

## Review article

**Coping in Your Profession: Exploring Healthcare Students' Perceptions of Burnout**Heather Clark<sup>1\*</sup>, Jon Kelly<sup>2</sup>*Associate Professor of Nursing, ATD School of Nursing, Weber State University, USA***\*Corresponding author**

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OPEN ACCESS**Abstract****Background**

New graduate healthcare professionals are being sent into the workplace with little to no coping skills, knowledge of signs and symptoms of burnout, or resources that are available.

**Methods**

The authors of this study created a university course entitled Coping in your Profession that enrolled registered nurses, licensed practical nurses, EMTs, nurse assistants, and medical assistants. The course outcomes addressed burnout, self-analysis, incivility, coping mechanisms, and organizational responsibilities for employee well-being. The students were surveyed using Qualtrics XM that included a pre-course and post-course analysis. These surveys were used to determine increased knowledge of burnout and coping skills to prevent burnout.

**Results**

Post-course results included personal knowledge growth and that students' perception of burnout can be prevented at both the individual and the organization levels. Students also indicated that few to no resources to combat burnout existed at their place of employment.

**Conclusion**

Addressing burnout at the educational level helps prepare graduates with the knowledge and tools to combat burnout at the individual and organizational levels. The Coping in your Profession post-course surveys showed an increased understanding of burnout, increased awareness of tools to prevent burnout, and a perception that burnout can be prevented.

**Keywords:** Burnout, Coping, Healthcare workers, Incivility, Resilience**Introduction**

Burnout has become a significant concern for healthcare professionals. More than a decade ago, the publication *To Err Is Human* was published by the Institute of Medicine. This report highlighted the staggering amounts of medical errors and the quality of care in hospitals [1]. Medical errors, and decreased quality of care, can be caused by burnout [2]. These negative outcomes are related to the healthcare field's common elements, including having difficult environmental constraints that include long hour shifts, rotating day to night shifts, weekends and holidays, and stressful work settings from complex patient care [3]. Kaliyaperumal and Noseworthy (2019) reported poor sleep quality related to long shifts and alternating work schedules were observed among 69% of shift-working nurses accord-

ing to the Epworth Sleepiness Scale (ESS) [4]. These variables can take more than just a physical toll; they can affect the mental, emotional, and spiritual well-being as well.

Addressing the problem of stress and burnout needs a direct approach and from the beginning of a student's education. The authors addressed this problem with the creation of the course, Coping in your Profession, which was designed to explore the causes, signs, and symptoms and provide resources to prevent and combat burnout. The course is offered as an upper-division course for all healthcare professional students at Weber State University.

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## Literature Review

### Burnout in Healthcare Professionals

Shanafelt and Noseworthy (2019) define burnout as a syndrome characterized by exhaustion, cynicism, and reduced effectiveness [5]. Also, Biksegn, Kenfem Matiwos, and Eshetu (2014) describe burnout as the physical and psychological stress reaction to long term exposure to intense emotional and interpersonal pressures [6]. High acuity patient-care settings, including the emergency department and intensive care units, have been monitored for burnout in recent years. These critical care areas have shown a higher incidence of burnout among healthcare professionals [7]. While these settings have seen more complex patient situations in the past, these same patients are being seen in units including medical, surgical, and community care settings Guentupalli et al. (2014) also found that 43% of inpatient nurses had a high degree of emotional exhaustion. Still, little research has been completed for nurses in community-based settings to allow for comparison.

A significant amount of studies focus on compromised patient safety with increasing numbers of clinician burnout. In a systematic review, Hall, Johnson, Watt, and O'Conner (2016) reported that twenty-one out of thirty articles found a significant correlation between poor clinician well-being and decreased patient safety [8]. Furthermore, this poor well-being was associated with clinicians with moderate to high levels of burnout. Some insight into the cause for the increase in burnout levels described current healthcare systems changes, including increasing price competition, narrowing insurance networks, and a significant proportion of patients with noncommercial insurance [5].

