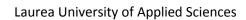# Prevention of burnout among nursing staff: A literature review

Shakori, Aazam

Vokhlacheva, Anastasia

Farzanehkari, Parisa

Laurea University of Applied Sciences

Prevention of burnout among nursing staff: A literature review

Aazam Shakori
Anastasia Vokhlacheva
Parisa Farzanehkari
Degree Programme in Nursing
Bachelor's Thesis
January, 2018

Prevention of burnout among nursing staff: A literature review

Year   2018   Pages   40

Community nursing is associated with stress and burnout, which can impact heavily on the individuals and organizations. These impacts can be both economically and also the negatives effects on the quality of patient care. The purpose of this thesis is to provide evidence based information about prevention of burnout among nurses. This thesis aimed to review what kinds of interventions are needed to be done by nurses and organizations to prevent this phenomenon among nurses in order to reduce the prevalence of this syndrome among health care professionals and its consequences.

The research method that was used in this thesis is literature review. Data were collected from academic nursing data bases including CINAHL (EBSCO), ProQuest, PubMed Central and ScienceDirect. After using thesis search words in advance search machine of these databases considering some inclusion and exclusion criteria, 44 articles were achieved. 11 out of these 44 articles were chosen to be reviewed in this thesis based on their title, abstract and full text.

Collected data were analysed using inductive content analysis method. The findings were categorized in four major themes considering the party that should implement those measures for preventing burnout in nurses. These parties consist of workplace, nurses as a community in the ward, and nurses as individuals. Various methods have been found to be efficient in preventing this phenomenon among nurses.

Since in collecting the data for this thesis there was no locational limitation, the data that were used, were from different parts of the world with different working conditions, cultures, and resources. The authors recommend further researches to evaluate the efficiency of suggested methods among Finnish nurses.

Keywords: Nursing, prevention, burnout, literature review

Contents

1 Introduction

The term "burnout" was first coined by Freudenberger in 1974. This term was used to describe worker´s reaction to the chronic stress and it is common in occupations involving multiple interactions with people. (Hughes 2008, 1.) According to Maslach and Jackson (1997, 192) "the burnout is a syndrome of emotional exhaustion, depersonalisation and reduced personal accomplishment". It has also been associated with working conditions in nursing (Maslach & Jackson 1997).

The topic of burnout has been studied a lot in different dimensions since 1974 till today and has become a phenomenon of notable global significance. Both researchers and practitioners have shown their interests to this subject during these years. Researches have been done to understand what burnout is and why it happens. Practitioners mostly have been interested in finding ways to cope, prevent, or combat it. (Schaufeli et al. 2008.)

Nowadays, burnout syndrome can be considered as an epidemic across the world. Burnout is a serious process of impairment in the worker`s quality of life which can lead to serious damages of physical and mental health. The high incidence of this syndrome can be seen among professionals such as teachers, doctors and nurses. (Batista et al. 2013.) Burnout also is known as an item contributing to impairment in RN's assessment ability, errors in their judgment, as well as decrease in their job satisfaction and efficiency (Rosales et al. 2013). Since burnout impairs job performance, overall quality of patient care also may be affected (Morse et al. 2011).

According to the statistics, great deals of population, including nurses, are suffering from burnout syndrome (Ribeiro et al. 2014). The lack of enough knowledge about burnout among nurses makes it difficult to early diagnose, prevent and possibly treat this issue. More studies and researches are required to make health care professionals aware and informed enough to be able to reduce this phenomenon and its consequences in working life.

2 Background

Burnout related to the occupations has significantly recognized as a serious issue influencing many employees whose job is in relation with humans, especially health-care professionals (Sogaard et al. 2007, cited in Abdo et al.2015). Burnout syndrome has been widely studied and described as a psychological disorder caused by constant emotional and physical overload that patient care can involve. Nurse who suffer from burnout syndrome have emotional exhaustion, negative or cynical attitude to the patients, depersonalization and low personal implementation of their job. (Marilaf Caro et al. 2017.)

Community nursing is associated with stress and burnout, which can impact heavily on the individuals and organizations. These impacts can be both economically and also the negatives effects on the quality of patient care. According to a review that has been done by the Department of Health on the health and wellbeing of NHS the more the level of nurses' wellbeing improves, the more the patient care quality will be achieved.

According to the literatures, the burnout among healthcare professionals may occur as a result of a variety of reasons including, disparity between what the person gives and receives in the workplace, organizational issues, emotional and physical intensity of nursing care, stress in work-place, continues exhaustion, inadequate physical working conditions, rotational work schedules that disrupt social and family relationships, Unsafe working environment, being exposed to the clients' psychological, socioeconomic and physical problems, understaffing, lack of resources, inadequate salaries, inadequate security (Abdo et al. 2015).

There are reports in literatures that burnout is associated with less employee job satisfaction, lower work productivity, mental and physical health, absenteeism from work, ineffectiveness, interpersonal conflicts, reduced organizational commitment, and it predicts increased rates of illness, fatigue, substance misuse, depression, anxiety, irritability and nurses abandoning their profession (Knudsen et al. 2008; Tenant, C 2001, cited in Abdo et al. 2015 ; Maben et al. 2007, cited in Fearson & Nicol 2011). Looking after the health care workers is a priority for government because of its effects on the patient care quality and also the huge economical expenses that burnout causes to organizations (Blake & Lee 2007).

According to Fearon and Nicol (2011), for burnout prevention, two aspects including reforming the organizations and individual measures can be considered. This study explores strategies that can be used to protect health care professionals from burnout. The purpose of this thesis is to provide evidence based information about prevention of burnout among nurses. During this study, the needs of organizational reform as well as modification in nurses' community and nurses as individuals have been evaluated.

3 Theoretical background

3.1 Maslah Burnout Inventory:

Maslach and Jackson (1997) define the burnout as a psychological syndrome that may show up as emotional exhaustion, depersonalization and reduced personal accomplishment. Emotional exhaustion is the feeling of being depleted and empty in the sense of resources. Depersonalization is when the person has cynicism and negative attitude toward clients which may lead to having this feeling that the people deserve the problems that they have. Depersonalization may be as a result of emotional exhaustion. So these first two aspects of burnout may be somewhat related. Reduced personal accomplishment is the third aspect of burnout which has been defined by Maslach and Jackson. This is when the workers feel dissatisfied or unhappy about themselves in working with clients.

According to Maslach and Jackson (1997) the people whose job is in relation to the people and their problems, are more probable to be stressed and consequently burned out. It is because of people who work with other people are affected by their emotions, fears, angers and problems. In Maslah and Jackson (1997) opinion, the burnout can have severe consequences on the workers, clients, as well as working environment. They have done researches in order to discover more about this phenomenon and its consequences. According to their findings, lower quality in provided care, job turnover, absenteeism, low moral, personal dysfunctions, physical exhaustion, sleeping disorders, alcohol and drug misuses, and family problems can happen as a result of burnout.

Maslah and Jackson (1997) have designed an instrument called Maslach Burnout Inventory (MBI) in order to measure those three aspects of burnouts among staff. This instrument consists of 22 items which are divided into three subscales. Nine items evaluate the staff emotional exhaustion, five items evaluate the staff depersonalization, and eight items has been designed to evaluate personal accomplishment. These items have been written as personal feelings and attitudes and should be answered in terms of frequency (from 0 which is never to 7 which is every day). The original form of MBI, which has been designed in 1981, evaluated these items in term of intensity as well. But in later edition this term has been deleted due to its redundancy with frequency.

