

Burnout In Nursing And Self-Care

Naifah Oudah Alanazi, Miad Obaidallah Almutairi, Rasha Oudah Alanazi, Maryam Ali Alnami, Hadeel Khunayfir Ateeq, Basim Mohammed Alharbi, Ghadah Mohammed Hassan, Manal Dhaher Alanazi, Saleha Mehzam Alenaizi, Ali Sarhan Almutairi, Bunyyan Matar Alhuryji, Shafi Eidan Aldhafeeri, Muhammad Shatti Al-Dhafiri, Abdullah Saadah Alhurayji, Mohammad Khalaf Aljamily

Abstract

With serious ramifications for nurses' well-being, the standard of patient care, and healthcare outcomes, nursing burnout is a major concern in the medical field. This study looks at nurse burnout's prevalence, contributing variables, outcomes, and interventions, with an emphasis on how self-care can lessen its effects. This study examines the organizational, cultural, and ethical aspects that affect nurses' experiences of burnout and self-care, as well as the physical, emotional, and psychological effects of burnout on nurses through a thorough assessment of the literature. In order to address nurse burnout and encourage self-care in healthcare settings, this research also assesses the efficacy of organizational interventions, training and education programs, and advocacy efforts. The results emphasize how

crucial it is to put nurses' well-being first, push for legislative changes, and provide encouraging work conditions in order to build resilience, encourage self-care, and keep nurses from burning out.

Key words: Burnout, self-care, health, nursing, education, training, and policy.

1. introduction:

A major problem that affects nurses all over the world, nursing burnout has a huge impact on both the individual nurses and the healthcare system as a whole. Chronic professional stressors and an imbalance between personal resources and job demands can lead to burnout, which is characterized by emotional weariness, depersonalization, and a diminished

sense of personal success. Because of their job's high demands, emotional intensity, long hours, and exposure to human suffering, nurses are especially susceptible to burnout in the stressful and high-pressure environments of healthcare settings (4).

Nurse burnout has far-reaching effects on patient care quality, healthcare outcomes, organizational effectiveness, and the well-being of nurses themselves. Reduced job satisfaction, higher intentions to leave, higher absenteeism rates, and lower patient care quality—including prescription errors, patient discontent, and adverse events—have all been associated with burnout.(5,7)nursing burnout raises healthcare costs by decreasing productivity, raising healthcare utilization, and increasing staff turnover rates. (7) This presents difficulties for healthcare organizations that aim to deliver high-quality, patient-centered care. (12,13)

2. frequency of burnout among nurses working in various healthcare environments:

Examining the occurrence of burnout among nurses in different healthcare environments highlights a worrying pattern that emphasizes how much occupational stress affects nurses' overall health. Research has repeatedly demonstrated that burnout is a concerningly widespread condition among nurses, with incidence rates changing according to practice context, specialty, and region. Burnout rates are typically particularly high in acute care settings like hospitals, where nurses frequently deal with high patient acuity, demanding workloads, and frequent exposure to traumatic events. Burnout, however, impacts nurses not only in acute care settings but also in long-term care facilities, community health settings, and specialist fields including oncology, critical care, and emergency nursing. The high frequency of burnout among nurses underscores the pressing need for treatments and support plans to deal with this persistent problem and advance the wellbeing of nurses.(9)

Analyzing the organizational, vocational, and demographic characteristics linked to a higher risk of burnout in nurses offers important insights into the intricate interactions between the individual and systemic elements that lead to nurse burnout. It has been discovered that age, gender, and years of experience are demographic factors that affect the

likelihood of burnout; younger nurses and those with less experience frequently report higher degrees of burnout. Workload, staffing numbers, and shift patterns are examples of occupational characteristics that are known to have a substantial impact on nursing burnout. Because of the physical and psychological demands of their jobs, nurses who work long hours, have high patient-to-nurse ratios, and frequently work extra or night shifts are more prone to experience burnout (6).

