



NURSES BURNOUT AND WELLBEING

A Systematic Literature Review

Gwendolyn Olewe

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Author: Gwendolyn Olewe

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Supervisor: Camilla Mattjus

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Abstract

Burnout is commonly caused by stress factors at work that lead to exhaustion both physically and mentally. The aim of this study is therefore to raise awareness on how to prevent burnout and promote wellbeing in nurses while answering the research question, 'How can burnout be prevented among nurses?'

This study has been conducted through the systematic literature review method with articles carefully chosen from the databases of EBSCO, CINAHL, PubMed, Google Scholar, MEDLINE and Academic Search Elite.

The results indicate that the prevention of burnout and the wellbeing of nurses requires the efforts of not only the affected person but also the management, colleagues and other stakeholders in the organisation. There is a correlation between the wellbeing of nurses and the burnout experienced. Where the wellbeing of nurses is upheld, the prevalence of burnout is low.

Recommendations include further research work on burnout in nurses should be done and that nurses should be better educated on the prevention, identification and management of burnout.

Language: English

Key words: Burnout in nurses, Well-being, Burnout and Burnout prevention.

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1 Introduction

An article in the New York Times depicts the burnout experienced by nurses through an interview carried out on different nurses who eventually changed their careers to other fields. One of the interviewees, Kathleen Littleton, talked about her experiences of working in the hospital during the pandemic and how stressful it was. After the pandemic she shifted to be a travel nurse hoping to have a less stressful experience, instead she was still in a different strenuous situation where gun injuries, stab wounds and road accident patients were part of her daily work. She further explained the difficulty in talking about her experiences with others who did not work in the health sector as they could not understand the nature of her feelings. Littleton felt that she could not identify herself anymore. She claimed that telling other nurses that she was experiencing burnout felt disgraceful and disapproved of (Pearson, 2023).

According to the World Health Organization, burnout is an ailment that is a result of continual stress at work that has not been properly dealt with. It manifests as fatigue or lack of energy, a decrease in efficiency at work and negativity towards one's profession (World Health Organization, 2019). Burnout certainly has a negative impact on a person's day-to-day activities. It is seen where extreme tiredness is experienced, a negative change in the daily biorhythm and constant self-destructive habits such as unhealthy meals or inadequate exercise (Bakker & Costa, 2014). Moreover, according to WHO (2019), "*Burnout refers specifically to phenomena in the occupational context and should not be applied to describe experiences in other areas of life*" (World Health Organization, 2019). However, it is necessary to keep in mind that the effects of burnout can trickle down to an individual's daily life thus affecting their well-being. The definition of well-being cannot be limited to a single or specific area. It is a favourable outcome that denotes that a person is progressing averagely well. Feelings of gratification, positivity, serenity and hope are seen to increase whereas pessimistic emotions such as anxiousness, fearfulness, exhaustion, irritability and doubt are seen to decrease (Centers for Disease Control and Prevention, 2018).

This study is purposeful for every stakeholder in the healthcare system, as it aims to educate about the prevention of burnout in nurses and how to improve their well-being, thus resulting in healthier nurses and better quality of care.

2 Background

This chapter provides more information on risk factors that cause burnout, identification of burnout in nurses as well as its stages of development, the management of burnout syndrome and the effect it has on the nurse-patient relationship as well as care rendered.

2.1 Risk factors

Burnout is a result of a variety of factors. Some of these factors are controllable and can be corrected if solutions are given. Other factors are uncontrollable thus cannot be corrected easily by a person such as environmental factors (Knudson, 2022).

2.1.1 Non-participation in decision making by nurses.

It is important for nurses, through the Nurse Managers, to take part in decisions made in regard to their working environment. Where the participation of the Nurse managers is lacking in managerial injunctions, the nurses end up going through unresolved difficulties in their work leading to job dissatisfaction and burnout (Tazebew, Mulugeta & Boka, 2023).

2.1.2 Disease outbreaks

Nurses are normally among the first responders to attend to ailing patients who have been infected by different diseases. Infectious diseases such as Ebola, H1N1 influenza and Covid 19 etc., are seen to negatively impact the nurses and is evidenced by increased stress levels, tension at work, fear and reduction in productivity. Outbreaks of diseases often result in burnout among nurses (Zhou, Asante, Zhuang, Wang, Zhu & Shen, 2020).

2.1.3 Disproportionate nurse to patient ratio

The cost of direct labor is one of the greatest expenses incurred by hospitals. This in turn may result in a reduction in the number of nurses employed in an attempt to cut costs. A study conducted on the impact of daily patient to nurse ratio, concluded that a high number of patients in relation to nurses led to dissatisfaction at work and burnout (Chen, Guo, Chin, Cheng, Ho & Shiao, 2019).

2.1.4 Shift work

Shift work is a key factor in ensuring that nurses provide care 24/7 care to all, especially inpatients. Nurses who frequently work night shifts are highly susceptible to burnout and challenges with their mental health (Cheng, Liu, Yang, Wang & Yang,2022). *Shift Work Disorder* is a circadian rhythm imbalance that causes sleep disorder that entails hypersomnia or insomnia. Nurses who suffer from shift work disorder experience an impactful reduction in their wellbeing (Wickwire, Geiger-Brown, Scharf & Drake,2017) .

2.1.5 Collaboration with coworkers

Teamwork is an important factor in healthcare facilities as it ensures that care rendered to patients is efficiently and effectively done in good time while keeping in consideration the needs of the patient. Teamwork is not only beneficial to the patient but also to the workers as it results in lower levels of mental fatigue, job dissatisfaction and burnout (Mijakoski, Karadzinska-Bislimovska, Stoleski, Minov, Atanasovska & Bihorac,2018). Teams in healthcare settings are composed of people playing different roles in distinct professions such as nurses, doctors, physiotherapists, and pharmacists etc. Collaborative as well as respectful relationships between nurses and nurses or nurses and physicians result in a higher work satisfaction and a reduction in the need to quit one's job (Lu, O'Toole, Shneyderman, Brockman, Cumpsty-Fowler, Dang, Herzke, Rand, Sateia & Dyke,2022).

