

Nurse Burnout and Implementation of Stress Relieving Techniques

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future students a model example of an Honors senior thesis project.*

Introduction

Nurse burnout can be defined as the emotional, physical and mental strain that the profession of nursing has on the nurse; leading to dissatisfaction with their job and their ability to practice (“Nurse Burnout”, 2019). Unfortunately, nurse burnout is prevalent throughout healthcare institutions. Burned out nurses are more prone to making medication and other patient related errors. Thus, an increase in the amount of nurses experiencing burnout can be a strong indicator of the decrease in the number of safe and effective nurses there are practicing at any given time within an institution. (Isa, et al., 219). Burnout can affect nurses of all backgrounds and specialties. There are lots of factors that contribute to the burnout that many nurses experience. Some of these things include the personal, emotional and social aspects of their lives and; not to mention the inherent duties that come with the profession. Stressors like dealing with demanding work-loads, long hours, and emotionally taxing cases can affect a nurse as time goes on. Nurses also have to deal with their everyday lives after they are off the clock, such as family commitments or hobbies. Additionally, as of recently, there has been a shortage of nursing staff in inpatient and outpatient settings as well as a shortage of nurse educators at the college or university settings. All of these factors lead to nurse burnout being the number one reason nurses tend to leave the profession (Isa, et al., 2019).

Whether the stressors of burnout impacts a nurse early or late in their career, the effects can be hard to cope with. Self-care is a term that is being increasingly used among the nursing community. It refers to nurses taking time out of their busy schedules to focus on and provide compassionate care to themselves (Ruff, 2016). Nurse Managers encourage their staff nurses to perform some sort of self-care daily in order to combat the effects of nurse burnout. Nurse Managers encourage this frequent practice of self-care in hopes that it is proactively preventing

their staff nurses from feeling the effects of burnout and unresolved work-related stress. Nurses, of all professions, tend to struggle with this balance more than others, largely due to the strain and hardships that they face from day-to-day in the clinical workplace (Merighi et al., 2011). Examples of encouraged forms of self-care can be taking a nap, creating a healthy meal for their families and yoga or other types of exercises (Farnstrom, 2016).

Literature Review

Nursing is one of the most trusted professions and has inherent rewards that often are not quantifiable. However, it is easy for a nurse to feel the stress caused by such a high stakes and an ever-changing and constantly demanding job. Stress in a nursing career can stem from so many sources such as, conflicts and poor communication between themselves and doctors or other health care professionals, heavy workloads, and witnessing the suffering and even death of their patients (Isa, et al., 2019). Nurses often work while in pain, sleep deprived, hungry and even in a state of depression (Farnstrom, 2016). Stress can even arise from the need to constantly know the newest and best forms of practice by always reviewing the evidence based practice guidelines. Nurses must constantly remain abreast of the changes and updates in science and technology related to health and patient care. Routine stressors of the work day can cause nurses to feel overwhelmed with their job. Nurses often spend 12 hours or greater in the same environment in harsh lighting while trying to solve complicated patient situations. The combination of these factors and conditions can lead to errors, such as a dreaded medication error (Isa, et al., 2019). A bigger problem can arise when these errors do harm to a patient or negatively affect their outcome.

Furthermore, prolonged and constant stress can have detrimental effects on physical health. Nurses are keenly aware of the impact of stress on the body because they are constantly

educating their patients on the harmful effects of stress. Untreated harmful effects of stress on the body can arise, such as alterations in cortisol levels in the body, increased blood pressure and development of ulcers (Thomas, Bantz & McIntosh, 2019). In fact, stress has been linked to seven of the top ten causes of deaths worldwide. The most dangerous of which, cardiovascular disease, that has been noted to have a distinct connection to unresolved occupational stress (Isa, et al., 2019). Nurses help their patients to understand all the negative consequences that stress can induce on our bodies, however, they often do not address their own levels of stress effectively (Ruff, 2016).

