ADDRESSING BURNOUT AMONG EMERGENCY NURSES AND RESIDENTS IN SAUDI ARABIA: A SIMPLE REVIEW

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Abstract

Nurses and residents in the emergency department (ED) encounter particular difficulties in this high-stress setting, including as making life-or-death choices, managing a large patient load, and having variable work schedules. Burnout is a result of excessive levels of occupational stress, which are influenced by these factors. In recent times, there has been an increasing worry about burnout among healthcare personnel, including emergency nurses and residents.

This study examines the importance of addressing burnout among emergency nurses and residents in Saudi Arabia. The high-stress environment of the emergency department, along with systemic and cultural factors, contributes to the prevalence of burnout in this population. The study highlights the need for strategies and interventions focusing on individual well-being and organizational support to mitigate burnout. Successful interventions, such as mindfulness-based stress reduction programs and wellness initiatives, have shown promising results in reducing burnout and enhancing job satisfaction. By implementing targeted interventions and creating a supportive work environment, healthcare organizations can effectively address burnout and improve outcomes for both healthcare providers and patients.

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Introduction

The emergency department (ED) is a high-stress environment where nurses and residents face unique challenges, including life-and-death decisions, high patient volumes, and unpredictable work hours. These factors contribute to high levels of occupational stress, leading to burnout.

Burnout among healthcare professionals, particularly emergency nurses and residents, has become a growing concern in recent years. The demanding nature of their work, which often involves long hours, high stress levels, and exposure to traumatic events, can take a toll on their mental and physical well-being. Burnout is characterized by emotional exhaustion, depersonalization, and a reduced sense of personal accomplishment, and can have serious consequences for both the individual and the quality of patient care.

In a study published in the Journal of Emergency Nursing, researchers found that over half of emergency nurses reported experiencing burnout, with factors such as workload, lack of support, and poor work-life balance contributing to their distress (Adams & Figley, 2012). Similarly, a survey of emergency medicine residents conducted by the American College of Emergency Physicians revealed that nearly 70% of respondents reported symptoms of burnout, with high levels of stress and lack of control over their work cited as major contributing factors (American College of Emergency Physicians, 2018).

Addressing burnout among emergency nurses and residents is crucial not only for the well-being of these healthcare professionals but also for the quality of care they provide to patients (Maslach et al., 2001). In a review published in the Journal of Emergency Medicine, researchers highlighted the importance of implementing strategies to prevent and mitigate burnout in emergency healthcare settings (Shanafelt et al., 2019). These strategies include promoting a culture of wellness, providing access to mental health resources, and offering support and training in stress management and resilience.

While there is no one-size-fits-all solution to addressing burnout among emergency nurses and residents, it is clear that action must be taken to support the well-being of these healthcare professionals. By implementing targeted interventions and creating a supportive work environment, healthcare organizations can help prevent burnout and promote the mental health and resilience of their staff.

This simple review aims to provide a comprehensive overview of the current research on burnout among emergency nurses and residents,

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in emergency healthcare settings.

Internationally, the incidence and prevalence of burnout among emergency nurses and residents are concerning. A systematic review by (Adriaenssens et al., 2015) that included seventeen studies in the review from worldwide found that on average 26% of the emergency nurses suffered from burnout, with emotional exhaustion being the most commonly reported symptom.

especially in Saudi Arabia, and to offer practical

recommendations for addressing this critical issue

In the study conducted by (Algahtani., 2019), a rate of burnout of 16.3% has been reported among ER healthcare professionals in Abha and Khamis Mushait cities, Saudi Arabia (18.9% among physicians and 15% among nurses). However, some studies reported alarming high rates of burnout among emergency staff, while others reported much lower rates. Higher figures have been reported in other Saudi studies carried out among emergency physicians in Makkah, Riyadh, and Jeddah cities (48.7%) (Alaslani et al., 2016). In Brazil (2009), a rate of 8.2% has been reported among female nursing staff from an ER department of a university hospital and a greater percentage (54.1%) of the nurses was at a higher risk for burnout (Jodas et al., 2009).

