ORIGINAL RESEARCH

Burnout and secondary traumatic stress in medical-surgical nursing

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ABSTRACT

Day to day care of patients throughout the continuum of life puts nurses at risk for burnout and secondary traumatic stress (STS). This mixed-methods study explores Medical-Surgical (MS) nursing burnout, STS, and support from professional nursing organization leadership and membership perspectives. Seventy-two nurses were recruited from a nursing organization website and surveyed to provide demographic and Professional Quality of Life Scale Version 5 (ProQOLv5) data. After quantitative data collection, nurse respondents were asked if they would like to participate in a Zoom interview. Qualitative data was derived from in-depth interviews of six medical-surgical nurses and free-text responses from three other participants. The nurses interviewed provided detailed personal definitions of burnout, which led to the identification of themes of "awareness" and "triggers: fueling the fire of burnout," and also exposed the fluctuating nature of burnout. Participants defined STS as "invasiveness into one's life" and reflected on the impact that it can have both personally and professionally. Despite the fluctuating nature of burnout and the invasiveness of STS, the nurses interviewed revealed a passion for nursing that served as a driving force for the day-to-day struggle, affirming, "I am a med-surg nurse." Overcoming burnout and STS lead nurses to "lessons learned: I did not know what I did not know," which focused on personal and professional growth and development. An overarching theme of "dream vs. reality" captures these stabilizing and destabilizing forces at play in bedside MS nursing.

Key Words: Burnout, Secondary traumatic stress, Medical-surgical nursing

1. INTRODUCTION

Medical-surgical (MS) nurses can experience constant and often overwhelming stress during any given shift. Patient care demands, changes in the health care environment, and issues revolving around short staffing are just a few of the demands placed on a MS nurse, frequently leading to burnout and job attrition. Likewise, nurses are at risk for secondary traumatic stress (STS). Secondary traumatic stress is the secondary psychological and physical stress response that nurses can have when exposed to their patients' primary pain and suffering.[1] According to the American Association of Colleges of Nurses (AACN),[2] nearly 58% of nurses work in medical-surgical hospitals. However, most nursing burnout studies have been completed in other nursing subspecialty areas, like critical care and the emergency department (ED).[1, 3, 4]

This mixed-methods research aimed to analyze MS nursing perspectives on burnout and STS. The research questions are: (1) What are perceived levels of burnout and STS in medical-surgical nurses? (2) How do medical-surgical nurses personally define (2a), utilize resources (2b), and integrate lessons learned from overcoming burnout and STS symptoms (2c)?

Background

About 65% of nurses, in a recent USA Today article, indicate that job turnover attributed to burnout is a problem in their or-

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ganization.[5] Work-life balance was a significant struggle for these respondents as well. The consequences of burnout and stress can also impact patient safety and outcomes, with 21% of respondents from the American Nurse Today survey stating that stress made them prone to errors.[5] In a current analysis of over one thousand articles, de Oliveiria and colleagues cite 43% of nurses having high levels of burnout.[6] In critical care, burnout has been analyzed by many researchers. Longitudinal bivariate analysis of Veteran Affairs (VA) Critical Care facilities indicates that high-burnout levels correlate to longer patient stays, high employee turnover intention, and lower employee satisfaction.[3] Shah and colleagues completed a cross-sectional data analysis on a sample of over 50,000 nurses in the United States.[7] The nurses who left their job within the model reported burnout at a staggering 31.5%. A stressful work environment (68.6%) and inadequate staffing (63%) were prevalent for those leaving their nursing job in 2017.[7] Wong and colleagues looked at burnout related to workplace violence in the emergency department and revealed the importance of interdisciplinary collaboration and mutual trust during these encounters. While more prevalent in the ED, workplace violence can also be seen in other environments. Workplace factors, like inadequate staffing, have clear links to burnout.[7] However, how personal characteristics such as age, gender, and years of experience, contribute to burnout varies significantly in today's literature with no reliable consensus.[8]

Conti-O'Hare developed the Theory of Nurse as a Wounded Healer based on Greek mythology and legend.[9] This theory asserts that nurses either heal from the pain and suffering to become a "wounded healer" or fail to identify and instead internalize that pain, becoming the "walking wounded." The nurse who cannot resolve the pain of a stressful patient event remains on the walking wounded pathway, resulting in physical and emotional distress (secondary traumatic stress), self-destructive behaviors, burnout, and job dissatisfaction.[9] The alternative path is that a nurse resolves these issues related to the secondary stressful event and becomes a wounded healer, leading to increased empathy toward patients and improved patient outcomes.[9]

