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How has the Pandemic Exacerbated Nurse Burnout, and what can be done to Improve their Psychological and Emotional Well-Being?

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**How has the Pandemic Exacerbated Nurse Burnout, and what can be done to Improve
their Psychological and Emotional Well-Being?**

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NURS 4500: Nursing Research and Thesis

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Lisette Diaz, Fall '22

Abstract

Background

The COVID-19 pandemic has affected millions of people, both emotionally and physically. Nurses are among the people who are most affected. The nurses' quality of life and the way they provide care has been changed by the pandemic. Nurses are so focused on providing the best possible care for their patients that they neglect to look after themselves.

Objective

The purpose of this literature review is to identify and evaluate how the COVID-19 pandemic has affected nurses and their well-being. The significance of this research was to establish how the ongoing pandemic has impacted nurses' performance and emotional well-being due to burnout.

Methods

An online search was undertaken as part of a content analysis to see if there were any correlations between nurse burnout, professional work performance, and personal well-being. Keywords used in this search included: Nurse Burnout, COVID-19, Weariness, and Stress were used to find the majority of the study articles.

Findings

A total of six articles were used; this included cross sectional studies, observational studies, meta-analytic studies, and quantitative studies. Within these studies, it was found that most of the burnout was caused due to an increase in work hours, stress, fatigue, traumatic stress, inadequate administrative time, inability to separate work from personal time, and inadequate support from nursing staff (Richards, A. E., et al. 2021).

Conclusion

This comprehensive evaluation of the literature revealed that nurse burnout is on the rise around the world, resulting in a significant increase in stress and exhaustion. A better work atmosphere, taking more breaks, talking to a professional (therapist), learning to manage stress, being able to separate work and home life, and avoiding superfluous work are all depicted as techniques to decrease burnout among nurses. As a profession that is known to help and advocate for patients, it is critical and necessary to create solutions that will help everyone in this field, especially our nurses.

Proposal

I propose to have a mixed quantitative and qualitative survey to collect new data from how the nurses in the previous studies have felt, after the study was first conducted, and to see if they would like to follow-up with an interview to be able to express their concerns.

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Introduction

Millions of individuals have been afflicted by the COVID-19 pandemic, both emotionally and physically. Nurses are among those who are being impacted the hardest. Burnout among nurses is starting to become a national issue due to the pandemic that has been going on for the past two years. This pandemic has affected the nurses' way of living and their way of providing care. Burnout is defined as a syndrome conceptualized as resulting from chronic workplace stress that has not been successfully managed and is characterized by three dimensions: feelings of energy depletion or exhaustion; increased mental distance from one's job, or feelings of negativism related to one's job; and reduced professional efficacy (WHO, 2019).

With personal experience, many of the nurses that I have worked with mention how hard it is to be working under the pressure of the pandemic. One nurse in particular mentioned to me that nurses are slowly starting to leave, causing them to be short staffed and having to work more days and long hours in order to meet the demands. Although they have tried to bring this up to their management, all management does is reward their employees by giving them awards or free food as an incentive for all of their hard work.

Problem Statement

Nurses perform tasks that require tremendous amounts of professional knowledge and technical skills in order to meet the patients needs. According to a study, nurses experience elevated stress in the course of providing continuous care for patients 24 hours a day, as well as contacting and communicating with many medical staff and family members (Epp K, 2012). Nurses are so focused on giving their patients the finest possible care that they forget to look after themselves. Because of how busy they are working shifts back-to-back, especially with the number of nurses leaving, they may believe they don't have time to care for their own health.

With this problem, this paper examines how the pandemic exacerbated nurse burnout, and what can be done to improve their psychological and emotional well-being?

Literature Review

During this literature review, the main focus question was “how has the pandemic exacerbated nurse burnout, and what can be done to improve their psychological and emotional well-being?”. The objective for this paper was to see how the pandemic has affected nurse burnout and ways that nurses can improve their well-being.

