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NURSE BURNOUT: PREVENTION AND RECOVERY

A literature review

Centria University of Applied Sciences	Date October 2018	Author Kahihu Mary
Degree programme Nursing		
Name of thesis NURSE BURNOUT: Prevention and Recovery		
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The purpose of this study was to explore the protective measures of nurses burnout. The aim was to provide information on how nurses can prevent and recover from burnout. This study will be useful for both practicing nurses and nursing students understand how to take necessary measures to prevent and control burnout, hence improving patient satisfaction.

The thesis was conducted as a literature review. Data was collected from different scientific journals such as SAGE publications, PubMed and EBSCO. 15 articles that met the criteria given, were selected for the thesis. These articles were less than ten years, available in full text and were all in English. Articles selected were from both qualitative and quantitative studies. Findings from these studies revealed methods of burnout prevention among nurses and also recovery process.

The study indicated that burnout is a preventable condition. Emotional intelligence, Self-awareness and coping mechanisms were linked to high job satisfaction, less stress and hence reduced the chances of burnout among nurses. Controlling of emotions in a suitable way was noted to be a vital component in burnout prevention. Healthy life style was recommended in burnout prevention. It was noted in this thesis that when the body is well conditioned and healthy, handling work stress was much easier. The results also pointed out the recovery process from burnout. Rehabilitation was seen to play a great role in recovery process. The main aim for rehabilitation was seen as promoting behaviour change. During rehabilitation period patients developed new strategies to handle stress. Organizational changes and social support were identified as a great source of empowerment and had a positive effect on burnout recovery. The results of this study will serve as guide to nursing students and practising nurses as well understand the burnout syndrome and learn coping strategies and prevention interventions.

Key words
Burnout, coping strategies, healthcare, nursing, prevention, recovery

ABSTRACT
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1 INTRODUCTION

Compared to other health professionals, nurses have been perceived to have the higher levels of burnout and stress. This is because they work in different environments that may influence their susceptibility to burnout. Nurses spend most of their time with the patients, and they are the first line of contact. They are exposed to emotional strains of dealing with the dying and sick people continuously. If these stressors are left unmanaged, they can eventually lead to burnout. When nurses join the nursing profession they have high expectations of control over the patient's outcome and workplace and when they are not in position to do so, feeling of failure and incompetence sets in and this also triggers stress. 55.4% of nurses globally have been perceived to be at risk of burnout and there is 10% prevalence rate of burnout among practicing nurses. (Browning, Thomas, Greenberg, Rolniak 2009).

Burnout among nurses has been associated with deterioration of quality of work among practicing nurses, high labor turnover, absenteeism from work and frequent occupational health consultations. These are some of the effects of burnout syndrome among nurses. It is important to have a healthy and available working force in order to provide adequate and quality health care to patients. Absenteeism and high turnover causes shortage of nurses and increases workload on remaining nurses hence causing fatigue and burnout to them, which in turn affects the delivery of quality care to patients and this becomes a vicious cycle. (Browning et al 2009).

Finland is among the fastest ageing societies globally. The nursing workforce is ageing and there is high demand for health care services due to the ageing population. There is a significant shortage of nurses in many countries due to the ageing nurse workforce and increased number of nurses who leave the profession prematurely. A Study was conducted in 10 European countries on the early nurses exit (Germany, Finland, France, Britain, Belgium, Italy, Netherlands, Norway, Poland and Slovakia), showed that 14% of the nurses exit their profession prematurely. The intention to leave the profession was highest among the nurses experiencing burnout. A survey done in Finland found out that 26% of nurses under 30 years have often thought of leaving the profession. (Eriksson, Starrin, Janson, 2008).

The purpose of this study is to explore the protective measures of nurse's burnout. The aim is to provide information how nurses can effectively recover from burnout. This study will be useful for both practicing nurses and nursing students to understand how to take necessary measures to prevent and

control burnout, hence improving patient and nurse satisfaction. Interest in this study was developed after three months of doing practice. I was feeling quite emotionally drained, exhausted and I questioned if I might be suffering from burnout. Most of my classmates also shared the same experience. I also noticed the high rate of absenteeism of nurses in the wards during my practice and since burnout leads to absenteeism and high turnover, I was interested in further exploring this topic.

2 THEORETICAL FRAMEWORK

This chapter will define burnout. It will also explain possible causes of burnout and consequences.

2.1 Burnout

Burnout is a unique type of stress syndrome characterized by emotional exhaustion, depersonalization, and reduced personal accomplishment. The term "burnout syndrome," mainly used when referring to caring profession, explains the decreased energy resources as a result of chronic stress. Burnout is not a symptom of work stress but the end result of uncontrolled stress. Term burnout is used to describe effects of severe stress in the helping profession. It is however not a diagnosis on its own, other underlying causes behind this syndrome like depression, anxiety disorder or chronic fatigue syndrome are explained by experts. (Halbeslebem 2008).

Burnout can be explained as a pattern of responses to stressors at the work place. Emotional exhaustion is major factor of a burnout syndrome which can be presenting as lack of energy, low self-esteem, depressed mood, lack of motivation, lack of personal fulfillment, low levels of enthusiasm, interpersonal problems like lessened empathy, work related issues like decreased performance and productivity and also behavioral problems like drug abuse. Lack of personal fulfillment is characterized by feeling of incompetence and lack of satisfaction at work. An example of this state is the moment the professional begins to question their choice of profession and questioning their ability to carry on. Individual fills inadequate both professionally and personally and work no longer fulfills them. This behavior affects the individual's ability to carry out with their work and the contact they have with people, drastically decreasing their productivity and the quality of care service given to the patients. (Halbeslebem 2008).

The difference between stress and burnout is that, stress is defined by over-engagement and over enthusiasm, whereas burnout is characterized by disengagement. Burnout can lead to detachment from reality and dull emotions. A person suffering from burnout, has hers/his emotions strongly affected and motivation weakened leading to a sense of hopelessness. Burnout can also present with physical symptoms including stomach upset, insomnia, weight loss or weight gain and headaches. (Halbeslebem 2008).

Many theories have been used to explain burnout. Schaufeli and Buunk have described burnout in 14 theories after 25 years of research on Burnout. Theories described, are in regard to individual, organizational and community levels. In regard to organizational setting the Cor theory has been developed as one of the leading theories in burnout. The principle of the Cor theory is that individuals have an inborn as well as an adapted drive to create, prevent and protect quality and quantity of their resources. Resources can be considered as many things, but Cor theory relays to those resources that are primary to survival and wellbeing like shelter, sense of belonging and self-esteem. According to Cor theory stress develops when individuals resources are threatened with loss, or when the resources are actually lost or when an individual fails to gain the resources. Burnout is the end result of stress and follows slow progressive loss of resources without compensating resources or replenishing.(Halbeslebem 2008).

