



Letter to Editor

Burnout as a serious and unavoidable incident threatening the nursing professionSoheila Shamsikhani^{1*}, Fazlollah Ahmadi²¹Shazand School of Nursing, Arak University of Medical Sciences, Arak, Iran²Department of Nursing, Faculty of Medical Sciences, Tarbiat Modares University, Tehran, Iran

This letter aims to provide an overview of the concept of burnout, its prevalence, attributes, consequences, and the importance of preventing burnout in the nursing profession. The concept of burnout was first described in the 1970s. Burnout is a mental state caused by long-term mental or emotional occupational stress. It has traditionally been studied in human services, such as health care, social work, psychotherapy, and education. One of the most prominent definitions of burnout is emotional exhaustion, depersonalization, and reduced personal accomplishment that may occur among people (1, 2). In 2018 the definition of burnout was revised according to the International Classification of Diseases - 11th Edition (ICD-11) and was defined as a syndrome caused by chronic workplace stress that has not been successfully managed; it was stated that this syndrome has three distinct characteristics as follows: the feelings of energy depletion or exhaustion, increased mental distance, negativity or cynicism related to one's job leading to reduced professional efficacy (3).

Clinician burnout is a major health risk in the United States. Nurses typically make up a significant portion of the healthcare workforce. Therefore, nursing burnout and related factors should be identified and prevented. A secondary data analysis of a cross-sectional survey from more than 3.9 million registered nurses in the United States revealed that among those who left their current job (9.5% of the sample), 31.5% of

them quit because of job burnout indicating 3.3% of the total sample size (4). Another review study on 138 samples of health personnel from Middle Eastern countries using the Maslach burnout questionnaire as the most common tool for measuring burnout showed that burnout among doctors, nurses, and other healthcare professionals had a high prevalence (between 40 and 60%). Also, factors such as the state of the work environment, violence in the work environment, emotional problems, and social support were related to the phenomenon of nursing burnout, which requires developing strategies to deal with this level of burnout among healthcare professionals (5). Also, the findings of a study on 249 nurses in a hospital in Saudi Arabia indicated a very high prevalence (67.5%) of burnout among nurses (6). A review study by Isfahani showed that the average prevalence of burnout among nurses during the years 2000 to 2017 was about 25%, which was reported as 75% in one of the studies in Tehran in 2009. It showed that one-third of clinical nursing staff suffered from nursing burnout, indicating the need for attention and planning by high-level managers (7).

High levels of nursing burnout symptoms in working life are significantly associated with the frequent symptoms of cognitive dysfunction, depression, and sleep with different degrees of significance (8). Mary's study showed that burnout in clinical nurses was a preventable condition. Emotional intelligence, self-awareness, and coping mechanisms with high job satisfaction and less stress were associated with reducing the chance of occupational burnout among nurses. Properly controlling emotions has

*Corresponding Author: Soheila Shamsikhani, Shazand School of Nursing, Arak University of Medical Sciences, Arak, Iran. Email: shamsikhani@arakmu.ac.ir



been mentioned as a vital component in preventing nursing burnout. Also, healthy lifestyle and stress management in the work environment, organizational changes, and social support are particularly important in preventing burnout and are strategies to deal with burnout (9). Among the various effective strategies to control nurses' burnout, three main prevention strategies include clinical supervision, psychosocial intervention, and social support, which play an essential role in reducing nurses' burnout and mental health (10). Also, the nursing shortage is a global challenge leading to nursing burnout should be resolved (11).

Since nurses are responsible for constantly monitoring patients and for heavy, intensive, and numerous tasks in round-the-clock shifts in health care centers, they are more exposed to burnout. It can cause depression, insomnia, anxiety, decreased efficiency, and other physical problems for nurses, negatively influencing patient care quality. Therefore, managers and policymakers must prevent this unpleasant phenomenon through sufficient staff in work shifts, stress management, organizational changes, clinical supervision, and social support.

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