

Module 1: Burnout and stress: early signs, symptoms and prevalence



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Module 1: Burnout and stress:
early signs, symptoms and prevalence

- The purpose of this **curriculum** is to provide an intervention model to reduce burnout of nurses, nursing students and care workers.
- The purpose of this **module** is to recognise the concepts of Burnout and stress: early signs, symptoms, prevalence and risk factors

Module 1: Burnout and stress: early signs, symptoms and prevalence

Module 1 discusses these concepts including 5 units:

- Unit 1.1 Definition of Burnout
 - Unit 1.2 Definition of Stress
 - Unit 1.3 Stress in the workplace
 - Unit 1.4 The difference between stress and burnout
 - Unit 1.5 Burnout in different nursing settings
-
- At the end of every unit there are two multiple choice questions to help evaluate and understand the concepts
 - Finally, there are five multiple choice questions to evaluate the module 1

Module 1: Burnout and stress: early signs, symptoms and prevalence

Unit 1.1 Definition of Burnout

- **Learning outcomes:** participants have to be able to explain the concepts of burnout
- **Description of content:** Definition of burnout and Burnout stages
- **Methods:** E-self learning, read more articles
- **Assessment criteria:** Determines burnout
- **Materials and equipment:** Computer (Wi-Fi network)
- **Duration:** 1st week

Module 1: Burnout and stress: early signs, symptoms and prevalence

1.1. Definition of Burnout

What is burnout?



Burnout is the condition of a person who has become very physically and emotionally tired after doing a difficult job for a long time. The synonyms of burnout include fatigue, collapse, exhaustion, frazzle, lassitude, prostration, tiredness and weariness, while the antonyms include refreshment, rejuvenation, rejuvenescence and revitalisation (Hackman & Oldham 1980). In addition, burnout is described as a negative result of a stressful work environment, which may lead to emotional exhaustion, lack of energy, and work turn over. It is also described as a situation of physical, emotional, and mental exhaustion that results from long-term involvement in work situations (Schaufeli & Greenglass 2001) and as a prolonged response to chronic emotional and interpersonal stressors on the job and it includes persistent response to long-lasting job-related stressful events.

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The term **burnout** was firstly introduced by Freudenberger in 1974, defining a condition of physical and mental energy depletion, as a response to on-going exposure to occupational stress factors. Maslach et al. (2001) described burnout as a syndrome consisting of three key dimensions, namely feelings of emotional exhaustion, depersonalisation and reduced personal accomplishment.

Emotional exhaustion is considered the central factor of burnout syndrome and it is characterised by a feeling of exhaustion, lack of energy and physical and emotional overload. The individual feels exhausted and unmotivated, being unable to relax (Maslach & Leiter 1997; 2004).

Depersonalisation entails negative and cynical attitudes or excessively detached responses towards the recipients of service and care (e.g. patients), reducing the recipient to an impersonal object. *Emotional exhaustion* and *depersonalisation* are generally considered to comprise the core symptoms of burnout (Demerouti et al. 2000).

Lack of personal accomplishment, represents the self-evaluation dimension of burnout and refers to feelings of insufficiency (Schaufeli & Buunk 1996), incompetence, lack of achievement and unproductiveness (Maslach et al. 2001).

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Burnout stages

- The process leading to burnout is relatively slow and insidious. It evolves successive stages: enthusiasm, stagnation, frustration, apathy and finally, despair.
- 1- **Enthusiasm:** The worker cultivates his/her hopes and unrealistic expectations towards work. He/she is enthusiastic, excessively motivated and overflows with energy. He/she overinvests him/herself and works long hours six or seven days a week, taking work tasks home at the expense of free time. Completely over taken by his/her professional cause, he/she neglects his/her private life and personal needs.
- 2- **Stagnation:** The worker realises, either slowly or suddenly, that work does not fulfil all his/her needs. He/she wants, for example to have more time to spend with family and friends, to dedicate time to a hobby, be paid at a level commensurate to his/her efforts, etc. The satisfaction that he/she gains from work gradually decreases and the first signs of fatigue start to show.
- 3- **Frustration:** The worker becomes frustrated by the inability to change the system (due to bureaucracy, lack of or too much responsibility, insufficient scope to make decisions, etc.), to free patients from their problems, to ease their suffering, to convince them to follow treatment. Fatigue, dissatisfaction and bad moods become chronic. The worker becomes irritable, withdraws into him/herself, doubts about his/her competence, experiences a feeling of personal failure and complains of various physical problems. Some worker may quit their job, others may fight to improve their situation (make demands of their superiors, request help and training, team support, audit etc.); others slide into apathy.