2.2 How to identify burnout

Burnout is not as simple as extreme fatigue. Person suffering from burnout feels less involved and lacks motivation for the task ahead. Individual may often fail to recognize him or herself as suffering from burnout and often opinion from relatives and friends may be useful. Relative's view on how they feel towards one overworking and if they notice one is disconnected and is not as fun to be around as was before. (Nuria 2011).

Other symptoms include poor judgement call and decision making. Decision making process can be affected by stress and burnout. A person experiencing burnout has a problem making the right decision. The nurse's decision making and judgement does not adhere to the previous record. This can lead to poor practice and worsening of patients outcomes. In addition, errors and accidents are prone to occur more often. Work related indicators like reduced performance and low productivity are also core indicators of nurse burnout. Secondary to a burnout, nurses' energy and enthusiasm is lessened, leading to poor work commitment. (Nuria 2011).

In final stages of burnout, the practitioner often neglects personal needs, feels internal emptiness, isolates himself from others, and suffers from frustration and loss of self-worth. Person is in denial and is hesitant

to accept change that is been communicated. They may have diminished work competence, where they work long unproductive hours. (Nuria 2011).

According to Gatchel and Schultz (2012), there are three categories of exhaustion that are part of burnout. Physical exhaustion, has been mentioned as one part, which is characterized by chronic fatigue, lack of energy, reduced level of energy, muscle fatigue, back cramps, nightmares, sleep disturbances, regular accidents and changes in body size. Poor sleeping or eating habits and lack of time to exercise and self-care, can eventually lead to many health problems like diabetes and heart attack.

The second category mentioned is emotional exhaustion, whereby person feels emotionally strained and exhausted, resulting from extreme work, personal demands and continuous stress. Characterized by feeling of emotional emptiness, loneliness, depression, hopelessness and uncontrolled crying. A person who is emotionally exhausted has probably exhausted all emotional reserves and has gone beyond capacity to handle emotional stress. (Gatchel & Schultz 2012).

Third category is mental exhaustion that can also be referred to as extreme fatigue. This is severe lack of energy which is affecting a person's ability to perform both physical and mental tasks. Mind and body are deeply interconnected, mental exhaustion symptoms intensely affect the physical body. Mental exhaustion is characterized by low self-esteem, negative attitude towards work and colleagues, breaking of contact with clients and cynicism towards clients. (Gatchel & Schultz 2012).

Insomnia and excessive sleeping are closely related to burnout. Naturally fatigue and emotional exhaustion are closely related. Study shows that individuals with high levels of burnout exhibit poor sleeping qualities. Sleep deprivation has great consequences on a person's life. This may lead to postponing many personal and social activities which may eventually influence work performance and subsequently professional achievements. Strenuous work or lengthy shifts can cause one to be adapt to unhealthy sleeping patterns which is a cause of fatigue in the day and sleepiness. (Gatchel & Schultz 2012).

2.3 Factors leading to burnout

Possible factors contributing to burnout can be classified according to personal traits, work related attitudes and organizational traits.

Studies explain some personality traits that lead to burnout. Certain personalities increase ones susceptibility to stress, thus increasing chances of burnout. The personalities mentioned include perfectionist personality, pessimist, excitability and type A personality. Personality is inborn, it's not possible to change ones personality. Self-awareness is hence important to help one recognize their personal limits and adjust to stress. It is though not yet fully explained how the individual roles of these factors play role in relation to burnout. (Shanshan, Yanhui& Linlin, 2015).

A perfectionist person will beat himself up if everything is not perfect. Regular hard workers are satisfied with their work outcome if its near perfect. Perfectionist person is too terrified of failure and in most cases do not finish the given task. They fail to understand that it is human nature to make errors and are really hard on themselves. Perfectionists do not forgive themselves and their expectations have been presented as a contributing factor to burnout. For instance, nurses expecting to provide a specific level of care that will eventually lead to positive outcomes to all patients is unrealistic. This is also naive and may contribute to stress, that will eventually lead to burnout, if the nurse does not achieve their expected goals (Shanshan et al 2015).

Second personality as mentioned by Shanshan et al (2015) is pessimism. These are people who see the world as threatening and worry about things going wrong, they expect more bad things than good and do not believe in themselves. They cause themselves excessive stress in many day to day situations increasing susceptibility to burnout.

Third personality trait is excitability. These are people who are just naturally more impulsive than others. Their response to stress is stronger and easily triggered. This behavior tend to be observed mainly in very young babies and usually wears off as the individual grows. In some cases the behavior persists to adulthood. Nothing much can be done to change body's chemistry reaction. Tension reliving strategies can be practiced, to help calm and relive stress. Situations that are less threatening can be perceived by self-talk positive strategies. (Shanshan et al 2015).

Shanshan et al (2015) have also analyzed type A personality as a predisposing factor to nurse burnout. People with type A personality are associated with two key characteristics; they are impatient and have free floating hostility, whereby they are triggered by even minor incidents. Type A personalities push themselves with deadlines and hate delays. These people experience more job related stress and work dissatisfaction compared to others. If these people fail to achieve their target in time they create tension. Over many years, this extra tension and stress takes a toll on individuals health, eventually leading to burnout. Working closely with someone who is type A can lead to additional stress to the coworkers and causing burnout to them.

Compassion and empathy are important components in caring. Nurses responsibility is caring for the sick and vulnerable patients. For nurses to deliver compassionate care they have to engage with patient in an empathetic manner. Virtue of dealing with various sickness, suffering people and death on a day-to-day basis generates stress and emotional exhaustion for some nurses. Being in such an environment continuously can cause emotional baggage, leading to exhaustion and wearing out and eventually burnout. (Shanshan et al 2015).

Constant contact with patients makes nurses attached to patients, which drains their energy and emotions. The fact that they get attached to some patients, who in the end succumb, may ware down their emotions over time. Excessive emotional exhaustion is detrimental to nurses health and wellbeing. When the wellbeing is compromised long enough eventually, this may lead to burnout. (Shanshan et al 2015).

Another major causative agent of nurse burnout is putting others first. The idea of becoming selfless is a key requirement of the nurse' code of ethics but also affects their life . Nurses work in delicate situations and contexts, where they have to put the life and welfare of their patients before their own. Focusing too much on the patient and often neglecting their own emotional, physical and spiritual needs. This eventually drains them of their self-worth and personal happiness. These demands maybe overwhelming and could lead to fatigue and eventually to burnout (Tyler 2017) .

Role confusion is another major factor leading to burnouts. This occurs when a caregiver is unable to identify one's area of specialization early enough. Nurses already during their studies, should try to understand in which field of specialty is their interest. Some caregivers have their own areas of specialty

that they feel more competent and confident. Working in a section that is contrary to one's likes, preferences and specialization can cause one to feel out of place and stressed, leading to burnouts. (Gatchel & Schultz 2012).

