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Nurse Burnout and the Effects of Coping and Stress Management

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School of Nursing

Chapter One

Description of the Problem

Burnout, which is defined as chronic work-related stress, within the workplace has become an increasingly prevalent issue among employees. Those in the healthcare field have been especially prone to burnout due to the excessive and overwhelming demands required in this field. Among these healthcare personnel at particularly increased risk for burnout are nurses. Nurses are constantly working in stressful workplace settings that demands not only physical strength, but emotional, mental, and spiritual strength as well. Because of these high demands, the nursing profession is at high risk for burnout. High levels of stress and feeling overwhelmed lead to decreased quality in patient care, decreased job satisfaction, and can ultimately cause the nurse's outlook on the nursing profession to become negative or cause diminished passion for the field. As a result of the increasing prevalence of nursing burnout, there is an increased need for intervention to decrease nursing burnout levels.

This research paper will explore six articles that examine burnout and the ways to cope and prevent burnout. This is significant because it will be beneficial for nurses and other healthcare personnel to identify the risk factors and learn about the various ways to manage and prevent burnout. As a result, higher quality of patient care will be delivered and nurses will be able to experience increased job satisfaction and have a more positive outlook on the field of nursing.

After thorough research of literature is conducted, primary research will follow to allow for further analysis and evaluation of the results in order to compare the findings from other studies on nursing burnout.

Research/PICO Question

A PICO question was formulated to guide the research of this paper. The PICO question asks whether nurses who practice stress management have lower levels of burnout compared to nurses who do not practice stress management. In addition to the PICO question, two more research questions were formulated to guide primary research: (1) Is there a correlation between the practice of stress management and coping strategies with decreased burnout in working nursing students? (2) How effective are certain coping mechanisms in decreasing nursing burnout? (Coworker support, exercise/physical activity, family support, positive attitude/optimistic outlook on life, and spirituality/religion).

Chapter Two REVIEW OF LITERATURE AND PRIMARY RESEARCH

This chapter will review literature studying burnout and the various ways and strategies to prevent and manage nursing burnout, followed by primary research to further compare findings from other research studies with primary research. In order to find articles, the researchers utilized sources, such as CINAHL from the McKee Library and the internet (Google Scholar). The keywords used to find articles about the topic were “burnout in nursing” and “stress management and prevention”. Within the years of 2011 to 2016, 1,552 citations were found when using “burnout in nursing”, and 277 citations were found using the words “burnout in nursing with stress management and prevention.” From this list of articles, six articles were chosen that focused on burnout in the field of nursing and the strategic ways on how to cope and manage burnout.

Description of Studies

Article One

Research design. Cañadas-De la Fuente, Vargas, San Luis, Garcia, Cañadas, and De la Fuente (2015) conducted a cross-sectional quantitative research study with a hypothesis stating that nurse burnout is influenced by the risk factors of having certain personality traits, emotional exhaustion, depersonalization, personal accomplishment, and personal variables. The research question asked which risk factors cause nurses to be at higher risk for nurse burnout. The purpose, aim, and goal of this study is to identify the risk factors of burnout in order to be able to prevent or minimize high burnout levels through appropriate intervention.

Sample. A total of 676 nurses were selected to participate in this research study in which 66% of participants were women and the average age was 44.58. All participants selected had Bachelor's degrees and worked as professional nurses who provided partial or total patient care. The participants were selected from various public hospitals and primary healthcare centers under the Andalusian Health Service located in Spain.

Data collection. Participants were given a set of paper questionnaires assessing burnout levels, personality traits, and demographics to be completed in 45 minutes. The tool used to study personality variables was the Revised NEO (Neuroticism, Extraversion, Openness) Personality Inventory (NEO-FFI), which consisted of five dimensions from the Five Factor Theory: neuroticism, extraversion, openness to experience, agreeableness, and conscientiousness. Another tool utilized in this study was the Maslach Burnout Inventory (MBI), consisting of three dimensions: emotional exhaustion (EE), depersonalization (D), and personal accomplishment (PA).

Data analysis. In order to analyze the differences between score averages from the MBI and the NEO Personality Inventory, t-tests and variance analyses were used. When variances could not be determined, the Welch or Brown-Forsythe approaches were conducted. The Games-

Howell test was used to analyze post hoc differences. Several linear regression models were constructed to analyze data and analyses were performed using the Statistical Package for Social Science (SPSS).