While doing my research for this paper, I focused on using reliable databases. The main one that was used was Iceberg, which is a database specifically used at Dominican that allows us to search for different topics and provides articles, journals, books, etc. regarding the topic that is being researched. I primarily focused on using terms such as, “nurse burnout, COVID-19, stress, fatigue, and studies”. While doing this search, I was able to find primary articles that were needed to focus my research on. I was able to find six primary sources and two secondary sources that focused exactly on my topic. The way the articles were chosen was that I looked specifically for studies regarding the pandemic and nurse burnout. Within those studies, I focused on the location of the where the study took place and the different outcomes that resulted within that study.

In this paper, I will be focusing on the six primary sources in which research studies were conducted, worldwide, and the outcomes that occurred within that study. While reviewing these primary sources, I narrowed them down into three categories for this paper. Those categories include, burnout in nursing before and during COVID-19, effects on nurses due to burnout, and improvement on physiological and emotional well being for nurses. In the first category, I will narrow my focus to how nurses were affected with burnout before the pandemic and then during the pandemic. In my second category, I will specify the effects nurses have had mentally due to

burnout and other ways it has affected them. Lastly, my final category will focus on what nurses have done, so far, to improve their mental well-being, as well as other ways that nurses can improve their emotional and psychological health.

Burnout in Nursing before and during COVID-19

Within this category, the primary focus will include distinguishing burnout among nurses before and during the pandemic of COVID-19. I focused on choosing two primary articles for this category in which one talks about how burnout has affected nurses even before COVID-19 and how burnout is affecting nurses during the pandemic. The goal of this category is to focus on the differences and similarities between these two articles and their final outcomes. The reason that these two specific articles were chosen were because they were the ones that related most to this detailed search. The articles include a meta-analytic study and an observational study in which they both focused on nurses working in hospitals and factors that lead to overall burnout.

A meta-analytic study on levels of burnout and risk factors in medical area nurses was done to examine burnout prevalence rate among nurses from different medical areas (Molina-Praena, et al. 2018). The aim of this study was to analyze associated factors to the prevalence of each rate. This study took place in 2018 and had a systematic review, with meta-analysis, in which they looked through different scientific databases, which included: PubMed, Medical Complete, Scopus, LILACS, CUIDEN, CINAHL, PsycINFO, and ProQuest Health (Molina-Praena, et al. 2018). Although scientific databases were the main target for this study, they also gathered information from 6092 nurses from different specialties to obtain any important values that could be combined with the original findings.

According to the results of this study, medical area nurses are mostly affected in those who are single, those who have multiple employment, those who suffer from work overload, and

those who have had relatively little experience in the field. The most significant finding is that nurses who suffer from work overload and recent hires are the ones who will be more at risk to develop burnout. Within this article, it emphasizes how nurses are in charge of so many tasks besides providing care for the patients, such as having to document and perform computer skills that need to be completed every so often while they are still providing care for each of their patients. Nurses who got hired will be stressing over how to do certain tasks or how to approach certain things without having much experience. Furthermore, it was also shown that factors contributing to burnout included high emotional exhaustion, high depersonalization, and inadequate personal accomplishments (Molina-Praena, et al. 2018).

An observational study was done on chronic hospital nurse understaffing and then COVID-19 appearing. The focus of this study was to determine whether staffing varies across hospitals and the consequences of patient outcomes as a result of understaffing in New York and Illinois (Lasater, K.B. et al. 2021). This research was conducted between December of 2019 to February of 2020, in which they focused on 433 hospitals primarily in New York and Illinois. They took two different samples from nurses who had direct-care with patients and their associations that related to job outcomes due to understaffing and COVID-19. In the first sample, they had nurses working on medical-surgical units take the survey and in the second sample they had ICU nurses take the survey. In the survey, they were asked to rate their quality of care (excellent to poor), a letter grade to determine safety (A-F), types of procedures that were done, if patient information was lost during handoffs, administering medications or performing procedures on time (Lasater, K.B. et al. 2021).