Maslach and Leiter (2017) discuss three dimensions of burnout, which include exhaustion, cynicism, and inefficacy [9]. The exhaustion can be caused by feelings of being overextended by work demands with a lack of replenishment and recovery on days off. Cynicism develops from exhaustion and creates feelings of detachment and dehumanization to others. Workers will cut back on the quality of care being provided as workers shift to do the bare minimum. This leads into the third dimension of inefficacy, which is described as feelings of lack of achievements or accomplishments, negative thoughts of themselves, and their chosen career. All of these dimensions can contribute to poor mental health among caregivers and increase the levels of burnout. Beyond the personal effects that burnout can cause for one, there is a concern for patient's safety.

Additionally, Maslach and Leiter (2017) discuss concerns of poor quality of patient care and increased medical errors associated with high levels of burnout. Johnson et al. (2017) emphasize that improving patient safety remains a priority in acute settings, in light of recent research indicating that approximately 10% of hospital inpatient episodes are affected by clinical errors [10]. Hall et al. (2016) highlighted that one in twenty prescriptions contains an error and that the total costs are estimated at 1.3 billion pounds in litigation costs.

Concerns of burnout rates and how this affects caregivers leaving the profession remains a focus for organizations. The National Solutions Inc (2016) discovered the average turnover rate for nurses was 18.2% and rising. Estimates of the cost of burnout for a bedside nurse were \$82,500, and for each percent change, it would cost or save the average hospital \$337,500 [2,11]. Maslach and Letier (2017) identify key points for organizations to ensure that the job and person have an optimal match to lower the risk for burnout. These key points include encouraging employees to have their days off free from work interruptions, give employees the opportunity for input in decisions, reward employees for their contributions at work, and align the personal and organizational goals for an increased level of accomplishment.

Aside from patient safety being affected by burnout, patient satisfaction scores have been found to correlate as well [12]. These patient satisfaction

scores are also tied back into organizational goals, which can cause increased levels of stress for clinicians if their perception surrounds minimal or no support from leadership or resources offered to address burnout.

### Addressing Burnout Early On

Preventing and alleviating burnout when it arises are two main focuses to address burnout. Being aware, prepared, and equipped with the correct tools is necessary for being able to address a problem. To have knowledge and skills, students need to learn these before entering the healthcare workforce. In all healthcare programs, students participate in rotations through clinical settings that expose them to real-world patient care, communication with providers and other disciplines involved in patient care, and collaboration to improve clinical judgment. These opportunities also expose students to the environmental stresses and emotional stresses that come with patient care. For these reasons, there is no better time to discuss burnout, risk factors, signs and symptoms, coping skills, and resources for these students that will soon be practicing in the healthcare field.

### Assessing Burnout in Healthcare Students

Due to the high rates of burnout among healthcare professionals, it is necessary to assess burnout knowledge and awareness at the beginning of the career, which begins in the academic setting. The academic setting provides the learning environment and the ability to utilize research to gain knowledge and resources.

### Students Burnout Findings

Burnout among healthcare professional students enrolled at Weber State University was assessed via a Qualtrics survey. Professions included Licensed Practical Nurses (LPN), Registered Nurses (RN), Certified Nurse Assistant (CNA), and Emergency Medical Technician (EMT). The survey was sent out to all students enrolled in classes within the college of health professions. One hundred and two students responded to the survey that included seven LPNs, ninety-three RNs, ten CNAs, Four EMTs, and one student who did not identify their profession. Students that had been enrolled or were currently enrolled in the Coping in your Profession course were asked not to complete the survey, as this data was collected separately within the course.

Data from these students was collected in regards to the ages of participants and included the following ranges 18-24yo (n=27), 25-34 (n=39), 35-44 (n=23), 45-54 (n=7), and >55 (n=4). While most participants were Students, the years spent in their current working position included 0-2 years (n=61), 3-5 years (n=12), 6-10 years (n=10), 11-15 years (n=8), and 15+ years (n=9). When investigating experiences and perceptions of burnout 32% (n=33) indicated "probably yes" and 30% (n=31) "definitely yes" to have personally experienced burnout in their current area of work. Participants indicated that being a student while working added to their stress in the following amounts: "very high stress" 40% (n=41), "moderate stress" 40% (n=41), and "some stress" 18% (n=18). Participants were asked if they felt they had a peer or supervisor at work that they could talk to about burnout, and results indicated "definitely yes" (n=29), "probably yes" (n=30), "might or might not" (n=26), "probably no" (n=10), and "definitely no" (n=5). For this same group, the signs and symptoms of burnout that were most frequently associated with burnout were irritability/mood swings 86% (n=88), sleep disturbances 81% (n=83), changes in quality of care 63% (n=64), cynicism 56% (n=58), health problems 49% (n=50), and tardiness/absenteeism from work (33%).