Limitations. There were limitations in this study that were considered. First, the design of the research did not allow for the progression of burnout to be analyzed. Also, the sample used was not randomized. However, the size of the sample as well as the various healthcare centers helped to counteract this limitation. In regards to the PICO question, this study revealed the risk factors associated with nurse burnout, which will help to determine the specific interventions and stress management needed to address these factors and ultimately decrease nurse burnout. The PICO question was, “Do nurses, who practice stress management, have less burnout compared to nurses who do not practice stress management?” This study revealed the risk factors and resulting burnout levels of nurses without interventions or stress management and therefore supports the PICO question.

Article Two

Research design. Chang and Chan (2015) conducted a quantitative cross-sectional survey in which participants were given a set of paper questionnaires assessing optimism, burnout, and proactive coping with demographics. The hypothesis of the study was that increased levels of optimism and proactive coping would be associated with decreased levels of burnout. The research question of this study asked whether optimism and proactive coping would aid in decreasing the high level of burnout among nurses. The purpose, aim, and goal of this study was to evaluate the effectiveness of optimism and proactive coping as barriers against burnout.

Sample. The participants in this study consisted of 314 nurses from northern hospitals in Taiwan of which 99.4% were female, held various types of nursing licensure, such as registered nurse or nurse practitioner, and worked on different units and departments in the hospitals, such as the ER or ICU.

Data collection. Participants were given a set of paper questionnaires assessing optimism, burnout, and proactive coping with demographics. The tools were utilized were a revised CLOT-R (Chinese life orientation test) which was a Chinese revision of the LOT-R life orientation test to determine the level of optimism, the Maslach Burnout Inventory (MBI-HSS Chinese version) translated by Su. S.C to determine job burnout, and a proactive coping scale (PCS) to determine proactive coping by measuring personal goals.

Data analysis. Researchers used the SPSS 17.00 with AMOS program to analyze all variables of interest for this study. The statistical results were presented in tables and models for further analysis.

Limitations. As with many research studies, limitations were present in this study. First, the participants in this study were primarily Chinese who lived in Southeast Asia; therefore results may not represent the burnout experiences of nurses from other cultures. Future research studies can improve on increasing generality by having a more diverse population studied. Also, because self-reported measures were used, it is possible that response bias may have existed which could have affected the results. The findings from this research study supports the PICO question formulated which asked whether nurses who practice stress management have lower levels of burnout compared to nurses who do not practices stress management. This research study supports this PICO question because nurses who practiced stress management interventions of proactive coping and optimism showed lower levels of burnout.

Article Three

Research design. Harshbarger, Ashlers-Schmidt, and Lippoldt (2016) conducted a qualitative and quantitative focused group study with the hypothesis that trauma healthcare team members have similar descriptions and experiences regarding compassion fatigue and burnout and similar ways they cope. The research question asks how healthcare workers in trauma perceive stress, what the triggers of stress and burnout are, and how to cope and manage stress. The aim, purpose, and goal of this study was to determine the factors that precipitate stress in the trauma unit and to identify the strategies to cope effectively in order to prevent traumatic stress through the sharing of participants' thoughts and opinions.

Sample. Twelve professionals from Midwestern Level I trauma team participated in this study. The participants had different clinical positions (trauma surgeon, physician assistant, nurse, other), religious affiliation (Protestant/Catholic, other), race (White, Hispanic/Latino), gender (male and female), years of practice, and all were above 18 years of age.

Data Collection. Participants were given a set of paper questionnaires assessing perceptions of stress triggers, coping strategies, and compassion fatigue. Participants also discussed and answered questions based on their experiences in a 1.5-hour focus group led by a trained facilitator while two researchers took notes during the session. Three assessment tools were utilized in this research study. The Holmes-Rahe Life and Stress Inventory was a 43-item questionnaire used to determine how stressful life circumstances and situations caused poor health outcome. The Professional Quality of Life Scales (ProQOL) was utilized to measure the level of compassion satisfaction and compassion fatigue (CF). The last tool used open-ended questions about (1) compassion satisfaction, (2) compassion fatigue, (3) STS - the experiences

that triggers stress, and (4) self-care - the individual's' thoughts and opinions on how to cope with stress.

