Burnout in nurses during the COVID-19 pandemic: the rising need for development of evidence-based risk assessment and supportive interventions

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Commentary

Burnout is a main occupational problem among healthcare workers (HCWs) and they represent a high-risk group for COVID-19 infection than the general population worldwide (8.7% vs 5.3%).1,2 Nurses play a pivotal role at all levels of caregiving.4 Safeguarding high standards of care during public health crises, nurses are faced with many organizational and clinical challenges which places enormous burden on them and could lead to burnout.14

Galanis et al's SR examined studies that included ‘all categories of nurses working in hospitals that treat COVID-19 patients and excluded those pertaining to all HCWs without reporting the findings for nurses separately’.5 Remarkably, another SR and MR examined the current pandemic extending across the last two decades and the findings showed widespread and intense impact of infectious disease outbreaks on the HCWs’ mental health.6 Galanis et al revealed publication bias and high heterogeneity among studies. Their work provides future direction for research into creation of a comprehensive assessment of nurses’ burnout and related risk and protective factors.

The COVID-19 outbreak can be considered as a multifaceted trauma, specifically for the frontline HCWs who are continuously dealing with work-related stress3 and overwhelmed with the workload demands. Future research should focus on prospectively assessing nurses’ mental health and core risk factors for burnout during the various periods of the COVID-19 pandemic.14 Furthermore, large-scale and longitudinal investigations into nurses’ perceived psychological support, and its impact on their mental health status during and after the pandemic should be undertaken.6,4,5 To provide quality care for general population, it is critical to identify and establish effective treatment strategies for high-risk nurses and their instant access to mental healthcare during the current COVID-19 pandemic.3,5

Competing interests None declared.

Provenance and peer review Commissioned; internally peer reviewed.

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References


Implications for practice and research

► To diminish nurses’ burnout, it is vital to determine risk and protective factors for burnout during large-scale outbreaks and use multilevel evidence-based public health strategies to enhance their adaptive coping skills, reduce their emotional and physical exhaustion, and improve their function.

► Future research should concentrate on a comprehensive assessment of the adverse effects of pandemic on nurses’ mental health and risk factors for burnout to formulate specialised training for nurses and prepare the healthcare systems and nurses to effectively respond and function during the COVID-19 outbreak.

Context

Literature has consistently presented that health professionals experience higher level of work-related stress and multiple psychological stressors leading to burnout.1,4 Several systematic reviews (SRs) and meta-analysis (MA) have revealed that nurses present a moderate to high levels of burnout syndromes.1 Galanis et al conducted an SR and MA with the purpose of investigating nurses’ burnout and associated risk factors during the COVID-19 pandemic.3

Methods

Galanis et al searched literature in ‘CINHAL, Scopus, PubMed, ProQuest, Cochrane COVID-19 registry and preprint services (medRxiv and PsyArXiv)’ from 1 January to 15 November 2020 and eliminated the duplicates. In this SR, due to the high level of heterogeneity between the results, the authors used a random effect model to estimate the pooled effects.3

Findings

Galanis et al’s review on 16 studies indicate that ‘overall prevalence of emotional exhaustion was 34.1%, of depersonalization was 12.6, and lack of personal achievement was 15.2’.2 The focal risk factors that augmented nurses’ burnout were: ‘low family and colleagues readiness to cope with COVID-19 outbreak, younger age, decreased social support, increased perceived threat of COVID-19, longer working time in quarantine area, working in higher risk environment, working in hospitals with inadequate and insufficient materials and human resources, increased workload and lower level of training regarding COVID-19’.3

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