

Stress and Resilience among Healthcare Professionals: A synthesized Literature Review

Abstract

Introduction

Stress and burnout among health professions is a serious public health problem, as it contributes to failing to meet the demands of implementing successful prevention and treatment programs for the populace.

Methods

The research design for this current work begins with empirical, synthesized literature using The Matrix Method of an archived review from 2016. Primary studies investigating the prevalence of burnout, its determinants and resiliency factors across professions in the health field were included. The archived review included over 120,000 articles from 2005-2015 (from an original pool of 800,000 articles). This is compared with a more current literature matrix of 102 targeted articles from 2017-2020.

Results

The initial search strategy returned 65,000 titles and abstracts, of which 34,500 were removed as duplicates. Titles and abstract screening identified 460 full-text items for review. Of these, 102 met inclusion criteria. Of the included studies, 65 (63.7%) used a cross-sectional study design, 16 (15.7%) systematic reviews, 6 (5.9%) narrative reviews, and cohort studies, respectively. The sample size across all the 102 included studies ranged from 18 to 165,024 participants, with a median of 384 participants. 63.7% of the studies included male and female participants. Emotional exhaustion was associated with burnout (45%) while social support (38.%) was identified as a human resilience factor.

Discussion and Conclusion

Multiple factors contribute to burnout. Administration must become more versed in the importance of understanding how to reduce stress and burnout, while increasing resilience to protect against burnout for the field.

Introduction

- The chronic stress that leads to burnout is defined as physical, emotional, or mental withdrawal and is characterized by apathy, physical collapse, and chronic fatigue resulting in termination of a worker's ability in performing effectively.¹
- Burnout and chronic stress cross health professions in the fields of medicine, mental health, crises medicine, and public health; they continue to result in health complications and absenteeism.²
- This impacts both the health care work force and the quality of care despite several years of focused efforts in understanding burnout and stress for the field.²
- Many individuals who work across health professions are engaged in positions that are classified as high stress, working long shifts (often 10-12-hour) which are physically taxing for the body, mind, and emotional state. 21-27% of mental health workers may be experiencing burnout.³
- Persistent and chronic burnout reduces the numbers of workers available for many health professions.
- Despite primary intervention studies directly aimed at burnout, many institutions still use no form of burnout intervention or prevention measures.
- This theoretical proposal is aimed to:**
- Synthesize the published literature, prevalent themes of burnout, and the human/organizational factors for building resilience.
- Design tools for future data collection on reduction of stress and burnout and increasing resiliency among health professionals.