Organizational elements that have a significant influence on nursing burnout include job autonomy, leadership support, and workplace culture. Burnout is more likely to occur among nurses who feel that their work conditions are unsupportive, stressful, or underequipped. Furthermore, nurses may experience emotions of dissatisfaction, disillusionment, and emotional tiredness due to inadequate staffing, a lack of acknowledgment, and a lack of professional development opportunities.(3,4) A multidimensional strategy is needed to address these organizational variables, including establishing a supportive work environment, encouraging cooperation and collaboration, and putting policies and procedures in place that put the needs of nurses first. (5)

3. Implications for Nurses' Welfare

A range of physical, emotional, and psychological symptoms are revealed when the effects of burnout on nurses' well-being are examined, and these symptoms have the potential to significantly affect their general health and quality of life. Increased stress, anxiety, despair, and emotional weariness are linked to burnout, as are physical symptoms such weariness, sleeplessness, and musculoskeletal problems. These symptoms are made worse by the chronic and widespread character of burnout, which lowers nurses' resilience overall and their physical and mental health. (4)

Burnout has a negative physical impact on nurses, making them more susceptible to a variety of physical ailments and symptoms. It can be difficult for nurses to maintain their energy levels and handle the demands of their profession when they are dealing with the ongoing stress and strain of nursing practice, which can appear as physical depletion, fatigue, and exhaustion. In addition to impairing immunity, long-term stress and exhaustion might increase a nurse's susceptibility to

infections, diseases, and chronic health issues. Moreover, burnout raises the risk of musculoskeletal conditions, including neck, back, and repetitive strain injuries. These conditions are brought on by the physical demands of patient care tasks and the ergonomic difficulties of nursing work environments (12).

Burnout has a significant negative emotional and psychological impact on nurses' emotional resilience and overall mental health. Burnout can cause nurses to feel emotionally spent, estranged, and disconnected from their work, which can lower their sense of success both personally and professionally.(11,13) Burnout's emotional weariness can lead to depersonalization, cynicism, and hopelessness, which weakens a nurse's sense of purpose and motivation in their work. Moreover, there is a substantial correlation between burnout and elevated rates of psychological distress, emotional instability, and symptoms of anxiety and depression. Nurses may find it challenging to maintain a healthy work-life balance, endure mood fluctuations, and handle the emotional demands of patient care (6)

4. Factors That Lead to Burnout

A complex interplay of individual, interpersonal, and organizational elements is revealed by identifying and assessing the components that lead to nursing burnout. These factors collectively contribute to nurses' experiences of stress, emotional weariness, and impaired well-being. These variables include a range of elements related to the workplace, organizational culture, and interpersonal relationships in healthcare environments, all of which have a substantial impact on the likelihood of burnout among nurses (20) The main causes of nurse burnout are excessive workloads and understaffing, since these factors frequently interfere with nurses' ability to deliver high-quality care.(19) Nurses experience increased stress, fatigue, and feelings of overwhelm due to chronic understaffing and overabundance of patient assignments. This leads to emotional depletion and decreased job satisfaction. In addition, the stress that comes with meeting productivity goals and providing care in constrained time periods makes nurses more susceptible to burnout and increases their workload. (2)

Another important element that significantly contributes to nursing burnout is a lack of autonomy and control over one's work environment. Feelings of frustration,

disempowerment, and burnout are more common among nurses who believe they have little influence over their work schedules and practice standards, little opportunity for professional advancement, and little autonomy in decision-making. Burnout is worsened and emotions of helplessness are increased when tight regulations, protocols, and procedures that limit nurses' autonomy and creativity in patient care are imposed.(14,15)

5. Self-care routines and coping mechanisms used by nurses to avoid or lessen

exhaustion

Examining the self-care routines and coping mechanisms that nurses utilize to avoid or lessen burnout demonstrates a wide range of methods intended to enhance mental, emotional, and physical health. In order to retain resilience, avoid burnout, and manage the pressures of their demanding work environment, nurses need to practice self-care and employ coping strategies.(12,13) Many nurses' self-care regimens revolve around physical activity since it offers chances for relaxation, stress reduction, and physical fitness. Regular exercise helps nurses decompress, elevate their mood, and increase their vitality. Examples of this activity include walking, running, yoga, and strength training. In addition to enhancing physical health, physical activities provide nurses with a release valve for bottled-up tension and emotions, enabling them to relax and rejuvenate following taxing shifts.(9)