2.2 Symptoms of burnout

The signs of burnout are many and manifest differently. According to Donovan (2023) signs of burnout could be exhaustion both physically and emotionally, pessimism, feelings of incompetency, depression, disliking one's job, easy irritability, lack of concentration, difficulties with sleep, reoccurring headaches, stomach or gut discomfort, high blood pressure and frequent absenteeism or lack of absenteeism even when one is ill (Donovan, 2023).

However, there are three major indicators of burnout. The first is fatigue, where one feels drained of energy and feels unable to deal with physical and emotional tasks. One may experience bodily pain and abdominal discomfort. Secondly, isolation from activities is seen when one keeps away from any work-related tasks, colleagues and environment. One may get feelings of numbness towards work. Lastly, a decline in

productivity is experienced in the affected persons personal life at home and at work. It is seen through difficulty in concentrating or being creative (Casarella, 2022) .

According to Hert (2020), burnout occurs in stages. Figure 1 shows a 5-phase progression of burnout and symptoms experienced in each stage. The initial stage is the honeymoon phase characterized by work satisfaction, highly energetic and a flow in creativity. The second stage, onset of stress, comes with the realization of difficulty in a few workdays and one feels restricted to work while making their personal life less important. Stage 3 entails chronic stress, which manifests as feelings of incompetency, loss of control and exhaustion. Stage 4 is where burnout is experienced. Pessimism and lack of concern for their personal needs and health is experienced. At this stage, physical signs such as gastrointestinal problems and headaches are common. The last phase, known as habitual burnout, is where one experiences incessant sadness as well as challenges physically and mentally. Professional help is frequently needed at this stage (Hert S. De,2020).

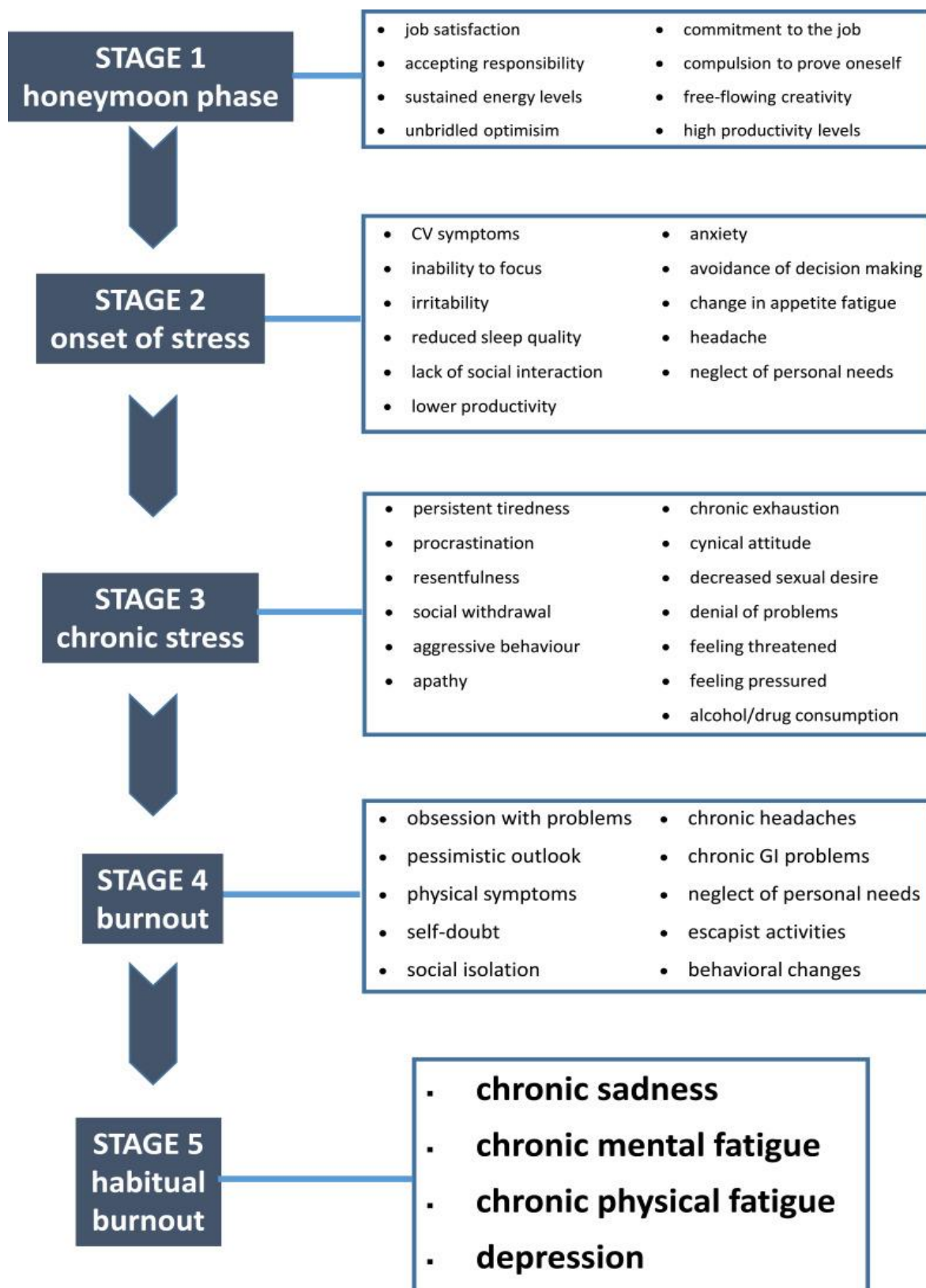


Figure 1: Different stages of burnout and their symptoms (Hert S. De,2020).