Methods

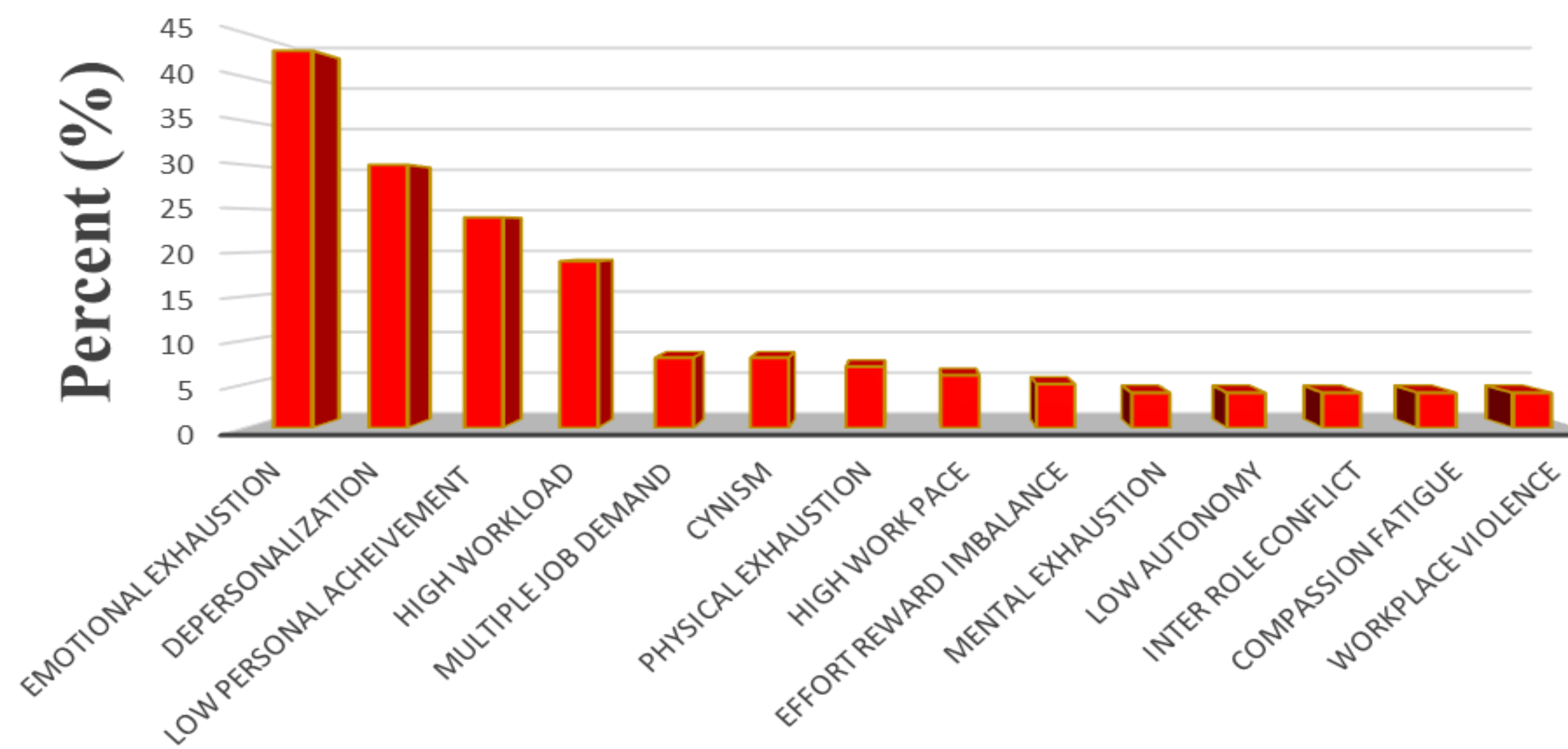
Database	Google Scholar, Search via LU JF Library
Current study (2017-2020)	EBSCO, ProQuest, Science Direct
2016 study	Burnout Research, WHO, CDC
Search Terms	Stress, burnout, resilience, work related stress, stress management, health professional Boolean operators 'AND', 'OR'; Truncations *
Inclusion criteria	Peer-reviewed, limited to stress/burnout, resilience in health profession, 2017 to current, no geographical constraint, publications in English
Screening	Full text and abstracts retrieved and reviewed independently by two authors for relevance
Data extraction & Synthesis	Objective, Study design, methods of recruitment, Sample size, professional group, study location, study instrument, Key finding
Matrix methodology	
Comparison	
<ul style="list-style-type: none"> A hand completed factorial analysis was used to determine the themes and categories which emerged from the literature related to what contributed to burnout among health professionals and what promoted resilience. Factors were sorted and coded, compared with the review from 2016. A final list was compiled. 	