According to a field study by Tyler (2017), unrealistic demands and unrealistic expectations are also a leading factor for causing nurse' burnout. Since nurses are seen by the society as saviors of patients under pain and suffering, this objective can sometimes not be achieved at all. Unrealistic demands from the relatives of the patient or the hospital management can draw pressure and criticism, leading to frustrations and depression. This can yield burnout.

Demographic status have been mentioned by Shanshan et al (2015) as contributing factor to nurse burnout. Younger adults, who are in their 1-5 years of working are more likely to be burnout. This is because they are still trying to stabilize in life as compared to older people, who have a balanced life perspective and have been in the profession for longer time. Ethnicity has also a role in burnout. Black people in U.S.A compared to Asians and Caucasians have been noted to have lower chances of burnout. This may be most likely due to social networks and greater emphasis on families. Higher risks of burnouts are among single workers compared to workers married with children. In addition, educational status and gender also affect the risk of burnout. Among men with high levels of education, burnout is more common. Poor social status and low education levels increase chances of burnouts among women whereas marital status – single, divorced or windowed increase chances of burnouts in male.

Nurses have been seen to have high levels of occupational stress compared to other working professions. Main sources of stress been poor career advancement and inadequate salaries. In addition, inadequate security and poor career advancement contributes to burnout among nurses. Insufficient rewards and recognition are also highly associated with burnout. Less rewards more burnout. Sometimes these insufficient rewards are as when people are not receiving salaries or benefits that commensurate with their achievements. Even more important is the lack of social rewards, as when one works hard and goes unnoticed or unappreciated by others. Lack of recognition devalues both the work and the workers. Furthermore, lack of intrinsic rewards such as pride in doing something or failure to understand importance of doing something exacerbates stress. (Tyler 2017).

Working overtime has been identified as a common stress trigger leading to burnout. Long working hours are associated with increased physical and mental fatigue. Nurses working 12 hour shifts are perceived to experience significantly more chronic fatigue, cognitive anxiety and emotional exhaustion. This can be seen especially in demanding departments like the Emergency department, following the difficult work demands. (Tyler 2017).

2.4 Consequences of nurse burnout

Nurse burnout is associated with many negative effects on the patient, on the nurse and on the health care organizations. In order to minimize the negative effects, there is need for frequent evaluation and assessment of nurse performance, wellbeing and patient satisfaction. This will guarantee early identification and put in place measures to reduce the effects of burnout, as well as the consequences of burnout.

Nuria (2011) has reported that burnout has a negative impact on the emotional state of an employee. Employee who is suffering from burnout is less likely to feel positive about his or her job. Positive attitude has been directly linked with enhanced decision making, as well as problem solving. Burnout is viewed as a threat to patient safety. This is because depersonalization leads to poor interactions with patients. Individuals with burnout are more likely to deliver substandard care. A person suffering from burnout lacks motivation and energy. At the same time, he or she does not have appropriate cognitive function and hence will try to focus on only the most necessary and obvious tasks. Nurse who is suffering from burnout will not put forth the extra effort that is required to deliver quality care. Burnout will thus be associated with perceptions of less safe environment by the patients.

Burnout is associated with high likely hood of medication errors. For hospitals to understand the extent of medication errors they depend on error reporting systems. Error reporting systems are dependent on voluntary and accurate reporting of mistakes by staff members. For the report to be accurate, employee has to recognize the error first. After recognizing the mistake, it has to be evaluated and reported. The health care worker should then follow up. Since this is a voluntary practice staff can be reluctant to report error mostly due to fear of condemnation by authorities. They may also be hesitant since the process involves extra documentation and extra time is involved. Nurse suffering from burnout may have little

opportunity to monitor their environment so they can miss errors easily. Burnout personnel mainly focus on the negative aspects of their work, and feels that errors should only be reported if they cause significant negative effects. (Halbeslebsn, Wakeflied & Cooper 2008).

Medication error reporting is also a learning process for the nurses. If the health care worker who is responsible for giving feedback is suffering from a burnout, he/she may have poor judgement. The worker might be hesitant to see the incident as a learning opportunity. He or she could feel that since it is a matter that occurred in the past, the worker may be reluctant to respond in a timely manner. When the employee who completed the report does not get feedback, this increases burnout chances on his part as he feels that the time he invested went unrewarded and he did not learn from his mistakes. It leads to demotivation and decreases chances of reporting errors in the future. (Halbeslebsn et al 2008).

3 PREVIOUS STUDIES

During the past years there have been several studies on factors related to burnout. Recovery from burnout has been a major factor of interest. One study conducted by Salminen et al (2015.) in Finland, explored situational factors of recovering from severe burnout. Information was collected from 36 health care professionals who had successfully recovered from burnout. Study showed that eventful recovery was psychosocial and comprised both internal and external change process to identify the problem. The change process involved problem identification, keeping away from work, health restoration, questioning values, making changes that were objective and exploring work possibilities. These interventions were noted to be beneficial to recovery. Findings from the study revealed that stated interventions, provided support and confirmation that helped patients regain control of their own lives. (Salminen, Andreou & Juha 2017).

Clients diagnosed with health related burnout problems, mild depression and anxiety were selected for a study. Clients with mild depression and anxiety were included as these problems usually cooccur with burnout symptoms. The selected clients were chosen from the rehabilitation center where they had been referred to by a physician. Selected applicants were employed, though during the study they were on sick leave. Patients were divided into groups of 4-10 employees and intervention lasted for 15 days. First 10-day surveillance and 5-days follow up for at most 5 months between August 2012 and December 2012. (Salminen et al 2017).

One of the three rehabilitation programs which started during the time with 23 participants, 15 of the employees had diminished level of burnout. Bergen burnout indicator was used as a tool to define the levels and change in burnout. BB1-15 measures 3 dimensions of burnout: physical exhaustion, cynicism and decreased professional efficacy. To qualify for this survey, burnout scores have to have diminished by at least one class. After the 5 months follow up period the clients with reduced burnout levels were interviewed. Clients experiences and perspectives were assessed by use of semi structured interviews. After the follow-up the mean burnout score had decreased in 15 of the participants . All the clients were representatives of rehabilitation course participants in Finland. (Salminen et al 2017).

From the quantitative study above it demonstrated that its possible for clients to benefit from burnout recovery intervention methods. The recovery process involves patients realizing that they are ultimately in charge of their own physical and mental wellbeing. The recovery process is successful when the client accepts he has a problem and seeks help from the occupational health services. Awareness and approval were revealed to be significant drivers of change and recovery in the study. Acquiring theoretical knowledge and methods of handling burnout was a great lead to awareness. Internalization of theoretical knowledge was viewed as a motivation and ability to seek help. Help from multi professional , course group, family and friends helps the client experience gradual change in attitude towards their health and wellbeing. This nurtures in positive changes in their work environment and physical conditions. (Salminen et al 2017).

