

HEALTHY SETTINGS IN HOSPITAL – HOW TO PREVENT BURNOUT SYNDROME IN NURSES: LITERATURE REVIEW

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SUMMARY – Healthy settings involve a holistic and multidisciplinary method that integrates actions towards risk factors. In hospital settings, a high level of stress can lead to depression, anxiety, decreased job satisfaction and lower loyalty to the organization. Burnout syndrome can be defined as physical, psychological and emotional exhaustion, depersonalization, and low sense of personal accomplishment. The aim of this literature review was to make systematic literature analysis to provide scientific evidence for the consequences of constant exposure to high levels of stress and for the methods to be used to prevent burnout syndrome among health care workers. The Medline database was searched to identify relevant studies and articles published during the last 15 years. The key words used in this survey were burnout syndrome, prevention, nurses, and healthy settings. The 6 eligible studies were included in literature review. Evidence showed nurses to be exposed to stress and to have symptoms of burnout syndrome. As a result of burnout syndrome, chronic fatigue and reduced working capacity occur, thus raising the risk of adverse events. In conclusion, the occurrence of burnout syndrome is a major problem for hospitals and healthcare system. Action plan for hospital burnout syndrome prevention would greatly reduce the incidence and improve the quality of health care.

Key words: *Burnout, professional – prevention and control; Nurses; Risk factors; Stress, psychological; Fatigue syndrome, chronic*

Introduction

A healthy setting represents an approach to health of workers and patients, which is holistic and multidisciplinary, and it integrates actions towards all the risk factors. An international network of hospitals promoting health has been established with the goal of orientating health institutions towards integration of health promotion and education, disease prevention, and rehabilitation services¹.

The number of chronic patients is constantly increasing and demanding continuous support, along with hospital staff constant exposure to physical and emotional pressure, pointing to the need of activities directed to systemic approach. Hospitals can have heavy impact on the behavior of patients and their families, which should be more applicable to medical directions and advice, especially in the moment of facing sickness². The prevalence of chronic diseases is becoming a big problem in Europe and the rest of the world with poor treatment response, and therapy education is becoming ever more significant³. Some of hospital treatments are directed towards the quality of life promotion and not exclusively to treatment. Burn-

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out syndrome in nurses represents a troublesome problem, affecting the patients, the staff and the health system in general in a very negative way. Healthcare represents a very challenging and high-risk work environment⁴. First burnout symptoms appears when a healthcare worker does not know how to or cannot deal with high stress levels⁵. As a consequence of burnout syndrome, nurses in some cases can develop addictions such as alcohol or drugs⁶. Nurse burnout syndrome often causes financial repercussions for the medical institution. The most common reasons of financial repercussions are absence from work, diminished work capability, higher risk of errors, or a combination of these factors. Emotional exhaustion and depletion of all emotional resources leads to depersonalization, creating a cynical and negative view of oneself and the work environment, and diminishes the sense of contentment⁷. The leading causes in the development of burnout syndrome are imbalance between work requirements and preparation and fitness for a work place, lack of control, insufficient performance recognition, and prolonged stress^{8,9}.

The aim of this study was to summarize relevant literature and to describe evidence for the incidence of burnout syndrome in nursing population. Specific aims were to summarize the main sources for the incidence of burnout syndrome and effectiveness of prevention interventions.

Materials and Methods

The Medline database was searched to identify relevant studies and articles published during a 15-year period (2000-2015). The key words used were burnout syndrome, prevention, nurses, and healthy settings. The language restriction was that articles were published in English. Studies and review articles describing burnout syndrome in nursing population and prevention interventions were summarized. Literature selection was made as illustrated in Table 1.

Results

Search results are shown in Figure 1. Systematic review included 6 articles on cross-sectional studies.

This literature review was focused on cross-sectional study designs. An overview of the cross-sectional studies analyzed is shown in Table 2.

