

Reducing Nurse Burnout through Holistic Patient Care Approaches

Entesar Agil Alenezi¹, Tayasser Dakheil Alenazi¹, Ahlam Saud Alenzi², Methail Hassn T Alenezi², Hilalah Munawir Aqeel Alanazi¹, Nouf Iqal Hameed Alruwaili¹

1. Nursing Technician, Maternity and Children Hospital, The northern border health cluster, Arar, Saudi Arabia
2. Nursing Specialist, Maternity and Children Hospital, The northern border health cluster, Arar, Saudi Arabia

ABSTRACT

This study article examines the multifaceted phenomenon of burnout among nurses, tracing its origins and defining characteristics while emphasizing its detrimental impact on healthcare professionals and patient care. Initially conceptualized by Herbert Freudenberg in the 1970s, burnout has evolved into a recognized syndrome characterized by emotional exhaustion, depersonalization, and a lack of personal accomplishment, particularly within caregiving professions such as nursing. The article highlights the systemic stressors contributing to burnout, including excessive workloads, insufficient staffing, and emotional strain from patient interactions, which collectively exacerbate feelings of helplessness and fatigue among nurses. Notably, the prevalence of burnout is alarmingly high, with studies indicating rates as high as 89% in certain regions, underscoring the urgent need for effective interventions. The article further discusses the implications of burnout, not only for the individual nurse—manifesting as decreased job satisfaction, increased turnover, and lower quality of care—but also for the broader healthcare system, which suffers from escalated costs and compromised patient safety. In response to this crisis, the study advocates for the implementation of holistic nursing care (HNC) approaches aimed at mitigating stress and enhancing well-being. These approaches encompass self-care practices, work-life balance initiatives, mental health support, and wellness programs designed to foster a supportive work environment. The article posits that by addressing the emotional and psychological needs of nurses, healthcare institutions can cultivate resilience and improve job satisfaction, ultimately leading to better patient outcomes. Additionally, the study emphasizes the importance of open communication and nurse involvement in decision-making processes as vital strategies for reducing burnout. Overall, this article serves as a comprehensive exploration of burnout in nursing, linking its etiology to systemic workplace issues while proposing holistic solutions to enhance the well-being of healthcare professionals and the quality of care they provide.

KEYWORDS: contributing factors; burnout; management; nurses.

1. Introduction

It was Herbert Freudenberg's idea of burnout during the 1970s, where burnout was a set of vague symptomological physical and psychosocial burden as a result of continuously excessive workload at work. This early definition was key to the defining, characterizing, and naming an issue that existed, based on observed data. However, the methodology for these types of observations was lacking in systematic and standardized methodology. In the 1980s with the advent of standardized tools such as the Maslach Burnout Inventory (MBI) and Burnout Measure, empirical studies of burnout began to emerge [1].

According to Maslach and Leiter, burnout evolved to mean not simply a worker problem but a crisis in interactions associated with work. We believe burnout is all about ongoing exposure to work related stressors. According to Maslach and her associates the bulk of the burnout research is on those professionals who take care of people—caregivers and civil servants, where a relationship between the person giving and the person receiving the care is key to the role [2]. In the nursing field, a major focus revolves around the individual that requires care and aid, so professions within this field often require emotional investment, oftentimes due to human interaction, in roles requiring such [3].

According to Maslach and Leiter [4], burnout is characterized as a syndrome with three dimensions: When functional coping strategies fail, the result is 'emotional exhaustion', 'depersonalization' and a 'lack of personal accomplishment at the workplace'. They are explained further.

Emotional exhaustion pertains to when healthcare professionals come to their capacity limits. Therefore, they suffer from a deficit in emotional energy and feel that they lack emotional energy. It inhibits their emotional response, and this depletion. Chronic workplace stressors, including excessive workload that continues to go on for the long time and damages individuals' daily lives, result in emotional exhaustion, or 'emotional fatigue'.

The core issue is not a direct physical fatigue from strenuous tasks; rather, it is the emotional drain stemming from insufficient resources to manage demands and stressors. This exhaustion heightens the likelihood of emotionally and cognitively distancing oneself from work, seemingly as a coping mechanism for work overload. This perceived lack of energy, viewed as an additional loss of resources, may result in maladaptive coping strategies, such as emotional detachment from work or depersonalization [5].

