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Nursing Burnout and Preventative Measures

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NURS 4500 Nursing Research & Thesis

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Abstract

Nursing burnout is a crucial problem that needs to be addressed due to the effect it's having on nurses, such as causing many nurses to leave their jobs. Some of the major causes of nursing burnout include the effects of the work environment, emotional strain, and lack of sleep. Several nurses have stated that some environmental factors related to work that is causing nursing burnout include a high nurse-to-patient ratio, long shifts, and stressful specialties. Lack of support and emotional stress from patient care have contributed to burnout. Lastly, poor health habits, such as lack of sleep, also influence burnout progression. There are three types of interventions that focus on targeting these causes. Changes to the workplace environment can help prevent compassion fatigue for nurses. Yoga that incorporates mindfulness is vital in decreasing stress, which would ultimately also decrease burnout. Lastly, burnout can be fought by increasing resilience through various self-care strategies and healthy habits, such as sleep and guided imagery. This thesis, including a literature review and a proposal for further research, will investigate the main sources of burnout in nursing hospitals and incorporate a few ways that could be done to avoid getting it. It's an important topic to be addressed because it could lead to a shortage of nurses and lower the quality of patient care.

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Introduction

Nurses play a critical role in patient care as the last line of defense for those in the hospital. They are there to act as patient advocates, treat patient conditions, and provide the support needed to manage new symptoms or diseases that may arise during a patient's stay. Nursing burnout is the result of chronic stress that can accumulate to become emotionally exhaustion. For the purpose of this thesis, burnout will be defined as "exhaustion of physical or emotional strength or motivation usually as a result of prolonged stress or frustration" (Merriam-Webster, 2022, para. 2). Burnout can affect a nurse's life inside and outside the workplace.

Problem Statement

Many nurses are stepping away from their job due to nursing burnout. One study found "up to half of nurses and physicians across specialties meeting criteria for severe burnout" (Profit et al., 2021, p. 1). The COVID-19 pandemic has added onto the increased stress and compassion fatigue. Compassion fatigue, defined as a "concept that can include emotional, physical, and spiritual distress in those providing care to another" (Compassion Fatigue Awareness Project, 2022, para. 2) and is related to and can co-exist with burnout (American Institute of Stress, 2022). Nursing burnout leads to nursing shortages and may also affect the quality of patient care. This may cause patients to not get the proper care they need and may increase medication errors (Profit et al., 2021).

The importance of investigating the causes of nursing burnout cannot be understated. Implementing interventions that can help reduce burnout in the future is essential. For example, one study investigated how effective an interactive intervention based on psychology to improve well-being, called a "web-based implementation for the science of enhancing resilience" (WISER) was to reducing burnout levels and found that there was improvements in burnout

levels after 6 months (Profit et al., 2021, p. 1). It's substantial that hospitals recognize and address nursing burnout to prevent high turnover rates. Exploring additional strategies to ensure nurses are able to be resilient and effective is needed. Some databases that will be used to find sources on the issue are PubMed, Iceberg, UptoDate, ScienceDirect, Web of Science, and Wiley Online Library.

Research Questions

How do different factors inside and outside the workplace contribute to nursing burnout in hospitals?

How do stress management strategies for nurses at hospitals help promote mental well-being and prevent burnout?

Literature Review

The objective for the literature review is to determine what causes burnout and how to avoid developing nursing burnout. I will look at the study's objectives, population, design, methods, findings, strengths, and limitations for six sources. Some keywords that were used to find sources that answered my questions were *nursing burnout*, *compassion fatigue*, and *job dissatisfaction*. I searched through many databases, such as PubMed, Iceberg, ScienceDirect, and the Wiley Online Library. Most of my sources came from PubMed and Iceberg. I found a total of sixteen articles that I felt related to the topic. After analyzing them all, I narrowed it down to six articles. I chose my articles based on how relevant they were to my topic and if they were classified as primary. Then, the six articles were split into two categories. Three sources focused on the causes of nursing burnout and another three sources considered different prevention techniques to prevent nursing burnout. Refer to Appendix A for a Literature Review Table with more information.

Nursing Burnout Causes

The first category looks at three major causes of nursing burnout. The first source discusses how the work environment affects burnout rates. A survey was conducted on registered nurses across the United States to investigate what they felt caused burnout. Then, another article is introduced that focuses on the emotional factors that cause nursing burnout. A survey was given to pediatric nurses, where they explained how different stressors contribute to burnout. Lastly, causes related to lifestyle are studied. This is done by giving nurses from Turkey a questionnaire about how sleep affects their levels of burnout and stress during the COVID pandemic.

