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The Exploration of Why Burnout Occurs with Registered Nurses Who Work in Psychiatric Care Settings

Jenna Booth
jl_booth@outlook.com

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THE EXPLORATION OF WHY BURNOUT OCCURS WITH REGISTERED NURSES WHO

WORK IN PSYCHIATRIC CARE SETTINGS

A Thesis Presented to the Graduate Faculty of Minnesota State University

By

Jenna Leigh Booth

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Abstract

Due to the demands of the job and the nature of the work, being a psychiatric nurse can be mentally, emotionally, and physically draining. As a result, burnout rates are high among psychiatric nurses. Burnout can negatively impact the well-being of psychiatric nurses as well as the quality of patient care. It is important to explore and understand psychiatric nurses' experiences of burnout to help prevent and decrease burnout. A phenomenological qualitative design was utilized to explore psychiatric nurses' lived experiences of burnout. A survey, qualitative in nature, was sent out to nurses at a psychiatric hospital. Phenomenological data analysis was used to identify themes from the data. The themes that were identified were the importance of self-care, the value of having support from other individuals, and overworked with the lack of validation. Implications will be identified and discussed.

Key words: burnout, psychiatric nurses, phenomenology

Table of Contents

CHAPTER I: Introduction

Work exhaustion, otherwise known as burnout, is very common for any employed individual. We all feel that drain of energy at times or feel unmotivated for what we are doing. The question is why, or how can we prevent this? To prevent burnout, it is important to find out the reason behind it. Ahanchian et al. (2015) discuss how burnout can lead to many issues with employment such as depression, low job satisfaction, blame, and lack of empathy. As each occupation is different from the next, there are various causes of burnout specific to the respective occupation. The research conducted in this study is specific to registered nurses in psychiatric units. It takes a compassionate, empathic individual to work with mental health and it is vital to prevent burnout amongst psychiatric nurses.

Purpose and Significance of the Study

The purpose of this study is to explore the lived experiences of nurses who are currently employed in an inpatient psychiatric hospital. The literature indicates that burnout occurs due to compassion fatigue and the lack of support that nurses may feel in the workplace. The importance of this study is to develop implications to help prevent burnout amongst registered nurses.

Statement of the Problem

Burnout can negatively impact the well-being of psychiatric nurses as well as the quality of patient care. Due to the nature of the work, being a psychiatric nurse can be emotionally, mentally, and physically draining. This leads to a high burnout rate among psychiatric nurses. The data collected in this study can be used to achieve a better understanding of burnout in this population.

Description and scope of the Research

The researcher conducted this study to obtain a better understanding of what contributes to burnout amongst registered nurses in a psychiatric setting. The study uses a phenomenological approach, which focuses on psychiatric nurses' lived experiences of burnout. A survey, qualitative in nature, was distributed to over 75 nurses in two midsized psychiatric hospitals. Eight nurses completed the survey.

Research Questions

There is a lack of research that explores burnout in psychiatric nurses, especially when it comes to nurses' lived experiences of burnout. Thus, the following research questions were proposed.

Research Questions:

1. How would you define burnout?

2. What factors protect against burnout?

3. What are the risk factors to burnout?

Definition of Terms

Burnout

Burnout is the physical or mental collapse caused by overwork or stress (Burnout, n.d.).

Psychiatric Nurses

A specialty within the field of nursing that provides holistic care to individuals with mental disorders or behavioral problems to promote their physical and psychosocial well-being. It emphasizes the use of interpersonal relationships as a therapeutic agent and considers the environmental factors that influence mental health (Psychiatric Nursing, n.d.).

CHAPTER II: Literature Review

Burnout is the physical or mental collapse caused by overwork or stress (Burnout, n.d.). Burnout is an issue that many people struggle with from time to time. The constant pressure that we all feel to be the best we can be combined with other stressors in life, can be draining. *According to Australian Nursing & Midwifery Journal,* there are five tell-tale signs of burnout. The first sign of burnout is fatigue, which can be the feeling of being physical or emotionally drained. The second sign is the loss of motivation or having difficulty wanting to go to work. Irritability and cynicism are the third sign, which can manifest both in the workplace and outside of work. The fourth sign is making mistakes at work, whether it be reduced productivity, simple mistakes, or feel that your work is meaningless. The fifth and final sign consists of detachment, the point where the individual withdraws from responsibilities and tends to cope with food, alcohol, or drugs (5 tell tales signs of burnout, 2017). Although burnout is high amongst psychiatric nurses, there is not a lot of research in this area.