Another study carried out by Sitaloppia et al (2009) the concern of burnout among nurses has been an important and progressing problem. Work environment was identified as the root cause of burnout. The qualitative research was used to reveal that individual requires to recognize that he/she is burned out first and should also have determination to make changes. Early burnout treatment should involve helping the individual to learn how to function within the limits of the present job. Nurse seeking to recover from burnout must assess where they should personally and professionally make changes. Some of the changes may include way in which nurses approach patients, how they handle familiar tasks and decision making process. Trying some new methods may help to remove the boredom and burnout from the task. Nurses should realize that they are not powerless to change the situation. They should be well advised to spend time with people who guide them and mentor them. Mentors should aid them on how to handle difficult situations and lifestyle patterns. Management support and understanding of employee suffering from burnout is beneficial during the recovery process.

4 RESEARCH QUESTIONS AND OBJECTIVES

The purpose of this study is to explore the protective measures of nurse's burnout. The aim is to provide information how nurses can prevent and recover from burnout. This study will be useful for both practicing nurses and nursing students to understand how to take necessary measures to prevent and control burnout, hence improving patient and nurse satisfaction.

This study`s research questions are:

1. What are the preventive measures of burnout among nurses ?
2. How can a nurse recover from burnout?

5 METHODOLOGY

This chapter explains the method that was employed when writing this thesis. The chapter begins by concentrating on the literature review, data collection and data analysis.

5.1 Literature review

The method used in this thesis is literature review. Literature review acts as an investigator, collector and interpreter of the existing information in a certain topic. In the health sector, it examines the already existing information in order to evaluate the progression of the situation. Literature review also serves to generate further research in a certain topic, filling the gap of unanswered questions brought up in previous studies. To understand this literature, concepts and theoretical approaches taken by other authors should be first understood. Understanding these concepts and theories also influences the structure of the report. (Torraco & Richard 2016).

In this study literature review is substantial because it is comprehensive and provides a general overview of the current information that relates to this topic. The aim of literature review is to update readers with recent information on certain topics and to evaluate these topics. It is important that health care workers have current technology and up to date information about their practice. However it is impossible to read, appraise and process the large amounts of literature available. Literature review in this aspect, becomes useful as the data has been well summarized and synthesized into a comprehensive structure ,reducing the need to review all sources independently. (Torraco & Richard 2016).

Literature review was chosen in this thesis because, the author viewed it as an easy method of identifying all related primary research. By doing this it was possible to and develop own ideas, summarize and integrate related information. It also provided a background information on the thesis topic. This kind of methodology was useful as it is reliable, reduced chances of guessing or predicting by the author. I also found it useful in exploration for evidence based health care knowledge, as information from earlier studies had been scrutinized to deliver composite image.

5.2 Data collection

Through the library guide page at Centria University of applied sciences, access was gained to scientific data bases: Science direct, SAGE publications, Emerald, Academic search elite (Ebsco) and PubMed. First step was general search for articles through all the data bases using search terms as: burnout, stress, nursing. Comprehensive search strategy was included. Academic search Elite, SAGE journals online and Pubmed generated the most detailed and relevant results according to the key words.

The second search phase focused mostly on SAGE publications, PubMed and Academic search Elite. Other data bases like Emerald and science direct were ruled out. Second search through Academic search Elite was conducted, using the search words: nurse burnout, burnout recovery, burnout prevention and burnout coping strategies. This search produced 2418 articles. Same key words and process were used with SAGE publications and PubMed. SAGE publications produced 10962 results with PubMed generating 9367 results. Further advanced search was conducted by introducing more specific key words nurse burnout prevention, nurse burnout recovery, how nurses cope with burnout. This narrowed articles from EBSCO to 210, SAGE publications 5163 and PubMed to 3761.

Academic search Elite, Sage publications and PubMed all together provided 9134 relevant articles. After screening through the abstract, the author eliminated some articles using inclusion and exclusion criteria below. Filtering process was done several times using the same criteria, and finally 15 articles were selected for this study.

Inclusive criteria	Exclusive criteria
-Articles related to burnout in nursing	-Studies that focused on other professions other than nursing
-Articles from 2008-2018	
-Only articles in English were selected	-Articles older than 2008
-Articles that were available in full text.	-Articles in other languages
	-Any article that were not available in full text.

Table of data collection

1st phase Key words	Academic search Elite	Sage journals	PubMed
Burnout prevention	1398	4730	3803
Burnout recovery	17	1877	3,577
Burnout coping strategies	1003	4355	1987

2nd phase More specific key words	Academic search Elite	Sage Journals	PubMed
Nurse burnout prevention	199	2199	1641
Nurse burnout recovery	11	937	1133
Nurse burnout coping strategies	0	2027	987

3rd phase Screened by abstract, using inclusion and exclusion criteria	Academic Search Elite	Sage journals	PubMed
Nurse burnout prevention	1	4	3
Nurse burnout recovery	1	1	2
How nurses cope with burnout	0	2	1

In the appendix is list of 15 articles that were selected for the study, following high relevance to the subject and research questions. The articles were recent studies and had components of the key words. Articles were read through carefully several times to ensure they were the most suitable for the study. Seven articles were derived from Sage publications, six articles from pubmed and two articles from Academic Search Elite.

5.3 Data analysis

A summary is a condensation of the main points of a larger text. The main purpose of a summary is to give the basic idea of the initial reading. When writing a summary the writer should use his own words to express precisely the main ideas of the relevant details briefly. The introductory paragraph should be read carefully. This is because the main idea of the article is stated in the first paragraph and supporting ideas follow consequently. Attention should be paid to the title and any headings that may give hints to the central idea. (Erlingsson & Brysiewicz 2017).

In this study, the collected data was summarized. By this method data was extracted from selected 15 scientific articles. The main focus of my summary concentrated on answering the research question in the thesis. First phase was to define the valuable. These were the research questions. Articles were read a few times, and the main points were identified and written down. Second step was to highlight the key support points. Categories were then formed by comparing the key support points and integrating similar support points together. Forming categories was guided by the research question. Similarities and differences from different articles was identified. Similar articles were classified into categories of materials that shared similar content.

6 RESULTS

This chapter will present findings from the summary of the articles gathered. Research questions will be answered in this chapter.

6.1 Prevention of burnout among nurses

Five key categories were identified as preventive measures to nurse burnout while analyzing data. The categories were: self-awareness, emotional intelligence, life style , coping mechanisms and lastly clinical support and guidance.

There is a relationship between personality trait, coping style and burnout. Individuals have different coping strategies depending on their personality. Individuals with some personalities have better coping traits and experience less stress and are less susceptible to burnout. It is however not possible to change ones personality. Better coping styles can however be adopted to when managing and reliving stress. (Fearon & Nicol 2011).

6.1.1 Problem and emotion focused coping strategy

In a study by Fearon and Nicol (2011) an association between problem focused coping and reduced rates of stress was revealed. Persons capability to cope depends if one has ability over the situation. When a person feels like he does not have control over the situation stress is likely to build up. This is significant because burnout mainly results from unmanaged stress.