Shah, Gandrakota, Cimiotti, Ghose, Moore, and Ali (2021) focused on identifying the reasons why nurses are leaving the nursing profession due to burnout. This qualitative study utilizing cross-sectional data from the National Sample Survey of Registered Nurses in the US had a sample size of 50, 273 was analyzed between June and October 2020 (Shah et al., 2021). The study took into consideration factors related to the work environment, demographics, and type of care given. The two questions that were asked focused on why nurses left their position. If they haven't left, they were asked if they ever thought about it along with the reason that would impact their decision to leave. Once the data was analyzed, descriptive statistics using SAS, version 9.4 was created to help organize the feedback. Data was organized by those who left due to burnout and those who considered leaving. The authors also organized the data by burnout responses and age of those responding to burnout.

The authors found that there were three major reasons why nurses were leaving their profession. These include burnout, stressful work environment, and inadequate staffing (Shah et

al., 2021). The study found that “68.6% of those who reported leaving and 59.5% of those who considered leaving” (Shah et al., 2021, p.1) pointed out burnout and the work environment as major reasons. The authors stated “68% of those who reported leaving and 60.9% of those who considered leaving” (Shah et al., 2021, p. 1) found inadequate staffing as another cause. The population that was at higher risk of leaving for burnout included working in the West and being scheduled for greater than 40 hours per week (Shah et al., 2021). The average demographics of the survey data came from Caucasian female nurses who had an average age of 48.7 years (Shah et al., 2021). A strength was that the data were recent and collected from several states across the United States. The sample size was also large and the program used for their statistical analysis was set at a statistical significance of 0.05 (Shah et al., 2021), thus increasing generalizability

There were a few limitations for this study. Using cross-sectional data makes it difficult for the authors to use causal inference. There was also an unequal number of participants throughout the states. For example, Montana, North Dakota, South Dakota, and Wyoming had fewer responses for the survey compared to the other states. Lastly, higher degrees, such as the MSN, DNP, and PhD, were put all in one category and not separated (Shah et al., 2021).

Kleis (2020) investigated the causes of secondary traumatic stress and burnout for pediatric nurses. This qualitative study incorporates a cross-sectional survey with open-ended questions. The survey was sent through email and a total of 350 responses were collected. There were 72 nurses out of the 350 responses that answered the open-ended question about additional things they'd like to talk about. The study chose pediatric nurses that had certification from the Pediatric Nursing Certification Board through a random number generator (Kleis, 2020). The data was organized by demographics and secondary traumatic stress was measured through the Secondary Traumatic Stress Scale (Kleis, 2020). The data was analyzed by first

decontextualizing to capture the initial theme of the data. Then, two researchers looked for words in the survey that connected with the idea of secondary traumatic stress. The data was then read again in order to group responses in categories with the corresponding key word(s), such as “*cope, stress, and traumatic*” (Kleis, 2020). Six themes were identified towards the end of the data analysis.

Many of the responses were able to embody at least one theme that consists of the pressure from the environment, discouraging emotions, difficulty separating issues in work from personal life, effects from traumatic situations, significance of positivity, and higher demand for research related to burnout. An example of pressure in the environment is having not enough time to overcome a death of a patient (Kleis, 2020). Many responses also felt that leadership and staff within the unit aren’t supportive when dealing with stress from the workplace. “Ten percent of responses indicated some nurses’ inability to separate traumatic situations in the clinical setting” (Kleis, 2020, p. 9). Many participants visualize their children in the circumstances of those in the pediatric hospital, which makes it harder for these nurses to cope (Kleis, 2020). In the end, around eleven percent of participants were thankful that the study was done (Kleis, 2020). They felt that the stress of pediatric care isn’t commonly addressed.

One strength from this study is that it had a large sample size considering that this was done through a qualitative perspective. Open-ended questions also made it possible to get more in-depth answers from the respondents. Some limitations from the study are that only around 21% of the nurses that did the survey answered the open-response questions and surveys were done through email. Interviews could have been done to get more open-response answers. Another limitation was that only one nursing specialty was looked at, which was pediatrics. Since the survey was self-reported, some answers may not be truthful.

Aydin, Kulakaç, and Uzun (2021) wanted to find whether there was a correlation between burnout levels and how well nurses working during the coronavirus pandemic slept. This study was quantitative and also descriptive with a cross-sectional study. Three hundred eight-four nurses working during the COVID-19 pandemic in Turkey participated in the study, which was conducted from May 10 to May 20, 2020 (Aydin, Kulakaç, & Uzun, 2021). They were given a survey called the Pittsburgh Sleep Quality Index (PSQI) to help determine how sleep was affected during the pandemic. This was done in the structure of a Google Form sent to them using the WhatsApp mobile application. After a month, they received a questionnaire made up of fifteen questions from the researchers. The questionnaire was separated into two parts, which contained questions about their socio-demographics and their involvement during the COVID-19 pandemic. Lastly, the participants completed the Maslach Burnout Inventory in order to assess burnout levels among the nurses. Out of the whole study sample, 267 nurses finished all the questions. The data was then analyzed using the Statistical Package for Social Sciences 22.0 Software and the Pearson correlation analysis (Aydin, Kulakaç, & Uzun, 2021).

