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## Primary Causes and Risk Factors Leading to Nurse Burnout in the Healthcare Field

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Primary Causes and Risk Factors Leading to Nurse Burnout in the Healthcare Field

HONORS THESIS

Presented to the Pforzheimer Honors College at Pace University In Partial Fulfillment of the  
Requirements for University Honors

By  
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Nursing – major

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As thesis advisor to \_\_Alexa D'Angelo\_\_ I have read this paper and find it satisfactory.

\_\_Dr. Karen Toby Haghenbeck-Nunnink\_\_ \_\_Lienhard SON\_\_ \_\_12/14/2020\_\_  
Thesis Advisor Department/ School Date

### **Abstract**

Nurse burnout has become a growing issue among hospitals throughout the world. It is a subject that greatly effects both the mental and physical health of current and future nurses going into the field. This study explored the most popular and well-known causes and risk factors of nurse burnout throughout hospitals. Through the use of structured interviews, three participants were chosen with backgrounds in varying specialties. The interviews consisted of ten predetermined questions, with room for the participants to elaborate. Along with the interviews, data was gathered from current, up to date literature on the research topic of nurse burnout. Results were sought through the use of thematic categorizing between the results of the interviews and the data found within the literature. Personality, family life, specialty, and stress were among the most researched and prevalent risk factors found. There was a high congruence between the responses of the interviewees and the literature, with stress and specialty being the predominant risk factors. These results suggest that nurse burnout can be prevented by targeting these specific risk factors and eradicating them. On this basis, the topic of nurse burnout should be further studied so that more action can be taken towards its prevention and resolution.

### **Introduction**

I believe that a current pressing issue in the field of nursing is the topic of nurse burnout. Nurse burnout relates to the fact that more often than not, nurses are found with deteriorating mental and physical health due to the long hours and taxing demands of their job. A law has already been passed that only allows nurses to work for a total of 18 hours, meaning that after working a 12 hour shift they can only work 6 hours overtime, whether or not the hospital is short-staffed. Understaffing is unfortunately a common error, that leads to many nurses being forced to work maximum overtime hours. Staff shortages then lead to an increased patient-to-nurse ratio and evoke a growing list of negative outcomes. A study among 10,184 surgical nurses from 210 hospitals across Pennsylvania, found that “with each additional patient in a nurse-to-patient ratio, there was a 7% increase in the likelihood of dying within 30 days of admission. There was also a 7% increase in the odds of failure-to-rescue (Keyrel, 2018)”. I feel that this is an important issue and I am interested in studying it because it directly relates to my future profession and future level of health. Learning about what truly causes nurse burnout and the steps that can be taken to prevent this disaster can greatly improve the level of health for nurses, which in turn improves their ability to care for patients. The field of nursing is an integral part of the medical world and if the health of nurses’ is jeopardized, then the patient’s will be those most greatly affected. It was found that forty-nine percent of registered nurses under the age of thirty and forty percent of registered nurses over 30 experienced burnout in one way (Keyrel, 2018). While the patients are the priority concern, we must also pay attention to the health of the caregivers so that the system runs smoothly and effectively with all participants at their greatest possible state of health.

Exhausted, stressed-out nurses are far more likely to make poor decisions at work, decisions that can have detrimental impacts on their patient's lives. There is noticeable lack of empathy, depersonalization, lack of compassion, and lack of energy amongst the staff that was not present before. If it is not noted early in advance, it will be too late to fix it and the patients will bear the consequences. Nurses who struggle with their own mental health have been found to experience poorer relationships with their patient's leading to a negative experience for the patient. Targeting the causes of burnout will prevent these outcomes from ever occurring in the first place, protecting both the hospital and the patient. Taking the extra step to improve awareness and knowledge of nurse burnout and its causes can be the key to preventing the loss of countless nurses.

### **Purpose of the Study**

The purpose of this study will be to discover the risk factors and causes of nurse burnout in the healthcare world. This will then hopefully aid further research in determining ways to prevent and treat nurse burnout. At this stage of the research, nurse burnout will be generally defined as physical, mental and emotional exhaustion and disengagement from the profession.

