BURNOUT

Introduction

Nursing is a challenging profession characterized by a significant number of stressors. These include demanding work environments, time pressures, and workload. Burnout is a term used to describe environmental conditions of the workplace that contribute to an employee’s feelings of disempowerment, abandonment, and stress. Maslach (1993) defined burnout as job stress. Burnout is a cumulative condition that results in physical, emotional, and mental exhaustion. Conditions that contribute to workplace frustration are most commonly related to inadequate staffing ratios and a lack of positive reinforcement such as staff break time and educational and administrative support. The nurse becomes “burned out” related to feeling a lack of support, lack of leadership or role modeling, and the inability to be a change agent within the work environment. Essentially, the nurse may feel “stuck” and immobilized—tied to a job because of fear of change or issues related to finances or benefits. Feelings of powerlessness to change the work situation may ensue.

The concept of burnout has been studied since the 1970s and has focused on the relationship that people have with their work environment. Burnout is “a prolonged response to chronic emotional and interpersonal stressors on the job and is defined by the three dimensions of exhaustion, cynicism, and inefficacy” (Maslach, Schaufeli, & Leiter, 2001, p. 397). Exhaustion comes in the form of being emotionally drained, cynicism is reflected...
in the depersonalization of others, and inefficacy is related to feelings of marginal productivity accompanied by feelings of low achievement. The risks of burnout include diminished caring and a profound sense of demoralization (Leiter & Laschinger, 2006; Maslach, 1993). People who are considered burned out become overly emotionally involved in their work, overextend themselves by juggling too many responsibilities at once, feel overwhelmed by the emotional demands placed upon them by other people in their work environment, and, in extreme cases, are overwhelmed by interpersonal relationships outside the workplace (Stebnicki, 2008).

Behavioral symptoms of burnout may range on a continuum from detachment from patients and fellow caregivers to anger and acting out, to apathy. Extreme feelings of burnout may lead to behavioral problems outside of the workplace such as interpersonal problems, fatigue and sleep disturbances, withdrawal, and isolation. Psychological domains related to burnout may include anxiety, depression, and the risk of compassion fatigue, vicarious traumatization, and, ultimately, secondary traumatic stress disorder. Inevitably, both the associated feelings and the behavioral manifestations of burnout negatively affect the nurse’s work function. The nurse feels overextended, ineffective, and stressed. The inherent risks of burnout to the environment include a decreased quality of nursing care and high rates of staff dissatisfaction and turnover.

Maslach et al. (2001) identified six areas of the work setting that contribute most to the context of burnout: workload, control, reward, community, fairness, and values.

- **Workload:** Excessive workload is linked directly to the exhaustion associated with burnout. Nurses also may expend additional emotional energy if not prepared adequately for the work required or if experiencing feelings of incompetence.

- **Control:** If nurses do not feel control over the workload or feel that insufficient resources are available to enact the quality caregiving to which they aspire, then self-esteem is negatively affected.

- **Reward:** In many settings where nurses are overworked and have limited resources, they also begin to feel underrecognized
for their hard work and effort. Lack of social rewards for work well done is associated with feelings of inefficacy.

- **Community**: Nurses must feel a sense of belonging or collegiality with others in the work setting along with shared values and goals. If role conflict or hostility exists among peers, then the important element of social support is lacking.
- **Fairness**: If nurses perceive unfair treatment of themselves or others, this can contribute to mistrust and cynical feelings about the workplace and leadership.
- **Values**: It is important that nurses feel a match between personal and workplace values, or they may become resentful if constraints cause behaviors that they find to be unethical or morally wrong (see Chapter 7).

The organizational stressors leading to burnout must be recognized in light of the era of managed care and healthcare reform. Many nurses at the bedside feel that their profession has become a job and that the focus of their work environment has changed from one of caring for and healing the sick to a business focus—do more with fewer resources and in less time. Within the construct of burnout, the nurse is left with feelings of helplessness and hopelessness. In the literature, a major demographic factor that contributes to burnout is age: the younger and more inexperienced the nurse, the higher the risk of burnout (Espeland, 2006). Idealistic, highly motivated, and highly empathic nurses are the first to burn out, as does a bright flame by virtue of its intensity (Larson, 1993; Larson & Bush, 2006). The organizational risks of burnout are listed in Figure 1.