For the two first subscales the higher score shows the higher level of burnout. In the other hand, for the last subscale which is personal accomplishment, the less scores shows higher level of burnout. The final score of each subscale are evaluated separately and are not combined to one singe result. (Maslah &Jackson 1997.)

One interesting part of the Maslach Burnout Inventory (1997) is that since Maslah believes that the people have widely different beliefs about burnout, in order to reduce the effect of such beliefs, respondents must not be aware of the fact that MBI is measuring the level of burnout. Because of that, the test was named as MBI Human Services Survey rather that Maslach Burnout Inventory.

3.2   Burnout cycle theory

According to Kraft (2006, 31), psychologist Freudenberger and his collaborator Gail North have provided the best division of stages of burnout called 'Burnout cycle' which contains 12 stages. These stages not only help the better understanding of the burnout process but also help in time diagnosis of this disorder (Freudenberger & North n.d., cited in Kraft 2006, 31).

It is important to keep in mind that these stages do not have to follow one another in the order that has been stated. According to Freudenberger and North, "many victims skip certain stages, others find themselves in several at the same time". (Freudenberger & North n.d., cited in Kraft 2006, 31.)

The stages of burnout stated by Freudenberger and North are:

 1. At the first stage of the burnout, the person will be obsessed to prove himself not only to him but also to the others. The ambition in this stage is considered in the highest level of the preference of the affected person. This can lead to determination and compulsion which is accompanied by unhappy feeling. (Freudenberger & North n.d., cited in Kraft 2006, 31.)

2. The second stage of burnout is explained as working harder to meet the high personal expectations. Basically in this stage the only reason for being hard worker are these personal expectations and being obsessed with handling and controlling everything. (Freudenberger & North n.d., cited in Kraft 2006, 31.)

3. In third stage of burnout, the person start to ignore and being indifferent about his needs including basic needs such as sleeping and eating. He cares about nothing but his work and thinks these sacrifices make him a hero. The person social interactions decrease even with close families and friends. (Freudenberger & North n.d., cited in Kraft 2006, 31.)

4. In this stage, the first physical symptoms of burnout will show up. The affected person in this stage is aware of the increase in the level of stress and discomfort in his life, but is not able to recognize the cause of them. (Freudenberger & North n.d., cited in Kraft 2006, 31.)

5. At this stage the values of the affected person will be revised. Meaning that the person's previous values in the life, including basic need, relationships with others, and hobbies, will be left behind and the person starts to set up new values. These new values are summed up in the work and its achievements. These events at time may lead the person to be emotionally drained. (Freudenberger & North n.d., cited in Kraft 2006, 31.)

6. The aggressiveness and negativity of the person in this stage of burnout, toward his surrounding and colleagues, will increase. This negativity makes him think his colleagues are lazy, stupid and undisciplined. The person in this stage starts to blame the time pressure and the volume of work for these increasing pressures and problems, not his own behavioral changes. (Freudenberger & North n.d., cited in Kraft 2006, 31.)

7. Social contacts of the affected person at this stage of burnout will be at its minimum level. He just obsessively does work. Hopelessness and being undirected at this stage can lead the affected person to the drug and alcohol abuse. (Freudenberger & North n.d., cited in Kraft 2006, 31.)

8. At this stage the behavioral changes will be that obvious that the people in immediate social environment of the victim cannot ignore them anymore. But the person still neglects them. Additionally, being indifferent, fearful, worthless and shy will be added to the previous features of the victim. (Freudenberger & North n.d., cited in Kraft 2006, 31.)

9. The person at this stage of burnout will lose the contact with himself in addition to loosing contact with others. Nothing is valuable for him. He doesn't care about his needs. The life will be considered as a mechanical process. (Freudenberger & North n.d., cited in Kraft 2006, 31.)

10. In this stage, the person feel emptied from inside and try to get rid of this feeling by seeking activities such as overeating, sex, alcohol, or drugs. These activities are often exaggerated. Leisure time is considered as a dead time for the person at this stage of burnout. (Freudenberger & North n.d., cited in Kraft 2006, 31.)

11. Life has no meaning for the person at this stage. The symptoms of depression will arise and the person feels lost, exhausted, sad, without hopes to the future and indifferent. (Freudenberger & North n.d., cited in Kraft 2006, 31.)

12. This stage is the last stage of burnout which is named as burnout syndrome. All of the above mentioned symptoms eventually leads the person to this stage. Suicidal thoughts, total mental and physical collapse are the signs of this stage and need immediate medical care. (Freudenberger & North n.d., cited in Kraft 2006, 31.)

4   Aim and purpose

The purpose of this thesis is to provide evidence based information about prevention of burnout among nurses. Also, to evaluate and introduce the most effective measures that have been used both by nurses and employers to prevent burnouts among nursing staff.

This thesis aims at providing burnout prevention measures that can be applied both by nurses and employees to prevent burnout.

This thesis research question is:

How the burnout can be prevented among nursing staff?

5   Research method

The method that has been chosen for this research to be followed by the authors is literature review. Aveyard (2014, 2) has defined the literature review as an interpretation and study of a literature which is following a topic. A Literature review attempts to identify and track down all the available literature on a topic by following a clear comprehensive methodology (Aveyard 2014, 4).

Literature review is an important tool because it facilitates the analysis and synthesis of research and information on a topic. This method aims to summarize the available literature on the topic. By using this tool reader receives the summarized and relevant information about the topic and there is no need to go through all individual researches. (Aveyard 2014, 4.)

Being up dated with recent researches and developments is so important for health care professionals. The amount of literature is increasing in this field. Literature review facilitates the process of gaining knowledge for health care workers by providing synthesized information. (Aveyard 2014, 4.)

5.1   Data collection:

Data for this thesis has been collected from academic nursing data bases which have been accessed through Libguides in Laurea Finna webpage in Laurea University of Applied Sciences website. Databases such as CINAHL (EBSCO), ProQuest, PubMed Central and ScienceDirect (Elsevier) has been used for searching relevant data. Through advance search in each of the data bases, search words including "Nursing" And "Burnout" And "Prevention" in title and abstracts of the articles has been sought.

The search has been limited by some inclusion criteria as follow:

- The publication date 2007-2017 (or last 10 years).

- Full-text available.

- English language

- Being peer reviewed

- Being free of charge

- The studies focuses on nurses or healthcare professonals

Exclusion criteria:

- The study focuses on other professionals than nurses

The data search process has been demonstrated in table 1.

Table 1: Data collection process

Reference database	CINAHL (EBSCO)	ProQest	PubMed Central	ScienceDirect (Elsevier)
Search words	Nursing, Burnout, Prevention	Nursing, Burnout, Prevention	Nursing, Burnout, Prevention	Burnout, Prevention
Limitations	2007- 2017 All of the search words present in title/abstract, full text, English	2007- 2017 All of the search words present in title/abstract, full text, English	Last 10 years All of the search words present in abstract,	2007 to present, Search in journals, all the search words present in abstract, title, keywords, Field of

	language, peer reviewed,	language, peer reviewed,		Nursing and health professions, Articles, English language
Number of references	1 (when search in articles' title) 9 (when searched in articles' abstract)	1 (when search in articles' title) 15 (when searched in articles' abstract)	6	12
Number of the articles chosen based on the title	8	8	4	9
Number of the articles chosen based on the abstract	5	4	2	5
Number of the articles chosen based on the full text	5	3 (two of them were similar to the ones which has been already selected)	1(was similar to the ones which has been already selected)	5
The total number of suitable articles after removing the similar ones	11			

5.2   Data analysis:

For analysing the collected data in this thesis, the method of inductive content analysis has been followed. 11 articles have been reviewed in order to seek respond for the research question which is 'How the burnout can be prevented among nursing staff'.