Data Analysis. Methods of data analysis used were the summarization of data through means (standard deviation) for interval data and frequencies (percentages) for categorical data.

Limitations. Limitations of this study include generality and the possibility of biased answers by the participants. The participants' answers may also not completely or accurately reflect their true feelings, opinions, or perceptions, which can alter the results. The findings partially support the PICO question, which asked whether nurses who practice stress management have lower levels of burnout compared to nurses who do not practice stress management. This research study partially supports this PICO question because nurses were not the only trauma team members studied, but also included a trauma surgeon, physician assistant, and physical therapy and social workers. Although nurses made up the majority of the participants, the inclusion of other trauma team members affected the results.

Article Four

Research design. Davis, Lind, and Sorensen (2013) conducted a quantitative, cross-sectional study with the hypothesis that oncology nurses were at risk for burnout due to certain demographic factors, the amount of support from family and co-workers, and job satisfaction. The research question of this study explored whether certain demographic factors or workplace settings contributed in developing burnout among oncology nurses. The aim, goal, and purpose of this study was to evaluate oncology nurses from different areas of services/workplace settings and identify whether there was a correlation between burnout level and demographic factors, coping strategies, and job satisfaction.

Sample. A total of 74 oncology nurses from St. Luke's Health System in southwest Idaho participated in this study. All participants worked full-time, had more than six months of working experience in the oncology unit, and worked in various departments, including inpatient, outpatient, adult, and pediatrics.

Data Collection. Participants were given 3 sets of paper-and-pencil questionnaires assessing job satisfaction and retention, burnout, and demographics. The demographic data questionnaire assessed how nurses cope with stress at work by assessing religious beliefs, amount of exercise, spirituality, support from family and co-workers, education, and other general demographic information. The second questionnaire was the Nursing Satisfaction and Retention Survey, which assessed the reasons why nurses would stay or leave their current position and how satisfied they were with their job. The last questionnaire was the Maslach Burnout Inventory (MBI) to measure the level of burnout of the nurses.

Data Analysis. SPSS, version 16.0, was utilized to analyze the data collected from this study. Chi-square tests were also used to evaluate the relationships of the three Maslach subscales and the nurses' care settings, and independent sample t-tests were used to evaluate the mean scores of the Maslach subscales.

Limitations. The limitations of this study involved limited generality of the findings because it assessed a small sample size of oncology nurses in the northwest region of the United States, which may not be applicable to nurses globally. Secondly, the hospital the study was conducted was a Magnet-status organization, which may have altered the development of burnout among oncology nurses. Lastly, the Nursing Satisfaction and Retention Survey did not go through reliability and validity testing, which required caution during interpretation. Although limitations were present, the findings of the study revealed that oncology nurses who utilized

spirituality and had strong connections with peers had a decreased level of burnout, which supports the PICO question.

Article Five

Research design. Mohamed (2016) conducted a quantitative, cross-sectional study in which participants received a set of paper questionnaires to be completed. The hypothesis of the study was that there was a direct relationship between managerial coping strategies and decreased nurses' role overload and burnout. The research question of this study sought to explore whether there is a correlation between managerial coping strategies and decreased levels of nurse role overload and burnout. The purpose, aim, and goal of this study was to investigate the relationship between nurses' role overload, burnout and the utilization of managerial coping strategies in order to determine effective nurse burnout management.

Sample. A total of 100 ICU nurses from Assiut University Hospital participated in this study. Each participant worked at one of the four intensive care units of the hospital, which included Causality ICU, General ICU, Postoperative ICU, and the Coronary Care Unit. Of the participants, 79% were 30 years of age or less, 14% were between the ages of 30-35, and 7% were over 35 years of age. Two percent were male and 98% were female, and approximately half of the participants were single and the other half married.

Data Collection. Participants were given a set of paper questionnaires assessing role overload, managerial coping strategies, burnout, and demographics. Four assessment tools were utilized in this research study. The first tool was a socio-demographic data sheet which asked participants for information regarding age, gender, unit employed, marital status, educational background, and years of experience. The second tool was the Role Overload questionnaire which assessed levels of role overload and the factors involved. The third tool was the Chan

Managerial Coping Strategies questionnaire in which 29 items were categorized into four factors: rational problem solving, resigned distancing, support/ventilation, and passive wishful thinking.