Table 1: Study Demographics

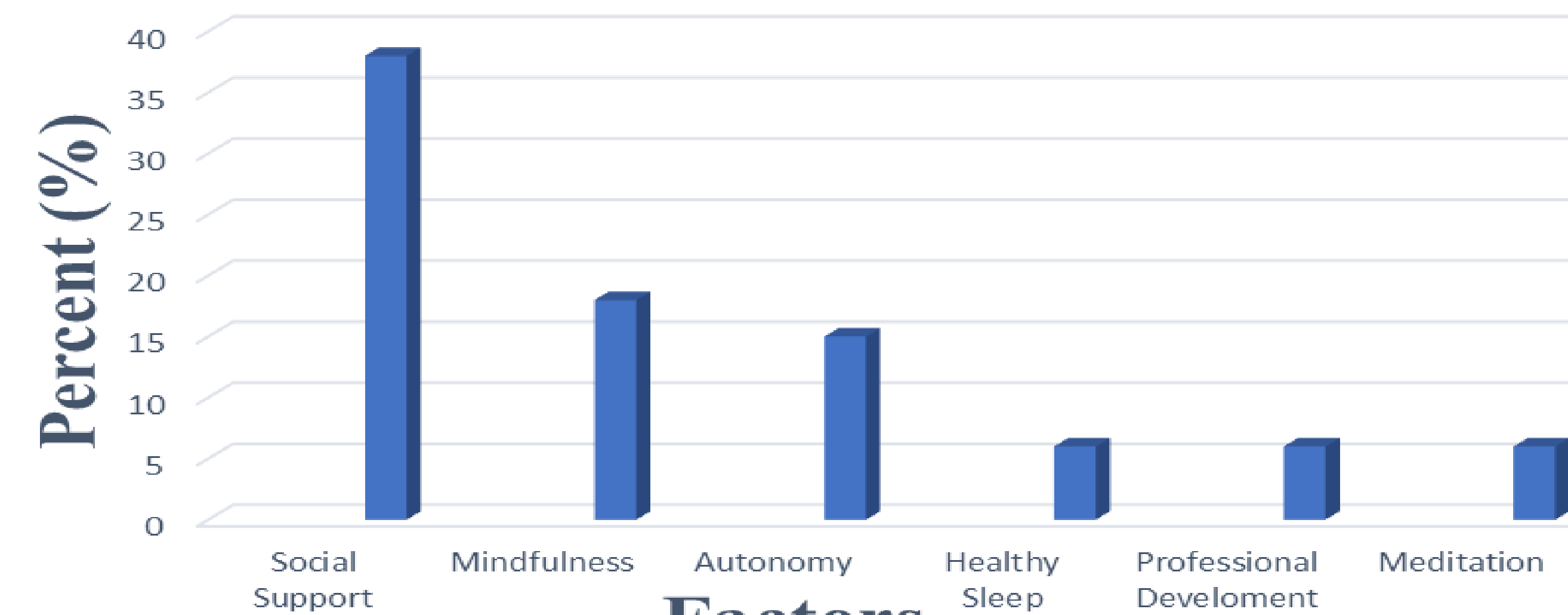
Characteristics	(n = 102)	Percent (%)
Study designs		
Cross-sectional	65	63.7
Systematic reviews	16	15.7
Narrative reviews	6	5.9
Cohort studies	6	5.9
Exploratory	5	4.9
Pre- & Post test	2	2.0
Comparative/analytic	1	0.9
Longitudinal	1	0.9
Sample size		
Median	384	
Range	18-165,024	
Tools		
MBI scale	38	37.2
Participants		
Males & Females	65	63.7

Table 2: Table of Factors

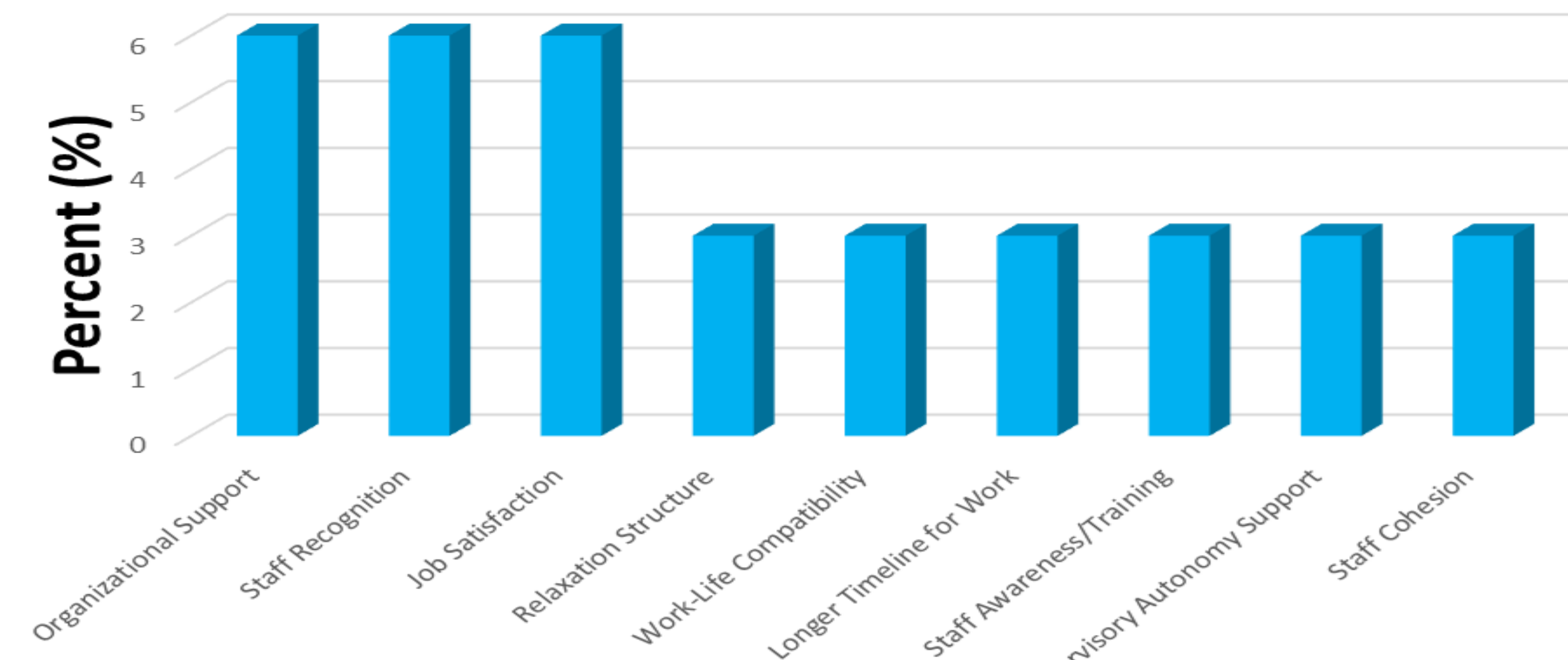
Factors	(n = 102)	Percent (%)
Replicated Themes		
Emotional Exhaustion	44	43.1
Physical Exhaustion	7	7.8
Mental Exhaustion	4	4.0
Long Working Hours	3	3.0
High Work Demand	8	8.0
High Work Pace	6	6.0
New Themes		
Depersonalization	31	30.3
Low Personal Accomplishment	24	24.0
Effort Reward Imbalance	5	5.0
Cynicism	8	8.0
High Workload	19	19.0
Compassion Fatigue	4	4.0
Inter Role Conflict	4	4.0
Low Personal Control	4	4.0