Problem focused coping aims at targeting the cause of stress and enhancing control over situations. If nurse is feeling pressured or stressed, the first step should be trying to identify the problem and evaluate the nature of the situation. Problems can be solved by dealing with the specific problem and getting to the root cause of the problem, or by turning to others for help. Strategies such as proper time management, seeking advice and good organizational skills are according to Fearon and Nicol (2011) helpful. Students or new staff should consider speaking out openly about the problems they are facing

by talking to someone superior. Try to make superiors understand the environment is unfavorable and maybe suggest how you would want it to change. This type of coping strategy both empowers the practitioner and motivates change. (Subramanian & Kumar 2014).

Emotion focused coping is aimed at modifying emotional response to the problem. Facing problems in a negative manner with hostility, self-delusion, avoidance and escapism are more likely to lead to emotional stress. Emotion focused strategy involves trying to minimize negative emotional responses related to stress. Emotional disclosure is said to be one of the coping strategies. This is where the individual can express his feelings by talking or writing about the negative events that led to the emotions. (Subramanian & Kumar 2014).

Reflection is a positive technique to emotion focused coping mechanism. Reflection is a way of self-evaluation and self-assessment. This involves thinking about own feelings and behavior. Reflection helps the individual to meditate and reason. This practice of reflection creates self-awareness, where individual is able to understand and question themselves. They can also identify different perceptions based on their own thoughts and feelings. When nurses learn how to reflect it helps them to self -analyze. As a result, nurses respond more constructively to their personal needs. This promotes well-being and reduces risk of burnout. (Fearon & Nicol 2011).

6.1.2 Clinical supervision

Clinical supervision involves professional support and guidance by the management team. This support and guidance leaves the employee feeling less stressed and more supported by management team. Workers who receive effective clinical supervision have been noted to have lower levels of burnout. Clinical guidance is seen as an act to mold workers. An example of good clinical supervision is by giving work place guidance and support. (Subramanian & Kumar 2014).

Support and guidance creates sense of feeling valued and creates a good environment for the worker to learn and fit in. If nurses do not have good orientation it can increase emotional exhaustion and depersonalization. The first step in knowing what to do, is understanding what one is feeling and why. Clinical guidance develops assertiveness of skills, which is a recognized tool in stress management.

Adequate clinical supervision and guidance results in greater job satisfaction and less stress. (Fearon & Nicol 2011).

6.1.3 Lifestyle and Coping

Lifestyle means how individuals cope with physical, psychological, social and economic surroundings. Lifestyle is expressed in work and during leisure activities. Living a healthy lifestyle improves individuals wellbeing and also prevents burnout. Routines like changing into comfortable clothes after work, exercising on regular basis, healthy diet and relaxation are part of a healthy lifestyle. A Study done by Stewart and Louise (2014) explained a relationship between chronic fatigue and factors involving lifestyle among nurses. This study revealed that nurses experiencing chronic fatigue had negative emotion focused coping strategies. (Alexander, Rollins, Walker, Wong, 2015).

Negative coping strategies includes excessive use of alcohol, isolation and self-delusion. Suggestions for dealing with fatigue have been identified as getting adequate sleep, enough relaxation, avoiding caffeine especially in the evening and avoiding sleeping pills. Increase of physical exercises was highlighted as a positive coping strategy. Exercises help individual to forget day to day struggles and boost energy levels. Exercise gives energy to body muscles and eases body's tension and by this gives ability to withstand pressure better. Physical activity has been associated with good body effects and better sleep. (Stewart & Louise 2014).

Drinking lots of water, exercise and eating balanced diet has been associated with reduced stress levels. Water helps maintain body fluid balance. Body fluids are important for circulation, digestion, absorption and maintenance of body temperature. Dehydration can cause altered body temperature and increased fatigue. This can eventually lead to reduced motivation and increased stress both physically and mentally. Eating healthy meals, breakfast and energy drinks keeps the brain active and helps in maintaining high energy levels, thus preventing fatigue and exhaustion. Caution should be taken when consuming sugar and refined carbohydrates. High levels of sugar can lead to energy crash. (Stewart & Louise 2014).

Alexander et al (2015) has recommended yoga and meditation as an effective way of dealing with stress and burnout. He argues that meditation helps one to re-energize. Yoga helps alleviate muscle tension and

fatigue, leading to flexibility and relaxation. During yoga, participants learn how to become conscious of their own breathing. Practicing mindful breathing is a way to calm the body and mind immediately. This leads to reduced stress and calms the nervous system if one feels fatigued or depressed.

6.1.4 Self-awareness and emotional intelligence

Self-awareness is having a clear understanding of oneself including strengths and weaknesses. Person who is self-aware of him/ herself is able to understand other people and how they perceive them. Self-awareness is the key component to emotional intelligence. Emotional intelligence is the ability to recognize emotions, understand the feelings associated with the emotions and understand how to respond to those feelings. It has been viewed as the key to successful interaction with colleagues, patients and managers. (Xiaofei, Lili & Hui 2014).

It is important for nurses to have emotional intelligence. This is because they are continually exposed to emotionally charged situations. Nurse to patient interaction should not just be conversation, it involves nurse trying to understand patient`s emotions and using these perceptions to try to achieve patients' goals. In current day patient care does not only focus on medication, but also emotional and psychological needs of patient should be met. Nurses are not only confronted by patients' emotions but also by their own emotions. (Xiaofei, Lili & Hui 2014).

Nurses find it difficult to retain empathy due to the line between emotional attachment and empathy without becoming emotionally attached to the patients. This can happen example in situations where they must care for terminally ill patients who eventually succumb despite their endless efforts to save life. When nurses are not able to acknowledge and suppress their feelings against unpleasant emotions, this may eventually lead to stress. Emotional intelligence enables nurses to develop a relaxing environment to deal with patients and their families to manage stress. This also helps nurses show empathy without emotional attachment to the patient. (Rudman, Gustavason 2010).

Rudman & Gustavason (2010) found out that some nurses caring for terminally ill patients distanced themselves from the patient both physically and emotionally. This is a matter of concern because there is a link between distancing and burnout. Emotional intelligence is a possible preventive strategy in such instances, due to its supportive and reflective elements. It is important for a nurse to understand their

emotions and address their needs and those of others positively. Nurses who pay too much attention to their emotions are more likely to be associated with high levels of stress, low self-esteem and poor job satisfaction. Nurses who identify with their emotions only during stressful situations have better chances of evaluating the situation and looking for alternative action.

Emotional intelligence is not inborn but an adapted skill. Nurses should develop this ability to achieve excellent performance. This has been perceived as core feature for nurses to build relationship with their patients with a goal of achieving excellent care. Nurses should be taught how to develop emotional intelligence before they get in to the nursing field. Emotional intelligence has been identified today as a significant characteristic in developing successful nurses. This has contributed to improved performance and reduced burnout. (Rudman, Gustavason 2010).

