Burnout in the Nursing Profession

Incorporating Workplace Exercise Facilities and Stress Relaxation Workshops in the Healthcare Environment

Tagwords: burnout, nursing, healthcare, state-mandated ratio, nurse to patient ratio, nurse understaffing, stress management, workplace exercise facilities

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Summary: To reduce burnout in the nursing profession, we must aim at the causes of burnout which include excessive workloads, understaffing, and general stress nurses feel. Burnout is defined as a state of emotional, physical, and mental exhaustion caused by excessive and prolonged stress. California stepped forward to change that problem through state mandated nurse to patient ratios ensuring that understaffing will not lead to complications which so commonly arise. Not just increasing staffing, but by exercising regularly, nursing burnout can be significantly lower than those who don't exercise. Also, through various relaxation techniques, nurses can actively change the way they deal with stressful situations and reduce burnout in the long run. Through following the lead of California’s state mandated ratio, exercising regularly and using stress management techniques, nursing burnout could be reduced allowing nurses to work more efficiently at providing quality healthcare.

Video Link:  http://youtu.be/dYnegOGnMak

Characteristics of Burnout

Burnout is defined as a state of emotional, physical, and mental exhaustion caused by excessive and prolonged stress (5). While burnout may seem synonymous with stress, there is a clear difference between the two and clarifying that difference is important in determining whether more drastic measures are needed to prevent the more serious condition that is burnout. Stress is described as more of a feeling of being overwhelmed by tasks but there is an underlying feeling that as soon as things work out, the stress will go away. Burnout, on the other hand, is described as a feeling that whatever you do, it is not enough to fix the problem. People suffering from burnout don’t see a way out of their situation. Stress is something we can realize that we’re suffering from but we don’t always realize that we are suffering from burnout. Several characteristics define burnout: disengagement, dull emotions, helplessness or hopelessness, loss of motivation, and depression. These characteristics may help us identify that we are feeling burned out but there are also five stages people go through which leads to them becoming burned out. The diagram below illustrates perfectly how burnout works. It starts with an energetic, enthusiastic worker who is just starting in the nursing profession and ends with a broken individual who wants to find a different profession.
The Five Stages of Burnout

Pre-Burnout
Energetic
Enthusiastic
Idealistic

Stage 1
Mental/physical exhaustion

Stage 2
Indifference

Stage 3
Failure as a professional

Stage 4
Failure as a Person

Stage 5
Complete Burnout


The first stage of burnout pertains to mental and physical exhaustion. It is best to treat burnout before it goes on to the other four stages: indifference, feelings of failure as a professional, feelings of failure as a person, and finally emotional numbness (6). To reduce burnout, we need to explore the causes of burnout and work to eradicate those causes. One of those causes is understaffing.

Understaffing of Nurses

Burnout is especially prevalent in environments where understaffing is present. According to a study done in The American Organization of Nurse Executives, 39 percent of nurses found staffing levels inadequate and 57 percent said that their workloads were not evenly distributed with 54 percent saying that they had excessive workloads (2). Unfortunately, there seems to be a cycle of nursing staff shortage. This diagram illustrates how staffing can be a continual problem related to burnout (6).
Burnout causes a nursing turnover because nurses are feeling burned out so they quit and leave. The turnover causes a nursing shortage which adds onto the problem of inadequate staffing or too few nurses working. Inadequate staffing leads to job dissatisfaction because of the extra work that is bestowed onto current employees that are still there. The job dissatisfaction may become overwhelming so that no matter how hard they work, they might feel that it is still not enough which is the start of burnout. Burnout occurs and then the cycle continues. The nurses left behind after burnt out nurses leave are left in a dire situation; they have to do more work for the vacant workers who had left.

It’s no wonder burnout is so prevalent in hospitals that are understaffed. Turnover is a huge problem because higher turnover rates means less experienced staff and more fresh new recruits who won’t know what to do in certain situations that staff who have been around longer would know. Understaffing might lead to a more excessive workload which is also a cause of burnout.

**Excessive Workload**

In 2002, each patient added to nurses' workloads was associated with a 7 percent increase in mortality after common surgeries and nurse burnout and job dissatisfaction also increased significantly as nurses' workloads increased (4). Some causes of burnouts due to excessive workload include providing care constantly around the clock, patients being too needy or vulnerable, constantly changing health, constant noise and business, work environment or work overload (1). Nurse workload is an important factor in burnout which directly affects patient care and safety. A heavy workload affects the time a nurse has to allotted tasks like medication.
administration. This can lead to forgetting to do some tasks because the nurse was too busy juggling multiple tasks at a time. The lack of time to perform tasks due to a heavy workload is quite dangerous for patients who need medications at certain times or must have certain procedures done by certain times. The lack of time to perform the tasks that must be done makes it easy to make mistakes and lead to more medical problems or risks for patients.