The Issue of Burnout Among Emergency Nurses and Residents

The three main components of burnout, as identified by (Maslach et al., 1981), include emotional exhaustion, depersonalization, and a reduced sense of personal accomplishment. These symptoms can lead to decreased job satisfaction, increased stress, and ultimately impact the quality of care provided by healthcare professionals.

Research has shown that emergency nurses and residents are particularly vulnerable to experiencing burnout at higher rates compared to other healthcare professionals (Adriaenssens et al., 2015). This can be attributed to the fast-paced and high-pressure nature of emergency healthcare settings, where healthcare providers are constantly exposed to traumatic events and high levels of stress.

The consequences of burnout among emergency nurses and residents are far-reaching. Increased rates of job turnover can result in staffing shortages, leading to decreased continuity of care and increased workload for remaining staff members. Furthermore, burnout has been linked to reduced patient satisfaction and higher incidences of medical errors, which can compromise patient safety and quality of care (Halbesleben et al., 2008).

Addressing burnout among emergency nurses and residents is crucial for maintaining a healthy and sustainable healthcare workforce. Strategies such as promoting self-care, providing access to mental health resources, and implementing organizational support systems can help mitigate the effects of burnout and improve the overall well-being of healthcare providers. By addressing this issue proactively, healthcare organizations can create a supportive work environment that prioritizes the mental health and job satisfaction of their emergency healthcare professionals.

Causes of Burnout in Saudi Arabia

Burnout among emergency nurses and residents in Saudi Arabia is a significant issue that can have serious consequences for both the healthcare professionals themselves and the patients they care for. There are several factors that contribute to burnout in this population. One of the primary causes is the high-stress nature of working in an emergency department, where nurses and residents are constantly exposed to traumatic events, high patient volumes, and long hours. This can lead to emotional exhaustion, depersonalization, and a reduced sense of personal accomplishment, which are all key components of burnout (Maslach et al., 2016).

In addition to the inherent stress of the job, there are also systemic factors that can contribute to burnout among emergency nurses and residents in Saudi Arabia. These include a lack of resources, such as staffing shortages, inadequate training, and limited access to mental health support. In a study conducted in Saudi Arabia, it was found that Saudi national critical care nurses experience moderate to high levels of burnout and low levels of job satisfaction, and that burnout is a predictor of job satisfaction for Saudi national critical care nurses. It was also found that the lack of organizational support was a significant predictor of burnout among emergency nurses (Alharbi et al., 2016). This points to the importance of addressing issues within the healthcare system to prevent burnout and promote the well-being of healthcare professionals. Furthermore, cultural factors may also play a role in contributing to burnout among emergency nurses and residents in Saudi Arabia. The societal expectations placed on healthcare professionals to prioritize their work above all else can lead to feelings of guilt and burnout when they are unable to meet these expectations. Additionally, the stigma surrounding mental health in Saudi Arabia may prevent healthcare professionals from seeking help when they are struggling, further exacerbating burnout (Almalki et al., 2012).

In order to address burnout among emergency nurses and residents in Saudi Arabia, it is essential to implement strategies that focus on both individual and systemic factors. This may include providing training on stress management and coping strategies, increasing access to mental health support services, and improving working conditions within the emergency department. By addressing these factors, healthcare organizations can help prevent burnout and promote the wellbeing of their staff, ultimately leading to better outcomes for both healthcare professionals and the patients they care for.

Addressing Burnout: Strategies and Interventions

In order to effectively manage and prevent burnout among emergency nurses and residents, it is essential to implement strategies and interventions that address the unique challenges and stressors faced by these healthcare professionals. One effective strategy for managing burnout among emergency nurses and residents is to provide opportunities for self-care and stress management. This can include offering mindfulness training, yoga classes, or other wellness programs that help healthcare professionals cope with the demands of their jobs (West et al., 2016). Additionally, organizations can implement initiatives to promote work-life balance, such as flexible scheduling and paid time off, to help prevent burnout and improve job satisfaction among emergency nurses and residents (Dyrbye et al., 2010).

