

**Burnout in New Nurses: Causes, Recommendations, and Barriers to Success**

by

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### **Abstract**

The incidence of burnout has become increasingly prevalent in nursing and frequently cited as a primary reason for the departure of nurses from the profession. The retention of nurses within a facility as well as in the profession as a whole is a necessity to maintain adequate patient care and functionality of healthcare organizations. Several reasons nurses may experience burnout have been defined in *Causes* and have been determined to revolve around Maslow's hierarchy of needs. The defined causes are related to physical needs, safety and violence, psychological needs, and work environment. In *Levels of Prevention*, several recommendations to help decrease burnout and make the transition easier on new nurses have been defined and separated into primary, secondary, and tertiary levels. They include measures that can be taken to prevent the development of burnout altogether, reduce the damage burnout causes, and means to prevent burnout from reaching the ultimate degree of causing new nurses to leave the profession as a whole. *Implications for Practice* discusses barriers to those recommendations, as well as a discussion of implications of the research for current nurses.

## **Introduction**

The frequency of newly graduated nurses leaving their facilities and the profession as a whole has steadily increased over the years. Statistically, new graduate nurses leave their first professional nursing position within a year at a rate of 15.5%-26.8% (Silvestre et al., 2017). That is about 1 in every 4 new graduate nurses, which is a considerable number in a profession where the provision of health care is constitutional. It is anticipated that these numbers will continue to increase over time without appropriate interventions. With a growing population of unwell individuals and a resulting increasing need for nurses, it is important that the resilience and abundance of new graduate nurses be maintained to guarantee provision of adequate patient care. In this paper, the causes of burnout are identified and evidence-based interventions are recommended to decrease the instances of burnout and engender the retention of new graduate nurses in facilities and within the profession.

## **Background**

### **Definition**

*Compassion fatigue*, interchangeable with the term *burnout*, is defined as the physical, emotional, and psychological impact of helping others, often through experiences of stress or trauma (Crabtree-Nelson et al., 2022). Stress and trauma are encountered on a day-to-day basis in much of the medical field. Oftentimes, healthcare workers are not given time to process the trauma they have faced. For example, a nurse on any given medical floor could have six patients or more for the day. Imagine that the

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nurse has just spent an hour attempting to resuscitate a patient, has watched that patient die, and now has to continue with rounds, pass medications, perform assessments, and deal with any other complications that arise for their other five patients. The nurse still has post-mortem care to perform on the now deceased patient and has not yet had a chance to process what just happened. This is just one example of how fast-paced the medical field is; nurses provide care for one patient to the next, without time to acknowledge one's own emotions.

In contrast, resilience refers to an individual's ability to cope with difficult situations based on coping skills and mental stamina (Crabtree-Nelson, et al., 2022). Across the board, the healthcare work environment is a complex system that includes physical, social, and psychological challenges. Although hospital policies have the goal of providing high-quality care to patients, but these policies are often not directed to conserve or enhance the same aspects within those working in the field. Ideally, a healthy nursing work environment would decrease the factors that may potentially contribute to burnout; conversely, this ideal environment would also increase factors that contribute to resilience thus increasing the retention of healthcare workers (Park and Song, 2022).

### **Population**

To examine the extent of burnout in the medical field, one must determine the population it affects. Although all healthcare workers experience some degree of burnout throughout their careers, this paper will strictly focus on new graduate nurses, typically defined as the six-month to one-year period of transition from student nurse to professional nurse (Feeg, et. al., 2022). To make it through the demands of nursing school and passing the National Council Licensure Examination (NCLEX) only to

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experience burnout and potentially leave a profession that was once worked so hard for leads one to ask, “Why would someone want to give up on what they invested so much in and sacrificed so much for?”

