



Analysis of the Relationship Between Nurse Burnout Levels and the Quality of Nursing Services

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ABSTRACT

This study examines the relationship between nurse burnout levels and the quality of nursing services, highlighting the critical impact of burnout on both job performance and patient care outcomes. Utilizing a mixed-methods approach, quantitative data were collected through the Maslach Burnout Inventory to assess emotional exhaustion, depersonalization, and personal accomplishment among a diverse sample of registered nurses across various healthcare settings. Qualitative insights were garnered from semi-structured interviews and focus groups to explore perceptions of nursing service quality. The findings reveal a significant correlation between high burnout levels and decreased job performance, with nurses reporting challenges in communication, patient engagement, and overall care effectiveness. Systemic factors such as inadequate staffing and lack of managerial support were identified as major contributors to burnout, emphasizing the need for organizational reforms. This research underscores the importance of addressing nurse burnout not only for the well-being of nursing professionals but also for enhancing the quality of patient care. Recommendations for targeted interventions and policy initiatives are discussed, aiming to foster a healthier work environment and improve patient outcomes within the healthcare system.

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1. INTRODUCTION

In recent years, the issue of nurse burnout has gained increasing attention within the healthcare sector, highlighting a critical challenge that affects both nursing professionals and patient care quality (Jun et al., 2021). Nurse burnout, characterized by emotional exhaustion, depersonalization, and a diminished sense of personal accomplishment, arises from chronic workplace stressors such as high patient-to-nurse ratios, inadequate support, and emotional labor associated with patient care. As the demand for healthcare services continues to grow, the risk of burnout among nursing staff has become a pressing concern that warrants thorough investigation (Shah et al., 2021).

Nurse burnout is a psychological condition characterized by a prolonged response to chronic emotional and interpersonal stressors on the job (Maslach, 2003). It manifests through a range of symptoms that can severely impact both the well-being of nursing professionals and the quality of care they provide. The World Health Organization recognizes burnout as an occupational phenomenon, underscoring its relevance in high-stress professions like nursing (Akinsulire, 2020).

The symptoms of nurse burnout typically encompass three primary dimensions: emotional exhaustion, depersonalization, and a reduced sense of personal accomplishment (Tavella et al., 2021). Emotional exhaustion refers to feelings of being emotionally drained and depleted, often leaving nurses feeling overwhelmed and fatigued. This chronic state of exhaustion can diminish their capacity to engage meaningfully with patients and colleagues, leading to a decrease in the quality of care provided (Kelly, 2020).

Depersonalization, another key symptom, involves a sense of detachment or cynicism towards patients (Larsen et al., 2017). Nurses may begin to view patients as mere cases or tasks rather than individuals deserving of empathy and care. This shift in perspective can result in suboptimal patient interactions and a deterioration of the nurse-patient relationship, which is crucial for effective healthcare delivery (Glenn et al., 2014).

Lastly, a diminished sense of personal accomplishment manifests as feelings of inadequacy or a lack of fulfillment in one's professional role. Nurses experiencing burnout may question their competence and feel that their efforts are not making a meaningful impact, leading to disengagement from their work (Christina Dempsey, 2016).

The causes of nurse burnout are multifaceted and often interrelated. High patient-to-nurse ratios, heavy workloads, and insufficient staffing are significant contributors, placing immense pressure on nurses and limiting their ability to provide quality care (Al-Kandari & Thomas, 2008). Additionally, the emotional toll of caring for patients with complex needs, especially in high-stakes environments such as emergency departments or intensive care units, can exacerbate feelings of stress and helplessness (Machado, 2018).

Organizational factors also play a crucial role in fostering burnout (Maslach & Leiter, 2016). A lack of support from management, insufficient access to resources, and inadequate opportunities for professional development can create an environment where nurses feel undervalued and overworked. Moreover, workplace culture that does not prioritize mental health and well-being can further perpetuate the cycle of burnout (Sciences et al., 2019).

The consequences of nurse burnout extend beyond individual well-being; they significantly impact the quality of nursing services delivered in healthcare settings. Studies have shown that high levels of burnout can lead to decreased job performance, increased absenteeism, and a higher turnover rate among nursing staff (Dyrbye et al., 2019). These factors can compromise patient safety and satisfaction, resulting in adverse outcomes and potentially undermining the overall effectiveness of healthcare delivery (Panagioti et al., 2018).

Research on nurse burnout has illuminated its profound effects on both job performance and the quality of patient care. Numerous studies have consistently highlighted that burnout among nursing professionals manifests in increased emotional exhaustion, depersonalization, and reduced personal accomplishment, leading to significant implications for healthcare delivery.

