

Chapter 19

Association of Occupational Burnout and Nursing Errors With Patient Safety: A Systemic Review

Despoina Pappa

Hygeia Hospital of Athens, University of West Attica, Greece

Chrysoula Dafogianni

University of West Attica, Greece

ABSTRACT

During the daily nursing practice, dangerous situations might appear that, if not recognized and treated early, can lead to fatigue and professional burnout, causing detrimental consequences for the patient's safety and the adequacy of the healthcare quality of the provider. This article aims to synthesize existing research investigating the association between burnout in healthcare professionals with the safety of patient care in the last decade. The authors herein examined specific nurse surveys that involve burnout assessment and association with clinical errors throughout nurse provided care. Results from this search indicate that patient safety culture must be cultivated towards nursing errors and burnout reduction. The prompt recognition of burnout signs is the critical parameter for nursing errors prevention and patient safety, in the long term. Nursing error management is oriented towards investigation of the burnout symptoms and exists as an integral and essential issue for nursing administration to ensure excellent and qualitative patient care.

INTRODUCTION

The mental health status of healthcare professionals is an important issue (Mark & Smith, 2012) and must be of great concern to health care organizations and researchers (Kirwan, Matthews & Scott, 2013). Nurses are called upon to deal with situations of severe psychological stress that could lead to

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occupational distress syndrome over an extended period (Baier, 2018). Such situations are the lack of human resources in hospitals, the quality of interpersonal relationships among team members (Aiken et al., 2002), the attitude of administration to the healthcare centers (Sims, 1997; Robinson et al., 1991). Occupational stress and burnout can have adverse effects on both professional behavior (Bakker et al., 2000) and patient health and safety (Dewa et al., 2017).

When providing nursing care, errors or adverse events are likely to occur. The Institute of Medicine defines error as the failure to complete a planned task or use of a wrong method to accomplish the goal. The World Health Organization (WHO) reports that one out of ten patients has been affected by a human error. Also, the Institute of Medicine adds that between 44,000 and 98,000 deaths are recorded each year due to medical errors (Mohammadfam & Saeidi, 2014; Kopec et al., 2003). Professional qualifications, nursing workload, the patient severe situation can turn into risk factors for patient missed care. Nurses coordinate and accomplish interventions to be directly near the patient (Garcia & Fugulin, 2012) and, thus, health organizations reorient their interest to patient safety culture, something that “must” be apparent during health care and not “nice to have” (Koppenberg J., 2012).

Burnout Syndrome

Bradley (1969) first mentioned the term “staff burnout” and Freudenberg (1974) is stated to be the founded father of occupational burnout. Furthermore, Maslach et al. (1981) gave the frequently cited definition describing it as a syndrome of emotional exhaustion, depersonalization, and personal accomplishment among individuals who do “people work”. The updated 11th International Classification of Diseases (ICD-11) listed burnout among “Factors influencing health status or contact with health services” describing it as the workplace stress that has not been effectively managed including it at the Section “Problems associated with employment or unemployment” not forming a medical disease, though (WHO, 2019).

Burnout in The Nursing Profession

Burnout syndrome affects the general behavior, the productivity level and the professional turnover of nurses. Work-related stress results from the lack of human resources, high workloads, interprofessional conflicts leading to mental fatigue, anxiety, lack of motivation, work absence and job dissatisfaction (Kacmar et al., 2009; Laschinger et al., 2007). In a few studies, sociodemographic factors have been assessed (Gómez-Urquiza et al., 2017; Ayala & Carnero, 2016) while others studied psychological factors such as the five personality traits (Hudek-Knezevic et al., 2011) or occupational factors (Vargas et al., 2014). Nurses at specific departments are more likely to experience higher prevalence rates of burnout. Emergency department nursing personnel seems to face high levels of burnout due to overtime workday (Albendín et al., 2016). Remarkably increased level of burnout is stated by Gómez-Urquiza et al. (2016) for oncology nurses.

Nurses often witness scenes of death and bereavement. So, this exposure, may lead to the appearance of this phenomenon (Ferreira & Lucca, 2015). Nurses in oncology departments face severe levels of burnout (Russell, 2016). Vimantaite & Seskevicius (2006) revealed a huge percentage of 84,4% of nurses that mention emotional stress, unevaluated work and low salaries. ICU nurses were evaluated according to burnout appearance, and revealed a percentage of 14,3% of 91 nurses who suffered from burnout (Vasconcelos & Martino, 2018). Pediatric nurses appeared to have moderate to high levels of

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