

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 & Herculinsky, 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, Vrabell, 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 retention and stress and burnout among oncology nurses (Toh, Ang, & Devi, 2012).

Purpose/Objectives: To investigate differences in burnout among oncology nurses by type of work setting, coping strategies, and job satisfaction.

Design: Descriptive.

Setting: A metropolitan cancer center.

Sample: A convenience sample of 74 oncology nurses.

Methods: Participants completed a demographic data form, the Nursing Satisfaction and Retention Survey, and the Maslach Burnout Inventory.

Main Research Variables: Burnout, coping strategies, job satisfaction, and oncology work setting (inpatient versus outpatient and adult versus pediatric).

Findings: The participants most often used spirituality and coworker support to cope. Emotional exhaustion was lowest for youngest nurses and highest for outpatient RNs. Personal accomplishment was highest in adult settings. Job satisfaction correlated inversely with emotional exhaustion and the desire to leave oncology nursing.

Conclusions: The findings support that the social context within the work environment may impact emotional exhaustion and depersonalization, and that demographics may be more significant in determining burnout than setting.

Implications for Nursing: The findings raise questions of whether demographics or setting plays a bigger role in burnout and supports organizational strategies that enhance coworker camaraderie, encourage nurses to discuss high-stress situations, and share ways to manage their emotions in oncology settings.

Knowledge Translation: Spirituality and coworker relationships were positive coping strategies among oncology nurses to prevent emotional exhaustion. Nurses who rely on supportive social networks as a coping mechanism have lower levels of depersonalization. Age was inversely related to emotional exhaustion.

To retain experienced oncology nurses, burnout needs to be identified and addressed in the work setting. A gap exists in the literature when comparing the