Table 1. Inclusion and exclusion criteria

	Inclusion criteria	Exclusion criteria
Article category	<ul style="list-style-type: none"> • Systematic review • Review article • Original research 	<ul style="list-style-type: none"> • Letters • Editorials
Key words	<ul style="list-style-type: none"> • Burnout syndrome • Prevention • Nurses • Healthy settings 	
Date of publishing	<ul style="list-style-type: none"> • 2000-2015 	<ul style="list-style-type: none"> • Before 2000
Language	<ul style="list-style-type: none"> • English 	<ul style="list-style-type: none"> • All other

Discussion

This review covered reasons for the incidence of burnout and based on these results we are able to offer possible solutions for health care institutions. Burnout syndrome is a significant problem in the healthcare system, especially in nurses because they represent the largest pool of healthcare workers. The impact of burnout symptoms on the work capacity and reduction of healthcare quality is important. Therefore, there is the need for designing action plans for burnout prevention and creating a healthy environment in hospitals. Nurses are frequently exposed to highly stressful and emotional situations at work, such as severe disease or death of patient.

Nursing educational programs do not provide enough knowledge about burnout, the factors known to be related to burnout, and the coping strategies. For this reason, it is very important for healthcare institutions to ensure appropriate programs for prevention and treatment of burnout. Literature review and analysis of 6 studies provided a large number of important and relevant scientific evidence. We identified 6 studies including 3248 nurses, conducted across the world and covering all continents. All the 6 studies included in literature review had a cross-sectional design. Review results pointed to the significance of the problem and the need for systematic measures for prevention. However, analysis of studies showed that the most common factors related to burnout were exclusion from decision-making process, need for greater autonomy, security risks, and staff issues. Our review findings suggest that, although the components of job

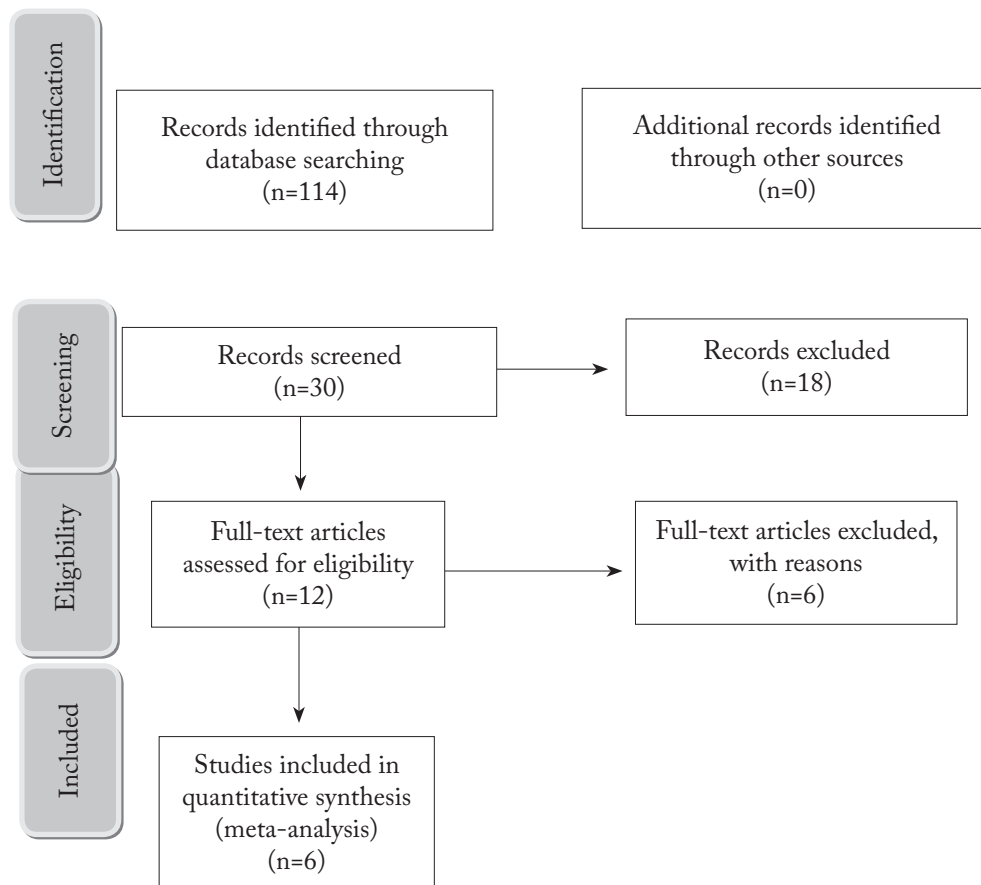


Fig. 1. Flow diagram.