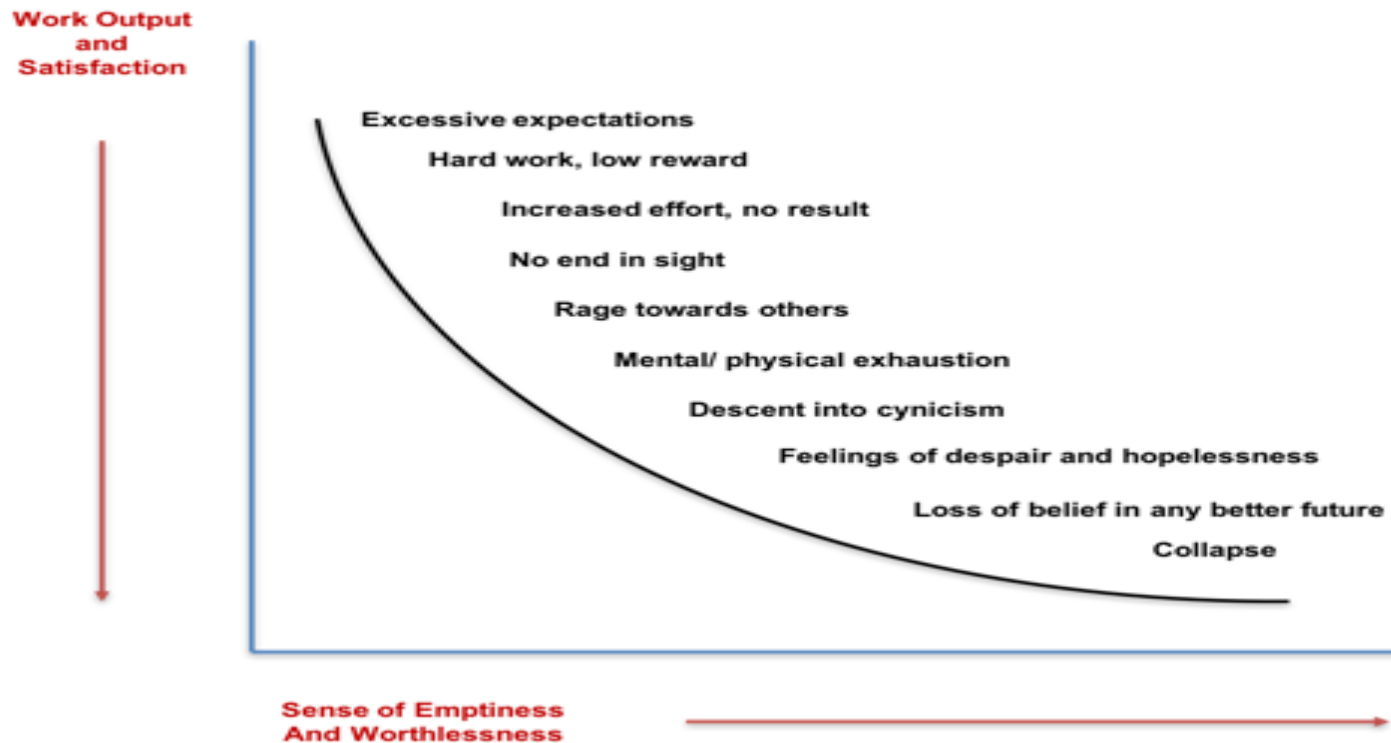
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Burnout stages

