

The ‘Burning’ Question: Are You at Risk for Nurse Burnout?

This article was created by CLPNA researchers from a subset of data in the 2018 CLPNA Member Survey.



Work stress is pervasive across all healthcare professions.¹ Research on work stress in the nursing profession dates back to the 1960s. Over the past few decades, nursing work has become more complicated and stressful because of the shifting demands of the health system, increased use of technology, and pressures to be more cost effective. Increased demands mean increased risk for unsafe nursing practice. Many nursing researchers are studying these types of work stressors to see if they lead to a phenomena called ‘nurse burnout’.

The term ‘burnout’ was coined by Herbert Freudenberger in 1974. Freudenberger used the term to describe responses of individuals experiencing chronic emotional and interpersonal stress at work. Burnout is so prevalent that the 11th Revision of the International Classification of Diseases (ICD-11), included it as a distinct occupational phenomenon. As a syndrome, it has three core characteristics:

- (1) emotional exhaustion,
- (2) depersonalization, and
- (3) feelings of low personal accomplishment

These characteristics represent feelings individuals have about their work. Individuals experiencing burnout may

feel emotionally overextended and tired, feel detached or cynical towards others, and have a reduced sense of professional accomplishment and efficacy.³

Causes

Healthcare settings are stressful places. Factors commonly associated with burnout include: excessive workload, constrained professional autonomy, and perceptions that there is a lack of adequate resources to support safe, high-quality patient care.^{4,5} An increased number of patients with high expectations and chronic, complex conditions can intensify feelings of burnout.⁴ Attention to the wellness and engagement of nurses is crucial in a health system facing stressors including an aging population and anticipated nursing shortages.

Risk to Patients

When a nurse is feeling ‘burnout’, their emotional and physical well-being is compromised.² Prolonged and heightened feelings of stress affect the neuroendocrine system leading to physiological responses that can contribute to illness.¹ Organizationally, feelings of burnout lead to increased sick time and high rates of staff turnover.¹ This, in turn, can disrupt the functioning of the healthcare organization and results in lost institutional knowledge, rising costs, strains on the efficiency of the healthcare team,⁴ and ultimately, affects the quality of patient care.

Research studies on nurse burnout show associations with negative patient outcomes such as patient dissatisfaction, increased frequency of critical incidents, and higher mortality rates.¹ Understandably, given the adverse consequences for patients, many consider addressing burnout to be a healthcare priority.

Strategies

As a key strategy to address burnout among nurses and other healthcare providers, organizations across Canada and internationally are directing their attention to improving provider wellness. These occupational health and safety programs focus on early intervention, monitoring, and prevention.⁴

As a means to reduce the risk of burnout, organizations are offering mindfulness and resilience training for care providers. Mindfulness refers to “the practice of learning to focus attention and awareness on the

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moment-by-moment experience with an attitude of curiosity, openness, and acceptance”.² Resilience focuses on building the nurse’s capacity to successfully respond and adapt to changing circumstances.² In combination, mindfulness and resilience help nurses manage their workplace demands while remaining fulfilled in their professional and personal lives.

Burnout interventions improve nurse retention, reduce errors, and enhance patients’ experiences.² Organizations like Alberta Health Services (AHS)

prioritize provider wellness. AHS includes supporting the health of their workforce as one of their four foundational strategies to provide safe, high-quality healthcare.

In addition to provider wellness, healthcare organizations are using nurse engagement as an indicator for the level of commitment and satisfaction nurses feel towards their job, their organization, and the nursing profession itself.⁷ Nurse leaders who are perceived as highly capable and compassionate foster nurse engagement and positive work environments, both of which can decrease burnout.⁸ For example, workplaces with leaders who empower nurses to attain the best outcomes for their patients have lower levels of burnout.² Nurses that feel more empowered report less emotional exhaustion and cynicism and a greater sense of personal accomplishment at work.¹

To effectively respond to the risk of burnout, interventions should address both the individual nurse and the workplace. The Institute for Healthcare Improvement acknowledges that while individuals are responsible for their own wellness related to their work, it is equally important for organizations and their leadership to promote provider engagement.⁹ Additionally, studies from the Mayo Clinic indicate that workplace wellness initiatives are more effective when they do not solely focus on the resilience of individual providers but also target stressors at the organizational level.⁶ Therefore, it is critical to not only foster resiliency, but also resilient work environments, where nurses can “anticipate, cope with, recover, and learn from unexpected activities, while handling patient loads”.²

To date, researchers have done a

considerable amount of work to understand and address burnout among nurses and other healthcare providers; however, there is opportunity for further work. For example, it would be of great value to examine exactly how workplace stress and burnout influence patient safety.

Furthermore, a considerable amount of the literature on burnout focuses on the acute care setting. With a large part of the nursing workforce practicing in community health and continuing care, it would be useful to expand the current knowledge specific to these practice settings. ■

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