satisfaction appear similar despite the use of different job satisfaction scales, a variety of measurements make direct comparison difficult, particularly in terms of their significance. The most common mistake is the belief that salary has the greatest impact on employee satisfaction. The findings reported by Van Boagaert *et al.*¹⁰ showed the importance of nurses inclusion in decision-making processes. This study really highlights nursing management as an important aspect of increasing job satisfaction and prevention of burnout, and the authors demonstrated strong relationship between nursing management and quality of care and job outcome¹⁰. On the other hand, Kamisha *et al.*¹¹ revealed the staff issue to be important in determining burnout, as well as job satisfaction. This study findings also defined other stressors associated with burnout such as resource inadequacy and security risks, but did not find decision-making process to be crucial for decreased job satisfaction¹¹. Ozden *et al.*¹² identified futility of care as a factor affecting job satisfaction and

burnout experienced by nurses working in intensive care units. This paper gives a new perspective related to the futility dimension in nursing care and raising awareness among health professionals¹². The study by Panunto *et al.* showed that nurses with greater autonomy experienced lower levels of emotional exhaustion, which was reflected in lower intention to leave their job, greater job satisfaction, and the perception of improved quality of care¹³. Results from this study correlate with the findings reported by Van Boagaert *et al.*¹⁰ and identify nurses autonomy as a very important issue. The study by Light Irin and Bincy suggests that the stress management interventions are effective in reducing job stress among critical care nurses¹⁴. The study by Devinder *et al.* explored other perspectives of nursing care and the results showed that nurses with high emotional intelligence understood their own feelings and the feelings of the others, knew how to manage themselves and deal successfully with the others, and responded effectively to work demands¹⁵. As a

Table 2. *Studies surveyed in analysis*

Authors, year	Aim	Type of study	Population	Country	Results
Van Bogaert, Kowalski, Weeks, Van heuseden, Clarke ¹⁰ (2013)	To explore the mechanisms through which nurse practice environment dimensions are associated with job outcomes and nurses-assessed quality of care.	Cross-sectional study	N=1201	Belgium	The findings of this study suggest that it is important for clinicians and leaders to consider how nurses are involved in decision-making about care process and tracking outcomes of care and whether nurses are able to work with superiors, peers and subordinates in a trusting environment based on shared values.
Kamisha, Oldenburg, Pletze, Ilic ¹¹ (2015)	This study aimed at identifying relationships among work related stress, burnout, job satisfaction and general health among nurses.	Cross-sectional	N=1200	South Africa	Researchers determined stressors contributing to work related stress. Staff issues were found to be most frequently associated with burnout, as well as job satisfaction.
Ozden, Karagozoglu, Yildirm ¹² (2013)	The study aimed to investigate the levels of job satisfaction and exhaustion suffered by intensive care nurses and the relationship among them through the futility dimension of the issue.	Cross-sectional	N=138	Turkey	This study revealed that futility was one of the factors affecting job satisfaction and burnout experienced by nurses working in intensive care units, and thus, it is expected that it would contribute to the literature since it could raise awareness among health professionals.
Panunto, Guiradello ¹³ (2013)	The study aimed to evaluate the characteristics of the professional nursing practice environment and its relationship with burnout, perception of quality of care, job satisfaction and the intention to leave the job in the next 12 months.	Cross-sectional	N=129	Brazil	Results have shown that nurses with greater autonomy experience lower levels of emotional exhaustion, which reflects lower intention to leave their job, greater job satisfaction, and the perception of improved quality of care.

secondary problem, burnout can lead to depression. Depression represents a global public health problem; it is an illness like all others, but is often unrecognized and untreated¹⁶. Moreover, as a consequence of burnout syndrome, some nurses may develop addictions to alcohol or drugs⁶.

Creating healthy settings can reduce the incidence of symptoms and improve the quality of the nursing care provided. Action plans for burnout syndrome prevention can be individualized, with two or more people involved, but plans should always aim to create a positive work environment where the possibility to develop