- 4- **Apathy:** The worker becomes less and less interested in work and emotionally detaches himself from patients. He/she protects him/herself by avoiding conflict and challenge, and puts in the minimum effort possible. He/she is no longer worried about his/her own physical and mental health. Some people resign while others cling on to their jobs, usually because they are well paid or because it offers them immediate or eventual financial security (for example, someone at the end of their career aiming for a full retirement pension). This period of apathy can last for a long time.
- 5- **Despair:** It is the final stage of burn-out. The worker loses all hope of seeing the situation resolve itself positively and loses confidence in the future. Some may leave their job while others behave as if they are in perfect control of the situation and as if everything is fine.
- The levels of burnout differ according to culture, professional category and occupational characteristics, evidencing the importance of specific studies for each population (Benevides-Pereira 2002). Despite the academic and legal acknowledgement of Burnout, its diagnosis and report as an occupational-related disease is still a challenge for Worker Health

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THE BURNOUT CURVE



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Read more...

- *A systematic review including meta-analysis of work environment and burnout symptoms*, by Arronson et al (2017), in BMC Nursing
<https://www.ncbi.nlm.nih.gov/pubmed/28302088>
- *Burnout Research: Emergence and Scientific Investigation of a Contested Diagnosis* by Heinemann & Heinemann (2017), in Sage Open
<http://journals.sagepub.com/doi/full/10.1177/2158244017697154>

Evaluate yourself 1.1

It is time to evaluate what you have learned in this unit!

Read the questions below and indicate the correct response. There is only one correct answer to the following questions.

Question 1

Answer saved

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Flag
question

According to Maslach, emotional exhaustion is:

Select one:

- a feeling of insufficiency, negative attitudes
- a feeling of exhaustion, lack of energy
- a feeling of anger, cynical attitudes
- a feeling of fear lack of achievement
- a feeling of anger, cynical attitudes

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Finish attempt ...


Evaluate yourself 1.1

It is time to evaluate what you have learned in this unit

Question **2**

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The first stage of burnout is:

Select one:

- stagnation
- enthusiasm
- apathy
- frustration

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Unit 1.2 Definition of Stress

- **Learning outcomes:** participants have to be able to explain the concepts of stress
- **Description of content:** Definition of stress
- **Methods:** E-self learning
- **Assessment criteria:** Determines stress
- **Materials and equipment:** Computer (Wi-Fi network)
- **Duration:** 1st week

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1.2. Definition of Stress

How we define stress



Many definitions of stress exist. The National Institute of Occupational Safety and Health (1999) defined stress as: 'The harmful physical and emotional responses that occur when the requirements of the job do not match the capabilities, resources, needs of the worker'.

The Health and Safety Executive (HSE 2001) defined it as: 'The adverse reaction people have to excessive pressures or other types of demand placed on them'. However, a cognitive definition focuses more on the perceptions of an individual. One example is: 'Stress occurs when the perceived pressure exceeds your perceived ability to cope' (Palmer et al. 2003).

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- A stressful event or situation appears as a problem only when perceived as a threat by the individual. Therefore, the individual's stress perception is more important than the stressor itself (Bilge 2009). An individual perceives a situation as stressful when he or she believes that there is a discrepancy between the demands of the situation and the available psychosocial resources and competences.
- **Selye defined stress as** "the non-specific neuroendocrine response of the body" (Selye 1936; 1956; 1976). He stumbled upon the idea of the General Adaptation Syndrome (G.A.S.), which he first wrote about in the British journal Nature in the summer of 1936. The G.A.S., alternately known as the stress syndrome, is what Selye came to call the process under which the body confronts "stress" (what he first called "noxious agents"). In the G.A.S., Selye explained, the body passes through three universal stages of coping. First there is an "**alarm reaction,**" in which the body prepares itself for "fight or flight." No organism can sustain this condition of excitement, however, and a second stage of adaptation ensues (provided the organism survives the first stage). In the second stage, a **resistance to the stress is built.** Finally, if the duration of the stress is sufficiently long, the body eventually enters a **stage of exhaustion,** a sort of aging "due to wear and tear. **Stress,** in Selye's lexicon, could be anything from prolonged food deprivation to the injection of a foreign substance into the body, to a good muscular workout; by "stress," he did not mean only "nervous stress," but "the nonspecific response of the body" to any demand.