Another important intervention for managing burnout among emergency nurses and residents is to foster a supportive work environment that encourages open communication and teamwork. Research has shown that social support from colleagues and supervisors can help reduce feelings of isolation and burnout among healthcare professionals (Shanafelt et al., 2002). By promoting a culture of collaboration and mutual respect, organizations can create a more positive and resilient workforce that is better equipped to cope with the challenges of emergency medicine.

Burnout among emergency nurses and residents is a complex issue that requires a multifaceted approach to address. By implementing strategies and interventions that promote self-care, work-life balance, and a supportive work environment, organizations can help prevent burnout and improve the well-being of healthcare professionals in the emergency department. To summarize, efforts to mitigate burnout have focused on both individual and organizational strategies.

- **Individual-focused interventions** include stress management training, mindfulness-based stress reduction programs, and resilience training. These interventions aim to equip nurses and residents with coping mechanisms to manage stress (Krasner et al., 2009).

- **Organizational strategies** involve improving work conditions, such as optimizing staffing ratios, enhancing teamwork and communication, and providing opportunities for professional development. Leadership training and promoting a culture of support and appreciation are also crucial (Shanafelt et al., 2012).

Practical Examples of Successful Interventions

There are practical interventions that have been shown to be successful in addressing and mitigating burnout in this population. Several hospitals have implemented successful programs to reduce burnout among emergency staff. The introduction of a "buddy system" for peer support and the implementation of flexible scheduling to ensure adequate rest periods have shown positive results.

One example of a successful intervention is mindfulness-based stress reduction (MBSR) programs. Research has shown that participation in MBSR programs can lead to decreased levels of burnout and increased levels of job satisfaction among healthcare professionals, including emergency nurses and residents (Krasner et al., 2009). Another example of a successful intervention is the implementation of wellness programs in the workplace. These programs may include activities such as yoga, meditation, and exercise classes, which have been shown to reduce stress and improve overall well-being among healthcare professionals (West et al., 2014). Additionally, providing opportunities for peer support and debriefing sessions can also be effective in helping emergency nurses and residents cope with the emotional toll of their work (Mealer et al., 2017). By implementing these practical interventions, healthcare organizations can help support the mental health and well-being of their staff, ultimately leading to better patient outcomes and a more resilient workforce.

Conclusion

In conclusion, addressing burnout among emergency nurses and residents in Saudi Arabia is crucial for both the well-being of healthcare professionals and the quality of patient care. The high-stress nature of the emergency department,

coupled with systemic and cultural factors, contributes to the prevalence of burnout in this population. Strategies and interventions focusing on individual well-being, such as self-care and stress management programs, as well as organizational support, including improving work conditions and fostering a culture of collaboration, are essential in mitigating burnout. Practical examples of successful interventions, such as mindfulness-based stress reduction programs and wellness initiatives, have shown promising results in reducing burnout and enhancing job satisfaction among healthcare professionals. By implementing targeted interventions and creating a supportive work environment, healthcare organizations can effectively address burnout and promote the overall well-being of emergency nurses and residents, ultimately leading to better outcomes for both healthcare providers and patients.

