

**BURNOUT AMONG NURSES: CAUSES, EFFECTS, AND PREVENTIVE MEASURES**

**Saleha Abdullah Abdo faqihi<sup>1</sup>, Aminah Mohammed Al Qahtani<sup>2</sup>, Fatimah Taher Saeed masoud<sup>3</sup>, Sheha Hawis Ibrahim <sup>4</sup>, Hayat Saad AL zahrani<sup>5</sup>, Rahmah Ibrahim Alshehri<sup>6</sup>, Jawaher Fahad Alqhtani<sup>7</sup>, Tala Hassan Ali Alshehry<sup>8</sup>, Sultan Saad Abdullah Alyabis<sup>9</sup>, Bander saleh alhakbani<sup>10</sup>**

1. Nurse, Prince Sultan Health Centre, Saudi, Arabia, Sfaqihi@moh.gov.sa.
2. Nursing specialist, Prince sultan bin abdulaziz primary health care center, Saudi Arabia, Aalqahtani284@moh.gov.sa.
3. Nurse, Markaz Zahrat Al Bdye, Saudi Arabia, fmsaud@moh.gov.sa
4. Nurse, Prince sultan bin abdulaziz, Saudi Arabia, ssaeid@moh.gov.sa
5. Nurse, Prince sultan bin abdulaziz, Saudi Arabia, Hayarsa@moh.gov.sa
6. Nurse, Prince sultan bin abdulaziz, Saudi Arabia, [rialshahri@moh.gov.sa](mailto:rialshahri@moh.gov.sa)
7. Nurse, Alshifa, Saudi Arabia, jfalqhtani@moh.gov.sa
8. Nurse, Bariq, Saudi Arabia, talaaa@moh.gov.sa
9. Nurse, Riyadh third health cluster, Saudi Arabia, Salyabis@moh.gov.sa
10. Nurse, Riyadh Third Health Cluser, Saudi Arabia, [balhagbani@moh.gov.sa](mailto:balhagbani@moh.gov.sa)
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**Abstract**

Burnout among nurses is a pervasive issue characterized by emotional exhaustion, depersonalization, and a reduced sense of personal accomplishment. It arises from a combination of factors, including excessive workloads, emotional labor, insufficient staffing, workplace bullying, and work-family conflicts. These stressors, compounded by the demanding nature of the nursing profession, lead to severe consequences for nurses, patients, and healthcare organizations. Burnout negatively impacts nurses' physical and mental health, reduces the quality of patient care, increases the risk of medical errors, and contributes to high turnover rates, further exacerbating staffing shortages. Addressing burnout requires a comprehensive approach that integrates organizational, individual, and policy-level interventions. Strategies such as adequate staffing, supportive work environments, professional development opportunities, stress management training, and resilience-building programs can mitigate burnout and enhance nurses' well-being. Policymakers also play a crucial role in setting national standards for safe staffing and funding mental health initiatives. Preventing burnout is essential not only for protecting nurses but also for improving patient outcomes, reducing healthcare costs, and ensuring the long-term sustainability of the nursing profession. This paper explores the causes, effects, and preventive measures for burnout among nurses, providing actionable recommendations for individuals, organizations, and policymakers.

**Introduction**

Burnout is a psychological syndrome characterized by emotional exhaustion, depersonalization, and a reduced sense of personal accomplishment (Maslach & Jackson, 1981). It is particularly prevalent in professions that involve high levels of interpersonal interaction, such as nursing.

Nurses are at an elevated risk of experiencing burnout due to the nature of their work, which often involves long hours, high stress, emotional labor, and exposure to traumatic events. This article explores the causes, effects, and preventive measures for burnout among nurses, drawing on recent research and evidence.

## Causes of Burnout Among Nurses

Burnout among nurses is a multifaceted issue, with its causes deeply rooted in the demanding and often overwhelming nature of the nursing profession. From organizational factors to individual challenges, these causes contribute to the high prevalence of burnout in nursing. Below are some of the most critical factors leading to burnout.

### **1. Excessive Workload and Job Demands**

A significant factor contributing to burnout among nurses is the heavy workload and demanding nature of their responsibilities. Nurses frequently work long shifts, often exceeding 12 hours, and are regularly required to work nights, weekends, and holidays. Such schedules leave little time for rest and recovery, leading to physical and emotional exhaustion. The high nurse-to-patient ratio in many healthcare settings further increases the workload on individual nurses, limiting their ability to provide quality care and causing feelings of frustration and helplessness. Chou, Li, and Hu (2014) emphasized the role of high job strain and extended working hours in increasing burnout risk, especially among nurses in hospitals with inadequate staffing. The continuous demand to meet the needs of patients under time pressure often results in chronic stress, which is a precursor to burnout.