Stress can present in other ways as well, including psychosomatic symptoms in which the nurse thinks she has a physical illness but really it is just an accumulation of stress presenting itself in physical forms. For example, burned out nurses can become angry and irritable. They can feel exhausted, depressed and hopeless. Other physical signs and symptoms of burnout include isolation from friends/family, headaches, fainting and even heart palpitations (Thomas, et al., 2019). Stress has even been noted to cause premature aging (“Stress symptoms”, 2019). Sometimes nurses may become dependent on substances to get them through the day such as caffeine, sugar or cigarettes. These vices then have even more negative effects on the health of nurses than just the accretion of stress alone (Ruff, 2016).

Nurse burnout not only effects the individual’s health and home-life, but also their work life. Burnout among nurses can lead to organizational and institutional insufficiencies, decreased job satisfaction and high staff turnover (Isa et al., 2019). These affect the individual nurse as well as the hospitals or organizations that employ them. In response to this, the World Health Organization has encouraged all institutions that employ nurses to do a continuous assessment of their health risks. This includes assessing for a positive state of physical, mental and social

wellbeing and creating and maintaining a healthy working environment. The viewpoint of WHO is that work related stress is a toxic condition, and in order to prevent it from becoming a chronic issue, they suggest employers encourage treatment through self-care services and activities (Isa, et al., 2019). The Joint Commission has stated that all hospitals should intensify their efforts to monitor the health status of their workers and increase their efforts to address the health problems that burned out nurses face (Stimpfel, Sloane & Aiken, 2012). The problem institutions come across is actually making nurses participate and initiate this “treatment” in order to better themselves (Isa et al., 2019).

Lee, Kuo, Chien and Wang (2016) identified depersonalization as another negative outcome from nurses who experience burnout. Depersonalization happens when nurses consider their patients to be objects when caring for them rather than people in need of compassionate care. In this way, nurses can lose their sense of sympathy and empathy; thus treating their patients with a sense of indifference (Lee, et al., 2016). The study states that nurses unconsciously utilize depersonalization as a coping mechanism in order to deal with the emotional exhaustion related to burnout. It was concluded in the study that nurses who performed interventions to reduce burnout had a decreased risk for utilizing depersonalization as a coping strategy (Lee, et al., 2016).

Nurses are faced with many other responsibilities and duties besides those that stem from their occupation. Many nurses have families which include spouses, children, and pets or any combination of the three. Even more, nurses may have to deal with personal hardships like the declining health of a loved one, financial burdens and other social problems. These factors all add to the cumulative stress they may already feel from their occupations. Many nurses have other occupational roles such as a Nurse Manager, a charge nurse or take on the role of being a

mentor or preceptor to new nurses. Even more, nurses can choose to teach at higher education institutions or further their own education and pursue higher degrees, further adding to their responsibilities. Educators may feel inclined to join board meetings, committees and other sorts of sub-commissions. All these factors can make it difficult for nurses to balance all of their social roles with their role as a nurse. Due to role conflict, a nurse can find it difficult to perform multiple roles while maintaining adequate care of oneself (Merighi, et al., 2011).

Currently, in the United States there is a shortage of practicing nurses who are qualified to teach at nursing schools and other higher institutions. This limit of nursing faculty adds to the ever prevalent shortage of nurses practicing in clinical settings (Aquino, Lee, Spawn & Bishop Royse, 2018). A study done by Aquino, Lee, Spawn and Bishop-Royse (2018) was conducted in order to examine how to retain nursing faculty at higher institutions and decrease the burnout they experience to prevent them from leaving academia. The study discusses how nursing faculty require a lot of support and mental preparation in order to remain in their role as professors and educators. Many nursing faculty feel burnout related to this profession from demanding course loads, professional requirements and having multiple other commitments. Other commitments that may be required of nursing faculty include counseling students, engaging in institutional committees and conducting independent research. Nursing faculty spend on average 56 additional hours per week completing tasks related to this aspect of their profession (Thomas, et al., 2019). The demand from all these factors ultimately puts nursing faculty at an increased risk for experiencing burnout (Aquino, et al., 2018).