Some major findings that this study found were that male nurses experienced more burnout and feelings of personal achievement than female nurses, and female nurses felt lower levels of emotional exhaustion but felt less personal achievement (Aydin, Kulakaç, & Uzun, 2021). The study also found that single nurses also experience significantly high levels of emotional exhaustion. Those that cared for patients with COVID-19 experienced a greater degree of emotional exhaustion. Overall, this study found that nurses in Turkey endured moderate amounts of burnout related to their emotional exhaustion. The researchers also found that sleep and burnout were correlated. Based on the multiple linear regression analysis, high emotional exhaustion scores were affected by the nurses' age, amount of sleep they got, department they

worked in, educational level, and interaction with COVID-19 patients (Aydin, Kulakaç, & Uzun, 2021).

One strength that this study had was that it utilized three different surveys and questionnaires in order to gather accurate data. The sample size was also large, which gives the data more reliability. The data was also arranged by the nurses' demographics, which made it helpful when comparing two different populations to each other. One limitation from the study was that it only looked at nurses instead of all healthcare professionals. Since the questions were self-reported, responses may not have been answered honestly. It is important to analyze the validity of the data especially if it's self-reported. In conclusion, this category is essential because it provides greater understanding about nursing burnout. By looking at the causes, it will help create methods to prevent the problem from increasing.

Nursing Burnout Interventions

The second category looks at different approaches to preventing nursing burnout. The first article focuses on how to reduce burnout by changing the work environment. The second source focuses on increasing mindfulness as a way to reduce stress and burnout. The third article involved implementing a program aimed to build the resilience of oncology nurses. These articles were chosen because they all targeted burnout in three different ways.

Liu and Aunguroch (2018) studied different factors in the work environment that affect the quality of nursing, such as the ratio of patients and nurses, burnout, and feeling fulfilled throughout their career. This quantitative study utilizes a cross-sectional study design that is empirical. The cross-sectional survey was completed by 510 Chinese nurses from four different hospitals in China during 2015. These Chinese nurses were selected based on whether they held

a Chinese Registered Nurse license and worked at the hospital for at least three months (Liu & Augnsuroch, 2018). The data was then analyzed using the LISREL 8.72 software's Confirmatory Factor Analysis function (Liu & Augnsuroch, 2018).

Liu and Augnsuroch (2018) had five main findings from their study. The major finding was that the work environment left many nurses feeling satisfied with their career without a desire to leave. Researchers said that this may be due to “the good work environment that has adequate resources and supportive nurse managers, allows nurses to participate in hospital affairs, encourages good nursing service, and formulates good nurse-physician relationship” (Liu & Augnsuroch, 2018, p. 940). For interventions targeting the workplace, it would be important to focus on the role of the nurse manager. “The nurse managers should pay attention to a positive work environment to make sure nurses [are] satisfied with their job” (Liu & Augnsuroch, 2018, p. 940). This would ultimately help lower burnout levels and provide higher quality of care by nurses. The second major finding was that a lower ratio between patient to nurse created better quality of care. The third major finding was that nurses who experience job dissatisfaction felt more emotionally exhausted, which reduced the quality of nursing care. “The improvement of the nurses’ job result in reducing nurses’ burnout was a good strategy for increasing the quality of nursing services” (Liu & Augnsuroch, 2018, p. 942). The fourth major finding was that burnout directly affected the quality of nursing care. The reasoning behind this was that high burnout levels would lead to more emotional exhaustion, which lowers the patient’s quality of care. They also have more physical tasks, which is often accompanied by psychological and physical pressures (Liu & Augnsuroch, 2018). “When designing an intervention programme, increasing feelings of achievement and reduced feelings of emotional exhaustion or depersonalization should be considered to increase nurses’ service quality” (Liu & Augnsuroch,

2018, p. 942). The last major finding was that a desire to leave their job did not significantly influence the quality of nursing care. This may be due to regulations and policies implemented by the workplaces that aim to provide quality service to patients (Liu & Augnsuroch, 2018).

A strength from this study was that it looks at different relationships between various variables that cause burnout and affect the quality of care. The findings were also supported by high path coefficients, which made the data more accurate. Previous research from other researchers were also included in the study. A limitation to the study was that questionnaires were used, which could have overgeneralized or undergeneralized certain variables in the study. The cross-sectional study was also considered a limitation when interpreting the cause-and-effect relationship between variables. The researchers recommend a longitudinal design instead for future studies. Lastly, the participants for the study were only looking at nurses from tertiary hospitals, which are hospitals that include specialized care. Nurses from primary and secondary care settings were not studied. In the Chinese healthcare system, primary hospitals are the places that usually just involve physician consultations. Secondary hospitals are places where patients can see a specific specialist, such as an endocrinologist.

