



Reasons for Psychological Burnout and Low Retention Rates among Nurses: A Systematic Review

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Reasons for Psychological Burnout and Low Retention Rates among New Graduate Nurses: A Systematic Review

Background

Burnout occurs in the form of physical, psychological or emotional exhaustion after exposure to stressful working conditions. In nursing, burnout is commonly experienced due to the nature of work done. The findings from the studies listed in Table 1 show that such factors as long working hours, interpersonal relationships, and occupational stress contribute to burnout among the nurses.

Objectives

The aim of this review is to address the PICO question model, as well as search, identify, gather, review, and critique extant literature on psychological burnout and low retention rates among new graduate nurses.

Methods

A systematic review was conducted to gather peer-reviewed articles published between 2012 and 2017. The target studies were cross-sectional ones, case-control studies, randomized control studies, trials, and epidemiological studies. A variety of search phrases were used to retrieve appropriate sources from a number of online medical databases. Specifically, such keywords as “nurses,” “burnout,” “graduate nurses,” “psychological burnout,” “causes of burnout among nurses,” “lowered retention rates in nursing,” and “causes of lowered retention rates among nurses” were used. The primary databases used were Google Scholar, PsycINFO, Medline, and Cinahl databases.

Results

Among the retrieved articles, 15 met the inclusion criteria and were used for data extraction. The articles investigated burnout amongst nurses, factors that contribute to burnout, burnout among graduate nurses across the world and low retention rates among nurses across the world.

Conclusions and Implications

Introduction

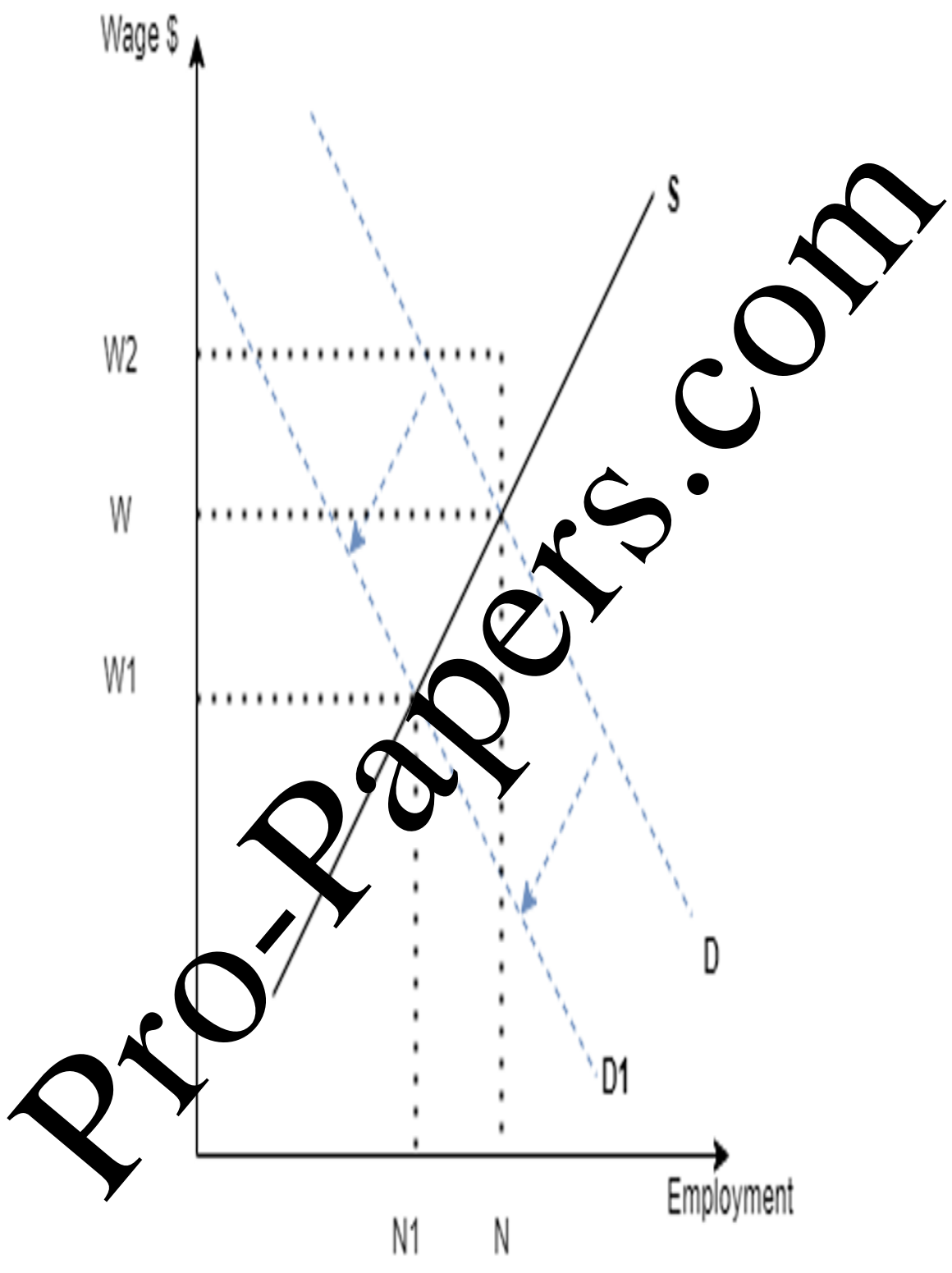
Burnout and lower retention rates are huge concerns in the field of nursing. Burnout results from physical, mental, and emotional stress that leads to negative attitude towards illnesses, work