### **Problem Statement**

The general public wants nurses to be able to cope with the stressors of their job, allowing them to provide efficient and competent care, without experiencing the side effects of nurse burnout. In hospitals today, there are too many nurses leaving the profession due to burnout. If this problem is not addressed the amount of understaffed hospitals will increase and the level of care will steadily decrease. This may lead to an increase in poor outcomes for

patients, more mistakes being made throughout care and a decline in the mental and physical health of the nurses themselves. Through the use of literature review and interviews, I will evaluate the risk factors for nurse burnout in the hopes of preventing this outcome for future RNs.

### **Review of Literature**

This study aimed to focus on the main causes of nurse burnout and what risk factors most commonly lead to this diagnosis. Among the many risk factors found, this study chooses to elaborate on personality, marital and family status, and nursing specialty.

Personality has a large impact on the level of stress a person can handle. Different personalities can deal with different scenarios; one event may have no effect on a nurse, while that same scenario may have a life-long impact on a different nurse. Recent studies have suggested the importance of individual factors, such as personality, in determining the appearance and severity of nurse burnout. Due to the film industry and common ideas about nurse burnout, such as the fact that hospitals are a stressful environment, most people forget to consider the individual personality of the nurse and how that effects their level of burnout.

Another major factor in nurse burnout is whether or not the nurse has a family. The presence of a family has been found to either heighten or drastically lessen the symptoms and onset of nurse burnout throughout these studies. More often than not, it is difficult for a nurse to balance their home life versus their work life. The stresses of work may follow them home, which then can create conflicts with their family and significant other. These conflicts often cause the nurse to experience common nurse burnout symptoms, such as irritability, frequently calling out sick, intolerance to change, exhaustion, and a checked-out mentality.

Each floor of every hospital is inhabited by a different unit, with different specialties and expectations. Certain units are more demanding than others, which often leads to a higher percentage of burnout occurring on these floors. Some specific units that are known for causing nurse burnout are the following: the emergency room, ICU, and oncology divisions. This study focuses on the working environment these nurses face and what stressors these unit's cause compared to others.

The risk factors of nurse burnout are reviewed separately here due to the differences amongst the three. In this study multiple samples of literature will be compared and contrasted to analyze what the most popular viewpoint is and to understand what different sources believe causes nurse burnout.

### **Personality**

Personality is something that is predetermined and may be affected by upbringing and environment. There are some universal personality traits that most nurses share, however each individual has different characteristics that make up their person. Perez-Fuentes and Jurado (2019) found that distressed personality, also known as "Type D", has been associated with burnout in employees. Distressed personality is defined as "the tendency to experience a high level of negative affectivity and social inhibition" (Perez-Fuentes & Jurado, 2019). Nurses who tend to exhibit distressed personality traits frequently show more job stress and less job satisfaction, which evidently leads them to experiencing nurse burnout (Perez-Fuentes & Jurado, 2019). The literature continues on to prove that those with Type A personality, which means impulsive, competitive, impatient and aggressive individuals who have difficulties in facing job stress, are more likely to experience nurse burnout as well. In addition to this, Yao (2018) provides characteristics for individual's more susceptible for burnout, including: unrealistic

ideals and expectations, low self-worth and judgment, lack of self-confidence, and lack of accurate understanding of their advantages and limitations. Similar to the previous literature, Yao (2018) studied Type A personality, stating that exhaustion and cynicism more often occur in individuals with this category of personality. Yao (2018) found that individuals with low general self-efficiency also have low self-esteem and pessimistic thoughts of their accomplishments. General self-efficiency is related to an overall notion of self-confidence that individuals use to face different challenges or situations. This sense of low self-esteem and pessimistic thoughts often lead to job-burnout and may develop into depression, irritability, helplessness, anxiety and other negative emotions (Yao, 2018). Each of these sources had a similar point of view on personality and its effect on burnout. On a whole, personality plays a key role in nurse burnout, especially when in combination with other commitments in life, such as a family or partner.

### **Single/Married with Family**

Work and family are the two main components of adult life. Being able to balance the two is a skill many men and women work on for years, some being unable to accomplish it due to their work. Work-family conflict is a common topic of discussion, since it is one of the main causes of burnout among any profession. Wang (2012) discussed Chinese nurses and the high levels of work-family conflict that they are experiencing. A study was then performed to examine the relationship between work-family conflict and burnout among Chinese nurses. Wang (2012) found that work-family conflict was positively related with emotional exhaustion and cynicism. It was also found that family in work conflict had a detrimental impact on professional efficacy.