Burnout in Nurses

The purpose of the literature review is to go more in-depth on the current information that exists and cover what information is lacking. The main question to be addressed is: Why is psychiatric nurse burnout so prevalent? According to Levert (2000), burnout in nurses is incredibly high due to multiple reasons. Three categories of burnout were identified. They include personal accomplishment, emotional exhaustion, and depersonalization in the work environment. The tool used to measure the data is called Maslach and Jackson's burnout inventory that was created in 1986 to help measure environmental causes of burnout. Antonovsky's Sense of Coherence, established in 1987, was used to measure the characteristics of the individual to help with the understanding of burnout (Levert et al., 2000).

Characteristics that Lead to Burnout

It was found that three specific characteristics lead to burnout in nurses (Levert et al., 2000). The first characteristic a nurse is showing is emotional exhaustion throughout the day; meaning the emotional responses of a nurse to other patients are reduced due to being exhausted themselves. Depersonalization is the second characteristic that involves exhibiting a negative or harmful perspective and attitude towards the patients. The third and final characteristic is a low personal accomplishment. The nurses may feel that they are not making a difference or unable to satisfy the patients (Levert et al., 2000).

According to Levert et al. (2000), there was a significant correlation between the nurses being emotionally exhausted and their tendency to engage in depersonalization toward patients and the work environment in general. The study also concluded that psychiatric nurses tend to feel a low sense of personal accomplishment, which could be problematic as well (Levert et al., 2000).

Compassion Fatigue

Compassion Fatigue is another reason that psychiatric nurses face burnout. Lombardo and Eyre (2011) presented a case study regarding a nurse who experienced compassion fatigue and did not receive help and eventually left her position. The nurse exhibited signs and symptoms of compassion fatigue that her co-workers, as well as the nursing manager, observed, but the available solutions did not help. The nurse started on 12-hour shifts, but this began to take more of a toll on her. She eventually moved to an outpatient clinic, but this was still incredibly difficult to adjust to, and she then eventually left her position to continue to a less stressful work environment (Lombardo & Eyre, 2011).

Compassion fatigue is a combination of physical, emotional, and spiritual exhaustion. The exhaustion can be correlated or associated with caring for patients who are either experiencing physical distress or emotional pain (Lombardo & Eyre, 2011). The empathy nurses show to patients and their families can be draining if they are not engaging in self-care. Developing a strong sense of self helps combat compassion fatigue. "In today's economy, compassion fatigue can be very costly personally and professionally for nurses and financially for institutions" (Lombardo & Eyre, 2011, pg. 3). Nurses and healthcare systems need to know how to identify and prevent compassion fatigue. Intervention strategies should be implemented in facilities to help combat compassion fatigue. Although most hospitals provide Employee Assistance Programs for staff, it is helpful for nurses to be connected with mentors, supervisors, or other employees that can provide invaluable support that helps prevent compassion fatigue (Lombardo & Eyre, 2011).

The Experience of Compassion Fatigue

Ahanchian et al. (2015) conducted a study that provides in-depth data on psychiatric nurses that faced burnout. The research utilized qualitative methodology and data was collected using unstructured interviews. Twelve participants were interviewed, and each interview was 60-90 minutes in length (Ahanchian et al., 2015). The results were categorized into three themes that include walking on glass, living in a spider's web, and dark clarity. Along with these three main themes, there are subthemes as well. Walking on glass considers the violence that nurses deal with, confronting unusual behavior and speech of patients, physical and psychological needs, and unwanted interventions. Living in a spider's web has three sub-themes, which include a high volume of work, shortage of personnel, and lack of understanding from management. The conclusion showed that more research is needed due to the fast-expanding burnout rate. The

signs and symptoms indicate that individuals who are facing burnout or did burnout should all be addressed differently and have the approach be individualized. The plan to help with exhaustion should also include all aspects of the nurses' lives, which include behavior, work, and social life. Having support from management, the hospital facility, and co-workers are essential when it comes to the prevention of burnout (Ahanchian et al., 2015).

The Stress Experienced by Psychiatric Nurses

The stress that psychiatric nurses face can be more intense than in other professions. The Psychiatric Nurse Job Stressor Scale (PNJSS) was developed by seven individuals in Miyazaki, Japan. Yada et al. (2011) conducted a study that involved administering the PNJSS to 302 psychiatric nurses. The study concluded that the PNJSS is effective in measuring job stress in psychiatric nurses. Although the scale was shown to be a success, there are validity issues to be considered for using outside of Japan. The researchers predicted that the questionnaire could be altered to lean towards their culture and psychiatric hospitals in a way that other countries would not be able to. It is recommended that when using the PNJSS that validity is reassessed to specific regional characteristics. In conclusion, it was shown to be still a useful tool to measure psychiatric nurses' job stress (Yada et al., 2011).