2.3 Effects of burnout syndrome

The effects of burnout have been categorized into three parts that show how it affects the nurses, the patients, and the organization.

2.3.1 Effect on the nurses.

Well-being and health

The effects of burnout take both a mental and physical toll on nurses. Symptoms such as inadequate sleep, migraines, excessive tiredness, and depressive feelings, affect the health and well-being of the affected (Mudallal, Othman & Hassan, 2017). The stressful events experienced due to the nature of work by nurses leads to depression as well as burnout. *“Parallel to findings in other occupations, depression and burnout are highly correlated in the nursing professions”* (Chen & Meier,2021).

Substance abuse

In every five nurses, about one, is practicing a form of substance abuse as a coping mechanism for their stressful jobs. Most people with difficulty in maintaining their feelings tend to rely on drug abuse. Nurses who abuse drugs are highly likely to be the cause of medical error. Substance abuse by nurses could as well be through prescription drugs. For example, nurses suffering anxiety can use some medication to feel some ease during a shift thus leading to error and even addiction eventually (Tchounwou, 2023).

2.3.2 Effects on patients

Many medical practitioners who have been involved in errors that have affected patient safety are possibly burnt out already or are at risk of it. Decreased work performance, work dissatisfaction, cynical emotions, sleeping disorders, mental and physical exhaustion, and detachment from work are symptoms of burnout that directly impact the type of care given to a patient. This is evidenced by grievances from patients and their families on the type of care received (Yellowlees & Rea,2022).

2.3.3 Effects on the organization

Absenteeism

Nurses may tend to be absent or take sick leave when they experience burnout symptoms such as physical or mental fatigue and migraines. Job dissatisfaction may also lead to absenteeism. Some nurses may call in sick to work as a way of steering clear of their work environment. Unfortunately, this leads to an additional workload to their co-workers who were present at work as they end up understaffed (Wangui & Muthee, 2018).

High turnover rate

A survey carried out by the American Nurses Foundation revealed that 43% of the nurses that participated had already been having thoughts about changing their jobs, some in the same profession while others considered leaving the nursing profession completely (Pearson, 2023). Burnout has become a major cause of nurses quitting their jobs leading to a scarcity of nursing staff. Nurses who are freshly graduated are more likely to get burnt out as they are still not acclimatized to the stressful working environment as compared to more experienced nurses. This could lead to quitting their jobs and in turn causing an *aging workforce* (Wangui & Muthee, 2018). A high turnover rate of nurses leads to an imbalanced nurse to patient ratio, and this may impact the quality of care given.