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<tr>
<th>Figure 1. Organizational Risks of Burnout</th>
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<td>Burnout: The progressive loss of idealism or the professional’s unrealistically high expectations concerning his or her work given a clinical, social, and organizational environment that is perceived as resistant to change.</td>
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<tr>
<td>- Diminished job performance</td>
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<td>- Decreased job effectiveness</td>
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<td>- Impaired personal and social functioning</td>
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<td>- Resignation; high staff turnover</td>
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<td>- Termination</td>
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The American Association of Critical-Care Nurses (AACN, 2005) identified six essential standards that are vital for ensuring healthy work environments. These standards represent evidence-based practice and relationship-centered principles of interdisciplinary care. The standards are supported by the American Nurses Association’s (2001) Code of Ethics for Nurses. These standards can guide nurse leaders and healthcare organizations to ensure safety and quality care for patients and safe practice and respect for nurses. The standards comprise skilled communication, true collaboration, effective decision making, appropriate staffing, meaningful recognition, and authentic leadership. They provide a framework for nursing practice that prevents burnout and the risks that may occur along the continuum of compassion fatigue and secondary traumatic stress disorder (McKinley, 2007). McKinley (2007) discussed the components of the AACN standards.

- **Skilled communication**: Effective communication skills are as essential as competent clinical skills. The two are interdependent in nature. Skilled communication is defined as a two-way dialogue in which members of the interdisciplinary team think and make decisions together. Skilled communication includes verbal, nonverbal, and written communication and ensures respect and civility to the nurse. “Intimidating behavior and deficient interpersonal relationships lead to mistrust, chronic stress, and dissatisfaction among nurses” (McKinley, 2007, p. 246).

- **True collaboration**: Interdisciplinary staff members must support true collaboration that ensures all members of the team are respected for their unique knowledge and competence. Mutual concern for quality care is shared in true collaborative practice.

- **Effective decision making**: Research supports that the majority of physicians do not utilize nurses effectively in decision making and that nurses feel powerless to change their work environment. As the mainstay professionals who assess, diagnose, intervene, and evaluate patient care, nurses must be included in patient decision-making practices. If not, a vital link is lost along the patient care continuum.

- **Appropriate staffing**: Increased workloads without appropriate staff resources threaten patient safety and nurse satisfaction. Healthcare environments must adequately assess patient acuity
levels and resources on an ongoing basis and investigate staffing models that meet the needs of patients and nurses alike.

- **Meaningful recognition**: Nurses must be recognized for the value that each brings to the institution. Recognition for work well done also ensures nurse recruitment and retention.

- **Authentic leadership**: “Nurse leaders must fully embrace the imperative of a healthy work environment, authentically live it, and engage others in its achievement” (McKinley, 2007, p. 251). The AACN standards noted that nurse leaders play a pivotal role in nurse retention, and yet they themselves are at risk for burnout resulting from a lack of educational preparation, coaching, or mentoring for their roles (AACN, 2005).

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**REFLECTION**

What advantages does your work setting provide? __________________________________________________________
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_______________________________________________________________________________________________________________
_______________________________________________________________________________________________________________

What do you do best in your work setting? ______________________________________________________________
_______________________________________________________________________________________________________________
_______________________________________________________________________________________________________________
_______________________________________________________________________________________________________________

What do your managers see as your strengths? ______________________________________________________________
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_______________________________________________________________________________________________________________
_______________________________________________________________________________________________________________

What behaviors and feelings do you have that translate into quality care? ________________________________
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Interventions

Because nurses are routinely considered vulnerable to burnout, they must consciously plan to counter the negative sequelae of work-related stress. Additionally, burnout may be contagious (Bakker, Le Blanc, & Schaufeli, 2005). The negative attitudes, behaviors, and complaints of colleagues can be communicated from one nurse to another. A major intervention is to know that understanding the signs of burnout and taking action can lead to professional growth. The first step is for the nurse to identify what he or she can and cannot do to change the work environment. Knowledge is empowerment, and knowing what steps can be taken can lead to feelings of empowerment (Corley, 1995).