As for 'depersonalization,' it is characterized by impersonal and detached interactions, where, for instance, a nurse may adopt a remote approach towards patients and colleagues, actively overlooking their unique and engaging qualities while developing negative emotions and cynical attitudes. This is why 'depersonalization' is frequently equated with cynicism in burnout research. Typically, depersonalization arises from heightened exhaustion, initially serving as a self-protective measure—an emotional defense mechanism known as 'detached concern.' It functions as a coping strategy by creating distance between workers and their job, as well as between themselves and others, including colleagues and

patients. In the context of healthcare professionals exhibiting depersonalization in their work, these individuals strive to block negative emotions, thereby reducing emotional exhaustion and replenishing their resources, which ultimately enhances their energy [6].

Distancing arises as a coping mechanism to emotional exhaustion, disengaging the person from work and preventing additional emotional exhaustion. An attempt to cope with emotional exhaustion by becoming emotionally detached using distancing occurs. However, the consequence is that the detachment is capable of causing the loss of idealism and the dehumanization of others. With time, the nurse is not only creating a shield and cutting back on the amount of work but also creating an adverse response to others and to professional tasks and responsibilities. As a result, the nurse shifts from trying to do his/her very best to doing the bare minimum [7].

The 'lack of personal accomplishment' usually refers to negative feelings about competence and professional success, evidencing a lack of motivation and decreased productivity at work. This dimension represents the self-evaluation component of burnout. For example, an expectable part of a nurse's job is to care for others. Still, if the nurse is emotionally exhausted and depersonalizing his/her surrounding, he/she will perceive the tasks as inadequate, lacking in personal accomplishment, and reducing one's perceived professional efficacy [8]. This sense of inefficacy may lead nurses affected by burnout to a severe dislike of the kind of person they think they have become, leading to a loss of confidence and an increased risk of having negative self-esteem.

Objectives:

The main objectives of this study are:

1. To provide a comprehensive understanding of burnout, including its definition, dimensions among nurses.
2. To investigate the implications of burnout on nursing practice
3. To analyze the prevalence rates of burnout among nurses globally
4. To identify and evaluate effective holistic approaches and interventions that can reduce stress and burnout among nurses

The role of nursing in holistic care approaches:

Holistic nursing care (HNC) is an important aspect of nursing practice in that it emphasizes the care of the patient as a whole. The goals of holistic nursing are centered around improving health, reducing suffering, and preventing illness. Holistic nurses focus on protecting, promoting, and optimizing health and wellness. They also strive to provide support to individuals in finding peace, comfort, and balance during times of illness [9]. Globally, there is a continuously increasing need for holistic nursing care. Because there is a direct relationship between quality of life and holistic care, any conceptualization of quality of life that is made should be holistic to the extent that, at any given time, different aspects of a person's life will influence other aspects [10].

The practice of holistic care is an effective way to prevent diseases and death as well as improve the quality of health care provided to patients. So that more people around the world are turning away from conventional medicine in favor of holistic health care. In the United States, one out of every three people seeks holistic care [11]. While HNC enhances patient satisfaction by improving the quality of care, its absence increases treatment costs, lengthens hospital stays, and increases the risk of developing new complications. On the other hand, nurses in many hospitals do not practice holistic treatment. According to previous surveys, 67% of patients in the United States do not receive holistic care, but only 5% of patients in Germany do. Research shows that the elimination of holistic care poses a crisis in the nursing profession because it aids in the promotion and restoration of health [12].

Furthermore, data reveals that nurses are inexperienced with holistic care, neglect the holistic model of care, do not employ the holistic technique, and only examine patients' corporeal requirements, treating them as biological machines while ignoring their spiritual, mental, and social needs [13]. Factors such as inadequate time, experience, motivational and organizational issues, and a lack of resources can all prevent holistic care from being practiced. In addition, evidence suggests that most nurses do not practice holistic care because they were educated in the biomedical allopathic system, which focuses on disease rather than people, and because they lack a thorough understanding of holistic nursing care [14].

The prevalence of burnout among nurses:

The healthcare field, and in particular the nursing environment, could be a highly stressful workplace due to its demanding responsibilities, almost diminished control over work nature, lack of social support, and long working shifts. Additionally, there are other stressors facing nurses in their working settings, such as dealing with pain, patient deaths, and breaking bad news to patients. Nurses can also get exposed to emotionally demanding circumstances in their personal life. This work-life interference can lead to emotional exhaustion, which in return result in burnout. As a meta-analysis of a global sample of 45,539 nurses of different specialties highlighted, the prevalence rate of burnout symptoms is about 11.3% among nurses [15].