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According to Lazarus and Folkman (1984), stress is a two-way process. It involves the production of stressors by the environment, and the response of an individual subjected to these stressors. Their conception regarding stress led to the theory of cognitive appraisal. Lazarus stated that cognitive appraisal occurs when a person considers two major factors that majorly contribute in his/her response to stress. These two factors include:

- 1. The threatening tendency of the stress to the individual, and
- 2. The assessment of resources required to minimize, tolerate or eradicate the stressor and the stress it produces.

In general, cognitive appraisal is divided into two types or stages: primary and secondary appraisal.

- **Primary appraisal** is when a decision is made whether a condition is threatening or positive, relevant or irrelevant. There are three things that are evaluated: **1. If the condition is significant to that person, 2. If it is a positive encounter, 3. Is it threatening/harmful/challenging.** If an individual decides that the situation is threatening the following may occur: injury, illness, anger, disgust, disappointment, worry, anxiety, a fear response, a challenge or anticipation.
- **Secondary appraisal** is when assessment is made regarding resources that are available to help combat or cope with the stressor. An individual may choose to use **internal options** for example will-power and inner strength, or **external options** for example professional help.

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Evaluate yourself 1.2

It is time to evaluate what you have learned in the unit!

Read the questions below and indicate the correct response. There is only one correct answer to the following questions.

Question 1

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Flag question

The Fight or flight syndrome is part of the stage of GAS

Resistance

Alarm

Exhaustion

Adaptation

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1 2

Finish attempt ...

Evaluate yourself 1.2

It is time to evaluate what you have learned in the unit

Question **2**

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question

Which one of the following is not a behavioural symptom of burnout?

Select one:

- higher risk of eating disorders
- absenteeism
- loss of motivation
- taking out frustrations on others

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Unit 1.3 Stress in the workplace

- **Learning outcomes:** participants have to be able to recognize the job stressors and risk factors in health care
- **Description of content:** Nurses' job stressors and risk factors. The main categories of stressors (emotional stressors, environmental / physical stressors, cognitive stressors, social / interpersonal stressors, general stressors)

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Unit 1.3 Stress in the workplace

- **Methods:** E-self learning, Interactive video
- **Assessment criteria:** Ability to describe nurses occupational stress and the main nurses' job stressors/risk factors
- **Materials and equipment:** Computer (Wi-Fi network)
- **Duration:** 1st week

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1.3. Stress in the work place



Nursing is an occupation including potentially high stress levels. Stress perception is highly subjective, and so the complexity of nursing practice may result in stress (McVicar 2003). Work-related stress may cause an array of problems having behavioural, physical and mental consequences. The National Institute for Occupational Safety and Health (NIOSH) defines **occupational stress** as “the harmful physical and emotional responses that occur when the requirements of the job do not match the capabilities, resources, or needs of the worker.”