Nurse Perception of Workload and Burnout

Van Bogaert et al. (2013) takes a multilevel modeling approach on workload and burnout in psychiatric hospitals. This study aimed to explore the psychiatric work environment, nurse perceptions on workload, and self-reported burnout. Van Bogaert (2013) discussed how depersonalization can become problematic for psychiatric hospitals and can be a correlation to nurse burnout. Due to research in the area being sparse, the study sought to close this gap (Van Bogaert et al., 2013). A cross-sectional survey was utilized to collect the data. The participant

sample consisted of 32 clinical units that involved two psychiatric hospitals. There was a total of 357 staff members that completed the survey over the 5-month period that was given. Instruments were used to measure multiple factors such as work environment, workload, burnout, job outcomes, and quality of care perceived by nurses (Van Bogaert et al., 2013).

The data that was collected showed high levels of psychiatric nurse exhaustion. One out of every four nurses experienced high to very high emotional exhaustion. In each unit, more than five staff members scored high to very high depersonalization and low personal accomplishment. The results concluded that when the participant scored average to low on personal accomplishment, emotional exhaustion, and depersonalization, that they sought higher support from physicians, management, and the hospital facility as a whole (Van Bogaert et al., 2013).

Psychiatric Nurses Secondary Trauma

As psychiatric nurses, it is their job to provide care to their patients who often suffer from significant trauma. Pearson (2012) studies the secondary trauma that psychiatric nurses experience. Psychiatric nurses often discuss that secondary trauma is "part of the job" and do not seek help to address it. The exposure that nurses endure while treating patients can lead to short and long-term effects. There is very little information that can be found on secondary trauma in nurses. The effects of secondary trauma can be similar to the symptoms experienced by patients (Pearson, 2012).

Pearson (2012) defined vicarious trauma (VT) and discussed how it can affect psychiatric nurses. Vicarious trauma can be defined as an empathetic encounter with a traumatized patient in an occupational setting. The effects of VT can alter an individual's worldview and change their psychological and emotional well-being. To help individuals who suffer from VT, the first step is to recognize the symptoms of VT. The author recommends that facilities should provide

7

educational training on recognizing and treating VT. There is additional information in this area that is needed. (Pearson, 2012).

Nursing Profession

There are many different specialty areas when it comes to the nursing profession. Rajabi et al. (2018) conducted a comparative study on job performance and occupational stress for both psychiatric nurses and general emergency department nurses. Stress can be defined as a body's way of reacting to fear, excitement, or feelings of being in danger. It is important to note that stress affects everyone differently. Researchers have shown that having a high-stress job can lead to mental health disorders, reduction of health care quality, depression, absence in work, and fatigue (Rajabi et al., 2018).

The study that was conducted focused on the different levels of stress for emergency department nurses and psychiatric nurses with specific attention to the relationship between stress and performance. The questionnaire used a Likert grading scale and consisted of 100 questions. Two hundred seventy individuals participated in this study; 70% were female, and 30% were male (Rajabi et al., 2018). The results showed that all dimensions were different from both psychiatric nursing and emergency department nursing. The different themes included observing discipline at work, feeling of responsibility at work, cooperation, work improvement, interpersonal relationships, physical condition, occupational interests, physical symptoms scale, the scale of anxiety symptoms and sleep disorders, scale of symptoms of depression, and another scale of symptoms of depression (Rajabi et al., 2018). The data was divided between female and male participants as well. The conclusions showed that job performance, occupational stress, and general health are more negatively affected in psychiatric nursing (Rajabi et al., 2018).

Moral Stress in Psychiatric Nursing

The process of a loved one being admitted into a psychiatric inpatient facility can be vague and uncomfortable. The researchers explored how psychiatric facilities view patient participation in their facilities and treatment centers. The second question the researchers proposed is, why does patient participation cause moral stress to psychiatric nurses? The background information found before this study showed the lack of guidelines regarding patient participation. The lack of guidelines can lead to ethical stress and confusion for psychiatric nurses (Jansen & Hanssen, 2017).