Furthermore, Innstrand (2008) discussed how work interfering with family is found to be more highly correlated with burnout than home interfering with work. The literature continued

on to discuss how work-family conflict can be considered both a predictor and outcome of burnout. These reversed studies focused on two hypotheses:

- a) Exhaustion and disengagement will have lagged positive effects on work and family conflict.
- b) Exhaustion and disengagement will have lagged negative effects on work and family facilitation (Innstrand, 2008).

In his study, the author implied that, “conflict between work and family may have profound longitudinal consequences for the individual and for the organization, due to employees becoming burned out (Innstrand, 2008).” Leinweber (2014) agreed with this study, stating that in general, high work-family conflict increased the risk for emotional exhaustion, but for neither depersonalization nor personal accomplishment. However, Leinweber (2014) deviated from previous research in his explanation on the lack of relationship between work-family conflict and depersonalization. This outcome was supported by the fact that emotional exhaustion has been found to be the most central aspect of burnout, with depersonalization being the least involved. Leinweber (2014) conducted his own study to determine the level of burnout the nurses he observed had experienced, with the outcome being: about one third of the RNs experienced a low degree of work-family conflict, about 40% experienced a medium degree of work-family conflict, and slightly less than one quarter experienced high levels of work-family conflict. Along with work-family conflict, another significant risk factor of nurse burnout includes the specialty in which the nurse works.

### **Specialty**

There are many day-to-day stresses that a nurse must face, however certain specialties may bring about more than others. It has been found that specific units lead to higher amounts of nurses experiencing burnout as opposed to others. Ko (2016) discussed how oncology nursing is

often a source of substantial stress for nurses. Some of these stressful factors in the oncology specialty commonly include relationships with other medical team members, increased patient acuity, insufficient workplace training, and lack of time for end-of-life care. Brown and Wood (2009) expanded on this study, showing that oncology nursing staff members tended to avoid expressing their emotions. Due to the overwhelming amount of grief surrounding these nurses each day, they choose to hold their emotions in, rather than express their personal feelings. The literature continued on to say, “Three studies found that oncology nursing staff members with higher scores of emotional exhaustion were aged older than 40 years, were outpatient RNs, had advanced degrees, and had work experience of more than 15 years in oncology (Ko, 2016).” This emotional exhaustion is a key factor of burnout, along with other stress-related health problems including: headache, backache, excessive nervousness, sleep disturbances, feelings of continuous stress, and inability to seek pleasant activities in everyday life.

On the other hand, Meltzer and Huchabay (2004) focused on nurses working in the critical care setting and the level of burnout they experienced. Through their study they found that these nurses are often faced with ethical dilemmas associated with the management of patients' care, because increasingly, advanced technology and changes in healthcare delivery combine to create difficult treatment decisions and add new responsibilities to nurses' roles as caregivers and patients' advocates (Meltzer and Huchabay, 2004). The concept of futile care was a main component of this study, which is explained as life-sustaining interventions and treatments that have no medical benefit for a patient because the interventions and treatments cannot end dependence on intensive medical care. Meltzer and Huchabay (2004) proved how working in such emotionally charged environments where life-and-death issues are encountered on a daily basis could become highly stressful and could contribute to the experience of moral

distress. These increasing levels of moral distress as a stress response experienced by nurses dealing with the ethical challenges of critical care, such as giving pharmacological treatment during a cardiac arrest but withholding chest compressions or intubation, leads to many of these nurses suffering severe burnout (Meltzer and Huchabay, 2004).

### **Conclusion**

Overall, the topic of burnout is a key component of the nursing and medical world today. As more nurses' experience burnout and are then forced to retire or quit their job, more attention is brought to this overwhelming issue. While the main concern in a hospital will always be the patient, it is important to analyze the health of the caregivers, as they are the ones attending to the needs of these patients. A patient expects to receive the highest level of care, so if these nurses are not in good health they will be unable to effectively attend to their patient's needs. Reviewing the literature brought back the initial question of: What are the risk factors of nurse burnout? Analyzing both personality, family status, and specific units are essential in providing the necessary information to answering this frequently asked question.