Nurse faculty burnout has a lot of the same signs and symptoms as clinical nurse burnout. However, there are some signs and symptoms that are specific to the burnout that nurse faculty at higher institutions feel. Burned out faculty nurses can distance themselves from students and

peers. They can also be found to avoid department meetings, grade in a state of cynicism and have an overall lack of interest in their students' success and ability to learn (Thomas, et al., 2019). Aquino et al. (2018) concluded that 68% of the participants that were surveyed said they would leave their positions in academia within the next 6 years because of the amount of burnout they experienced.

It is suggested by Thomas et al. (2019) that nurses who want to become faculty at higher institutions need to review their contracts carefully before signing them and accepting a position. These individuals should specifically be looking for requirements such as the amount of independent research required, grant work that would need to be done and the amount and type of writing expected of them. They should also be vigilant of descriptions in the contract alluding to the amount of service hours and clinical practice hours required by the job. Many times nurse faculty are expected to hold clinical hours during the evenings, weekends and holidays (Thomas, et al., 2019).

Between work, family, social pressure and education, nurses tend to have less time to care for themselves. Merighi et al. (2011) concluded that the professional and personal lives of nurses needs an interface which can allow these worlds to co-exist and for each role to be sufficiently fulfilled. The author states that for the most part, a conflict between roles arises when one role prevails in importance over the others. This demonstrates why maintaining roles can be so difficult. They each have to be tended to with a keen sense of balance in order for there to be no conflict. This occupational role is the one that frequently prevails, causing the other roles to suffer, which ultimately leads to internal stress and the feeling of being burned out (Merighi, et al., 2011).

Mental fatigue arising from the stressors at work and other responsibilities such as school work can cause a great deal of exhaustion for nurses. The occupation of nursing fundamentally requires nurses to constantly be aware and knowledgeable about updated research and practices within the field. Nurses are always encouraged to follow evidence based practices and pursue ways to improve what is already known to facilitate better patient outcomes (Thomas, et al., 2019). Nursing requires continuous learning both during the work day and independently beyond the work day in order to keep current with research and evidence based practice. It is these types of mental and intellectual fatigue that can cause nurses to not have the energy to perform everyday tasks such as house work or exercise. Nurses are often left feeling like what they are doing isn't enough and that there is always something left to do, which results in stress and leads to negative effects on the body. These are among the reasons nurses push self-care into the background. Lack of self-care and role differentiation can thus cause emotional exhaustion and have other mental health repercussions as well (Merighi, et al., 2011).

A reliable support system has been shown to reduce role conflict. Support systems can include a comprising spouse, helpful relatives, reliable assistants or accommodating managers. A positive support network is crucial to have both inside and outside of the workplace. Having a support network at disposal can allow for nurses to delegate multiple duties so they can better focus on other duties. Delegation helps nurses feel as if they have better role performance overall (Merighi, et al., 2011). Simple things at home such as unloading the dishwasher, walking the dog or cleaning the bathroom can be delegated to trusted friends or family. The impact of even modest delegation like mentioned above can have a significant positive effect on the quality of tasks performed at work.

Nurses frequently find ineffective and unhealthy ways to deal with stress they encounter from work, home or school. A questionnaire developed by Folkman and Lazarus (1988) identified some of the ineffective ways nurses seek out stress relief. One of which is “confrontative” coping behaviors. This type of behavior is when someone becomes defensive for no apparent reason and starts arguments with others instead of thinking problems through rationally. Other coping behaviors identified include: 1) distancing from the situation or practicing ignorance in regards to the problem at hand, 2) self-controlling behaviors in which the person bottles up their feelings and ends up having a meltdown sometime in the future and 3) avoidance behaviors that include a person relying on an unhealthy habit to feel better, for example, turning to alcohol as a coping mechanism (Isa, et al., 2019). The goal, overall, is to prevent nurses from relying on these unhealthy coping strategies and encouraging them to focus on and develop the use of healthier ones.