**Medical Complications**

Time constraints due to overload of work makes it easy for some important medical procedures to be neglected especially if they are time consuming ones because there is too much to do and too little time to follow the exact protocol. For example, in a study performed by Alper and colleagues, 8-30 percent of nurses reported violations in procedure for routine situations, while 32-53 percent of nurses reported violations in times of emergency (8). The most frequent violations that occurred dealt with matching medications to the medication administration record and checking patient’s identifications. It is alarming to see that in emergency situations, a big portion of nurses may not check patient identification and their medications. Patients could be given the wrong medications and suffer side effects from medications that weren’t even prescribed to them! Burnout may lead to such complications like mistakes in medication administration. What may also occur is an increase in the spread of infection.

**Spread of Infection/Surgical Risk**

Perhaps one of the most dangerous problems of burnout is the increase in the spread of infection or surgical risks. For example, fewer registered nurse hours spent per patient per day was linked to significantly higher pneumonia rates in post-op patients. Even worse is that every extra surgical patient per nurse was linked to a 7 percent likelihood of dying a month after admission (3). The spread of infection doesn’t have to be such a prevalent problem but mistakes happen and even more so when a nurse is burned out. So, in some cases, burnout may be the difference between life and death.

**Patient Care and Satisfaction**

Nurses are not the only ones who suffer when nurses are burned out. Patients are also affected by it. Burnout is significantly associated with how satisfied patients feel from the care given by the nurses (9). This will definitely decrease patient satisfaction and even potentially patient safety. So the more burned out a nurse is, the less satisfied a patient will be from the care given. That is understandable as a burned out nurse may be callous and unemotional when dealing with patients (1). As mentioned above, depersonalization where patients are seen as just work and not people is common with burnout. This means that a nurse would deal with patients as tasks rather than human beings. That means not empathizing and caring for them but rather just doing the work needed to be done and nothing more. Burnout is a problem that needs to be fixed. One solution is to target the problem of understaffing.

**Reducing Burnout by Improving Staffing**
One possible solution to burnout can be taken from California’s effort to improve the problem of understaffing of nurses. California was the first state to issue a state mandated nurse to patient ratio. For example, surgical or medical units were assigned 5:1 number of patients to number of nurses ratios. During a study period between 1993 and 2001, it was found that more RN hours per patient day were associated with lower mortality for patients with acute myocardial infarction (4). In hospitals with the worst staffing ratios (nurse to number of patients), increased staffing led to the greatest mortality reduction. The state mandated ratio has proven to be successful in reducing nurse burnout to a degree. The table below shows how helpful the mandate has been.

<table>
<thead>
<tr>
<th>Percentage of Nurses Agreeing Characteristic is Present</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Environment Characteristics</strong></td>
</tr>
<tr>
<td>--------------------------------------------------------</td>
</tr>
<tr>
<td>A reasonable workload</td>
</tr>
<tr>
<td>Adequate support services allow me to spend time with patients</td>
</tr>
<tr>
<td>Enough registered nurses on staff to provide quality patient care</td>
</tr>
<tr>
<td>Enough staff to get work done</td>
</tr>
<tr>
<td>30 minute breaks during workday</td>
</tr>
<tr>
<td>Workload causes me to miss changes in patient conditions</td>
</tr>
</tbody>
</table>

*data taken from Implications of the California Mandate for Other States. Health Services Research, vol 45, 904-921

A significantly higher percentage of nurses from California reported positive feedback than nurses from New Jersey and Pennsylvania. California nurses seem to be reaping much more positivity and benefits because of the mandate than nurses from New Jersey and Pennsylvania are. If more states are to follow the example of California and issue state mandated nurse to patient ratios, that could be a step forward in reducing burnout experienced by nurses.

Hospitals may believe that having less staff and having them do more work would save money but research shows in the long run, that is quite the contrary. T. Tuten (2012) mentions, “For every 1 percent increase of annual nurse turnover, hospitals lose $300,000”. Also, estimates say that if nursing burnout were reduced to even 10 percent, Pennsylvanian hospitals could potentially save 41 million dollars associated with urinary tract infections caused by use of
catheters and surgical site infections (3). If hospitals could incorporate the state-mandated nurse to patient ratio that California had done, nurse burnout could be reduced and healthcare would take a step in a better direction.