Another useful coping mechanism that nurses use to reduce stress and support emotional health is mindfulness and relaxation. Deep breathing exercises, progressive muscle relaxation, guided imagery, and meditation are some of the practices that support nurses in developing mindfulness, lowering their anxiety levels, and strengthening their resilience to stressors at work. Nurses can manage stress, enhance self-awareness, and promote emotional balance with the help of mindfulness-based therapies, such as mindfulness-based stress reduction (MBSR) programs.(14,15)

Social support networks, which offer chances for emotional support, validation, and connection, are vital to nurses' attempts to develop resilience and practice self-care. For support, understanding, and companionship, nurses rely on their relationships with peers, family, friends, and

coworkers.(2,3) Nurses can use peer support groups, mentorship programs, and professional networking opportunities as platforms to exchange experiences, get guidance, and get validation from people who are aware of the particular difficulties faced by the nursing profession (6).

Interests and hobbies give nurses purposeful ways to spend their free time doing things that make them happy, fulfilled, and relaxing away from the office. Nurses can learn new skills, develop new interests, and detach from work-related anxieties by engaging in hobbies like cooking, painting, gardening, reading, or playing an instrument. Taking part in recreational pursuits promotes equilibrium, happiness, and individual

satisfaction, assisting nurses in recharging and preserving perspective amongst the

challenges of their line of work.(14,15)

6. Interventions and Assistance inside Organizations

A variety of tactics that healthcare organizations can use to assist nurses' well-being, improve job satisfaction, and reduce the risk of burnout are revealed by analyzing the efficacy of organizational interventions and support systems targeted at treating nurse burnout. The goal of these treatments is to establish empowering and encouraging work environments where nurses may flourish in their positions by addressing a variety of organizational culture, leadership styles, and work environment issues (15)

One of the most important elements of organizational therapies for nursing burnout is workload management techniques. Healthcare companies can assist nurses in better managing their workload and lowering feelings of overload and stress by prioritizing duties, setting realistic goals, and improving workload distribution. Organizations can identify workload imbalances and apply targeted interventions to reduce excessive workload pressures on nurses by utilizing strategies such workload assessment tools, workload monitoring systems, and workload redistribution protocols (12,13).

Since low staffing levels lead to higher levels of stress, exhaustion, and burnout among nurses, staffing optimization is another essential intervention for addressing nurse burnout. To guarantee appropriate staffing levels that satisfy patient care

demands and promote nurse well-being, healthcare organizations can apply evidence-based staffing models, nurse-patient ratio standards, and staffing recommendations. Furthermore, companies may forecast staffing needs, anticipate patient demand, and improve personnel allocations in real-time by utilizing technology like staffing software and predictive analytics (10,11). Programs for developing leaders are essential in creating empowering and supportive leadership behaviors that enhance nurse wellbeing and reduce burnout. Nurse leaders can develop transformational leadership abilities by participating in coaching initiatives, mentorship programs, and leadership training. This will enable them to establish trust and collaboration among their teams, as well as healthy work environments and open communication. Good leadership development programs give nurse leaders the information, abilities, and resources they need to identify burnout symptoms, deal with workload concerns, and encourage nurses to take care of themselves.

Peer support programs give nurses great chances to interact with and assist one another, promoting a sense of unity, understanding, and friendship. Nurses can share stories, ask questions, and get emotional support from peers who understand the difficulties of nursing profession through peer support groups, buddy systems, and mentorship networks. Peer support programs assist nurses overcome feelings of loneliness, foster social connections, and build resilience, which in turn reduces the risk of burnout and improves overall job satisfaction (19).

The function of instruction and training in increasing awareness of burnout

The significance of providing nurses with the information, abilities, and tools necessary to identify, avoid, and effectively manage burnout is highlighted by an evaluation of the role that training and education play in promoting self-care behaviors, increasing awareness of burnout, and fostering resilience among nurses. In order to promote a culture of well-being in nursing practice, training and education are essential. This allows nurses to give their own health and resilience first priority while providing patients with high-quality care.