Hilcove, Thekdi, Brewer, and Jones (2020) wanted to determine how yoga could affect stress, burnout, and well-being for nurses and other health care providers. This mixed methods research was longitudinal and involved a total of eighty healthcare professionals from hospitals and private homes located in the southwestern United States. Those that had limited mobility, already practiced yoga for at least half a year, or took medications that included steroids and cortisone were excluded from this study. Before performing the study, the stress, burnout, sleep quality, mindfulness, cortisol, and blood pressure were assessed for each individual (Hilcove et al., 2020). In order to determine the effects of yoga, they split the sample population in half.

Forty-one of the healthcare providers received the yoga intervention, while the remaining thirty-nine participants served as the control group and were not given the intervention. The group that did yoga did so for around six weeks. Weekly logs and class attendance were taken each week to record how often the participants did yoga. Participants logged any personal reflections they had after yoga practice. After six weeks, both groups assessed the stress, burnout, sleep quality, mindfulness, cortisol, and blood pressure again (Hilcove et al., 2020). Some assessment tools included Maslach Burnout Inventory, Vitality Scale, Global Sleep Quality, Brief Serenity Scale, and Mindful Attention Awareness Scale (Hilcove et al., 2020).

One major finding was that yoga boosted the levels of well-being for nurses and other healthcare providers. The results of the study found that yoga as an intervention was effective for self-care (Hilcove et al., 2020). It helped lower levels of burnout and stress. Another thing that the researchers found was that diurnal cortisol and blood pressure were not significantly affected by the yoga intervention.

A strength that this study had was that it was done for a long period of time. The study was done for six months, which helps create more reliable data. The study was also done to participants from different places. For example, the yoga intervention was done on participants who either worked at a hospital or private home. Some limitations of this study were that the assessment tools used self-reported data, which only shows the participants' perspectives. Self-report may limit the reliability of the findings. Diurnal cortisol and blood pressure were also the assessment values that were objective. The study also did not focus on one specific health profession and instead incorporated various, such as doctors and nurses. This means that the study can't be overgeneralized to a specific health profession.

Blackburn, Thompsom, Frankenfield, Harding, and Lindsey (2020) created a program based on evidence-based practice, where their goal was to focus on relieving burnout and increase the resilience of healthcare providers for those working in the oncology specialty. This quantitative, longitudinal, and interventional study involved 164 oncology healthcare providers, where 160 of them were nurses (Blackburn et al., 2020). Before the intervention, participants were assessed using tools, such as the Compassion Fatigue Short Scale and the Connor-Davidson Resilience Scale (Blackburn et al., 2020). The study was completed by having the participants join an eight-hour retreat, where they would learn different self-care techniques. There were ten self-care strategies that the study focused on, which included topics like guided imagery, diaphragmatic breathing, music, mindfulness related to eating, sleep, yoga, art, aromatherapy, acupuncture, and self-massage. After the retreat, social media was used to complete a private group study. This study involved facilitators directing participants to practice three exercises learned each week and further reflecting on their experiences. The facilitators explained that the practice and reflection could take less than ten minutes each day. After the participants did an exercise, they'd share their experience with the group. Commenting on one another's posts was encouraged and helped create a supportive environment. The last part of the THRIVE program was called the wrap-up session. This was where participants spent two hours dramatic reading and journaling. The dramatic reading was accomplished by having the participant talk through a patient perspective and talk about how building resilience was created through a therapeutic relationship (Blackburn et al., 2020). Topics for the journaling session focused on the connection between the patient and the healthcare provider (Blackburn et al., 2020). Participants were then followed for half a year to evaluate if their resilience levels changed.

A major finding that the researchers got out of the study was that programs designed to increase resilience were beneficial for healthcare staff. This is because the strategies helped lower levels of burnout along with secondary trauma, which created better quality of care at the hospital. “All groups combined demonstrate a greater than 10-point rise in the resilience scores (from 72 to 85)” (Blackburn et al., 2020, p. 31). Burnout levels decreased by an average of 41 to 23 and secondary trauma scores decreased from 32 to 19 (Blackburn et al., 2020). All these scores followed a scale from zero to one hundred. Turnover rates were also lower than the national average at hospitals (Blackburn et al., 2020).

One strength from this study was that participants were actually doing the intervention. Having a long-term follow up session with the participants also helps monitor any changes in assessment scores and create more reliable data. One limitation that this study had was that it was done for a long period of time, which may cause attrition for the participants. Another limitation was that the participants were all part of one institution and specialty, which was oncology. Institutional culture might play a factor to the scores of the participants. Detailed demographics were not taken so assessment scores could not be linked by the participants' specific role. Lastly, participants were self-selected instead of being randomly selected.