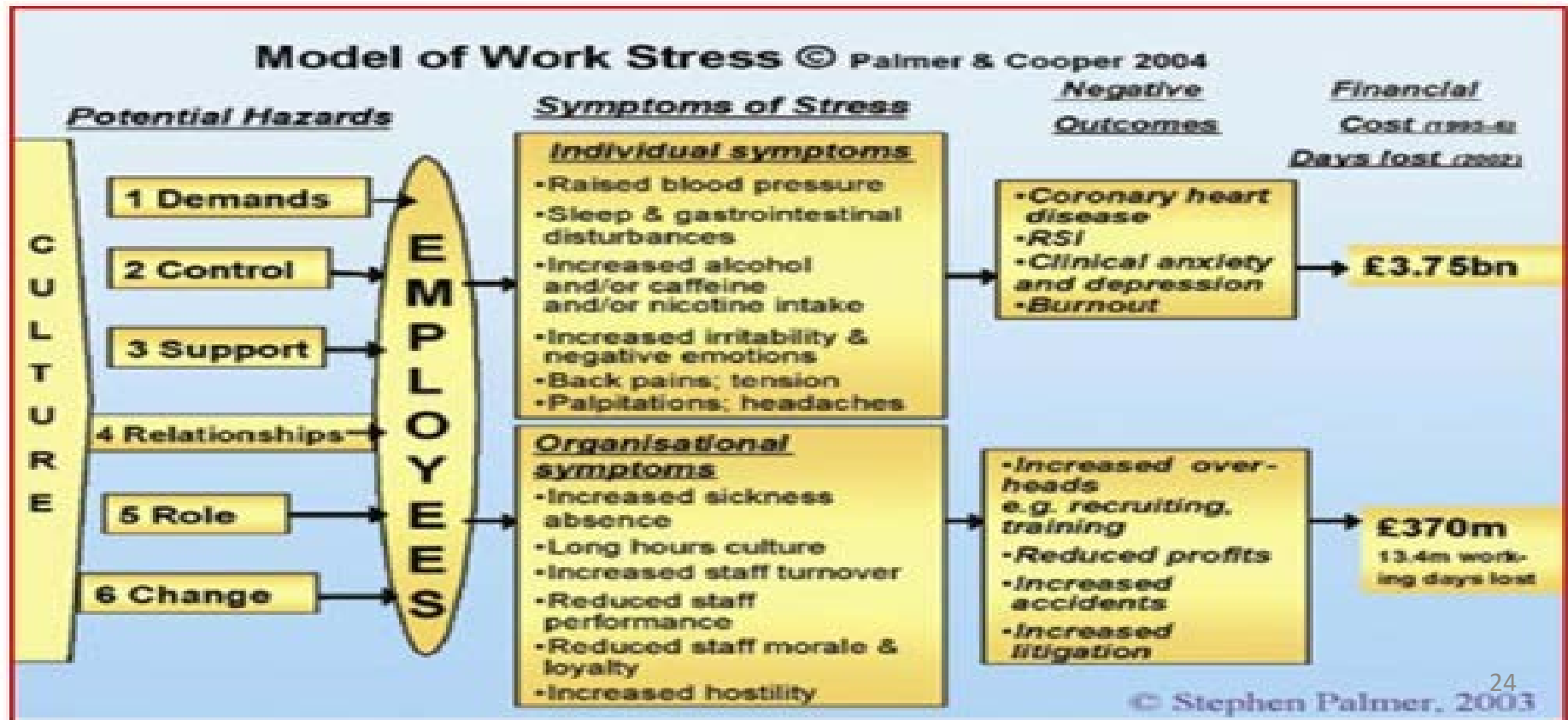
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Stressors common in health care settings are:

- Job or task demands (work overload, lack of task control, role ambiguity)
- Organizational factors (poor interpersonal relations, unfair management practices)
- Financial and economic factors
- Conflict between work and family roles and responsibilities
- Training and career development issues (lack of opportunity for growth or promotion)
- Poor organizational climate (lack of management commitment to core values, conflicting communication styles, etc.)
- Inadequate staffing levels
- Long work hours
- Shift work
- Role ambiguity and conflict
- Exposure to infectious and hazardous substances

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Palmer et al. (2001) developed a simple model of stress that could be used to explain the relationship between the potential stress hazards, the organizational and individual symptoms, the outcomes and financial cost. This model of stress was subsequently updated and revised (Palmer et al. 2003) and has undergone further revision.



In this model, aspects of organizational culture, may contribute to the following potential hazards and begin the process of stress:

Demands: includes exposure to issues such as workload, work patterns and work environment (for example volume and complexity of work, shift work, unrealistic deadlines)

Control: how much say and involvement the person has in the way they do their work (for example control balanced against demands, lack of autonomy, and too much supervision)

Support: includes the encouragement, sponsorship and resources provided by the organization, line management and colleagues (for example training for core functions of job; catering for individual differences)

Relationships: includes promoting positive working to avoid conflict and dealing with unacceptable behavior (for example bullying and harassment, conflicts).

Role: refers to whether people understand their role within the organization and whether the organization ensures that they do not have conflicting roles (for example conflicting roles avoided, vague job descriptions).

Change: how the organizational change (large or small) is managed and communicated in the organization (for example staff understanding why change is necessary, little or no communication to staff, redundancy fears).