The data was collected by doing three focus group interviews, which were semi-structured. Nine individuals were in each group, both male and female. The interviews lasted 90 minutes and consisted of healthcare personnel and psychiatric nurses. The interviews were also organized into age groups (Jansen & Hanssen, 2017). The results showed that all the interviewees viewed patient participation to be a vital asset to the patient's treatment. The interviewees had more of a concern about their moral and ethical responsibilities to the patient's participation in their treatment versus just the participation in general. The psychiatric nurses spoke about how they are in a constant battle on what is morally correct and ethically correct when it comes to the patient's treatment and the choices that they have. The nurses stated that they feel if the patient is not aware of the treatment plan or discussion going on that they feel they become the advocate for the patient. When the nurses feel that they become the patient's advocate, they then feel an ethical dilemma of their profession and what is morally right for the patient. The study concluded that having stronger guidelines with patient participation and noticing the legal and ethical aspects of the situation would be beneficial for all healthcare workers and patients (Jansen & Hanssen, 2017).

Risks of Nurses Seeking Treatment for Mental Health

There is minimal research on the topic of risks associated with nurses seeking extra help. Nursing, in general, is a very high-stress job; psychiatric nursing has been shown to involve even higher stress. The burnout that psychiatric nurses face can lead to psychiatric issues of their own, and the risks of treating those issues are unknown (Huang et al., 2018). Huang et al. (2018) conducted a study to find out more about those risks. The other purpose of this study was to explore factors that lead nurses to seek help for anxiety, depression, and insomnia. The study was completed on registered nurses who work in a hospital setting, either psychiatric or general. The data that was collected was from 2010 to 2012. The subjects were observed for that period to interpret the risks of anxiety, depression, and insomnia. There were a total of 46,120 nurses that were enrolled and 92,240 controlled (Huang et al., 2018).

The results showed that compared to the general population, the nurses are less likely to treat anxiety and depression but more likely to seek treatment for insomnia. The results showed that nurses were at a higher risk for insomnia versus the general population. When comparing the male nurses had a lower chance of all three, anxiety, depression, and insomnia (Huang et al., 2018). The more experienced nurses also showed a higher chance of anxiety, depression, and insomnia, compared to nurses with less than three years of experience. The researchers concluded that although the results showed the general public has a higher chance of depression and anxiety, that could be due to the nurses having undertreatment of their symptoms and creating resistance to themselves for not seeking help. The study discovered that it is prevalent for nurses not to seek help for certain psychological disorders such as anxiety and depression due to the fear of being stigmatized and judged by their employers (Huang et al., 2018).

Workplace Culture for Psychiatric Nurses

In recent years, the world has experienced a global shortage of hospital nurses. To understand why there is this global shortage, there needs to be research and studies conducted. One study focused on the workplace culture in psychiatric nursing and why they are experiencing burnout. The workplace culture can vary between facilities, but this study mainly focuses on stress load, job satisfaction, and practice environment for psychiatric nurses. The international level of decreasing the time of stay for patients but increasing the patient numbers that need to be seen in an inpatient setting has drastically changed psychiatric hospitals (Kurjenluoma et al., 2017).

The data was collected by using a cross-sectional questionnaire in Finland. The questionnaire was distributed to 577 psychiatric nurses. The questionnaire covered demographics and Person-Centered nursing. The Person-Centered Nursing Index (PCNI) was able to analyze the nurses' stress level, satisfaction, and the practice environment in which they work. The questionnaire consisted of 78 total questions and used a Likert scale to measure (Kurjenluoma et al., 2017). The data collected showed that the nurses felt the most stress came from their workload. The nurses ranked their personnel and professional satisfaction higher than average. The data showed that appreciation towards the management team and a desire to stay at the job. The less time the nurses had worked at the facility, the more likely they were to be upset with their co-workers, nurse management, training, and overall work environment. A positive workplace is correlated with the quality of care that the patients receive and the happiness of nurses. The results show that the newly trained and graduated nurses struggle the most with

being content with their workplace culture. The psychiatric facilities have challenges of keeping new staff due to the dissatisfaction of the workplace culture. Younger psychiatric nurses need more mentoring and training to feel competent in their job (Kurjenluoma et al., 2017).

Job Strain

Prolonged job strain can eventually lead to burnout in psychiatric nurses. The job strain can lead to increased sick time, work effectiveness, and, eventually, job turnover. Nursing requires a high level of commitment and nurses need recognition for the hard work that they endure. To reduce job strain effects, there should be studies created to help show data and educational evidence on what needs changing (Yang et al., 2004).