The last tool was the Maslach Burnout Inventory which assessed the participants' burnout levels.

Data Analysis. Data entry and statistical analysis were completed using the SPSS 16.0 statistical software. Data was presented using descriptive statistics. The Pearson correlation analysis was used to assess relationships among quantitative variables and the Spearman rank correlation was used for ranked variables.

Limitations. Limitations of this research study include limited generality due to the study being conducted in Egypt. Future research studies may increase generality by including more diversity within the sample studied. Furthermore, biased answers from the participants may have also been present in the study, which may have affected the results. The findings from this research study supports the PICO question which asked whether nurses who practice stress management have lower levels of burnout compared to nurses who do not practices stress management. This study supports this PICO question because nurses who utilized managerial coping strategies were found to have lower levels of burnout and role overload as compared to nurses who did not use these coping strategies.

Article Six

Research design. Alexander, Rollings, Walker, Wong, and Pennings (2015) conducted research using an experimental study design in which a randomized controlled trial was carried out for eight weeks. The hypothesis of the study was that nurses who practiced yoga would have decreased burnout as compared to nurses who did not do yoga for coping with or preventing burnout. The research question asked if there was a correlation with nurses who do yoga and decreased burnout. The purpose, aim, and goal of this study was to identify whether yoga was

beneficial for preventing or decreasing nurse burnout and the effectiveness of this type of coping strategy.

Sample. Forty nurses from an urban 560-bed teaching hospital participated in this research study. Nurses who met the eligibility criteria during the recruitment process participated, and of these participants, one was male and 39 were female, and the average age was 46.38.

Data Collection. Participants completed paper assessments at the beginning and end of the 8-week intervention period. The assessment tools used were a demographic questionnaire, the Health Promoting Lifestyle Profile II (HPLP II), the Freiburg Mindfulness Inventory (FMI), and the Maslach Burnout Inventory (MBI). The HPLP II measured the frequency of behaviors that promote health and well-being, the FMI measured the participants' perceptions of curiosity, mental openness, and acceptance, and the MBI measured professional burnout across three domains: (1) emotional exhaustion, (2) depersonalization, and (3) personal accomplishment.

Data Analysis. Data was analyzed using the Statistical Package for the Social Sciences (SPSS Version 20). Repeated measures of multivariate analysis of variance (MANOVA) was conducted, as well as univariate ANOVAs to interpret significant interactions.

Limitations. Limitations of this research study included reliance on self-report measures, which may have led to biased answers and altered results, lack of an active control group, and the small sample size, which decreases generality. The findings from this study support the formulated PICO question and apply to the population of interest because yoga was found to have a positive correlation between nurses who did yoga and decreased burnout, thus indicating the potential of yoga as an effective coping and preventative mechanism against nurse burnout.

PRIMARY RESEARCH

Research Design. A mixed methods design was conducted using quantitative study in which an online survey using the Likert scale was used, and qualitative study in which a descriptive online survey was utilized.

Sample. The sample consisted of 32 working nursing students (N = 32). Students enrolled in classes at Southern Adventist University (Southern) participated in the study. The student participants ranged from: BSN, MSN, and DNP - School of Nursing BSN (n = 6), MSN (n = 25), and DNP (n = 1). Nursing baseline burnout levels consisted of the following percentages of the total sample: never burned out: 3.1%, rarely burned out: 3.1%, occasionally burned out: 37.5%, frequently burned out: 37.5%, and very frequently burned out: 18.8%.

Data Collection. Institutional Review Board (IRB) approval was obtained from Southern Adventist University. An online survey was created using Google Forms. Informed consent was obtained in question #1 of the survey. Students were given opportunities to participate in the quantitative/qualitative online surveys. They utilized smart phones, iPads, and laptop computers to participate in the online survey. Following completion of the surveys, the data was analyzed using bar graphs and pie graphs to analyze percentages.

Limitations. Limitations of this research study included reliance on self-report measures, which may have led to biased answers and altered results, and the small sample size, which decreases generality.

Chapter Three FINDINGS

After reviewing literature, it was revealed that demographic variables play a role in the development of burnout such as age, gender, marital status, and level of education. Furthermore, personality traits, the work environment, social support, and work experience also contributed to burnout (Cañadas-De la Fuente, Vargas, San Luis, Garcia, Cañadas, & De la Fuente, 2015).