**Exercise to Reduce Burnout**

A study was done to test the effects of exercise on burnout from work by testing the results from a 12 week exercise program done by Mark Gerber et al. in 2013. The study included 12 men who were suffering from burnout. Burnout symptoms studied included depersonalization, emotional exhaustion, and lack of feeling personal accomplishments. Levels of depression and perceived stress, which means how aware the person is that they are stressed, were also measured. Participants had baselines set for how they felt before the study began to study how their baselines would vary after the 12 week program was finished. Participants actually had significantly less feelings of burnout after the 12 week program. There were massive reductions on the participant’s level of emotional exhaustion and level of depersonalization after the program was over. While there were no significant changes in feelings of personal accomplishment, levels of depression and perceived stress were also significantly reduced. This study was a stepping stone toward larger studies to find correlations between exercise and reducing occupational burnout. If other facilities incorporate aerobic exercising programs like the study had done, perhaps we would see less symptoms of burnout in nurses and, ultimately, improve health care provided by nurses.

**Stress Management Programs**

Exercise is one technique that nurses could use when not at work but when they are at work and are feeling burned out, a more immediate relief would be optimal. In that case, stress management techniques are the best option. Millikan et al (2007) mention the mechanism behind stress and how we can best manage it. When individuals are stressed, the sympathetic nervous system is activated which releases hormones that activate a response. When an individual is chronically stressed, the sympathetic nervous system is continually activated which is a very tiring task and can exhaust the body, leading to stress-related health problems. As the stress continues, the body will continually react in a repetitive manner and continue exhausting the body. This is known as the stress response. If the brain perceives a stressful situation, it will activate the stress response. However, when individuals can actively see a stressful event as not stressful through stress management techniques, the brain can learn to examine events, interpret them, and activate relaxation responses instead. Learning to elicit the relaxation response rather than the stress response can help reduce stress and, in turn, reduce burnout.

Millikan et al (2007) also mention The Mind Body Institute's Education Initiative from 1989 which was a program designed to teach teachers and students stress management techniques. This program had a myriad of interesting techniques including the use of biodots (small adhesive thermometers placed on the hand to measure body temperature which indicated level of blood flow) so individuals can actively see that they are stressed if their body temperature rose and use a stress management technique to negate the stress response. By adopting the use of biodots, nurses can actively work on relaxing whenever they feel stressed while working. Stress management techniques are usually taught to patients to deal with anxiety, depression, or other problems, but they can also work quite well for nurses. Some techniques
include controlled breathing, guided imagery, stretching, muscle relaxation, and music therapy. Stress management is the one “instant relief” solution that could be done by nurses anytime and immediately following a stressful event, which could significantly reduce burnout.

Solution for the Community

The state-mandated ratio may not be economically feasible for the community, but exercise and stress management are feasible solutions that can be incorporated immediately and should be. Stress management lessons can be mentioned to nursing supervisors. Hospitals with staff meetings to discuss problems can learn at the meetings not just from supervisors but from anyone who has learned such techniques. Teaching stress management doesn’t have to be limited to staff meetings either. Stress management can be taught in groups where nurses and patients can learn together, making a fun, interactive environment for both staff and patients. Relaxation groups are the most realistic action. Nursing burnout may be a prevalent problem, but it is not an impossible problem to solve. Burnout can be a problem of the past if nurses just take action themselves to start exercising and use stress management techniques. It’s time to take action.

Adding Stress Relief Programs to Monthly Staff Meetings at Summit Oaks Hospital

At Summit Oaks Hospital, there are monthly staff meetings where staff can voice their opinions. Those meetings are the perfect time to push for stress management workshops. During those meetings, even just ten minutes could be enough to share a few stress relieving techniques not by experts but from fellow peers. Working in the nursing field will entail a great deal of stress which would lead to burnout. Knowing that, encouraging others to share their ways of dealing with stress could help others use similar techniques or meld together their own technique from others’ suggestions that would help them personally. This would not only be cost effective because there is no cost of taking a few minutes to share stress relieving techniques, but it would also help nurses in the long run to avoid getting burned out, or at least reducing burnout. An even better time to incorporate stress relieving techniques is during orientation.