### **2. Emotional Labor**

The emotional labor required in nursing is another significant contributor to burnout. Nurses are expected to display empathy, compassion, and emotional strength while managing their own responses to patient suffering, trauma, and death. Witnessing patients' pain and being involved in end-of-life care can take an emotional toll, leading to feelings of sadness, grief, and eventual emotional exhaustion. According to Freudenberger (1974), prolonged exposure to such emotional demands can lead to reduced emotional resilience, a hallmark of burnout. Nurses are often expected to provide emotional support to both patients and families, regardless of their own mental state, which exacerbates stress over time.

### **3. Workplace Bullying and Lack of Social Support**

Workplace bullying and the absence of a supportive work environment are critical factors in increasing burnout among nurses. Kim, Lee, and Lee (2019) found that workplace bullying significantly correlates with higher levels of burnout, professional dissatisfaction, and intent to leave the profession. Nurses who feel unsupported by their colleagues or supervisors often experience isolation, which heightens stress and reduces their ability to cope with workplace challenges. Inadequate peer support not only decreases job satisfaction but also amplifies feelings of depersonalization, a core component of burnout (Fradelos et al., 2014). Social support has been

shown to act as a protective factor, and its absence contributes to the rapid onset of burnout symptoms.

#### **4. Insufficient Staffing and Resources**

Healthcare institutions frequently face challenges such as understaffing and limited resources, which put additional pressure on nurses. When there are not enough nurses to handle the patient load, the existing staff must compensate by taking on additional responsibilities. This contributes to physical and mental exhaustion. Moreover, the lack of adequate resources, such as medical equipment or modern technology, can frustrate nurses and hinder their ability to provide efficient care. A study by Khatatbeh et al. (2020) found that insufficient managerial support and staffing levels were significant predictors of burnout among pediatric nurses. The inability to meet professional goals due to resource constraints can lead to feelings of inadequacy and diminished personal accomplishment.

#### **5. Work-Family Conflicts**

The demanding schedules of nurses often clash with their personal lives, creating work-family conflicts that contribute to stress and burnout. For instance, nurses may miss important family events or struggle to manage household responsibilities due to irregular hours and overtime shifts. Azari and Rasouyar (2016) found a strong link between work-family conflicts and burnout among nurses, particularly those with young children or caregiving responsibilities. These conflicts can lead to guilt, resentment, and emotional exhaustion, further increasing the likelihood of burnout.

#### **6. Exposure to Traumatic Events**

Nurses are often exposed to traumatic events, such as patient deaths, medical emergencies, and violent incidents in the workplace. This exposure can lead to secondary traumatic stress, which is strongly associated with burnout. Çelmeçe and Menekay (2020) noted that during the COVID-19 pandemic, nurses experienced heightened levels of stress and anxiety due to the increased risk of infection, patient mortality rates, and lack of adequate protective equipment. Prolonged exposure to such trauma without adequate psychological support can lead to emotional exhaustion and depersonalization.

#### **7. Lack of Autonomy and Control**

Nurses often face limited autonomy in decision-making, which can contribute to feelings of powerlessness and frustration. According to Manzano-García and Ayala (2017), a lack of control over work processes, combined with high job demands, increases the likelihood of burnout. Many nurses feel that their professional expertise is undervalued, particularly in hierarchical healthcare settings where decisions are dominated by physicians or administrators. This lack of agency diminishes their sense of accomplishment and fulfillment, contributing to emotional exhaustion.

## Effects of Burnout on Nurses

Burnout among nurses has far-reaching consequences that extend beyond the individual, impacting their physical and mental health, the quality of care they provide, and the healthcare system as a whole. These effects create a ripple effect, affecting patients, organizations, and the larger community. Below is a detailed exploration of the major effects of burnout on nurses.

### **1. Detrimental Effects on Physical and Mental Health**

Burnout severely impacts nurses' physical and mental well-being. Prolonged exposure to stress and exhaustion often results in chronic health conditions, such as hypertension, cardiovascular diseases, and gastrointestinal problems (Hatamipour et al., 2017). Sleep disorders are another common issue, as nurses experiencing burnout often struggle with insomnia or poor-quality sleep, which further exacerbates their physical exhaustion.