Folkman and Lazarus (1988) identified positive coping strategies that nurses experiencing high levels of stress can use. One technique is the act of seeking social support and allowing one to open up to others in order to express built-up feelings. They also suggest “planful” problem solving. This is when nurses can solve stressful situations by creating step-by-step plans and thus brainstorming different possible solutions to their problems. Lastly, they explain the effectiveness of a strategy called positive reappraisal. This requires a nurse to look at the situation that is currently causing them distress and find the positive in it. For example, they can identify what was learned during that stressful time and rediscover the value of that particular experience (Folkman & Lazarus, 1988).

Developing coping strategies for stressful situations is an indispensable nursing skill. Nurses are always are how they are going to handle stressful situations or the stress that their

patients may be under. We learn how to teach calming techniques to our patients. They learn how to be good listeners to them and their support systems in order to find out which techniques will work best for them. This same skill-set should be applied outside of work and into the personal lives of nurses (Isa, et al., 2019). It is imperative that nurses listen to their own preferences and what their bodies want them to do in order to relieve some stress held within. With this stress comes the lack of self-care performed by nurses. Self-care deficits can generate unwelcomed intrinsic dissatisfaction among nurses. Untreated stress can soon cause a nurse to feel burned out. A great deal of this emotional turmoil can be avoided if nurses participate in self-care. Self-care can significantly reduce the amount of stress experienced by nurses. There are so many forms of self-care and de-stressing activities available that there really is an option for everyone, despite what their preferences may be (Thomas, et al., 2019).

Farnstrom (2016) suggest that each nurse needs to take the time to ask themselves one simple question on a regular basis. The question is as follows: “What would I change to make myself feel better?” (page 7). This simple question can help a nurse to identify their stressors and create a priority list of the things they truly want to change. Farnstrom lists several easy and cost-free activities recommended for nurses to participate in. Some include sewing, painting, cooking, exercising, volunteering or reading. In addition to these extra activities, there are other self-care activities that can be incorporated into a nurse’s daily routine.

For example, hydration is a self-care task that is often forgotten about and left in the background of a nurse’s daily routine. Nurses often neglect hydrating throughout the day because they do not have much time in the chaos of the day to use the restroom. Research suggests that satisfactory hydration throughout the day improves mental alertness and promotes better critical thinking skills, both of which are essential to nursing (Farnstrom, 2016). Along with good

hydration comes good nutrition. Many nurses eat on the run while at work or skip eating altogether for sake of staying with their patients. Often times, if a nurse does carve out time to eat a meal, the options for intake are less than healthful. This is mostly because nutritious food takes time to prepare and nurses, often, do not have this extra time at home to prepare healthy meals such as salads, meals with lean meat and meals with complex whole grains. Consumption of less processed foods leads to better nutrition so eating wholesome foods should be a priority for nurses (Farnstrom, 2016).

Sleep is another key predictor to status of one's mental health and optimal functionality. Sleep is when our bodies try to mend themselves, new memories are formed and tasks are organized in our brains. A well-rested nurse is able to make decisions and overall is more tolerant to stressors. Studies show that the average person, nurses included, need about 8 hours of sleep each night in order to function properly throughout the day and minimize the amount of errors made during a shift (Farnstrom, 2016). Farnstrom (2016) states that multiple studies have shown that it is adventitious to not use any kind of electronics for at least 2 hours before heading to bed. Staying on a regular schedule and going to bed around the same time each day helps set a person's circadian rhythm. This, however, is very hard for nurses to do, especially if they work rotating shifts. Even for people who have to sleep during the day, it has been shown that trying to create a cool, dark environment leads to better sleep outcomes (Farnstrom, 2016).

Exercise is very important in the fight against stress. Even simple exercise efforts such as walking can have powerful positive effects on the body. Regular exercise not only decreases the likelihood of acquiring diseases but also helps to decrease anxiety overall. Exercise increases your physical and mental stamina, improve your mental outlook and increases energy to do the next task on the "To-Do" list (Farnstrom, 2016). Nurses who exercise with a friend or family

member are more likely to stick to it than those who take on the efforts alone. Even 15 minutes a day spent moving with purpose can drastically improve a nurse's outlook and mental resilience for their job. The protections gained from exercise are vital to helping nurses perform their best both in and outside of the workplace (Farnstrom, 2016).