Within the results, it was found that these two states were already struggling with high patient workload and frequent failures which was due to understaffing. However, as soon as the

COVID-19 surge began, it became more intense for the nurses as the patient to nurse ratios dramatically increased from 3.3 to 9.7 (Lasater, K.B. et al. 2021). More than half of the nurses were experiencing high burnout rates and one in four nurses were planning to leave their job because of this. Over two thirds of nurses stated that they would not recommend their hospitals to family and friends who needed all the appropriate care due to safety issues (Lasater, K.B. et al. 2021). It was emphasized that unfavorable patient and nurse outcomes were associated with poor understaffing in nurses. The patients were not receiving the quality of care they needed because of the burnout nurses had due to understaffing.

Although the main focus of these two articles was about burnout related to nursing before and during the pandemic, these articles focused on other factors that contributed to these outcomes. Both of these articles focused on the main issue but also went into detail about other problems that focused on the relationship between nurses and patients, the quality of care that was demonstrated, and the overall outcomes that were pieced together to give us the final results.

Effects on Nurses due to Burnout

In this category, the main focus will be to focus on the different effects that nurses have due to burnout. The primary effect focuses on factors contributing to mental health. Two articles were chosen for this specific category. One of the articles focused on a cross sectional study that was done in Ethiopia while the other article was a quantitative daily diary. The aim of this category was to see how the effects of burnout have mentally affected nurses. Both of these articles were chosen for this category because they directed their studies towards this topic.

A cross sectional study was done in Ethiopia to figure out the associated factors among nurses, due to burnout, in public hospitals. This study was conducted in Eastern Ethiopia during February 1-29 of 2020 to determine the magnitude of burnout and their associated factors

(Dechasa, D.B., et al. 2021). 412 nurses were randomly selected to conduct this study and focused on making sure the nurses have been working in hospitals within the past six months. Data was collected from all the nurses using a self-administered, standardized questionnaire which was then entered into a database (EpiData) which was then converted into statistical analysis (Dechasa, D.B., et al. 2021).

The major findings within this study showed that 183 out of the 412 nurses experienced high levels of burnout which were associated with the job (Dechasa, D.B., et al. 2021). Nurses mentioned that marital status, poor current health status and working over eight hours a day were the top contributors to burnout in nurses (Dechasa, D.B., et al. 2021). All of these factors lead to nurses becoming overwhelmed causing them to have low personal accomplishment and feeling as there isn't much they can do because of all the high workload and stress that comes with the job.

The second article that was used for this category focused on a diary study of self-undermining and self-regulation failure among nurses due to burnout. The objective of this study was to test how burnout impairs day-to-day strategies with job satisfaction/ performance (Roczinewska, M., Bakker, A.B., 2021). Self-reported questionnaires were used between January and March of 2018 with 81 nurses from Polish hospitals (Roczinewska, M., Bakker, A.B., 2021). The nurses were to respond to a general survey before, during, and after work for a total of ten consecutive days to determine proper data collection.

Within these results, it was demonstrated that nurses experience one of the highest burnouts because of how intense the profession can be. It was discovered that one in three nurses exhibit this syndrome which can cause a variety of different outcomes. Self-regulatory capacity before work was negatively related to self-undermining which would predict the daily job

performance (Roczinewska, M., Bakker, A.B., 2021). Most of the nurses in this study experienced some kind of burnout which was observed with maladaptive patterns which suggested that it could develop into more serious complaints. Nurses felt that with burnout, their day-to-day behavior was changing and were unable to provide the best care, which led them to feel like they were incapable of doing their job (Roczinewska, M., Bakker, A.B., 2021).

While the main aim of this category was to focus on the mental effects of burnout with nurses, these studies went further into investigating other reasons for the mental effects of nurses, besides burnout. Both of the articles mentioned the ways nurses were feeling about themselves and how it was affecting their mental health, but also described the other factors that could be contributing to their mental health.