### **Nursing Theory**

Patricia Benner developed a theory known as *from novice to expert* (Wheeler, 2018). This theory explains that nurses develop skills and an understanding of patient care over time from a combination of a strong educational foundation and personal experiences. Recognizing that the process of skill acquisition occurs through experiential learning, Benner identified five levels of development that occur within nursing practice. As nurses progress through the levels of clinical competency, they will gain concrete clinical experience to complement theoretical information learned in nursing school. Although Benner's theory was developed almost three decades ago, it is still relevant today. It is still widely used today in many professional development programs across the nursing field (Wheeler, 2018).

According to Benner's theory, the baccalaureate nursing student is considered to be a novice in every way (Wheeler, 2018). Newly graduated nurses should be considered novices or advanced beginners. The major method healthcare facilities use to address gaps in knowledge of these novice nurses is through a nurse residency program or a formalized orientation program (Al-Dossary, Kitsantas, & Maddox, 2014; Glynn & Silva, 2013; Morphet et al., 2011; Morphet et al., 2016; Murray et al., 2019). Because new graduate nurses are considered novices relative to their experience, one could also conclude that they are novices more susceptible to burnout. This assumption can be made because if a new nurse does not master the novice and advanced beginner levels, they

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cannot gain the confidence and or competence needed to continue advancing to nursing expertise, and due to that dissatisfaction with personal competency they are at an increased risk of leaving the profession (Wheeler, 2018).

### **Causes**

Maslow's hierarchy of needs is a motivational theory in psychology comprising a five-tier model of human needs, often depicted as hierarchical levels within a pyramid. From the bottom of the hierarchy upwards, the needs are physiological, safety, love and belonging needs (friendship), esteem, and self-actualization. Needs lower in the hierarchy must be satisfied before individuals can attend to higher needs (Wahba & Bridwell, 1976). Subsequently, a nurse's needs must be met before they can meet the needs of their patient. If a nurse is not properly taking care of themselves, then they are unable to care for others.

### **Physical Needs**

In a study conducted across 11 hospitals, researchers Shapiro, Duquette, Zangerle, Pearl, and Campbell (2022) evaluated whether novice nurses' intent to leave as compared to experienced nurses and if a difference was found, why might that be. A survey was sent to the 11 different hospitals in Pennsylvania and Rhode Island assessing their well-being based on Maslow's hierarchy of needs. It was revealed that the most basic needs such as nutrition and safety were often unmet or even violated (Shapiro et al., 2022).

In another study by Shapiro et al., (2022), scheduling, bargaining, and magnet status of the specific hospital were examined to see if they were contributing factors. The results showed that the novice nurses do in fact have higher burn out rates than

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experienced nurses. In a study conducted by El-Sharkawy, et al., (2016) researchers measured urine osmolality in 88 physicians and nurses completing 130 consecutive shifts in the United Kingdom and found that roughly 45% of these health professionals were dehydrated after their shifts. Furthermore, in brief testing, dehydration was associated with worsened mood and cognition (El-Sharkawy et al., 2016). This is a prime example of proper hydration and nutrition being necessary for these nurses. As unmet physical needs of the staff ultimately impacts patient care, it is crucial that these staff needs are met to ensure proper patient care (Shapiro et al., 2022).

### **Safety**

Violence against nurses is an international concern and the United States is hardly immune. Physical violence from patients was reported by new graduate nurses as a contributor to the burnout they faced (Shapiro et al., 2022). Keeping in perspective that patients who visit emergency rooms are often mentally and physically unstable due to a sudden illness or accident, emergency medical workers often encounter more threatening situations than those in other departments. Although this study focuses on emergency nurses, violence can potentially be seen in all patient care settings in the hospital. This article states that “patients and caregivers are the main perpetrators of violence in medical institutions, and medical institution workers have experienced 69.2% and 13% of verbal abuse and assault, respectively” (Park & Song, 2022). The study found that resilience and coping with the violence increases with both age and clinical experience.