Self-care requires courage, commitment and persistence (Ruff, 2016). Ruff (2016) states that it often takes a nurse to be assertive with themselves in order to take responsibility for their own health and not the health of others. This can be hard because caring for the health of others is so innate to nurses, that it takes strong-willed assertiveness for a nurse to take care of themselves. However, without this insistence for self-care, nurses can develop negative outcomes.

Ruff (2016) describes methods that can be used to reduce nurse burnout such as meditation to allow the mind to feel lucid, peaceful and harmonious. Meditation has been proven to facilitate the body to become more refreshed and aids in the physical recovery of the body from stress. Granted, meditation isn't for everyone, but it at least is a good start for a nurse who is trying to make the commitment to themselves to tackle nurse burnout head on and focus on living a healthier life. It is important to find something in life that allows nurses to renew themselves every day and allows them to be happier, healthier and more productive (Ruff, 2016).

Thomas et al. (2019) describes ways in which institutions can help reduce the effects of burnout felt by their nurses who also hold educational positions. Skilled communication, adequate staffing and effective decision making are some of the suggestions listed. The institutions also need to be understanding of when a nurse educator states that they cannot meet with students outside of scheduled office hours or that they cannot take on additional assignments. Thomas et al. (2019) also suggests that department directors should positively

reward accomplishments and achievements made by their faculty nurses. Support is another huge help for nurse educators who may be experiencing burnout. For example, co-teaching, co-authoring and team-presenting is encouraged (Thomas, et al., 2019).

Purpose

The purpose of this senior honors thesis was to provide and examine the effect of self-care activities for the nursing faculty at SUNY Brockport. The nurse faculty at SUNY Brockport are not only hardworking practicing nurses, but also are nursing instructors at this institution and are intrinsic parts of their family units. They are always encouraging their students to take time for themselves and preform self-care activities so the intent was to create the same type of environment for them with similar ideals. The nursing professors at the college have voiced that their stress levels are at an all-time high. During a recent Department of Nursing meeting at The College at Brockport, the nursing faculty have stated that they are concerned that they are not doing their teaching, or any of their jobs for that matter, to their fullest extent. They also have voiced that the traditional ways that they try to deal with their stressors, are not working anymore. This thesis was conducted in order to examine the importance of self-care activities for nursing faculty and encourage the faculty at The College at Brockport to make self-care a priority.

Methods

A series of 3 self-care sessions were conducted for the nursing faculty at The College at Brockport. The sessions were set up at the beginning of each month during the Department of Nursing meetings and encouraged anyone who walked by to stop and take a minute for themselves and indulge in self-care. Poster boards were used during each session that explained the science or mechanisms behind each form of self-care that was currently being presented

about. Also, included were brief facts about healthy eating and other various facts about nutrition. These facts were included because it has been shown that healthy eating is an essential base to living a stress-reduced lifestyle.

The first session contained information about the power and use of positive affirmations and positive self-talk in reducing stress. A pile of pre-made index cards were created with positive affirmations. These were then placed on the center of the table as a starting point for people who joined the session. The cards contained phrases of encouragement, wisdom, kindness and positivity. Each person was then instructed to stop by and take a card from the center of the table and then replace it with a card they made on their own, also containing a positive affirmation or a message of encouragement. Participants were also encouraged to take the cards home and place them on their desks, bathroom mirrors or nightstands. This way, they could see the affirmation at all times of the day. This particular session also had nutritional information about proper portion sizes in relation to the size of your plate. A game was created in which the plate was divided into 5 sections and participants then had to guess which section was meant for which food group based on its size.

The second session involved the use of arts and crafts since that was a generously requested form of self-care from the faculty and students that participated in my survey. Pages were then printed out from adult coloring books and some Play-Doh was provided at this session. Participants who had time to stop by were encouraged to engage in a few minutes of tactile de-stressing. This session included nutritional motivation involving attendees to question what they choose to fill their bodies with. The goal was to help participants to choose nutrient rich foods to fuel their bodies with over foods that lacked any real nutritional value. The poster board focused

on things attendees could do to help inspire themselves to make healthy choices when filling their bodies and some “Super Foods” were listed as examples of great options to fuel one’s body.