Inductive content analysis is a qualitative method of content analysis that researchers use to develop theory and identify themes by studying materials and data. As the name suggests, inductive content analysis is about inductive reasoning, in which themes emerge from the raw data through repeated examination and comparison. Through the process of inductive content analysis the researchers generate knowledge and enhance the understanding of the material. (Hsieh & Shannon 2005.)

Inductive content analysis starts with organizing the raw data through a process called open coding. During this process, the authors review the materials times and times like a novel to get familiar with the content and get the whole image of data. The researchers make notes and headings in the text while reading. In the next stage, the researchers transcribe the notes and headings onto a coding sheet. Following phase of data analyses include grouping the data, combining the similar headings into the more extensive categories and forming themes and subthemes for the data. (Hsieh & Shannon 2005.)

Table 2: Data chart

Author, year, country	Purpose of the study	Participants (n)	Data collection method	Data analysis method	Main results
Abdo et al., 2015, Egypt	To reveal the extent of burnout among physicians and nursing staff working in the emergency hospital of Tanta University and to identify some of its determinants.	Physicians and nursing staff working in the emergency hospital of Tanta University	A cross-sectional study, questionnaire	Different scales	Most of the participants (66.0%) had a moderate level of burnout and 24.9% of them had high burnout level. Multivariate analysis of variables affecting burnout showed that age, sex, frequency of exposure to work-related violence, years of experience, work burden, supervision and work activities were significant predictors of

					burnout among the respondents.
Atanes et al., 2015, Brazil	To verify correlations among self-reported mindfulness, perceived stress, and subjective well-being in Brazilian primary health care professionals.	Brazilian primary health care professionals (physicians, nurses, nursing assistants, and community health workers)	correlational cross-sectional study, used validated self-reporting instruments	A multivariate analysis of variance (MANOVA)	A clear correlation has been found between mindfulness, perceived stress, and subjective wellbeing in different primary care professional categories and time in the same job position. This fact shows a kind of vulnerability among this community which should be addressed by developing the staff awareness, stress prevention, and well-being interventions.
Back et al., 2016, USA	To design an acceptable, scalable, and testable intervention, deigned to prevent burnout in palliative care clinicians.	wide-ranging group of stakeholders (including trainees, clinicians, leaders, administrators, psychologists, coaches)	Literature review and interview	Content analysis	Clinician well-being is influenced by personal resources and work demands. Intervention for preventing burnout include a program for increasing clinician resilience through training in eight resilience skills (useful for common challenges faced by clinicians) and to address workplace issues, and material for the team leader.
Blake & Lee, 2007, UK	To introduce a workplace wellness scheme that has been developed to address the health needs of	NHS staff	Questionnaire and interview	Inductive qualitative content analysis	Q-active program is designed by NHS for its employees, aiming at enhancing the level of the staff physical activities quality

	staff and indirectly influence on patients' health.				and health, and also converting the health culture of large NHS organization and enable staff to make informed health behavior decisions at work.
Codier, E & Codier, D, 2015, USA	To describe emotional labor and the importance of emotional intelligence abilities for emergency nurses	Emergency department nurses	Literature review	Deductive content analysis	Four emotional intelligence abilities including identifying emotions, using them to reason, understanding them and managing them, are vital skills on which good clinical practice, patient safety, patient and family experiences, teamwork and interdisciplinary practice depend.
Fearon & Nicol, 2011, UK	To explores strategies that nurses can use to protect themselves from burnout in the absence of organizational change		Literature review	Inductive content analysis	A combination of both positive emotion-focused and problem-focused strategies offer protection against the development of burnout. These strategies can help nurses to cope better by enabling them to respond more constructively to their own needs.
Kinser et al., 2016, USA	To evaluate the preliminary probability, acceptability, and preliminary effects of an 8-week mindfulness curriculum for	Healthcare professionals and trainees	Open-ended questionnaire	Content analysis based on descriptive qualitative methodology in the manner of a hermeneutic circle	Probability and acceptability of the course was supported by the results of this research for a wide variety of healthcare professionals.

					There were statistically significant reductions in perceived stress, anxiety, and specific aspects of burnout from pre- to post intervention and there was a trend in an enhanced sense of personal accomplishment over time.
inter-professional healthcare professionals and trainees					
Kravits et al., 2008, USA	To develop and evaluate a psycho-educational program that assists nurses to develop stress management plans.	New graduates hired to work in a comprehensive cancer center, as well as staff nurses from that center plus nurses from the surrounding community organizations	Surveys and the art technique, and wellness plans.	Coding, different scales, descriptive statistics, paired sample	Discussion of nursing-specific risk factors, practice with relaxation techniques, and exploration via art are used as interventions. Analysis indicates that the course is useful in impacting levels of emotional exhaustion.
Marilaf Caro et al., 2017, Spain	To confirm the role of empathy in the prevention of loneliness and burnout, and in the promotion of life satisfaction.	Professional nurses who work in palliative care and homecare services.	Observation	Correlation analyses, psychometric scales	There are positive correlations between empathy and life satisfaction, and between empathy and professional experience. On the other hand, inverse correlations were confirmed between empathy and burnout, and between empathy and loneliness. These findings confirm the importance of empathy in the prevention of loneliness and burnout, and in the

					promotion of life satisfaction.
Pereira et al., 2012, Portugal	To identify burnout levels, risk and protective factors, prevention strategies, and the emotional impact of working in palliative care among nurses in Portugal.	Nursing members of nine different palliative care teams in Portugal	Mixed methods: quantitative questionnaire, interviews and observation.	Questionnaires, interviews and observations were transcribed. The transcripts were then analyzed using Inductive qualitative content analysis.	The results show that even though the participants were exposed to burnout risk factors, they showed a low risk of burnout because of the protective factors that has been identified, and to the preventive strategies that have been adopted by nurses for burnout prevention.
Vander Elst et al., 2016, Belgium	To investigate the main and interaction effects of distinctive job demand (workload, emotional demands and aggression) and resources (autonomy, social support and learning opportunities) on burnout and work engagement.	Belgian home health care nurses	Cross-sectional data collected from a voluntary and anonymous survey	Quantitative data analysis. (A variety of scales)	There is a direct relationship between workload and emotional demands along with burnout, while the relationship between aggression and burnout is indirect. All job resources are associated with higher levels of work engagement and lower levels of burnout. In addition, social support lessens the positive relationship between workload and burnout.

6 Findings

Four major themes have been found including:

6.1 Interventions done by workplace

6.1.1 Regular team meeting

According to Pereira et al. (2012), having regular team meetings could be considered as a burnout prevention strategy because these kinds of meeting provide an opportunity for the team members to express and share their emotions and feelings. Pereira et al. (2012) in their article have described two different types of meetings including annual team meeting and shift passages.