Stress Relief Techniques Taught During Orientation

During orientation, orientee’s are forced to sit in an office and learn the rules and ways the hospital is run but taking a few minutes to teach stress relief could be paramount in importance. Teaching stress relief from the very beginning of the start of a new job is not only useful for nurses to practice useful coping mechanisms, but also good to address the possibility of even being stressed at work. By letting new staff know that there will be times of stress and teaching techniques to dispel that stress, nurses will know what is expected at a busy hospital and thus find an easier time adjusting through the very techniques that would be taught during orientation. Nurses can avoid following the five steps of burnout (1) by effectively reducing stress before continual stress leads to burnout. Continual stress is tiring for the body because of the continual activation of the stress response rather than the relaxation response (2) that is provided from performing stress relieving techniques. Orientation is the most optimal time to teach stress relieving techniques. To take a step towards having stress relieving techniques be taught during orientation, a letter to the head nursing director must be written.

Letter to the Nursing Manager of Summit Oaks Hospital
Dear Kelly Donald:

The nursing profession can be quite taxing on individuals. To reduce the burnout that might be experienced from the hard work that must be done of nurses, you might introduce stress relaxation techniques and an in-house exercise facility for your nursing staff.

The phenomenon known as "burnout" affects many nurses and possibly nurses at your establishment. Burnout is defined as emotional, physical, or mental exhaustion. It is characterized by depersonalization, irritability, and stressed-out nurses who make snappy responses at patients. The business that comes with multiple admissions, especially on the drug and rehab units, is just one example of causes of burnout in the staff. Increasing the number of nurses on staff may not be economically feasible, so I’d like to propose a more palpable solution.

Stress relaxation workshops could be done during one of the monthly staff meetings, during floor staff meetings, or even, during orientation. Poor stress management may be one of the causes nurses may feel so overwhelmed and become burned out. The workshops can be run as a free-form discussion on a variety of stress relief techniques which staff can choose which works best for them personally. Staff can share their stress relief techniques with others so no new hires would be needed for the job. Stress relief techniques would be most optimally taught during orientation periods as fresh new recruits might fall into stressful situations in which they would have little experience in dealing with. Just taking a few minutes to talk about stress relief techniques can go a long way to reduce burnout from developing in new recruits.

In researching nurse burnout, it was found that regular exercise was greatly beneficial, if not the most beneficial solution to burnout. In one study, burned-out workers partook in a 12-week exercise program that had them exercise daily for 12 weeks to test the effects of exercise on burnout. The results were astounding. Participants showed dramatic improvements in mood and dramatic drops in depressive and stressful moods. The results alone provide incentive for us to inform you of the great benefits incorporating exercise into your hospital would yield.

Understandably, costs may be an impeding factor so I am proposing that an on-site exercise facility be put in the out-patient group rooms during meal hours. This is achievable because patients will not be having group during that time and staff will have some time during lunch hours to stop by the outpatient facilities to exercise during that time. There will be plenty of time for staff to stop in and exercise for a few minutes to relieve the stress from their day.

By providing these services, burnout can be reduced and reducing burnout can yield great results for the hospital. It is estimated that Pennsylvanian hospitals could save $41 million dollars associated with urinary tract infections from catheter use and surgical sites from reducing burnout by just 10%. Reducing burnout would also yield better patient satisfaction as nursing staff wouldn't be inclined to snap responses because of burnout.
It would be wonderful if you could find a way to incorporate both the stress relief program and exercise program into the nurse’s daily routines. They will benefit staff and, in turn, benefit patients as well.

Sincerely,

Kyung Lim

References:


I have been learning about how stressful nursing can be and how nurses may succumb to a state of burnout. The term, "burnout" refers to emotional, physical, and mental exhaustion. Burnout, in turn, may lead to feelings of depression and tiredness, often leading to sloppier work and thus, more mistakes in hospitals.

A simple solution to this problem is better staffing. California is the only state that has a state-mandated nurse to patient ratio for hospitals. According to Linda Aiken in her paper, "Implications of the California Nurse Staffing Mandate for Other States", lower ratios were associated with lower patient mortality rates. Nurse burnout and job dissatisfaction were also reported to be lower. If more states were to implement state mandated nurse to patient ratios, not only would we reduce nurse burnout, but we may also improve the quality of healthcare performed by nurses.
In the case that following California's lead on mandated staffing is not feasible, we can also resort to personal lifestyle changes like exercise and stress relief. Exercise is shown to effectively reduce burnout significantly according to a study done by Markus Gerber et al. in 2013. Participants included burned out workers in various professions including nursing. Participants were asked to partake in a 12 week exercising program that was to be done every day until the end of the study. Overall, burnout was significantly reduced at the end of the study. Participants had lower levels of depression, emotional exhaustion, and depersonalization which are all symptoms of burnout.

Nursing burnout is a prevalent problem but solutions are available. A state wide solution would be to follow California's lead on a state-mandated ratio and personal solutions would be to incorporate exercising programs and stress relief techniques.

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