6.2 BURNOUT RECOVERY

Recovery is the process where the individual unwinds. It is a process where a person returns to normal state of health and mind. To attain optimal recovery individual should engage in activities that are adequate in terms of quality and quantity. Enough time should be spent on activities that helps person relax. Optimal recovery from burnout is only possible if the individual detaches from work psychologically. Inadequate recovery results to fatigue, poor wellbeing and reduced performance. Burnout recovery is psychosocial process that consists of individual, emotional, cognitive and environmental changes. (Kinnunen & Liira 2014).

Three categories were formed in relation to recovery process of nurse burnout after content analysis of the articles. These categories are rehabilitation, organizational changes and social support.

6.2.1 Rehabilitation

Rehabilitation is a process of restoring a person to normal life or health through training and therapy. Most of the patients with burnout are in denial of their symptoms. Rehabilitation starts by aiding these people acknowledge that they have a problem and they need help. These patients have feelings of guilt

and shame. In the rehabilitation period, patients are guided to recognize one´s limit and acknowledge their individual needs. Individual resources are enhanced. Changes are acquired through support from rehabilitation professionals and peer groups. This eventually leads to better stress management strategies and self-approval. (Salminen, Mäkikangas, Hätinen, Marja, Kinnunen, Pekkonen, 2015).

Acquiring theoretical knowledge about burnout and burnout symptoms have positive effect on body and mind that enables the process of recovery. By learning how common burnout has become in work life patients, learn to be cautious of the symptoms, both physically and psychologically. By creating awareness, patients can modify their view of body and mind. Comprehension of this knowledge is seen as a motivator to accept help. Awareness is important in reducing the desire towards perfection and reevaluating life priorities. Through self-awareness patients learn how to accept themselves with their weaknesses. This promotes certainty and self-esteem. (Salminen et al 2015.)

In Finland rehabilitation is one way to help nurses recover from burnout. Rehabilitation is based on holistic and multidisciplinary approach. It involves complete evaluation of the patients physical, psychological and social conditions by different professionals (psychologist, physician, physiotherapist and social worker.) Conducted interventions for burnout are mainly individual. This means that intervention focus mainly on enhancing the individual resources and supporting individual occupational health, wellbeing solutions and coping strategies. Rehabilitation intervention for burnout in Finland is considered as optional medical rehabilitation. Rehabilitation is financed by the Finnish social insurance institution which also provides income during the rehabilitation period. (Kinnunen & Liira 2014).

During the individual rehabilitation programs, an individual undergoes guidance and counseling by the physician, psychologist, physiotherapist and social worker. Through the program, the client is interviewed in intervals to assess if he /she is achieving the set goals. Group programs are also incorporated in the program. They have mainly fixed programs including physical exercise, health education and reflective group discussions. Group programs also enhance social interactions and setting goals as well as self-evaluation. Clients are referred for intervention by the occupational health care service personnel. (Salminen et al 2015).

Group support is a great source of empowerment and gives individual a chance to interact with other members. Through interaction clients learn from others experiences. Identifying with other members has

been known to be helpful in reducing feelings of shame. Group therapy also offers emotional enhancement through exchange of information and sharing experiences. Clients undergoing group therapy, often express their satisfaction with the group spirit and togetherness they experienced. Most people state that group therapy creates realization that they are not alone in their sufferings and this is a sense of relief and affirmation. (Stewart & Louise2014).

6.2.2 Organizational changes

When recovering from burnout, person does not get better by chance but through change. Burnout symptoms are work related. Organizational factors such as poor leadership, work overload and lack of support from superiors has shown to have significant effect on development of burnout among nurses. Good leadership from managers play a great role in mitigating impact of burnout and as a result reducing turnover rates. Bad leaders are toxic to the organization- they drive in burnout. Positive work environment that is supportive is associated with more positive employee outcome. It is the role of nurse manager to empower and support workers who are recovering from burnout. Work place empowerment is significant during burnout recovery. It improves persons wellbeing and consequently improves work satisfaction. (Norouzi, Lightfoot, Lariverie, Carter, Rukholm 2015).

Leaders should give feedback to employees as this motivates them and increases sense of self-worth. Workers should be given a chance to share their opinions and encouraged to participate in decision making. In work place autonomy should be provided, rules should be well stated, and constrictions minimized. Setting goals together with workers and encouraging behaviors in work place that improve employees skills and knowledge. Managers should also express confidence and reward staff who attain high performance. These work place changes cost little money and take little time but have significant positive impact to an individual who is recovering from burnout. (Norouzi et al 2015).

6.2.3 Social support

Social support is the feeling that one is been cared for. It can be explained as the perception that one has assistance and support required readily available. Increasing social support has been suggested as one way to recover from a burnout. Measures that enhance social support for nurses and improve work conditions should be well specified. These measures include emotional support, offering of empathy, concern and affection also known as esteem support. This kind of support reassures the individual that he is loved and valued. (Isaksson, Gude & Ausland 2015).

Social support has been linked to increased psychological well-being in the work environment and in response to important life situations. When a person is undergoing a stressful life event or depression, receiving advice from a friend has been viewed as helpful in regulating emotional response arising from the stress. Studies have reported that people with low social support have high rates of depression and anxiety. Suicidal ideas and alcohol abuse are more common among people with low social support. (Henry 2015).

7 DISCUSSION

The purpose of this study was to explore preventive measures of nurse burnout and to provide information on recovery from burnout. The thesis focus was to find answers to questions on the protective measures of burnout among nurses and how nurses can recover from burnout. The results of the thesis indicated that there is a significant relationship between emotional intelligence and burnout syndrome among nurses.

According to (Fearon & Nicol 2011) nurses with lower emotional intelligence are more likely to suffer from burnout. Nurses with higher emotional intelligence were seen to be more socially active, reported better sleeping patterns and did not complain of body pains or emotional stress. Burnout syndrome and other diseases were less evident among them. The ability to distinguish emotions and empathy plays a significant role in burnout prevention. Controlling emotions in a suitable way was noted to be a vital component in burnout prevention. Nurses should learn how to draw a line between empathy and emotional attachment. In this way they won't suffer from emotional stress.

The results also suggested that healthy life style methods should be adapted in burnout prevention. Nurses are encouraged to balance their work with leisure activities. A healthy lifestyle was explained as good diet, regular exercise and adequate sleep. Leading a healthy lifestyle gives enough energy and resilience to survive nursing work demands. If the body is well conditioned and healthy, it's easier to handle work stress. Well grooming boost confidence and also reflects toughness at work.

To manage stress it is important to set boundaries, learn to say no and be bold enough to discuss and negotiate with the nurse manager. Some nurses do not perform well in some areas and this leads to unhealthy relationships with their co-workers. In such situations they should ask for transfer to other areas where they are competent. If a nurse continues to work in an environment where he/she is continuously under stress, this might eventually lead to burnout. In addition, this can also create negative effects on health and wellbeing.

