



Heba Al Argha

# Burnout amongst Mental Health Nurses

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Author	Heba Al Argha
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<p>In this qualitative study, burnout among mental health nurses is explored, and effective interventions to lessen or avoid burnout are identified. The research method used for this study was inductive analysis. A systematic database search of CINAHL, Medic and PubMed yielded 796 non-duplicate studies. After applying inclusion and exclusion criteria to the title and abstract, 19 studies were retrieved. Applying further inclusion and exclusion criteria to the full text of these studies resulted in a final sample of 8 articles.</p> <p>Inductive analysis was used to analyse the chosen studies by detecting patterns and themes in the data rather than by testing theories or hypotheses.</p> <p>The findings of this study indicate that mental health nurses experience a range of psychosocial risks, including inadequate academic preparation, poor equipment preparation and maintenance, conflicts between the demands of home and work, and inadequate capacity building. In addition, 47.8% of mental health nurses were found to be at significant risk for the development of burnout syndrome.</p> <p>The study also identified several interventions that can be effective in reducing or preventing burnout among mental health nurses. These included mindfulness-based stress reduction education and guided imagery and music intervention. The mindfulness-based stress reduction education was found to be beneficial to mental health professionals, while the guided imagery and music intervention led to favourable qualitative changes in reported feelings and behaviours, as well as a 26% increase in the self-compassion score.</p> <p>In conclusion, this study highlights the need for interventions to prevent or reduce burnout among mental health nurses. The inductive analysis approach used in this study allowed for a detailed exploration of the experiences of burnout and the identification of successful interventions. The findings have important implications for mental health organizations and policymakers in their efforts to support the well-being of mental health nurses and improve the quality of care provided to patients.</p>	
Key words	Burnout, workload, Mental Health Nurses, Job satisfaction, Emotional Exhaustion, Stress, Mindfulness, Compassion fatigue.

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<p>Tässä laadullisessa tutkimuksessa tutkitaan mielensterveystoitajien työuupumusta ja tunnistetaan tehokkaita toimenpiteitä burnoutin vähentämiseksi tai välttämiseksi. Tässä tutkimuksessa käytetty tutkimusmenetelmä oli induktiivinen analyysi. CI-NAHL:n, Medicin ja PubMedin systemaattinen tietokantahaku tuotti 796 eikkaksoistutkimusta. Sen jälkeen, kun otsikkoon ja tiivistelmään oli sovellettu mukaanotto- ja poissulkemiskriteerejä, haettiin 19 tutkimusta. Lisäsyöttämis- ja poissulkemiskriteerien soveltaminen näiden tutkimusten koko tekstiin johti 8 artikkelin lopulliseen otokseen.</p> <p>Valittujen tutkimusten analysoinnissa käytettiin induktiivista analyysiä havainnoimalla aineistosta malleja ja teemoja sen sijaan, että testattaisiin teorioita tai hypoteeseja. Tämän tutkimuksen tulokset osoittavat, että mielensterveystoitajat kokevat erilaisia psykososiaalisia riskejä, kuten riittämätön akateeminen valmistautuminen, huono laitteiden valmistelu ja huolto, ristiriidat kodin ja työn vaatimusten välillä sekä riittämätön valmiuksien kehittäminen. Lisäksi 47,8 %:lla mielensterveystoitajista havaittiin olevan merkittävä riski saada burnout-oireyhtymä.</p> <p>Tutkimuksessa tunnistettiin myös useita interventioita, jotka voivat olla tehokkaita vähentämään tai ehkäisemään mielensterveystoitajien työuupumusta. Näitä olivat mindfulness-pohjainen stressinvähennyskoulutus sekä ohjattu kuva- ja musiikkiinterventio. Mindfulness-pohjaisen stressinvähennyskoulutuksen todettiin hyödyttävän mielensterveysalan ammattilaisia, kun taas ohjattu kuvamateriaali ja musiikillinen interventio johtivat myönteisiin laadullisiin muutoksiin raportoiduissa tunteissa ja käyttäytymisessä sekä 26 %:n kasvuun itsetuntemuksessa. myötätunnon pisteet.</p> <p>Yhteenvedona voidaan todeta, että tämä tutkimus korostaa toimenpiteiden tarvetta mielensterveystoitajien työuupumukseen ehkäisemiseksi tai vähentämiseksi. Tässä tutkimuksessa käytetty induktiivinen analyysitapa mahdollisti burnout-kokemusten yksityiskohtaisen tutkimisen ja onnistuneiden interventioiden tunnistamisen. Löydöksillä on tärkeitä vaikutuksia mielensterveysjärjestöille ja poliittisille päättäjille heidän pyrkimyksissään tukea mielensterveystoitajien hyvinvointia ja parantaa potilaiden hoidon laatua.</p>	
Avainsanat	Burnout, workload, Mental Health Nurses, Job satisfaction, Emotional Exhaustion, Stress, Mindfulness, Compassion fatigue.