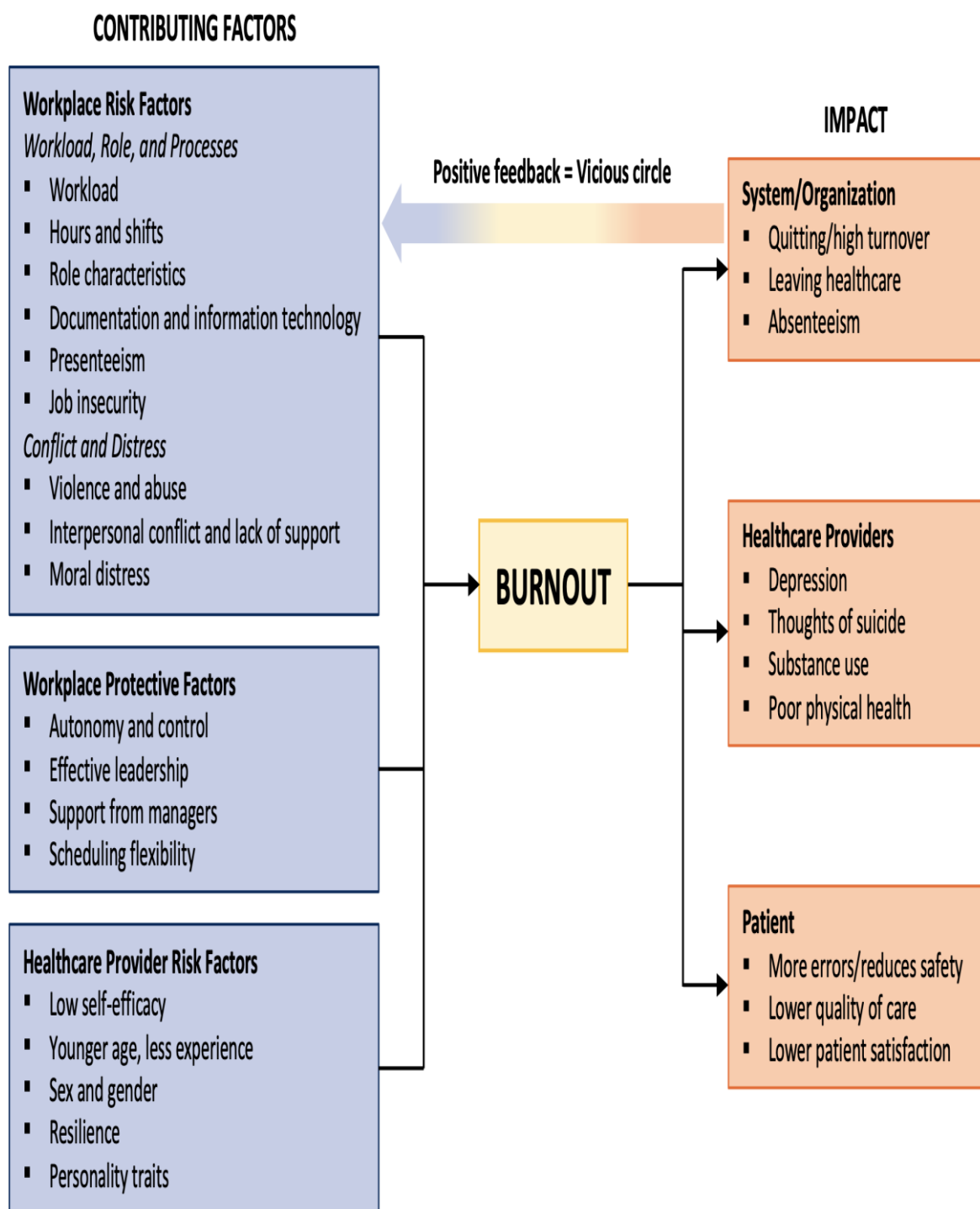


Figure 2: Burnout framework (Maunder, Heeney, Strudwick, Shin, O'Neill, Young, Jeffs, Barrett, Bodmer, Born, Hopkins, Jüni, Perkhun, Price, Razak & Christoph, 2021).

3 Aim of Study

This thesis aims to raise awareness on how to prevent burnout and promote wellbeing in nurses. It aims to answer the research questions:

- How can burnout be prevented among nurses?
- How can well-being be promoted in nurses?

4 Theoretical Framework

Nurses are guided by different modes of thinking while providing care for their patients. This could be influenced by the type of illness, nursing or doctor's diagnosis and the course of medical drugs. *"Nursing theories are patterns that guide the thinking about nursing"* (Smith, 2020).

Christina Maslach came up with the multidimensional theory of burnout that is a slow process of exhaustion, sceptism and decreased job satisfaction due to feelings of non-fulfilment (Edú-Valsania, Laguía & Moriano,2022). Christina Maslach and Susan Jackson came up with 3 dimensions of burnout namely, *"emotional exhaustion, cynicism or depersonalization and reduced personal achievement"* as seen in figure 3.

Emotional exhaustion entails a person's lack of strength emotionally to deal with the pressures of work. Cynicism or depersonalization is where one lacks concern and is detached from their work. Lastly, reduced personal achievement entails one's low self confidence in their capability to perform a work task (Edú-Valsania et al, 2022). The three dimensions of the multidimensional theory of burnout are applicable to this study as they are able to indicate the development of burnout.

Burnout dimensions.

Dimension	Definition
Emotional exhaustion	This dimension manifests in the form of feelings and sensation of being exhausted by the psychological efforts made at work. It is also described in terms of weariness, tiredness, fatigue, weakening, and the subjects who manifest this type of feelings show difficulties in adapting to the work environment since they lack sufficient emotional energy to cope with work tasks.
Cynicism or depersonalization	This dimension, the interpersonal component of burnout, is defined as a response of detachment, indifference and unconcern towards the work being performed and/or the people who receive it. It translates into negative or inappropriate attitudes and behaviors, irritability, loss of idealism, and interpersonal avoidance usually towards service users, patients, and/or clients.
Reduced personal achievement	This dimension is reflected in a negative professional self-evaluation and doubts about the ability to perform the job effectively, as well as a greater tendency to evaluate results negatively. It also translates into a decrease in productivity and capabilities, low morale, as well as lower coping skills.

Figure 3: Burnout dimensions (Edú-Valsania et al, 2022)

5 Method

The method used in carrying out this study is a systematic literature review. It is defined as *'a review of a clearly formulated question that uses systematic and reproducible methods to identify, select and critically appraise all relevant research, and to collect and analyze data from the studies that are included in the review'* (Curtin University, 2022). It is most suitable for this study because it entails a compilation of research work from a variety of different credible sources with the aim of answering the research question. It is also best for clinicians as it lacks bias through the selection criteria (Jahan, Naveed, Zeshan & Tahir, 2016).

5.1 Qualitative research

Qualitative research has been applied in conducting this study as it involves the analysis of non-numerical data in order to gain further knowledge on the topic of research (Bhandari,

2020). Where quantitative research is specific and does not change or expand its course once it has begun, qualitative research is less rigid as the writers have the leeway to reflect on another frame of reference or outlooks thus offering a more holistic view (Polit & Beck, 2010).

Some of the factors that are taken into consideration during qualitative analysis include the timeframe for completion of the work, preferable methods of collecting data e.g. books or interviews, appliances needed for the purpose of data collection e.g. cameras or laptops, and recognizing any bias (Polit & Beck, 2010, p.260).

5.2 Data collection and sampling

To reduce the risk of bias, a wide variety of databases were used to find the appropriate literature. The databases used were CINAHL, MEDLINE and Academic Search Elite. The search resulted in a total of 2620 articles, 33 articles were eliminated based on different criteria and 7 articles were included in the research. The key terms used for the search were “Burnout in nurses”, “Well-being”, “Burnout” and “Burnout prevention”.

Table 1: Table of inclusion and exclusion criteria.

INCLUSION CRITERIA	EXCLUSION CRITERIA
Articles between 2010-2023	Articles before 2010
Non-duplicate articles	Duplicate articles
Articles in English	Articles in any language other than English
Peer-reviewed articles	Non-peer-reviewed articles
Full text	Non-full-text or other format such as magazines and / or dissertations

PRISMA CHART

The factors considered in the inclusion and exclusion criteria of the selection of the articles have been used in creation of the Prisma chart.

