



## Nurses Burnout and its Effect on Patient Safety: A Review Article

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### Abstract

The number of primary care nurses has not increased proportionately to the rise in care demand. This imbalance has an effect on the health of the professional group as well as the decline in patient safety and care quality. This study aims to investigate the impact of burnout in the nursing staff, and professional fatigue on service quality and safety. It also seeks to distinguish between various research approaches and measurement tools for the phenomenon. A risk associated with the nursing

profession, nurse burnout affects nurses, patients, organizations, and society at large. Reduced patient satisfaction, declining safety and quality of care, and nurses' organizational commitment and productivity are all linked to nurse burnout. Burnout is typically seen as a personal problem. Nonetheless, recasting burnout as a collective and organizational phenomenon provides the wider viewpoint required to handle nurse burnout. To ascertain the extent of the correlation between the intense strain faced by Primary Care nurses and the achievement of health objectives for both patients and professionals, additional data is necessary for future research.

**Keywords;** *nursing; patient safety; health care service quality; burnout; workload.*

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## 1. Introduction

Given the prevalence of adverse occurrences in health services, patient safety is one of the primary obstacles to quality of care. Medical errors are the third most common cause of death in the US, accounting for about 250,000 deaths annually [1]. According to a Norwegian study, the incidence of major adverse outcomes is seven times higher for hospitalized patients who pass away [2].

These days, one of the primary concerns is patient safety because, in many situations, health professionals are also responsible for patient care in addition to system malfunctions, subpar organizational procedures, and inadequate management. Since various studies suggest that human errors in communication, cooperation, and psychological well-being among health professionals also contribute to patient safety failures, it is necessary to provide these professionals with

improved training in order to help them change their behaviors [3, 4].

## 2. Prevalence of Burnout among Nurses

Shift work is typically required of nurses who, given their intimate, round-the-clock encounters with patients, are accountable for prompt and sensitive detection and responses regarding patient safety care. This frequently results in exhaustion and sleep disruptions, which lowers the precision and effectiveness of their nursing services. This could raise the possibility of in-hospital safety issues, including mistakes made when administering medication, identifying patients, operating medical equipment improperly, and getting hurt by an injection needle. Patients' life and health may suffer as a result of such events [5, 6]. As a result, there has been a growing focus on the significance of shift nurses' patient safety

management activities (PSMA) for patient safety.

An earlier systematic review and meta-analysis reported a pooled global prevalence of burnout among nurses of 11.23% [7]. According to **Manslave-Reyes *et al.*** [8], among primary care nurses throughout Europe and Latin America, the frequency was 28%. **Pradas-Hernández *et al.*** [9] found that 31% of pediatric nurses, primarily from North America, had the condition, whereas Cañadas-De la **Fuente *et al.*** [10] found that 30% of oncology nurses, predominantly from Europe, America, and Australasia, had it.

### **3. Impact of Nurses' Burnout on Patients**

#### **3.1 General adverse effects**

A recent study found that compared to other healthcare workers, a higher percentage of nurses experienced burnout [11, 12]. Additionally, shift-work nurses reported higher degrees of

burnout [13]. In addition to having a negative effect on their physical and mental well-being, shift-work nurses who experience burnout also experience a lack of motivation for their jobs and apathy toward patients [14], which increases patient safety incidents like medication errors and falls, which negatively affect PSMA [15]. Furthermore, a high level of burnout among health professionals decreases patient safety, according to a previous study that examined the results of 21 systematic literature reviews and meta-analyses [16], supporting the significance of controlling burnout in shift-working nurses. This review aims to study the effect of nurses' burnout on the safety of patients.

A nice feeling that results from being able to assist others is compassion satisfaction (CS), which nurses experience while delivering nursing care to their patients [17]. The variable that most affect burnout is CS, which

has been shown to operate as a moderator or buffer against burnout, which is a negative consequence [18]. Compassion allows nurses to develop a close relationship with their patients and fosters positive emotions when they listen to their needs and pique their interest. This, when combined with the nurses' professionalism and sense of self-worth, improves the nurses' job fulfillment and performance [19, 20]. Additionally, CS encourages nurses to actively cope with promoting patient safety by responding sensitively to patients' conditions [21], which may directly affect patient nursing results.