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## 1 Introduction

Nursing professionals frequently experience burnout and compassion fatigue. Burnout can be manifested by dissatisfaction towards one's work, negative self-image, and a loss of empathy and concern for patients. Workers who are burned out experience extreme emotional exhaustion, which often has physiological symptoms attached to it. They are dissatisfied, demotivated, and estranged. As they retreat from social and other engagements, these employees frequently become unrecognizable to their coworkers. Other signs such as depression and anger are also usually present in burned out workers, some of them may turn to drug and alcohol abuse to cope with their burnout. (McCormack et al 2013: 5-20).

Overwork is a significant contributor to burnout. Excessive workloads and a relentless pace are no longer the preserve of third-world sweatshops. Workload can be quantitative (e.g., high job demands with insufficient time to meet those expectations) or qualitative (e.g., jobs with a great deal of complexity or requiring a great deal of concentration). Both can lead to burnout, especially if employees do not get enough time to relax and recover in between tasks. In contrast, much like overwork, underwork is a key contributor to job stress and burnout. Underwork means not being challenged enough on the job, to not have enough work to accomplish, to lose interest in the duties that must be completed, or to attempt to appear busy because there is not enough work. (McCormack et al 2013: 27-47.)

Employers who rarely acknowledge and reward their workers for their efforts are also contributing to raising the risk of burnout, according to a study conducted in 2019. (Azevedo. Et al 2019: 4). Another leading factor in burnout would be expectations, professionals usually have had elevated expectations of their job and turned out to be unrealistic and what has caused burnout. To address unreasonable expectations, a number of organizations have experimented with or tested techniques like "expectation lowering procedures" (ELP) and "realistic job preview" (RJP) in an effort to "adjust" the expectations of prospective and new hires. However, employers are less likely to hire a person with low expectations, so there has not been a definitive solution to this problem yet. (McCormack et al 2013: 37.)

This study has two purposes, firstly to describe the experiences of mental health nurses with burnout. The second purpose of this study is to describe preventive measures and solutions to the problem. The aim is to produce new knowledge that can be utilized by health care professionals and new graduates in the mental health sector.

## 2 Background

Burnout affects people of all ages and occupations, with a high likelihood among health professionals due to the strong and continual nature of contact with them. Burnout is linked to factors such as age, gender, years of practice, interpersonal issues, training, and inadequate engagement in decision-making. (Paiva LC et al 2017: 305)

It has been found that continuous workplace stress that leads to burnout also leads to other major health issues such hypertension, heart attacks, strokes, and cardiovascular disease and can worsen pre-existing conditions. It can also raise the risk of occupational accidents, as it has a connection to the likelihood of developing musculoskeletal disorders in the upper body, such as back pain. (McCormack et al. 2013: 42)

Working in the mental health care field has been described as a difficult environment. Nursing is a demanding profession, especially mental health nursing, and nurses who work in this setting are more likely to experience burnout. (Tununu, 2020) Nurses have recently been required to participate in time-consuming patient care while navigating a fast-expanding nursing knowledge base, complying with more onerous certification standards, and facing unprecedented levels of scrutiny to assure quality nursing care for their patients. (Alabi, 2021). The loss of these four resources—objects, conditions, personal qualities, and energy—causes burnout in nurses. In addition, burnout among nurses may affect how well they perform at work, which could lead to a decline in attentiveness and the standard of care provided. (Alabi, 2021) Additionally, poor patient care, increased nosocomial infections, increased prescription errors, higher 30-day death rates, and decreased patient satisfaction have all been linked to nurses' psychological distress. (Meredith, M. 2019: 4)