Improvement on Psychological and Emotional Well-Being

In this final category, the main focus is to find ways that can help nurses improve their psychological and emotional well-being, since they have begun to experience tremendous amounts of burnout. I found two articles that focused on nurse burnout and different ways that could help decrease or improve their well-being. Both of the articles that I found were focused on cross sectional studies in which their aim was to see how much burnout has affected nurses and the overall factors that could contribute to improving nurses' emotional and psychological well-being.

The first cross-sectional study took place in Korea in which they focused on traumatic stress and compassion satisfaction that was associated with stress and burnout (Lee, H. et al. 2021). This quantitative study collected data from 10,305 nurses who participated in a health study for Korea in which they had to complete a web-based questionnaire that asked them certain questions that could contribute to their burnout (Lee, H. et al. 2021). Within the data that was

collected, it was shown that nurses felt that their work-related stress and burnout would then lead to them having personal stress. Nurses were less likely to concentrate on what they were doing because they were focused on what was going on in their personal lives.

The results of this study demonstrated that stress assessment and management are one of the most important approaches to preventing burnout (Lee, H. et al. 2021). It's important for nurses to develop a comprehensive plan that helps them surround themselves with qualities that will assist them when they feel extreme burnout instead of ignoring it and trying to do something else. It was shown that nurses who signed up for a stress reducing intervention program and promoting compassion satisfaction helped them feel better and found it effective (Lee, H. et al. 2021). Furthermore, in one of the previous articles, it was mentioned that management should provide training in which they focus on stress coping mechanisms that will assist them in giving the attention that is needed on nurse burnout and their associated factors (Dechasa, D.B., et al. 2021).

The second cross sectional study focused on burnout and emotional intelligence within practice providers across the United States. The aim of this quantitative study was to conduct an 80-item survey that was created by Maslach Burnout Inventory (Richards, A. E., et al. 2021). This survey was then distributed, administered, and collected using a web-based platform in order to create statistical analyses with the participants and burnout (Richards, A. E., et al. 2021). A total of 106 participants completed the survey and 54% of them reported to have current burnout. The main factor to this burnout was due to the overwhelming amount of work within the profession. They stated that "treating patients and colleagues as objects rather than human beings and feeling emotionally depleted" was a contribution to one's mental health (Richards, A. E., et al. 2021).

As a result of this study, the main findings showed that high burnout rates were due to inadequate support with staff in the workplace, inadequate administrative time, an inability to continue education because of work, the inability to separate work from personal time, and an inability to advance within their field (Richards, A. E., et al. 2021). It was strongly suggested that in order to help nurses with their mental well-being, there need to be plenty of support systems and some kind of developmental pathways for professional growth (Richards, A. E., et al. 2021). Being able to tackle burnout must involve strategies at the institutional and personal level to improve life balance, emotional intelligence, support systems, and opportunities for career development (Richards, A. E., et al. 2021). Nurse educators must be able to help recognize the signs of chronic stress that lead to burnout and be able to take in consideration strategies to diminish burnout.

Nurses shouldn't feel that they are alone when going through this difficult time. They need to seek a mentor, create realistic goals for themselves, and especially speak up in order to obtain all the help they can get. If needed, nurses should set aside personal time from work and understand their limits when it comes to working. Being able to incorporate simple strategies (eating healthy, doing something "fun", going to the gym, spending time with others, meditating, etc.) will come a long way to improve burnout.

Discussion

Within this investigation, it demonstrated how much burnout has been affecting nurses before and especially during the pandemic. There are so many factors that come into play, but the biggest one being the amount of workload nurses go through causes them to feel burnout. Nurses become so focused on giving the best care, that they forget to care for themselves. Being able to understand burnout and ways to prevent it, will help nurses slowly tackle it. Overall, a

strength within this research was that all the main factors to burnout were able to be identified with nurses; however, a limitation is that there is no further research done to see if the implementations that were suggested were completed and if the outcomes that came with it were suspected or completely different. Since the pandemic is still ongoing, there should be further research to be done in order to see if any new outcomes will come from it or to follow-up with a study that was already done to determine any long-term effects.