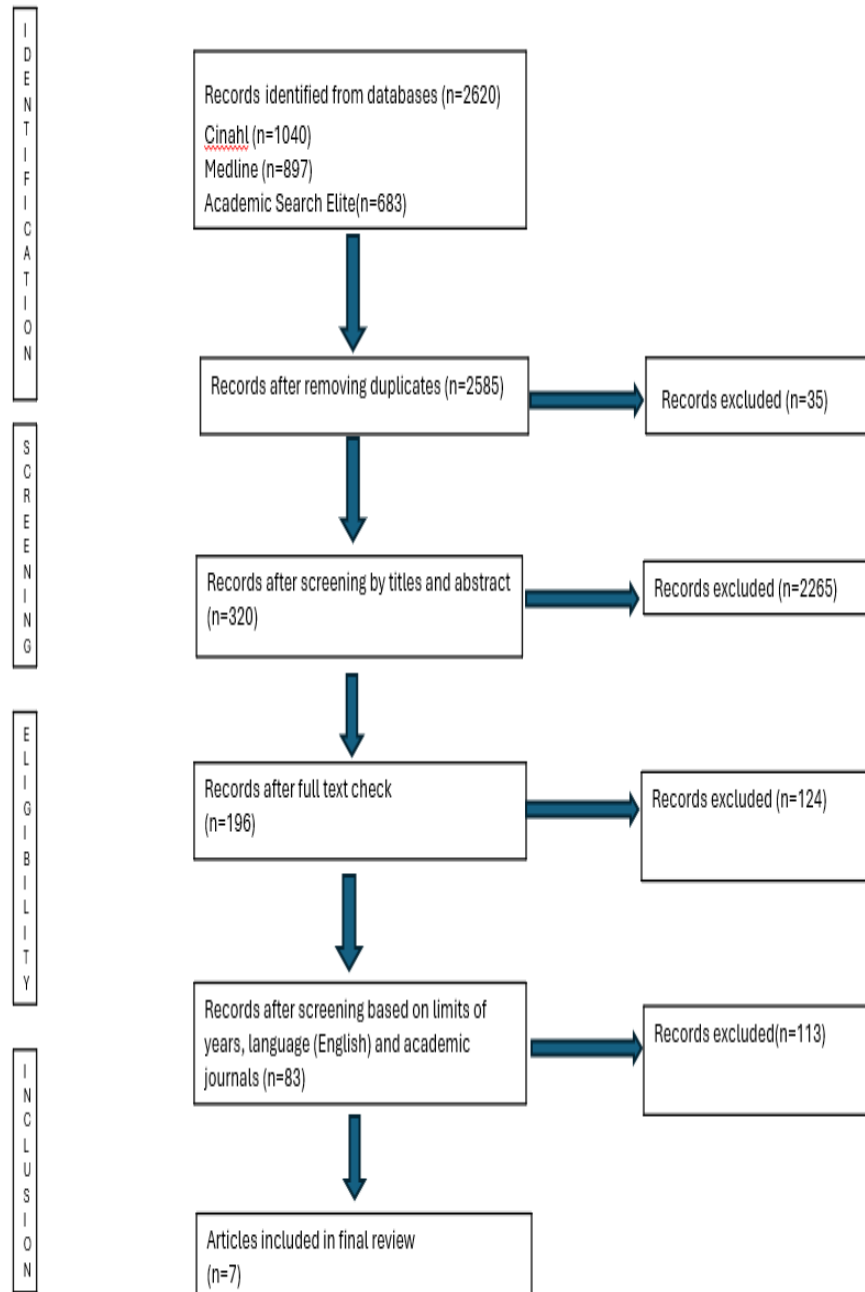


Figure 4: Prisma chart

5.3 Data analysis

Content analysis entails the classification of similarities gathered from research by finding the correlation in terms or phrases used, topics and notions (Luo, 2019). The data analysis was done in accordance with Graneheim and Lundman (2003) whereby the research conducted has the theme of 'burnout and wellbeing'. A theme covers a generalization of data collected which can further be divided into categories which sections the data by the similarities. The two categories identified in this thesis were 'burnout prevention measures and promotion of wellbeing.' Finally, sub-categories emerged from the two categories thus completing the data analysis process (Graneheim & Lundman, 2003).

5.4 Ethical Consideration

The Finnish Advisory Board on Research Integrity has guidelines on how to properly conduct research. These guidelines encourage honesty and righteousness in the whole research process. It also states that a researcher must give credit to the work of all researchers whose publications are used by ensuring to cite their articles correctly (TENK, 2012).

In accordance with the ethical guidelines, this thesis has been done using peer reviewed articles. All the articles used have been properly cited and integrity has been upheld.

6 Results

The articles considered for the purpose of research answer the research questions, How can burnout be prevented among nurses? and How can well-being be promoted among nurses? The articles were from 2015-2023 and they all expound on how to prevent burnout among nurses and promote well-being.

The articles included for research were selected due to their similarities in content based on the theme of 'burnout and well-being in nurses'. The themes were further divided into two subcategories. The first is Burnout prevention measures and the second is Promotion of wellbeing. The data shown in Table 2 indicates that the way of preventing burnout is through good leadership and creation of anti-burnout systems, while the promotion of wellbeing is done through The mindbodystrong program, Tea for the soul program and lastly The practice of self-care.

Table 2: Articles analysis

THEME	CATEGORY	SUB-CATEGORIES
Burnout and Wellbeing (n=5)	Burnout prevention measures (n=2)	Good leadership
		Creation of anti-burnout systems
	Promotion of wellbeing (n=3)	The 'mindbodystrong' program
		Tea for the soul program
		The practice of self-care

6.1 Burnout prevention measures

Two of the articles selected during data collection were implemented in the categorization of burnout prevention measures.