Increasing awareness of burnout and its possible effects on nurses' well-being and patient care is a part of training and education. Training programs assist nurses in

realizing the significance of self-care and burnout prevention by educating them on the warning signs and symptoms of burnout, the risk factors connected to burnout, and the effects of burnout on nurses' physical, emotional, and psychological health. Increasing knowledge about burnout increases open communication, lessens stigma, and motivates nurses to get support when they need it (17)

7. Nurse burnout's policy implications for healthcare organizations

The necessity for healthcare organizations, regulatory agencies, and legislators to prioritize nurse well-being, prevent burnout, and promote healthy work environments through the creation and application of evidence-based policies and guidelines becomes evident when talking about the policy implications of nurse burnout.(15) Nurse burnout has a profound effect on patient care quality, healthcare outcomes, and the long-term viability of healthcare systems in addition to its effects on the health and well-being of individual nurses. A multimodal strategy is needed to address nursing burnout, including policy measures to foster self-care behaviors, supportive work environments, and systemic variables that contribute to burnout.(1,2)

Healthcare organizations are essential in putting policies and procedures in place at the organizational level that put nurses' well-being first and avoid burnout. To guarantee appropriate staffing levels that fulfill patient care needs and support nurse well-being, this entails creating and putting into effect staffing standards, workload management procedures, and nurse-patient ratio regulations. Healthcare companies can also put in place rules that support scheduling flexibility, paid time off, and work-life balance, which will enable nurses to refuel and revitalize themselves outside of the workplace. Organizations can also offer tools and resources for self-care, fostering resilience, and promoting mental health, such as wellness programs, counseling services, and employee assistance programs.(1,2)

In order to avoid and enhance nurse well-being, regulatory agencies and professional associations must also implement policy initiatives aimed at addressing nurse burnout. This entails creating nursing care guidelines and standards of practice that place an emphasis on nurse satisfaction, patient safety, and care quality.(7) Regulators have

the authority to impose reporting requirements on nurse staffing levels, workload indicators, and burnout rates in order to guarantee responsibility and openness in the burnout management initiatives of healthcare companies. Professional groups can also push legislation to support nurse staffing ratios, uphold nurses' rights, and address workplace safety concerns, among other policy reforms that enhance nurses' well-being (12).

8. Cultural and Ethical Aspects

Examining the ethical and cultural aspects of nurse burnout and self-care highlights the intricate relationship between cultural norms, beliefs, and values as well as the unique experiences of burnout and behaviors associated with seeking assistance among nurses from a variety of backgrounds.(4,5) Nurses' perceptions, experiences, and coping mechanisms regarding burnout are shaped by cultural characteristics, which also affect how they prioritize self-care activities within their cultural context, ask for assistance, and use support systems. (19)

Cultural norms, attitudes, and values greatly influence how nurses see burnout and how willing they are to recognize and take care of their own requirements for well-being. Discussions about mental health, stress, and burnout may be stigmatized or taboo in some cultures, which causes nurses to minimize or reject their symptoms and put off seeking assistance out of concern for embarrassment, guilt, or losing face. Cultural values centered on stoicism, selflessness, and devotion to duty may also deter nurses from putting their own needs last, which may cause them to disregard self-care routines and prioritize patient care above their own.(12,13)

Cultural norms that emphasize perseverance, work ethic, and resilience may have an impact on nurses' attitudes on burnout and self-care by influencing their perceptions of how normal it is for them to feel stressed, tired, and emotionally spent while performing their jobs. Nurses who work in cultures that place a high value on perseverance, hard effort, and independence may feel under pressure to endure burnout symptoms without seeking help or taking time off to recover. (5,7)nurses' coping mechanisms and help-seeking behaviors may be influenced by cultural values surrounding

collectivism, family support, and community cohesion. Some nurses, for example, may turn to unofficial support networks like friends, family, or religious communities for emotional support and validation (19)

9. conclusion:

