

**NURSING BURNOUT: EVALUATION OF SELF-CARE
AND NURSING BURNOUT IN A CRITICAL CARE
SETTING**

Honors Thesis

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By

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EVALUATION OF NURSING BURNOUT IN A CRITICAL CARE SETTING

Abstract

Background/Purpose: Nursing burnout is a pressing issue in healthcare, and it is often overlooked. Many factors can affect your risk for nursing burnout. Some of these factors include age, length of time working as a nurse, number of children at home, place of employment, etc. The purpose of this study is to evaluate how the self-care and health management of critical care nurses affects their risk for nursing burnout.

Design/Method: A non-interventional survey study was conducted in the Surgical Intensive Care Unit at a Level 2 Trauma Center north of Boston, MA. 31 nurses completed and handed back two surveys that were administered. The Professional Quality of Life (ProQOL) Version 5 survey was one of the surveys that was administered. The other survey was the Self-Care and Lifestyle Inventory. By cross-analyzing the results, the relationship between nursing burnout risk and self-care was evaluated.

Results: The data was analyzed using SPSS Version 23. The results of the study were quite conclusive. The participants scores for the Self-Care and Lifestyle Inventory are significantly negatively correlated to their scores for Nursing Burnout ($r = -.540$). This proves the hypothesis that self-care is directly related to nursing burnout.

Nursing Implications: Because nursing burnout affects patient care, the results of this study can be used in other critical care units where staff suffer from high levels of nursing burnout. Creating a healthy working environment should be made a priority to decrease stress levels of critical care nurses.

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Introduction

Background

As the elderly population continues to grow and people continue to suffer from disease, nursing burnout rates have skyrocketed because nurses cannot meet the high demands of the hospital setting. Nursing burnout is a pressing issue in healthcare because it directly affects patient care. Many nurses suffer from compassion fatigue which “...describes the state of physical, emotional, and spiritual depletion experienced by caregivers of seriously ill or traumatized patients” (Lombardo & Eyre, 2011, p. 3) and it is a signature characteristic of nursing burnout. Nursing burnout affects every type of nurse, but critical care nurses are particularly affected because they are exposed to extremely high levels of stress every day. According to Hinderer (2014), “Intensive care unit (ICU) nurses who cared for highly complex critically ill patients had higher levels of traumatic stress than general medical-surgical nurses” (Hinderer, 2014, p. 161). These high levels of traumatic stress make this group of individuals very susceptible to nursing burnout.

Significance

Nursing is an incredibly demanding field yet a very rewarding one. Nurses are exposed to high levels of stress every day when caring for medically compromised patients. Nursing burnout is an issue that arises when nurses start to lose empathy and compassion for patients. A nurse’s role in healthcare is to be understanding and supporting of patients’ needs. When nurses are exposed to these high levels of occupational stress, patient care suffers. Health plays a huge role in stress relief and for this reason my topic is on how general health and wellness affects a nurse’s risk for

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burning out. It is no secret that exercising and eating healthy can make you feel better, but my goal is to explore to what degree it can impact nursing burnout.

Literature Review

Nursing Burnout.

Nurses are always trying to maintain the balance between medicine and patient care. Nurses are unique in that they not only understand medicine, but they also have the communication skills necessary to provide patients with safe and effective care. Because nurses are saddled with this large responsibility, nursing is a discipline that has one of the highest percentages of burnout among its faculty. Hevezi (2016) claims that “Burnout is the result of long-term exposure to workplace stressors including patients’ suffering, excessive workload, short-staffing, and unchecked workplace conflict” (Hevezi, 2016, p. 344).

Nursing burnout is very complex and no one factor is attributed for it. Compassion satisfaction, compassion fatigue, and secondary traumatic stress (STS) are all interrelated and heavily influence nursing burnout. Hinderer (2014) believes that nursing burnout “encompasses emotional exhaustion, patient depersonalization, negative attitudes toward patients, and diminished feelings of personal and work accomplishments” (Hinderer, 2014, p. 160). For this reason, patients can identify when their nurse is burnt out. The care that patients receive is severely compromised when symptoms of nursing burnout present themselves in patient interactions.

Secondary traumatic stress is the development of PTSD in healthcare workers and the result of exposure to another’s trauma. People experiencing STS might be irritable, unable to concentrate, angry, and experience disturbing thoughts and sleep disturbances.