However, despite the factors that contribute to burnout, practicing effective stress management and coping strategies was shown to lower burnout levels among nurses.

One of the strategies shown to manage stress and burnout include having a positive attitude and being proactive. Those who are optimistic have a more positive perspective in life and are more motivated to overcome the obstacles they face, which revealed decreased levels of burnout (Chang & Chuang, 2015). Furthermore, nurses who had support from family and colleagues, who had a strong social network, and who used spirituality as coping mechanisms were linked to decreased emotional exhaustion and depersonalization, which ultimately led to decreased levels of burnout (Davis, Lind, & Sorensen, 2013).

Aside from establishing a positive attitude and strong connections with peers, nurses who engaged in activities they found enjoyable aided in managing their stress. These activities included performing physical activities such as running on a treadmill, having alone and peaceful time (Harshbarger, Ashlers-Schmidt, and Lippoldt, 2016), and executing activities that help promote health – the physical, mental, and spiritual aspects of well-being – such as yoga. Yoga was shown to teach individuals how to observe themselves and to become more aware and conscious with not only with their physical actions, but also with their internal thoughts and beliefs (Alexander, Rollings, Walker, Wong, & Pennings, 2015). This mind-body strategy displayed an impact in improving the physical and mental function of the individuals, which caused the reduction of burnout level among nurses who used this as an intervention to manage stress.

Quantitative findings from primary research found a strong correlation between stress management and a decrease in burnout levels through the practice of the following coping mechanisms: coworker support, exercise/physical activity, family support, positive

attitude/optimistic outlook on life, and spirituality/religion. Participants were asked, “How often do you partake in the following coping mechanisms?” The following results were found in

Figure 1:

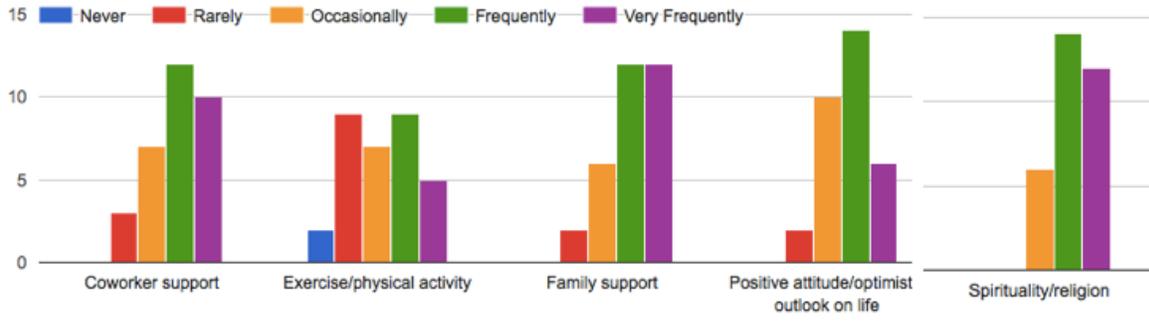


Figure 1

Furthermore, 93.8% of participants believed coping and stress management is important/very important in minimizing burnout, and an average of 79% practiced coping mechanisms of coworker support, exercise/physical activity, family support, positive attitude/optimistic outlook on life, and spirituality/religion. The following results were found in Figure 2 when participants were asked how important they believe coping and stress management are in minimizing burnout:

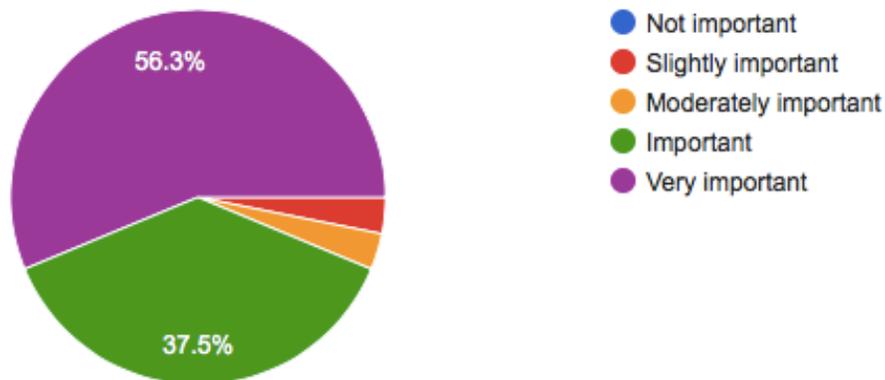


Figure 2

Significant findings showed a strong correlation between stress management and a decrease in burnout levels in which an average of 88% of participants have had decreased burnout levels contributed by coping strategies. Particularly, spirituality/religion and positive attitude/optimistic outlook on life showed strong correlation in decreasing burnout among the participants as seen in Figure 3:

