A Comparison of Burnout Among Oncology Nurses Working in Adult and Pediatric Inpatient and Outpatient Settings

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Work environments that produce enduringly high levels of stress can result in ineffective coping and can lead to burnout (Edward & Herczegh, 2007; Sabo, 2008). Nursing is a profession at risk of being affected by burnout because of the growing pressure to do more with less resources. Burnout has an adverse effect on the quality of care provided to patients (Lee & Akhtar, 2011). As nurses experience burnout, their absenteeism increases as they begin to psychologically and physically withdraw from patient interactions (Peterson, Demerouti, Bergstrom, Asberg, & Nygren, 2008).

Signs of burnout can include chronic fatigue, anger, feelings of helplessness, and physical symptoms such as headaches, gastrointestinal problems, weight loss or gain, insomnia, and depression (Taylor & Barling, 2004). Other effects of chronic burnout include conflict with colleagues, indifference toward patients, alcoholism, and problems with relationships (Quattrin et al., 2006). Perhaps one of the most devastating impacts of burnout is its association with nurses leaving the profession (Sadovich, 2005).

Oncology nursing is a specialty area that is particularly at risk for burnout because of the constant and sometimes overwhelming emotional stress resulting from issues of patient death and dying. Oncology nurses often feel inadequate in handling death and dying situations and unable to relieve patient suffering, and may experience guilt and anger related to their nursing roles (Cohen, Ferrell, Vrabel, Visovsky, & Schaefer, 2010). Although stressors related to oncology nursing are well known, a perception among the general public is that oncology nurses can cope with high stress levels with little or no consequences (Lewis, 1999). Findings, however, have revealed a negative relationship between nursing stress and burnout among oncology nurses (Toh, Ang, & Devi, 2012).