

Burnout and Coping Strategies among Nurses: A Literature Review

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How to cite this article:

Sanju Pukhraj Khawa, Nursing Officer/Burnout and Coping Strategies among Nurses: A Literature Review/ All India Institute of Medical Sciences, Jodhpur, Rajasthan, India/Int J Practical Nurs. 2021;9(2):67-71.

Abstract

The concept of stress plays an important role in an occupational area, especially health care setting. Health care professionals are repeatedly exposed to this stress, especially nursing personnel. The response to this chronic stress is termed burnout. In other words, burnout means giving more time, energy, and effort to work for a long period of time leading to exhaustion both mentally and physically. In order to reduce these burnout symptoms, an individual tries to adopt certain strategies to minimize his/her negative feelings. This is known as a coping strategy. Due to the increase in workload, advancement in science and technology, quality patient care, these symptoms have escalated which have drawn attention to health care organizations. Many strategies have been developed to reduced these symptoms and develop a positive environment for nurses to work within it.

Keywords: Burnout, coping strategies, nurses

Introduction

Stress is considered stimulus, consequence, interaction or response to any reaction. In mid 1950s, this stress was considered as occupational hazard because it imposed significant health problems.¹ This stress was identified in working nurses in 1960² and was mainly caused by physical labor, human sufferings, working hours, staffing pattern, lack of autonomy and authority to take decisions and interpersonal relationship with colleagues, superiors and others health care team members. The work stress increased with time due to development in science and technology, high health care costs and complex

health care infrastructure.³

The concept of burnout was first put forth by Freudenberg (1977) and Maslach (1976). In simple terms, burnout is a consequence of stress and is a prolonged reaction to the stress that hits an individual working for an organization. This prolonged stressed life affects the individual's physical health and in turn has an impact on the work environment. Burnout is a work-related effect, the symptom of which includes low self-esteem and exhaustion with regard to the individual in his work sphere. Burnout is a syndrome that compromises of emotional exhaustion, depersonalization and reduced personal

accomplishment.⁴

Dimension of Burnout

The most commonly accepted definition of burnout is the three components that have been defined by Maslach and Leiter (1998). Burnout is a syndrome of emotional exhaustion, depersonalization and diminished personal accomplishment

- The emotional exhaustion is generalized fatigue that occurs when an individual gives extra time and effort to a particular work which is not important.
- Depersonalization means when an individual shows different behavior to his/her colleagues or work which is not acceptable.
- Reduced personal accomplishment means an individual is unable to evaluate his work and has poor self esteem.

Burnout can be associated with physical symptoms including insomnia, muscle tension, headaches, and gastrointestinal problems.⁵

The syndrome is more prevalent in professional areas like teaching, police and health care. This work stress and burnout affect nurses both on individual and organizational level. As an individual, it can cause fatigue, depression, memory problems, sleep disorders, anxiety and irritability while in organizations; work stress can lead to absenteeism and turnover among nurses which can affect the quality of care.⁶ There is high prevalence of burnout among nurses working in critical care units, operation theatre and oncology ward.⁷ The nurses working in these areas are continuously exposed to various traumas like death of patients, grieving families, severe physical pain and psychological states like anger and depression in patients and their families. The repeated exposure of these circumstances can cause a state of physical and emotional exhaustion among nurses.⁸

When an individual tries to minimize his/her negative feelings, this process is called as coping. These coping strategies can be of two types: problem focused and emotional focused coping strategy. The problem focused coping strategies is external because it mainly focuses on the problem that is causing stress while emotional focused coping strategy is internal because it focuses on emotional stress arising from stress. Therefore detailed knowledge regarding burnout syndrome and its components should be understood along with development of various strategies can help in preventing and treating burnout syndrome. This will improve the health of working nurses and also improves the quality of care to patients.⁹

The aim of the study was to assess the burnout syndrome and coping strategies among nurses.

Burnout Syndrome among Nurses

- Shahin MA (2020) conducted a cross sectional study to determine the prevalence and associated factors of burnout among nurses working in the primary health care centers. The results of the study showed that 39% nurses had high emotional exhaustion, 38% had high depersonalization and 85.5% had low personal accomplishment. The most important sources of stress were long working hours, work overload, fear of violence and lack of resources. Burnout was associated with age, educational level and sources of stress in the workplace.¹⁰
- Raju AV (2019) conducted a descriptive study to determine the burnout syndrome among the staff nurses in a tertiary care hospital. The study results revealed that majority of the nurses (83%) had high level of burnout, 3% had very high level of burnout and 14% had moderate level of burnout.¹¹
- Kumar A (2019) conducted a descriptive study to assess the prevalence of burnout and its correlates among critical care nurses in a tertiary care teaching hospital. The results showed that 37.6% nurses were experiencing high burnout. The variables associated with high burnout were lack of specialized ICU training, performing extra duty in last month and mid-level experience (1-5 years).¹²
- Jose S (2019) conducted a cross-sectional descriptive study to assess the burnout and resilience among frontline nurses working in the emergency department during COVID-19 pandemic. The result showed that the total mean percentage score for emotional exhaustion, depersonalization, and personal accomplishment was 54%, 43%, and 78.5% respectively. The emotional exhaustion and reduced personal accomplishments negatively correlated with total resilience but there was no significant relation between depersonalization and resilience. So it was concluded that increasing resilience among nurses can reduce the severity of burnout symptoms.¹³
- Kowalczyk K (2018) conducted a cross sectional study to examine relationship of burnout with mental well-being of nurses and sick leave. The results of the study concluded that average levels of occupational burnout measured from 32.7 to 38.6% of the maximum value. The excessive workload led to more burnout symptoms which