The prevalence of nursing burnout has a negative impact on healthcare results, nurses' well-being, and the caliber of patient care. The present study has investigated the diverse aspects of burnout in nursing, encompassing its frequency, contributing causes, outcomes, and the function of self-care in reducing its effects. We have looked at how burnout affects nurses' health on a physical, emotional, and psychological level as well as how organizational, cultural, and ethical variables affect how burnout and self-care are experienced by nurses. (8,19) We have found some potential approaches to nurse burnout and self-care promotion in healthcare organizations by analyzing the efficacy of organizational interventions, education and training programs, and advocacy campaigns. In the future, it will be crucial for stakeholders to put nurse well-being first, push for legislative modifications, and establish encouraging work conditions that encourage self-care, build resilience, and keep nurses from burning out. (9)

References:

1. Sullivan V, Hughes V, Wilson DR. Nursing Burnout and Its Impact on Health. *Nurs Clin North Am.* 2022 Mar;57(1):153-169. doi: 10.1016/j.cnur.2021.11.011. Epub 2022 Feb 9. PMID: 35236605.
2. Phillips K, Knowlton M, Riseden J. Emergency Department Nursing Burnout and Resilience. *Adv Emerg Nurs J.* 2022 Jan-Mar 01;44(1):54-62. doi: 10.1097/TME.0000000000000391. PMID: 35089283.
3. Alexander GK, Rollins K, Walker D, Wong L, Pennings J. Yoga for Self-Care and Burnout Prevention Among Nurses. *Workplace Health Saf.* 2015 Oct;63(10):462-70; quiz 471. doi: 10.1177/2165079915596102. PMID: 26419795.
4. Vidal-Blanco G, Oliver A, Galiana L, Sansó N. Quality of work life and self-care in nursing staff with high emotional demand. *Enferm Clin (Engl Ed).* 2019 May-Jun;29(3):186-194. English, Spanish. doi: 10.1016/j.enfcli.2018.06.004. Epub 2018 Aug 28. PMID: 30170737.
5. Hilcove K, Marceau C, Thekdi P, Larkey L, Brewer MA, Jones K. Holistic Nursing in Practice: Mindfulness-Based Yoga as an Intervention to Manage Stress and Burnout. *J Holist Nurs.* 2021 Mar;39(1):29-42. doi: 10.1177/0898010120921587.

- Epub 2020 May 27. Erratum in: *J Holist Nurs.* 2022 Sep;40(3):NP1-NP5. PMID: 32460584.
6. Wei H, Dorn A, Hutto H, Webb Corbett R, Haberstroh A, Larson K. Impacts of Nursing Student Burnout on Psychological Well-Being and Academic Achievement. *J Nurs Educ.* 2021 Jul;60(7):369-376. doi: 10.3928/01484834-20210616-02. Epub 2021 Jul 1. PMID: 34232812.
 7. Hussain FA. Psychological challenges for nurses working in palliative care and recommendations for self-care. *Br J Nurs.* 2021 Apr 22;30(8):484-489. doi: 10.12968/bjon.2021.30.8.484. PMID: 33876679.
 8. Peters E. Compassion fatigue in nursing: A concept analysis. *Nurs Forum.* 2018 Oct;53(4):466-480. doi: 10.1111/nuf.12274. Epub 2018 Jul 2. PMID: 29962010.
 9. Piotrowska A, Lisowska A, Twardak I, Włostowska K, Uchmanowicz I, Mess E. Determinants Affecting the Rationing of Nursing Care and Professional Burnout among Oncology Nurses. *Int J Environ Res Public Health.* 2022 Jun 11;19(12):7180. doi: 10.3390/ijerph19127180. PMID: 35742428; PMCID: PMC9222562.
 10. Burner LR, Spadaro KC. Self-Care Skills to Prevent Burnout: A Pilot Study Embedding Mindfulness in an Undergraduate Nursing Course. *J Holist Nurs.* 2023 Sep;41(3):265-274. doi: 10.1177/08980101221117367. Epub 2022 Jul 27. PMID: 35898184.
 11. Hosseini M, Soltanian M, Torabizadeh C, Shirazi ZH. Prevalence of burnout and related factors in nursing faculty members: a systematic review. *J Educ Eval Health Prof.* 2022;19:16. doi: 10.3352/jeehp.2022.19.16. Epub 2022 Jul 14. PMID: 35843600; PMCID: PMC9534603.
 12. Molero Jurado MDM, Herrera-Peco I, Pérez-Fuentes MDC, Oropesa Ruiz NF, Martos Martínez Á, Ayuso-Murillo D, Gázquez Linares JJ. Communication and humanization of care: Effects over burnout on nurses. *PLoS One.* 2021 Jun 10;16(6):e0251936. doi: 10.1371/journal.pone.0251936. PMID: 34111138; PMCID: PMC8191999.
 13. Brommelsiek M, Peterson JA. Self-Care for Advanced Practice Nursing Students in Rural Primary Care. *J Nurs Educ.* 2022 Apr;61(4):187-191. doi: 10.3928/01484834-20220209-03. Epub 2022 Apr 1. PMID: 35384757.
 14. Urso C, Laserna A, Feng L, Agnité A, Jawe N, Magoun C, Layton LS, Nates JL, Gutierrez C. Mindfulness as an Antidote to Burnout for Nursing and Support Staff in an Oncological Intensive Care Unit: A Pilot Study. *Holist Nurs Pract.* 2022 Sep-Oct 01;36(5):E38-E47. doi: 10.1097/HNP.0000000000000544. PMID: 35981118; PMCID: PMC9395129.
 15. Urso C, Laserna A, Feng L, Agnité A, Jawe N, Magoun C, Layton LS, Nates JL, Gutierrez C. Mindfulness as an Antidote