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Occupational stress has several negative effects, such as impaired performance and effectiveness, reduction in productivity, diminishing levels of customer service, health problems, absenteeism, turnover, industrial accidents, alcohol and drug usage, purposefully destructive behaviors, e.g. spreading of rumours and stealing (Perrewé 1991; Wright & Smye 1996; Quick et al. 1997; Happel et al. 2003) and even suicide (McGrath et al. 2003). Stress is seen by Cherniss (1995) as the main contributing factor to burnout.

According to **Chapman**, occupational stress reduces productivity increases management pressures and makes people sick in many ways, evidence of which is still increasing (Chapman 2006).

Use this link on stress and its consequences



Use this link to see how stress affects your body



Evaluate yourself 1.3

It is time to evaluate what you have learned in this unit!

Read the questions below and indicate the correct response. There is only one correct answer to the following questions.

Question 1

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answered

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question

Stressors in health care settings may include:

Select one:

- conflict between work and family roles and responsibilities
- lack of opportunity for growth or promotion
- lack of management commitment to core values, conflicting communication styles, etc.)
- all the above

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[Finish attempt ...](#)

Evaluate yourself 1.3

It is time to evaluate what you have learned in this unit

Question **2**

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answered

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question

According to the model of Palmer et al (2013), which organizational aspects may begin stress process:

Select one:

- demands, organizational symptoms, individual characteristics, financial factors
- demands, control, support, relationships, role and change
- demands, control, long shifts, conflict in roles
- demands, reduced profits, accidents, reduced staff moral

◀ 1.3. Stress in the work place

Jump to...



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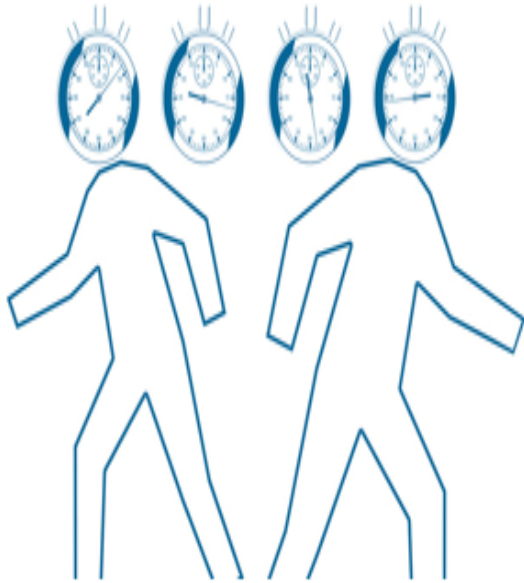
1.4. The difference between
stress and burnout ▶

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Unit 1.4 The difference between stress and burnout

- **Learning outcomes:** participants have to be able to explain the differences between stress and burnout
- **Description of content:** basic differences between stress and burnout
- **Methods:** E-self learning
- **Assessment criteria:** Determines the differences between stress and burnout
- **Materials and equipment:** Computer (Wi-Fi network)
- **Duration:** 2nd week

1.4. The difference between stress and burnout



Burnout is usually thought of as an individual's response to prolonged work-related stress. Job burnout is a long-term stress reaction seen primarily in the human service professions. It involves the chronic strain that results from an incongruence, or misfit, between the worker and the job.

Maslach et al (2001), described job burnout as an answer of the human body to constant stress, which has a direct relation with one's job (Maslach et al. 2001). Job burnout is a long-term process that develops as a result of prolonged exposure to chronic, acute, and/or excessive stressors at the workplace e.g. (Schwarzer & Greenglass 1999). It is typically characterized by a state of physical, cognitive, emotional, and interpersonal exhaustion (Schaufeli & Enzmann 1998; Shirom 2003).

The literature discusses the limits between stress and burnout: the exposure to work factors perceived as dissatisfaction by workers leads to physical and emotional exhaustion, which initially appears under the form of stress accompanied by efficient coping mechanisms. If exposure to stress factors is perceived by the worker as dissatisfaction without efficient and sufficient coping strategies, burnout sets in. While stress can present both positive and negative aspects, burnout always has a negative character (Benevides-Pereira 2002).

Evaluate yourself 1.4

It is time to evaluate what you have learned in this unit!

Read the questions bellow and indicate the correct response. There is only one correct answer to the following questions.