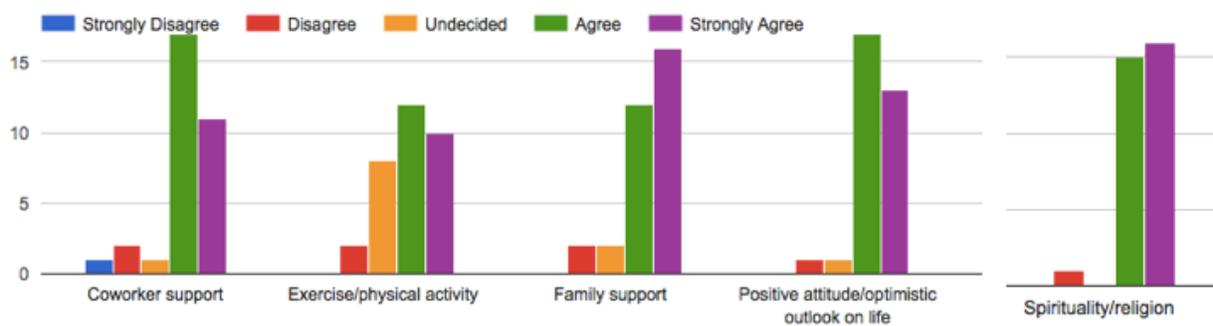


Figure 3

Qualitative findings showed common answers when participants were asked, “What are other things you do to decrease stress?” Common findings include yoga and massages, time with family and friends, and healthy diet/lifestyle contributed to the participants’ decrease in stress.

Chapter Four UTILIZATION OF RESEARCH

Recommendations/Implications

The review of several research articles revealed that the practice of coping strategies and stress management can significantly decrease levels of burnout among nurses. Due to these findings, there are several recommendations and implications for hospital policy involving coping and stress management. Cañadas-De la Fuente et al., (2015) revealed the risk factors associated with nurse burnout. Certain personality traits and health care settings were the main

risk factors of burnout syndrome in addition to the type of nursing field and work shift selected. The implications from these findings for hospital policy indicate that during the application or interview process, personality should be assessed to determine whether the nurse is at risk for burnout before beginning work. Furthermore, working conditions such as nurse-patient ratio, shift hours and role strain/overload should be improved in order to effectively prevent burnout. Current healthcare settings do not assess for the risk for burnout before beginning work as a nurse, however, working conditions such as nurse-patient ratio and role overload are presently being improved to minimize burnout and promote better care and patient outcomes.

Chang and Chan (2015) found that nurses who practice optimism and proactive coping behaviors such as organization, goal-setting, and planning had lower levels of burnout. The implications from these findings indicate that hospital policy should provide teaching sessions about how to increase optimism and strengthen proactive coping behaviors. This differs from the current healthcare setting because these services or information is not implemented or provided.

Berg et al., (2016) studied and identified coping strategies recommended for trauma programs, which involves nurses. These recommendations included the following: (1) Acknowledge and accept the expected reality of compassion fatigue and burnout, (2) educate how to recognize symptoms of compassion fatigue and burnout, (3) portray professional coping skills as a team and promote social support and positive relationships, and (4) engage healthcare team in discussions about coping and make it part of regularly scheduled meetings. These recommendations are partially implemented in the current healthcare setting such as promoting social support, however, not all recommendations are implemented.

Davis, Lind, and Sorensen (2013) revealed that the social context within the work environment plays a significant role in burnout, specifically in the areas of emotional exhaustion

and depersonalization. Recommendations from this study indicate that hospital policy should implement organizational strategies to enhance coworker relationships, promote discussion of stressful situations among nurses, and share stress management strategies. These recommendations are partially similar with what is currently practiced in the healthcare setting such as encouraging the discussion of stressful situations, however, more can be done with hospital policy to include the other recommendations from this study.