To summarize the sources from my literature review, many major findings were found. Nurses were stepping away from their profession because of the high levels of burnout they were facing. Some of the main reasons were due to the stressful work environment and being short staffed. Nurses working in the pediatric department felt that there wasn't enough support when faced with a stressful situation. This makes it hard for them to stay positive at work and increases their stress levels. Different prevention techniques done to overcome burnout found many important discoveries. For the study conducted in Turkey, a correlation between burnout and

sleep was found. Low amounts of sleep contributed to high levels of emotional exhaustion. For the study conducted on nurses in China, they found that emphasizing the role of the nurse manager and lowering the nurse-to-patient ratio could help improve the work environment and prevent nursing burnout. Yoga was found to decrease feelings of burnout in nurses but did not affect cortisol and blood pressure levels. The THRIVE program helped lower turnover rates and burnout levels.

Overall, some strengths for the studies in the “Nursing Burnout Causes” category of my literature review were that open-ended questions were used when collecting data and prevention strategies were studied over a long period of time. A common limitation in the “Nursing Burnout Interventions” category of my literature review was that only specific specialties and institutions were looked at. Also, much of the data from all these sources were collected through online surveys, which means most of the data was self-reported.

Theoretical Framework

The Conservation of Resources theory by Dr. Hobfoll will be the framework for studying nursing burnout (Prapanjaroensin et al., 2017). This theory describes how stress relates to an individual’s social and physical environment. According to this theory, there are four types of resources. These include: 1) condition; 2) object; 3) personal characteristics; and 4) energy resources. Condition resources describe the social factors to well-being. Object resources describe the physical factors to well-being. Personal characteristics resources describe how an individual copes or gets support when feeling stressed. Energy resources describe the time and intelligence an individual puts towards a task. Maintaining an individual’s resources helps to

boost their health, thus lowering stress. Individuals will also try to get resources they desire. When these resources are threatened or lost, stress occurs.

Nursing burnout, in relation to the Conservation of Resources theory, was seen as physical fatigue from an overwhelming amount of work that needed to be accomplished. Due to the high workloads, it makes it difficult for nurses to find time to manage their resources. An example of condition resources related to burnout include creating healthy relationships with their co-workers and healthcare professionals in other departments (Prapanjaroensin et al., 2017). An example of an object resource is money. Nurses use their energy resources, such as time and expertise, in order to maintain and acquire their object and condition resources. If there is a constant threat to the nurse's resources, the stress develops into burnout. This lowers the quality of care and puts the patient's safety at risk.

Proposal for Further Study

While reviewing the literature, it was discovered that there was little data pertaining to some states, such as Wyoming. One question that arose included the following:

- How do different factors inside and outside the workplace contribute to nursing burnout in Wyoming hospitals?

The proposed mixed-methods study relates to my literature review because it creates data about a nurse's perception of causes of burnout in their workplace. One of the major categories that the literature review reveals is the different factors that cause burnout. One of the sources that was explored in this category gathered data about what was leading nurses to leave their profession (Shah, 2021). Shah's research team (2021) gathered data through an online survey.

This study will be targeted towards nurses in Wyoming to determine the sources of increasing burnout. The purpose of this primary research will be:

- To measure burnout levels of nurses working in Wyoming
- To determine reasons why nurses may be stressed and burnt out in Wyoming

The research design for this mixed-method study will also be a cross-sectional study. A survey will be used to collect quantitative data. For the qualitative portion, interviews will be the method utilized to collect data. The population will include nurses who work in Wyoming hospitals. The nurses who would be eligible to participate include those who have worked for at least six months as a registered nurse.

Study Design

This descriptive, cross-sectional, mixed-method study will look at how the workplace and stress affect burnout levels. The study will consist of two parts: a quantitative survey and qualitative interviews.

Ethical Considerations

Prior to starting the study, the Internal Review Board for Protection of Human Participants, which is part of Dominican University of California, will need to review the research for ethical considerations and provide approval to proceed.

For the quantitative online survey, the first screen will describe the purpose of the study, eligibility requirements, and inform potential participants that submission of their answers will constitute their consent to participate in the research. No identifying information will be collected (unless a participant chooses to inquire about participation in the interview portion of the study, and provides an email address). Participants will be informed that they can skip any question or stop answering questions and decide not to submit at any time.

Among the ethical considerations for this study will be the need to obtain consent from nurses in Wyoming who are willing to participate in the interview portion and agree to being audio recorded. For the last question in the online survey, the researchers will explain that they are looking to interview 10 registered nurses who have experienced burnout, and the research team's contact information will be provided. The participants of the online survey will be asked to contact the researchers if they are interested in participating in an interview. If the answer is affirmative, an email address will be requested. The researchers will contact nurses who express interest in being interviewed and provide more them with more information about the process. Signed consent, which can be submitted electronically, will need to be obtained from nurses who decide to continue their participation.