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These symptoms associated with STS can affect nursing care and cause nurses to easily fatigue. Compassion fatigue is another variable that is directly related to nursing burnout. A nurse experiencing compassion fatigue can exhibit symptoms that are similar to STS which include nightmares, intrusive thoughts, avoidance behaviors, increased arousal, depression, suicidal ideation, anxiety, irritability, lack of confidence, decreased functioning in both professional and nonprofessional settings, a diminished sense of purpose or enjoyment in work, and an increase in self-destructive behaviors (Berg, 2016). Over time, a nurse experiencing STS and compassion fatigue might also subsequently start to develop symptoms of nursing burnout.

Occupational Stressors.

Working in a critical care setting is not for the faint of heart. Social media often gives people false views of what working in a hospital is like. Hospitals are a lot more dysfunctional than people would like to admit. Too little authority and too much responsibility, sick calls, and non-compliance with hospital protocol are among many of the reasons that any unit in a hospital is far from a utopia.

As with any place of employment, there are occupational stressors in a hospital that contribute to nursing burnout. Occupational stress is defined as “a situation wherein job-related factors interact with an employee, changing his/her psychological and physiological condition in a way that the person is forced to deviate from normal functioning” (Sarafis, 2016, p. 1). The definition of occupational stress states that normal functioning is compromised because of the stressful situations that nurses are exposed to. In a hospital, where people’s lives are very often on the line, the mental acuity and sharpness of nurses should be a priority. If the stressful nature of nursing itself causes the

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quality of nursing care to decline, then stress relief methods should be more readily available to nurses.

Physical Activity.

Participating in any type of physical activity 3-4 times per week can provide an individual with a myriad of health benefits. This can include walking, running, swimming, practicing yoga or meditation, weightlifting, and participating in organized sports. Numerous studies have proven that mild to moderate exercise can decrease levels of stress in any type of occupational setting. A quasi-experimental, pre-post intervention study at a cancer hospital in Brazil was conducted to determine the impact of physical activity on anxiety, depression, occupational stress, and nursing burnout. The participants of the study were PCU nurses. The intervention in the study was an exercise program 5 days a week for 3 months. After completion of the exercise program, over 80% of the staff reported an improvement in overall quality of life. The nurses also expressed an increased eagerness to work, decreased levels of fatigue, and decreased body pain (Freitas, 2014). This proves that nurses should incorporate some form of exercise into their lives so that the demands of working in a hospital do not affect their ability to perform basic nursing care.

Similarly, a pilot study that took place at the University of California (Hevezi, 2016) evaluated the effectiveness of meditation and deep breathing techniques on reducing stress levels of nurses. After the intervention was implemented, the participants in the study reported incorporating the breathing techniques into bedside care as well as feeling less stress at work. By utilizing these techniques, nurses can take control of their stress and decrease the risk of developing nursing burnout.

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Purpose

The purpose of this research is to determine if there is a correlation between the self-care of critical care nurses and their risk for nursing burnout.

Hypothesis

My hypothesis is that nursing burnout is correlated to the overall well-being of nurses. If nurses take care of themselves physically, emotionally and spiritually, then they are more capable of being compassionate toward their patients and less likely to burnout in a critical care setting.

Methodology

Design

This study took place on a Surgical Intensive Care Unit at a Level 2 Trauma Center north of Boston, MA. The sample of the study consisted of 31 critical care nurses with varying levels of experience who work a variety of shifts.

This is a non-interventional study because no interventions were administered to the nurses. The first surveying instrument that was used was the Professional Quality of Life Scale (ProQOL) Version 5. This scale measures compassion satisfaction, nursing burnout, and secondary traumatic stress. The second instrument was the Self-Care and Lifestyle Inventory (SCLI). Surveys were given to participants in paper format because it was most convenient for the nurses. Both surveys were numbered to maintain accuracy in the results. The number from the Professional Quality of Life Scale matched the Self-Care and Lifestyle Inventory and both surveys were completed at the same time to make sure that the results from the surveys were from the same nurse. The surveys remained

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completely anonymous and once the surveys were completed, they were placed in a manila folder to maintain confidentiality.

Data Collection

Proper IRB approval was obtained at Salem State University and the hospital before the data was collected. The data was collected in September of 2018. All SICU nurses were given the opportunity to participate, however actual completion of the surveys was voluntary. Prior to completion of the surveys, the participants were given a disclosure statement. If at any time the participants felt uncomfortable, they could withdraw from the study or simply not answer any questions that they felt were too personal.

After the data collection was over and the surveys were completed (n=31), the surveys were scored using the scoring systems that accompanied both surveying instruments. The scores of the different surveying instruments were cross-analyzed against each other using SPSS Version 23. The means, standard deviations, and skewness were found for all the items in the surveying instruments.