Stress and Burnout Factors



Human Resilience Factors



Organizational Resilience Factors

Table 3: Sample Data Matrix

Author/Year	Professional Group	Study Design	Sample Size	Basic Methods	Objective	Research Question	Tools	Results
Elbarazi, et al 2017	Physicians, Nurses, Surgeons, Residents	Systematic Review	4108	Systematic Review with PRISMA Guideline	Mindfulness in the context of Professionals with occupational stress	What is the prevalence of Burnout in Health Professionals? What are Work-Related Factors in Burnout?	The Maslach Burnout Inventory (MBI)	High Emotional Exhaustion (20.0–81.0%), High Depersonalization (9.2–80.0%)

Results & Discussion

Results:

- Overall **102 studies** representing **32 countries** were included in the matrix; **United States** 33.3% (n=34), **United Kingdom** 10.8% (n=11)
- Of the 102 included studies, 63.7% were **cross-sectional design**. The largest health care professionals singularly studied the publications were the **clinicians** (29%) followed by the **nurses** (21%).
- A total of **58 stress and burnout themes** were identified.
- 45% themes were already identified from former study while 69% themes were identified in the new study.
- Emotional exhaustion** (44%) and **depersonalization** (30%) were the most prevalent contributors to stress and burnout.
- Social support, mindfulness, autonomy** were the most observed **human resilient factors**. **Meditation** was the least.
- Organizational support, staff recognition and job satisfaction** were the most observed organizational resilient factors.

Discussion

- Overall, a range of new themes were identified in recent literature.
- This could be attributed to an increase in current research aimed to understand the ways in which workplace conditions drive stress and burnout.
- The use of the **Maslach Burnout Inventory (MBI)** in 32% of the literature may explain the high prevalence of **Emotional exhaustion & Depersonalization** observed.
- The proportion of U.S. and U.K. studies may be an indication of the volume of ongoing research to address stress/burnout in these countries. Physician burnout in the U.S & UK have been estimated at 27% and 22%, respectively.
- Increasing prevalence of stress and burnout among workers coupled with the evolving dimensions by which the conditions manifests point to the need for the development of effective tools tailored at future management of this trend.
- Therefore healthcare administration must become more versed in the importance of understanding how to reduce stress and burnout, while increasing resilience to protect against burnout for the field.

Conclusion & Future Work

- Categories and themes from the results of this study were used to develop empirically based data collection tools, including a short and long survey, a long-open ended question interview guide, and a guided focus group guide.
- Next steps will require field testing by key experts and pilot testing for validity, reliability, creditability, and transferability to determine if the measures are capturing the intended constructs, consistently, across professions.
- Long-term future work plans will culminate in a multiple-step Force Field Analysis, grounded by a participatory research approach framework.
- Future work is being designed to produce data needed in creating tools and services needed for the reduction of stress and burnout and increasing resilience among healthcare professionals.

References and Acknowledgments

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- *The literature matrix and literature is extensive and therefore it is not possible to fit on this specific poster. Paper copies are available or can be requested by email by requesting them from the faculty sponsor at Dr Linnaya Graf lgraf@liberty.edu
- *The authors want to acknowledge the work and time of the many authors who provided the amazing data and contributions that are being used to shape this field. https://watch.liberty.edu/media/t/1_wziq51wi