A disproportionate number of violent episodes are experienced by young nurses, which demands greater attention (Park and Song, 2022). While no nurse should be subject to physical violence, new graduate nurses may be more likely to be assigned to

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more difficult patients, less likely to be prepared for predictors of violence, and more vulnerable because of their sheer inexperience in de-escalating situations (Park and Song, 2022).

### **Psychological**

Dr. Heather Laschinger and co-authors (2018) give a detailed report of the mental and physical health of a group of new graduate nurses in Canada. This article demonstrates why such a great number of nurses experience burnout so early in their professional careers. In addition to highlighting the concerns of new nurses, this article shows why and how new nurses can sustain and push through a difficult career, reiterating the idea of resilience that was mentioned previously. The results attest to the importance of intrapersonal resources, coping mechanisms, and feelings of importance of one's work being the main reasons for why the nurses are able to extend the longevity of their careers (Spence et al., 2018).

In contrast, new nurses who feel unappreciated, abused, or stressed may find that these feelings are detrimental to their well-being and influence their experience as a new nurse towards one of being short-lived. This study is a valid indication of how new graduate nurses experience burnout and manifest such burnout so easily within the healthcare field. This study shows us that new nurses with self-efficacy and coping mechanisms are more likely to have positive outcomes (Spence et al., 2018).

Compassion fatigue has proven to have a huge impact on healthcare workers (Crabtree-Nelson et al., 2022). This study examines compassion satisfaction, compassion fatigue, and burnout in nurses at a large hospital in Texas. The survey revealed low levels of compassion fatigue and burnout and higher levels of compassion satisfaction among



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the nurses due to a number of factors. Hours worked and nursing specialty are depicted as factors in whether the nurses felt themselves experiencing compassion fatigue or compassion satisfaction (Crabtree-Nelson et al., 2022). Nurses with less than 10 years of experience have lower levels of compassion satisfaction and higher levels of burnout than those with over 10 years of experience. Hospitals and other healthcare settings could benefit by taking into consideration factors to prevent compassion fatigue: education, awareness, and self-care. Often, healthcare settings make it hard for nurses to practice effective self-care. The strategies for combating burnout are linked to changing healthcare systems so that nurses are supported. Hospitals may explore alternative work schedules and lower patient loads to prevent compassion fatigue and burnout.

As one may expect, medical professionals treating patients with COVID-19 may be faced with increased levels of stress, along with an increased risk of compassion fatigue (Nishihara et al., 2022). Nishihara (2022) shares a case study that offers an example of a physician battling severe burnout. The case study involved an attending physician treating severe COVID-19 cases who felt extreme psychological difficulty and suffered from compassion fatigue presented with high levels of anxiety and insomnia due to her poor patient outcomes. After encouragement from the hospital staff and undergoing psychotherapy for her compassion fatigue, she recovered and was able to return to work. In conclusion, the physician experienced a negative impact on her mental health due to the status of her patients (Nishihara et al., 2022). Excessively empathic engagement in the care of patients who do not survive and their relatives provides high risk for compassion fatigue (Nishihara et al., 2022). If a physician who provides less direct care to a patient experiences this level of burnout, the level of burnout that can be

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expected from nurses should be exponentially higher. The stress-related distress of healthcare workers should be widely recognized in order to improve support systems for them.

The annual National Student Nurses' Association (NSNA) New Graduate Survey is distributed each year following spring and summer semester graduations to gather data on new graduate nurses entering the workforce (Silvestre et al., 2017). The survey provides data regarding the transition of student nurse to professional nurse. It asks questions about their job search, their reasons for choosing to be a nurse, stresses, and how prepared they feel, as well as whether they experienced stress or fatigue in the beginning of their careers. If these student nurses are not prepared and feel as if they are stressed or fatigue early on in their careers, they may be at an increased risk for burnout as a new graduate nurse. The sample comes from all 50 states and multiple territories, and data from the past 12 years regarding workforce trends, student debt, and future career aspirations are analyzed. The 2021 survey included additional questions related to changes in schools and hospitals that resulted from the COVID-19 pandemic, looking specifically at how the student nurse's education was affected.