On the mental health front, burnout is closely linked to anxiety, depression, and feelings of helplessness. Çelmeçe and Menekay (2020) observed that healthcare professionals, particularly nurses, who cared for COVID-19 patients experienced heightened levels of anxiety, stress, and depression, largely due to the unrelenting demands of their jobs. Left unaddressed, these mental health challenges can lead to severe consequences, such as substance abuse or even suicidal ideation. Nurses suffering from burnout are also prone to emotional exhaustion, a state characterized by feelings of being emotionally drained and unable to engage with others effectively.

### **2. Reduced Quality of Care and Patient Safety**

Burnout among nurses directly compromises the quality of care they provide to patients. Emotional exhaustion and depersonalization—the feeling of being detached from one's job or the people one serves—can lead to reduced attentiveness, empathy, and engagement with patients. According to Gómez-Urquiza et al. (2017), burnout among emergency nurses is strongly associated with increased medical errors and compromised patient safety. Nurses experiencing burnout may become less vigilant, more prone to mistakes, and less effective in critical decision-making, all of which negatively affect patient outcomes.

In addition to medical errors, burnout can lead to poorer communication with patients and their families. Nurses who feel emotionally detached may struggle to build rapport or provide the emotional support patients need, further diminishing the overall quality of care. This reduction in care quality not only affects patient satisfaction but also increases the risk of adverse outcomes, such as longer hospital stays and higher readmission rates.

### **3. Increased Job Dissatisfaction and Turnover**

Burnout significantly contributes to job dissatisfaction among nurses. Emotional exhaustion and a sense of reduced personal accomplishment make nurses feel undervalued and unfulfilled in their roles. As a result, many nurses decide to leave the profession entirely, leading to high turnover rates in healthcare organizations. Heinen et al. (2013) reported that burnout is one of the leading

causes of turnover intentions among nurses, with many citing unmanageable workloads and lack of support as key reasons for their dissatisfaction.

High turnover rates have severe implications for healthcare organizations, including increased recruitment and training costs, as well as disruptions in patient care. The departure of experienced nurses also results in a loss of institutional knowledge, placing additional strain on the remaining staff and perpetuating the cycle of burnout.

#### **4. Impact on Personal Relationships and Social Life**

The effects of burnout are not confined to the workplace; they often spill over into nurses' personal lives. Burnout can strain personal relationships, as nurses may become irritable, withdrawn, or emotionally unavailable to their loved ones. Work-family conflicts, a common issue among nurses, are exacerbated by burnout, leading to feelings of guilt and frustration. Paniora, Matsouka, and Theodorakis (2017) noted that burnout can create barriers to maintaining healthy social interactions, leaving nurses feeling isolated and disconnected from their support networks.

Furthermore, nurses experiencing burnout may have little energy or time to engage in activities that promote well-being, such as hobbies, exercise, or spending quality time with family and friends. This lack of balance between personal and professional life further deteriorates their overall quality of life.

#### **5. Organizational and Financial Costs**

Burnout among nurses also has significant financial and organizational consequences for healthcare institutions. High turnover rates, absenteeism, and reduced productivity are common outcomes of burnout, all of which increase operational costs. Manzano-García and Ayala (2017) highlighted that burnout-related absenteeism disrupts workflow, leading to understaffing and increased workloads for the remaining staff, which, in turn, exacerbates burnout.

In addition to financial costs, burnout can damage an organization's reputation. Poor patient outcomes and lower satisfaction rates can result in negative reviews, reduced trust in the healthcare system, and a decline in patient retention. Organizations that fail to address burnout risk creating a toxic work environment, further deterring talented healthcare professionals from joining or staying within the institution.

#### **6. Long-Term Implications for the Nursing Profession**

On a broader level, burnout threatens the sustainability of the nursing profession. The growing prevalence of burnout among nurses contributes to a national and global nursing shortage, which places additional strain on healthcare systems. As more nurses leave their roles due to burnout, healthcare organizations face significant challenges in maintaining adequate staffing levels and ensuring the delivery of high-quality care.

## **Preventive Measures for Burnout**

Burnout among nurses is a significant issue that requires proactive and multifaceted solutions. Preventing burnout involves addressing both organizational and individual factors that contribute to its onset. By implementing targeted strategies, healthcare institutions can improve nurses' well-being, enhance patient care, and reduce the financial and operational consequences of burnout. Below are detailed preventive measures categorized into organizational, individual, and policy-level interventions.

### **1. Organizational Interventions**

#### **a. Adequate Staffing and Workload Management**

One of the most effective ways to prevent burnout is ensuring adequate nurse-to-patient ratios. Overburdening nurses with excessive workloads is a major contributor to burnout, and addressing this issue can significantly reduce stress levels. Healthcare institutions should invest in hiring additional staff, particularly in high-demand areas such as emergency and intensive care units. Flexible scheduling and shorter shifts can also help nurses maintain a better work-life balance, reducing emotional and physical exhaustion.

