**Burnout Prevention and Management**

**Introduction**

When it comes to working, human beings have a limit. The body needs rest every now and then so as to repair itself. Prolonged overworking leads to burnout and this affects both the health of the overworked individual and the quality of their output. With the continued rise in global population and subsequent strain on resources, the world has become very competitive. Humans are therefore increasingly required to work harder to sustain a comfortable life (May, 2012). According to the US Census Bureau, the US population has tripled in the last 100 years (Bureau, n.d.). Going forward, it is expected to increase by 2.1 million people a year until 2060 (Vespa, Armstrong, & Medina, 2018). In line with this, professional burnout is expected to become more common. This paper addresses strategies used to prevent and manage burnout, with a focus on nursing.

A major contributor to the US population surge is improved healthcare. This has led to an increased lifespan and a subsequent increase in the proportion of aging individuals in the population. The end result is a rise in the burden of aging-related chronic diseases (West, Cole, Goodkind, & He, 2014). Most of these diseases are complex and require intensive care (Pastores & Halpern, 2015). Therefore, it is not just the number of patients requiring healthcare that has gone up but also the level of care per patient. This is severely straining healthcare services, especially the human resource. Also, the nursing profession is characterized by unpredictable and demanding work schedules. It is therefore likely for healthcare professionals to be overworked.  The rate of professional burnout in healthcare workers has been on the rise with a study showing more than half of the physicians in the US were affected as at 2015 (Shanafelt et al., 2015).

The US government budgetary allocations are struggling to match the national healthcare expenditure which is predicted to continue rising at an annual rate of 5.5% between now and 2026 (Cuckler et al., 2018). The population is expected to grow at a slower rate in the future compared to the past. However, the proportion of the aging (>65yrs) population is expected to rise from the current average of 15% to 23% by 2060 (Vespa, Armstrong, & Medina, 2018). The situation is therefore not getting better and hospitals are in a situation where they need to do more with less. Efforts to maintain the quality of healthcare without overworking nurses while minimizing expenditures are therefore necessary. Clever strategies to prevent burnout of nurses will be integral to this endeavor.

Personally, I am very passionate about nursing. I believe that being healthy is the first step to a happy life. Anyone who has ever witnessed the relief and joy of a patient and their family members after recovery from a life threatening disease can attest to this. Practicing in the nursing profession takes heart, but however passionate one is, there is a limit to the amount of work they can do. It is disheartening to see nurses who are passionate about the profession having to leave it because of unhealthy working conditions. I want to help patients get better but I do not want to jeopardize my health and happiness in the process. I believe that combining increased healthcare budgetary allocation together with strategies to prevent the burnout of nurses will do more to improve the health outcome of patients than only increasing the health budget.

**Literature Review Outline**

This paper outlines some of the techniques needed to prevent burnout. Burnout has been associated with a severe loss of morale thereby resulting in drastically reduced performance (Fumis, Junqueira Amarante, de Fátima Nascimento, & Vieira Junior, 2017). An educational program promoting meditation, self-awareness and open communication has been demonstrated to improve the well-being of the nurses (Krasner et al., 2009). Age, gender, type of shift and healthcare service area have been shown to affect one’s resilience to burnout (Cañadas-De la Fuente et al., 2015). Customizing interventions to reduce burnout among nurses based on these characteristics will be more effective compared to a one size fits all approach.

**Search History**

In the literature review, books on the topic of nursing were used for a general understanding of the topic. This was followed by a PubMed and google scholar search using the following MeSH terms and keywords; professional/epidemiological burnout, quality of healthcare, physicians, attitude of health personnel, job satisfaction, nursing, workload, and work related stress. Papers documenting research done in countries with different demographics from those of the US were filtered out. Data and publications from the US Census Bureau website were consulted for the demographic information.

**References**

Bureau, U. C. (n.d.). *Population and housing unit estimates datasets.* Retrieved from https://www.census.gov/programs-surveys/popest/data/data-sets.html

Cañadas-De la Fuente, G. A., Vargas, C., San Luis, C., García, I., Cañadas, G. R., & De la Fuente, E. I. (2015). Risk factors and prevalence of burnout syndrome in the nursing profession. *International Journal of Nursing Studies, 52*(1), 240–249. https://doi.org/10.1016/j.ijnurstu.2014.07.001

Fumis, R. R. L., Junqueira Amarante, G. A., de Fátima Nascimento, A., & Vieira Junior, J. M. (2017). Moral distress and its contribution to the development of burnout syndrome among critical care providers. *Annals of Intensive Care, 7*(1), 71. https://doi.org/10.1186/s13613-017-0293-2

Krasner, M. S., Epstein, R. M., Beckman, H., Suchman, A. L., Chapman, B., Mooney, C. J., & Quill, T. E. (2009). Association of an educational program in mindful communication with burnout, empathy, and attitudes among primary care physicians. *JAMA, 302*(12), 1284. <https://doi.org/10.1001/jama.2009.1384>

May, J. F. (2012). *World Population Policies: Their Origin, Evolution, and Impact*. New York, NY: Springer Science & Business Media.

Pastores, S. M., & Halpern, N. A. (2015). Insights into intensive care unit bed expansion in the United States. National and regional analyses. *American Journal of Respiratory and Critical Care Medicine, 191*(4), 365–366. https://doi.org/10.1164/rccm.201501-0043ED

Shanafelt, T. D., Hasan, O., Dyrbye, L. N., Sinsky, C., Satele, D., Sloan, J., & West, C. P. (2015). Changes in burnout and satisfaction with work-life balance in physicians and the general us working population between 2011 and 2014. *Mayo Clinic Proceedings, 90*(12), 1600–1613. https://doi.org/10.1016/j.mayocp.2015.08.023

Vespa, J., Armstrong, D. M., & Medina, L. (2018). *Demographic turning points for the United States: population projections for 2020 to 2060 population estimates and projections current population reports*. Retrieved from <https://www.census.gov/content/dam/Census/library/publications/2018/demo/P25_1144.pdf>

West, L. A., Cole, S., Goodkind, D., & He, W. (2014). *65+ in the United States: 2010*. Retrieved from https://www.census.gov/content/dam/Census/library/publications/2014/demo/p23-212.pdf