The risk of developing burnout syndrome amongst mental health nurses is significant, according to one study, 47,8% of the mental health nurses were at high risk of develop-

ing burnout. However, the diagnosis of the syndrome was thankfully still absent amongst mental health nurses. (Azevedo, 2019) The likelihood to develop burnout Syndrome has been linked to other factors developed at the workplace, such as staff recognition and appreciation, it was found that burnout was more likely to developed at institutions that rarely recognized their staff (72.7%) as well as institutions that do not support professional development (100%). (Azevedo et al 2019: 4)

To see how the psychology professional practice community and the spiritual/cultural practice community could collaborate to improve compassionate patient care and prevent burnout among healthcare workers in a major multi-site mental healthcare organization, a study was conducted in Canada between 2011 and 2013. The population were mental health care professionals (psychiatrists, mental health nurses, etc.) who participated in the offered Mindfulness-based stress reduction course at the mental health center. The participants were asked to perform self-report questionnaires at the beginning of their first session and at the end of their final session. (Raab et al 2015: 504)

As a result, the study confirmed and supported previous research stating that mindfulness-based stress reduction has been beneficial for mental health care professionals. However, for reasons such as the nature of the job, the work environment and limited resources, mental health care professionals still face issues such as stress, burnout, and compassion fatigue. The mental health field has shown little to no attention to its own workers' wellbeing; therefore, this study will be used to design educational interventions to improve the wellbeing of the mental health care professionals. (Raab et al 2015: 510)

### **3 Purpose, aim and study questions**

This study has two purposes, to describe the experiences of mental health nurses with burnout. Secondly, it aims to describe preventive measures and solutions to the problem. The aim is to produce new knowledge that can be utilized by health care professionals and new graduates in the mental health sector.

The study questions are:

- 1) What are the experiences of burnout amongst mental health nurses?

2) What successful interventions have been found to overcome or reduce the risk of burnout?

## **4 Methodology and Methods.**

The qualitative research method is used to investigate people's everyday experiences, feelings, and attitudes. There are a variety of approaches within the broader area of this type of research, but many of them share the aim to comprehend, characterize and interpret social processes as seen by individuals, groups, and civilizations. (Hollowy. et al. 2016: 47). The goal of qualitative research is to make meaning of and recognize patterns among words so that a meaningful image can be constructed without sacrificing its richness and depth. (Leung, L. 2015) This study uses the qualitative descriptive literature review approach.

Although there are distinctions in data gathering and analysis, many types of qualitative research have comparable traits and techniques. Most qualitative techniques include the following elements: the data take precedence, and the theoretical framework is derived directly from the data. Qualitative research is context-dependent; therefore, researchers must be aware of the context they are perceiving. Researchers immerse themselves in the natural environment of the people whose circumstances, thoughts, and behavior they want to investigate. (Hollowy. et al. 2016: 48).

Qualitative researchers concentrate on the 'emic' perspective, of the inner view of the participants in the research, as well as their perceptions, meanings, and interpretations. Qualitative researchers adopt a technique known as "thick description," in which they describe, analyze, and interpret the participants' reports, descriptions, and constructions while also going beyond them. The researcher and the researched subjects have a tight relationship that is founded on a perspective of engagement in the field and equality as human beings. The researcher's viewpoint, as the primary research instrument, is made clear through reflexivity in research. (Hollowy. et al. 2016: 51).

### **4.1 Data collection method**

The data collection method of this study is a descriptive literature review. A literature review is an objective, comprehensive synthesis and critical study of all relevant research and non-research literature on the issue under consideration. It provides an



evaluation and assessment with the aim of reviewing what is already known about the topic. Research findings are able to keep the reader up to date with the researched topic. A good literature review uses a variety of resources regarding the specified topic, is polished and engaging and is free of personal bias opinions if any were to exist, is consistent with the terminology used and stays clear from terms that can be hard to comprehend, uses clear search and data collection methods, and is well structured in a way that increases the flow and eases readability. (Cronin, et al. 2008: 38-40)

A descriptive literature review's main purpose is to determine whether a body of data on a certain research subject displays any discernable pattern or tendency in terms of pre-accomplished knowledge, ideas, methods, or conclusions. Researching, scoping, filtering and analyzing studies are part of the systemic and transparent process in the descriptive literature review. Descriptive review users extract aspects of interest from each study, such as the publication year, the methods of research and data collection, and the depth and briefing of the conclusion. In a descriptive review, each study is treated as a part of an exploration, and the published literature altogether serves as a knowledgebase from which the authors try to decipher any interpretable trends or draw broad conclusions about the merits of existing perceptions, propositions, techniques, or results. (Lau, F. et al. 2016: 157-164).