6.1.1 Good leadership

Nurse managers in North America have experienced a change in their roles and an increase in the amount of work due to the constant evolution of healthcare. This in turn results in deterioration in health, work dissatisfaction and burnout due to the increased stress. With assistance from the management, the nurse managers tasks can be made more bearable. This is through organizing frequent trainings for nurse managers, listening to their queries, employing more personnel etc. *“Organizational support is a pragmatic solution that healthcare executives have the capacity to change and is one solution to help mitigate NM work-related pressures and promote optimal NM functioning”* (Cave, Rohatinsky & Berry, 2023).

A good leader fosters the best in others while still managing to be the best version they can be. They are true to themselves, fair in discernment, uphold ethics and have a strong awareness of self and the influence they have on others. Nurses who have good leaders are seen to carry out their jobs with feelings of empowerment and confidence resulting in an improvement in their performance. There are six areas of work life which affect one's productivity at work; the amount of work given, amount of control given in decision-making, rewarding system which could be financially or even recognition at work, type of work relations among all levels of staff, equity in decision making and the values of the employer in relation to the employees (Laschinger, Borgogni, Consiglio & Read, 2015).

Occupational coping self-efficacy (OCSE) is a person's belief in their capability to get through their work pressures with not much difficulty but by adaptation. It is nurtured by a good leader that is supportive and empowers the employees. Where nursing managers are encouraging and empowering, the self-efficacy of the other nurses is positively affected. The effects of burnout entail having an impact on the mental health of an individual (Laschinger et al., 2015).

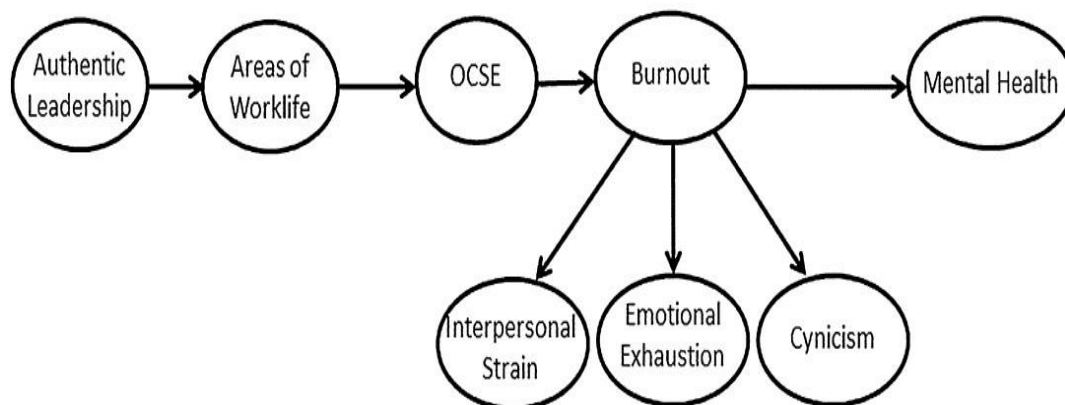


Figure 4: Hypothesized theoretical model (Laschinger et al., 2015).

6.1.2 Creation of anti-burnout systems

Rush and Pappas (2020) conducted research on the implicative effects of procedures put in place to reduce burnout and promote the wellbeing of nurses working in the intensive care units. They came up with six recommendations that could facilitate this. First, use

findings from other nurses on their wellbeing to seek for change. The nurses can share their findings on burnout and their challenges with their colleagues and superiors in order to create awareness on the situation. The goal of this is to come up with a collaborative solution between the nurses and the management to improve their wellbeing and in result lead to a better working space.

Secondly, identification of reoccurrences in the workplace that have led to burnout and depreciation of wellbeing. Identifying positive and negative patterns is crucial. Upholding the positive factors leads to the wellbeing of the nurses. Take note of the factors promoting burnout such as technological errors, improper communicative channels and inadequate staff. Thirdly, find creative solutions to the problems identified leading to burnout in nurses. For example, poor communication may be solved by encouraging other nurses to communicate better in both oral and written reports in order to make the next nurses shift better.

Fourthly, form collaborations with co-workers that share the same ideas. Speaking freely about bettering the wellbeing of nurses is helpful worldwide. Volunteering and educating the new nurses is impactful in the management of burnout. Fifthly, find time to connect with fellow coworkers. Create an environment that allows the nurses to share both their highs and lows at work thus making them feel less alone. Finally, do not be afraid to make the change. Identify the signs of burnout in yourself and other colleagues and be ready to seek help (Rush & Pappas, 2020).

6.2 Promotion of well-being

Three of the articles selected were useful in illustrating ways in which well-being in nurses can be promoted.

6.2.1 Tea for the Soul Program (TFS)

This is a care model that has not been widely researched. It aims to provide a channel for nurses and all healthcare workers to release their emotions related to a patient's demise and any other distressing experience at work. This is mainly led by a church, counsellor or social worker who can give different skills on how to adapt and manage their grievances. TFS was began in 1991 by Rev. Joseph Oloimooja who was a Spiritual Care director in a

medical facility in Los Angeles. He organized frequent staff visits in their departments and brought along snacks and refreshments while at the same time giving motivational quotes and a listening ear in order to support the nurses (Callis, Cacciata, Wickman & Choi, 2022).

This program has been used by the Cancer Treatment Centers of America (CTCA) while trying to create a space that was hopeful and focused on the wellness of the patients and nurses. They took into consideration the emotional toll it took for nurses to care for cancer patients through the period of care until death. By applying TFS, they noticed that it was beneficial to the nurses as they had a catharsis whereby, they were able to go through their emotions by reflecting upon the relationship they had with the patient as well as their families. The use of TFS in different clinical settings has been seen to result in the nurses feeling a decrease in stress levels, more energetic and more at peace. (Callis et al., 2022).