Additionally, task delegation can alleviate some of the workload. For instance, distributing non-clinical tasks, such as administrative duties, to support staff like medical assistants or clerks can allow nurses to focus on patient care without feeling overwhelmed.

#### **b. Creating Supportive Work Environments**

A supportive and respectful workplace culture is essential for preventing burnout. Healthcare organizations should promote open communication, collaboration, and mutual respect among team members. Supervisors and managers can play a pivotal role by offering emotional support and recognizing nurses' contributions. Establishing employee wellness programs, such as on-site counseling services or peer support groups, can provide nurses with the resources they need to cope with stress.

Mentorship programs are another effective strategy. Pairing experienced nurses with newer staff can foster a sense of community and provide guidance in navigating the challenges of nursing. In addition, fostering an inclusive environment where nurses feel valued and supported can reduce feelings of isolation and depersonalization.

#### **c. Professional Development Opportunities**

Providing nurses with opportunities for growth and learning can enhance their sense of accomplishment and job satisfaction. Training programs, certifications, and educational workshops not only improve clinical skills but also empower nurses, boosting their confidence and reducing the risk of burnout. Organizations should also encourage nurses to participate in decision-making processes, giving them a sense of autonomy and control over their work.

## **2. Individual-Level Strategies**

### **a. Stress Management Techniques**

Teaching nurses effective stress management techniques can help them cope with the challenges of their profession. Practices such as mindfulness, meditation, and yoga have been shown to reduce stress and promote emotional well-being. Nurses can also benefit from cognitive-behavioral therapy (CBT) techniques, which help identify and reframe negative thought patterns that contribute to burnout.

Physical activity is another proven method to combat stress. Encouraging nurses to engage in regular exercise, even short walks during breaks, can boost their mood and energy levels. Additionally, maintaining healthy sleep habits and a balanced diet can improve overall resilience to stress.

### **b. Building Resilience**

Resilience training is a valuable tool for helping nurses cope with adversity and recover from stressful experiences. Resilience skills, such as emotional regulation, problem-solving, and maintaining a positive outlook, can be cultivated through workshops or coaching programs. Abdel-Aziz and Adam (2020) found that higher resilience levels were associated with lower burnout rates among nurses. By fostering resilience, nurses can better manage the emotional demands of their work and maintain their well-being.

### **c. Seeking Social Support**

Social support is a critical protective factor against burnout. Nurses should be encouraged to build strong relationships with colleagues, friends, and family members to create a robust support network. Sharing experiences and seeking advice from peers can reduce feelings of isolation and provide emotional relief. Nurses should also feel comfortable reaching out for professional help when needed, such as therapy or counseling.

## **3. Policy-Level Changes**

### **a. National Guidelines for Safe Staffing**

Governments and healthcare organizations can implement policies to regulate nurse-to-patient ratios, ensuring that workloads remain manageable. Research has consistently shown that adequate staffing levels reduce burnout, improve patient outcomes, and enhance job satisfaction among nurses. National guidelines can standardize practices across healthcare institutions, creating a safer and more sustainable work environment.

### **b. Financial Support for Nurse Wellness Programs**

Allocating funding for programs that address nurse burnout is essential. Governments and healthcare organizations can invest in initiatives such as mental health resources, employee

assistance programs (EAPs), and wellness centers. These programs should include access to free or subsidized counseling, stress management workshops, and relaxation spaces within healthcare facilities.

### c. Crisis Preparedness and Training

Burnout levels among nurses often spike during crises, such as pandemics or natural disasters. Policymakers should develop and enforce crisis preparedness plans that include measures to mitigate burnout. For example, providing adequate personal protective equipment (PPE), offering hazard pay, and rotating staff to prevent overwork can reduce stress during emergency situations.

## Conclusion

Burnout among nurses is a critical issue that impacts the well-being of healthcare professionals, the quality of patient care, and the overall efficiency of healthcare systems. Its causes are multifaceted, ranging from excessive workloads and emotional labor to inadequate staffing and lack of support. The effects of burnout are equally profound, including detrimental impacts on nurses' physical and mental health, reduced patient safety, increased turnover rates, and long-term strain on the nursing profession. Preventing burnout requires a comprehensive approach that addresses organizational, individual, and policy-level factors.

