Chapter II

Review of Literature

The labor force predictions indicate that the shortage of Registered Nurses (RNs) may surpass 500,000 in the United States by the year 2025 (MacKusick & Minick, 2010). According to research, a novice RN experience has a direct effect on the impression the individual receives in relation to the profession of nursing (MacKusick & Minick, 2010). Within the initial 3 years of practicing as a nurse, it is estimated that 30%-50% of all novice RNs decides to either obtain a different position or just vacate the profession of nursing entirely (MacKusick & Minick, 2010).

The concepts of stress and burnout have maintained the researchers and nurses attention for some decades (Jennings, 2008). There have been several studies that have investigated work stress and burnout’s effects on the workers of healthcare in acute care settings (Jennings, 2008). Nurses who work in hospital facilities declare their discontent with their jobs because their workloads have expanded, a number of hours expected to work have extended, wages are stagnant, and there is an inadequate amount of staff to give top quality care to the patients (Holdren, Paul, & Coustasse, 2015). Although there have been several studies that have investigated work stress and burnout, there is still a lack of complete understanding of stress and burnout in the place of work (Jennings, 2008). Conceptualizations that are sound are what is needed in order to combine distinct parts of the puzzle of stress (Jennings, 2008). The purpose of this chapter is to display an overview of articles explored for research of this study.

MacKusick and Minick (2010) conducted a phenomenological research design that divulged the complicated occurrence that affected the Registered Nurses’ choice to quit the clinical practice of nursing in hospital facilities. There were three themes that were identified

with the choice to quit clinical nursing. The themes identified included: “(a) unfriendly workplace, (b) emotional distress related to patient care, and (c) fatigue and exhaustion” (MacKusick & Minick, 2010, para.13). For the unfriendly workplace, the nurses reported situations of severe harassment; abuse that was verbal and physical; and no support at all from fellow coworkers (McKusick & Minick, 2010). Emotional distress in relation to the care of the patients was identified when the nurses discussed how they felt conflicted when it came to having to make decisions about the care of their patients (MacKusick & Minick, 2010). Fatigue and exhaustion were distinguished by recurrent remarks in regards to an overwhelming emotional and physical exhaustion (MacKusick & Minick, 2010). The nurses did verbalize a satisfaction to the clinical practice of nursing. The nurses verbalized being satisfied with interacting with their patients and their families (MacKusick & Minick, 2010).

Gandi, Wai, Karick, and Dogona (2011) conducted a study to assess the level of burnout and stress among Nigerian nurses. The conceptual framework utilized for the study “was grounded in the perceived stress effect and the job demands-resources (JD-R) model” (Gandi et al., 2011, p. 182). With the utilization of stratified random sampling, there were 2,245 nurses selected (Gandi et al., 2011). The abridged measures booklet was utilized to measure the participants and it was selected from “The Maslach Burnout Inventory-General Survey (MBI- GS), Job Autonomy Questionnaire (JAQ), Questionnaire on Organizational Stress- Doetinchem (VOS- D) and Job Diagnostic Survey (JDS)” (Gandi et al., 2011, p.181). “The rules of work-home interference (WHI) and home-work interference (HWI), with respect to work characteristics and burnout (paying special attention to gender), were examined” (Gandi et al., 2011, p.181). Linear regression and t-tests were the analyses utilized and it did not display a difference in gender among Nigerian nurses in burnout levels (Gandi et al., 2011). The results displayed that the Nigerian nurses’ level of emotional exhaustion was considered to be medium to high, the levels of depersonalization was medium and the levels were high for personal accomplishment (Gandi et al., 2011). It was also revealed that the mediation of the relationship between characteristics of work and burnout were due to WHI and HWI, and the meditational relationship revealed that there were differences between genders (Gandi et al., 2011).

Rice, Rady, Hamrick, Verheijde, and Pendergast (2008) conducted a prospective cross-sectional survey to ascertain the common and contributing sources of moral anguish in medical-surgical nurses. The study utilized was the Moral Distress Scale which is an authentic questionnaire tool that assesses moral anguish (Rice et al., 2008). There were 260 nurses who completed the survey (Rice et al., 2008). The results revealed that moral distress had a complete high intensity to situations in relation to the practice of physicians, the practice of nursing, institutional elements, futile care, euthanasia and deception (Rice et al., 2008). Of a particular high were the frequencies of encounter for conditions affiliated with deceptions and futile care (Rice et al., 2008). Frequencies of encounter grew with the number of years of nursing experience (Rice et al., 2008).

Hospitals should concentrate on generating a work environment that is considered healthy; one in which nurses perceive as being a place of feeling supported by management and coworkers (Holdren, Paul, & Coustasse, 2015). Hospitals should develop programs for managing stress accessible, and the programs should address any signs of burnout and ensure that the facility has adequate staffing that is considered safe and always in place (Holdren, Paul, & Coustasse, 2015). If there is a reduction in nurses’ perceptions of burnout then it may help to decrease the nursing shortage that is experienced nationwide (Holdren, Paul, Coustasse, 2015). With lowering the nurse to patient ratios, making management better, increasing the wages and providing work shifts that are shorter would all make the field of nursing more attractive and entice more individuals to train in the profession of nursing (Holdren, Paul, & Coustasse, 2015). With a reduction in Burnout Syndrome, the nurse’s passion and commitment to their job will be revitalized (Holdren, Paul, & Coustasse, 2015).

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