Proposal For Further Research

Research Design

After conducting an investigation regarding nurse burnout due to the pandemic and ways for nurses to improve their psychological and emotional health, another question arose. The newest question would be, “what were the outcomes and long-term effects that have happened since these studies were conducted?”. Since the studies were done during the pandemic, there are gaps within the research regarding any new overlaps with outcomes and how the nurses could be doing now. Researchers focused primarily on quantitative research regarding studies, surveys, and scales. However, there wasn’t much qualitative research about how nurses actually felt, what they wanted to express, or being interviewed regarding anything else they felt was important.

For the research of this study, I will propose a mixed quantitative and qualitative survey to collect new data from the nurses in one of the previous studies (reviewed in this thesis) about how they felt after the study was first conducted, and to see if they would like to follow-up with an interview to be able to express their concerns. To meet the challenges of conducting this new study, and connecting with potential participants, a collaboration with researchers from one of the other studies will be sought.

Methods

I propose a mixed qualitative and quantitative pilot survey to collect new data from how the nurses in a previous study (or studies) felt after the first study was first conducted, and to see if they would like to follow-up with an interview to be able to express their concerns. The research question that will be addressed within this study is: Since the previous study was conducted regarding burnout within us nurses, are there additional outcomes or concerns that have arisen or any long-term effects that have developed?

To answer this question, a questionnaire will be sent out and at the end there will be an option to contact the researcher for an interview to be done one-on-one. This questionnaire will be sent out to those who participated in the previous study (or studies) performed in the United States (estimate of about 100 nurses). The open period for collecting responses will be month.

The nurses who agree to participate in this new study will be asked to give consent and understand that this is voluntary participation but will also have the option to withdraw at any time if they refuse to go through with the study. The ethical considerations within this research include: respect for persons, justice, confidentiality, beneficence, fidelity, and right to withdraw. The steps for this research are planned to go as follows:

- I. Write out the questionnaire revolving any new outcomes or long-term effects due to the burnout. The questions will be open-ended with a few regarding how they would rate certain topics from a numerical scale.
- II. Send an idea of the questionnaire to get reviewed and approved from the Internal Review Board.

- III. Contact the researchers who were in charge of conducting the previous studies in the United States to get information about nurses (without violating privacy) who voluntarily decided to partake in additional research.
- IV. The questionnaire will then be sent to the nurses who agree to participate and wait for their responses to be collected over the month-long period of time.
- V. Once we have received the responses from the questionnaires, we will then analyze the data to determine any new outcomes or long-term effects due to burnout.
- VI. Interviews will be conducted among nurses who have agreed to participate.
- VII. The one-hour interviews will be recorded and transcribed, The data will be examined to discern additional perspectives from the nurses that have not yet been uncovered.

Once the first three steps have been completed, we will then proceed with the next remaining steps. The first step includes creating the qualitative and quantitative research study questionnaire. The survey will consist of the following questions:

- On a scale of 1-10, with 1 being not satisfactory and 10 being the best, how would you rate your overall satisfaction with your job since the time you previously participated in a study?
- Regarding the previous question, has anything changed or improved since the midst of the pandemic at your job? Is there anything you would like to add-on, regarding your answer?

- On a scale of 1-10, with 1 being no change and 10 being a lot of improvement, how would you rate your stress (at work) since the time you previously participated in a study?
- From your previous answer, what are the common stressors that contribute to your stress/burnout? What have you done to decrease the amount of stress/ burnout?
- On a scale of 1-10, with 1 being little to no change and 10 being lots of change, how would you rate your support in the workplace since the previous study you participated in?
- What are ways that your management has helped to decrease work overload and reduce stress?
- On a scale of 1-10, with 1 being no time and 10 being plenty of time, how would you rate being able to separate work from personal life or having opportunities for professional growth?
- How are you able to manage your personal life from work and what are some changes you have done to have opportunities to advance in your professional field?
- On a scale of 1-5, with 1 not being comfortable and 5 being comfortable, how would you rate being able to speak up in your workplace regarding being burnout and work overload?
- In a few words, how would you describe your overall satisfaction with the ideas that were implemented into the workplace (ex: stress reduction classes, management awareness, breaks, meditation rooms, etc.)? Would you say these helped? What other recommendations would you have to make this better for your workplace?
- Lastly, would you like to participate in an interview for further questioning?