Lastly, the survey focused on the participants' perception of burnout's ability to be prevented through individual and organizational resources. Responses showed that 88% thought "yes, at both levels," and 3% thought "yes, but only at the personal level" and "yes, but only at the organizational level" and "no, not at either level."

In addition to assessing students' knowledge and experience with burnout, the authors wanted to determine what self-care techniques students were using most frequently. The most common self-care techniques included exercise, sleeping, being outside, being with family/friends, breathing exercises, yoga, meditation/mindfulness. Students reported significant decreases in stress following the implementation of a self-care technique.

### Burnout Course Assignment Examples

Assignments within the course units included discussion questions based on readings, a reflection of journaling, self-assessment of coping mechanisms, positive stress tool presentation, and discussing burnout in the workplace. For the positive stress tool presentation, students were asked to research and choose a personal, relevant stress-relief tool that may include mindfulness, yoga, exercise, massage, deep breathing, relaxation, or meditation. Upon choosing their personalized stress reliever, students practiced the tool for 14-21 days. Students were also asked to identify their level of stress before and after implementing the stress-relief tool. Findings from this assignment indicated the stress-relief tool significantly reduced their stress levels.

Findings from students' assignments included decreased levels of stress with the implementation of their chosen self-care tool. Students' comments regarding the course expressed appreciation for the information, literature, and self-care tools to mitigate and prevent burnout. Students indicated that they discovered beneficial tools that they will continue to use in the future.

### Significance to Burnout Solutions

This course is one solution to addressing burnout within healthcare students, raising awareness of its existence and consequences, and giving students the tools they need to prevent and combat burnout from the beginning of their careers. The assignments created for this course gave students individual tools for self-care, which can be implemented in any setting and can be used to reduce stress in the workplace, preventing burnout symptoms from occurring.

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## References

1. Institute of Medicine (2010) The future of nursing: Focus on education.
2. Drybye LN, Shanefelt TD, Sinsky CA, Cipriano PF, Bhatt J, et al. (2017) Burnout among health care professionals a call to explore and address this underrecognized threat to safe, high-quality care. *States News Service*.
3. Gelinias L (2019) Promoting clinician well-being: Staying emotionally healthy is important to personal and patient safety. *American Nurse Today* 14: 4.
4. Kaliyaperumal D, Elango Y, Alagesan M, Santhanakrishnan I (2017) Effects of sleep deprivation on the cognitive performance of nurses working in shift. *Journal of Clinical & Diagnostic Research* 11: 1-3.
5. Shanafelt TD, Noseworthy JH (2019) Executive leadership and physician well-being: Nine organizational strategies to promote engagement and reduce burnout. *Mayo Clinic Proceedings* 92: 129-146.
6. Biksegn A, Kenfe T, Matiwsos S, Eshetu G (2016) Burnout status at work among health care professionals in a tertiary hospital. *Ethiopian Journal of Health Sciences* 26: 101-108.
7. Guntupalli KK, Wachtel S, Mallampalli A, Surani S (2014) Burnout in the intensive care unit professionals. *Indian Journal of Critical Care Medicine* 8: 139-143.
8. Hall LH, Johnson J, Watt I, Tsipa A, O'Connor DB (2016) Healthcare staff well-being, burnout, and patient safety: A systematic review 11
9. Maslach C, Leiter MP (2017) New insights into burnout and health care: Strategies for improving civility and alleviating burnout. *Medical Teacher* 39: 160-163.
10. Johnson J, Louch G, Dunning A, Johnson O, Grange A, et al. (2017) Burnout mediates the association between depression and patient safety perceptions: A cross-sectional study in hospital nurses. *Journal of Advanced Nursing* 73: 1667-1680.
11. The National Solutions Inc (2016) National healthcare retention & RN staffing report.
12. McHugh MD, Kutney-Lee A, Cimiotti JP, Sloane DM, Aiken LH (2011) Nurses' widespread job dissatisfaction, burnout, and frustration with health benefits signal problems for patient care. *Health Affairs* 30: 202-210.

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