caused nurses to take more sick leaves.¹⁴

- Chanu NJ (2018) conducted a descriptive research study to assess burnout and identify factors leading to burnout among staff nurses. The study results showed that majority of staff nurses experienced burnout. The personal factors like family responsibilities, lack of interest in present profession and negative attitude towards patient led to more burnout among nurses while professional and organizational factors like frequent night shifts, long working hours and attitude of the physicians caused more burnout. The socio-cultural and psychological factors that caused burnout among nurses were feeling of disrespect, gender issues and religious beliefs.¹⁵
- Sharma RC (2018) conducted a descriptive cross sectional study to measure the extent of burnout syndrome among the nurses working in a tertiary care hospital. The results of the study showed that 45.7% of the nursing professionals presented high levels of emotional exhaustion, 24.7% presented with depersonalization and 6.2% demonstrated low levels of personal fulfillment at work. The duration of profession (more than 5 years), professionals who frequently performed their tasks too quickly and those who considered their salary inadequate based on their efforts employed presented high levels of burnout.¹⁶
- Dyrbye LN (2016) conducted a cross sectional exploratory study to evaluate the relationship between burnout among nurses with absenteeism and work performance. The results showed that 30.5% nurses had high emotional exhaustion, 20% had high depersonalization and 19% had low personal accomplishment. 30.7% nurses had symptoms of depression. Absenteeism was reported by 16.6% with half of this group having missed 1 day in the past month due to a personal health problem and the other half missing more than 1 day.¹⁷
- Negi Y (2015) conducted a descriptive study to determine the level of burnout among the nursing professionals in tertiary care hospitals. The results showed low mean score for emotional exhaustion (14.39 ± 6.87) and depersonalization (4.84 ± 3.34), and an average score (34.72 ± 6.33) for personal accomplishment. The variables associated with burnout were nurse-patient ratio, number of night duties, demands of patient attendants, duty roster, death/critical condition of a patient, conflicts at work place, study leave and category of employment (regu-

lar/contractual).¹⁸

- Tay WS (2012) conducted a cross sectional study to determine the prevalence of burnout among nurses in a community hospital. The results showed that prevalence rate of burnout among nurses were 33.3%. The nurses working in rehabilitation centers had highest rate of burnout symptoms. The year of work was also associated with a higher burnout level among nurses. The other factors associated with burnout was work interfering with family commitments.¹⁹

Coping Strategies for Burnout Syndrome:

- Hasan AA (2017) conducted a descriptive study to determine the relationships between perceived work stress, coping strategies and levels of depression among psychiatric nurses. The most used coping strategy was self-assurance that his/her job will be appreciated by others followed by having confidence in own abilities to do job well and developing an individual.²⁰
- Cruz SP (2016) conducted a cross-sectional study to estimate the burnout, perceived stress, and job satisfaction, coping and general health levels among emergency department nurses. The result showed that most common strategy used by nurses was problem focused strategy.²¹
- Jordan TR (2016) conducted a cross sectional observational study to examine the relationship between stress, coping, and the combined influences of perceived stress and coping abilities on health and work performance among. The results of the study showed that five most common ways that nurses cope with work-related stress were: talking with friends and loved ones (79%); listening to music (46%); watching TV (43%); praying/meditating (43%); and eating more of their favorite foods (42%).²²
- Muriithi JW (2016) conducted a cross-sectional study to evaluate the relationship between three coping strategies (problem oriented, social support and avoidance coping strategies) and burnout among nurses. The result showed that there was a moderate correlation between burnout and coping strategies, out of which majority of nurses used problem solving strategy.²³
- Mutisya F conducted a descriptive study to determine the relationship among job stress, coping strategies, and burnout among nurses. The results showed that most common coping strategies used was problem focused coping strategies.²⁴

- Jose TT conducted a research study to determine level of stress and coping among nurses. The results revealed that most common coping strategy used was positive reappraisal followed by seeking social support. A significant association was found between coping strategies and marital status of nurses.²⁵

Summary

Workplace plays an important vital role in everyone's life. Sometimes this may cause stress to and individual. Chronic job stress can lead to physical and emotional exhaustion. Health care works, especially nurses working high intensive care settings are more prone to this chronic stress. Burnout is more prevalent among staff nurses who are working in high dependency wards. Due to prolonged and repeated stress, nurses are unable to cope up with their personal and professional life. In this regards burnout is associated with feelings of hopelessness, difficulty in dealing with work and not able to provide quality of care to patients. In order to deal with this chronic stress, nurses use many coping strategies. Therefore, these problems should be identified early and should be rectified at initial stages only. Prompt identification and treatment of such problems can improve mental and physical health of a nurse thereby improving their quality of patient care.

Discussion

The literature was reviewed to understand about the concept of burnout symptoms and various coping strategies used by nurses to deal with burnout. Sources of information were including books, journals, dissertation, thesis, internet and online databases.

Best and Kahn (1992), states that review of literature helps the researcher in many ways. It helps to assess what is already known, what is still unknown and untested, justifies the need for replication, throw some light on the feasibility of the study and problems that are encountered.

Conclusion

The literature review concluded that nurses had a variable degree of burnout syndrome. Several socio-demographic variable that positively correlated with burnout were years of service, area of work, long working hours, number of night shifts and salary of the personnel. The most common coping strategies used by nurses were problem focused coping strategies.

Conflict of Interest

There is no actual or potential conflict of interest including any financial, personal or other relationships with other people or organizations.

Funding Sources:

This research did not receive any specific grant from funding agencies in the public, commercial, or not-for-profit sectors.

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