A multisite study done by Silvestre and colleagues (2017) provides the statistic that new graduate nurses who leave their first professional nursing position within a year is 15.5-26.8% (Silvestre et al., 2017). This rapid turnover among new graduate nurses has been proven to be associated with high levels of stress, showing that there is a negative correlation between stress and intent to leave the field. Although some new graduate nurses effectively adapt to their work during this period, others may experience significant strain, anxiety, and psychological distress. These experiences, first dubbed

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“reality shock” by Kramer (1975, p. 891), and later on named “transition shock” by Duchscher (2009, p. 1,104) are commonly present in new graduate nurses due to major lack of adjustment from an academic environment to a work environment.

Approximately half of the respondents in the *Critical Care Nurse Burnout, Moral Distress, and Mental Health During the COVID-19 Pandemic* survey reported symptoms of moderate to severe depression or anxiety, along with an additional half of respondents reporting that they were at risk for post-traumatic stress disorder. They also stated that the “lack of perceived support from staff” (p. 131-132) contributed to their negative feelings (Guttormson, et. al., 2022).

### **Unit Environment and Culture**

Another recent reason for nurse burnout is shown to us through the COVID-19 pandemic. The pandemic had, and will continue to have, a huge impact on nurses’ mental health due to the amount of change that it brought healthcare. A survey was sent to ICU nurses between the months October 2020 and January 2021 to assess their experience with the pandemic. Of the respondents, two thirds reported experiencing a shortage of personal protective equipment. The survey showed that a shortage of personal protective equipment (PPE) was “associated with higher levels of burnout, moral distress, and PTSD symptoms” (Guttormson, et al., 2022, p. 131-132).

Although the critical care setting is where the majority of the strain was felt, the strain brought on by COVID-19 was not just on critical care nurses but other nursing specialties as well. COVID-19 patients had a higher severity of illness with higher mortality rates, increasing the strain on critical care nurses. Nurses also reported feeling an increased level of fear regarding their personal safety, the majority of which was fear

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of infecting oneself or family members with COVID-19. The higher acuity of infected patients paired with lack of resources increases the risk of both moral distress and burnout. Although the COVID-19 is considered to most as being over, it is an example of how unpredictable the healthcare field is and how it will continue to evolve throughout the extent of not only a nurse's career, but through their lifetimes. As nurses, one agrees to care for a multitude of patients, but often may not know what that looks like. The COVID-19 pandemic is just one example among many unforeseen types of illnesses for which nurses may provide care; the H1N1 influenza virus of 2009, the zika virus, and malaria being other examples.

The NSNA annual survey offers further reasons nurses may leave the profession. The NSNA annual survey consisted of 72 survey items that included a ranking on confidence ('How confident do you or did you feel in your ability to practice when looking for a job?' from 'Not Confident at All' to 'Extremely Confident'), as well as a measure of stresses in the workplace used over the past several years developed by Mahler (2017). Responses from the new graduate nurses on the 18 individual stress items were calculated and ordered to determine the most stressful items and those that were not stressful in their new professional practice (Guttormson, et al., 2022, p. 131-132). The top three ranked "very stressful" items included emergency clinical situations, shift workload and responsibilities, and unit staffing ratios. These factors deemed the top three most stressful aspects of nursing are all things that the nurses could have been better prepared for (Feeg et al., 2022).

### **Levels of Prevention**

In the medical field, preventative measures can be taken to avoid a problem or illness, or to slow or stop the progression of an already existent problem or illness; these are called levels of prevention (Porta, Miquel, 2018). Although these levels are often used in reference to preventing diseases, they can also be used in the discussion of preventing burnout, as the prevention of burnout is a promotion of health. There are three levels of prevention: primary, secondary, and tertiary.