### **Methods**

This study was conducted through the use of interviews and the best way to organize my research was to generate categories based off of emergent themes. This method helped me to identify and compare data that I came across throughout my interviews. I was able to highlight and make note of surfacing themes, allowing me to integrate them into my study to support my emerging thesis. Nurse burnout is a serious issue in the medical world that is caused by many emergent factors, including stress, specialty and family life. Each of my participants were able to give key information in relation to what leads to nurse burnout in the field today.

In order to obtain enough research for my study, I decided to conduct interviews with three participants. After reaching out via email, the participants responded saying that they would be happy to contribute. I was able to schedule a meeting with two of the participants and interview my third participant over the phone. My first participant is a 56-year-old Nurse Practitioner who has been practicing for the last ten years. This participant had been working in the Intensive Care Unit up until one month ago, and now works as both a Hospice Nurse and a nursing Professor. I felt her input would be helpful because she is a down-to-earth nurse, who has been practicing for many years in a high intensity specialty. My second participant is 65 years old and worked as a Psychiatric Nurse for the past 37 years, until she decided to become a Psychiatric Nursing Professor. I thought that this interview would be helpful because this participant has experience in both the clinical setting and the management side of nursing. She has many years of experience and I felt that her insight would be helpful throughout my study. My final participant is 50 years old and now works as a Nursing Professor and Director. She has 25 years of clinical experience in both the OB unit and administration, which I felt made her a beneficial candidate for this interview.

For these interviews I conducted them with a semi-structured plan in mind. I went into the interview with 10 initial questions to keep my interview on track. I started off by asking the participants which unit they specialized in and how many years of experience they had. I then asked what their personal definition of nurse burnout was and what they felt caused this. I continued on with my interview by asking their thoughts on family, specialty and personality in comparison to nurse burnout. I completed my interview by asking the participants whether they thought age was a factor in burnout and whether or not they had ever experienced symptoms of

burnout themselves. My final question was if the participants had ever encountered nurses who left the field due to burnout.

After recording all of my interviews, I transcribed them word for word so that it would be easy to access them and integrate them into my paper. Once the interviews were written up in front of me I was able to separate them into categories based off the emergent themes that I found. Any time I found useful information I would bold it and make note of the information so that I would be sure to include it. I identified three main themes that were present across all of my interviews: stress, specialty, and family status.

## **Results**

### **Stress**

Stress is an inevitable outcome with any job and is something that all people will experience at some point in their lives. However, if the amount of stress that comes with a job becomes too overwhelming then many people will fall under the pressure of it. “Nurses are surrounded by the biggest stressors in life including death and grief,” Participant 1, a Hospice/ICU Nurse Practitioner, said. These overwhelming feelings of grief often lead to many nurses being unable to emotionally overcome it, which then leads to burnout. Participant 3, a Nurse Director and Professor, described burnout as, “I can’t, I won’t, and I don’t have any more to give.” Nurses become so overrun by the stress that is put on them that they no longer have anything left of themselves to give. The stress of deciding whether to feed one patient or give medication to another, as Participant 3 said, is what leads a nurse to feeling overly fatigued and emotionally drained.

Stress is a leading cause of burnout in many nurses, as it is the main side effect of working in a high-intensity setting. Participant 3 explained how stress isn’t always caused by the

patient's you care for, it may also be caused by those you work with or for. "The hardest thing is working on a team and you usually stay at the place you fit in the best," said Participant 2, a Psychiatric Nurse and Professor. Often times other nurses will not be willing to lend a helpful hand, which puts an immeasurable amount of stress on the nurse who already has too much on their plate. When there are too many assignments to handle in one shift, a nurse may be spread too thin to be able to handle the pressure he/she is under. As this pressure and stress continues to build these nurses begin to experience symptoms of burnout, including, "hating their job, crying easily, and feeling short tempered and fatigued", as Participant 1 stated. Other stressors in this environment may include a non-supportive manager, which often plays a key role in nurse burnout. As Participant 3 stated, "The lack of support from my boss and indifference from the providers caused me to feel completely burnt out and unable to continue." Having the support of a manager is crucial in dealing with the stressors' nurses face every day. If you are being pressured by your manager, on top of the overwhelming assignments you are already being given, a nurse will often times buckle underneath the weight of it all. Stress is a key factor in nurse burnout and allowing it to overcome a nurse will eventually lead to their physical and emotional downfall.