According to Yang et al. (2004), there needs to be an investigation to determine the relationship between job strain and nurses' psychiatric disorders. The method chosen for this investigation was a survey questionnaire for 925 psychiatric nurses. The questionnaire used a 4-point Likert scale that approaches the nurse's demographics, job status, and job strain to measure minor psychiatric disorders. The results showed that the nurses that received the least amount of encouragement and reward were most likely to experience job strain. Nurses that were unmarried and lacked social support were likely to experience job strain. Younger nurses with less job experience had significant job strain compared to others. The results indicated that organizations could reduce job strain by providing support and encouragement to nurses (Yang et al., 2004).

CHAPTER III: Methodology

Research Design

A phenomenological-qualitative design was utilized for this study. "The purpose of phenomenology is to discover and describe the meaning or essence of participants' lived experiences, or knowledge as it appears to consciousness (Hays & Singh, 2012, p. 50)." Phenomenology assisted the researcher in exploring and understanding participants' lived experiences of working in an inpatient psychiatric hospital setting, with a specific focus on the phenomenon of interest, how psychiatric nurses experience burnout.

Research Questions

Research questions were developed to understand how psychiatric nurses experience burnout and to identify implications for preventing and addressing burnout. The three research questions are restated below.

Research Questions:

1. How would you define burnout?

2. What factors protect against burnout?

3. What are the risk factors to burnout?

Participants

There is an average of 75 registered nurses employed at both of the hospitals the research was collected at. There was a total of eight participants who completed the survey. The survey was discontinued by the researcher as soon as the target number of eight participants was reached. The survey was sent out electronically through an email serve to all nurses. The data showed that 75% of the results were collected from female employees and 25% completed by males. The age of the participants varied from 26 to 60 years old. The average age of individuals

completing the survey was 43 years old. Of all the participants, the number of years working as a registered nurse ranged from one year to seven years.

Procedures

The researcher gained approval from their thesis committee and then obtained approval from the Institutional Review Board at the university she attends and from the Institutional Review Board at the hospital in which the study was collected.

Qualtrics were utilized to create the survey. An email containing the informed consent and link to the Qualtrics survey was then sent to all registered nurses at the psychiatric hospital. The survey remained open until the quota of eight participants was reached.

The survey remained anonymous during the entire process. The collection of data did not contain any identifying information. The survey asked several demographic questions including age, gender, and years of experience. Seven opened-ended, qualitative questions explored the phenomenon of interest, psychiatric nurses' lived experiences of burnout. The survey questions consisted of:

1) How would you describe burnout?

2) How do you personally deal with a high level of stress on your unit?

3) What supports do you have in place for when you start to feel overwhelmed with your occupation?

4) What coping mechanisms do you implement (off the clock) when you feel overwhelmed?

5) What aspects of the job do you consider highly stressful?

6) Have there been certain events or situations at work that have deeply impacted you?

7) Is there a specific moment of moments where you felt validated in your job? Please describe if yes.

Once the target number of eight participants was reached, the researcher deactivated the survey. The researcher then utilized phenomenological data analysis to analyze the survey results that were collected in Qualtrics.

Role of Researcher

The researcher is currently a clinical mental health therapist in one of the hospitals where the study is taking place. There is a relation to wanting to research this specific inpatient psychiatric facility due to working there as a social worker for numerous years. The researcher experienced first-hand the stress, anxiety, and exhaustion that psychiatric nurses experience at the hospital. The care that psychiatric nurses give is so important to our society, especially to the population that struggles with mental health illnesses. The researcher wanted to conduct a study that focused on the burnout that can occur in this occupation to decrease and address the burnout in psychiatric nurses. The researcher hopes to learn more about burnout amongst psychiatric nurses including factors that lead to burnout.

Trustworthiness

Throughout the collection of data and review, the researcher utilized several strategies to ensure trustworthiness. The strategies used to ensure trustworthiness were peer debriefing, committee review, and field notes. Peer debriefing was utilized by the researcher to allow a different aspect of the results and findings, The peer was a certified counselor, and they were able to validate the findings within the study. The researcher and the peer transcribed the data and went through the themes throughout the data collected. Committee review was the second strategy that took place. The researcher had the primary investigator read through the results to verify that the themes fit. The last strategy used was field notes, which were able to help the themes through the data stay clear to the researcher. The field notes were taken to prevent the

personal opinion of the researcher influencing the results. The field notes offered an area of reflection for the researcher to better understand the data. The field notes were used throughout data analysis and shared with the peer.

Data Analysis

The purpose of this study was to examine participants' experiences with burnout in an inpatient psychiatric work setting. Phenomenology is used to understand the meaning and depth of participant experiences (Hays & Singh, 2012). The researcher used phenomenological analysis to understand participants' lived experiences and to ensure that their voices were heard.

