

Perceptions of Burnout, Its Prevention, and Its Effect on Patient Care as Described by Oncology Nurses in the Hospital Setting

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Purpose/Objectives: To identify overall perceptions of burnout within the inpatient oncology nursing population, how they perceived that burnout affected the care they provided, and how they perceived that burnout could be decreased.

Design: A quantitative descriptive study using questionnaires to describe perceptions of burnout.

Setting: A university-affiliated hospital using inpatient oncology nurses from three nursing units at University of Pittsburgh Medical Center Presbyterian in Pennsylvania.

Sample: A convenience sample of 61 nurses.

Methods: Two instruments were used to investigate various aspects about perceptions of burnout among inpatient oncology nurses. Nurses participated on an anonymous voluntary basis by completing these instruments.

Main Research Variables: Perceived burnout, perception of how burnout affects care provided to patients, and strategies to relieve burnout.

Findings: Inpatient oncology nurses report a moderate level of perceived burnout. In addition, this nursing population perceived that this burnout had a negative impact on the care they provided. Nurses believed they experienced burnout because of increased nurse–patient ratios and skipped or shortened lunches or breaks. However, they perceived that burnout could be prevented when adequate resources, collaboration, teamwork, and the support of family and friends existed.

Conclusions: As a result of the level of care needed by inpatients with cancer, the association between burnout experienced by nurses and how it can affect care is important to recognize. One such association identified was that a relationship existed between the nurses' interactions with patients' family, friends, or visitors and increased perceptions of burnout and depersonalization. As a result, nurses can experience increased burnout and act in a manner that lacks compassion because of emotional detachment.

Implications for Nursing: With extremely ill inpatients with cancer, nurses need to be able to manage high levels of demands from patients and their family members to provide quality and compassionate care. Nurses reported that they experience burnout because of emotional exhaustion and depersonalization as a result of missed, shortened, or skipped breaks and lunches. This perception can affect the nurse's ability to perform physically and mentally, resulting in negative effects on nurse–patient relationships.

Nurses working with patients with cancer are exposed to many stressors, such as coping with their patients' complex disease processes and treatments while providing physical, mental, and emotional support. Because of the complexity of patient and family care, stress is a common symptom related to the responsibilities surrounding hospital-based care of patients with cancer (Maslach & Jackson, 1981). The combination of these factors may result in nurses becoming overwhelmed and experiencing burnout. According to Maslach and Jackson (1981), burnout