The following interventions can help to prevent burnout and inherent moral distress (Corley, 1995; McKinley, 2007).

- **Don’t blame.** A major response to burnout is to blame oneself or others. Blaming oneself may include feeling that peers and colleagues are able to cope with the circumstances within the job setting, whereas you are unable to cope effectively. Unfor-
Fortunately, this line of thinking negatively affects self-esteem and feelings of self-efficacy. Burnout leads to feelings of isolation, and projecting blame onto others will further contribute to behaviors of withdrawal. Guilt and blame also are perpetuating and lead to a vicious negative cycle.

- **Take action.** Taking action is the most effective way to decrease feelings of burnout. Action can begin by stepping back and reflecting upon those circumstances that have led to feeling burned out in the work environment. Self-knowledge is empowering and will help to decrease feelings of helplessness. Reflect upon what actions may be taken to change the circumstances that are causing the most stress. Trusting other colleagues with feelings related to burnout is important. Is there someone you can trust to talk to and share your feelings with? Are there colleagues that share the same frustrations and who might be able to brainstorm regarding changes that can be made in the work environment in order to assist and support each other? The support of a formal mentor or preceptor has been cited as an invaluable resource to counter stress (Barnard, Street, & Love, 2006).

- **Take control.** Identify what you can and cannot do to change your work circumstances—and focus on what you do have control over. For example, how you decide to take action to change your own behaviors is an important initial step toward change. Strengthen your own assertiveness skills and learn to say “no” when appropriate. Know your own triggers and find ways to manage them.

- **Seek advice.** Another vehicle is to think about helpful changes that you can bring to the table and then speak to a professional colleague who is in a position to help you make the change. For example, a nurse manager or advanced practice nurse (APN) may be available for support. Educational resources, time management changes, or administrative change may decrease the feelings of burnout among all nurses experiencing it in your work setting. Working together as a team will enhance everyone’s feelings of hopefulness that yes, things can be changed within the setting and that working together can make it happen. Think of things that you can improve versus things to
avoid or ignore. A staff meeting could be held to discuss ways to improve teamwork and the delivery of care. Monthly support groups could be initiated—not for whining about problems but for evaluating the outcomes of implemented changes. Joining professional organizations in a specialty area is also an important means of gaining insight and ideas for how to keep moving forward in these times of healthcare changes and challenges. Taking part in professional organizations will also keep you up to date on evidence-based practice, in turn increasing your feelings of self-efficacy and competence.

• **Reframe.** Reframe your work and the work setting in a more positive light. Ask yourself, “What advantages does my work setting provide for me and my patients?” Think about your own strengths and what others perceive your strengths and contributions to be.

• **Set goals.** Reflecting upon your professional and personal goals is another positive problem-solving step to take. Maybe the setting you are working in does not nurture these goals, and it is time to take your talents to a new and different setting. Transitioning from inpatient to outpatient care or changing specialty practice can often rekindle enthusiasm and the desire to learn. Think about the good opportunities that are ahead in your work and your life, which may help you feel “unstuck.” By reframing the circumstances that you find yourself in and setting new goals, you may be pleasantly surprised that you are doing your best with limited time and resources, most importantly contributing to the quality of care your patients receive. Focus on the positive. Make sure that the job is a good fit for your values and expertise. When there is a mismatch in job fit, the risk of burnout increases.

• **Practice self-care.** Basic self-care includes exercise, adequate rest and sleep, and good nutrition. Preventing burnout includes these interventions and also may include challenging yourself to a higher level of spirituality and insight. You can do this through reflective work: meditation, guided imagery, yoga, journaling, and other activities. Treat yourself with massage therapy or, if needed, interpersonal therapy. Find support from relationships outside of the work setting—support systems that can listen to
your concerns objectively and provide feedback. Identify something to look forward to each day, in or out of the work setting. This may be quiet moments in a garden or taking time to walk with a close friend or loved one.

