Stress and Burnout in Nursing Profession

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Short Communication

Stress, described by Lazarus as “a particular relationship between the person and the environment that is appraised by the person as taxing or exceeding his or her resources and endangering his or her well-being [1],” has been regarded as an occupational hazard since the mid-1950s [2]. Health professionals, being responsible for the health of others are under the pressure of different stressors [3]. Nursing has been regarded as a particularly stressful profession. The stressful factors in this job have affected nurses in a serious way [4]. Work stress in nursing was first evaluated in 1960 when Menzies recognised four sources of anxiety among nurses: patient care, decision making, taking responsibility, and change [5]. The highest rate of job stress is in the 25-29 age groups and minimum in the 35 and above ages. This may be related to greater consistency and increase in their skills and work experience due to increasing age [6]. Stressors for nurses identified by various studies include care about patients, knowledge, skill and tasks of nurses and policies, relation with managers and coworkers, noises, light, shift duty and frequent night shifts [7-10]. Abdi and Shahbazi also showed that physical environment, responsibility and range of roles are the most important sources of stress [11]. Elder showed in his study that the effect of coworkers, heads and workloads was important factors of job stress. The demographic factors were not very important [12]. On the other hand Khaqhanizadeh et al. [13] showed a relation between marital status and job stress of nurses. Personality traits are also factors in the development of stress since what is exciting to one person may be overwhelming to another [14]. A meta analysis of 20 studies on the effect of factors on job stress revealed that attitude toward job (participation in making decisions, satisfaction, job commitment) and some special aspects (dangers and hardships of a job), are the most powerful factors that affect job stress [15]. Other studies have mentioned workload, roles and services in units with high work load as sources of job stress in nurses [16,17].

The term “burnout” was coined by Freudenberger in 1974 to describe a state of physical, mental, and emotional exhaustion that often results from a combination of very high expectation and persistent situational stress. Nursing profession has been considered to be highly susceptible to burnout due to work overload, inter-professional conflict, lack of clarity, task ambiguity, increasing complexity of the tasks, patients’ emotional demands, and with patients’ poor prognosis. Age, duration of total period of nursing, locus of control, sense of general well-being, adjustment capabilities, and emotional maturity were found to have significant relation with burnout [18]. Job stress can result in lack of health and even hurting people [19]. Stress among nurses causes tiredness, harsh behaviour, anxiety, increase of blood pressure, lack of self-confidence, lack of job satisfaction, and decrease in efficiency [20]. It can lead to depression, isolation from patients, absence and decrease of their qualification, absenteeism and turnover, and consequently detract from the quality of care [21,22]. Is there any solution to the problems of stress and burnout in nursing profession? By turning work environments into healthy workplaces, researchers and nurse leaders believe that improvements can be realized in recruitment and retention of nurses, job satisfaction for all health care staff, and patient outcomes-particularly those related patient safety [23]. In another study, a general construct labelled “organizational support” revealed the expected negative relationship with work exhaustion [24]. Likewise, social support from supervisors or colleagues demonstrated a negative association with work stress and burnout [25,26]. There was a direct and beneficial effect of social support on workers’ psychological well-being and organizational productivity [27]. Work empowerment showed a strong, negative association with job tension and a strong positive relationship with perceived work effectiveness [28,29]. As perceptions of empowerment increased, staff nurses reported less emotional exhaustion and depersonalization along with a greater sense of personal accomplishment-the three components of burnout [30]. Managerial support and participative management reduced stress [31,32]. Thus, institutional leaders need to understand their financial standing and also need to assess how environmental stress is affecting patients and staff and thereafter take action to alter these situations.

References