### **Specialty**

One of the biggest impacts on a nurse's mood both at work and after work revolves around their satisfaction with the specialty they are working in. While all specialties are demanding and strenuous, certain units may take a greater toll on nurses as opposed to others. Participant 1 said, "Usually the ER and ICU cause burnout more than other units." Specialties with a higher acute setting tend to be more stressful because these nurses are faced with both death and grief on a much greater scale. "On higher acuity units the patients are dearer to you

and they have greater crisis's," as Participant 2 said. When nurses are forced to face these extreme circumstances, they are often emotionally drained much quicker than a nurse working in a less acute setting. The outcome of this is usually burnout, where a nurse no longer has the strength or ability to continue working in that specialty or the nursing field on a whole.

Participant 3 focused on other specialties, saying, "You see terrible things every day so you get an emotional exhaustion. Some specialties include Pediatric cancer, which is kids dying, Hospice or something where there is a lot of loss and bad outcomes." These awful outcomes make it more difficult for a nurse to leave both their work and their emotions at home, which is what then leads to the overwhelming burnout they experience.

While burnout is usually due to the work being done on these highly acute units, it can also be caused by a nurse strongly disliking the specialty they are working in. Participant 2 said, "If you're on a unit you hate you will burnout because you don't like what you're doing." When you do not enjoy the work you are doing, it becomes much easier to succumb to the long hours and stressful shifts. "Burnout can also happen if someone works on a unit for a long time and it's time for a change," Participant 1 said. Once a nurse loses the drive and love for a specialty, all of the symptoms of burnout come about tenfold. Working in chronically understaffed units is a common cause of burnout as well. Participant 3 said, "If you're consistently understaffed you're taking care of more patients than what is safe or that you can handle. Nursing work is not getting done and you're not able to get all the interventions done." Being forced to undertake the care of too many patients puts an extreme amount of stress on a nurse that is often too much to handle. Understaffing on specific units leads to patient's getting less care and nurses being overworked and underappreciated. On top of the stress of the specific specialty, the nurse now has to do double the work he/she may have had if the unit was properly staffed. Most times these nurses

are unable to function under the pressure being placed on them, which is when burnout begins to occur.

### **Family Life**

Family is something that can dramatically affect a person's work-home life balance. It is a common struggle for nurses to separate their job from their home lives and having a non-supportive family makes this impossible. Participant 1 said, "Certain families do everything for them, while some nurses have to go home and do everything for their family." If a nurse does not have a supportive setting to go home to, symptoms of burnout will come about much faster and easier. It is essential to be able to debrief and destress after work, so that a nurse does not get overwhelmed and expended. "The support from a family can be very positive and if you can talk to them it helps to have someone acknowledge your day. It's helpful to have that sympathy and understanding," said Participant 3. Without the encouragement and help from your family, it becomes extremely difficult to balance the stressors of work with the stressors being placed upon you from home.

Burnout is not always only caused by the stressors at work, being able to balance work and family brings about a large amount of stress as well. Participant 2 spoke about financial issues, saying, "If you feel compelled to work extra shifts for financial reasons it will bring on high stress also." When nurses are forced to take extra shifts to provide for their families, this also increases their chances of experiencing burnout. Often times nurses overwork themselves, then must go home and provide for their families as well, evidently meaning they are never given the time to recuperate. Eventually these symptoms catch up with them, which will lead to a nurse feeling burnt out and exhausted. Having a strong support system to fall back on gives nurses the

strength to continue on with their work and the ability to create a distinct line between work life and home life.

### **Discussion**

The results I received from my interview slightly match up with the information I gathered from the literature I read. The literature focused on the areas of specialty, family status, and personality as the main causes of nurse burnout. My study supports that information, however provides another main cause, which is stress. For example, all three of my participants agreed that stress is a leading factor in burnout, while one of my participants felt that personality played no role. The literature also argues for work-family conflict and the idea that handling a family brings about more stressors to a nurse's daily life.

After conducting my study, I have confirmed that burnout is a very common issue throughout the nursing world. Stress, family status, and specialty are all common causes that play into this, with personality being another cause mentioned throughout the literature. My participants mentioned personality briefly, however the literature focused on specific characteristics that tied into burnout. As stated by Perez-Fuentes & Jurado (2019), "distressed personality traits tend to show more job stress and less job satisfaction, which ultimately leads to burnout". Although job factors determine its development, Perez-Fuentes & Jurado (2019) found that not all individuals exposed to the same conditions expressed burnout, showing the importance of individual variables, such as personality. Being aware of the impact of personality, provides an opportunity for the organization to optimize human resources and improve the general quality of life of all of the healthcare professionals (Perez-Fuentes & Jurado, 2019).

