Reducing work-related stress to minimise emotional labour and burn-out syndrome in nurses

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Implications for practice and research

 ► Nurses should engage in stress-relieving therapies and maintain emotional resilience to decrease their chances of burn-out syndrome.

 ► A longitudinal study on the influences of emotional labour and work-related stress on burn-out syndrome in nurses would ultimately enhance nursing science.

Context

Emotional involvement is the basic element of therapeutic relationship between healthcare professionals and their patients. However, emotional involvement exposes healthcare professionals to emotional labour, work-related stress and burn-out. These three subjective constructs are related and interconnected to each other. Nurses are mostly affected by these constructs due to the emotional demand of the nursing role. This study by Zaghini and colleagues explored a test model to evaluate the influence of emotional labour on burnout by Zaghini and colleagues in medicine and surgery.

Methods

The study used a descriptive cross-sectional design and self-reported questionnaire for data collection. Descriptive statistics including percentages, mean (M) SD and Pearson coefficient were used for data analysis. This study was conducted in three hospitals across Italy among nurses working across oncology-haematology inpatient, oncology-haematology outpatient, general surgery and medicine. With a response rate of 82.8%, 207 nurses completed the questionnaire. Multiple statistical analysis was carried out during collection and data analysis to generate a well-correlated result.

Findings

Most of the participants worked in medical areas (45.9%), compared with 33.8% in surgical area and 20.3% in the two oncological-haematological unit. From the average score, nurses reported high levels of stress (M=2.71) compared with an average level of both emotional labour (M=2.64) and burn-out (M=2.04). The study revealed that the higher the levels of emotional labour, the higher the level of stress and burn-out. Also, nurses with longer work experience reported greater emotional commitment. Overall, nurses in oncology, although they were the lowest participants of this study, however, reported they were emotionally affected than colleagues in medicine and surgery.

Commentary

This study focused on emotional labour and stress to identify its influence on burn-out syndrome in nurses. Burn-out syndrome is defined as an accumulative stress reaction characterised by exhaustion, cynicism and inefficacy due to an ongoing occupational stressor. Burn-out has been characterised as a multidimensional phenomenon with individualised, interpersonal and self-evaluative dimensions. These dimensions support the methodology and the self-reported questionnaire used in this study. Although a self-reported questionnaire is susceptible to social desirability bias, answers given in self-reported questionnaires tend to be accurate since the responders are much closer to the issue being discussed. In this study, the use of a self-reported questionnaire on burn-out syndrome among nurses is relevant as the syndrome is common in nursing. This study revealed that there are high levels of burn-out among oncology nurses and that emotional labour and work-related stress significantly contributed to the burn-out. This supports the findings from Cañas-de la Fuente and colleagues in medicine and surgery.

The relevance of this study is to acknowledge that burn-out levels among nurses can be attributed to emotional labour, work-related stress and understanding the impact of nurse burn-out on the quality of care given to patients. Nursing is known to be one of the most stressful occupations, hence nurses are predisposed to burn-out. The delivery of high-quality compassionate care by nurses, which is a fundamental and valuable aspect of professional nursing practice, makes the concepts of emotional involvement and labour inalienable parts of nursing practice. However, other factors that contribute to work-related stress such as workload, work environment, time pressure, interpersonal relationships and communication can be managed to minimise burn-out in nurses. This is supported by Kutluturkan and colleagues’ suggestion on interventions to increase emotional resilience in nurses to reduce burn-out.

Therefore, nurse managers and employers must focus on these modifiable factors to reduce nurses’ chances of experiencing stress and burn-out. This will improve nurse’s personality, work performance, quality of care and, consequently, patient’s satisfaction and safety.

Competing interests None declared.

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References