## 4.2 Data search and selection

To plan the research strategy, PICO tool was used, that helps determine the patient group/population, the Interest, and the context of the research. (Table 1) For the population, nurses were researched, for the Interest, the focus was the population's experiences with Burnout, and for the context, Nurses working in the Mental health sector such as Psychiatry hospitals, Mental health center, and so on.

<b>P</b>	Population	Nurses.
<b>I</b>	Interest	Experience with burnout.
<b>Co</b>	Context	Nurses in the mental

		health sector.
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The literature research was done mostly using the database CINAHL, as it had the most resources in regards of Nursing science. Other databases were used as MEDIC and PubMed, but they weren't as helpful as CINAHL.

The following key terms and truncation of words were used: Burnout OR Compassion Fatigue AND Mental Health Nurs\* OR Psychiatric Nurs\*

The most hits were gathered through the CINAHL database, that is because the PubMed is not Nursing science based, and the MEDIC database had very few articles in the English language. Further details of the data search and selection process and results (Table 2).

Table 2. Results of the database search. (Appendix 3)

I used some limitations such as maximum age of the article (5-10), full text availability, and strictly English language resources only. That has helped narrow down the search and made the selection process easier.

The following table provides further details of the inclusion and exclusion process (Table 3)

Table 3. Inclusion and exclusion criteria

Inclusion criteria	Exclusion criteria
English language primary research studies.	Non-English language primary studies.

Published earliest 2012.	Published earlier than 2012.
Only mental health and/or psychiatry nurses.	Nurses from other fields.
Focus is burnout (prevalence, interventions, risks).	Focus based on other issues.

The Prisma flow diagram was used to report the results of my data search. (Figure 1)  
After concluding my data search, a total of 8 articles were carefully selected.

