients’ health at risk. Under-staffed hospitals are most likely to experience nurse’s burnout because these institutions overwork their nurses. Symptoms of burnout include work-related cynicism, emotional exhaustion, and lack of personal fulfillment. Discovering these symptoms early and preventing burnout is essential. Planning ways of executing duties and having time to spend with family away from professional responsibilities are essential in relieving work-related stress. The hospital management should find ways of addressing the issue of nurse burnout. Suggested approaches include Positive leadership and creating better working conditions.

**Conclusion**

 Cases of nurse burnout are common in our health institutions. Unfortunately, many nurses suffer in silence or are afraid to air their plight (Holdren et al., 2015). Most hospitals are under-staffed, and yet they handle too many patients per day; this overwhelms nurses who have to work for longer hours to finish all duties. Research has proven that in an average hospital setting, nurses are delegated too many duties beyond their capacity. The nurses have little time for themselves for their families, and this, according to research, is the primary cause of burnout. However, I hold a different opinion regarding the primary cause of nurses' burnout. From my personal experience and those of other nurses, the most dramatizing experience that escalates psychological stress is watching your patients die. Personally, it is difficult to watch them take their last breath, knowing I can do nothing to reverse the situation. It is more painful if you had spent a long time attending to the patient and you had established a connection, I, therefore, hold an opinion that watching a patient die is the primary cause of burnout for nurses together with other factors. To address the issue of nurse’s burnout, we must focus on causative factors such as understaffing, excessive workloads, and general emotional stress that nurses battle with.

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