



# Nurse Burnout: How Can it be Prevented?

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## BACKGROUND/SIGNIFICANCE

Nurse burnout is a threat to US health and healthcare. Nurses are the largest segment of the US healthcare workforce with 6 million nurses and constitute nearly 30% of the total hospital workforce nationwide (Shah et al., 2021). As the workload for nurses has increased and even more so during the coronavirus (COVID-19) pandemic, nurses experience burnout, compassion fatigue, and lack of self-care. This can result in a larger nurse turnover rate as nurses may leave their current positions and even the profession all together, further contributing to the current nursing shortage. If the nursing shortage continues, hospitals will continue to be understaffed resulting in ineffective and inadequate care. Nurse burnout has been associated with a poor level of patient care, patient dissatisfaction, an increased number of medical errors, higher infection rates and higher mortality rates (Bakhamis & Smith, 2019). Addressing nurse burnout is essential to maintain quality of care.

**Does providing and encouraging accessible mental health recourses decrease the amount of nurse burnout and increase the patient care quality?**

## METHODS

This review examined if providing and encouraging accessible mental health resources to acute care nurses will decrease the rate of nurse burnout and increase the patient care quality. Research terms included nurse turnover, nurse burnout, nurse shortage and factors, cause of nurse burnout, and Health Promotion Model, with the assistance of CINAHL database through Cumberland University Vise Library. For the purpose of this review, Five studies were found in peer reviewed journals, written in English, and were published in the last five years to be appropriate to answer the proposed PICO question.

Nola Pender's Health Promotion Model (2011) was used to guide this literature review. The Health Promotion Model (HPM) focuses on explaining health promoting behaviors, using a wellness orientation (Polit & Beck, 2018). According to HPM, intrinsic factors, such as perceived benefits or barriers, self-efficacy, past experiences, depression and/or anxiety, and extrinsic factors, such as institutional and unit support, work schedules, and situational or outside demands, can affect a nurse's motivation and participation in health promoting activities (Ross et al., 2017). This theory supported the proposed PICO question in that it focuses on health promotion and supports behaviors to improve self-care.



## RESULTS

- Dutton and Kozachik (2020) conducted a quantitative study using registered nurses and nurse assistants (n=31) to evaluate stress management interventions to reduce stress. The intervention provided education by defining and identifying stress and stressors and their effects on the body, including mental health, while providing management strategies and tools, and offering resources to obtain help. The authors found web-based interventions allow the nurse to be able to use at a time that is convenient and allowed for privacy.
- In a meta-analysis Lee, Kuo, Chien, and Wang (2016) explored the effect of various coping strategies in reducing nurse burnout. The various coping strategies included a mix of cognitive-behavior training, stress management, mindfulness programs, and team support groups. The study found that coping strategies did help reduce emotional exhaustion, depersonalization, and personal accomplishment that leads to nurse burnout. The authors concluded that these coping strategies should be maintained for a year with regular intervals and consideration of different stressors for optimal benefit.
- Bakhamis and colleagues (2019) performed a systematic review to evaluate the causes and consequences concerning nurses and burnout syndrome. Most nurses found that burnout syndrome affected their ability to take care of patients, thereby, increasing the risks to patient safety. The authors also reported that management characteristics influenced nurse burnout included lack of proper clinical supervision, failure to offer resources, and mandated overtime. Bakhamis and colleagues (2016) concluded that attributes to burnout included environmental, shift work, and workloads and contributed to the development of mental and physical difficulties, including low self-esteem, rejection, anxiety, and depression contributing to burnout.
- Davey and colleagues (2020) conducted a cross sectional, quantitative study among nurses in a hospital setting using a questionnaire to evaluate levels of compassion satisfaction, intolerance to uncertainty, inhibitory anxiety, group cohesiveness, psychological distress and psychosocial safety in individual nurses (n=251) and work groups in relationship to the number of reflective practice groups (RPG). The authors found that nurses who attended more RPGs were more likely to have decreased intolerance to uncertainty, inhibitory anxiety, and increased compassion satisfaction. Group cohesion was found to correlate with moderate attendance to the RPGs.
- Cordoza and colleagues (2018) conducted a quantitative study in a Level I trauma center assessing the impact of taking breaks in a hospital garden on burnout compared to indoor breakrooms. Nurses (n=29) participated in a crossover trial spending six weeks in an outdoor hospital garden and six weeks in an existing indoor breakroom with a week washout period in between. The authors concluded taking daily breaks in a garden might be a complementary strategy to other interventions known to mitigate burnout, such as mindfulness-based stress reduction and resiliency training. Nurses reported feeling less stressed after getting some fresh air in the garden and reported break rooms were noisy and crowded. However, workplace changes and other contributing factors such as personal stressors that affect burnout or break experience were not captured.

## PRACTICE IMPLICATIONS

Pender's Health Promotion Model focuses on improving health and quality of life. Nurses must be aware of the potential of burnout and utilize available resources to combat this condition. The review of literature showed that workplace resources help with both extrinsic factors such as providing support groups and intrinsic factors such as reducing anxiety. Davey and colleagues (2020) showed nurses benefited from the reflective support groups the more they attended. Perceived barriers can also be identified and overcome. Health promotion behaviors (including stress management) increase personal resiliency and improve health (Ross et al., 2018). Being proactive about burnout can help a nurse overcome emotional exhaustion, stress, and anxiety to keep burnout at bay.

## CONCLUSIONS

Burnout affects individuals, organizations, and patient outcomes (Lee, et al, 2015). The factors that comprise job stress are known to affect nurses emotionally and physically, and these factors are negatively correlated with nurse and patient outcomes (Dutton & Kozachik, 2020). Workplace interventions can play a pivotal role in reducing stressors that lead to nurse burnout. Some of the interventions in this review included online support and education, providing an outdoor relaxing environment, and providing group and individual support groups. By rendering work events positively, nurses are more likely to obtain satisfaction from their roles; however, pessimistic views or lack of confidence in their abilities put them at a greater risk to be affected by the traumatic stress of their patients (Davey et al., 2020). Through supporting, identifying, educating, and reflecting, interventions were shown to reduce stress and burnout. Continued research on long-term effects of the workplace interventions is needed.

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