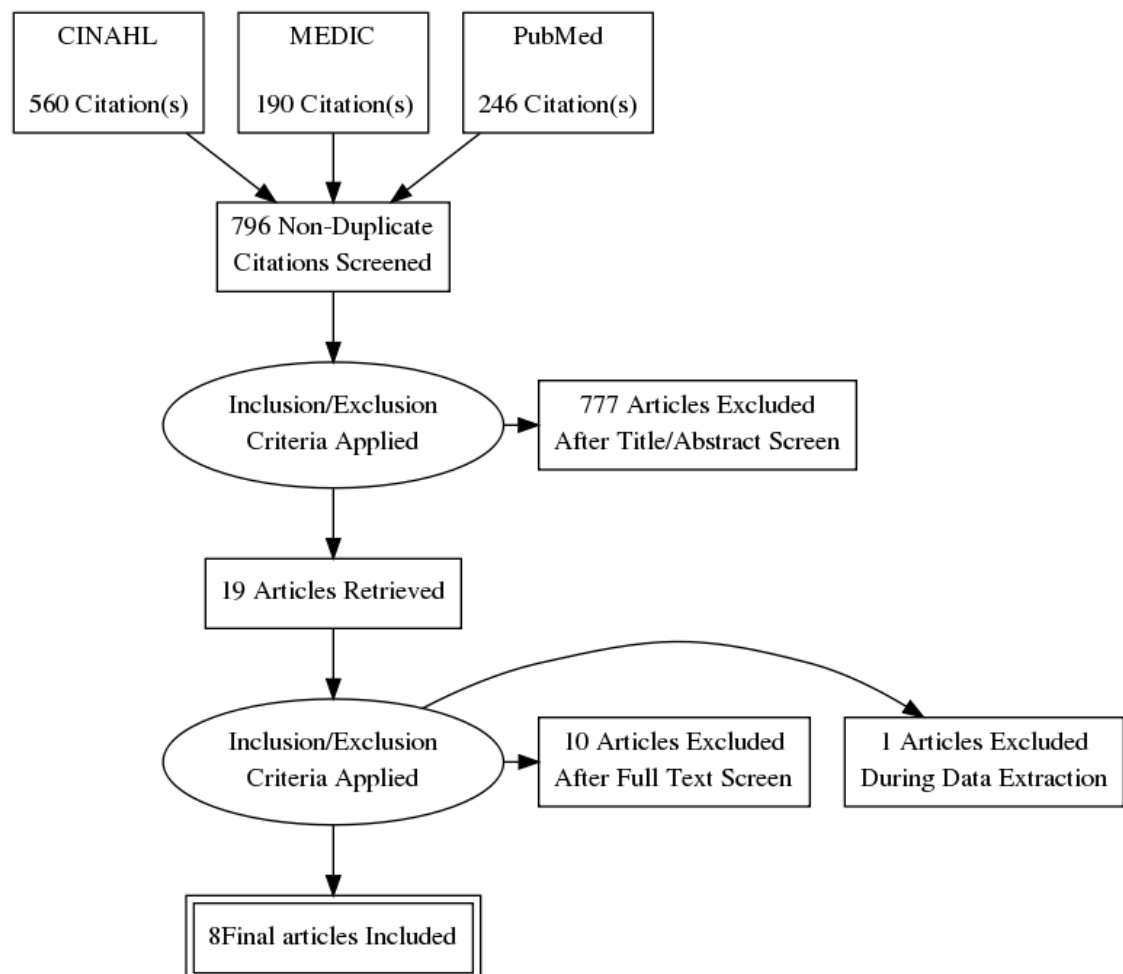


Figure 1. Prisma flow diagram

### 4.3 Data analysis method

Inductive analysis is a research method used to analyze and interpret written, spoken, or visual communication. It is a way to identify patterns, themes, and meanings in the data being analyzed. The process is inductive because it begins with the data and then identifies patterns and themes that emerge from the data, rather than starting with pre-existing hypotheses or theories. This method can be applied to a wide range of data, including text, speech, images, and videos. It is widely used in social sciences, marketing, and other fields to gain insight into people's attitudes, beliefs, and behaviors. The inductive part of the analysis comprises a variety of raw data readings and interpretations. The researcher's assessment targets, or inquiries have an influence on the findings, but they are generated directly from the actual data analysis, not from a priori assumptions or models. Rather than a list of predicted outcomes, the assessment goals serve as a focal point or issue of importance for completing the analysis. (Thomas, D 2006: 237-246).

This literature review uses the inductive analysis approach. Meaningful units were extracted from the original texts of the studies, which were later reduced. From the reduced text, subcategories were obtained and divided into generic categories which were concluded into two main categories. Main category number 1: The nurses' experience with burnout. Main category number 2: Burnout coping mechanisms.

These categories provide an approach to arrange and make sense of the codes and subcategories by representing higher-level concepts that result from the subcategories. Researchers can better grasp the data and get insights that help guide their study questions and hypotheses by identifying these categories and the connections between them.

Below is an example of inductive analysis (Table 4).

Table 4. A workplace that promotes professional development

Meaning unit	Codes	Subcategories	Main categories
<i>“The company recognizes that investing in the growth and development of its employees not only benefits the individuals themselves, but also contributes to the success and competitiveness of the company.”</i>	Investing Growth Development Benefits Success Competitiveness	Employee’s development and growth Company’s success	Effects of promoting professional development
<i>“To foster professional development, X company offers a range of training and development programs, such as on-the-job training, mentoring, coaching, and leadership development programs.”</i>	Development Training programs Mentoring Coaching Leadership	Employee’s development Mentoring and coaching of the employees Leadership development programs	Company’s role in promoting professional development

## 5 Results

The data obtained through the database search concluded seven hundred and ninety-six non-duplicate studies (n=796) from CINAHL, Medic and PubMed. After applying the inclusion and exclusion criteria to the title and abstract, nineteen studies were retrieved (n=19). Finally, eleven out of those were excluded after applying the inclusion and exclusion criteria on the full text, concluding the data search with eight final articles. The studies that were chosen were between the years 2015 and 2021. The studies used both qualitative and quantitative research methods. After conducting inductive analysis on the obtained data, 17 subcategories were extracted, as well as 3 generic categories and 2 main categories. The main categories are 1) Nurses’ experience with burnout and 2) Burnout coping mechanisms.

### 5.1 Nurses’ experience with burnout

Nurses' experience with burnout is a complex issue that is influenced by several factors, including the work environment, psychological factors, and employers' negligence.