My study has also revealed to me that stress is an extremely prevalent issue amongst this profession, one that most nurses experience at some point in their careers. Each study supported

the idea that stress is a key factor that leads to nurses feeling overwhelmed and eventually exhausted. Stress was found to be one of the major causes of burnout, with stress being found as one of the earliest signs of future burnout (Ko, 2016). All of my participants agreed that stress is a major cause of burnout and each of them felt that stress was one of the earliest signs. This was an overwhelmingly agreed upon risk factor, that each of my participants emphasized heavily. While each participant did not agree upon whether or not they have experienced burnout in the past, each interviewee revealed that they have felt moments of overwhelming stress and tension. When asked about the topic of personality, each participant explained that personality and stress tie in together. There was a unanimous explanation that those who can deal with stress easier, would experience less burnout or none at all. While there was little opinion on personality itself as a risk factor, each interviewee described the importance of the individual's ability to handle stress and overwhelming tasks.

I am also able to conclude that the ER, ICU and oncology units are high acute specialties that take a large toll on nurses. This evidence supports the information found throughout my literature in regards to high intensity nursing specialties and the effects they have on nurses. Ko (2016) discussed how oncology nursing is often a source of substantial stress for nurses. Some of these stressful factors in the oncology specialty commonly include relationships with other medical team members, increased patient acuity, insufficient workplace training, and lack of time for end-of-life care. It was found that varying levels of acuity lead to higher stress levels, similar to that of the literature. Throughout a hospital, it was more common for a nurse working on a higher acuity floor to feel overwhelmed and overworked, compared to a nurse working on a lower acuity floor. Of my participants, two had experience on acute floors and with acute-level care. Each of these participants strongly emphasized the effect that a unit has on a nurse and the

toll that it takes. My first participant described the high levels of stress felt at her first hospital, working in the ICU, compared to her current job, working as a hospice nurse practitioner. The high demands of the job and the individual patients led to continuous days of stress, with little reprieve. Tending to the needs of high-level patients was an exhausting mission that often left my participant feeling drained and overwhelmed. After changing positions, while the job was still stressful, my participant felt a noticeable difference in both the atmosphere and her own personal mental health. My second participant, who was employed on a high-level psychiatric ward, agreed with the statement that specific specialties warrant burnout as opposed to others. Working with patients with severe illnesses often left the nurses little time to focus on themselves or take care of their own lives. The participant spoke about how many colleagues slowly saw the signs of burnout in themselves, however they were unable to take the necessary time to work on themselves, due to the overwhelming workload. While my final participant did not work in a high-acuity specialty, she too agreed that each unit brings about different levels of burnout. Throughout her time working as a nurse, she witnesses countless colleagues retire early or choose to leave the field because they could no longer handle it. The participant described this burnout as a general dissatisfaction with the work being done and the unit surrounding you. Nurses who experienced burnout in these specific specialties, lost the love for the job and the personal satisfaction that came with it.

Each risk factor present throughout the literature was supported by each participant. The inclusion of stress as a major cause was prevalent amongst each participant, as was the disinterest in personality as a risk factor. The major outlier found was the varying opinions on personality compared to what was found throughout the literature.

### **Limitations**

After conducting my interviews with all three participants, I feel like I have gained much more knowledge than I could have obtained through just the literature. Interviewing a practicing nurse gave me insight on areas not mentioned in the literature, with first-hand experiences. I learned from my interviews that having a supportive manager and family is one of the key solutions to nurse burnout. Although I gained more than enough information in my study, there were still limitations throughout. In the future I would broaden my questions so that I could obtain more information from the participants and allow them to expand further on their responses. I was able to get all of the necessary information for my subtopics, however I found it difficult to learn any outside information, as my participants mainly stuck to my list of questions. This may be because they were under the impression that they could only talk about the listed topics/questions. I also only had access to a certain number of participants, due to the time constraint placed upon me. In the future, I would interview a wider range of nurses, so that I could get a more well-rounded response that could aid my study, as these results were only preliminary. Again, due to the constraints put upon me by the requirements, I was only able to research a small component of risk factors for nurse burnout; in the future I would broaden my study to include at least ten risk factors, so that I would receive a better picture of these causes.