### **3.2 Effect of Nurses' Burnout on Patients' Safety**

Organizational, societal, and personal elements that rely on people and material resources all contribute to patient safety. There is an inherent relationship between these qualities—physical organizational components

and interpersonal interactions, for example—and burnout [22].

Occupational well-being, depression, anxiety, and burnout syndrome are determining factors that affect the treatment that patients get, despite their differences [23]. It has been proposed that an established relationship exists between moderate to high levels of burnout and inadequate patient safety, which results in mistakes made when providing help [21].

Due to the ongoing occupational stress that professionals in the health and education sectors experience, which is mostly related to interpersonal interactions, burnout is a disorder that is closely linked to working conditions. As a result, this condition is extensively researched by these workers. Risks that health professionals typically face include fatigue during work hours, which impairs their ability to provide appropriate care and increases the risk

of injury to patients and the health system as a whole [24].

**Soósová**, reported that the weak points in patient safety were nursing burnout, insufficient staffing, a culture of non-blame, and managerial support. Positive relationships were found, particularly with the recording of the number of unfavorable events, between organizational learning and continuous development, feedback, and communication. Improving the work environment's safety atmosphere appears to have a positive impact on employee mental health and reduce burnout, which in turn improves patient safety. According to the study's findings, there is a need for sufficient staffing, to prevent burnout syndrome, to create a national system targeted at greatly enhancing patient safety, and to incorporate the topic of patient safety culture into health study programs' curriculum [25].

A systematic review by **Pérez-Francisco *et al.*** reported that the

health system is quite concerned about how nurses' working circumstances affect the treatment given to patients. The factors mentioned in this research have a link, according to the reviewed articles. Burnout, reduced safety, and lower-quality treatment were all linked to nurses' workloads. The amount of time nurses could spend caring for patients was restricted by their workload and strain at work, and they also had a more laid-back attitude about patients' safety. A detrimental impact on nurses' health, a decline in their level of job satisfaction, and the coexistence of errors and unfavorable outcomes were all linked to workload. The examined articles included strategies for reducing burnout, including teamwork, mindfulness practices, workplace organization changes, organizational support, and adjustments to manager relationships. An enhanced nurse-patient ratio was proposed as a means of improving patient safety by reducing errors, and mortality, lengthening nursing care,

and producing higher-quality care plans. Telenursing has the potential to enhance the standard of care, while also enhancing the quality of medical records and facilitating communication through the use of a standard nursing language [26].

#### **4. Future Implications and Recommendations**

More practically, with the COVID-19 epidemic, it is now critical to address nurse burnout. As a crucial first step toward lowering stigma, organizations should openly acknowledge and discuss the detrimental impacts of burnout on their workforce and company. To show their commitment to addressing burnout and increasing awareness and visibility of this crucial issue, organizations could designate a wellness officer at the administrative level who would oversee clinician wellbeing, develop a policy, and provide resources for mental health and self-care to individuals in need [27]. Rethinking workflow,

reconsidering the function of electronic health records, and addressing and enforcing safe and effective nurse staffing are all necessary to create a safe and healthy work environment [28]. However, the foundation of this kind of environment is, above all, the positive relationships that support a culture of well-being between nurses and the organizations in which they are employed.

In order to capitalize on the interpersonal nature of the nursing profession, team- or nursing unit-based interventions have to be taken into account. Burnout and other negative feelings are easily transmitted among people who are close [29]. Caregiving occupations like nursing, which place a strong emphasis on interpersonal relationships and close teamwork throughout each shift, may be particularly vulnerable to this burnout contagion [30]. Consequently, the multi-pronged approach should include team-based interventions like

debriefing, group managing stress sessions, storytelling, and a social support network [30]. Peer support has been a coping mechanism for nurses [31], and team-based interventions may increase the resilience of nurses as a whole [32].

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