2. METHODS

The units of analysis for this research included a convenience sample of membership and leadership from the Academy of Medical-Surgical Nurses (AMSN) and their reported levels of burnout and STS. A convenience sample was obtained through the AMSN web "participate in research" link. Inclusion criteria for organizational membership participants included the following; the participant must be: (a) 18 years of age or older, (b) a practicing RN in what would be consid-

ered a medical-surgical setting, (c) a member of the Academy of Medical-Surgical Nurses (AMSN) (d) able to speak and write in English, and (e) willing to answer questions related to burnout and STS. Exclusion criteria included the following: (a) working in a trauma or critical care setting, (b) working less than 30 hours a week, (c) having less than one year of experience, and (d) being an agency or float nurse.

Seventy-two nurses were recruited through the AMSN website and participated in this research project's online Qualtrics screening and demographic portion. Of those 72 nurses, six completed one-on-one recorded Zoom interviews, and three completed an accessible text version of the questions after being unable to agree upon a mutual time. Therefore, nine participant responses were analyzed and coded for themes and subthemes. Three of the participants self-reported as leaders within AMSN, and six identified themselves as AMSN members.

2.1 Design

The study aims to analyze burnout resources available to MS nurses and investigate similarities and differences in membership and leadership perspectives. Interested participants clicked on a link via the AMSN website and then were directed to the demographic data questionnaire and Professional Quality of Life version 5 scale (ProQOLv5).[10] The ProQOLv5, a 30-item-Likert scale instrument, has a Cronbach alpha of > 0.70 and contains 10 items each in its burnout and secondary traumatic stress (STS) subscales.[11] The burnout and STS subscales were collected from each participant simultaneously with demographic data to provide contextual data to the study.

2.2 Data collection

At participant recruitment, initial contact with the researcher was made to screen for inclusion and exclusion criteria. The researcher arranged a mutually agreeable time to conduct a live, online interview using Zoom,[12] a venue for conducting live video conferencing which has an audio and video recording function. The University of Texas at Tyler has a Zoom license and has affirmed the security of Zoom. Participants were given the option to choose a pseudonym to be used during the interview to maintain confidentiality. Interviews lasted no more than an hour, but two hours were planned for each one. Live, recorded sessions were highly encouraged. In consideration of participant convenience, an option for participants to answer the qualitative research questions in an open-ended online survey format was also made available.

2.3 Data analysis

The objective of the data analysis was to identify if common themes emerged through the interviews. Yin discusses that

data saturation can occur from the convergence of data from at least two sources which led to the development of an interview cycle for data analysis purposes.[13] Each process consisted of three interviews, each with one leader and two members. A total of three of these cycles were completed. Since dividing the participants by low and average burnout and secondary traumatic stress levels revealed little difference in overall themes, data will be discussed as a cumulative whole. Combining interviews and free-text responses aided in theme identification and convergence of data.

3. RESULTS

Most of the nurses who completed the initial screening survey are Caucasian women with a bachelor's degree in nursing, are married, and work full time as medical-surgical nurses. Fifty-eight percent (n = 42) of the nurses have a nationally recognized medical surgical nursing certification, and 46% (n = 33) have over eleven years of experience. Other demographic data are summarized in Table 1.

An average of the scores was obtained to investigate the perceived burnout and STS levels to answer the first research question. The average burnout and STS scores for all participants were 24.8 and 24.5, respectively. These results indicate an average level of burnout and STS in the medical surgical nursing population, validating the phenomena in this understudied population. The Cronbach alphas reflecting internal consistency for the ProQOLv5 burnout and STS subscales were 0.72 and 0.90, respectively, in this study sample.

3.1 Themes

The second research question was answered during the qualitative interviews and through written responses to open-ended questions. These questions focused on personal definitions (2a), resources used (2b), and lessons learned from managing burnout and STS (2c). The overarching theme of "dream vs. reality" was evident in the data analysis and will be explained in detail in the discussion section of this document. Table 2 represents the themes and subthemes found. A brief dialogue of the results and exemplars follows, divided by the research question.