Healthcare institutions must prioritize creating supportive environments, managing workloads, and providing professional development opportunities for nurses. On an individual level, empowering nurses with stress management tools and fostering resilience are essential steps to combat burnout. Policymakers also have a responsibility to implement safe staffing guidelines and fund wellness programs to support nurses' mental health and well-being. By adopting these measures, we can protect the nursing workforce, enhance the quality of care, and ensure the sustainability of the healthcare system. Addressing burnout is not just a professional responsibility but a critical step toward safeguarding the human element of healthcare.

## References

- Abdel-Aziz, A. E., & Adam, S. S. (2020). Relationship between resilience, burnout and professional quality of life among nurses working at El-Abbassiya Psychiatric-Mental Health Hospital. *Egyptian Journal of Health Care*, 11(2), 551–577. <https://doi.org/10.21608/ejhc.2020.156951>
- Alotni, M. A., & Elgazzar, S. E. (2020). Investigation of burnout, its associated factors and its effect on the quality of life of critical care nurses working in Buraydah Central Hospital at Qassim Region, Saudi Arabia. *The Open Nursing Journal*, 14(1), 190–202. <https://doi.org/10.2174/1874434602014010190>
- Çelmeçe, N., & Menekay, M. (2020). The effect of stress, anxiety and burnout levels of healthcare professionals caring for COVID-19 patients on their quality of life. *Frontiers in Psychology*, 11, 1–7. <https://doi.org/10.3389/fpsyg.2020.597624>

- Chou, L. P., Li, C. Y., & Hu, S. C. (2014). Job stress and burnout in hospital employees: Comparisons of different medical professions in a regional hospital in Taiwan. *British Medical Journal Open*, 4(2), e004185. <https://doi.org/10.1136/bmjopen-2013-004185>
- Fradelos, E., Mpelegrinos, S., Mparo, C., Vassilopoulou, C., Argyrou, P., & Tsironi, M. P. (2014). Burnout syndrome impacts on quality of life in nursing professionals: The contribution of perceived social support. *Progress in Health Sciences*, 4(1), 102–109.
- Freudenberger, H. J. (1974). Staff burn-out. *Journal of Social Issues*, 30(1), 159–165.
- Gómez-Urquiza, J. L., Vargas, C., De la Fuente, E. I., Fernández-Castillo, R., & Cañadas-De la Fuente, G. A. (2017). Age as a risk factor for burnout syndrome in nursing professionals: A meta-analytic study. *Research in Nursing & Health*, 40(2), 99–110. <https://doi.org/10.1002/nur.21774>
- Hatamipour, K., Rassouli, M., Yaghmaie, F., Zendedel, K., & Majd, H. A. (2017). Spiritual care challenges in nursing: A qualitative study. *Nursing Ethics*, 24(4), 483–492. <https://doi.org/10.1177/0969733015611078>
- Heinen, M. M., van Achterberg, T., Schwendimann, R., Zander, B., Matthews, A., Köng, Z., & Schoonhoven, L. (2013). Nurses' intention to leave their profession: A cross-sectional observational study in 10 European countries. *International Journal of Nursing Studies*, 50(2), 174–184. <https://doi.org/10.1016/j.ijnurstu.2012.09.019>
- Kim, Y., Lee, E., & Lee, H. (2019). Association between workplace bullying and burnout, professional quality of life, and turnover intention among clinical nurses. *PLOS One*, 14(12), e0226506. <https://doi.org/10.1371/journal.pone.0226506>
- Khatatbeh, H., Pakai, A., Fullér, N., Szebeni, G. K., & Oláh, A. (2020). Burnout and patient safety: A discriminant analysis of pediatric nurses by low to high managerial support. *Nursing Open*, 8(3), 982–989. <https://doi.org/10.1002/nop2.708>
- Manzano-García, G., & Ayala, J. C. (2017). Insufficiently studied factors related to burnout in nursing: The case of psychological empowerment and resilience. *International Journal of Nursing Studies*, 71, 190–198. <https://doi.org/10.1016/j.ijnurstu.2017.03.002>
- Paniora, G., Matsouka, O., & Theodorakis, Y. (2017). The effect of burnout on nurses' personal and professional lives. *International Journal of Nursing Practice*, 23(5), e12579. <https://doi.org/10.1111/ijn.12579>
- Pradas-Hernández, L., Ariza, T., Gómez-Urquiza, J. L., Albendín-García, L., De la Fuente, E. I., & Cañadas-De la Fuente, G. A. (2018). Prevalence of burnout in paediatric nurses: A systematic review and meta-analysis. *PLOS One*, 13(4), e0195039. <https://doi.org/10.1371/journal.pone.0195039>