The data analysis used for the survey involved a phenomenological approach, identifying different themes within the participant's responses. The survey results were examined to identify significant phrases or statements, which is part of horizontalization in phenomenological approaches (Creswell, 2013). The significant phrases and statements were then organized into themes. After the themes were established, they were then integrated into a description of the phenomenon. The description of a phenomenon can also be referred to as structural description (Creswell, 2013). Once the surveys were complete the researcher read through the written answers multiple times to receive a better understanding of them.

All survey responses were printed out, and themes were identified throughout the answers that were given. The researcher went through all the responses from the participants and underlined any significant phrases. The researcher then used three different highlighters to better organize the findings and themes of the results. The purple highlighter was used to underline participant responses that consisted of self-care. The blue highlighter was used to highlight the responses that mentioned having support systems in place and whether that was helpful or not.

The last color, yellow was used to highlight significant statements relating to the third theme of validation (and lack of).

Research Findings

The names of the themes describe the meanings of the lived experiences from the content that was collected. The themes that were identified were the importance of self-care, the value of having support from other individuals, and overworked with the lack of validation.

Theme One: Self Care

It was mentioned multiple times that "irritability" is a description of burnout. The participants drew a very clear picture of how burnout can be both mentally and physically exhausting. It was easy to identify a theme due to all the respondents having very similar responses. The responses consisted of "feeling I can't do this anymore", "emotional and physically drained", and "unable to fulfill job duties due to lack of interest and motivation." The respondents were able to point out that feeling drained and exhausted were particularly related to burnout.

When the respondents mentioned feeling drained or emotionally exhausted, there was a common theme in the responses that mentioned self-care. Multiple responses involved "taking a break." For example, one participant stated, "after talking with my staff to make sure it is okay to leave, I take a moment outside of the stressful environment to recompose myself." Other participant responses included using deep breathing techniques and using positive self-talk and affirmations. One response spoke about how they deal with stress, saying "I am calm during stress but when I get home I am irritable with my husband and I eat unhealthy foods." The participant indicated a variety of coping skills, with exercise being in 50% of the responses. Other coping skills identified by participants included being around loved ones, staying distracted, resting, mindfulness, and watching television. One participant wrote, "I spend time

with my husband, going to church, and being with my family and parents to help so I can readjust before going to work." Another participant listed many coping skills that help prevent feeling overwhelmed, "I exercise, meditate, use essential oils, yoga, and listening to audiobooks and podcasts." One participant identified that their coping skills were no longer working, "Distraction activities such as time with family, reading, funny movies, and hobbies. I am at the point where these are no longer working, and I plan to seek counseling." Seeking counseling is a form of self-care when it comes to preventing burnout.

Theme Two: The Value of Supports

One common theme throughout the answers was communicating with other coworkers and individuals they viewed as supportive. One participant stated, "having excellent teamwork with supportive peers." While another participant mentioned how they "take time away, be with family, engage in hobbies but there are no supports while on the job." Only 20% of the responses included mentioning going to counseling services or using services that their facility offers to employees. Counseling or using other services can be seen as a coping skill and it can also be seen as seeking out support systems. One Participant wrote:

> I consider my job to be highly stressful due to minimal staff. Inconsistent handling of the patient population when it comes to setting and applying rules by coworkers. The inability of the administration to comprehend that having money coming in from admission does not equate with ensuring staff safety. No ramifications for patients exhibiting self-controllable negative behaviors for secondary gain. There is not enough support for one another.

This participant's response highlights the importance of having adequate support at work and what can happen when there isn't support at work. Another participant mentioned, "The biggest

impact I feel is not having enough staff to support the patients we handle, especially the aggressiveness." The participant goes on to explain how having help and acknowledgment of the need for more staff would allow them to feel that they are supported in what they do and the effort they make. One individual mentioned "When there are so many tasks being thrown at you in a short period. The phone ringing constantly and patients needing your attention and feel like you are the only one to help." The participant explains how having an extra staff could help in situations and feel able to handle what is thrown at them.

Theme Three: Overworked with lack of validation

A majority of the participants discussed feeling overwhelmed and not appreciated in their line of work. One participant discussed the importance of validation by stating "when a patient thanks you can deeply impact you." One participant noted "being forced to work for months at a time without any break or day off, with total disregard for my physical, mental health and safety. There was upper management that I went to that could have stopped it but did nothing to help." The participant continued to say, "I have never felt more used or worthless in my life." The participant furthered their explaining how they do not feel heard by anyone and acknowledged for the work they do. Other participant responses consisted of "multiple admits a day, being physically assaulted by a patient, and the disregard for individuals suffering from mental health and the support they have. One participant mentioned the support for individuals who suffer: "The disregard for people with mental health issues and lack of support/follow-up that our facilities and community offer." The participant that explained how their coping skills and self-care no longer works or is not affective are also the respondents who mentioned that they have not felt validated in the work they do. One participant went on to explain "We do not feel validated and there is very little recognition and floor staff all feel highly underappreciated."