- **Be resilient.** Human beings are resilient souls. People who demonstrate hardiness and resilience are less prone to burnout. Resilience is the ability to confront immeasurable challenges with strength and fortitude. It includes self-confidence and self-assurance, seeing oneself as a survivor. Resilient individuals experience the same difficulties and stressors as everyone else; they are not immune or hardened to stress. Yet, resilient people have learned how to deal with life’s challenges. They are set apart by their optimistic and hardy attitude.

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**Summary**

Burnout is a syndrome of emotional exhaustion, depersonalization, and feelings of reduced personal accomplishment in one’s job. When the nurse’s emotional resources are depleted, the nurse is no longer able to give of himself or herself on a psychological level. Burnout can contribute to negative and cynical attitudes and a reduced sense of personal accomplishment. Strategies against burnout include organizational change in addition to the nurse reflecting upon avenues to change the circumstances leading to burnout.

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**Case Study**

Mary was exhausted. Every morning when the alarm rang and she swung her legs over the side of her bed, they felt like lead weights. She wondered why she felt more tired on days she had to work. She dreaded going to work. Mary had worked on the same medical-surgical unit since she was a new graduate nurse 10 years ago. In the beginning, she loved her job and the community of nurses with whom she worked. Back then, she always thought to herself, everyone worked as a team. The staff shared similar values
in quality care, and they took the time to socialize outside the work setting. As time passed and health care changed, Mary experienced unsettling changes on her unit. Her friends began to leave, some pursuing other positions and a few colleagues quitting nursing entirely. Staffing seemed to get cut each year as people left and positions were not replaced. At one time, there was an APN assigned to the unit. The APN was always available to consult on challenging patients, and monthly patient rounds or educational meetings were held. When the cost-cutting began, the APNs were some of the initial positions to be cut. Seldom was there a nurse colleague to call upon to consult with challenging patients or families, and Mary couldn’t remember the last educational meeting that took place on the unit. She found herself so exhausted at night that she couldn’t even find the energy to read her journals, so she stopped ordering them. As time passed, Mary did the minimum to keep up her necessary continuing education units for relicensure.

Mary woke up exhausted and came home exhausted. She always felt irritable and found herself snapping at her coworkers and her family members. When she tried to reflect upon why she went into nursing in the first place, she couldn’t remember. She became cynical about her profession and hopeless that anything could change to make it better. Often she felt remorse and guilt that she was not giving quality care to her patients because she did not have the time or supportive resources to do it.

**Discussion**

Mary was definitely displaying physical, psychological, and behavioral symptoms of burnout. She woke up every morning fatigued and exhausted and dreaded going to work. Her behaviors manifested in irritability and cynicism. Mary also felt hopeless that she or her work setting could change. As her friends left and resources became scarce, Mary felt guilt related to the lack of care she believed her patients received and also was remorseful that she found herself feeling as she did.

In Mary’s case, a few problem-solving, action-oriented steps could be taken. In lieu of the now-absent APN position, Mary could search out a new role model or mentor within her setting. This could be a fellow colleague, a nurse manager, or even another in-
terdisciplinary team member. It was important for Mary to feel that she was supported in her care setting and that a trustworthy person was available to consult regarding difficult or challenging situations. Mary could also suggest changes that would benefit her and her coworkers in keeping up to date in their practice. Mary could suggest a weekly journal club to discuss articles related to medical-surgical nursing. The journal club also would contribute to a sense of belonging and teamwork among the staff. Another valuable resource for Mary would be to attend more community educational opportunities and join a professional organization to help her feel like a valuable part of the nursing profession. These latter resources also could help Mary find solutions to patient cases she found challenging, and she would then feel valued for her contributions when she brought this education back to her work setting.

References


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**Recommended Reading**


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**Internet Resources**

LIVESTRONG, “Preventing Burnout”: www.livestrong.com/article/14719-preventing-burnout

Maslach Burnout Inventory: www.mindgarden.com/products/mbi.htm

Mind Tools, Burnout Self-Test: www.mindtools.com/stress/Brn/BurnoutSelfTest.htm