Pereira et al. (2012) have then continued as follow, annual team meetings aim at promoting teamwork and group dynamics. Shift handover meetings core purpose is to transfer patients' relevant information between health care professionals at the beginning and end of the work shifts. In shift passage meetings, alongside transferring the patients' information, in an informal way, nurses usually share their experiences, feelings, emotions in that shift, and discuss about planning the care as well as ethical decision making.

Vander Elst et al (2016) also have acknowledged that organizing team meetings where nurses can talk about emotionally stressful situation is associated with low level of burnout. They have mentioned also a research done by Tourangeau et al. (2014) stating that organized team meetings on a regular basis can promote social support from supervisor and colleagues.

According to Vander Elst et al (2016) job factor such as work load is positively associated with burnout. This element can be negatively in contact with burnout only when employees have high level of support. In another word, peer supports provided for the nurses can decrease the level of nurses' vulnerability against work load.

6.1.2 Q-active program

Blake and Lee (2007) have referred to studies done by Nuffield Trust (1998) and Wall et al. (1997) stating that the risk of being absent from the work due to a sickness and also the risk of suffering from minor psychiatric disorders among healthcare professionals in UK has been high. Blake and Lee

(2007) have also mentioned that according to Edward et al. (2000) and Fagin et al. (1995), these issues might be due to the commonness of stress and burnout among this community.

Blake and Lee (2007) have suggested that this sickness absence rate in health care professionals, that causes employers huge costs, might be due to life style factors such as diet and physical activities. They have then continued stating that these lifestyle factors can be improvable by workplace wellness interventions aiming at promoting physical activity, following a healthy diet, addressing the staff stress, as well as other health behaviours.

According to Blake and Lee (2007), the NHS organization, following its philosophy which is "healthy happy staff provide better care", has designed a three year program called Q-active program. This program aims at enhancing the quality level of staff physical activities and health, enable staff to make informed health behaviour decisions at work, and transforming the health culture of large NHS organization. (Blake and Lee 2007.)

Q-active program, which has been designed based on staff needs, consists of a variety of activities and well-being courses throughout the day to fit different working patterns. Examples of these activities could be Nordic walking, belly dance, Pilates. Holistic care is an important item that has been considered in this program. This holistic care covers educational classes such as nutrition, stress management, weight management. Possibility of having free health screening, loyalty schemes, campaigns of health promotion and initiatives of wellness have been considered to be provided for the staff during this project. (Blake and Lee 2007.)

6.1.3   Clinical supervision

Several researches that has been done about the effect of clinical supervision, has clearly shown that there is an indirect relationship between efficient clinical supervision and the level of burnout in staff. Clinical supervision has been defined by the Nursing and Midwifery Council (2008) as a professional relationship focused on practice reflected by a practitioner that is oriented by a skilled supervisor. (Fearon & Nicol 2011.)

Clinical supervisor provides supports and guidance through which the staff may feel valued and be heard. Staff, through clinical supervision, may be encouraged to equip themselves against problems and having control over work. (Bégat and Severinsson 2006; Jones and Cutcliffe 2009 cited in Fearon & Nicol 2011.)

One matter that should be considered alongside the clinical supervision for preventing burnout is providing sufficient time for nurses to be able to benefit from this method (Edwards et al 2006; Hyrkäs et al 2006 cited in Fearon & Nicol 2011).

6.1.4   Job redesign and training program

Vander Elst et al (2016) have referred to the JD-R model; introduced by Bakker et al. (2014), to declare, job redesign and training program as a method for preventing burnout. Job redesign focuses on possibly minimising those aspects of the job that require a lot more effort from staff and are modifiable, such as workload. Training has been introduced to be used for alleviating those kinds of job demands that cannot be changed easily, such as emotional demands among nurses.

Vander Elst et al (2016), referring to a study done by Ellenbecker et al. (2006), have recommended some ideas to the managers for controlling the workload. Those ideas include monitoring the administrative tasks, considering the number of the patients and their required care and compare it with the nurses' references at the time of deputing the patient's care to them. The number of working hours per week and the number of nurses working in each sift should be kept on a reasonable level since these items do effect on work load (Nubling et al. 2010, cited in Vander Elst et al. 2016).

Even though nurses can experience trusting relationship with their clients as encouraging (Tourangeau et al. 2014, cited in Vander Elst et al. 2016), they still must be aware of emotional demands. Many factors in health care environments can be emotionally demanding for nurses which cannot be changed. Examples of these factors may include deteriorating health condition of patient, demanding patients and their relatives. Health care organizations may organize training for nurses about how to set boundaries and manage in demanding situations (Glass & Rose 2008, cited in Vander Elst et al. 2016). These trainings may include how to avoid being overinvolved, how to deal with own feelings after patient`s death, how to separate work from private life. Workplaces may particularly provide an instruction for nurses to how to cope with demanding aspects of their job. (Vander Elst et al. 2016.)

Moreover, organization may start improving job resources such as peer support, task autonomy, and different learning opportunities by redesigning the job and provide trainings for nurses about how to use these resources (Bakker et al. 2014 mentioned in Vander Elst et al. 2015, 553).

In order to achieve this goal, healthcare organizations should pay attention to creation of a culture of respect and support, intrinsic in shared management (Ellenbecker, Samina, Cushman &Porell, 2007; Samina et al. 2012; Tourangeau et al. 2014 mentioned in Vander Elst et al. 2015, 554). Additionally, nurses should have opportunity to raise own concerns and be involved in decision-making about

distribution of patients and planning of rounds (Ellenbecker and Cushman, 2012; Samina et al. 2012 mentioned in Vander Elst et al. 2015, 554).

6.1.5   A psycho-educational intervention of self-care strategies for nurses

Nurses at the time of facing stressors, show two different types of reactions including effective and ineffective coping mechanisms. Ineffective ones my include smoking, drug and substance abuse, overeating and so on which, according to Medland et al. 2004, may lead to developing stress syndrome of burnout . (American Nurses' Association, 1984; Dunn, 2005; Sarna, Bialous, Wewers, Froelicher, & Danao, 2005, cited in Kravits et al. 2008.)

In order to prevent burnout, positive coping options should be expanded as a strategy to improve nurses' resilience. For reaching this goal, a psycho-educational program of self-care strategies has been recommended to be implemented by the workplace to assists nurses to develop personalized stress management plans, regulate and lighten the stress response and improve proactive, adaptive coping behaviours. During this program, positive self-care behaviours will be taught to nurses. (Kravits et al. 2008.)

Content and structure of psycho-educational intervention, according to Kravits et al. (2008), include:

1. Lessons, such as introduction to stress diary and wellness plan, Poem and art reflection, are provided for nurses to depict the importance of self-care including

2. Techniques, such as guided deep breathing and positive intention practice, are introduced to the nurses to enable them to influence on the stress and the stress response

3. concepts, such as art directive exploring coping strategies, initiate writing wellness plan, grounding exercise practice, are taught for helping nurses to create own wellness plan

4. Techniques, such as art directive exploring challenges and options for managing challenges and progressive muscle relaxation practice, are introduced to the nurses as coping options

5. Guidance for refining and completing the wellness plan and imagery practice, are provided for nurses to enable them to complete the wellness plan

6.2 Interventions done by nurses as a community in the ward

6.2.1 Formation of ethics and concept of support, help, and solidarity between nurses

One factor that has been recognized by Pereira et al. (2012) to be able to protect nurses from being burned out is the formation of ethics and concept of support, help, and solidarity between them. In other word, sharing crises, worries, emotions and experiences with colleagues help nurses to feel much better in difficult times. Pereira et al. (2012), has also referred to studies by Bernardo et al. (2010) and Osswald (2008) to confirm this statement that a team which benefits from interpersonal care, attention, understanding and solidarity, can act as a core element in burnout prevention.