Problem and emotion focused coping strategy was also mentioned as an important aspect of burnout prevention. Coping is the conscious effort to reduce stress. This is a part of health and wellbeing.

Problem focused coping was viewed as significant coping tool for nurses. This is because it aims at looking for the root cause of the stress. Common source of stress for nurses was identified as the work environment and the nature of work. When nurses are feeling stressed their quality of work starts to deteriorate. At this point it is important to step back and reflect at the situation objectively. Try to understand the source of stress without letting emotions get in the way. However, after finding the root course of stress a possible solution should be sought.

It is important to remain as objective as possible when solving the situation. Stress is often common when a nurse feels powerless about the environment and the situation. Problem focused coping skills however enables the nurses to have positive thinking, and in this manner can look at the situation in a different angle. Feeling of control over situation is a source of empowerment. It helps motivate someone to do something about his situation. Effective strategies for problem coping mentioned included problem identification, seeking for help and eventually negotiating and finding different solutions and possibilities.

Rehabilitation of nurses suffering from burnout syndrome was seen to play a great role in recovery. The key aim of rehabilitation is to promote behaviour change and create self-awareness. This will enable the patients to take control of their own life and focus on the future. During rehabilitation patients adapt new behaviour methods. They learn how to listen and understand their own body and take charge of the situations. Patients understand how to take control of their lives by recognizing stressful life situations and how to develop new strategies to handle these situations. During rehabilitation clients experience progressive change in their attitude towards their health and well-being. Positive changes are encouraged in their physical and work condition.

Support given in group programs was as considered important and beneficial for recovery. This is because it is a significant source of empowerment. Group therapies gives clients an opportunity to learn from other people who are in same situation. Social support and autonomy were also noted to have a positive effect on burnout recovery. Person with good social support has a good psychological detachment from work during leisure time. Social support is positively related to relaxation and reduced stress levels.

Nursing management should also ensure adequate staff members per shift. Every person's role should be clarified. This is to ensure right people are assigned to the right task depending on their qualifications. Emotional support should be provided if needed to help nurses cope with stress. Motivation of the nurses from their superiors and managers is also key. With proper motivation nurses can achieve any goals and this leads to satisfaction because of which work performance will be positive and less stress at work. Organisational support like mentoring of staff, clinical supervision and positive feedback supports the working environment for nurses. This improves commitment to the job and eventually reduces chances of stress and burnout.

7.1 Limitations to the study

There were few possible limitations in this thesis. First one was that the thesis was not funded. The author came across many articles that had valuable information that was relevant to the study. These sources however could not be accessed as they required payment to get access to the complete article. This was disadvantageous to the thesis as the author felt limited. Access to this literature would have allowed the author to yield more data and enrich the thesis. Another limitation was that only a few articles focused on the recovery process. The author would have preferred to carry out an extensive research by comparing many different articles, but these was not possible. Besides that, some articles with very relevant information were quite old and had to be left out.

7.2 Implications for practice

Health care organizations and management need to acknowledge the problems associated with work related stress and burnout. They should also provide the appropriate measures needed to prevent work stress. Working environment and condition of the nurses should be examined to ensure work satisfaction. Resources likely to improve job satisfaction should be provided. Multi professional cooperation is required to ensure good working environment that is stress free. Creating awareness to nurses on importance of healthy living, self-awareness and emotional intelligence can help to prevent nurse burnout.

Holistic and person-centered care approach should be a focus when implementing appropriate help to patient going through burnout. This thesis indicates that further studies are important, especially on increasing awareness to nurses on individual level about burnout and on importance of emotional intelligence. The author recommends that nursing schools should implement courses on self-awareness and stress management in the nursing profession. Stress in the nursing profession is inevitable and therefore this course could be very useful to future nurses.

7.3 Ethical issues and validity

Data was collected from reliable scientific databases like: Academic elite, PubMed and SAGE publications. Databases used contained journals related to the health care. Articles chosen were accessed through the data bases authorized by Centria university of applied sciences. The author selected articles that used the same procedure and criteria in selection to acquire valid and reliable information. Articles were chosen cautiously to enhance validity of the study. When the articles were obtained, they were carefully read through and main points evaluated to identify relevance in terms of content.

Ethically all information was obtained from reviewed articles that were referenced with the appropriate sources- names of authors associated with the research were quoted. Aspect of plagiarism was taken into consideration. Quotes were not copy pasted but were paraphrased. Author acknowledged all researchers by writing their names in the referencing. All articles with relevant data were combined appropriately. Information was obtained only from articles that were free to access through the Centria university of applied sciences data base guide. This was viewed as an indication of willingness from original writer to allow other scholars access and use their work.

8 CONCLUSION

Burnout among nurses has been associated with decrease in work quality, high labor turnover and absenteeism from work. The need for a healthy working force is important in the health sector to provide adequate health care to patients. Interest should hence be focused to challenges facing the nursing profession like burnout. By doing so the health sector may retain nurses and overcome the challenge of nurse workload, which is highly related to burnout. Health sector should focus on factors likely to attract people into the nursing career and retain them as well. Aim at changing the nursing profession perception to a more positive. Working environment should be improved and made more appealing. In doing so many young people may be more attracted to the nursing profession.

On an individual level, nurses should learn how to take care of themselves. Proper hygiene, proper nutrition and self-love. Learning how to say no and when to stop. Most burnout comes from the point where nurses over commit themselves. Especially when not sure of the task ahead. Nurses should adapt the habit of asking questions without fear that they may look stupid, in this way they learn many new things, and this creates confidence. Prioritizing sleep is also another key factor in burnout prevention. Nurses should ensure they get eight hours of sleep. Failure to have adequate sleep will have consequences in the day due to fatigue. Person who does not have adequate sleep focus less, cognitive skills go down and interaction with people is affected. Poor social interaction increases chances of stress and burnout,

Burnout is a serious problem and just a few days of sleep will not help to fix the problem. First step to recovery is awareness. This is where a person understands that he/ she has a problem and needs help. Identify the root course of the problem. Problem identification can be through self-reflection, listen to one's body and try to recognize where the problem is. It is important to think about how crucial been healthy is and focus on improving self-health and wellbeing. Start by taking regular exercises, it's good to start slow just by taking small walk and staying hydrated. Person undergoing burnout should understand that it is important to focus on themselves and invest time on recovery. This can be done by taking a vacation, time and distance away from stressors to decompress. Personal goals should be examined, self-analysis and deeper understanding of oneself.

As a recommendation, further research is needed to establish interventions that are most effective for nurses. Numerous studies on burnout prevention and recovery have been conducted globally. There is however not sufficient data on interventions that focus on nurses mainly. This therefore creates a gap that requires further research. This should also focus on how individual and organizational solutions can be combined together to reduce nurses burnout and deliver greater improvements to their wellbeing.