In Mohamed's (2016) study, findings revealed that the implications for hospital policy should include the education and promotion of managerial coping strategies for nurses such as seeking support/ventilation, resigned distancing, problem solving, and passive wishful thinking to manage burnout and role overload. This may be done through the development of a training program on managerial coping strategies. These recommendations differ from current healthcare practice because a formal training program has not been implemented.

Recommendations from the Alexander et al., (2015) study for hospital policy suggested that due to the potential benefits and minimal risks of offering a gentle yoga program, hospitals may find a return on investment through enhanced employee outcomes, leading to improved patient care and patient outcomes. This recommendation differs from current healthcare practice because a gentle yoga program has not been implemented.

Recommendations from primary research for hospital policy include the emphasis of practicing coworker support and positive attitude/environment within the hospital and the practice of exercise/physical activity, family support, and spirituality/religion outside hospital policy.

Application to Practice

Applying the findings from these research studies into practice is important because due to the growing prevalence of burnout in nursing, knowing how to effectively reduce burnout levels will allow nurses to provide better care, improve patient outcomes, and feel an increased level of job satisfaction. These findings can be applied to the personal practice setting in which nursing management should strive to promote a positive work environment, optimistic attitudes, and proactive coping behaviors by being involved with assisting nurses, setting a positive example, and making an effort to reach out and receive feedback from nurses on possible improvements. Furthermore, education of coping strategies through training programs would allow nurses to become knowledgeable on effective methods of stress management, thus paving the way for a more positive nursing experience for both the nurse and the patient.

Further Research

Future studies noted by Alexander et al., (2015) include the conduction of a longitudinal research design so that the long-term benefits of yoga may be investigated in terms of burnout among nurses and other health professionals. Mohamed (2016) suggested the investigation of the relationship between personality traits and burnout among ICU nurses. Further research recommended by Davis, Lind, and Sorensen (2013) include the consideration of how a Magnet status hospital influences burnout among oncology nurses with relation to the work environment and job satisfaction. Chang and Chan (2015) also noted the use of a longitudinal research design for future studies investigating optimism and proactive coping with burnout in order to examine long-term effects, as well as using more objective tools of measurement in data collection to minimize biased data.

Chapter Five DISCUSSION/CONCLUSION

Previous study was conducted by analyzing various research to examine burnout and how

coping and stress management effects burnout levels. It was found that the practice of coping strategies and stress management can significantly decrease levels of burnout among nurses. This research was taken a step further by conducting primary research in order to determine whether working nursing students are actively participating in coping mechanisms, the frequency, their perceptions on the importance of coping and stress management, and whether coping and stress management has contributed to a decrease in their stress and burnout levels. After analyzing the results, 93.8% of participants believed coping and stress management is important/very important in minimizing burnout, and an average of 79% practiced coping mechanisms of coworker support, exercise/physical activity, family support, positive attitude/optimistic outlook on life, and spirituality/religion. There was a strong correlation between stress management and a decrease in burnout levels in which an average of 88% of participants have had decreased burnout levels contributed by coping strategies. Primary research supported the findings from the initial research study, which gives further evidence that coping and stress management is important and effective in minimizing burnout levels.

The level of burnout among nurses has become a widespread issue in the medical field which continues to increase tremendously. Those in the nursing field are at risk for developing emotional exhaustion and decreased personal accomplishment. As a result, interpersonal relationships, job satisfaction, and the quality of patient care are negatively affected by burnout. Awareness of the signs and variables that contribute to the development of burnout are important in managing and coping with this condition.

The research question of whether nurses who practice stress management decreases the level of burnout as compared to nurses who do not practice stress management was supported by the six articles that were reviewed. Findings revealed that nurses who perform activities to

manage stress have decreased emotional exhaustion, depersonalization, and burnout.

Furthermore, engaging one's self in stress management and coping activities increases personal accomplishment and job satisfaction.

This concludes that nurses who practice stress management and coping strategies from the implementation of hospitals' training and education programs on burnout, as well as creating a work environment that reduces stress and promotes proactivity, will enhance a positive perspective and attitude despite stressful situations, which ultimately reduces burnout. As a result, higher quality of patient care will be delivered and nurses will be able to experience increased job satisfaction and have a more positive outlook on the field of nursing.

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