



Review

Determinants and prevalence of burnout in emergency nurses: A systematic review of 25 years of research



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ABSTRACT

Background: Burnout is an important problem in health care professionals and is associated with a decrease in occupational well-being and an increase in absenteeism, turnover and illness. Nurses are found to be vulnerable to burnout, but emergency nurses are even more so, since emergency nursing is characterized by unpredictability, overcrowding and continuous confrontation with a broad range of diseases, injuries and traumatic events.

Objectives: This systematic review aims (1) to explore the prevalence of burnout in emergency nurses and (2) to identify specific (individual and work related) determinants of burnout in this population.

Method: A systematic review of empirical quantitative studies on burnout in emergency nurses, published in English between 1989 and 2014.

Data sources: The databases NCBI PubMed, Embase, ISI Web of Knowledge, Informa HealthCare, Picarta, Cinahl and Scielo were searched.

Results: Seventeen studies were included in this review. On average 26% of the emergency nurses suffered from burnout. Individual factors such as demographic variables, personality characteristics and coping strategies were predictive of burnout. Work related factors such as exposure to traumatic events, job characteristics and organizational variables were also found to be determinants of burnout in this population.

Conclusions: Burnout rates in emergency nurses are high. Job demands, job control, social support and exposure to traumatic events are determinants of burnout, as well as several organizational variables. As a consequence specific action targets for hospital management are formulated to prevent turnover and burnout in emergency nurses.

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Contributions of the paper

What is already known about this topic?

- Burnout is a state of depletion of resources of an employee, as a result of a negative perception of the work environment, and is characterized by (1) emotional exhaustion, (2) depersonalization and (3) lack of personal accomplishment.

- Burnout has important consequences for the health care provider (physical and mental), the patient (e.g. quality of care) and the health care system (e.g. higher absenteeism, turnover).
- Nurses are found to be a high-risk group for burnout. However, research suggests differences between nursing specialties in predictors and outcomes.

What this paper adds?

- On average, more than 25% of the emergency nurses exceeded the cut-off for the different dimensions of burnout.

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- A broad set of predictors for burnout in emergency nurses was described: demographic and personality characteristics, coping strategies, exposure to traumatic events, job characteristics and organizational factors.
- Level of professional autonomy, team spirit and social support, quality of leadership, and frequency of exposure to traumatic events were found to be strong predictors of burnout in emergency nurses.

1. Introduction

Several studies show that a positive experience of the work environment (low strain) is related to work engagement and professional commitment, while a negative perception (high strain) is related to a state of depletion of resources, called 'burnout' (Ahola et al., 2009). In the early '70s of the last century, Freudenberg defined burnout as 'the extinction of motivation or incentive, especially where one's devotion to a cause or relationship fails to produce the desired results' (Freudenberg, 1974). Shortly after, Christina Maslach defined burnout as a psychological state resulting from prolonged emotional or psychological stress on the job (Maslach and Jackson, 1981a,b; Maslach et al., 2001). Maslach sees burnout as an internal emotional reaction (illness) caused by external factors, resulting in loss of personal and/or social resources: 'Burnout is the index of the dislocation between what people are and what they have to do. It represents erosion in values, dignity, spirit, and will—an erosion of the human soul. It's a malady that spreads gradually and continuously over time, putting people into a downward spiral from which it's hard to recover' (Maslach and Leiter, 1997).

Burnout, as defined by Maslach, has three dimensions. The first dimension of the burnout syndrome is "emotional exhaustion". When the emotional reserves are depleted, employees feel that they are no longer able to provide work of good quality. They have feelings of extreme energy loss and a sense of being completely drained out of emotional and physical strength (Maslach and Jackson, 1981a,b). The second dimension "depersonalization" is defined as the development of negative attitudes, such as cynicism and negativism, both in thinking as well as in behavior, in which coworkers and service recipients are approached with derogatory prejudices and treated accordingly (Maslach and Jackson, 1981a,b). The third aspect is "lack of personal accomplishment". This is defined as lack of feelings regarding both job and personal competence and failure in achieving goals (McDonald-Fletcher, 2008; Maslach and Jackson, 1981a,b). There is a general consensus in the literature that emotional exhaustion is the central or core dimension of burnout (Gaines and Jermier, 1983; Sonnentag et al., 2010).

The consequences of burnout are multiple. Apart from a decrease in the quality of care (in case of health care jobs), a relationship was found between burnout and the occurrence of musculoskeletal disorders, depression, obesity, insomnia, alcohol intake and drug abuse (Poghosyan et al., 2010a; Sorour and El-Maksoud, 2012; Iacovides et al., 1999; Moustaka and Constantinidis, 2010). Burnout also has a negative impact on the quality of life of the employee, with more intra-relational conflicts and aggression (Wu et al.,

2011). Finally, burnout can also lead to a significant economic loss through increased absenteeism, higher turnover rates and a rise in health care costs (Borritz et al., 2006).

The prevalence of burnout, assessed by use of a self-report instrument in a *general working population* in Western countries, ranges from 13% to 27% (Norlund et al., 2010; Lindblom et al., 2006; Kant et al., 2004; Houtman et al., 2000; Aromaa and Koskinen, 2004). Nurses are known to be at higher risk for the development of burnout than other occupations (Maslach, 2003; Gelsema et al., 2006). Research showed that nurses indeed report high levels of work related stress (Hasselhorn et al., 2003; Smith et al., 2000; Clegg, 2001; McVicar, 2003) and that 30% to 50% reach clinical levels of burnout (Aiken et al., 2002; Poncet et al., 2007; Gelsema et al., 2006). According to several authors, the demands that burden the nurses (in terms of work setting, task description, responsibility, unpredictability and the exposure to potentially traumatic situations) and the resources they can rely on, are strongly related to the content of their job and their nursing specialty (Browning et al., 2007; Ergun et al., 2005; Eriksen, 2006; Kipping, 2000; Mealer et al., 2007). *Emergency (ER) nursing* is a specialty that differs from other nursing specialties: work in emergency departments is hectic, unpredictable and constantly changing. ER-nurses are confronted with a very broad range of diseases, injuries and problems. Moreover, due to the hectic work conditions and overcrowding, emergency nurses often have to move from one urgency to another, with often little recovery time (Alexander and Klein, 2001; Gates et al., 2011). As a consequence, rates of burnout are found to be very high in emergency nursing settings (Hooper et al., 2010; Potter, 2006).

2. The review

2.1. Aim

The aim of the present review is (1) to examine the level of burnout in ER-nurses and (2) to identify specific determinants of burnout in these nurses, including various individual and work-related factors.

2.2. Search methods

The databases NCBI PubMed, Embase, ISI Web of Knowledge, Informa HealthCare, Picarta, Cinahl and Scielo were searched in June 2014 for original research publications that were written or published in the last 25 years (1989–2014) in English, concerning exposure to occupational stress and its consequences in ER-nurses, in terms of burnout. Furthermore, the references of the retrieved papers were searched for additional links. For this search, combinations of the following keywords were used: strain, stress*, occupational stress, work stress, work-stress, workplace stress, work environment, ER, E.R., trauma center, triage room, A&E, ambulance, critical care facility, emergency service, first aid, "Emergency Service, Hospital" [Mesh], "Emergency Medical Services" [Mesh], "Emergency Nursing" [Mesh], "Emergency Medicine" [Mesh], nurse*,

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