Results

Table 1

Correlations of Scores of Self-Care and Lifestyle Inventory with Scores of Compassion Satisfaction, Nursing Burnout, and Secondary Traumatic Stress (N=31) ** $r < .01$

Scale	Self-Care and Lifestyle Inventory	Compassion Satisfaction Scale	Burnout Scale	Secondary Traumatic Stress Scale
Self-Care and Lifestyle Inventory		.519**	-.540**	-0.057
Compassion Satisfaction Scale			-.543**	-0.004
Burnout Scale				.503**

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Secondary Traumatic Stress Scale				
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The participants scores for the Self-Care and Lifestyle Inventory are significantly positively correlated to their scores for Compassion Satisfaction ($r = .519$) which indicates that the more a nurse takes care of themselves, the more compassion they will have for patients when providing nursing care. The participants scores for the Self-Care and Lifestyle Inventory are significantly negatively correlated to their scores for Nursing Burnout ($r = -.540$). This proves the hypothesis that self-care is directly related to nursing burnout. Furthermore, the scores for Compassion Satisfaction and Nursing Burnout were significantly negatively correlated indicating that if a nurse exhibits decreased compassion satisfaction then they are at a higher risk for developing nursing burnout. The scores for the Self-Care and Lifestyle Inventory were not correlated to the scores for Secondary Traumatic Stress (-0.057).

Table 2
Means, Standard Deviations, and Skewness of Scores for Self-Care and Lifestyle Inventory
(N=31)

Item	Mean	Standard Deviation	Skewness
I have at least 1 full day off each week	3.84	.374	-1.937
I exercise for at least 25 minutes	2.61	1.383	-.372
I practice meditation, relaxation, yoga, etc.	1.48	1.387	.396
I laugh without malice cynicism	3.06	.854	-1.502
There are people that I can trust and talk to	3.26	.893	-1.153
I take at least one two-week vacation every year	2.13	1.455	-.031
I drink, smoke, or use other drugs	3.06	.929	-1.469

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The first item on the Self-Care and Lifestyle Inventory had the highest mean score and the lowest standard deviation out of all the items on the survey. From this information you can conclude that almost all the nurses in the sample have at least one full day of work off each week.

Table 3
Means, Standard Deviations, and Skewness of Scores for Compassion Satisfaction, Nursing Burnout, and Secondary Traumatic Stress
(N=31)

Item	Mean	Standard Deviation	Skewness
COMPASSION SATISFACTION:			
I get satisfaction from being able to [help] people	4.48	.677	-.972
I feel invigorated after working with those I [help]	3.48	.926	-.891
I have thoughts that I am a “success” as a [helper]	3.45	.810	-1.041
NURSING BURNOUT:			
I am happy	1.94	.814	1.709
I feel worn out because of my work as a [helper]	3.23	.884	-.476
I feel overwhelmed because my case [work] load seems endless	2.90	.978	-.024
SECONDARY TRAUMATIC STRESS:			
I am preoccupied with more than one person I [help]	3.58	1.089	-.718
I jump or am startled by unexpected sounds	2.94	.998	.566
As a result of my [helping], I have intrusive, frightening thoughts	1.74	.682	.374

By looking at Table 3, you can conclude most nurses often get satisfaction from being able to help people because there is a mean of 4.48 and a skewness of -.972. The nurses also often feel worn out because of the work they are doing as evidenced by the mean of 3.23.

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Discussion

Self-care and health management are important for overall health. Nursing is a very physically and emotionally demanding profession and if nurses do not prioritize their health then they will quickly burnout. The results of this study were very conclusive, and it is evident from the data that nursing burnout is heavily influenced by health management and self-care.

The Self-Care and Lifestyle Inventory asked questions about stress relief methods such as exercise, dietary habits, and use of substances. If the nurses exercised regularly, maintained a well-balanced diet, and did not abuse substances, then their risk for burning out was significantly lower than those who did not partake in these stress relief methods. Because there was a negative correlation between compassion satisfaction and nursing burnout risk, as compassion satisfaction increased, the risk for nursing burnout decreased.

According to a study that was performed in a university hospital in the eastern United States, nurses who used exercising and meditation as a coping mechanism for dealing with stress had much higher compassion satisfaction than nurses who used medicinals as a coping mechanism (Hinderer, 2014). This further proves that self-care and living a healthy lifestyle can decrease a nurse's risk for developing nursing burnout.

