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JOSEPHINE G PATERSON

Strategies to assist prevention of burnout in nursing staff


Abstract
This article explores strategies that nurses can use to protect themselves from burnout. The literature emphasises the need for organisational reform to prevent burnout. In the absence of organisational change the use of problem-focused strategies and emotion-focused strategies, such as reflection, may offer some protection against burnout. There is evidence that improving nurses’ wellbeing results in better patient care.

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BURNOUT WAS FIRST recognised as a psychological concept in the 1970s (Schaufeli and Enzmann 1998). The Maslach Burnout Inventory (Maslach and Jackson 1981) defines burnout according to three characteristics: emotional exhaustion, depersonalisation and a reduction in perceived personal accomplishment.

Emotional exhaustion results from feeling weighed down and emotionally overstretched (Maslach et al 2001, Maslach 2003). Depersonalisation occurs when you try to protect yourself psychologically from further strain by becoming overly detached (Maslach 2003). Reduced perceived personal accomplishment constitutes dissatisfaction in achievement and in productivity at work (Maslach et al 2001).

Burnout is thought to arise from a prolonged disparity between what the person gives and receives in the workplace (Maslach and Leiter 1997, Schaufeli and Enzmann 1998). Rousseau (1995) referred to this as the ‘psychological contract’: the reciprocal expectations between employee and employer. When an employee gives far beyond what he or she receives in terms of basic expectations – for example, sufficient resources to carry out the job – this psychological contract is breached (Maslach et al 2001).

A mismatch between the employee’s expectations and the extent to which the workplace is meeting them is fundamental to the burnout process.

Maslach and Leiter (1997) identified six work-life areas that are particularly important: workload, control, reward, social support within the workplace, fairness and values.
However, although it is not possible to change less stress and are less susceptible to burnout. Coping strategies and consequently experience with certain personality traits possess better style and burnout, suggesting that individuals the relationship between personality trait, coping and Medline. The literature highlighted a trend in the literature on the role of reflection in reducing the theory-practice gap. Although the literature on the role of reflection in nursing education with regards to the theory-practice gap. There is much literature on develop self-awareness (Jack and Smith 2007, Horton-Deutsch and Sherwood 2008, Jack and Miller 2008). There is much literature on emotion-focused coping strategies, not positive emotion-focused coping strategy. Negative coping strategies include hostility, self-delusion, avoidance and escapism. Pau et al (2004) described reflection as a positive emotion-focused coping strategy. Reflection is the practice of integrating emotion and reason and is, essentially, a process to help develop self-awareness (Jack and Smith 2007, Horton-Deutsch and Sherwood 2008, Jack and Miller 2008). There is much literature on the role of reflection in nursing education with regards to the theory-practice gap. Although the literature on the role of reflection in reducing the theory-practice gap is largely theoretical.
(Epp 2008), it serves as a starting point in the explanation of how reflection could be used as a positive emotion-focused strategy in burnout prevention. Reflective learning assists individuals in gaining insight and understanding, and to question themselves and explore alternative perspectives with regards to their own and others’ thoughts, feelings, actions and behaviour (Horton-Deutsch and Sherwood 2008).

**Self-awareness and emotional intelligence**

Self-awareness is a key concept in emotional intelligence (Freshwater and Stickley 2004, Akerjordet and Severinsson 2008). Originating from social intelligence theory, and popularised by the work of the psychologist Daniel Goleman (Goleman 1995), emotional intelligence denotes the ability to process, understand and manage emotions, particularly in relation to others (Freshwater and Stickley 2004, Akerjordet and Severinsson 2007).

Nursing theory is increasingly acknowledging emotional intelligence as an important quality because nurses are continually exposed to emotionally charged situations, in which a failure to acknowledge, or a suppression of feelings in an attempt to defend oneself against uncomfortable emotions, may lead to damaging coping strategies (McQueen 2004, Akerjordet and Severinsson 2008).

Blomberg and Sahlberg-Blom (2007) found that various health professionals (including registered nurses, healthcare assistants, psychologists, occupational therapists and assistants, and physiotherapists) caring for patients with advanced cancer used ‘distancing’ (intentionally avoiding direct patient care to distance oneself physically and emotionally) to cope with and manage difficult situations. The authors were concerned about this coping strategy because of the link between distancing and burnout. Blomberg and Sahlberg-Blom (2007) drew attention to the use of clinical supervision as a possible preventive strategy because of its supportive and reflective elements. Their findings highlight the importance of nurses confronting and understanding their emotions to address their needs and those of others more constructively.

Maslach (2003) pointed out that this ability to introspect and understand yourself is critical for coping with burnout. The first step in knowing what action to take is to know what you are feeling and why.” If an ability to develop greater self-awareness increases the ability to manage and use emotions to respond more appropriately to one’s own needs and those of others, the use of reflection could initially be a better form of coping than implementing a problem-based strategy with no awareness of one’s internal thoughts or feelings. Without a good understanding of the complexities of a situation, the root of the problem may not be addressed and so the use of a problem-based strategy in the first instance is less likely to be successful.