Question 1

Answer saved

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question

Job burnout sets as a consequence of:

Select one:

- exposure to stress factors
- exposure to work stress factors and adaptation of insufficient coping strategies
- avoidance coping strategies
- long-term period of exposure to stressors

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Finish attempt ...

Evaluate yourself 1.4

It is time to evaluate what you have learned in this unit

Question **2**

Answer saved

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question

Burnout is perceived always as:

Select one:

- Negative
- Positive
- Neither negative or positive
- Depending on the situation

◀ 1.4. The difference between
stress and burnout

Jump to...



Finish attempt ...

1.5. Burnout in different nursing
settings ▶

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Unit 1.5 Burnout in different nursing settings

- **Learning outcomes:** participants have to be able to compare burnout among nurses working in different areas and to analyze effective preventive measures to reduce the prevalence of burnout syndrome
- **Description of content:** The prevalence of burnout in different nursing areas
- **Methods:** Scientific research analysis, Meta-reflection
- **Assessment criteria:** Analyze and compare burnout among nurses working in different areas
- **Materials and equipment:** Scientific data bases (EBSCO)
- **Duration:** 2nd week

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1.5. Burnout in different nursing settings



High levels of burnout among nurses have often been attributed to prolonged direct personal contact of an emotional nature with a large number of patients (Maslach 2003; Levert et al. 2000; Jennings 2008).

Burnout in nurses has been shown to lead to emotional exhaustion as well as a loss of compassion for others (depersonalization) and a sense of low personal accomplishment. These experiences can have very significant implications for the health and wellbeing of nurses (Demerouti et al. 2000; Nolan & Smojkis 2003; Lim et al. 2010).

Research has confirmed that prolonged exposure to work related stress is associated with burnout (Jennings 2008), through active interactions between an individual and their working environment. During

such interaction, environmental demands exceeding individual resources may be perceived as stressful and result in negative outcomes such as low job satisfaction, burnout and illness (Coyle et al. 2005; Kohler et al. 2006). In nursing, these demands also include role ambiguity, role conflict, responsibility for others' lives, work overload, poor relationships at work, inadequate salaries, lack of opportunities for advancement, a lack of personnel, patient care, lack of support, staff issues and overtime (Levert et al. 2000; Rothmann et al. 2006).

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The prevalence and impact of burnout is not uniform across the different nursing specialties and/or work settings (Kashani et al. 2010; Lang et al. 2012). In terms of nursing specialties, acute and critical care nurses seem to be at a substantially high risk of burnout (Gillespie & Melby 2003), due to the exposure to a highly stressful environment in the emergency (Laposa et al. 2003) and intensive care unit (Donchin & Seagull 2002; Elpern et al. 2005). Furthermore, the impact of burnout on acute and critical care nurses may be exacerbated by the current shortage of critical care professionals (Kelley et al. 2004)

In general, the identification of the main occupational stressors in nursing is related to specific units or contexts, such as Intensive Care Units (ICU), Emergency Services, Specialized Services or Primary Care. However, in medical units of general hospitals, there has been an increasing interest in finding out the specific occupational stressors of these units (Puerto 2011). It can be stated that there are currently several levels of stress exposure depending on the different medical specialties, areas or services of the hospital, and there is also no international consensus on the choice of method for stress assessment (Aguado et al. 2013)

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In terms of work setting, military nurses may constitute a group at high-risk of burnout (Lang et al. 2010; Patrician et al. 2010). This may be ascribed to the demanding job of military nursing, the altruist military philosophy, the stigma associated with mental health services, and the differing characteristics between military and civilian nurses (Kenny & Hull 2008; Gibbons et al. 2011). In addition, burnout may have a greater impact in the military setting, since military institutions have little flexibility for improving nurse retention (Cooper & Parsons 2002; Patrician et al. 2010). Thus, military acute and critical care nurses constitute a group especially susceptible to burnout and its detrimental effects. Nevertheless, few studies have evaluated the correlates of burnout in military nurses (and even fewer in military critical care nurses), and have been conducted almost exclusively in affluent countries (Lang et al. 2010; Patrician et al. 2010). This is not a trivial issue, since the cultural, socioeconomic and political context of developing countries may result in an increased prevalence and toll of burnout, and limit the applicability of findings from other contexts.