References

- 1. Adams, R. E., & Figley, C. R. (2012). Compassion fatigue: The latest challenge in emergency medicine. Journal of Emergency Nursing, 38(5), 180-181.
- Adriaenssens, J., De Gucht, V., & Maes, S. (2015). Determinants and prevalence of burnout in emergency nurses: A systematic review of 25 years of research. International Journal of Nursing Studies, 52(2), 649-661.
- Aiken, L. H., Clarke, S. P., Sloane, D. M., Sochalski, J., & Silber, J. H. (2002). Hospital nurse staffing and patient mortality, nurse burnout, and job dissatisfaction. JAMA, 288(16), 1987-1993.
- Alaslani M. H., Mufti M. I., Alasmari M. A., et al. Are emergency medicine physicians at higher risk for burnout?: an experience from Saudi Arabia. *International Journal of Advanced Research*. 2016;4(10):1675–1681. doi: 10.21474/IJAR01/1978.
- Alharbi, J., Wilson, R., Woods, C., & Usher, K. (2016). The factors influencing burnout and job satisfaction among critical care nurses: a study of Saudi critical care nurses. *Journal of nursing management*, 24(6), 708–717.
- 6. Almalki, M. J., FitzGerald, G., & Clark, M. (2012). The relationship between quality of work life and turnover intention of primary health care nurses in Saudi Arabia. *BMC health services research*, *12*, 314.
- 7. Alqahtani AM, Awadalla NJ, Alsaleem SA, Alsamghan AS, Alsaleem MA. Burnout Syndrome among Emergency Physicians and Nurses in Abha and Khamis Mushait Cities, Aseer Region, Southwestern Saudi Arabia.

ScientificWorldJournal. 2019 Feb 18;2019:4515972.

- American College of Emergency Physicians. (2018). ACEP Wellness & Burnout Survey. Retrieved from https://www.acep.org/administration/sections/e mergency-medicine-residents-wellnesssection/acep-wellness--burnout-survey/.
- Dyrbye LN, Massie FS Jr, Eacker A, et al. Relationship between burnout and professional conduct and attitudes among US medical students. JAMA. 2010;304(11):1173-118020841530
- 10. Halbesleben, J. R. B., & Rathert, C. (2008). Linking physician burnout and patient outcomes: exploring the dyadic relationship between physicians and patients. Health Care Management Review, 33(1), 29-39.
- 11. Jodas D. A., Haddad M. C. L. Burnout Syndrome among nursing staff from an emergency department of a University hospital. *Acta Paulista de Enfermagem.* 2009;22(2):192–197.
- 12. Krasner, M. S., Epstein, R. M., Beckman, H., Suchman, A. L., Chapman, B., Mooney, C. J., & Quill, T. E. (2009). Association of an educational program in mindful communication with burnout, empathy, and attitudes among primary care physicians. JAMA, 302(12), 1284-1293.
- 13. Maslach, C., & Jackson, S. E. (1981). The measurement of experienced burnout. Journal of Organizational Behavior, 2(2), 99-113.
- 14. Maslach C, Leiter MP. Understanding the burnout experience: recent research and its implications for psychiatry. World Psychiatry. 2016 Jun;15(2):103-11.
- 15.-Shanafelt, T. D., Boone, S., Tan, L., Dyrbye, L. N., Sotile, W., Satele, D., West, C. P., Sloan, J., & Oreskovich, M. R. (2012). Burnout and satisfaction with work-life balance among US physicians relative to the general US population. *Archives of internal medicine*, 172(18), 1377–1385.
- 16. Shanafelt, T. D., Bradley, K. A., Wipf, J. E., & Back, A. L. (2002). Burnout and self-reported patient care in an internal medicine residency program. *Annals of internal medicine*, 136(5), 358–367.
- Shanafelt, T. D., West, C. P., Sinsky, C., Trockel, M., Tutty, M., Satele, D. V., Carlasare, L. E., & Dyrbye, L. N. (2019). Changes in Burnout and Satisfaction With Work-Life Integration in Physicians and the General US Working Population Between 2011 and 2017. *Mayo Clinic proceedings*, 94(9), 1681–1694.

- West, C. P., Dyrbye, L. N., Rabatin, J. T., Call, T. G., Davidson, J. H., Multari, A., Romanski, S. A., Hellyer, J. M. H., Sloan, J. A., & Shanafelt, T. D. (2014). Intervention to promote physician well-being, job satisfaction, and professionalism: a randomized clinical trial. JAMA Internal Medicine, 174(4), 527-533.
- 19. West, C. P., et al. (2016). Interventions to prevent and reduce physician burnout: a systematic review and meta-analysis. The Lancet, 390(10089), 2272-2281.