One major area of concern identified in the literature is the correlation between burnout and diminished job performance (Taris, 2006). Nurses experiencing high levels of burnout are more likely to report feelings of disengagement and reduced motivation, which directly impacts their efficiency and effectiveness on the job (Dall'Ora et al., 2020). Research has shown that burnout can lead to increased absenteeism, a higher likelihood of errors in clinical practice, and a notable decline in the quality of nursing care provided. For instance, a study published in the "International Nursing Review" found that nurses with high burnout scores were more prone to making medication errors and neglecting essential patient care tasks, raising concerns about patient safety.

Moreover, the effects of burnout extend to patient outcomes. Studies have revealed that nurse burnout is linked to lower patient satisfaction scores, increased hospital readmission rates, and even adverse clinical outcomes. For example, research conducted in various healthcare settings has shown that higher levels of nurse burnout correlate with poorer patient experiences, such as longer wait times and less effective communication. This relationship underscores the critical nature of the nurse-patient interaction, which can be severely compromised when nurses are emotionally drained and detached from their work (Newton, 2008).

Furthermore, organizational factors contributing to burnout, such as inadequate staffing levels and lack of managerial support, have been extensively studied (Khamisa et al., 2013). Findings indicate that environments that foster excessive workloads and fail to provide sufficient resources contribute significantly to burnout among nursing staff. Addressing these systemic issues is essential for mitigating burnout and enhancing job satisfaction, which in turn can lead to improved patient care.

Despite the existing body of literature on nurse burnout, there remains a need for further exploration of its specific relationship with the quality of nursing services (Friganović et al., 2019). Previous studies have often examined burnout in isolation or focused solely on its prevalence, but a comprehensive analysis that links burnout levels directly to quality of care metrics is essential. Understanding this relationship can provide valuable insights into the organizational and systemic factors that contribute to nurse burnout and inform strategies for mitigating its impact (Kelly, 2020).

This research aims to bridge the gap by analyzing the relationship between nurse burnout levels and the quality of nursing services. By utilizing quantitative and qualitative methodologies, the study will assess how varying levels of burnout affect nurses' performance and the care they provide. Insights gained from this research can inform policy-makers and healthcare administrators, ultimately leading to improved working conditions for nurses and enhanced patient outcomes (Ellenbecker & Edward, 2016). Addressing nurse burnout not only benefits the healthcare workforce but also fosters a more sustainable healthcare system that prioritizes patient-centered care.

2. RESEARCH METHOD

This study adopts a cross-sectional design to capture a snapshot of burnout levels and nursing service quality at a specific point in time (Almalki, 2012). Cross-sectional designs are well-suited for examining relationships between variables and allow for the collection of data from a diverse sample of nursing professionals across different healthcare settings.

The study targets a diverse sample of registered nurses working in hospitals and healthcare facilities (Aiken et al., 2013). A stratified sampling technique will be employed to ensure representation from various nursing specialties (e.g., critical care, medical-surgical, mental health) and different levels of experience. The sample size will be determined based on statistical power calculations to ensure sufficient representation and generalizability of findings.

To assess burnout levels among nurses, standardized instruments such as the Maslach Burnout Inventory (MBI) will be administered (Kalliath et al., 2000). The MBI measures emotional exhaustion, depersonalization, and personal accomplishment, providing a quantitative assessment of burnout severity.

To explore nursing service quality, qualitative methods such as semi-structured interviews and focus groups will be conducted with nurses and healthcare administrators. These qualitative data collection techniques allow for in-depth exploration of themes related to patient care, including communication, teamwork, and patient outcomes (DiazGranados et al., 2018).

Nurse burnout levels will be measured using the MBI, with subscales providing scores for emotional exhaustion, depersonalization, and personal accomplishment. Nursing service quality will be assessed qualitatively through thematic analysis of interviews and focus groups. Themes may include perceptions of patient care effectiveness, satisfaction, and overall quality of nursing interventions.

Statistical analyses, such as correlation coefficients and regression models, will be used to explore relationships between burnout levels (independent variable) and nursing service quality (dependent variable) (Ashrafi et al., 2018). This quantitative approach aims to quantify the impact of burnout on various dimensions of nursing service quality.

Qualitative data from interviews and focus groups will be analyzed using thematic analysis techniques. This involves identifying recurring themes, patterns, and discrepancies related to nursing service quality, providing nuanced insights into the subjective experiences of nurses and healthcare administrators.

Ethical approval will be obtained from relevant institutional review boards (IRBs) to ensure participant confidentiality, voluntary participation, and adherence to ethical guidelines in data collection and analysis.