Respondents who agree to the interview will participate in a one-hour session in a private location at a time that is convenient for the participant. A semi-structured interview will be conducted with open-ended questions, such as:

- Please describe your perspective of the most helpful interventions for reducing stress.
- What are your recommendations for reducing nurse burnout?
- Please describe what you would like others to know about the pandemic and how to avoid burnout.

Ethical Considerations

While analyzing the mixed - method survey in this research, it is important to consider the ethical aspects. Ethical considerations in this study, for all participants, include confidentiality, privacy, respect for persons, justice, fidelity and right to withdraw. Lastly, it is important to consider that some of the participants may not want to be 100% honest with their responses causing a dissemination of false information.

Prior to collecting any data, a collaborative relationship with the researchers associated with the studies that were previously conducted. Promises of privacy for the participants from those researchers must be respected and only those participants who have given permission to be contacted in case of follow up, will be recruited. Also, the new study will be reviewed for ethical considerations by the Dominican University Internal Review Board and will need to be approved. The study will be clearly explained to potential participants, and they will have the research team's contact information if they have any questions. Once a nurse agrees to participate in the new study, a consent form will be provided, and informed consent will be obtained. An additional consent form will be provided for those who agree to participate in the interview to ensure consent for recording.

Data Analysis

The results of the survey will be reviewed in order to determine if there were any changes in outcomes regarding burnout and if the suggestions that were made helped improve the work environment for nurses to help decrease stress that could lead to burnout. Once all the responses are recorded, quantitative data will be analyzed using descriptive statistics. The range of nurses' overall responses for each question in the new study will be compared to answers from the previous study or studies. This will also assist in seeing the variety of responses from the participants and seeing if there were any similar answers, similar ratings, as well as differences.

Content analysis will be used to analyze responses to open-ended questions on the survey. For the content analysis, the responses will be examined for similar words and phrases. The similar words and phrases will be organized into groups. An expert in qualitative analysis will aid in exploring the groupings and potentially derive themes. Content analysis will also be used to analyze the data from the interviews, after the recordings have been transcribed.

Theoretical Framework

The theoretical framework for the study presented in this proposal is based on the theory of stress reduction by theorist Betty Neuman. Betty Neuman based her model on the relationship to stress, the reaction to it, and reconstitution factors that are dynamic (Nursing Theory, 2020). The Neuman Systems Model is universal in nature which allows it to be adapted to different types of situations and could be interpreted in different ways (Nursing Theory, 2020). In this situation, the model will be revolving around the idea of reducing stress among nurses as a result of burnout. The Neuman Systems Model focuses on three different levels of prevention. Primary prevention protects the normal line and strengthens defense (Nursing Theory, 2020). The secondary prevention is used to strengthen lines of resistance which reduces the reaction and

increases factors (Nursing Theory, 2020). Finally, the tertiary prevention readapts, stabilizes, and protects the return to wellness (Nursing Theory, 2020).

Conclusion

The purpose of this paper was to investigate and evaluate how the pandemic has increased burnout among nurses and ways for them to improve their mental well-being. This paper went into detail regarding how burnout has affected nurses before and during the pandemic, ways it has affected their health, and how they can improve their psychological and emotional well-being. Majority of my findings answered the question and were able to give all the details that contributed to this problem. There is potential for the improvement of burnout among nurses when it comes to decreasing work overload, implementing stress reduction programs in the workplace, knowing one's own limitations, and allowing for the separation between work and personal life. Allowing nurses to understand the importance of burnout will help advocate for their own health, as well as when it comes to caring for the health of others.