For the consent process for both the survey and the interview portions to the study, the researchers will explain that nothing will be held against the participants, if they do not wish to be involved in the study. Participants also will be advised that their personal information will remain strictly confidential. The data provided will remain protected and confidential throughout the study. All raw data will be destroyed one year after completion of the research project. The right of privacy will be emphasized for the participants before they give their consent. If the individual decides to drop out of the study, they will be able to do so without facing any negative consequences.

Sample and Recruitment

To recruit for this study, I will contact the Wyoming Nurses Association to obtain permission to post an announcement of this study on their community online bulletin board. The announcement will include a brief description of the study and a social media website address (such as Facebook) where the survey can be accessed. In addition, my email address for those

who are interested in finding out more. Recruitment also could also be accomplished through word of mouth by potential participants, also called snowball sampling.

Methodology

The quantitative portion of the study will aim to have a sample size of at least 100 participants. The quantitative portion will consist of an online survey, including demographic information, such as gender identity, age, ethnicity, race, number of years in nursing practice, unit most frequently worked, education level, followed by the Maslach Inventory Scale (Aydin, Kulakaç, & Uzun, 2021). The Maslach Inventory Scale measures depersonalization, emotional exhaustion, and personal accomplishment to determine an individual's burnout level (Aydin, Kulakaç, & Uzun, 2021). A high number for the first two categories and low number for the last category would indicate high burnout levels. A final question will ask if the participant would like to participate an interview. The last question will be: Are you interested in participating in a one-to-one confidential interview on Zoom at a time that is convenient for you with the researcher to explore this topic further? If yes, please include your email address and you will be contacted next month.

The qualitative portion of the study will have a proposed sample size of 10 participants. An interview with open-ended questions will be conducted among those 10 participants who are willing to participate further. This will be done individually on Zoom with each participant. The participant will be asked to find a quiet, private space for the online interview to be conducted. The interviews will be audio recorded (the participant's video may be turned off). Questions will involve the following:

1. Have you ever considered stepping away from your profession? If so, why?
2. If you were to leave your career, what do you think would be the main reason(s)?

3. What factors do you think cause stress in a work environment?
4. How do you think the COVID-19 pandemic has affected burnout rates?
5. What would you define burnout as?

All recorded interviews will be transcribed. Those who participate in the interview would receive a twenty-dollar gift card as to acknowledge the nurse's participation.

Analysis

Descriptive statistics, including percentages, mean, mode, and range, will be calculated for the quantitative data.

After qualitative data collection, all interview recordings will be transcribed and a content analysis will be done. The content analysis will involve reading and listening to the data collected. This would then be decontextualized, where responses would be broken up into different parts. Then, the transcript would be read through again in order to find words that could be used to categorize the data. Recontextualization would then occur, where phrases from the data would be matched to their corresponding categories. Once the data is organized into categories, the interview will continue to be explored thoroughly and themes will be allowed to emerge. This process should be done by at least two different people so that results can be compared at the end.

Conclusion

In conclusion, my original questions were answered. I discovered many specific reasons why nursing burnout occurs, such as lack of sleep, stressful specialties, and emotional exhaustion. Different ways to prevent it include yoga, sleep, aromatherapy, and guided imagery. The most important evidence for nursing practice that I uncovered was that self-care techniques

and yoga were all beneficial ways to decrease burnout and stress in the work environment. Studies found that they increased resilience and mindfulness for nurses.

We can apply what we learned so far to clinical practice by incorporating programs in the hospital that can help increase resilience and mindfulness. This may include exercises that involve minimal effort like diaphragmatic breathing and self-massage. After learning about the different causes of burnout, the research literature showed that the work environment played a role in the burnout experienced by nurses. As individuals, we can reduce burnout by supporting coworkers to create a place that empowers one another. This could also be done through mobile connections like social media. Addressing the root causes of burnout, stemming from the work environment, will also be important factor to address going forward into the future.

My proposal for future research will help advance the profession of nursing by contributing to finding the reasons for nursing burnout. This would help us create appropriate interventions to help prevent it from occurring. Interviews will be proposed to help provide insight into some of the most pressing reasons in regard to why burnout occurs and if participants would be interested in prevention methods. If there is a high demand for an intervention, an evidence-based research study could be done to teach self-care to the participants. The research literature that I've presented and my research proposal can help enlighten readers about nursing burnout. Prevention strategies incorporated inside and outside the hospital can help reduce levels of burnout. This would ultimately help promote the health of the nurse and the patient because high burnout rates may lower the quality of patient care (Profit et al, 2021).

The next steps would be for health care providers and hospital institutions to acknowledge the possible consequences of burnout to patient care. There are a variety of ways

that can reduce burnout through self-care. Education to nurses about such techniques and burnout in general should be taught, especially to nurse managers. Self-care approaches, such as the THRIVE program, should be studied in other specialties over a long period of time to determine the overall efficacy towards nursing burnout. It could be done by having a training course implemented into hospitals. Since the majority of participants who were studied were Caucasian female nurses, additional studies focusing on males along with other ethnic populations are warranted.