Primary prevention consists of intervening before the negative effects or actual problem occurs. In healthcare, this would entail preventative measures such as vaccinations, altering behavior that may contribute as risk factors, or cutting out substances such as drugs and alcohol that may cause issues down the road. For example, to prevent diabetes incorporating primary prevention, one could modify their diet and implement exercise into their daily routine before secondary prevention is ever needed.

Secondary prevention is considered as identifying the disease in its earliest stages, before signs and symptoms are apparent. Examples of such include health screenings: pap smears, mammograms, and routine blood pressure screenings. Secondary prevention for diabetes may consist of blood glucose screenings.

The last level is tertiary prevention. During tertiary prevention, the primary focus is managing the disease post-diagnosis and slowing disease progression. This may consist of interventions such as chemotherapy, rehabilitation, and potential screening for complications. Tertiary prevention for diabetes may require pharmacologic therapy and extreme lifestyle modification.

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### **Primary**

Janet Alexis De Los Santos, Leodoro Labrauge, and Charlie Falguera (2022) believe that prevention of burnout starts in nursing school, so nursing students subsequently became part of the target population for burnout prevention. They tell us that a variety of studies have determined that students in nursing programs are generally more stressed than students in other programs. The nursing student's stress stems from a variety of reasons ranging from may come from the course requirement to clinical placements and personal expectations. De Los Santos et al., (2022) state that "health professionals, especially nurses who tend to patients at the bedside or even in the community setting, experience immense fear, which affects their psychological and emotional dispositions; the same is true among nursing students" (p. 73-74).

Additionally, the pandemic has proven to be a huge influence on nursing students' mental states due to the "the rapidly changing protocols, lack of established treatment, issues in the lack of PPEs, physical and emotional burden, health worker discrimination, as well as the increasing number of infection and death of nurses in the frontline may cause anxiety to a nursing student, especially when they are in their primary years" (p.75). The study determined that teachers have a vital role to play in implementing conscientious and supportive teaching strategies for learning while safeguarding their students' mental and psychological health. If these strategies to ensure proper mental health are taken in nursing school, a foundation is laid for these young nurses to build on and take care of themselves in the future.

To prevent burnout, nurses must develop resilience. Resilience is an important factor of nursing that must be developed in nursing school. Nursing faculty need to

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continue to cultivate this trait in all levels of the nursing program. The stressful and varying environment of nursing requires nurses with enough resilience to perform patient care correctly, efficiently, and safely. With future projections of the nursing shortage increasing, lack of resilience in the nursing student population will add to these shortages.

Several recommendations for nursing faculty and nursing education have been identified. The 2016 study performed by Froneman et al., sought to increase knowledge on factors of resilience as well as discover the possible relationship between students and perceived support from faculty and the effect it has on resilience in undergraduate nursing students. The findings of this research provide evidence that there is in fact a positive relationship between resilience and students' perceived faculty support. Several themes were identified from the data. The primary theme of encouragement was obtained from many of the students, showing us that encouragement from the faculty motivated students. For some, this motivation was just enough to improve academically and for some students it meant the difference of continuing in the nursing program. Other positive themes found included accessibility, flexibility, counseling, support, and pedagogy. Often, this motivation is not continued as nurses transition into their professional careers. These new graduate nurses will need to rely on their own intrinsic motivation rather than the external motivation they have previously received.

The most frequent theme found was encouragement. 75% of students agreed or even strongly agreed that faculty encouraged them to ask questions, thus improving their learning (Froneman et al., 2016). Most often, learning took place in an environment that students found to be caring, supportive, understanding and compassionate. Several of the students stated that the faculty members were helpful when they needed assistance or

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motivation in the classroom, clinical setting, or as an advisor. Regarding the classroom, one student stated that they passed because of the faculty member's encouragement.

When presented with a motivating learning environment, burnout is often prevented.