6.2.2 Joint activities to get to know each other

Pereira et al. (2012) has recognized that joint activities among healthcare professionals can reduce the risk of burnout through alleviating emotional distress. Through these activities the professionals get to know one another in a more intimate and personal way, understand each other better, and can provide supports in different manners. These matters help them to cope with the possible conflicts at work in a more positive way. These joint activities may include activities inside the workplace such as socializing meals, as well as outside the unit such as meetings outside the workplace, having fun and laughing together, organizing joint leisure and so on. (Pereira et al. 2012.)

6.2.3 Organizing rituals after a patient's death

Pereira et al. (2012) have mentioned a strategy to prevent burnout in palliative care nurses who face patients' death more frequent. This strategy includes organizing rituals after a patient death. Pereira et al. (2012) have referred to studies done by SFAP (2000), Pereira (2009), and Barbosa (2010), to prove that these kinds of rituals help healthcare professionals to cope with experienced losses and grief. This way, the meaning of caring for a patient who is seriously ill will be symbolized and humanistic aspect of care will be preserved.

These rituals may include:

- Candle ritual in which a candle will be lighten up for a patient that has been died.

- Farewell ritual according which the professionals who work in palliative care, every day before going home, say goodbye to the patient. This way, if the patient next day is not there anymore, nurses have had the opportunity to say goodbye to them, which prevents the sense of emptiness in them.

- Star ritual which includes symbolizing the patient who has died, by a star. On that star the nurses write the things that have affected them the most in that person or situation.

- Booklet ritual which means having a booklet for writing some sentences about the patient to pour out the emotions at the time of their death.

- Angel of the month ritual during which the head nurse provides some chocolate or something like that for the nurse who has lost more patients during that month

6.3   Interventions done by nurses as individuals

6.3.1   Lifestyle changes

Following strategies such as diet, physical activities, relaxation, that helps nurses to have healthier lifestyle, have been recommended for preventing burnout and nurses' wellbeing improvement. (Shubin 1978; Noroian and Yasko 1982; Leighton and Roye1984; Maslach 2003; Espeland 2006, cited in Fearon & Nicol 2011).

6.3.2   Coping strategies concentrate on problem

Fearon & Nicol (2011) referring to a study done by Lazarus and Folkman (1984) have stated that coping strategies, which concentrate on problem, include the ways of managing and modifying the problem in the way that causes less amount of stress experienced. Examples of these coping strategies could be time management, organisational skills and be in relation to others for seeking advices and discussing the issues (Bond 1986; RCN 2005, cited in Fearon & Nicol 2011).

Keeping the control over the existent situation is a key factor in this coping mechanism. As soon as the person feels lost of control over the situation, the level of stress in him will most probably increase. (Lazarus and Folkman 1984 cited in Fearon & Nicol 2011.) According to the literature, this

coping strategy does not directly prevent the burnout but through decreasing the level of personal stress which prevents burnout in turn (Fearon & Nicol 2011).

6.3.3   Coping strategies concentrate on emotion

Coping strategies that concentrate on emotion include managing the person's emotions in response to the problem. Emotion-focused coping strategies include two forms of positive and negative. Examples of negative form of coping strategies may be hostility, self-delusion, avoidance and escapism and positive form include reflection. (Lazarus and Folkman 1984 cited in Fearon & Nicol 2011.)

Reflection has been defined as an action for integrating emotion and reason. Reflection increases the level of self-awareness and helps the people to develop their insight and understanding (Jack and Smith 2007; Horton-Deutsch and Sherwood 2008; Jack and Miller 2008 cited in Fearon & Nicol 2011). Through developing these merits, person will be able to justify their own actions and search for different ways of describing their thoughts, feelings, actions and behaviour (Horton-Deutsch and Sherwood 2008 cited in Fearon & Nicol 2011). According to the literature, negative forms of emotion-focused coping result in higher rates of stress and burnout (Fearon & Nicol 2011).

6.3.4   Coping strategies related to self-awareness and emotional intelligence

Nursing is a profession in which the professionals may be frequently placed into the situations that can be emotionally challenging for them. In these kinds of situation, nurses try to take actions in order to defend themselves against this uncomfortable emotions and feelings. Lack of self-awareness and emotional intelligence may lead nurses to follow harmful coping strategies which cause burnout in them. (McQueen 2004; Akerjordet and Severinsson 2008 cited in Fearon &Nicol 2011).

Emotional intelligence has been defined as "ability to process, understand and manage emotions, particularly in relation to others" and self-awareness has been introduces as a "key concept" in emotional intelligence (Freshwater and Stickley 2004; Akerjordet & Severinsson 2008, cited in Fearon & Nicol 2011, 37).

It is so important for the nurses to confront and perceive their feelings in order to address their own needs as well as others' in a helpful manner (Blomberg & Sahlberg-Blom 2007, cited in Fearon & Nicol 2011). This matter is crucial in preventing the burnout (Maslah 2003, cited in Fearon & Nicol 2011). When the nurses are aware of their feeling and the reason behind that, they can decide about their action in a better way and accordingly (Fearon & Nicol 2011).

Codier, C & Codier, E (2015), in their study called "Do emergency nurses have enough emotional intelligence" have also acknowledged the importance of nurses' emotional intelligence in preventing burnout. In this study, the authors have referred to many literatures evidence that measured emotional intelligence is connected to job performance and leadership performance outcomes, including promoting staff and patient satisfaction, as well as reducing costs and burnout among workers.

Four important elements have been recognized and introduced as 'Ability' model to define and measure emotional intelligence among nurses. These items include identification of emotion, integrity of emotion and analytical process, understanding emotion and emotion management. (Mayer et al. 2008, cited in Codier, C & Codier, E 2015.)

The first element "identification of emotion" may seem to be easy but implementing it on practice can be most of the times difficult. Identifying the correct emotion in oneself as well as in the patient is a vital for choosing appropriate, efficient and safe reactions. For instance, anger behaviours in a patient may result in unconscious avoidance behaviour in nurse leading to endangering the patient's health. Emotions identification in nurses helps them to be notified about these changes and alter their actions and behaviour accordingly. (Codier, C & Codier, E 2015.)

The second element of emotional intelligence is 'integrity of emotion and analytical process' or, as Codier, C &Codier, E (2015, 27) has named it, 'using emotions to reason'. This ability means that nurses who know their own reactions for some patient`s behaviour, e.g. manipulative behaviour, can easily identify it and know how to deal with it and manage own emotion in order to provide more accurate and safe care for the patient. Presence of this skill also can help nurse "to become a more astute nurse". (Codier, C & Codier, E 2015,27.)

Understanding the emotions is the third element of emotional. This item is essential in all aspects of nursing care and also for improving interdisciplinary and interpersonal effectiveness. For example, some dying patient may express grieving as denial, anger or shock. Or another example can be patient with acute stage of a disease who cannot perceive it and refuse the treatment. If nurses have the ability of recognizing this kind of situations, they can prevent complications and make sure about effectiveness of outcomes of treatment or care. (Codier, C & Codier, E 2015.)