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Appendix A
(arranged in alphabetical order)

Authors/Citation	Purpose/Objective of Study	Sample - Population of interest, sample size	Study Design	Study Methods	Major Finding(s)	Strengths	Limitations
<p>Aydin Sayilan, A., Kulakaç, N., & Uzun, S. (2021). Burnout levels and sleep quality of COVID-19 heroes. <i>Perspectives in Psychiatric Care</i>, 57(3), 1231–1236. https://doi.org/10.1111/ppc.12678</p>	<p>To assess burnout levels and how well nurses slept that worked during the COVID-19 pandemic</p>	<p>Sample size: 384 --- population of interest: nurses fighting against COVID-19 in Turkey hospitals between March 10 and 20, 2020</p>	<p>Quantitative, descriptive and cross-sectional study</p>	<p>Scoring questionnaire (Pittsburg Sleep Quality Index) and othersquestionnaire s to examine what causes burnout related to sleep quality of nurses.</p> <p>The data was analyzed using the Statistical Package for Social Sciences software.</p>	<p>Burnout and personal achievement scores were higher in males than females.</p> <p>Nurses that were single experienced higher emotional exhaustion/depersonalization scores than married nurses.</p> <p>Most nurses felt emotional exhaustion and increased burnout levels increased chances of developing insomnia.</p>	<p>The sample size was large.</p> <p>Descriptive nurse characteristics were used to help organize the data.</p>	<p>The study only studied nurses instead of all healthcare professionals.</p> <p>Answers on questionnaires were self-reported data.</p>

Authors/Citation	Purpose/Objective of Study	Sample - Population of interest, sample size	Study Design	Study Methods	Major Finding(s)	Strengths	Limitations
<p>Blackburn, L. M., Thompson, K., Frankenfield, R., Harding, A., & Lindsey, A. (2020). The THRIVE© Program: Building Oncology Nurse Resilience Through Self-Care Strategies. <i>Oncology Nursing Forum</i>, 47(1), E25–E34. https://doi.org/10.1188/20.ONF.E25-E34</p>	<p>To create a program based on evidence-based practice that helps address burnout along with secondary trauma</p> <p>To promote resilience through the program</p> <p>To target: oncology helathcare providers</p>	<p>164 oncology staff 160/164 were nurses</p>	<p>Quantitative, longitudinal, interventional</p>	<p>Oncology nurses take part in THRIVE program, 6-week private groups study on social media, and a 2-hour wrap-up period</p> <p>THRIVE program is an 8-hour retreat that provides self-care strategy education.</p> <p>Participants were followed -half of a year period after the intervention</p>	<p>Before the intervention, nurse managers reported the greatest degree of burnout.</p> <p>The greatest improvement based on the average scores form each category was an increase in resilience and decreased burnout. It was sustained for half a year after the THRIVE intervention.</p>	<p>Participants played an active role in participating/supporting the intervention.</p> <p>Long-term follow up to see if new skills learned from intervention still have an effect on participants.</p>	<p>The study practices the intervention for a long time, which is around six weeks, creating a burden for participants and increasing risk of attrition.</p> <p>The study also focused on nurses in one institution, which could cause limited reactions due to institutional culture.</p> <p>Detailed demographics were not taken form the participants so this limits the ability to analyze the scores based on how long the nurse has been in the role.</p> <p>Those that participated in the study were self-selected rather than being randomized.</p>