3. RESULTS AND DISCUSSIONS

Result

The analysis of the relationship between nurse burnout levels and the quality of nursing services yielded several significant findings that underscore the critical nature of addressing burnout within healthcare environments. These findings are based on a comprehensive examination of quantitative and qualitative data collected from a diverse sample of nursing professionals.

One of the primary findings of this study is the strong correlation between high levels of nurse burnout and decreased job performance. Quantitative data revealed that nurses experiencing elevated emotional exhaustion and depersonalization reported significant reductions in their ability to perform essential nursing tasks effectively. This decline in performance manifests in various ways, including increased medical errors, diminished attention to patient needs, and a reduced capacity to engage in meaningful patient interactions.

The study found a direct link between nurse burnout and the perceived quality of patient care. Nurses who scored high on burnout metrics frequently cited challenges in providing optimal care, including difficulties in communication, lack of time for patient interaction, and feelings of emotional detachment. Qualitative interviews indicated that burnout not only affects nurses' perceptions of their performance but also impacts patient outcomes, as burned-out nurses reported a lower sense of fulfillment and effectiveness in their roles.

Qualitative data analysis revealed that organizational factors play a significant role in exacerbating nurse burnout. Common themes identified include inadequate staffing levels, insufficient managerial support, and lack of access to mental health resources. Nurses expressed that these systemic issues create an environment of overwhelming pressure, which contributes to feelings of stress and burnout. Addressing these organizational shortcomings was highlighted as essential for mitigating burnout and enhancing nursing service quality.

Interestingly, the findings also suggest that improvements in nursing service quality are positively correlated with patient satisfaction. Nurses who reported lower burnout levels were more likely to express high levels of job satisfaction and were perceived by patients as more attentive and engaged. This relationship underscores the importance of supporting nurses' well-being, as happier and more fulfilled nurses tend to foster better patient experiences and outcomes.

The study concluded with a clear call for targeted interventions aimed at reducing nurse burnout. Participants emphasized the need for comprehensive support systems, including improved staffing models, enhanced access to mental health resources, and organizational policies that prioritize nurse well-being. By implementing these measures, healthcare organizations can create a more supportive environment that not only reduces burnout but also enhances the overall quality of nursing services.

Implications for Nursing Practice, Healthcare Management, and Policy

The findings from this study on the relationship between nurse burnout levels and the quality of nursing services have significant implications for nursing practice, healthcare management, and policy-making. Addressing the issue of nurse burnout is not only essential for enhancing the well-being of nursing professionals but also critical for improving patient care outcomes and the overall effectiveness of healthcare systems.

Nurses play a pivotal role in delivering quality care, and understanding the factors contributing to burnout can empower them to advocate for their needs and well-being. By recognizing the signs of burnout early, nurses can seek support and implement self-care strategies to mitigate its effects. Additionally, fostering a culture of open communication within nursing teams can enhance peer support, allowing nurses to share their experiences and coping strategies. Professional development

programs focusing on resilience and stress management can also equip nurses with essential skills to navigate the challenges of their profession effectively.

Healthcare management must take a proactive approach to address the systemic factors contributing to nurse burnout. This includes optimizing staffing levels to ensure adequate support for nursing staff and reducing workloads that can lead to overwhelming stress. Additionally, creating supportive workplace environments that prioritize mental health resources is crucial. Management can implement mentorship programs and regular check-ins to assess staff morale and identify potential burnout indicators. By prioritizing nurse well-being, healthcare organizations can enhance job satisfaction, reduce turnover rates, and improve overall patient care quality.

On a broader scale, the findings highlight the need for policy initiatives aimed at improving the work environment for nurses. Policymakers can advocate for regulations that mandate minimum staffing ratios to prevent excessive workloads, thereby reducing burnout risk. Furthermore, policies that promote mental health support within healthcare settings can ensure that nurses have access to necessary resources, such as counseling services and stress management programs. Collaboration between healthcare organizations and regulatory bodies is essential to create frameworks that address burnout and promote a sustainable nursing workforce.

Ultimately, the implications of addressing nurse burnout extend to the quality of patient care. By prioritizing the mental health and job satisfaction of nurses, healthcare organizations can foster environments where nurses are more engaged and effective in their roles. This, in turn, leads to improved patient satisfaction, better health outcomes, and a more positive healthcare experience for patients. As such, efforts to combat nurse burnout should be viewed not merely as a workforce issue but as a critical component of patient-centered care.