Understanding the importance of burnout can help implement the proper interventions that are needed to prevent it from advancing. Although there will always be some kind of stress in this career, there are ways to reduce the amount of stress related to this high-impacted job. Advocating for the mental health of nurses will go a long way as nurses will seem heard and know that their own health matters. Nurses must care for themselves in order to provide all the proper care for their patients. As a profession that is known to help and advocate for patients, it is critical and necessary to create solutions that will help everyone in this field, especially our frontline healthcare workers.

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Appendix A: Literature Review Table

Author/Citation	Purpose	Sample	Design/Methods	Major Findings	Strengths	Weaknesses/Limitations
<p>Dechasa, D. B., Worku, T., Baraki, N., Merga, B. T., & Asfaw, H. (2021). https://www.proquest.com/docview/2588314650</p>	<p>To examine burnout and associated factors within public hospitals in eastern Ethiopia.</p>	<p>Randomly selected 412 nurses who had been working in hospitals for the last 6 months from February 1-29.</p>	<p>Cross Sectional Institutional based quantitative Study Selected simple random sampling method and data was collected by self-administered, standardized, reliable/ valid, questionnaire. Data was then entered into EpiData and exported to statistical analysis.</p>	<p>183 out of 412 (44%) nurses experienced burnout. Married marital status, poor current health status and fair current status, working more than 8 hours, intention to leave the job, and working in the ER were associated with nurses' burnout.</p>	<p>Clearer details provided on how researchers conducted the study allowing replication, which would contribute to reliability. Had clear, descriptive diagrams and charts to show the different variables</p>	<p>Due to the study being cross-sectional, it couldn't establish a cause and effect relationship.</p>
<p>Lasater, K. B., Aiken, L. H., Sloane, D. M., French, R., Martin, B., Reneau, K., Alexander, M., & Mchugh, M. D. (2021).</p>	<p>To determine whether staffing varies across hospitals and consequences of patient</p>	<p>433 hospitals in New York and Illinois First sample included 4298 RNs Second</p>	<p>Observational Study which collected survey data from nurses and patients from hospitals in New York and Illinois between December</p>	<p>Mean staffing in Med-Surg units was from 3.3 to 9.7 patients per nurse (worst being in New York). Half the nurses</p>	<p>Showed clear, descriptive charts and diagrams showing the different categories and nursing specialties related to the outcomes for each</p>	<p>Objective clinical data is low due to reporting lags. Don't have much information on physician staffing and burnout.</p>

NURSE BURNOUT AS A RESULT OF THE PANDEMIC AND WAYS FOR NURSES TO IMPROVE THEIR MENTAL WELL-BEING

<p>https://qualitysafety.bmj.com/content/30/8/639</p>	<p>outcomes as a result of understaffing in New York and Illinois.</p>	<p>sample included 2182 RNs</p>	<p>2019 and February 2020.</p>	<p>experienced high burnout. 1/3 of patients rated their hospital experience less than excellent.</p>	<p>state.</p>	
<p>Lee, H., Baek, W., Lim, A., Lee, D., Pang, Y., & Kim, O. (2021). https://www.proquest.com/docview/2553250612</p>	<p>To evaluate the influence of stress and identify mediating factors of secondary traumatic stress and compassion satisfaction among Korean hospital nurses.</p>	<p>Collected data from 10,305 nurses who participated in the Korea Nurses' Health Study.</p>	<p>Quantitative survey, Cross Sectional Study in which participants were selected between nurses living in Korea who were between 20-45 years of age. Had to complete a web-based questionnaire in which they answered questions regarding educational level, marital status, department, working overtime, etc.</p>	<p>Stress was significantly associated with burnout and mediated by secondary traumatic stress. Findings indicated that having a positive aspect (satisfaction) would reduce burnout.</p>	<p>Went into detail with giving us a description on everything they did during the study, even if it was small. Would emphasize the importance of the measurements during their study and would provide graphs and charts.</p>	<p>Not including psychological factors in the survey. Could not investigate the support nurses had at the hospital. Only focused on female nurses and the effects of occupational, environmental, and lifestyle risk factors. The results only had limited conclusions about casual relationships.</p>
<p>Molina-Praena, J., Ramirez-Baena,</p>	<p>To examine burnout</p>	<p>Scientific databases</p>	<p>Meta-Analytic Study.</p>	<p>31% of nurses experienced</p>	<p>Clear and descriptive tables depicting the</p>	<p>n/a</p>