A combination of a positive emotion-focused strategy, such as reflection, with problem-focused strategies, such as time management, may therefore provide a better form of coping and burnout prevention than the implementation of problem-focused strategies alone.

**Lifestyle and coping styles**

The promotion of a healthier lifestyle to improve wellbeing and protect against burnout is a common topic in burnout literature, with advice on diet, exercise, relaxation and decompression routines (such as exercising after leaving work or changing into different clothes) (Shubin 1978, Noroian and Yasko 1982, Leighton and Royle 1984, Maslach 2003, Espeland 2006). In researching the relationship between chronic fatigue and factors including lifestyle and coping strategies among nurses, Samaha et al (2007) found that negative emotion-focused coping strategies correlated positively with chronic fatigue. In a study on factors influencing the diet and exercise habits of night-shift nurses, Persson and Mårtensson (2006) found that although nurses acknowledged their own unhealthy lifestyle behaviours, such as unbalanced eating and lack of exercise, none expressed strategies to change their habits. An explanation for this could be that these particular individuals had not developed appropriate strategies to implement a healthier lifestyle.

A link between higher levels of emotional intelligence and healthier lifestyle choices has

<table>
<thead>
<tr>
<th>Problem-focused coping</th>
<th>Positive emotion-focused coping</th>
<th>Negative emotion-focused coping</th>
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<tr>
<td>Time management skills</td>
<td>Reflection</td>
<td>Hostility</td>
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<tr>
<td>Organisational skills</td>
<td>Talking therapies such as counselling or cognitive behavioural therapy</td>
<td>Self-delusion (wishful thinking)</td>
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<td>Seeking advice</td>
<td>Clinical supervision</td>
<td>Avoidance</td>
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<tr>
<td>Clinical supervision</td>
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been identified (Pau et al 2004, Tsouasis and Nikolaou 2005). In their study on how dental undergraduates cope with stress, Pau et al (2004) also found that individuals who demonstrated higher levels of emotional intelligence reported using a combination of positive emotion-focused coping strategies, such as reflection, and problem-focused strategies such as time management and organisational skills. In comparison, those individuals demonstrating low emotional intelligence did not report the use of such coping strategies, and were more likely to adopt unhealthier lifestyle choices, such as alcohol consumption and smoking.

**Clinical supervision**

The Nursing and Midwifery Council (2008) defined clinical supervision as a ‘practice-focused professional relationship, involving a practitioner reflecting on practice guided by a skilled supervisor’. Unlike individual reflection, clinical supervision includes the element of professional support and guidance (Cummins 2009) and is effectively a combination of positive emotion-focused and problem-focused coping strategies.

The literature on clinical supervision highlights some consistencies in the relationship between receiving effective clinical supervision and lower levels of burnout. Jones (2006) defined clinical supervision as an act that seeks to nurture practitioners, and it is perhaps this sense of investment in individuals that explains how clinical supervision may be useful in reducing burnout. For example, workplace guidance and support provides a sense of feeling valued and listened to, and can encourage the feeling of being better equipped to cope with and solve problems, restoring a sense of control over work (Bégat and Severinsson 2006, Jones and Cutcliffe 2009).

**Implications for practice**

While clinical supervision is a valuable strategy in managing problems, failure of the workplace to provide nurses with sufficient time to engage in clinical supervision can increase emotional

### References


exhaustion and depersonalisation (Edwards et al 2006, Hyrkäs et al 2006) by creating a disparity between nurses’ needs and the extent to which the workplace is meeting them.

Helping nurses to use reflection as a positive emotion-focused coping strategy could help them to become more introspective and consequently respond more constructively to their own needs, promoting wellbeing and reducing the risk of burnout. As Maslach (2003) pointed out, the first step in knowing what to do is to understand what you are feeling and why. Reflection is a valuable strategy in managing problems because it can address those that are not necessarily solvable. This is particularly relevant where unchanging organisational issues exist. Furthermore, it could be suggested that the self-awareness nurses develop through reflection could also help the development of assertiveness skills – a recognised tool in the literature on stress management in nursing (Bond 1986, RCN 2005).

The white paper, Equity and Excellence: Liberating the NHS (Department of Health 2010), proposed several reforms that could have a negative effect on staff wellbeing and consequently patient outcomes (RCN 2010). These reforms are still being debated but given the economic constraints it is likely that the recruitment freezes, skill-mix changes and ‘efficiency savings’ will increase the risk of burnout.

Conclusion

A combination of both positive emotion-focused and problem-focused strategies may offer protection against the development of burnout. It is important to consider that these strategies will not change the organisational issues that lead to burnout in health care. They can, however, help nurses to cope better by enabling them to respond more constructively to their own needs. While reflection offers a positive emotion-focused strategy for addressing burnout in the nursing profession, it tends to be used for assessment rather than as a positive emotion-focused coping strategy NS


Shulkin S (1978) Burnout: the professional hazard you face in nursing. Nursing. 78, 7, 22-27