### **Significance of the Study**

The findings of this study may contribute to the benefit of society considering that nursing plays an important role in healthcare today. The increasingly greater demand for nurses justifies the need for greater understanding and prevention of nurse burnout—one of the most common causes of nurses leaving the profession behind. Therefore, healthcare professionals who understand the causes of nurse burnout may then be able to prevent it from occurring or at least proactively deal

with it; nurses will be educated on the risk factors of this turnout so that they can avoid it in the future. Thus, there may be fewer nurses who choose to leave the field. This study will also contribute to the growing body of literature on the causes and prevalence of nurse burnout. Further research may allow nurses in the future to overcome nurse burnout and prevent it from ever occurring to begin with.

### **Recommendations**

Moving forward, I would like to try and find more information on solutions to nurse burnout. Now that I am aware of the specific causes of burnout, I think it would be beneficial to study what amends can be made. If I can get into contact with retired nurses, or nurse managers I feel like this may be possible. I would also like to speak to a nurse that personally left the field due to burnout, so that I would be able to get a first-hand view on what lead to it. In the future, I believe it would be beneficial to have monthly mental health screenings for all of the staff, so that any issues that may be occurring can be brought to light. Becoming aware of the factors that lead to nurse burnout is an essential step towards eradicating it; the next step is to understand what can be done to prevent these stressors from occurring. Stricter overtime guidelines and the initiation of stress relief programs would be helpful in eliminating the high amount of burnout we have seen. Targeting burnout before it occurs can allow for optimal time to gives nurses access to the resources they need. Bringing awareness to this issue can also help eliminate the many stigmas present throughout mental health. It is common for nurses to ignore the signs and symptoms they are seeing due to the social stigma that mental health is not 'real' or important. Understanding the importance of mental health leads to acceptance and action taken in light of these signs. After understanding the causes of nurse burnout, the next initial step would be to take the necessary steps to begin preventing the individual risk factors.

### **Conclusion**

Nurse burnout is an issue that greatly effects the healthcare profession nationwide. It is one of the professions greatest enemies to retention, and one of the largest reasons for nurse shortages. Using only three risk factors, personality, family life, and specialty, it is evident that nurse burnout is a preventable turnout that can be specifically targeted. Personality, family life, and specialty, are three of the overarching burnout causes popular throughout the field, however they are far from the only causes of burnout found. Understanding what causes individuals to feel exhausted and broken down is the key to preventing these situations from ever occurring. Studies have found that it is easier to prevent burnout rather than reverse it. Many times, once a nurse begins to feel burnt out, it is not long before they find themselves leaving the profession behind for the sake of their own mental health.

Addressing the problem of nurse burnout begins at the leadership level within the organization. A leadership and team approach is required to handle an issue of this significance, while removing the stigma and barriers surrounding it. Often times nurses may feel ashamed to admit that they are feeling burnt out, or feel as though their voices will never be heard. It is increasingly urgent and vital to assess and be aware of the physical and mental health of all those working inside an institution, so that the best possible care can be delivered. Nurse burnout can have a detrimental impact on the entire workforce at a hospital. As it causes a negative impact on personal habits and actions, it can then lead to further negative impact on team relationships. Furthermore, this can lead to a strained environment on the floor and an uncomfortable workplace for every member. Turnover is another major impact of nurse burnout. As nurses continue to leave the field, the turnover rate at hospitals rise, as do their expenses. Turnover is extremely costly for an organization, and as more nurses choose to leave their jobs, hospitals are

brought further and further into dept. Burnout is a gradual occurrence; it does not happen overnight. Understanding and being aware of these risk factors and sign of burnout can halt the occurrence before the problem even arises.

It is difficult to pinpoint the exact moment in which burnout is felt, however it is much easier to see the growing signs and put an end to them. When a hospital has the opportunity to identify burnout symptoms and acknowledge how they directly relate to the nurses physical and mental well-being, the correct approach can be taken toward making reparations. Further research can aid hospitals and organizations in putting an end to this growing trend. Nurse burnout is a preventable and treatable concern that deserves greater attention and immediate action.