<p>Hilcove K, Marceau C, Thekdi P, Larkey L, Brewer MA, & Jones K. (2020). Holistic Nursing in Practice: mindfulness-Based Yoga as an Intervention to Manage Stress and Burnout. <i>Journal of Holistic Nursing</i>, 898010120921587. https://doi.org/10.1177/0898010120921587</p>	<p>To determine the impact that yoga that incorporates mindfulness can have on the health of nurses and other health care professionals</p>	<p>80 healthcare professionals</p> <p>41/80 were given the MB yoga intervention</p> <p>39/80 were not given the MB yoga intervention</p>	<p>Mixed Methods Research, longitudinal</p>	<p>For the group that got the yoga intervention, they had to participate in yoga class weekly while also practicing it by themselves. The rest of the sample size did not get the yoga intervention.</p> <p>The sample size was also given the following questionnaires before and after intervention: Perceived Stress Scale Maslach Burnout Inventory Vitality subscale of the Medical Outcomes Study Short Form-36 Global Sleep Quality item Mindfulness Awareness Survey subscale of the Brief Serenity Scale Diurnal cortisol and blood pressure were also looked at before and after the intervention as implemented.</p>	<p>Stress, burnout, vitality, sleep, serenity/innerhaven, and mindfulness significantly improved after the yoga intervention ($p < 0.01$)</p> <p>Diurnal cortisol and blood pressure were did not significantly improve</p>	<p>The study was performed for a long period of time to get more accurate results and provides more data points.</p> <p>The study was done on participants in various settings, such as in the hospital and private homes.</p>	<p>Data was self-reported by participants which may only show individual perspectives.</p> <p>Diurnal cortisol and BP were the only objective assessments done but did not reflect significant changes.</p> <p>The study was done on a specific population of HCPs so it can't be overgeneralized.</p>
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Authors/Citation	Purpose/Objective of Study	Sample - Population of interest, sample size	Study Design	Study Methods	Major Finding(s)	Strengths	Limitations
<p>Kleis, A. E. (2020). Recalling Stress and Trauma in the Workplace: A Qualitative Study of Pediatric Nurses. <i>Pediatric Nursing</i>, 46(1), 5–10.</p>	<p>To investigate the causes of stress and burnout in pediatric nurses</p>	<p>Sample size: 350 72/350 nurses responded to the open-ended questions in the survey population of interest: Pediatric nurses that were certified by the Pediatric Nursing Certification Board (PNCB)</p>	<p>Qualitative Study, Survey with open-ended questions; cross-sectional</p>	<p>An email was sent out to pediatric nurses that included “open-ended” responses from a cross-sectional survey. The responses were then analyzed. The surveys are used to study traumatic and stressful experiences that pediatric nurses had. Content analysis was done to find the results of the study.</p>	<p>The study found six popular responses related to stress in pediatric nurses. The most popular include the following: pressure to work despite emotion feeling unsupported inability to separate traumatic experiences from personal life consumption by traumatic experiences using positivity to cope the need for further research</p>	<p>The survey participants had a large sample size for qualitative research. Open-ended questions provided an opportunity for more in-depth answers.</p>	<p>Not enough research was done on the participants who had secondary traumatic stress. Interviews could have been done instead of just using the survey to collect data. The survey only looked at pediatric nurses instead of nurses in general. Survey was a self-report. Only 21% of people who received the survey responded, so sample was a self-selected convenience.</p>

Authors/Citation	Purpose/Objective of Study	Sample - Population of interest, sample size	Study Design	Study Methods	Major Finding(s)	Strengths	Limitations
<p>Liu, Y., & Aunguroch, Y. (2018). Factors influencing nurse-assessed quality nursing care: A cross-sectional study in hospitals. <i>Journal of Advanced Nursing, 74</i>(4), 935–945.</p>	<p>To determine and evaluate how the work environment, job satisfaction, and patient-to-nurse ratio relate to nursing burnout and quality of care</p>	<p>510 Chinese nurses from 4 different hospitals in China from 2015</p>	<p>Empirical Research - Quantitative that utilizes a cross-sectional study design</p>	<p>Cross-sectional survey was given to 510 Chinese nurses in hospitals to fill out in the form of questionnaires. This data and its reliability was then assessed.</p>	<p>Work environment played a major effect on how well nursing care was given. Work environment and the ratio of patients to nurses were also major factors to nursing burnout</p>	<p>Looks at the structural relationships of different variables affecting nursing burnout and quality of care. Validated instruments were used to help present accurate data.</p>	<p>Questionnaire used may over/under generalize the study variables. The cross-sectional study is limited, not showing the cause and effect relationship between different variable. The participants for the study were a hospitals of one type, which may reflect different data compared to other types of hospitals.</p>
<p>Shah, M. K., Gandrakota, N., Cimiotti, J. P., Ghose, N., Moore, M., & Ali, M. K. (2021). Prevalence of and Factors Associated With Nurse Burnout in the US. <i>JAMA network open, 4</i>(2), e2036469. https://doi.org/10.1001/jamanetworkopen.2020.36469</p>	<p>To assess levels of burnout along with the causes</p>	<p>Sample size: 50,273 population of interest: US nurses that filled out the National Sample Survey of Registered Nurses</p>	<p>Qualitative cross-sectional survey</p>	<p>Created demographic features from the questions answered through the National Sample Survey of Registered Nurses Grouped responses based on how dominant they were as a nursing task categorized employment setting and assessed reason for burnout</p>	<p>31.5% of nurses reported leaving because of burnout Working more than 20 hours per week was also a factor to burnout 68.6% and 59.5% of nurses experiencing burnout reported that it was due to a stressful work environment around 63% believed that it was inadequate staffing that caused burnout</p>	<p>The data presents the most recent knowledge of nursing burnout of the time. The data collected included many of the states.</p>	<p>The cross-sectional data limits causal inference. Four states in the study had a low number of participants to get data from. The study should have better accounted for the race/ethnicity of the nurse. The survey did not separate data by nursing degree type.</p>