In the other hand, understanding the emotions affects team work and interpersonal function. Effective team work reinforces strengths of each team member and provides support in intense emotional labour situations and prevents burnout in turn. Conversely the dysfunctional relationship between nurses and other health care professionals can reduce level of energy, cause stress and create inimical work environment. (Codier, C & Codier, E 2015.)

The fourth element of emotional intelligence is managing the emotions. This skill involves ability to deal with feelings caused by high level of emotional labour and chronic stress. However, it doesn't` mean artificial controlling, suppressing, minimising or denying emotions. All nurses can experience anxiety, exhaustion or low resilience level and it is so crucial for them to manage the effects of these emotions in order to prevent burnout. Managing emotions requires the same skills that nurses need at the time of patient care including assessment, diagnosis, planning, intervention and evaluation. (Codier, C & Codier, E 2015.)

Maintaining and improvement of emotional intelligence promote good team work, clinical practice, interdisciplinary practice, patient safety, nurse retention and consequently prevent burnout (Codier & Codier 2015).

6.3.5   Developing empathy skills

Another preventive measure of burnout is developing cognitive skill such as empathy. This skill plays important role in nurse-patient relationship and encourage patient to cooperate in his/her treatment and reinforce care. (Marilaf Caro et al. 2017.)

Empathy helps prevent physical and emotional exhaustion from work load. Moreover, it plays significant role in health and wellbeing promotion. This skill is carried out through necessary social skills development to create personal relationship and different ways of communication with a patient. Empathy can help not only to prevent burnout but also to promote development of social relationship, aiming at formation of more optimistic attitude to life. (Marilaf Caro et al. 2017.)

6.3.6   Mindfulness

Reason for burnout occurrence is that most of the time health care professionals experience remarkable stress which can outreach the personal or system accessible resources for managing it. Heavy workload, difficult patients, personal stressors, moral distress, length of time in one position care the examples of the causes of stress in health care professionals. Strengthening the health care professional's resilience towards the stress is the absolute priority for prevention of stress and burnout. (Kinser et al. 2016.)

Burnout dose not usually occur acutely in the first place but rather, over the lengthened period of time of being exposed to stress. So that, during this process, there are numbers of opportunities for interfering the development of burnout by promoting the health care professionals' resilience toward stress. Mindfulness is one of the most effective strategies that can be used for this matter. (Kinser et al. 2016.)

There is strong correspondence between mindfulness and resilience. Mindfulness education, such as stress reduction, has gained attention for its effect on stress, anxiety and depression reduction and enhance of life quality. (Kinser et al. 2016.)

During mindfulness, the person has the ability of choosing the topic on which his mind is focused. The person inhibits his attention on past or future by bringing his attention to that topic. This ability, according to theories, improves resiliency through reduction of depressive memories and anxious worries. Consequently it leads to positive downstream effects such as task attention, positivity, self-efficiency and motivation. (Kinser et al. 2016.)

Another way, through which mindfulness increases resiliency, is altering biological reactions against stress. Basically mindfulness helps the healthcare professionals to return more quickly to the baseline, at the time of facing a stressor. This results in reduction of stress negative effects. Mindfulness can be applied not only for personal wellness, but also in clinical setting with patients. (Kinser et al. 2016.)

Yoga is known as an example of mindful-movement. The embodiment of rhythmic breathing trainings, tender movements and guided relaxations together with the training of seated meditation lead to better physical awareness and self-efficacy. (Kinser et al. 2016.)

6.4 Interventions done simultaneously by nurses as individuals and workplace

6.4.1 Improving personal resources together with alleviating the work demands

Well-being in healthcare professionals is affected by personal resources and work demands. Burnout takes place at the time of work demands exceeding individual resources. In an opposite manner, resilience happens when individual resources can reach to the level of work demands. (Back et al. 2016.)

A nurse's tendency for burnout or resilience is not solely related to the workers as individuals but is significantly affected by the workplace and team constructions (Back et al. 2016). Even if a nurse is highly resilient, she might be burned out by working in an unsupportive environment with consistent overwhelming workload (Cartwright & Holmes 2006, cited in Back et al. 2016).

In order to prevent burnout among clinicians, interventions should be done both by staff in order to increase their resources and also by workplaces in order to reconstructing the work to alleviate work demands. A well-developed resilience skill in nurses and a designed system for maximizing work engagement can prevent the burnout among healthcare professionals. (Back et al. 2016.)

Clinicians can develop their personal resources that are required for responding the work demands, by benefiting from skills that can be learned, empowered, and refined. By learning and practicing resilience skills the personal resources could be increased. (Back et al. 2016.)

The resilient skills' content has been obtained from intervention studies that have benefit from cognitive behavioural therapy, positive psychology, and mindfulness. These contents include supplying personal force, being active throughout the day, considering healthy external limits, Self-regulating emotions, Recognizing perceptive deformity, being realistic in expecting own performance , trying to find worth and value in daily activities at work, being commitment to long-term growth. (Back et al. 2016.)

Work demands could be revised in areas crucial for workplace engagement (Back et al. 2016). Back et al. (2016) have referred to a study done by Leiter and Maslach's stating that work engagement is in contrary with burnout. Burnout feels like emotional exhaustion while work engagement feels like energy, burnout reveals as cynicism while work engagement as involvement; eventually, burnout feels like ineffectiveness, engagement feels like effectiveness.

According to Back et al. (2016), six areas of work condition have been recognized by Leiter and Maslah that are relevant to work demand experiences of nurses. These six areas include workload, control, reward, community, fairness, and values. These six areas have been named as "workplace engagement factor" by Back et al. to be similar to the clinician resilience skills and have been explained as follow.

Deputing control to clinicians to have a role in decision making about their work, organizing monetary and social rewards for nurses to appreciate their hard work, structuring a community based on peer support where the culture of managing conflicts can be promoted and implemented openly, considering justice in making decision which affect nurses' work, finding values in the work to provide inspirations, alleviating workload in the way that work demands do not overpass any staff limits (Back et al. 2016).

The findings of this thesis have been summarized in table 3.

Table 3: Findings

Main theme	Subtheme	Content area	Reference
Interventions done by workplace	Regular team meeting	Creation of support among nurses. Annual team meeting to promote team work and group dynamics. Shift hand over meetings to promote exchange of experience feelings, emotions during work shift and discuss about the care plan and ethical issues.	Pereira et al. (2012) Vander Elst et al. 2016
	Q-active program	Q-active program has been designed based on staff needs, consists of a variety of activities and well-being courses throughout the day to fit different working patterns.	Blake and Lee, 2007
	Clinical supervision	To provide support and guidance for workers that they feel valued and be heard, make staff more equipped against problems and having control over the work.	Bégat and Severinsson 2006; Jones and Cutcliffe 2009 cited in Fearon & Nicol, 2011 Edwards et al 2006; Hyrkäs et al 2006 cited in Fearon & Nicol, 2011 Fearon & Nicol, 2011

	Job redesign and training program	Keep job demands on a reasonable level, organize training for nurses about how to set boundaries and manage in demanding situations.	Bakker et al. 2014 mentioned in Vander Elst et al. 2016
			Ellenbecker et al. 2006, mentioned in Vander Elst et al. 2016
			Ellenbecker, Samina, Cushman &Porell, 2007; Samina et al. 2012; Tourangeau et al. 2014 mentioned in Vander Elst et al. 2015, 554
			Ellenbecker and Cushman, 2012; Samina et al. 2012 mentioned in Vander Elst et al. 2015, 554
			Glass & Rose 2008, cited in Vander Elst et al. 2016
			Nubling et al. 2010, cited in Vander Elst et al. 2016
			Tourangeau et al. 2014, cited in Vander Elst et al. 2016
			Vander Elst et al. 2016