Limitations

The primary focus of this study is how self-care affects risk for developing nursing burnout. The questions on the surveying instruments did not ask about age, number of children at home, and other additional stressors that could contribute to workplace burnout. Because nurses from both the day and night shifts were surveyed, the data could be misleading. There are fewer resources and staff during the night shift, so

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their risk for burning out might be greater than a nurse who works the day shift. On the contrary, a nurse who works day shift could be more at risk for developing nursing burnout because they must deal with management and the family members of the patients which add stress to their already stressful workday.

Nursing Implications

Nursing burnout can significantly affect patient care as well as the morale on a critical care unit. Nursing burnout appears to be overlooked which is why this is such a pressing issue in healthcare. By investigating the correlation between physical and emotional health and nursing burnout, initiatives can be made and implemented to decrease the amount of stress that critical care nurses experience in the workplace. Often, the patient's health needs are prioritized, and the general health of the nurses' is not taken into consideration.

It is evident from the results that self-care significantly affects risk for developing nursing burnout. Many of the questions on the Self-Care Inventory focused on stress and how to destress in a healthy manner. Nurses need to be educated about ways to relieve stress in a healthy, constructive way. Focus should be made toward supporting and educating nurses about these methods of stress relief as well as providing them with the resources they need.

There are many techniques that nurses can use to help resolve some of the problems associated with nursing burnout. Some techniques that nurses can use to help regain compassion include meditating, doing yoga multiple times a week, and doing a combination of aerobic and anaerobic exercises. Other methods include eating a well-balanced diet and participating in other stress relieving activities.

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Many large corporations like Apple, Google, and Microsoft provide their employees with access to a myriad of extracurricular activities that they can participate in. It is this type of working environment that needs to be modeled on a hospital campus so that staff and patients alike have access to these stress relieving methods.

Conclusion

Living a healthy lifestyle does not come naturally to a lot of people. In a society where people are always on the move, it is difficult to prioritize our health. For nurses, this is even more of an issue. The amount of physical and emotional stress that critical care nurses deal with on a daily basis is not to be overlooked. Critical care nurses experience extremely high levels of stress. In a critical care setting, people's lives are on the line, which is why the physical and mental state of critical care nurses must be prioritized.

Nursing burnout is multi-dimensional and influenced by not only occupational stressors, but also by the limitations of the study that were revealed earlier. Nurses have preoccupations outside out of the hospital setting that may bring additional stress to their lives and further contribute to their nursing burnout risk. Self-care and nursing burnout risk were the two factors that were focused on most in this study. The data was very conclusive and proved that self-care has a significant influence on nursing burnout risk. Self-care is a modifiable risk factor which means that nurses have full control over their health. If a nurse starts to develop symptoms that are characteristic of nursing burnout, then it is their responsibility to incorporate better self-care methods into their lives to slow the progression of their burnout. In conclusion, nurses must first take care of themselves physically to provide patients with the safest and best care possible.

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Salem State University Institutional Review Board (IRB)
Disclosure Statement

Nursing Burnout: Evaluation of Self Care and Nursing Burnout in a Critical Care Setting

INTRODUCTION: This research will ask you questions about self-care methods, compassion satisfaction, nursing burnout, and secondary traumatic stress. The purpose of the study is to determine if there is a correlation between the self-care of critical care nurses and their risk for nursing burnout.

PARTICIPATION: Taking part in this survey is completely voluntary. You may stop your participation at any time. You are free to decline to answer any question you do not wish to answer. There are no right or wrong answers. All answers will remain completely anonymous.

RISKS: Some of the survey questions ask about drug and alcohol use and may be distressing to you as you think about your experiences.

BENEFITS: The benefits of your participation in this survey are that measures could be taken in the hospital to improve employee satisfaction and increase the amount of stress relief methods that nurses have access to on the hospital campus. The benefits of this study in general are (insert information here).

ANONYMITY/CONFIDENTIALITY: Your name or identity will not be used in reports or presentations of the findings of this research. Information provided to the researchers will be kept anonymous with the exception of information which must be reported under Massachusetts and Federal law such as cases of child or elder abuse. This research project has been approved by the Institutional Review Board at Salem State University. Thank you for your help.

An analysis of the results and an explanation of the study will be available in the Salem State Library in May 2018.

CONTACT: For questions or concerns about the research, please contact Robin Rossignoll.

For concerns about your treatment as a research participant, please contact:
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This research project has been reviewed by the Institutional Review Board at Salem State University in accordance with US Department of Health and Human Services Office of Human Research Protections 45 CFR part 46 and does not constitute approval by the host institution.