The last session was all about the use of aromatherapy and essential oils. A poster board included information about the historical usage of aromatherapy oils and how they are made. Listed were the most common ones and what the benefits from using them are. The nutritional aspect of this session involved explanations on the indications for consumption of essential oils and how to do so safely. Vials of four different kinds of essential oil mixes were hand crafted for attendees to apply to themselves or on a fragrance sample card and take with them. Participants were encouraged to roll some of the aromatherapy oils on a fragrance card and take it with them. One survey was done for this session. The questions were; 1) Which aromatherapy scent did you like the most? 2) Have you ever used aromatherapy as a relaxation technique before? 3) What is your favorite form of self-care? All data below was analyzed using the SPSS system available in the Academic Success Center (see figure 1 and 2 for results).

Results

Results showed that 80% of the participants got the proportions from the proportion game wrong. The total number of participants in the study where correct proportion sizes and favorite forms of self-care were surveyed was 36. This exercise helped participants understand the correct proportions to use when constructing their meals. Thirty-nine percent of participants surveyed reported that massage/meditation was their favorite forms of self-care. Stress reduction through the use of food was preferred by 31% of participants. The remaining 30% was divided equally in half by participants who preferred to exercise or do arts/crafts to reduce stress (see figure 1). Only 30% of participants surveyed had ever used aromatherapy as a stress relieving technique before this session. The total number of participants in the study that surveyed about

aromatherapy oils was 25. Participants were surveyed about which mixture of aromatherapy oils they liked best. Results from this are shown in figure 2. “Let’s Focus” oil was preferred by 40% of participants and the “Anti-Stress” oil was preferred by 35% of participants. The “Goodnight, Sleep Tight” oil was the third favorite used with a 15% preference. The least favorite oil, at 10%, was the “Joyful” oil.

Fig. 1

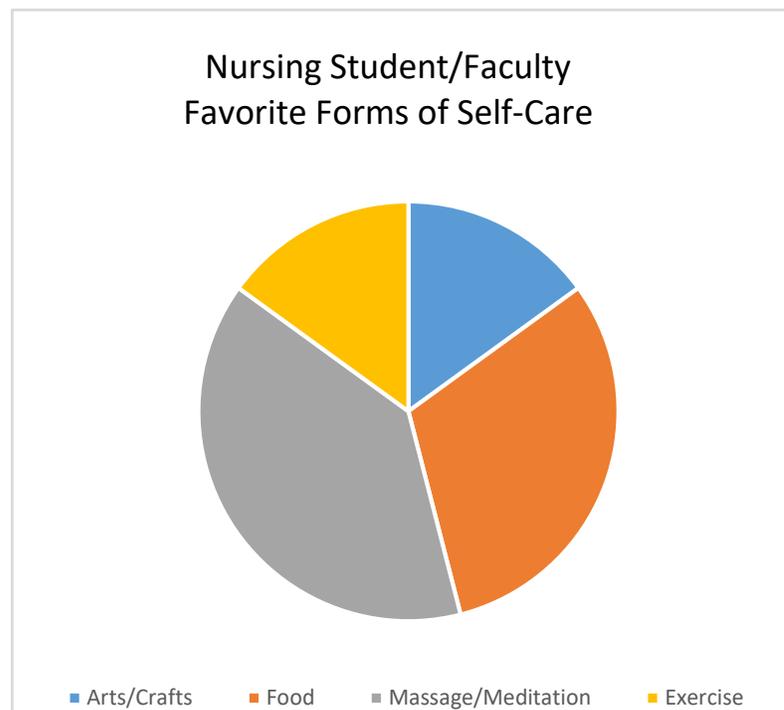
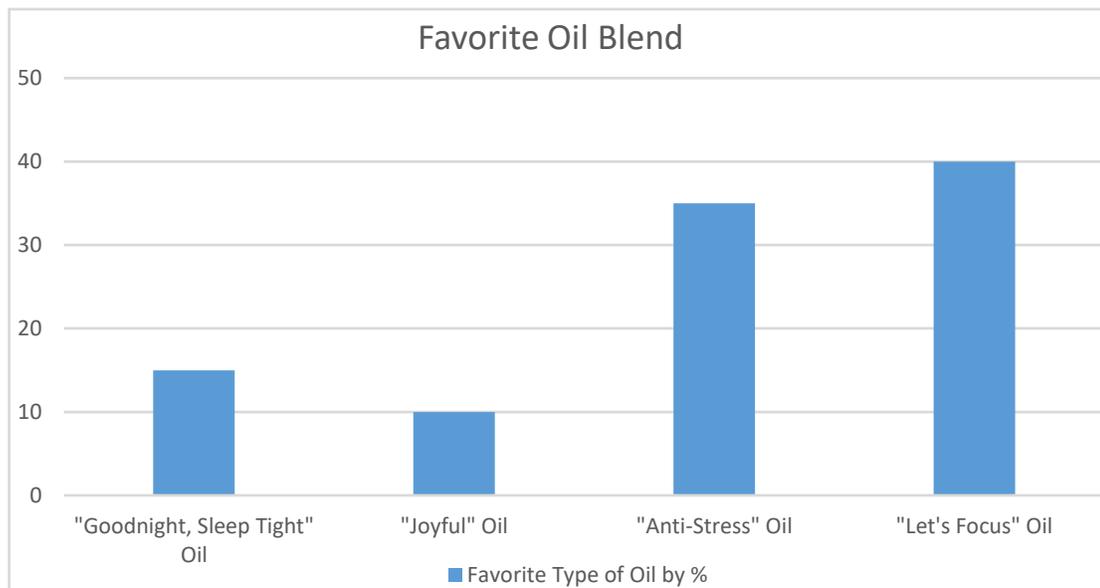