Validation is important when it comes to occupations and the level of burnout an individual feels. Thirty-seven percent of the responses said no, they do not feel validated at their occupation. Participants discussed that when they help other staff members, train new employees, and other staff compliments them they feel more validated. Other participants discussed that when a patient thanks them or when they see a mental clarity within the patient. "I enjoy working with acute psychotic patients. Being able to see them mentally clear up and being able to hold a conversation. Seeing that improvement makes me feel like maybe I can do this and helps me feel motivated to continue" read one of the responses from a nurse. One participant mentioned, "I feel more motivated to work my job when I have been told that I handled a stressful situation very well."

CHAPTER V: Discussion

The purpose of this study was to explore the lived experiences of psychiatric nurses. There are many situations where burnout affects an individual both professionally and personally. Many negative side effects come with burnout that can be addressed in different ways if made aware of. The goal of the study was to explore psychiatric nurses' experiences of burnout. There were a total of 8 participants in the survey for this study. The participants completed a Qualtrics survey that consisted of open-ended questions that allowed participants to share their experiences of burnout. The three themes that emerged from the data were self-care, the value of support, and overworked with lack of validation.

Discussion

The overall conclusion of the results seemed to shine a light on how registered nurses in psychiatric care facilities tend to feel underappreciated and frequently experience burnout. This correlates to what burnout means to psychiatric nurses. Participants often described burnout as "irritability." This finding is supported by the literature. Irritability is a sign of burnout and can often manifest both in one's personal and professional life (5 tell tales signs of burnout, 2017). Participants also discussed being mentally, emotionally, and physically exhausted. According to Levert et al. (2000), a nurse exhibiting emotional exhaustion throughout the day is characteristic of burnout. This in turn affects the nurse's ability to emotionally respond to patients. When participants discussed feeling irritable and exhausted, they often discussed self-care. Many of the participants identified self-care activities they engage in, which highlights the role self-care plays in mediating burnout.

With burnout, participants discussed the importance of having a supportive work environment, which includes both supportive coworkers and administration. Ahanchian et al.

(2015) corroborated this finding and discussed that support from management, the hospital facility, and coworkers play a crucial role in the prevention of burnout. Additionally, Van Bogaert (2013) had a similar finding in which nurses sought support from physicians, management, and the hospital facility.

The literature review pointed out how the way the facilities handle stress as a whole, can affect each employee. The participants spoke about how often they do not feel heard or important enough by employees or management. Kurjenluoma et al., (2017) found that nurses felt the most stress from their workload and the level of support received from upper management. The less time the nurses had worked at the facility, the more likely they were to be upset with their co-workers, nurse management, training, and overall work environment. Younger psychiatric nurses need more mentoring and training to feel competent in their job (Kurjenluoma et al., 2017). Participants discussed feeling overwhelmed, overworked, and underappreciated. Nursing requires a high level of commitment and nurses need recognition for their work (Yang et al., 2004).

Implications for Research

To move forward with research on what recommendations or changes can be made for psychiatric facilities, more data is needed on burnout. From the data, several areas were identified for further research including the impact of a supportive work environment on burnout levels, sources of validation that mediates burnout, and the role administration plays in preventing burnout. It would be important to focus on what actions a psychiatric nurse can take when they start to feel that burnout is affecting them. The study focused primarily on what burnout is and how to prevent it. Further research is needed on what protocols are in place in psychiatric hospitals for nurses experiencing burnout.

Implications for Practice

After reviewing the literature and findings of the present study, it became apparent that education on burnout is needed at psychiatric facilities, for both nurses and administration. It would be important to educate all staff on symptoms of burnout and prevention. Facilities must provide a supportive work environment that provides nurses with the support they need to mediate job strain and prevent burnout. The present study found that nurses can identify when they are experiencing burnout. However, it would be beneficial for facilities to be aware of the burnout as well, and work with nurses to identify, prevent, and overcome burnout.