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<p>L., Gómez-Urquiza, J. L., Cañadas, G. R., De la Fuente, Emilia I, & Cañadas-De la Fuente, Guillermo A. (2018).</p> <p>https://pubmed.ncbi.nlm.nih.gov/30544672/</p>	<p>prevalence rate among nurses from the medical area.</p>	<p>were the main target to gather all the information. 6092 nurses were included from different specialties of nursing.</p>	<p>Used a total of 38 articles from different scientific databases and were classified by level of evidence and degrees of recommendation.</p>	<p>emotional exhaustion and 38% felt like they had low personal accomplishment. Factors related to burnout included marital status, professional experience, and psychological factors.</p>	<p>characteristics from the articles that were chosen and the main results from each study/ article.</p>	
<p>Richards, A. E., Curley, K. L., Zhang, N., Bendok, B. R., Zimmerman, R. S., Patel, N. P., Kalani, M. A., Lyons, M. K., & Neal, M. T. (2021).</p> <p>https://www.sciencedirect.com/science/article/pii/S1878875021012365?via%3Dihub</p>	<p>To examine burnout and emotional practice within Providers across the U.S.</p>	<p>106 Neurosurgical providers were asked to complete an 80 item survey</p>	<p>Cross-Sectional Quantitative Study Analysis which included an 80 item survey was created by the Maslach Burnout Inventory Human Services Survey for Medical Personnel. It was distributed, administered, and collected using the web-based REDCap platform. Statistical analyses were completed</p>	<p>106 neuro providers completed the survey and 54% of them reported burnout. Factors that were associated with burnout included inadequate support with staff in the workplace, inadequate administrative time, an inability to continue education,</p>	<p>Had clear, detailed charts, tables, diagrams, etc. to emphasize how everything was laid out during the study and what the results showed. Went into details within each section regarding how it related to the study.</p>	<p>Participants were not randomly selected. The ones that were chosen most likely knew the person that was conducting the study. Comorbidities resulted in increased rates of burnout. Effects of the pandemic are still unclear within the providers.</p>

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			using a comparison of the participants and burnout.	inability to separate work from personal time, and inability to advance within their field.		
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NURSE BURNOUT AS A RESULT OF THE PANDEMIC AND WAYS FOR NURSES TO IMPROVE THEIR MENTAL WELL-BEING

<p>Roczniewska, M., & Bakker, A. B. (2021) https://pubmed.ncbi.nlm.nih.gov/33955050/</p>	<p>To test how burnout impairs day-to-day adaptive self-regulation strategies that link resources with the job performance of employees.</p>	<p>A sample of 81 nurses from hospitals in Poland that focused on primary healthcare centers between January and March of 2018.</p>	<p>Used a Daily Diary Quantitative Analysis where 81 nurses would respond to a general survey in which they completed daily diary surveys in three different moments: before, during, and after working for 10 consecutive work days.</p>	<p>Self-regulatory capacity before work was negatively related to self-undermining and related to job crafting. Indirect relationships were moderated by chronic burnout. Those who had low levels of burnout, self-regulation was linked to better functioning job crafting. Mild burnout can disturb daily behavior among nurses and can change their working conditions.</p>	<p>Had different hypotheses before new sections to state their point and see whether or not the data they received would correlate with their findings. Went into details with the considerations, collection of data, participants, analysis, etc.</p>	<p>Study measures were based on self-reports (raises concerns that they may be biased by common variance). All participants were recruited by one student assistant. All study participants were Polish nurses and it is known that nurses in Poland usually report favorable work environment conditions. Unable to examine how individuals who suffer from severe burnout regulate their behavior on the daily.</p>
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