and patients, and affects empathy. The long-term effects of burnout amongst nurses is poor healthcare delivery to the patient, reduced motivation, and disengagement. As a matter of fact, patients who are attended by a burnout nurse are unsatisfied with the care given and the hospitals and have higher infection rates, as well as bigger number of poor reviews (Ericksen, 2015). There is a need for continuous research into the primary causes of burnout and lowered retention rates among fresh graduates throughout the world.

Method

A systematic review of case studies, case-control studies, epidemiological studies, as well as randomized case control and clinical trials published between 2012 and 2017 was done. The PRISMA guidelines were strictly adhered to during the process of selecting relevant articles for inclusion. The articles were retrieved from four primary databases: Google Scholar, PsycINFO, Medline, and Cinahl databases. The search was conducted using a variety of search terms. These keywords included “nurses,” “burnout,” “graduate nurses,” “psychological burnout,” “causes of burnout among nurses,” “lowered retention rates in nursing,” and “causes of lowered retention rates among nurses.” The Boolean phrases “AND” and “OR” were combined with the various keywords to locate the most relevant peer-reviewed articles. After the first hit, the articles were checked for duplicates which were later removed. Afterwards, the titles and abstracts of the articles were reviewed. Then, the full-text articles were reviewed using the formulated inclusion-exclusion criteria. Full-text articles were included in the study if they were peer-reviewed, published between 2012 and 2017, were written in English and if their study design was randomized control study, longitudinal studies, case-control, epidemiological studies, or case studies. Articles were excluded if they were not in English, were published before 2012 and if they were reviews, meta-analyses, news articles, and opinionated articles. Also, articles were excluded if they did not investigate the primary reasons for psychological burnout and retention rates among graduate nurses. After being subjected to the inclusion-exclusion criteria, the articles’ quality was evaluated using the Modified CASP tool. The tool addresses a variety of aspects ranging from ethical statement, suitability of the method applied, number of participants, etc. The flow chart below shows the comprehensive methodology used to select articles for the review.

RESULTS FLOW CHART



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Table 1

Summary of Retrieved Articles

Author/Year/Country	Methodology	Participants/ sample	Data collection Method	Data analysis method	Limitations
Manzano-Garcia & Ayala (2015), Spain	Mixed methods	40 European experts	The e-Delphi questionnaire which comprised 52 possible factors for burnout was used.	Statistical analysis was done using IBM's SPSS Version 22. Authors analyzed the agreement percentages, frequencies, cumulative percentages and similar descriptive statistics. The mean scores, modes and standard deviations were analyzed.	The study was limited to English researches only. The participants were exclusively from European countries. Therefore, the findings are not generalizable.

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<p>Allen, Holland & Reynolds (2014), Australia</p>	<p>Cross-sectional quantitative study</p>	<p>762 Australian RN.</p>	<p>Self-completed anonymous questionnaires.</p>	<p>Hierarchical regression using SPSS version 20; descriptive and inferential analysis.</p>	<p>Design limits establishment of causal relationships. Collecting data from nurses alone using self-reported questionnaire could result in common method variance errors, also called social desirability bias.</p>
<p>Teixeira et al. (2013), Portugal</p>	<p>Descriptive correlational multicentre study</p>	<p>300 health care professionals comprising of 82 physicians and 218 nurses working in the intensive care unit.</p>	<p>Self-administered questionnaires were distributed and filled out.</p>	<p>SPSS Version 18 was used to analyze descriptive data. Univariate analysis was done for qualitative data.</p>	<p>Generalization in the entire country is problematic as only 10 ICU's were assessed. High non-response rate affects the findings. The professionals were not consulted on actual reasons for them resigning.</p>