	A psycho-educational intervention of self-care strategies for nurses	Effective and infective coping mechanisms, development of personalized stress management plan.	American Nurses' Association, 1984; Dunn, 2005; Sarna, Bialous, Wewers, Froelicher, & Danao, 2005, cited in Kravits et al. 2008

Kravits et al. 2008 |
| Intervention done by nurses as a community in the ward | Formation of ethics and concept of support, help, and solidarity between nurses | Sharing crises, worries, emotions and experiences with colleagues. As well as Interpersonal care, attention, understanding and solidarity. | Bernardo et al. 2010

Osswald 2008 |
	Joint activities to get to know each other	Joint activities inside and outside the workplace to alleviate emotional distress, understand each other better and cope with the conflicts at work in a more positive way.	Pereira et al. 2012
	Organizing ritual after patient´s death	Rituals after patient´s death helps to cope with experienced losses and grief and preserve humanistic aspect of care.	SFAP, 2000; Pereira, 2009; Barbosa , 2010; mentioned in Pereira et al. 2012
Intervention done by nurses as individuals	Life style changes	Diet, physical activity, relaxation.	Shubin, 1978; Noroian and Yasko , 1982; Leighton and Roye, 1984; Maslach, 2003; Espeland, 2006, cited in Fearon & Nicol, 2011

| | Coping strategies concentrate on problem | Time management skills, organisational skills, good relationships with colleagues, Keeping control over the existent situation. | Bond, 1986; RCN, 2005, cited in Fearon & Nicol, 2011

Lazarus and Folkman, 1984 cited in Fearon & Nicol 2011

Fearon & Nicol, 2011 |
|---|---|---|---|
| | Coping strategies concentrate on emotion | Positive and negative coping strategies and their consequences. | Horton-Deutsch and Sherwood, 2008 cited in Fearon & Nicol 2011

Jack and Smith, 2007; Horton-Deutsch and Sherwood, 2008; Jack and Miller, 2008 cited in Fearon & Nicol, 2011

Lazarus and Folkman, 1984 cited in Fearon & Nicol 2011 |
| | Coping strategies related to self-awareness and emotional intelligence | "Ability model": Identification of emotion, integrity of emotion and analytical process, understanding emotion, emotion management. | Blomberg & Sahlberg- Blom ,2007 cited in Fearon & Nicol, 2011)

Codier, C & Codier, E 2015

Fearon & Nicol, 2011 |

			Maslah , 2003 cited in Fearon & Nicol, 2011
			Freshwater and Stickley, 2004; Akerjordet & Severinsson, 2008 cited in Fearon & Nicol, 2011, 37
			Maslah, 2003 cited in Fearon & Nicol, 2011
			McQueen, 2004; Akerjordet and Severinsson, 2008 cited in Fearon &Nicol, 2011
			Mayer et al. 2008 cited in Codier, C & Codier, E, 2015
	Developing empathy skills	To create personal relationship and different ways of communication with a patient. Promotion of development of social relationship, aiming at formation of more optimistic attitude to life.	Marilaf Caro et al. 2017
	Mindfulness	Strengthening the health care professional's resilience towards the stress through mindfulness as a burnout preventive measure. Yoga as an	Kinser et al. 2016

| Interventions done simultaneously by nurses as individuals and workplace | Improving personal resources together with alleviating the work demands | Trainings to increase staff resources; development of resilience skills. | Back et al. 2016

Cartwright & Holmes, 2006 cited in Back et al. 2016 |
|---|---|---|---|
| | | example of mindful-movement. | |

7   Discussion

This study looked at the different ways of burnout prevention that have been suggested in literatures. According to the finding of this research, burnout in healthcare professionals can be prevented through several interventions done by various parties. These parties, as have been mentioned in this paper, include organizations, nurses as a community in the ward, nurses as individual, and organisations and individual nurses as a unit.

Organizations, as an essential part in the working life, could have a significant role in preventing burnout among their staff. As has been found in this research, the workplace can do this matter by various measures such as:

- Organizing regular team meetings which provide opportunities for the team member to express and share their emotions and feelings.

- Q-active program that has been designed by NHS organization to enhance the quality level of staff physical activities and health as well as the ability of making informed health behaviour decisions and transforming the health culture of large organization.

- Providing clinical supervision to support and guide the staff and encourage them to be equipped against problem and have control over the work.

- Job redesign and training program which focus on possibly minimising those aspects of the job that require a lot more effort from staff and are modifiable, such as workload and alleviating those kinds of job demands that cannot be changed easily, such as emotional demands among nurses.

- A psycho-educational program of self-care strategies which assists nurses to develop personalized stress management plans, regulate and lighten the stress response and also improve proactive, adaptive coping behaviours.

Despite organization is responsible for nurse wellbeing at work, nurses still have own responsibilities in order to prevent burnout. The intervention that can be done by nurses as a community to prevent burnout, according to findings of this research include:

- Supplying personal force, knowing how to regulate own emotions, being honest with self in expectations towards own performance, ability to find values in work activities, improve own knowledge constantly.

- Being engaged to the job and organizing activities to promote "workplace engagement factor" (workload, control, reward, community, fairness, and values).

- Organizing joint activities in order to get to know each other, formation of ethical values, solidarity and support actions between nurses,

- Organizing rituals after patient's death to cope with own emotional stress.

Nurse as individuals also can do interventions to protect themselves from burnout. The variety of measures that can be done by nurses for achieving this goal are as follow:

- Following a healthy lifestyle which include changing in diet and physical activity habits

- Managing and modifying the problem in the way that causes less amount of stress experienced.

- Strengthening the time management and organisational skills to keep control over the existent situation and also be in relation to others for seeking advices and discussing the issues.

- Managing emotions in response to the problem. Increasing the level of self-awareness and develop the insight and understanding through reflection, which means integrating emotion and reason.

- Improving self-awareness and emotional intelligence.

- Developing cognitive skill such as empathy, which plays important role in nurse-patient relationship and encourage patient to cooperate in his/her treatment and reinforce care.

- Improving resilience through mindfulness.

Overall, in this research the authors tried to collect different ways of burnout prevention to protect not only the nurses from mental and physical consequences of burnout, but also organization and government from the huge costs that burnout can cause them.

The importance of the finding of this research will be revealed by taking a look at the list of consequences that the burnout can be associated with. As have been mentioned in this research, burnout has been associated with job turnover, absenteeism from work, chronic disease, risk of suffering from minor psychiatric disorders, and increased rates of illness, fatigue, substance misuse, depression, anxiety and irritability, reduced morale, efficiency, productivity, performance, employee satisfaction, work productivity, and organizational commitment, interpersonal conflicts. There are frequent reports in the literature on the shortage of nurses, with many nurses reported as abandoning the profession because of burnout consequences. So based on these facts, this concept could be concluded that everyone's interest could be accomplished through burnout prevention.

7.1   Limitations of the study

The findings of this study have been limited to the literatures that have been done in countries other than Finland. During data collection process, no article has been found about burnout among nurses in Finland in English language. This fact could affect on the implementation stage when these measures is offered to Finnish workplaces. The implementation of the prevention methods suggested in research might be limited due to different cultures, different regulations, different organizational structure, and other differences that exist among these countries.

