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## Research Article

### An Investigation of Burnout Experienced in Nurses Within the Hospital Setting

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## Introduction

Burnout is a phenomenon that has been studied for over 30 years. Maslach, et al. [1] recognize burnout as a psychological concept that initially appeared in the United States in the 1970s. Burnout is described by Maslach and Jackson [2] as a multidimensional theory that is defined using three characteristics: emotional exhaustion, depersonalization and a decrease in perceived personal accomplishment. According to Azeem [3], “People who suffer from burnout identify the symptoms as physical depletion, feelings of helplessness, disillusionment, negative self-concepts and negative attitudes towards work and life itself.” Research supports that the nursing profession is one of the occupations most affected by burnout. Kanste, et al. [4] states, “The nursing profession is at high risk for burnout because nursing is typically a stressful and emotionally demanding work. Nurses are repeatedly confronted with people’s needs, problems and suffering.” This paper will deliberate the identified problem of burnout experienced in nurses within the hospital setting by formulating a solution, developing problem solving strategies, and identifying methods to deal with burnout in everyday practice.

## Formulating a Solution

In order to begin to address the problem of burnout within the nursing profession, it is essential to initially formulate a solution. According to Leiter and Maslach [5] “Burnout is a crucial issue for businesses committed to quality and organizations that are innovating constantly and need top performance from talented people.” It is important to identify strategies for getting rid of the underlying issues relating to the cause of burnout within an organization [5]. Certain inquiries can facilitate in narrowing down methods that can be used to investigate the problem itself. These inquiries include:

- What are the circumstances where burnout occurs within the nursing profession and why does the problem exist?
- Based on research findings, what are some previous strategies that have been used to reduce or solve the problem that exists within the hospital setting?
- What can be done by the hospital (organization) to assist its employees in reducing/solving the problem?
- How can burnout be managed in everyday practice?

## Strategies to Solve the Problem

The social support of nursing supervisors and leadership, feedback, job clarity, autonomy and minimized complexity in nursing work have been shown through research to reduce subordinate burnout among nursing [4]. The use of transformational nursing leadership style and the quality and direction of nursing leadership have been shown to decrease burnout [4]. Transformational leadership uses motivation to encourage and sustain a healthy work environment, improve work quality and feelings of personal accomplishment; therefore, reducing burnout among nursing staff. It is the leadership of an organization that directs its success and sustainability [4]. In order to build on the future success of today’s healthcare, it is imperative that the use of transformational leadership among nurse leaders be utilized [6]. This leadership style is one of the most successful leadership styles used among nursing management to reduce burnout or generate characteristics of the burnout phenomena [4,6].

## Methods Utilized

Identifying previous methods utilized to solve the problem within the hospital setting is a significant necessity in order to benefit other hospitals that suffer from burnout amid nursing staff.

Previous methods that have been accommodating to reduce burnout in the hospital setting include the Maslach Burnout Inventory (MBI), Areas of Worklife Scale (AWS) and other commonly utilized tools to facilitate research and its findings [7,8]. The use of MBI is an important theoretical framework and relevant tool used to collect data and determine measurements of burnout in human service organizations [1]. MBI allows for organizations to assess the level of burnout within their own establishment to “Examine the contribution of many political influences and consequences simultaneously, separating unique contributors to the development of burnout” and the essential principles of the burnout phenomena. AWS is another collection tool used to examine nursing workload, reward, control community, fairness and values [5,8]. Other utilized tools identified in the research consist of Likert scales and personal interviews of staff and nursing leaders. The use of the aforementioned tools allows organizations to gain a plethora of insight into measuring the presence of the components of burnout and if they exist amongst nursing staff.

## Proposed Solutions

Once evidence has been gathered utilizing the above strategies, it is now easier to identify areas where burnout exists within the organization and begin to determine possible ways to reduce burnout among nurses. In order to determine a proposed solution, the data collected should be reviewed and observed for indications of burnout amongst staff. These indicators are comprised of lack of leadership, low job performance, ineffectiveness, job related stress, emotional fatigue, and depersonalization. According to Fearon [9], “A mismatch between the employee’s expectations and the extent to which the workplace is meeting the needs of the staff is fundamental to stopping the burnout process.” Customary eight-hour shift work is a thing of the past for hospital nursing staff. According to Stimpfel, et al. [10], nurses who work 12 to 13-hour shifts are also more likely to suffer from fatigue and burnout characteristics, which can also jeopardize prudent patient care. Increased focus on these areas reduced work-related stressors experienced amongst staff. With increased teamwork, improved resources and social support nurses felt more empowered and engaged. These results led to a decrease in burnout rates, better patient and organizational outcomes, improved autonomy and stronger staff relationships. Research indicates, nurses who are not exposed to supervisor feedback and autonomy also have increased rates of burnout.

In the 1980s, hospitals in England and Wales conducted studies to address identified concerns regarding the amount of pressure placed on staff nurses and levels of burnout within the organization. It was determined 25% of staff absence was due to job related stress and burnout [9]. Prior to the study, there were also reports of patient abandonment, anxiety, depression and poor patient outcomes. These findings prompted the hospitals to

implement activities that increased problem and emotion focused coping strategies. The organizations also focused more on self-awareness and emotional intelligence exercises to stimulate coping mechanisms. Use of healthier lifestyle practices among the staff improved wellbeing and safeguarded against burnout. The upsurge in clinical supervision and support improved staff morale and decreased burnout among nursing staff with application of these programs. Fearon [9] study determined that, “While clinical supervision is a valuable strategy in managing problems, failure of the workplace to provide nurses with sufficient time to engage in clinical supervision and leadership can increase emotional exhaustion and depersonalization.”

The pediatric oncology unit at the Georgetown Lombardi Comprehensive Cancer Center created an arts and humanities program as a way to help their nursing staff prevent professional burnout [11]. These nurses work with pediatric cancer and hospice patients on a daily basis. According to the Chicago Daily Herald, the hospital used activities like journal writing, quilting, painting, and dance as a way to cope with stress, and stimulate team-building. The staff also engaged in writing sessions and mediation with therapists to acquire coping mechanisms to deal with experiences on the job. Since beginning to focus on the issue of burnout, “Staff turnover has decreased and staff satisfaction has increased [11].” In both of these examples, each organization identified the problem, reviewed the data, created a plan of action and implemented a solution. Through utilizing problem identification and by conveying a resolution, each hospital had positive results and met goals to decrease burnout among their staff.

Burnout is a phenomenon that has been researched since its creation in the 1970s. Burnout experienced in nurses within the hospital setting is very common due to heavy workload, accretion of work related stressors, and patient care demands. In order to effectively reduce the problem of burnout in nurses within the hospital setting, it is imperative that the organization formulate a solution, develop problem solving strategies, and identify methods to deal with burnout in everyday practice. While there is limited evidence that indicated complete eradication of burnout within any organization, there is research to support it is possible to decrease its severity and reduce burnout implications. With the presence of strong nursing leadership and effective organizational support, any hospital can decrease burnout among nursing staff, expedite growth in organizational structure and improve optimal patient outcomes.

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