

Role Strain and Burnout among Nurses: A Public Health Concern

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Abstract

Among nurses, the incidences of occupational stress-related burnout is high and factors such as long shifts, difficult or demanding patients, coping with sickness and death, busy, high-stress environments, putting others first, inadequate clinical supervision and others; have been identified as encouraging burnouts. Yet, the fact that this affects not just the nurses; but also the patients who receive care, make it a necessity to engage our prompt attention.

Keywords: Burnouts; Long Shift; Disengagement; Exhaustion; Stress

Introduction

As a working parent, nobody has to tell you what stress is like. You have juggled school with raising your family and work and managed to make it through just fine. But what if all that stress evolves into something huge? A phenomenon in the healthcare community - nursing burnout - has become just that.

In the 11th Revision of the international Classification of Diseases (#ICD11), burn-out was included and defined as an occupational phenomenon, and not a medical condition. It is “a syndrome conceptualized as resulting from chronic workplace stress that has not been successfully managed. It is characterized by feelings of energy exhaustion, increased mental distance from one’s job, or feelings of cynism related to one’s job and reduced professional efficacy [1]. Interestingly, this understanding gives validation to the workplace experience of many, especially nurses, who tend to be misunderstood as being laziness when they narrate their experience. Importantly, this validation enables those with the syndrome to seek help, while opening the aperture for a greater critical discussion on the matter as it will encourage strong social relationships, collegial working environment, less workloads, a healthy sense of work agency and balance between work and life.

Everyone do get stressed some of the times, yet over a prolong time, it can become burnout; that emotional exhaustion and following disengagement. Countless nurses and nursing students can and do experience this feeling of strain and burnout as a result of the rigor and intensity of their work or program [2]. Truth is, while nursing burnout may be a reality for some, it does not have to define the nursing carer.

Therefore, we shall be preoccupied with the impact of burnout on nurses, patients; how burnout could be caused, and how the causative factors could be reduced.

Nurses and burnouts

According to a 2017 survey of 257 employed registered nurses in the US by Kronos Inc, 85 percent of the nurses submitted that their work leaves them fatigued, and 45 percent expressed the fear that this could have unhealthy effects on the care they give to patients [3].

Burnout is understood as physical, mental and emotional exhaustion. While stress is categorized as over-engagement, burnout is categorized as disengagement. It could lead to dulled emotion and detachment; undermining motivation, and often leading to a sense of hopelessness [4].

While no healthcare professional is immune to burnouts, there is evidence that suggests that nurses are particularly the most affected. This is not surprisingly so, when one considers that these are the ones that had to contend with heavy workloads, staff shortages, advocating for patients’ needs, comforting patients, long shifts, backaches due to long standing hours, and yet still have to remain healthy for others. When these become overwhelming, the typical nurse is usually ‘burnout! [2].

As it were, nurses’ burnouts have far -reaching consequences; they cascade onto the patients they care for. The stress from long shifts, coping with grief and death, stubborn and demanding patients and infrequent breaks, slow down reaction times, reduces motivation, and increases the likelihood of costly errors - these affect patient care, either by increasing the possibility of infection or reducing the attention of care need [5].

Of course, when burnouts affect the nurses’ disposition of care to the patients; ethical and legal issues are raised. As it puts a question mark on the sworn facility to patient’s care as the bedrock of the noble profession.

And so, there is need to prevent, or reduce burnouts among nurses. This could be by way of seeking support, taking inventory of stressors, saying ‘no’ to new commitments, delegating where possible, setting boundaries, unplugging frequently and daily, engaging in healthy

activities and practicing gratitude [6].

Nurses' burnout: two major causes and ways out

Surely, there is no one factor responsible for burnouts in nurses. Most burnouts arise as a result of the combination of causes. Yet, the reality of burnouts is that they can occur anytime - whether one is burning the candle at both ends as a student or working one's way up the ranks as an RN- but it does not have to be this way. We can identify two major causes of burnouts among nurses, and how they can be managed.

Long shifts

It is not uncommon to hear many nurses cite long hours of shifts as a main source of fatigue. This is especially so as it encourages sleep deprivation and slower reaction time [7]. The strain of long shifts have manifested in errors with great consequences, and susceptibility to workplace injuries such as strains and needle sticks. Long shifts amidst causing burnouts increases the risk of musculoskeletal disorders, gastrointestinal problems, gastric ulcers, obesity, diabetes mellitus, metabolic syndrome, cardiovascular diseases and cancer [8].

To reduce burnout arising from long shifts, policies regulating work hours for nurses, similar to those set for resident physicians, may be warranted. There is need to encourage workplace cultures that respect nurses' free days and vacation time. Also, nurses' prompt departure at the end of a shift, and allowing nurses to refuse to work overtime without retribution; need to be encouraged.

Managing sickness and death

Nurses are humans. The daily exposure to incidences of sickness and dying patients do cause emotional baggage and grief for nurses, and often go to affect their personal lives. This is especially so when the likelihood of getting attached to patients is all too easy. As such, nurses experience of death in their everyday work, exposes them to the emotional and physical repercussions of grief ends in occupational stress, and ultimately burn outs [9].

To cope with burnouts from grief from sickness and death of patients, there should be allowed time for grieving, ensure outlets for sharing emotional expressions, recognize feelings of grief and loss, find activities that bring comfort and refreshment and seek professional help when needed [3, 6].

Nursing burnouts as a public health concern

Outlining 7 stages of burnout as expending of excessive energy, reduced dedication, emotional reactions, deterioration of cognitive and creative functions, flattening of emotional life and spiritual life, psychosomatic reactions, and despair; the German psychologist, Matthias Burisch highlighted more clearly how overwhelming the syndrome of burnout could be for nurse, a healthcare professional who attends to people who need care [10].

The fact that the syndrome identified as burnout has negative consequences that affects the quality of life and work of the nurses makes it a problem. This is in the sense that it leads to emotional exhaustion, depersonalization, and a diminished sense of personal accomplishment and usefulness, and when we consider that these factors are imperative in any act of caregiving, we will come face to face with its dangerous impact on those who are dependent on the care the nurses offer [11].

Again, burnouts among nurses pose a problem for public health as the

consequent effects on the nurses jeopardizes their health. It has been known that such consequences as depersonalization, exhaustion and hopelessness have encouraged alcoholism and substance abuse [12].

Furthermore, in the light of the three main functions of public health as: evaluation and monitoring of health of communities, formulation of policies to solve identified health problems and ensuring prompt accessibility to quality and cost-effective care, while promoting health and preventing diseases; burnouts amongst healthcare professionals has become a public health problem. It falls within the purview of a public health attention, it's prevalence added to its impact on care delivery equals a public health crisis.

Conclusion

Nurses' experience of burnouts is a reality that requires attention. This is especially so as it affects their motivation and well-being, but also that it cascade onto the patients receiving care from them. There need to check the environment of work, shortage of staff, long shifts, nurse's disposition to death and grief, and also the remuneration of nurses. Truth is, the well-being of nurses translates to the health of the patients under their care; if burnouts among nurses are reduced and worked on, the risk of infection, of costly mistakes, of lack of motivation, and compassion, of aggression and workplace injuries will be minimally curtailed.

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