<p>Zis, Anagnostopoulos & Sykioti (2014), Greece</p>	<p>Cross-sectional</p>	<p>263 residents from various department of Evangelismos hospital in Greece were recruited for the study.</p>	<p>17-item questionnaire examining characteristics (emotional demands, intellectual demands, workload, and home-work demands) and 14-item questionnaire examining 4 job-related factors (autonomy, opportunities for professional development, support from colleagues, and supervisor's support).</p>	<p>SPSS Version 16 was used for statistical analysis whereas multivariate logistic regression analysis was used for quantitative data.</p>	<p>Greece population limits generalizability. Also, failure to gather data from given departments limits generalization to other departments not covered. Difficult to establish causality due to study design.</p>
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<p>Lahana et al. (2017), Greece</p>	<p>Cross-sectional survey</p>	<p>180 nurses working in centers for the disabled.</p>	<p>Self-administered questionnaires.</p>	<p>Descriptive and univariate analysis using multiple regression statistical package SPSS version 17</p>	<p>A delay due to collection of questionnaires. A lower response rate in certain areas. A considerably low sample size limits the study.</p>
<p>Rees et al. (2016), Australia and Canada</p>	<p>Cross-sectional quantitative design</p>	<p>415 nursing students</p>	<p>Hard copies of the Qualtrics survey were distributed in Australia and Canada.</p>	<p>Path analysis of the model was done. Statistical analysis of percentages, standard deviations and mean was completed.</p>	

<p>Spence, Wau & Grau (2012), Canada</p>	<p>Cross-sectional survey design</p>	<p>342 new graduate nurses</p>	<p>The Authentic Leadership Questionnaire was used to measure four key factors: (1) relational transparency; (2) moral/ethical; (3) balanced processing and; (4) self-awareness.</p>	<p>Path analysis of proposed model. SPSS Version 16 and AMOS statistical software were used for statistical analysis. Descriptive statistics used for computation.</p>	<p>Inability to make causal inferences due to the cross-sectional design. Common method variance is a grave concern as it is associated with bias. Low response rates affect the generalizability of results. Other numerous factors associated with retention of new nursing graduates are not addressed.</p>
<p>Rush, Adamack & Gordon (2013), British Columbia</p>	<p>Qualitative surveys</p>	<p>257 graduate nurses, nurse managers and program coordinators</p>	<p>Online survey using 23 focus groups divided depending on the profession</p>	<p>Nvivo software. Triangulation of findings.</p>	

<p>Wing et al. (2013), Ontario, CAN</p>	<p>Predictive, non-experimental design; cross-sectional study design.</p>	<p>394 graduate nurses across various hospitals in Canada.</p>	<p>Survey package containing a questionnaire.</p>	<p>ANOVA Statistical analysis using SPSS version 18. Descriptive statistics and reliability analysis.</p>	<p>Establishing causation is problematic. Its particular focus on graduate nurses limits generalizability of findings. Use of self-report questionnaire presents risks of personal bias.</p>
<p>Spencer & Fida (2014), Canada</p>	<p>Quantitative surveys.</p>	<p>205 newly graduated nurses.</p>	<p>Standardized questionnaires.</p>	<p>Descriptive statistics.</p>	<p>A group of nurses dropped out during the second phase of the study. The use of self-report may have potentially impacted on personal bias.</p>

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<p>Bogaert et al. (2013), Belgium</p>	<p>Mixed methods comprising cross-sectional and semi-structured individuals interviews.</p>	<p>751 participants (n = 425 and 326) in both French and Dutch speaking Belgian hospitals.</p>	<p>Self-report questionnaires were filled either online or in hard copies.</p>	<p>Descriptive thematic analysis was used to analyze qualitative data.</p> <p>The AMOS version 22 statistical software was used to analyze quantitative data.</p> <p>Also, SPSS version 22 was used for descriptive analysis and computation of Cronbach's alphas.</p>	<p>The models cannot explain causation due to cross-sectional design applied.</p> <p>The qualitative interviews were conducted in a subset of nurses from two departments in the second hospital alone so the findings cannot be generalized.</p> <p>Thirdly, the fact that the results were based on nurses' perceptions raises concerns.</p>
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