There are several ways that the incidence of burnout can be decreased. Because nurses leave the profession due to physical and safety needs, as well as the work environment, it is crucial that these needs are met. It is recommended that self-care is modeled to new nurses with habits including hydration and adequate nutrition. The second recommendation, which targets the work environment, is to consider limiting new nurses to eight-hour shifts and gradually transitioning them to twelve-hour shifts, as well as limiting the percentage of new nurses on any shift. It is also encouraged that new nurses meet with their supervisors weekly to discuss any concerns they have and to serve as a safe space to voice any concerns. Another practice that could be implemented to decrease the prevalence of new nurse burnout is limiting the number of patients assigned to new nurses. This will allow for new nurses to adjust to the responsibility of caring for patients on their own and ultimately will allow for a gradual increase in responsibility that will not leave the new nurse as overwhelmed (Shapiro et al., 2022). For example, the new nurse's orientation might start with the nurse being the primary caretaker for solely one patient and gradually increasing to a full patient load.

It could also be beneficial to assign experienced and willing nurses to be mentors to new graduate nurses and provide encouragement to them for a period of time after orientation and before they are free to practice on their own. This intervention will provide new nurses with a resource they may not have sought out and allow them to ease into confidently caring for their patients unassisted. Additionally, new graduate nurse



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residency programs have been developed at many hospitals with the goals of increasing patient safety, promoting clinical competency, improving job satisfaction, and reducing turnover among this population of nurses. In a recent study among hospitals, about 50% of the responding hospitals reported having a nurse residency program (Barnett et. al., 2014). Integration of knowledge and application of nursing skills to develop clinical judgment has proven to be a need for continued post-graduation transitioning programs in the workplace. A significant relationship between mentoring and transition to practice, professional development, and stress management was found throughout this study, particularly when new graduates received one-to-one mentoring rather than attending group classes or sessions. However, more research is required to determine optimal ratios of mentors to mentees as well as the ideal frequency of contact for maximizing success during this time period for the new nurse.

To reduce emergency nurses' turnover intentions, it may be necessary to conduct resilience programs for them. In addition, safety measures that prevent violence at the organizational level and improve nursing managers' abilities, leadership, and support for nurses can reduce nurses' intention to leave (Park & Song, 2022) This may include the teaching young nurses how to anticipate, de-escalate, and seek assistance to avoid potentially physically violent episodes. This curriculum could potentially be taught in nursing programs. Schools of nursing might consider teaching these strategies or even having simulations of a violent patient where learning can take place in a safe environment.

Depending on the department in which a new graduate nurse begins working, it is likely that they will experience violence or a combative patient within their first few

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months of working, possibly even before experiencing their first code (Park & Song, 2022). The lack of preparation for this event combined with the severity of the incident may overwhelm the new graduate nurse and play a role in the development of burnout. There is good reason to believe that, if a nursing student could be prepared to properly manage an aggressive or combative patient and one's own response, the effect combative patients may have on them may be less detrimental. While every nursing student's clinical experience is different, one may have experienced or observed a combative patient before entering practice while many others may have never received the same exposure before practice.

### **Secondary**

After beginning a job as a newly graduated registered nurse, the work environment may cause the nurse to experience some form of culture shock. Even the hundreds of clinical hours worked as a nursing student may not be enough preparation for the new graduate's transition to clinical practice. As this stress is essentially inevitable, there are ways to minimize the damage it causes to the new graduate nurse's mental and physical well-being by early identification and early intervention.

One way to prevent the further deterioration of the new graduate nurse's mental and physical exhaustion was discussed in *Predictors of new graduate nurses' health over the first 4 years of practice*. It was stated that coping capabilities may help to reduce the effects that negative work experiences can have on nurses. The article recommends cognitive behavioral therapy to improve personal coping skills. If a nurse is able to successfully cope and deal with negative or stressful situations, then they have the potential to lessen the likelihood of a buildup of unresolved stress resulting in burnout, so

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receiving counseling or therapy to acquire those skills could be beneficial to the nurse in their career. It was also found useful by Guttormson et al., (2022) that having organizations address the need for administrative support could also be helpful in minimizing new graduate nurse burnout.