Several studies have investigated the psychosocial risks faced by psychiatric nurses, highlighting a range of challenges that can contribute to their overall wellbeing. These challenges include inadequate academic preparation, poor equipment preparation and maintenance (Scozzafave MCS et al. 2019), poor relationships with co-workers, insufficient human resources and training, and conflicts between work and home demands. To mitigate these risks, various strategies have been recommended, including seeking support from family, engaging in leisure activities like watching movies, listening to music, and reading. (Scozzafave MCS et al. 2019)

Burnout is another issue that has been studied in relation to psychiatric nursing. While burnout is not prevalent in some specific psychiatric facilities, nurses with more than five years of experience may be at higher risk for depersonalization, which is a key component of burnout. (Tununu, A.F. & Martin, P. 2020) Nearly half of the mental health nurses were identified to be at a significant risk of developing burnout, with symptoms such as easy irritation, mental exhaustion, allergy issues, and loss of sexual desire being commonly associated with the condition. (Silva Azevedo, D. et al. 2019) Psychiatric nurses have also been found to commonly experience work-related stress and depression. (Hasan, A. et al. 2017)

Studies have also compared the levels of stress and burnout experienced by staff nurses in different types of hospitals. Staff nurses in multispecialty hospitals have been shown to experience higher levels of stress than those working in mental hospitals. This finding could be due to the complexity of care required in multispecialty hospitals, which may lead to higher workloads and greater levels of responsibility for nurses. (Jincy, M. 2021)

Finally, the effects of burnout on the quality of life of psychiatric nurses have also been explored. Emotional exhaustion and depersonalization are commonly experienced by nurses working in mental health institutions, and those who suffer from burnout often report lower quality of life scores. This finding suggests that burnout not only affects the nurses' work life but also their overall wellbeing outside of work. (Alabi, M.A. et al .2021)

## 5.2 Burnout coping mechanisms

Interventions to improve the mental health and wellbeing of mental health professionals have been studied, with promising results. Mindfulness-based stress reduction has been found to be a beneficial intervention, improving the overall wellbeing of mental health professionals. (Raab, K. et al. 2015)

Additionally, the use of guided imagery and music has been explored as an intervention to nurture self-compassion among mental health nurses. (Angela Shum, W. 2020) Positive results have been reported, with participants experiencing favorable changes in their feelings and behaviors, and significant increases in their self-compassion scores. (Angela Shum, W. 2020)

Given the high levels of stress and burnout experienced by mental health professionals (Jincy, M. 2021), these interventions hold potential for improving their mental health and ability to provide care for individuals with mental illness. (Raab, K. et al. 2015)

Overall, the findings suggest that mindfulness-based stress reduction and guided imagery and music can be effective interventions for improving the mental health and wellbeing of mental health professionals, who play a crucial role in the provision of mental healthcare. (Hasan, A. et al. 2017)

To conclude, the results collectively emphasize the importance of addressing the effects of the work environment, employers' negligence, as well as the psychological factors that take place in the mental health nurse's life.

## 6 Discussion

### 6.1 Discussion of the results

This study's results did not match the expectation that I had during researching this topic. Choosing the subject of my study was based on personal experience that was hoped to be proven true through this research. However, based on the data collected, the results contradicted the experienced reality. This was mainly due to the fact that nurses were more subject to both physical and mental exhaustion, which was leading to burnout. While mental health nurses that worked in out-patient clinic, only dealt with

emotional exhaustion and fatigue, their physical workload was not as demanding as regular nurses. However, some mental health nurses working in psychiatric hospitals were subject to physical violence by psychiatric patients, which put them through challenges regarding burnout. Silva Azevedo's study found that 47,8% of the participants were only at risk of developing burnout syndrome but did not suffer from the illness.

## 6.2 Ethics and validity

The responsible conduct of scientific research is guided by fundamental principles known as research ethics, which also ensure the protection of human subjects, the integrity of data, and the general moral duty of researchers. (Boomgaarden, Jürgen, et al. 2003). These values have been well-established and are outlined in several national and international standards of conduct, including the Declaration of Helsinki. The Declaration of Helsinki, established by the World Medical Association (June 1964), provides a comprehensive framework for upholding ethics in medical research involving human subjects. It centers on several key principles. (WMA Declaration of Helsinki, 2022).