Table 2. *Continued*

Light Irin, Bincy ¹⁴ (2012)	Identify the sources and levels of stress for nurses in the work environment of critical care units, to determine the effect of stress management interventions on the level of stress of nurses working in critical care units, and to find out the association between demographic variables and the effect of stress management interventions on nurses working in critical care units.	Cross-sectional	N=30	India	Study findings suggest that the stress management interventions are effective in reducing job stress among critical care nurses.
Devinder, Bambahivan, Kumar ¹⁵ (2013)	The study aimed to propose a model of prediction of caring behavior among nurses that includes spiritual intelligence, emotional intelligence, psychological ownership and burnout.	Cross-sectional	N=550	Malaysia	The key findings are: (1) spiritual intelligence influences emotional intelligence and psychological ownership; (2) emotional intelligence influences psychological ownership, burnout and caring behavior of nurses; (3) psychological ownership influences burnout and caring behavior of nurses; (4) burnout influences caring behavior of nurses; (5) psychological ownership mediates the relationship between spiritual intelligence and caring behavior and between emotional intelligence and caring behavior of nurses; and (6) burnout mediates the relationship between spiritual intelligence and caring behavior and between psychological ownership and caring behavior of nurses.

the syndrome is reduced. Staffing levels also have great impact on job satisfaction in nursing profession¹⁷.

Nurses reported positive attitudes towards the expansion of nurses' authority and moderate attitudes to interpretation of diagnostic tests in selected situations¹⁸. Regardless of changes in the education of nurs-

es, in most cases the autonomy of nursing and the physician-nurse relationship remain the biggest source of frustration and job dissatisfaction. Moral distress occurs when the nurse has trouble in acting according to his/her own morality due to an external barrier¹⁹. Unlike the types of conflict, in moral distress, the nurse

is aware of the values and ethical principles involved in a situation, and is able to identify the action best suited to the care of the patient but cannot carry it out because someone or something prevents her/him doing so. The nurse, then, is unable to translate the moral decision or option into moral action²⁰⁻²². Health promotion is increasingly cast as requiring the identification of best practices through careful and rigorous empirical evaluative research and applying these as faithfully as possible in practice, deviating as little as possible from what works according to the evidence^{21,23-26}. The frequency of end of life decisions in nursing has increased in recent years as modern technology enables lives to be prolonged in the face of severe illness. This is not without effect on the staff involved in making and implementing such decisions and nurses have to continually adapt to the system changes and circumstances^{22,27-30}.

Conclusion

Considering that nurses play a key role in managing futile care, being aware of their experiences in this regard could be the initial operational step to compile useful caregiving and educational programs in intensive care units. Nursing managers should adopt supportive approaches and different strategies to reduce the incidence of burnout syndrome in nurses. Healthcare institutions should ensure preventive programs for nurses, as well as for other healthcare workers.

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Sažetak

ZDRAVA OKOLINA U BOLNICAMA: KAKO SPRIJEČITI SINDROM SAGORIJEVANJA KOD MEDICINSKIH SESTARA – PREGLED LITERATURE

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Zdrava okolina predstavlja pristup promicanja zdravlja koji uključuje holistički i multidisciplinarni pristup integrirajući akcije prema svim čimbenicima rizika. U bolničkoj okolini visoka razina stresa može dovesti do depresije, anksioznosti, smanjenog zadovoljstva poslom, ali i smanjene privrženosti radnoj organizaciji. Sindrom sagorijevanja može se definirati kao tjelesna i duševna iscrpljenost, osjećaj depersonalizacije i smanjeni osjećaj osobnog zadovoljstva. Ovaj pregledni članak daje sustavni pregled literature o posljedicama stalne izloženosti visokim razinama stresa kao i metodama kojima se može spriječiti sindrom sagorijevanja kod zdravstvenih radnika. Pretražena je baza podataka Medline kako bi se pronašle relevantne studije i članci objavljeni u posljednjih 15 godina. Ključne riječi u pretraživanju bile su sindrom sagorijevanja, prevencija, medicinske sestre i zdrava okolina. Pretragom je pronađeno 6 znanstvenih istraživanja koja su uključena u analizu. Dostupna literatura je pokazala kako medicinske sestre posljedično izloženosti stresu imaju simptome sindroma sagorijevanja. Kao posljedica sindroma sagorijevanja javlja se kronični umor, smanjena radna sposobnost te visok rizik za neželjene događaje. Zaključuje se kako pojava simptoma sindroma sagorijevanja predstavlja velik problem za bolnice i zdravstveni sustav. Izrada akcijskog plana prevencije sindroma sagorijevanja u bolnicama uvelike bi smanjila pojavnost te unaprijedila kvalitetu pružene zdravstvene skrbi.

Ključne riječi: *Sindrom sagorijevanja – prevencija i kontrola; Medicinske sestre; Čimbenici rizika; Stres, psihološki; Sindrom kroničnog umora*