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LIST OF ARTICLES

Author	Article	Journal and year	Summary
ARTICLE 1 Alexander, G., Rollins, K., Walker, D., Wong, L.	Yoga for self-care and prevention of burnout among nurses	Work place health and safety 2015. 63	This article focuses on efficiency of Yoga in improving physical and mental outcomes. The purpose of the study was to examine efficiency of Yoga in improving self-care and reducing burnout among Nurses.
ARTICLE 2 Browning, R., Thomas, C.,Greenberg.M., Rolniak, S.	Nursing specialty and burnout	Psychology and health medicine 2009. 12	This article examines relationships between nursing specialties and burnout. Interventions to reduce burnout and promote nurses retention are also discussed.
ARTICLE 3 Fearon, C., Nicol, M.	Strategies to assist in prevention of burn out in nursing staff	Nursing standard 2011. 26	Explores strategies that can be used by nurses to protect themselves from burnout. Focuses on organizational reforms and problem focused coping

			mechanism as strategies to burnout prevention.
ARTICLE 4 Fink, J	Burn out, here is help	Nursing 2008. 35	This article focuses on burnout recognition. It also explains stressors among nurses and how to deal with this stressors constructively.
ARTICLE 5 Henry, B	Nurse burnout interventions	Clinical journal of oncology 2014. 18	Prevention intervention explained included employee assistance programs, retreats, social support, on job training.
ARTICLE 6 Isaksson, K., Tore, G., Olaf, A	A self-referral preventive intervention for burnout among Norwegian nurses.	Patient education and counselling	Aim of this study was to investigate predictors of change in burnout after intervention for seeking help among nurses
ARTICLE 7 Kinnunen, A., Liira, J.	Finnish occupational health nurses view of work related stress: a cross- sectional study.	Work place health and safety; Thousand Oaks 62. 2014	This study identifies how occupational health nurses in Finland manage work related stress. Open ended questionnaires together with burnout questionnaires were used to assess stress. Methods to cope with work related stress were

			also examined and elaborated.
ARTICLE 8 Norouzi, Lightfoot, Lariverie, Carter, Rukholm	Occupational stress management and burnout intervention in nursing and their implication for healthy work environment. A literature review	Work place health and safety. 2015. 63	Reports on work place interventions that improve nurses quality of work, and relieve occupational stress and burnout.
ARTICLE 9 Rudman, Gustavason	Early career burnout among new graduate nurses.	International journal of nursing studies. 2010. 48	This study examines causes of burn among new graduate nurses as well as preventive interventions.
Article 10 Kamphuis, V., Blonk, J., Roland, B., Emmelkamp, P.	Recovery from work related stress, complaint reduction and work resumption are relatively independent process.	Journal of occupational rehabilitation. 2015. 25	The process of recovery from work related stress was examined in this study. Seventy one patients who were on sick leave due to work related stress were put on trial.
ARTICLE 11 Salminen, S., Mäkikangas, A.,Hätinen,M., Kinnunen ,U., Pekkonen, M	My wellbeing in my own words. Experiences of beneficial recovery during burnout rehabilitation	Journal of occupational rehabilitation 2015	Explores patients experiences during burnout rehabilitation period and what they found beneficial during the rehabilitation process.
ARTICLE 12 Stewart, W., Louise, T	Reducing burnout in nurses and care workers in secure setting	Nursing standard 2014. 28	Article identifies the educational interventions to reduce

			burnout and promote wellbeing among nurses. Interventions examined includes supportive relationships.
ARTICLE 13 Subramanian, S., Kumar, v.,	Burnout and coping strategies among nurses treating HIV/ AIDS, cancer and general patients.	Journal of organisation and human behaviour; New Delhi 1. 2012	Identifies coping strategies for nurses dealing with terminally ill and dying patients.
ARTICLE 14 Westermann, C., Kozak, A., Harling, M., Nienhaus, A	Burnout intervention studies for inpatient elderly care nursing staff: Systemic literature review	International journal of nursing students2014. 51	This article analysis burnout interventions among nursing staff in inpatient elderly and geriatric long term care sector. The article concludes that both personal directed interventions and organizational changes are beneficial in reducing staff burnout.
ARTICLE 15 Xiaofei, Lili & Hui	Care self-evaluation and burnout among nurses	Mediating role of coping 2014.	Explains the relationship between coping strategies and burnout prevention.

SUMMARY OF THE ARTICLES

Main points	Key support point	Category/ Sub headings
Nurses should express their emotions by writing them down or talking about the negative thoughts they are facing. This is an important tool in when managing stress.	Stress management	Coping strategy
Nurses should aim at targeting the root cause of stress, and deal with the specific problem.	Finding the root cause of the problem.	
Nurses deal with emotions that are traumatic and are exposed to difficult emotional situations. Professional counselling is important for nurses to learn how to deal with stressful situations.	Professional counselling.	
Focus on positive aspect of situations more than the negative aspects. This builds resilience.	Focusing on positive emotions.	Clinical supervision
Professional support and guidance by management team	Guidance and support	
Continuous on job education programs, to boost nurses skills and confidence. Nurses who are well knowledgeable of what they are doing are less anxious when working	On job training	

Nurses should understand themselves and what area of nursing they are interested in.	Understanding ones personal interests and likes	Self-awareness
Nurses should understand their personal limits and should not over extend themselves. It is important to learn to say no when we feel it is beyond our limit.	Understanding personal limits	
Understand personal feelings. Do not deny feelings but. Try to understand why you feel that way. Set action plan on how to deal with the emotions	Understanding emotions.	
Drinking lots of water. Rehydration is crucial to staying healthy. Water maintains all body function, including heart, brain and muscles.	Improving well being	Lifestyle
Relaxation techniques like Yoga helps in meditating. Breathing techniques related to Yoga activates body relation response.	Setting time for relaxation.	
Having plenty of sleep at night is important. This allows better concentration in the day. Fatigue increases chances of burnout.	Having enough hours of sleep	
Work place changes like team building events, staff acknowledgement and rewards. Rewards boost employees morale , employees feel appreciated and recognized	Recognition and rewards	Organizational changes

Managers should build supportive and healthy work environment. They should hold regular staff meetings where employees can solve problems they are facing	Management involvement	
Getting professional guidance , on how to modify work demands and achieve better work life balance	Professional guidance	Rehabilitation.
Learning about burnout, signs and symptoms. Awareness off clinical symptoms helps individual consider how to take action.	Recognition of the signs and symptoms	
Having a support system and meeting other people with similar problems. This makes the nurses recognize they are not alone and helps in recovery.	Finding a support group	Social support
Having friends in same field of work who you can share with experiences they can relate	Having friends in the same field of work.	
Putting work aside and making time for family and friends. Make family time enjoyable and positive	Family time	