Firstly, it highlights the vital role of informed consent, emphasizing the necessity for participants to willingly and knowingly agree to take part, fully comprehending the study's goals, potential risks, and advantages. (WMA Declaration of Helsinki, 2022).

Additionally, it places strong emphasis on the ethical duty of researchers to maximize benefits while minimizing harm to participants, prioritizing their well-being. Ethical review boards are tasked with evaluating research protocols to ensure the protection of participants' rights and welfare. Maintaining privacy and confidentiality of personal data is of utmost importance. (WMA Declaration of Helsinki, 2022).

Fair and just treatment of all participants is an essential principle, alongside the requirement that research should yield societal and scientific value, with potential benefits outweighing risks. Finally, the promotion of collaboration and the exchange of information among researchers is encouraged, aligning with the declaration's commitment to advancing medical knowledge and improving patient care. (WMA Declaration of Helsinki, 2022).



This literature review followed the guidelines of The Responsible Conduct of Research promoted by the Finnish Advisory Board on Research Integrity. The main principles of good and valid research such as honesty, precision, and accuracy were applied in doing this literature review. Data collection and analysis techniques are reliable, approved, and ethically sustainable. This literature review acknowledged the research accomplished by other researchers and respects their findings. The scientific knowledge criteria were adhered to in planning and performing the research and will continue to in reporting and concluding the research. There was no need to obtain a research permit, or recruit research subjects as this is a literature review. There was no need for a financial source to conduct this research (Finnish Advisory Board, 2012). To avoid non-intentional plagiarism, the anti-plagiarism tool Turnitin will be utilized.

The validity of this research was ensured by using reliable research databases, approved by Metropolia University of Applied Sciences. A valid and appropriate research method was used to answer valid questions that ensure the desired outcome. The data collected was checked for relevance, and validity as well. Some articles were chosen according to the number of citations, as it gives a sense of recognition and value to the article. The publication year of the research was inspected carefully, as current knowledge and human experiences can differ greatly from the past, so I tried to choose articles published 10 years ago earliest, but preferably less. (Leung, L. 2015)

### 6.3 Conclusion and recommendations

In conclusion, the findings of the study provide important insights into the complex relationship between nursing profession and burnout, highlighting the need for targeted interventions to address the unique challenges faced by different types of nurses. It is recommended to further investigate the factors that contribute to burnout among nurses, there may be additional factors that have not been explored. Future research could focus on understanding the relationship between workload, job demands, job control, and other factors that may contribute to burnout.

Additionally, it is recommended to explore the impact of burnout on patient outcomes. While burnout has been shown to have negative effects on healthcare professionals, it may also have negative effects on patient outcomes. Future studies could examine the relationship between burnout among healthcare professionals and patient outcomes, such as patient satisfaction and clinical outcomes.

Finally, future studies may work on developing targeted interventions to prevent burn-out, as prevention is the best intervention. It could focus on the development and testing of interventions that are tailored to the specific needs of different types of nurses, such as mental health nurses, hospital nurses, or out-patient clinic nurses.

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## Appendices

### Appendix (1) Summary of reviewed articles

Study	Aim	Sample	Research design/methods/analysis	Major findings	Limitations
1 Scozzafave MCS <i>et al.</i> 2019 Brazil	To identify the psychosocial risks that may be present at a psychiatric hospital where nurses work, and the risk-management techniques used there.	Participants: 25 nurses from a psychiatric hospital participated.	25 nurses from a psychiatric hospital took part in the qualitative study between November 2014 and January 2015 using semi structured interviews. Thematic analysis of the data was carried out.	The findings revealed psychosocial hazards associated with the work of psychiatric nurses, including inadequate academic preparation; poor equipment preparation and maintenance, and others.	Psychiatric nurses. Qualitative study. One study location.
2 Tununu, A.F. & Martin, P 2020 South Africa	To find out how common burn-out is among nurses in a particular psychiatric facility in the Western Cape.	Participants: 198 nurses working in a psychiatric institution at Western Cape, South African, were selected randomly.	A survey design that is quantitative and descriptive. Emotional weariness, depersonalization, and personal accomplishment were measured using the Maslach Burnout Inventory-Human Services Survey.	The majority of responders reported little depersonalization, little emotional exhaustion, and a lot of personal accomplishment.	One study location. Quantitative study. Selection criteria missing.
3 Silva Azevedo, D. <i>et al</i>	To evaluate the risk of Burn out Syndrome amongst mental	Participants: 31 nurses, of which 15 worked in the psychiatric hospital and 16	Quantitative, descriptive, cross-sectional and analytical study conducted in both a psychiatric hospital	47.8% of the participants showed high risk for the development of the disease, besides having risk factors	Multiple study locations. Specific selection criteria.