In the Middle East, nurses reported the highest level of burnout among healthcare providers. Rates of burnout among nurses of primary care centers of Saudi Arabia reached up to 89% of nurses exhibiting at least one subscale of burnout, where the most common work-related stressors were high workload and shortage of staff. Such factors can result in emotional exhaustion and burnout in nurses, which have proven adverse effects on the quality of care provided, patient safety, and job satisfaction. Moreover, Burnout has not only adverse influence on individual providers and patient care, but it can also adversely affect the entire healthcare system [16].

Research has identified several factors contributing to the high prevalence of burnout among nurses. These factors include excessive workload, emotional strain from patient care, inadequate staffing levels, and insufficient support from management. Moreover, the psychological toll of facing critical and life-threatening situations regularly can exacerbate feelings of helplessness and empathy fatigue [17].

The effects of burnout extend beyond the individual nurse and can have profound implications for patient outcomes. A systematic review indicated a strong correlation between nurse burnout and increased rates of medical errors, poorer patient satisfaction, and higher instances of patient complications. Consequently, the healthcare system can face escalated costs associated with extended hospital stays and readmissions. Furthermore, burnout can lead to a cycle of attrition, as experienced nurses may choose to leave the profession, thereby worsening staffing shortages and increasing the burden on remaining staff [18].

Etiology and consequences:

Work overload contributes to burnout by depleting the capacity of people to meet the demands of the job. When this kind of overload is a chronic job condition, there is little opportunity to rest, recover, and restore balance. A sustainable and manageable workload, in contrast, provides opportunities to use and refine existing skills as well as to become effective in new areas of activity [19].

A clear link has been found between a lack of control and burnout. On the contrary, when employees have the perceived capacity to influence decisions that affect their work, to exercise professional autonomy, and to gain access to the resources necessary to do an effective job, they are more likely to experience job engagement [20].

The area of reward refers to the power of reinforcements to shape behavior. Insufficient recognition and reward (whether financial, institutional, or social) increases people's vulnerability to burnout, because it devalues both the work and the workers, and is closely associated with feelings of inefficacy. In contrast, consistency in the reward dimension between the person and the job means that there are both material rewards and opportunities for intrinsic satisfaction [21].

In terms of outcomes, burnout has been frequently associated with various forms of negative reactions and job withdrawal, including job dissatisfaction, low organizational commitment, absenteeism, intention to leave the job, and turnover. For example, cynicism has been found to be the pivotal aspect of burnout to predict turnover, and burnout mediates the relationship between being bullied in the workplace and the intention to quit the job. On the other hand, for people who stay on the job, burnout leads to lower productivity and impaired quality of work. As burnout diminishes opportunities for positive experiences at work, it is associated with decreased job satisfaction and a reduced commitment to the job or the organization [22].

Effective holistic approaches in reducing nurse stress and burnout:

Prolonged exposure to work-related stress can lead to nurse burnout, potentiating clinical and medication errors and low-quality patient care. The demanding nature of the nursing profession, with its long hours, high patient loads, and emotional intensity, can lead to chronic stress and burnout if not properly addressed. Recognizing the importance of addressing these issues, healthcare institutions and nursing professionals have been exploring effective holistic approaches to reduce nurse stress and burnout. Holistic approaches have been shown to reduce nurses' anxiety, stress, and burnout [23]. By addressing all aspects of a nurse's health and

well-being, these approaches aim to not only alleviate stress and burnout but also promote overall wellness and resilience. One key aspect of effective holistic approaches to reducing nurse stress and burnout is promoting self-care and work-life balance. Nurses often prioritize the needs of others over their own, leading to neglect of their own well-being. Encouraging nurses to engage in self-care activities such as exercise, mindfulness practices, and hobbies can help them recharge and prevent burnout. Additionally, promoting work-life balance by ensuring adequate time off, flexible scheduling, and supportive work environments can also contribute to reducing stress and burnout among nurses [24]. Another important component of holistic approaches to reducing nurse stress and burnout is providing access to mental health support and resources. The emotional toll of caring for patients, particularly in high-stress environments such as intensive care units or emergency departments, can be overwhelming for nurses. Offering confidential counseling services, peer support groups, and mental health resources can help nurses cope with the emotional challenges of their work and prevent burnout. Additionally, training nurses in stress management techniques, such as mindfulness-based stress reduction or cognitive-behavioral therapy, can equip them with the tools to better handle stress and prevent burnout [25]. Incorporating wellness programs and initiatives into the workplace can also be an effective holistic approach to reducing nurse stress and burnout. Wellness programs may include activities such as yoga classes, nutrition workshops, or stress reduction seminars. By promoting healthy lifestyle choices and providing opportunities for relaxation and self-care, these programs can help nurses manage stress and improve their overall well-being. Additionally, creating a positive work environment that values and supports nurses' well-being, recognizes their contributions, and fosters a sense of community and camaraderie can also go a long way in reducing stress and burnout among nursing staff. Furthermore, fostering a culture of open communication and transparency within healthcare institutions is essential for addressing nurse stress and burnout. Nurses should feel comfortable expressing their concerns, sharing their experiences, and seeking help when needed without fear of judgment or reprisal [26]. Encouraging regular feedback from nurses about their work environment, workload, and stress levels can help identify areas of improvement and implement targeted interventions to reduce stress and prevent burnout. Additionally, involving nurses in decision-making processes, providing opportunities for professional development and career advancement, and recognizing their achievements can help boost morale and job satisfaction, ultimately reducing stress and burnout [27].