According to Koivula et al. (2000), examination of the prevalence of burnout among nurses in Finland was done in two Finnish hospitals. Nurses (N=723) participated in the study. Half of the nurses reported experiencing burnout job dissatisfaction and frustration. The study also identified that nurses working in psychiatric wards, secondary level nurses and older nurses, experienced higher burnout levels (Koivula et al, 2000).

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In 2002, a research study was conducted in Greek hospitals to compare burnout levels in intensive care units, internal medicine wards and emergency hospitals. Five hospitals and 233 nurses participated in this study. Low levels of exhaustion were reported among nurses working in internal medicine and intensive care units, however high levels of exhaustion were reported among nurses working in emergency units. The study also found that several environmental factors contributed to burnout among nurses (Adali & Priami 2002).

A cross sectional research study was conducted in 2008 among Iranian nurses working in public hospitals, majority of the participants were female. The study was conducted to measure the levels of burnout in different clinical settings which were surgical, internal medicine, psychiatry, and burn wards. The Maslach Burnout Inventory was used to measure burnout in this study. Results indicated high levels of burnout among psychiatric nurses compared to nurses in other units. Single nurses and those doing more night shifts experienced more burnout compared to those in a relationship and doing day shifts. High levels of depersonalization were reported among male nurses (Sahraian et al. 2008).

Evaluate yourself 1.5

It is time to evaluate what you have learned in this unit!

Read the questions bellow and indicate the correct response. There is only one correct answer to the following questions

Question 1

Not yet answered

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Flag question

The prevalence and impact of burnout is:

Select one:

- a. higher in military nurses
- b. differentiated across different nursing specialties
- c. uniform across all nursing specialties
- d. the same across different working environments

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Finish attempt ...

Evaluate yourself 1.5

It is time to evaluate what you have learned in this unit!

Question **2**

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question

Military nurses seem to be in high risk of burnout due to:

Select one:

- demanding job of military nursing
- the altruist military philosophy
- the stigma associated with mental health services
- the differing characteristics between military and civilian nurses
- all the above

GENERAL EXERCISE MODULE 1

It is time to evaluate what you have learned in
MODULE 1 !

Read the questions bellow and indicate the correct response. There is only one correct answer to the following questions.

Question 1

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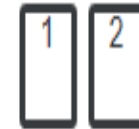
Flag question

The prevalence and impact of burnout is:

Select one:

- a. the same across different working environments
- b. differentiated across different nursing specialties
- c. uniform across all nursing specialties
- d. higher in military nurses

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Finish attempt ...

GENERAL EXERCISE MODULE 1

It is time to evaluate what you have learned in
MODULE 1 !

Question **2**

Answer saved

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question

Which of the following characteristics is not a burnout key dimension (according to Maslach)?

Select one:

- a. lack of personal accomplishment
- b. depersonalisation
- c. emotional exhaustion
- d. being thankful

GENERAL EXERCISE MODULE 1

It is time to evaluate what you have learned in
MODULE 1 !

Question **3**

Answer saved

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question

The term Burnout was first introduced by

Select one:

- a. Freudenberger
- b. Maslach
- c. Lazarus
- d. Bandura

GENERAL EXERCISE MODULE 1

It is time to evaluate what you have learned in
MODULE 1 !

Question 4

Answer saved

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question

Mike, a newly hired nurse, is very enthusiastic with his job. He often sets unrealistic expectations and wants to introduce new things in the ward. A lot of private time is spent on reading and searching the literature and his family is often neglected. The stage of burnout that best describes Mike's situation is:

Select one:

- a. stagnation
- b. enthusiasm
- c. apathy
- d. frustration

GENERAL EXERCISE MODULE 1

It is time to evaluate what you have learned in
MODULE 1 !

Question 5

Answer saved

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question

What are the components of burnout?

Select one:

- a. Physical exhaustion, cynicism, and lack of personal efficacy
- b. Emotional exhaustion, cynicism, and feelings of competence
- c. Physical exhaustion, depersonalization, and lack of feelings of competence
- d. Emotional exhaustion, depersonalization, and lack of personal efficacy

Thank you for your attention