3.1.1 Personal definitions

Participants were asked to define burnout and STS personally, and they provided detailed definitions of what burnout looks like and how it feels. Participant definitions of burnout can be articulated as awareness, whereas STS was described as invasiveness into one's life. A significant awareness theme became evident as participants provided their definitions of burnout. Embedded subthemes of apathy, recognition, lack of professionalism, and worn down were also noted. STS definitions centered on aspects of "can't let it go," Many par-

ticipants gave specific examples of traumatic patient events that caused them personal distress and invaded and disrupted their sleep, life, and work.

Table 1. Nurse participant characteristics

Variable	n	%
Gender		
Male	6	8.3
Female	66	91.7
Age (years)		
23-39	30	41.7
40-49	12	16.7
50-59	23	31.9
60 and above	7	9.7
Marital Status		
Single	13	18.1
Married/Partnered	52	72.2
Divorced	6	8.3
Widowed	1	1.4
Race		
American Indian or Alaska Native	1	1.4
Asian	4	5.5
Native Hawaiian or Pacific Islander	0	0
Caucasian	63	86.3
Black or African American	4	5.5
Other	4	5.5
Highest Nursing Education Completed		
Diploma Nurse	1	1.4
LVN	0	0
Associate's degree	11	15.3
Bachelor's degree	39	54.2
Master's degree	20	27.8
Doctoral degree	1	1.4
Working Full Time		
Yes	50	69.4
No	21	29.2
Missing	1	1.4
Certified as Medical-Surgical Nurse		
Yes	42	58.3
No	29	40.3
Missing	1	1.4
Years of Experience		
5 years or less	21	29.2
6 – 10 years	16	22.2
11 or more years	33	45.8
Missing	2	2.8

3.1.2 Resources used

When asked about resources to prevent and manage burnout or secondary traumatic stress, participants primarily discussed personal resources such as "unplugging to recharge." This theme developed around the nurse's need to "step away" or "take a deep breath." Self-care and disconnecting from the workplace were subthemes found. Participants discussed the

support they received and gave to their colleagues as critically important. The interview process revealed "the passion for nursing" in all participants in various ways. Talking about nursing and reflecting on patient care allowed participants to think back to what brought them to the profession and what feeds that passion daily. The subthemes of "commitment to those they serve: the patients" and "nursing as the core of their being" were discovered. The nurses said, "it's all about the patients" and "that's my passion," revealing their intense and initial magnetism to the career and profession.

Table 2. Qualitative research question and associated themes

Research Question 2a: How do you personally define burnout and secondary traumatic stress?	
Themes	Subthemes
Awareness	Apathy
	Recognition
	Lack of Professionalism
	Worn Down
Triggers: Fueling the Fire of Burnout	Excessive and Chronic Shift Work
	Stress due to lack of resources
	Stress of being the "go-to" experienced nurse
	Intensity of the work
	Institutional mandates
The Fluctuating Nature of Burnout	Physical Fluidity
	Emotional Fluidity
Invasiveness into One's Life	Emotional
	Physical
Research Question 2b: What resources of support (organizational or other) do you use to manage burnout and STS symptoms?	
Themes	Subthemes
Professional Development	Dissemination of Information
	Personal/Professional Care
Unplug to Recharge	Self-care and Disconnecting
	Mutual Peer Support
	Social Support
	Self-Reflection: The Passion of Nursing
	Spiritual Support
Searching for the 'Right Fit'	Institutional
	Non-Institutional
Research Question 2c: How do you integrate lessons learned from overcoming burnout/STS?	
Themes	Subthemes
Lessons Learned	Personal
	Professional

3.1.3 Lessons learned

When participants were asked how their nursing organization could begin to integrate lessons learned from nurses that had experienced burnout and secondary traumatic stress to empower/encourage/support others at risk for or experiencing burnout or STS, they reflected on "lessons learned: I did not know what I did not know." The interviewed nurses expressed growth and development over their years and experiences inpatient care, which can be further divided into "professional" and "personal" lessons learned. Professional lessons learned center around the nursing process and the nurse's role; these foci revealed by participants were "prompt assessment" and "prioritize." The nurses interviewed had personal growth through their lessons in the patient care setting. This theme is tied closely to the Nurse as Wounded Healer used to develop this research.[9]