- to Burnout for Nursing and Support Staff in an Oncological Intensive Care Unit: A Pilot Study. *Holist Nurs Pract*. 2022 Sep-Oct 01;36(5):E38-E47. doi: 10.1097/HNP.0000000000000544. PMID: 35981118; PMCID: PMC9395129.
16. Peterson K, Mundo W, McGladrey L, Aagaard LM, Stalder S, Cook PF. Stress Impact and Care for COVID-19: Pilot Education and Support Course Decreases Burnout Among Nursing Students. *J Am Psychiatr Nurses Assoc*. 2023 Sep-Oct;29(5):363-374. doi: 10.1177/10783903231186997. Epub 2023 Aug 3. PMID: 37534666.
 17. Zheng R, Guo Q, Dong F, Gao L. Death Self-efficacy, Attitudes Toward Death and Burnout Among Oncology Nurses: A Multicenter Cross-sectional Study. *Cancer Nurs*. 2022 Mar-Apr 01;45(2):E388-E396. doi: 10.1097/NCC.0000000000000839. PMID: 32511153.
 18. Clayton MF, Iacob E, Reblin M, Ellington L. Hospice nurse identification of comfortable and difficult discussion topics: Associations among self-perceived communication effectiveness, nursing stress, life events, and burnout. *Patient Educ Couns*. 2019 Oct;102(10):1793-1801. doi: 10.1016/j.pec.2019.06.013. Epub 2019 Jun 14. PMID: 31227332; PMCID: PMC6717031.
 19. Gómez-Urquiza JL, Monsalve-Reyes CS, San Luis-Costas C, Fernández-Castillo R, Aguayo-Estremera R, Cañadas-de la Fuente GA. Factores de riesgo y niveles de burnout en enfermeras de atención primaria: una revisión sistemática [Risk factors and burnout levels in Primary Care nurses: A systematic review]. *Aten Primaria*. 2017 Feb;49(2):77-85. Spanish. doi: 10.1016/j.aprim.2016.05.004. Epub 2016 Jun 27. PMID: 27363394; PMCID: PMC6876264.
 20. Salimi S, Pakpour V, Rahmani A, Wilson M, Feizollahzadeh H. Compassion Satisfaction, Burnout, and Secondary Traumatic Stress Among Critical Care Nurses in Iran. *J Transcult Nurs*. 2020 Jan;31(1):59-66. doi: 10.1177/1043659619838876. Epub 2019 Apr 8. PMID: 30957715.