Limitations

The main limitation that was encountered throughout the research process was the survey being very short. Due to the lack of explanation, there was some difficulty accurately interpreting the information. One way to address this would be doing interviews to collect data rather than utilizing surveys. This would allow the participants to give more in-depth answers that would provide richer data. The other limitation that the researcher encountered was the small sample. The survey sample only consisted of 8 participants from two psychiatric inpatient hospitals, one in the Midwest and one on the East coast. It could be beneficial to expand the sample size and gather data from nurses in other areas to enrich the data.

Conclusions

The purpose of this study was to explore the burnout that occurs in nurses within a psychiatric setting. The findings illustrate the important role the facility and the work environment play in both contributing to and preventing burnout. Additionally, support systems available to psychiatric nurses are essential in mediating job strain and providing the emotional support and validation that help prevent burnout. Finally, self-care plays an integral role in

preventing and overcoming burnout. As a facility, it would be vital to go over the data collected

and approach burnout in a way that the employees would feel validated and appreciated in what

they do.

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APPENDIX A: RESEARCH PARTICIPATION REQUEST AND APPENDIX B: IMPLIED CONSENT

Good afternoon,

You are invited to participate in a study of burnout in psychiatric registered nurses. I hope to learn what registered nurses' thoughts and experiences are towards burnout and ways that burnout can be prevented. You were selected as a possible participant in this study because you are a registered psychiatric nurse who has worked as a psychiatric nurse for five-plus years.

If you decide to participate, please complete the enclosed survey. Your return of this survey is implied consent. The survey is designed to have a better understanding of psychiatric nurses and their experience with burnout. It will take about 10 to 15 minutes to complete the survey. No benefits accrue to you for answering the survey, but your responses will be used to analyze the experiences and relation to burnout in the psychiatric nursing profession. Any discomfort or inconvenience to you derives only from the amount of time taken to complete the survey. Please click on the link provided to complete the survey. If you have any issues please contact the co-investigator, Jenna Booth.

https://mnstate.co1.qualtrics.com/jfe/form/SV_1ADO8KW5Nr9rvKZ

Any information that is obtained in connection with this study and that can be identified with you will remain confidential and will not be disclosed.

Your decision whether or not to participate will not affect your future relationships with your current employer or Minnesota State University Moorhead. If you decide to participate, you are free to discontinue participation at any time.

Please feel free to ask questions regarding this study. You may contact me later if you have additional questions at my email that is listed below or through the principal investigator. The principal investigator is Dr. Jessica Brown, Ph.D., MEd, BS, at 218-477-2297 or by email at Jessica.brown@mnstate.edu. Any questions about your rights may be directed to Dr. Lisa I. Karch, Chair of the MSUM Institutional Review Board at 218-477-2699 or by e-mail at: irb@mnstate.edu.

Thank you for your time.

Sincerely,

Jenna Booth, Co-Investigator
Master's Student
Counseling and Student Affairs Program
Minnesota State University Moorhead
Jenna.booth@go.mnstate.edu

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APPENDIX C: QUESTIONAIRE

1) Please indicate your age:

2) Please indicate your sex:

○ Male

○ Female

3) In years, how long have you worked as a registered (RN) nurse in a psychiatric unit?

4) How would you describe burnout?

5) How do you personally deal with a high level of stress on your unit?

6) What supports do you have in place for when you start to feel overwhelmed with your occupation?

7) What coping mechanisms do you implement (off the clock) when you feel overwhelmed from work?

8) What aspects of the job do you consider highly stressful?

9) Have there been certain events or situations at work that have deeply impacted you in your work with the patients?

10) Is there a specific moment or moments where you have felt validated in your job? Please describe if yes.

Institutional **R**eview **B**oard

MINNESOTA STATE UNIVERSITY
MOORHEAD.

DATE: December 21, 2020

TO: Jessica Brown, Principal Investigator
                    Jenna Booth, Co-Investigator

FROM: Lisa Karch, Chair
                    Minnesota State University Moorhead IRB

ACTION: **DETERMINATION OF EXEMPT STATUS**

PROJECT TITLE: [1688326-1] The Exploration of why Burnout Occurs with Registered Nurses
                    Who Work In Psychiatric Care Settings
SUBMISSION TYPE: New Project
DECISION DATE: December 18, 2020

Thank you for your submission of New Project materials for this project. The Minnesota State University Moorhead IRB has determined this project is EXEMPT FROM IRB REVIEW according to federal regulations under 45 CFR 46.104.

We will retain a copy of this correspondence within our records.

If you have any questions, please contact the Minnesota State University Moorhead IRB. Please include your project title and reference number in all correspondence with this committee.

This letter has been issued in accordance with all applicable regulations, and a copy is retained within Minnesota State University Moorhead's records.