Fig. 2

Discussion

Results of this thesis project showed that the self-care sessions were effective and well received by nursing faculty. Participants provided a lot of positive feedback in response to this thesis project. A few participants in the thesis project stayed at the sessions for almost an hour, just taking time to relax and focus on something that allowed them to be creative. An unexpected and interesting finding was that many nursing students walking by where the sessions were held decided to participate as well. Implications for further research regarding this subset of participants is discussed under the heading “Implications for Research”.

This study concludes that nursing faculty are in need of new ways to participate in self-care. This result is consistent with the literature; nurses are in need of ways to de-stress and care for themselves. The literature concludes that nurses need to be encouraged to take time to care for themselves and that can be seen by the results of this thesis project as well. This thesis project created the time needed for the faculty to participate in self-care. Lack of time, being one of the major reasons the literature states nurses don't participate in de-stressing activities. The importance of self-care has been communicated successfully throughout the sessions that were done.

Implications for Research

An unexpected participation of nursing students in the first session presents as an opportunity for further research. A suggestion for further research would be that the sessions be done again but instead of targeting nursing faculty, they can be geared towards the nursing students. Literature review and research could be done and analyzed for this subset of the population at The College at Brockport. A lot of useful information could be gathered about what the favorite kinds of self-care are for nursing students in particular. Research could also examine what kinds of self-care the nursing students would like more information about. This feedback could be used by the college to address students' stress-reduction needs and especially helping those majoring in nursing.

Conclusion

It is essential for nurses to make themselves a priority. By taking better care of themselves, nurses can perform better and take better care of their patients. Nursing can be done effectively without a conciliation of physical, mental and emotional health. Knowing the negative effects of uncontrolled stress and burnout is not enough. It is time nurses make self-care

a priority. It should be a fundamental requirement for nurses to keep themselves and their colleagues in check and accountable for taking time to heal from stress in therapeutic and healthy ways. This is not a selfish practice, this is a responsible practice that allows nurses to perform their job in the most amazing and dedicated way. Implication of self-care practices can allow nurses and professors to simply be the best they can possibly be. Overall, it is hoped that this thesis work has been able to show the nurse faculty at The College at Brockport fun and effective ways to the incorporate self-care into their lives.

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