### **Tertiary**

Although burnout symptoms have already occurred, one could still take the primary preventative measures that were discussed in order to keep burnout from worsening to the point of leaving the nursing profession. For example, nurses on any given unit need to advocate for themselves and ensure they are getting the breaks that they need. If they are feeling burnout on a particular assignment, they could consider going to the charge nurse and requesting assistance or support. Along with speaking to the charge nurse, it was mentioned previously that it is encouraged that new nurses meet with their supervisors weekly to discuss any concerns they have and to serve as a safe space to voice any concerns as a primary measure to prevent burnout (Shapiro, et al., 2022). As a tertiary measure to prevent burnout from getting worse, it is recommended that supervisors continue to meet with their staff frequently. Nurse leaders might even consider implementing an objective way to annually measure and address burnout and related variables across all staff nurses. This could be done with the one-on-one staff meetings or surveys sent out to staff. If meeting with management has proven to be unsuccessful, many hospitals also offer free counseling for employees as a resource to help combat burnout.

If the listed preventative measures are not taken and burnout has already occurred, how can one keep it from worsening? In this case, one could use the extensive options the

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healthcare field presents to their advantage. For example, a nurse working in the Intensive Care Unit (ICU) could begin working in an outpatient surgery center. The healthcare field also presents a variety of different shift options. If one is growing tired of working night shift and it is having a negative impact on their mental health, he or she may consider swapping to day shift. One may also consider swapping from a full-time schedule to a part-time schedule, or even working pro re nata (PRN), which is considered “as needed” and typically allows workers to choose when they would like to work.

### **Implications for Practice: A Discussion**

Although the prevention of nurse burnout is ideal and with the listed recommendations could be reduced, in the real world several hurdles are to be expected. For example, while patient load could be decreased, the nurses could still experience overwhelming days with the few patients that they do receive due to patient-related factors. Another barrier could be noncompliance from more experienced and unwilling nurses. They could be unsupportive of the newer nurses, increasing their desire to leave the profession.

The success of the offered recommendations is ultimately determined by the environment they are placed in, which they are often unable to choose. As discussed in the definition section, ideally, a healthy nursing work environment would decrease the factors that may contribute to burnout; and conversely, this ideal environment would also increase factors that contribute to resilience thus increasing the retention of healthcare workers (Park & Song 2022). The environment is key. For example, nurses can't pick the patients they are assigned or the nurses they work with, both of which can increase the

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prevalence of burnout or development of resilience among newer nurses. In this example, the nurse may have their physical needs met, but still experience burnout. Another barrier that may be encountered is a shortage of staff, which may ultimately leave nurses with too much responsibility at once and unable to perform quality patient-focused care for each patient they have for the day.

Although many of the recommendations that have been discussed are for new graduate nurses, they should be continued to ensure the nurse does not subsequently experience burnout after these interventions are no longer prioritized. These are interventions that the researchers offer as recommendations to be piloted in specific departments and nursing programs.

### **Conclusion**

As discussed, burnout has become a widespread problem in nursing as a whole; however, it has grown increasingly troublesome in new graduate nurses as it can lead to leaving the profession. In order to successfully run a healthcare facility and have appropriate nursing care for patients, nurses need to be retained in the facility and profession.

As burnout was defined, several reasons nurses may experience burnout were also determined, such as physical and safety needs not being met, workplace violence, and the recent COVID-19 pandemic. Recommendations to help decrease burnout and make this transition easier on new nurses were also defined, such as ensuring physical needs are being met, the development of nurse mentorship programs, and scheduling specifications to ensure new nurses are not overwhelmed. Barriers that could prevent the success of the

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offered recommendations are also discussed - ultimately, a nurse cannot choose the environment they are placed in.

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