6.2.2 Practicing self-care

A study by Wei, Kifner, Dawes, Wei and Boyd (2020) in one of the children's hospitals in the USA was done in the Pediatric Intensive Care Unit (PICU) and ICU with an aim of identifying the different self-care mechanisms used by nurses working in such an intensive and crucial environment. A total of 13 nurses and 7 physicians were participants in a one-on-one interview where cumulatively their responses were narrowed down to six main categories on self-care practices that are used to promote wellbeing.

Firstly, identifying their gist or purpose for work. One nurse said *"Taking care of others makes me feel that I am doing something meaningful. I am involving myself in something for the greater good."* A different nurse also said *"Caring, for me, is the heart. Doing things out of our heart adds meanings and values to what we do."* Recalling one's purpose gives a nurse the strength to get through the stressors at work.

Secondly, tapping into one's power source. This is found through religion, connecting with supportive loved ones, having social interactions with others and constantly reminding oneself of the main reasons they decided to become nurses. Thirdly, cultivating work relationships. This helps in making work more pleasurable. One of the nurses said, *"I love the people I work with. We help one another. My coworkers make work fun."* Most participants expressed appreciation for having reliable and supportive coworkers that make a difficult shift more bearable.

Fourthly, maintaining a positive mindset. This is internal selfcare which entails concentrating on the more optimistic factors at work instead of the pessimistic factors. A positive mindset must be nurtured to form a habit as witnessing many negative things such as death or illness may lead to burnout. Fifthly, caring for one's psychological health. Eleven participants told some of the ways in which they care for their mental health such as prayer, getting enough rest, exercising, self-searching and separating work life from life at home. One nurse stated that, *"We all know the importance to perform physical and personal hygiene, but tend to ignore our emotional hygiene. We need to know how to be emotionally strong when bad things happen."*

Lastly, identifying and appreciating one's individuality. Each person has different strengths which are important in teamwork. One of the participants stated that, *"Even though I am a new nurse, my coworkers make me feel that I am an important member of the team, which helped me build confidence in myself."* The participants mostly expressed the importance of being keen on one's strength and recognizing their weaknesses. This is important in making teams work effectively as different tasks are done by the people who are best suited, therefore reducing frustration and stress. (Wei et al.,2020).

6.2.3 The 'mindbodystrong' program for healthcare workers.

This is a program carried out in 8 different sittings each week which centers on a learning-based curriculum that tends to be taking care of the mind, body, and equipping one with skills.

Figure 5: MINDBODYSTRONG curriculum content (Sampson et al.,2020)

Session	Content		
	Caring for the mind	Caring for the body	Skills building
1	Thinking, feeling, and behaving The ABCs of CBT mindfulness	Nutrition: health and energy	Positive self-talk
2	Self-esteem and positive self-talk Thankfulness Managing change	Physical activity	Self-esteem and positive self-talk
3	Stress Healthy coping Abdominal breathing	Healthy eating on the go	Managing stress
4	Problem-solving Setting goals Steps to problem-solving	Strength training	Strategies to overcome barriers
5	Sleep	Wellness wonder foods	Sleep diary
6	Dealing with emotions in healthy ways Using guided imagery Coping strategies Effective communication	Flexibility training	Dealing with emotions Flexibility
7	Coping with stressful situations	Self-determined nutrition and physical activity goals	Coping with stressful situations
8	Pulling it all together—review		Establish long-term goals

A study involving 89 new registered nurses at Midwestern Academic Medical Centre was carried out by having 2 separate groups i.e. a control group and an experimental group. The main objective was to assess how the mindbodystrong program affected the registered nurse's mental wellbeing, health-conscious lifestyle, and their occupational gratification. The results were analyzed three times which were directly after mediation, 3 months post mediation and 6 months after mediation. The experimental group is seen to have better outcomes than the control group as an improvement in their mental wellness, lifestyle and work fulfilment was noted in data collection as seen in the data in appendix 2 (Sampson, Melnyk & Hoying, 2020). Where the mind and body are cared for and the nurses are equipped with skills that enable them to manage their stress, their well-being is seen to improve.

The nurturing of resilience in nurses is seen to enhance a nurses' possibility to overcome stressful instances at work. This entails developing stoicism or having a tough spirit as well as speedy recuperation for the nurses when faced with adversity at work. Mindfulness as a practice is used in developing resilience. Nurses who practiced mindfulness report that they can achieve relaxation and calmness thus reduce stress better at work leading to an improvement in their wellbeing (Stacey & Cook, 2019).

7 Discussion

Tea for the Soul Program (TFS) is interesting as it was founded by a chaplain and is not run by any healthcare professional. It entails simply having tea and a snack while talking about the nurses' stressful experiences and giving some motivation to them. Despite not too much popularity on TFS, its results are seen to be stress-relieving for the nurses and therefore better for their mental health and wellbeing (Callis et al., 2022).

Anti-burnout systems in healthcare can only be created when both nurses and their superiors collaborate. Therefore, when finding solutions to factors causing burnout in the organization, both the management and nurses can be involved. Innovation must be considered in problem solving as some problems do not have a straight-forward solution. Nurses ought to communicate with their fellow colleagues on matters that affect their day to day operations so as to promote a sense of community. Nurses should be aware of the signs of burnout to identify it in themselves and others so as to seek the necessary help (Rush & Pappas, 2020).

Good leadership has an empowering effect on the staff resulting in better performance. Occupational coping self-efficacy is brought out by a good leader. Unpleasant leadership will affect the nurses' wellbeing as their work life will be frustrating and they will lose confidence in their capabilities especially during stressful situations. This will lead to burnout and eventually mental health problems (Laschinger et al., 2015).