4. DISCUSSION

Participant definitions of burnout align closely with current literature findings, awareness and recognition being noted as critical components for addressing burnout.[14] In terms of recognition, the participants made statements like "I can see it," "I begin to notice," and "I am just becoming aware." The emotional exhaustion of burnout discussed by participants and coded thematically as "apathy" is evident in multiple research theories and research results.[1, 15] Many participants used "invasiveness" and Post-Traumatic Stress Disorder (PTSD) to define secondary traumatic stress. Some researchers describe STS in the literature; this definition centers on an inability to cope day to day, having intrusive dreams, and irritability.[16] The participants in this study were able to recall detailed and, at times traumatic, patient scenarios during their discussions of secondary traumatic stress. The literature states that nurses are exposed vicariously to traumatic events in their patients' lives.[17] The indirect nature of an event that causes direct symptoms in the healthcare worker and invades their daily life is the hallmark of STS.

Peer support, teamwork, and team cohesiveness are just a few of the terms used in the literature that reflect the theme "mutual peer support" found in the current study. Both mutual peer support and social support are evident in the existing literature. A qualitative analysis of this data also revealed that interdisciplinary interactions and feeling appreciated at the workplace were crucial at 42% and 34%, respectively.[18] Additionally, Wu and colleagues determined their most significant finding to be team cohesiveness and its relationship to burnout.[19] Many participants mentioned social support in general (outside the hospital setting). Only one participant discussed spiritual support, but it is essential to note.

Day to day patient care demands, the chronicity of long shifts, and the ever-changing health care environment act as persistent destabilizing forces working against nurses leading to burnout and STS. Proving a holistic account of the phenomena studied and discussing the larger picture that emerges is a characteristic unique to qualitative research.[20] This study's overarching theme is "dream vs. reality." There is a disconnect that can be thematically described as "dream vs.

reality," where stabilizing forces (dream) and destabilizing (reality) forces are at play for each nurse, each shift, each day. Previous researchers identified the expectations of the "dream nurse" and the "dream job" that are often cultivated in nursing school or technical training and the detachment that has to the reality of the work experience.[21] "Dream vs. Reality" represents a broad theme encompassing all results found in this study and provides a poignant depiction of burnout and STS in the interviewed medical-surgical nurses.

4.1 Limitations

Small sample sizes and a lack of diversity among participants were potential limitations of this research because these participant experiences may not represent an entire population. Other limitations seen in the interview data were response bias, inaccuracies due to poor participant recall, and shifting perspectives/memories after reflexivity occurred.[13]

4.2 Implications for future research

This qualitative research provided a unique glimpse into burnout and STS in the medical surgical nursing population through the lens of professional nursing organization (AMSN) leadership and membership. Leadership and membership alike suggested that AMSN should "lead the charge" in educating and advocating for prevention strategies related to burnout and STS amongst MS nurses. Future research could focus on education and advocacy as an interventional component and determine if these trends and themes are unique to medical-surgical nurses or more of a global phenomenon. The discovery of the overarching theme of "dream vs. reality" emerged, which can be further explored in future research designs looking at other nursing specialty areas and other nursing organizations as well.

The COVID-19 pandemic has caused stress and anxiety on a global scale, but this can be explicitly seen in the healthcare industry. Kennedy provides insight into the pandemic from a nursing perspective, indicating that the initial optimism that the pandemic would be 'over' quickly was short-lived, summarizing 2021 as "a year of hope and heartbreak."[22] Gray et al. found that nurses are often motivated by ethical duty to care for patients despite burnout and moral distress risks.[23] The study was completed in the Spring of 2017. However, burnout and STS remain significant issues. The COVID-19 pandemic has likely triggered an upswing in this phenomenon which should be investigated further.

5. Conclusion

This study investigates MS nursing perspectives of burnout and STS and how professional organizations, like AMSN, can support nurses fighting the flames of nursing burnout. This research provides a framework for a professional nursing organization support model or scale, neither of which has been explored or determined in the current literature. Burnout has been a significant phenomenon in nursing, and despite years of research on the subject, it is still occurring today. Investigating perspectives on nursing burnout and professional support aided in the fundamental understanding of the phenomena and provided insight into future interventional research based on the needs of medical-surgical nurses. Despite the fluctuating nature of burnout, the consistent triggers in the workplace, and the invasiveness of STS, the nurses interviewed revealed a passion for nursing that served as a driving force for the day-to-day struggle, affirming, "I am a med-surg nurse."

Conflicts of Interest Disclosure

The author declares that there is no conflict of interest.

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