The authors recommend further researches to evaluate the efficiency of suggested methods among Finnish nurses and possibly form a specific list of burnout prevention methods for Finnish healthcare society.

7.2 Consideration of ethics and validity

During this project, the relevant references have been used from reliable and academic data bases. All of the information that has been used during this project have been accessed through data bases authorized by Laurea University of Applied Sciences. Laurea's referencing guidelines have been followed.

The ethical consideration such as fabrication of data has also been considered. All findings which have been provided in this thesis have the same meaning as in the original sources that were taken from.

8 Conclusion

As it was already mentioned in this research, large part of society including nurses suffer from burnout syndrome (Ribeiro et al. 2014). The main goal of this study was to describe effective prevention methods of burnout for nursing staff.

The main findings have been divided into four major groups: interventions done by workplace, interventions done by nurses as a community in the ward, interventions done by nurses as an individual and interventions done simultaneously by nurses as individuals and workplace. However, prevention of burnout can happen the best when the interventions are carried out together by nurses and organizations. It requires joint efforts from both sides.

Active interventions from employer's side cannot give the desirable result if nurses are not interested in their own well-being and doesn´t take any actions to promote and protect own physical and mental health. In another way, interventions from nurses` side as community or nurse as an individual can be inefficient if organization as an employer doesn`t take care of own workers and doesn`t make any changes in work routine. So, the work place should find a way to carry out the job to minimize stress and thus prevent burnout. As a result, cooperative work between nurses and organization is productive. "Together we are stronger" (slogan of Laurea University of Applied Science).

9   References

* Study included in the review

- Abdo, S. El-Sallamy, R. El-Sherbiny, A. Kabbash, I. 2015. Burnout among physicians and nursing staff working in the emergency hospital of Tanta University, Egypt. Eastern Mediterranean Health Journal, 21 (12), 906- 915. Tanta, Egypt: Department of Public Health and Community Medicine, Faculty of Medicine, University of Tanta.*

- Atanes, A. Andreoni, S. Hirayama, M. Montero-Marin- J. Barros, V. Ronzani, T. Kozasa, E. Soler, J. Cebolla, A. Garcia-Compayo, J. Demarzo, M. 2015. Mindfuness, perceived stress, and subjective well-being: a correlational study in primary care health professionals. The official journal of the International Society for Complementary Medicine Research (ISCMR) 15 (303), 1-7. Sao Paulo, Brazil: BioMed Central.*

- Aveyard, H. 2014. Doing a Literature Review in Health and Social care: a practical guide. 3rd edition. Berkshire: Open university press.

- Back, A. Steinhauser, K. Kamal, A. Jackson V. 2016. Building resilience for palliative care clinicians: An approach to burnout prevention based on individual skills and workplace factors. Journal of pain and symptom management, 52 (2), 284- 291. Boston, USA: American academy of hospice and palliative medicine.*

- Batista,J. Batista,P. Barros,E. Lopes,F. Medeiros,G. Morais,J. 2013. Burnout syndrome: Un-derstanding of nursing professionals who work in the hospital context. Journal of nursing UFPE On line, 7 (2), 553-561. Article from Journal Nursing UFPE on line. Accessed 26 July 2017. http://www.revista.ufpe.br/revistaenfermagem/

- Blake, H. Lee, S. 2007. Health of community nurses: a case for workplace wellness schemes. British journal of community nursing, 12 (6), 263- 267. Nottingham: Universityy hospitals NHS trust.*

- Codier, E. Codier D. 2015. Do emergency nurses have enough emotional intelligence. Emergency nurse 23 (3), 26-29. USA: Art &science.*

- Fearon, C. Nicol, M. 2011. Strategies to assist prevention of burnout in nursing staff. Nursing standard, 26 (14), 35-39. London: RCN publishing.*

- Hughes, RG. (ed.) 2008. Patient Safety and Quality: An Evidence-Based Handbook for Nurses. Chapter 26: Work Stress and Burnout Among Nurses: Role of the Work Environment and Work-ing Conditions. Rockville, MD: Agency for Healthcare Research and Quality (us).

- Hsich, H. & Shannon, S. 2005. Three approaches to qualitative content analysis. Journal of qualitative health research, 15 (9), 1277-1288. Taiwan: Research article.

- Kinser, P. Braun, S. Deeb G. Carrico, C. Dow, A. 2016. "Awareness is the first step": An interprofessional course on mindfulness & mindful-movement for healthcare professionals and students. Complementary therapies in clinical practice, 25 (8), 18- 25. Richmond, USA: Elsevier Ltd.*

- Kraft, Ulrich. 2006. Burned Out. Scientific American Mind journal, 28-33. Article from Scien-tific American mind. Accessed 20 August 2017. https://www.scientificamerican.com/mind/

- Kravits, K. McAllister-Black, R. Grant, M. Kirk, C. 2008. Self-care strategies for nurses: A psycho-educational intervention for stress reduction and the prevention of burnout. Applied nursing research 23 (3), 130-138. USA: Elsevier.*

- Marilaf Caro, M. San-Martin, M. Delgado-Bolton, R. Vivanco, L. 2017. Empathy, loneliness, burnout, and life satisfaction in Chilean nurses of palliative care and home care services. Enfermeria Clinica (English Edition), 27 (6), 379-386. Logrono, Spain: Elsevier. *

- Maslach, C. Jackson, S. & Leiter, M. 1997. The Maslach Burnout Inventory. Third edition. Palo Alto, CA: Consulting Psychologist Press, 191- 218.

- Morse, G. Salyers, M. Rollins, A. Monroe- Devita, M. And Pfahler, C. 2012. Burnout in mental health services: A review of the problem and its remediation. Journal of Administration and Policy in Mental Health and Mental Health Services Research, 39(5), 341–352. MO,USA: Springer US

- Pereira, S. Fonseca, A. Carvalho, A. 2012. Burnout in nurses working in Portuguese palliative care teams: a mixed methods study. International Journal of Palliative Nursing, 18 (8), 373- 381. Portugal.*

- Ribeiro,V. Ferreira Filho,C. Valenti,V. Ferreira,M. Carlos de Abreu,L. Dias de Carvalho,T. Xavier,V. Filho, O. Gregory,P. Ribeiro Leão,E. Francisco, N and Ferreira, C. 2014. Prevalence of burnout syndrome in clinical nurses at a hospital of excellence. International Archives of Medicine, 7 (22). Article from PubMed. Accessed 26 July 2017. https://www.ncbi.nlm.nih.gov/pubmed

- Rosales, R. Labrague, L. And Rosales G. 2013. Nurses' job satisfaction and burnout: Is there a connection. International Journal of Advanced Nursing Studies, 2 (1), 1-10. Science publishing corporation. Article from Science publishing corporation. Accessed 10 August 2017. https://www.sciencepubco.com/

- Schaufeli, W. Leiter, M. Maslach, C. 2009. Burnout: 35 years of research and practice. Journal of Career Development International, 14 (3), 204- 220. Utrecht; Wolfville; Berkeley; Emerald Group Publishing.

- Vander Elst, T. Cavents, C. Daneels,K. Johannik, K. Baillien, E. Van den Broeck, A. Godderis, L. 2016. Job demands-resources predicting burnout and work engagement among Belgian home health care nurses: A cross-sectional study. Nursing Outlook 64 (6), 542-556. Belgium: Elsevier.*