2. Conclusion:

In conclusion, the pervasive issue of burnout among nurses is a multifaceted challenge that not only affects the well-being of healthcare professionals but also compromises patient care and the overall healthcare system. As highlighted in this study, burnout is characterized by emotional exhaustion, depersonalization, and a lack of personal accomplishment, all of which stem from chronic work-related stressors. The increasing prevalence of burnout, particularly in high-stress environments like nursing, underscores the urgent need for effective interventions. Holistic approaches that prioritize self-care, work-life balance, and mental health

support have shown promise in mitigating stress and enhancing resilience among nurses. By fostering a supportive work environment that values open communication and recognizes the contributions of nursing staff, healthcare institutions can cultivate a culture that not only addresses burnout but also promotes a higher quality of care. Ultimately, investing in the well-being of nurses is crucial for sustaining a healthy workforce and ensuring that patients receive the compassionate, holistic care they deserve. The findings of this study call for a concerted effort from healthcare leaders, policymakers, and nursing professionals to implement strategies that combat burnout and enhance the overall health of both providers and patients.

References

- Freudenberger H.J. Staff Burn-Out. *J. Soc. Issues.* 1974;30:159–165. doi: 10.1111/j.1540-4560.1974.tb00706.x. [DOI] [Google Scholar]
- Maslach C. *Burnout: The Cost of Caring.* Malor Books; Cambridge, MA, USA: 2003. [Google Scholar]
- Maslach C., Leiter M.P. *The Truth about Burnout: How Organizations Cause Personal Stress and What to Do about It.* 1st ed. Jossey-Bass; San Francisco, CA, USA: 1997. [Google Scholar]
- Maslach C., Leiter M.P. New Insights into Burnout and Health Care: Strategies for Improving Civility and Alleviating Burnout. *Med. Teach.* 2017;39:160–163. doi: 10.1080/0142159X.2016.1248918. [DOI] [PubMed] [Google Scholar]
- Maslach C., Leiter M.P. Encyclopedia of Stress. In: Fink G., editor. *Encyclopedia of stress.* Academic Press; San Diego, CA, USA: 2000. pp. 358–362. [Google Scholar]
- Maslach C., Schaufeli W.B., Leiter M.P. Job Burnout. *Annu. Rev. Psychol.* 2001;52:397–422. doi: 10.1146/annurev.psych.52.1.397. [DOI] [PubMed] [Google Scholar]
- Maslach C., Leiter M.P. Understanding the Burnout Experience: Recent Research and Its Implications for Psychiatry. *World Psychiatry.* 2016;15:103–111. doi: 10.1002/wps.20311. [DOI] [PMC free article] [PubMed] [Google Scholar]
- Maslach C., Leiter M.P. It's Time to Take Action on Burnout. *Burn. Res.* 2015;2:iv–v. doi: 10.1016/j.burn.2015.05.002. [DOI] [Google Scholar]
- Ventegodt S, Kandel I, Ervin DA. J. M. Concepts of holistic care. *Health care for people with intellectual and developmental disabilities across the lifespan.* 2016:1935–41.
- Ngugi Gal O. *Understanding holistic nursing practice.* Arcada. 2015:5281–2.
- (WHO) WHO. *WHO Global Report on Traditional and Complementary Medicine: World Health Organization.* 2019.
- Bahrami M. Do nurses provide holistic care to cancer patients? *Iran J Nurs Midwifery Res.* 2010;15(4):245. [PMC free article] [PubMed] [Google Scholar]
- Vahid Zamanzadeh M, Jasemi L, Valizadeh B, Keogh Fariba Taleghani. Effective factors in providing holistic care: a qualitative study. *Indian J Palliat Care.* 2015;21(2):214–24. doi: 10.4103/0973-1075.156506. [PMC free article] [PubMed] [CrossRef] [Google Scholar]
- Albaqawi HM, Butcon VE, Albagawi BS, Dayrit RD, Petelyne Pangket Holistic nursing care among operating room nurses: strengthening the standard of practice in Saudi Arabia. *Belitung Nurs J.* 2021;7(1):8–14. doi: 10.33546/bnj.1279. [PMC free article] [PubMed] [CrossRef] [Google Scholar]
- Wazqar DY. Oncology nurses' perceptions of work stress and its sources in a university-teaching hospital: A qualitative study. *Nurs Open.* 2018;6:100–108. doi: 10.1002/nop2.192. [DOI] [PMC free article] [PubMed] [Google Scholar]
- Gandi JC, Wai PS, Karick H, Dagona ZK. The role of stress and level of burnout in job performance among nurses. *Ment Health Fam Med.* 2011;8:181. [PMC free article] [PubMed] [Google Scholar]
- Woo T, Ho R, Tang A, Tam W. Global prevalence of burnout symptoms among nurses: A