2019 Brazil	health nurses.	worked in the Psychosocial Care Center II.	and in Psychosocial Care Center.	and symptoms of this syndrome.	Diversity in participants.
4 Hasan, A, et al 2017 Saudi Arabia	To evaluate occupational stress, coping strategies, and levels of depression among psychiatric nurses.	Participants: 70 nurses at a mental health hospital.	Psychiatric nurses employed in mental health facilities in Port-Said, Egypt, were the subject of a descriptive correlation design study.	The findings showed that psychiatric nurses had varying levels of work-related stress, sadness, and coping mechanisms.	Participants location different than study location.
5 Jincy. M. Varghese 2021 India	To assess the level of stress experienced by nurses at a psychiatric hospital and compare it with the level of stress experienced by nurses at a multispecialty hospital. As well as to link the hospitals' chosen demographic factors with the stress levels of the nurses who work there.	Participants 120 staff nurses. 60 staff nurses working in psychiatric hospitals and 60 staff nurses working in multispecialty hospitals.	To conduct the study, a non-experimental comparative research design and descriptive methodology were chosen.	The study's findings indicated that staff nurses in multispecialty hospitals experience higher levels of stress than staff nurses in mental hospitals, and certain demographic factors are related to the stress levels of staff nurses in both types of hospitals.	Random sampling. Multiple study locations. Multiple participant types.
6 Alabi, M.A. et al 2021 SW Nigeria	To assess burnout among nurses working at mental health institution.	Participants: 259 nurses from two different psychiatric hospitals in Nigeria. Selection criteria included only those that have been work-	A cross-sectional descriptive study that collected data using a sociodemographic questionnaire as well as the Maslach Burnout Inventory (MBI) and the short-form health survey	Prevalence of emotional exhaustion was 44.4%, depersonalization 31.7% and reduced personal accomplishment was 98.8%. The mean total Quality of life scores were noticeably high-	Specific inclusion/exclusion criteria. Multiple study locations.

		ing for at least 6 months, to ensure accurate results.	(SF-12).	er among participants who had emotional exhaustion and depersonalization.	
7 Raab, K. et al 2015 Canada	To explore the effects of mindfulness-based stress reduction education on mental health professionals.	Participants: 22 female mental healthcare workers between the ages of 24 and 69 years at a Canadian mental health institution.	The study had a prospective design that carried standardized measures of self-compassion, burnout, and quality of life administered prior to and following the Mindfulness based stress reduction courses.	The study concluded that mindfulness-based stress reduction is beneficial to mental health professionals. However, due to factors such as the nature of the job, and the lack of resources, they may continue to face mental health challenges.	Open trial design. One study location. Specific curriculum (MBSR).
8 Angela Shum, W. 2020 Hong Kong	To explore the effects of using guided imagery and music on nurturing self-compassion on a mental health nurse.	Participants: A mental health nurse who was given a series of guided imagery and music sessions.	The Bonny method of guided imagery and music (GIM) was used, as well as Neff's self-compassion scale (SCS) to collect and analyze the data.	The GIM intervention led to favorable qualitative changes in reported feelings and behaviors as well as a 26% increase in the SCS score for self-compassion.	A single participant. Specific study tools and curriculum (GIM, SCS).

**Appendix (2) Results of the database search.**

Database	Search terms	Limiters	Number of hits	Selected based on title	Selected based on abstract	Selected based on whole text
CINAHL	Burnout OR Compassion Fatigue AND Mental Health Nurs* OR Psychiatric Nurs*	English language only.	560	12	7	6
MEDIC	Burnout AND Mental Health Nurs* OR Psychiatric Nurs*	English language only.	190	1	0	0
PubMed	Burnout OR Compassion	Full text	246	6	2	2



	Fatigue AND Mental Health Nurs* OR Psychiatric Nurs*	available				
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