Christina Maslach's multidimensional theory of burnout is selected because it has three dimensions as discussed in the theoretical framework which are key in showing the development of burnout. There is a close relationship between the symptoms in the stages of burnout as shown in Figure 1 and Christina Maslach's multidimensional theory of burnout. Mental or physical exhaustion, stress, lack of focus, detachment from work and a reduction in satisfaction at work are common factors discussed that highlight how burnout affects nurses. This is important as it shows nurses what to look out for as symptoms of burnout that they can experience.

A systematic literature review was the most suitable research method because the information used in the thesis is collected from many different credible sources and has a lack of bias. The less rigid nature of qualitative research is also beneficial to this research

as it allows for a wider range of research thus offering a more comprehensive overview in nurses' burnout and wellbeing. The databases used to collect data were CINAHL, MEDLINE and Academic Search Elite. One of the regrets of the research is that more databases were not used in collection of data for research. Although the articles used are sufficient, a wider selection would still be beneficial to the research.

Graneheim and Lundman (2003) provided a guide on how the data analysis in this paper has been carried out. Therefore, the data collected was classified into categories with similarities thus making it easier for the reader to follow through a more organized presentation of the results of the research paper.

All the articles used in contributing to the development of this research paper have been cited. Ethics has been a key factor that has been held with utmost importance during data collection and the documentation of the findings because every researcher ought to receive due credit for their work.

8 Limitations

This study, although done carefully and in accordance with the The Finnish Advisory Board on Research Integrity (TENK) guidelines, has faced some challenges. One limitation being majority of the research conducted on burnout in nurses is specific to a situation such as Covid 19 pandemic or nurses in specific wards, where as my study was focusing mainly on all nurses working in different places through different circumstances. Nevertheless, the study was sufficiently conducted with the different articles available.

9 Conclusion

Although burnout is experienced by an individual, it is non-negligible that it is caused by stressors in the workplace. The management of healthcare facilities should play their part

in making the workplace more efficient and tolerable to the nurses in so that there is an improvement on their wellbeing.

Safe spaces should be created so that nurses can communicate about their challenges at work and emotions experienced in relation to their patients' care or even death. Having conversations with their colleagues who undergo the same challenges is important as different coping mechanisms are shared empathetically. This makes a nurse feel that they are not alone.

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	Bibliography	Methods	Objectives	Sample
An effective in-hospital chaplaincy-led care program for nurses: Tea for the soul a qualitative investigation	Annette Callis, Marysol Cacciata, Mary Wickman, and Joseph Choi (2022)	Qualitative study	To address grief or loss and other emotional needs of nurses related to impactful patient care experiences	Hospital nurses (n=7)
Systems to Address Burnout and Support Well-being: Implications for Intensive Care Unit Nurses	Cynda Hylton Rushton, Sharon Pappas (2020)	Qualitative study	To address the personal and systems-related factors generating from the work environment to achieve well-being among all clinicians.	Revised toolkit
The effects of authentic leadership, six areas of worklife, and occupational coping self-efficacy on new graduate nurses' burnout and mental health: A cross-sectional study	Heather K. Spence Laschinger, Laura Borgogni, Chiara Consiglio , Emily Read (2015)	Cross-sectional study	To investigate a model connecting proper leadership, areas of work life, occupational coping self-efficacy, burnout, and mental health among new graduate nurses. As well as the plausibility of the notion that interpersonal struggle at work as a cause of burnout.	Registered nurses who worked for 3 years or less in direct patient care in acute care settings were chosen from 10 provincial registry databases in Canada. 1009 out of 3743 surveyed new graduate nurses were included.
Self-care strategies to combat burnout among pediatric	Holly Wei, Hadley Kifner, Melanie E. Dawes,	Qualitative descriptive study	To determine perceptions of self-care strategies to battle against professional burnout in nurses and physicians in pediatric critical care settings.	20 participants consisting full-time nurses and physicians in the 2 units of a 20-bed pediatric ICU and an 8-bed intermediate care

critical care nurses and physicians	Trent L. Wei, Jenny M. Boyd (2020)			unit of a children's hospital in the United States.
The MINDBODYSTRONG Intervention for New Nurse Residents: 6-Month Effects on Mental Health Outcomes, Healthy Lifestyle Behaviors, and Job Satisfaction	Marlene Sampson, Bernadette Mazurek Melnyk, Jacqueline Hoying (2020)	Qualitative study	To investigate the 6-month effects of the MINDBODYSTRONG for Healthcare Professionals program on the mental health, healthy lifestyle behaviors, and job satisfaction of NLRNs participating in a nurse residency program.	A two-group randomized controlled trial with 89 NLRNs at a Midwestern academic medical center
A scoping review exploring how the conceptualisation of resilience in nursing influences interventions aimed at increasing resilience	Gemma Stacey, Grace Cook (2019)	Scoping review	To conduct a scoping review exploring how conceptualizations of resilience influence educational interventions designed to increase resilience in nurses and nursing students.	There was the use of quantitative data, qualitative data, five articles used mixed-methods approaches, mostly quantitative with a course evaluation. 7 studies were done in a control group, as the rest collected data within groups, and seven were identified as pilot studies. Most of the studies had a small number of participants, between 13 to 174. 10 studies showed that majority of their participants were female.
Organizational Supports for Nurse Managers in a North	Janelle Cave, Noelle Rohatinsky,	A Scoping Review	To investigate which organizational supports are currently in place to support NMs and highlight gaps.	N=24 were included in this study. From the US (n = 19) and Canada (n = 5)

American Context: A Scoping Review	Lois Berry (2023)			
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Appendix 2: The MINDBODYSTRONG Intervention for New Nurse Residents: 6-Month Effects