- systematic review and meta-analysis. *J Psychiatr Res.* 2020;123:9–20. doi: 10.1016/j.jpsychires.2019.12.015. [DOI] [PubMed] [Google Scholar]
- Chemali Z, Ezzeddine FL, Gelaye B, Dossett ML, Salameh J, Bizri M, et al. Burnout among healthcare providers in the complex environment of the Middle East: a systematic review. *BMC Public Health.* 2019;19:1–21. doi: 10.1186/s12889-019-7713-1. [DOI] [PMC free article] [PubMed] [Google Scholar]
- Shahin MA, Al-Dubai SAR, Abdoh DS, Alahmadi AS, Ali AK, Hifnawy T, et al. Burnout among nurses working in the primary health care centers in Saudi Arabia, a multicenter study. *AIMS Public Health.* 2020;7(4):844–853. doi: 10.3934/publichealth.2020065. [DOI] [PMC free article] [PubMed] [Google Scholar]
- Rathert C, Williams ES, Linhart H. Evidence for the Quadruple Aim: A Systematic Review of the Literature on Physician Burnout and Patient Outcomes. *Med Care.* 2018;56:976–984. doi: 10.1097/MLR.0000000000000999. [DOI] [PubMed] [Google Scholar]
- Bakker AB, LeBlanc PM, Schaufeli WB. Burnout contagion among intensive care nurses. *J Advanc Nurs* 2005;51:276-87. [DOI] [PubMed] [Google Scholar]
- Laschinger H, Wong CA, Grau AL. The influence of authentic leadership on newly graduated nurses' experiences of workplace bullying, burnout and retention outcomes: a cross-sectional study. *Int J Nurs Studies* 2012;49:1266-76. [DOI] [PubMed] [Google Scholar]
- de Oliveira, Sidney Medeiros et al. "Prevention Actions of Burnout Syndrome in Nurses: An Integrating Literature Review." *Clinical practice and epidemiology in mental health : CP & EMH* vol. 15 64-73. 29 Mar. 2019, doi:10.2174/1745017901915010064
- Maslach C., Jackson S.E. The measurement of experienced burnout. *J. Occup. Behav.* 1981;2:99–113. doi: 10.1002/job.4030020205. [CrossRef] [Google Scholar]
- Gasparino R.C., Guirardello E.B. Ambiente da prática profissional e burnout em enfermeiros. *Revista Rene- UFC.* 2015 Jan-Fev;16(1):90–6. Available from: <https://www.redalyc.org/html/3240/324036185011/> [Google Scholar]
- Mealer M., Conrad D., Evans J., Jooste K., Solyntjes J., Rothbaum B., Moss M. Feasibility and acceptability of a resilience training program for intensive care unit nurses. *Am. J. Crit. Care.* 2014;23(6):e97–e105. doi: 10.4037/ajcc2014747. [PubMed] [CrossRef] [Google Scholar]
- Alexander G.R., Rollins k, Walker D, et al. Yoga for self-care and burnout prevention. *Workplace Health saf.* 2015;63(10):462–470. [PubMed] [Google Scholar]