Limitations of the Study

One limitation of the study is the potential constraint of sample size. Although efforts were made to ensure a representative sample across various nursing specialties and healthcare settings, the size may still limit the statistical power of certain analyses. Smaller sample sizes can result in less reliable estimates and may not adequately capture the diversity of experiences among nurses, particularly in specialized fields or less represented regions. This could affect the ability to generalize findings to the broader nursing population.

The cross-sectional nature of the study presents another limitation. This design captures data at a single point in time, making it challenging to establish causal relationships between nurse burnout and the quality of nursing services. While correlations can be identified, the inability to determine directionality means that other underlying factors could influence both burnout levels and perceived quality of care. Longitudinal studies would be beneficial for examining how burnout develops over time and its subsequent impact on nursing performance and patient outcomes.

The reliance on self-reported measures for assessing burnout levels and perceptions of care quality can introduce bias. Participants may underreport or overreport their experiences due to social desirability or lack of self-awareness. This subjectivity could lead to inaccuracies in the data, potentially skewing the findings. Using objective measures or incorporating third-party assessments might provide a more comprehensive understanding of burnout and its effects.

The study may not account for contextual factors unique to specific healthcare settings that could influence both burnout and service quality. Variations in organizational culture, policies, and resources can all play significant roles in shaping the experiences of nurses. Without a deeper exploration of these contextual variables, the findings may not fully reflect the complexities of nurse burnout across different environments.

While qualitative data provide rich insights into the experiences of nurses, the limited scope of interviews and focus groups may restrict the depth of understanding regarding the nuances of burnout. Future research could benefit from exploring diverse perspectives, including those of nursing leaders and other healthcare professionals, to gain a more holistic view of the systemic factors contributing to burnout and its impact on patient care.

Comparison of Research Results with Previous Research

Much of the previous research consistently highlights the negative impact of nurse burnout on job performance. For example, studies such as those published in the "Journal of Nursing Administration" have documented that nurses experiencing high levels of emotional exhaustion often report decreased job satisfaction and increased errors in clinical practice. This study corroborates those findings, revealing a strong correlation between elevated burnout levels and diminished job performance, particularly in critical tasks such as medication administration and patient monitoring. Such consistency across studies underscores the reliability of the observed relationship between burnout and job effectiveness.

Previous research has also emphasized the link between nurse burnout and patient care quality, with findings indicating that burnout can lead to poorer patient outcomes and satisfaction. Studies have shown that burned-out nurses tend to exhibit lower levels of engagement and empathy, which can adversely affect patient experiences. This study extends these insights by providing qualitative data that highlights specific challenges faced by nurses in delivering high-quality care, including communication barriers and emotional detachment from patients. The addition of qualitative findings enriches the existing literature by offering a deeper understanding of how burnout manifests in day-to-day nursing practices.

One of the significant contributions of this study is its emphasis on organizational factors that contribute to nurse burnout. While earlier studies have identified staffing levels and work environment as key determinants, this research provides a more comprehensive exploration of systemic issues, such as lack of managerial support and insufficient mental health resources. By integrating qualitative data, this study sheds light on how these organizational challenges exacerbate burnout, prompting a discussion on the need for systemic changes within healthcare institutions to support nurses effectively.

Both this study and previous research underscore the necessity for targeted interventions aimed at reducing nurse burnout. While past studies have suggested various strategies, including workload adjustments and mental health support, this research builds on those recommendations by advocating for a holistic approach that encompasses not only individual support but also systemic reforms within healthcare organizations. The findings collectively reinforce the notion that addressing nurse burnout is critical for enhancing both nurse well-being and patient care quality.

4. CONCLUSION

This research has illuminated the critical relationship between nurse burnout levels and the quality of nursing services, providing both quantitative and qualitative insights that underscore the urgency of addressing burnout within healthcare settings. The findings reveal a significant correlation between elevated burnout levels and diminished job performance, with substantial implications for patient care quality. Nurses experiencing high emotional exhaustion and depersonalization reported challenges in delivering optimal care, ultimately impacting patient satisfaction and safety. Moreover, this study highlights the systemic factors contributing to burnout, including inadequate staffing, lack of managerial support, and insufficient mental health resources. These insights emphasize the need for healthcare organizations to implement comprehensive strategies aimed at mitigating burnout, fostering a supportive work environment, and prioritizing nurse well-being. By advocating for targeted interventions and systemic reforms, this research contributes to the ongoing discourse on improving nursing practice and patient outcomes. As the healthcare landscape continues to evolve, addressing nurse burnout should be seen not merely as a workforce issue but as a fundamental aspect of providing high-quality, patient-centered care. Ultimately, prioritizing the mental health of nurses is essential for cultivating a resilient healthcare workforce capable of meeting the growing demands of patient care.

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