Job Stress and Burnout in Nurses

What We Know

› Job stress, which can be defined as the harmful physical and emotional results of a mismatch between job demands and the worker’s capabilities, has been cited as an occupational hazard since the mid-1950s. It is well documented that nursing is a profession that is associated with high levels of job stress\(^5,7\)
  • Burnout is typically described as a syndrome characterized by emotional exhaustion, depersonalization (i.e., having the perception of being disconnected or disengaged from one’s environment and lacking personal involvement with others), cynicism, reduced perceptions of ability, and reduced personal accomplishment. Burnout is a potential consequence of chronic job stress. Healthcare professionals, including nurses, are among the groups at highest risk for developing burnout\(^1,4,5,7,8\)
  – More than 40% of nurses report experiencing significant burnout\(^2\)
  – Despite the high prevalence of job stress and burnout, many of the subsequent health consequences to patients and healthcare professionals are not recognized in health care, resulting in lack of resources from hospital administration\(^11\)

› Factors that can lead to job stress and burnout in nurses include coping with death and suffering of patients, conflict with physicians, inadequate training, high levels of personal stress, lack of social support, lack of self-efficacy and resiliency, conflict with nursing colleagues and supervisors, poor staffing and excessive workload, dissatisfaction with work-life balance, role conflict and ambiguity, uncertainty about treatments given, conflict with patients and family members, violence and abuse from patients, and lack of access to ongoing education\(^2,3,4,5,6,7,9,13\)
  • In a study of 417 hemodialysis nurses, older nurses and those with longer tenure in the field reported higher job satisfaction levels, less stress, and less burnout than younger nurses\(^7\)
  • Authors of a systematic review found that insufficient staffing on oncology/hematology units was associated with more job dissatisfaction, stress, and burnout, all of which contributed to staff turnover\(^13\)
  • In a study of 676 nurses working in public health centers in Andalusia, Spain, investigators found that being agreeable, extroverted, conscientious, and neurotic were personality traits that predicted burnout\(^1\)
  • Researchers in a study of 1,061 nurses working in hospitals in China found a negative correlation between resilience and burnout\(^6\)
  • Investigators in a study of 596 nurses in Canada found that occupational coping self-efficacy, an individual’s belief in his or her ability to cope with external stressors in the workplace, was protective against incivility in the workplace and subsequent burnout and turnover\(^2\)
  • Researchers in South Korea reported that higher emotional intelligence—defined as the ability to identify, express, and evaluate emotions—was associated with lower stress and burnout.\(^9\) (For more information on emotional intelligence in nursing, see Evidence-Based Care Sheet ... Emotional Intelligence in Nursing Practice)
Nurses working in certain specialized clinical areas—including oncology, hospice, and critical care—might be more susceptible to stress and burnout than those working in other clinical areas\(^{(10,11)}\).

Researchers in a study of 1,357 palliative care clinicians reported a burnout rate of 62%. Emotional exhaustion was found to be the most common cause of burnout. Nonphysician clinicians were more likely than physicians to experience burnout (66% vs 60%)\(^{(10)}\).

Nurses working in different clinical settings might report experiencing different stressors. For example, nurses working in the ICU might experience more stress due to coping with patient pain and suffering, and those working in a surgical setting might be more likely to experience stress due to excessive workload\(^{(4)}\).

Stressors experienced by hemodialysis nurses include risk of contamination through exposure to blood-borne pathogens and patient morbidity and mortality; older nurses and those with longer duration of work in hemodialysis report higher levels of burnout\(^{(2)}\).

Job stress and burnout produce a neuroendocrine response that results in other physiologic reactions that contribute to physical and mental illness. Potential consequences of chronic job stress and burnout include cardiovascular disease; migraines; hypertension; irritable bowel syndrome; insomnia; muscle tension; immune dysfunction; feelings of anger, shame and depression; anxiety; anorexia; and social withdrawal. The emotional consequences of job stress and burnout can lead to compulsive behaviors, including substance abuse and gambling\(^{(4,5,8,14)}\).

Job stress and burnout can contribute to absenteeism and turnover, both of which can reduce productivity and efficiency and compromise patient care\(^{(4,8)}\).

In a cross-sectional study of 2,084 baccalaureate degree nurses working in 94 community hospitals in Thailand, researchers found that higher nurse burnout was associated with negative patient outcomes, including patient falls, medication errors, and infections\(^{(12)}\).

Researchers in a study of 305 female nurses with cardiovascular disease observed that high levels of burnout at the beginning of the study were associated with decreases in health-related quality of life, including worsened physical and mental functioning, 1 year later\(^{(14)}\).

The Mayo Clinic implemented anti-burnout program, including the following five pillars:\(^{(8)}\)

- **Control**: partnering with leaders and having a voice in the organization
- **Leadership**: leaders who are transparent communicators and show appreciation to staff
- **Pebbles**: the concept of determining the “pebbles in your shoes” and the work processes to remove them, whether through policy changes or quality improvement techniques
- **Camaraderie**: meeting with work colleagues to discuss positive characteristics of work and professional issues
- **Healthy habits**: promoting and maintaining self-care, including diet, exercise, laughter, sleep, gratitude, forgiveness, and meditation

**What We Can Do**

- Learn about job stress and burnout in nurses, including risk factors and potential consequences; share this information with your colleagues
- Provide psychosocial support to your colleagues who might be experiencing stress and burnout\(^{(2,8)}\)
- Focus on accepting change and on internal improvements and finding meaning and purpose in your work\(^{(8)}\)
- In your role as nurse manager, assess staff nurses for signs of stress and burnout\(^{(5)}\)
- initiate strategies, when possible, to decrease the workload of nurses\(^{(4,8)}\)
- increase nurses access to continuing education, including education regarding the development of skills for coping with workplace stress (e.g., education on cognitive behavioral strategies for specific problems to change from maladaptive to adaptive behaviors)\(^{(7,11)}\)
References