## Appendix

### Participant 1 Interview:

1. Hospice Nurse Practitioner
2. 10 years, working in ICU until last month
3. When you see a nurse who is stressed out, don't like their job, fatigued and tired, short tempered, don't like their job, cry easily, start saying they hate their job
4. Exposed to so much stress from death, illness and tragedy all the time. You have high expectations from management, you have to keep within policy. Often times you're short staffed
5. Usually ER and ICU cause burnout more. It can happen on any unit. Can happen if someone works on a unit for a long time and it's time for a change
6. It depends. Certain families do everything for them. Some nurses have to go home and do everything for their family
7. No thought on personalities
8. No age does not play a role. It depends on experience. With experience you identify and recognize if it occurs. You can deal with it more when you have more experience. Longer you've been a nurse you've built a team to have support and they can understand what you're going through. other nurses understand because you built a team
9. Haven't experienced burnout. Other people hate job. Want to quit. Talk to them and understand what's getting to them
  - Reschedule yourself so you don't work in a row so you have down time in between. Important to support nursing staff. Hospital offers quiet area, hand massages, de stress areas, exercise classes

10. No nurses left because of burnout because they can't afford to

Participant 2 Interview:

1. Psychiatric Nurse
2. 37 years of experience
3. Individuals don't take time to care about themselves and take work as the primary source of their time, sometimes selfishly for money, rather than realize that people need rest and a balanced life. Burnout isn't how many people you work with, it's who you work with.
4. Greed. People work more than they should because they want to make more money during overtime. They don't take the necessary amount of time off. Traditional nursing is not such a stressful position.
5. A higher acuity unit will make you more likely to burn out. Also, if you're on a unit you hate you will burnout because you don't like what you're doing. On higher acuity units the patients are dearer to you and they have greater crisis's
6. If you have a supportive family they assist you so you don't burnout, if you have a non-supportive family then it will add stress. If you feel compelled to work extra shifts for financial reasons it will bring on high stress also.
7. If you work with someone who is narcissistic or histrionic they are not a team player. The hardest thing is working on a team and you usually stay at the place you fit in the best.
8. Graduates are straight out of school, meaning that everything is new. Hospitals give you mentors and coaches so the effort they put in you is worth it. Personally, I think that if you are not used to working night shifts then it will take a toll on you physically and cause burnout.

9. Have never experienced burnout. I was able to leave my work at work when I go home.
10. No nurses left because of burnout

Participant 3 Interview:

1. OB Nurse and Nursing Administration
2. 25 years of experience
3. Burnout is the loss of job satisfaction. It is I can't, I won't, I don't have any more to give. It's a general dissatisfaction with the work that you're doing. You no longer get any personal satisfaction out of it
4. Overwork, underappreciation, sometimes they hopelessness or helplessness of a situation. You see terrible things every day so you get an emotional exhaustion. The overwhelming situations and not having the ability to cope or process them or have support will cause burnout.
5. Yes. I think that any position can cause burnout, but there are some that have higher burnout rates. One reason is what the work is. this includes Pediatric cancer, which is kids dying, hospice or something where there is a lot of loss and bad outcomes. It's also the circumstance. If you're consistently understaffed you're taking care of more patients than what is safe or that you can handle. Nursing work is not getting done, you're not able to get all the interventions done; when you have to choose whether to feed you patient or give your other patient medication. When you don't get appropriate recognition, proper compensation, when you have a manager that doesn't support you, or you're bullied.

6. The support from a family can be very positive and if you can talk to them it helps to have someone acknowledge your day. It's helpful to have that sympathy and understanding.
7. Yes. If you are very empathetic the grief can become overwhelming. If you give too much of yourself than that can put you at higher risk for burnout. You have to be able to find that right proportion of how much do I give and how much do I not so that I can stay sane
8. Age does not play a role, experience does. The more experience the less likely you will experience burnout because you can handle it better.
9. Yes, the only job that I quit. I was completely burnt out. I did not have a supportive boss, we were chronically understaffed, we did not have enough staff for our unit. Always short staffed and were always calling to try to have nurses to come in. lack of support and a lot of indifference from the providers. I couldn't do it anymore it was affecting my work-life balance and the stress without support was too much. I lasted for about a year. What they were paying me was not worth the 24/7 that I was working.
10. No nurses left because of burnout.

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