CODEN [USA]: IAJPBB ISSN : 2349-7750

INDO AMERICAN JOURNAL OF
PHARMACEUTICAL SCIENCES
SJIF Impact Factor: 7.187
https://doi.org/10.5281/zenodo.21308998

Available online at: http://www.iajps.com Research Article

EXPLORE BURNOUT AMONG NURSES AT ALLAMA IQBAL MEMORIAL TEACHING HOSPITAL SIALKOT

[1]Shabana Kousar, [2]Nabila Javed, [3]Kiran Munawar

[1]Public Health Nursing Supervisor,College of Nursing Khawaja Muhammad Safdar Medical College Sialkot

[2]Assistant Nursing Superintendent, College of Nursing Khawaja Muhammad Safdar Medical College Sialkot

[3]Head Nurse, College of Nursing Khawaja Muhammad Safdar Medical College Sialkot

Abstract:

Introduction: *Burnout is a pervasive issue in the healthcare sector, particularly among nurses, who are often at the frontline of patient care. It manifests as emotional exhaustion, depersonalization, and a reduced sense of personal accomplishment. This study focuses on the prevalence and contributing factors of burnout among nurses at Allama Iqbal Memorial Teaching Hospital, Sialkot, a tertiary care facility where the demands on healthcare workers are particularly high.*

Objectives*:The primary objectives of this research were to assess the level of burnout among nurses at the hospital and to identify key factors contributing to this phenomenon. Specific areas of focus included workload, supervisory and peer support, the working environment, and the balance between work and personal life.*

Methodology*:A cross-sectional survey design was employed, with data collected through a structured questionnaire distributed to 50 nurses across different departments of the hospital. The questionnaire measured emotional exhaustion, depersonalization, and factors affecting these burnout dimensions.*

Results: *Findings revealed significant burnout among nurses, with 24% experiencing emotional exhaustion a few times a month and 20% a few times a week. Depersonalization was evident, with 36% of nurses treating patients impersonally at least a few times a month. Key factors contributing to burnout included heavy workload, with only 16% of nurses finding their workload manageable, and insufficient support from supervisors and peers. Additionally, 40% of nurses reported difficulties balancing work and personal life.*

Discussion*:Burnout among nurses at this hospital is driven by multiple factors, including high workload, lack of adequate support, and a challenging work environment. These factors contribute to high levels of emotional exhaustion and depersonalization, potentially leading to decreased job satisfaction and reduced patient care quality.*

Recommendations: *To mitigate burnout, the study recommends implementing better workload management strategies, enhancing supervisory and peer support, and fostering a more positive work environment. Additionally, initiatives to improve work-life balance, such as flexible scheduling and wellness programs, are essential for enhancing nurse well-being and maintaining high standards of patient care.*

Corresponding author:
Shabana Kousar,
Public Health Nursing Supervisor,
College of Nursing,
Khawaja Muhammad Safdar Medical College, Sialkot

QR CODE

Please cite this article in press ***Shabana Kousar*** *et al.,* ***Explore Burnout Among Nurses At Allama Iqbal Memorial Teaching Hospital Sialkot****, Indo Am. J. P. Sci, 2026; 13(07).*

INTRODUCTION:

Health-care industry is known to be very stressful as there is a lot demand from the health-care professionals. Among the health-care professionals nurses are highly prone for burnout due to their work pattern and long working hours as well. Nurses are the first line of contact in a hospital; they spend most of the time with the client and their accompanists. This makes them to have a continuous exposure to the emotional strains of dealing with the sick and dying. These stressors if not addressed may lead to burnout.

Further, Freudenberger in 1974 for the first time coined the word burnout. Burnout describes the worker's reaction to chronic stress. It occurs in occupations involving multiple interactions with people. Maslach *et al.* said that "the burnout is a syndrome of emotional exhaustion, depersonalization and reduced personal accomplishment." Burnout has also been associated with working conditions in nursing. In the current scenario, burnout syndrome can be considered as an epidemic across the world. It is a serious process that can impair in the worker's quality of life and can lead to serious damages of physical and mental health. The high incidence of this syndrome can be seen among professionals such as teachers, doctors, and nurses.

As Nursing is generally perceived as a stressful and demanding profession. Nurses deal with people who are suffering from major or minor health problems and life-threatening situations. To take care of these people is challenging, both physically and psychologically. They also deal patients with loneliness, pain, agony, incapacity, disease, and death which increases their chance of getting burnout. Nurses care for the sick, provide presence, comfort, support, and help to patient around the clock. Nurses continuously are exposed to stressors at work and therefore they are vulnerable to burnout. The number of studies reported that burnout in nurses is linked with the time spent with patients, high work load, poor support, interpersonal conflict, death and dying, and inadequate preparation. Thus, nursing is an inherently stressful occupation and is at high risk of burnout.

Moreover, Burnout can affect the nurses' professional practice. It could also contributing to impairment in registered nurses assessment ability, errors in their judgment, as well as decrease in their job satisfaction and efficiency. Since burnout impairs job performance, overall quality of patient care also may be affected. Nurse burnout is a physical, mental, and emotional state caused by chronic overwork and a sustained lack of job fulfillment and support. Common burnout symptoms may include physical or emotional exhaustion, job-related cynicism, and a low sense of personal accomplishment

Furthermore, emotional exhaustion is the lower sense of competence and success in the profession, dissatisfaction with the work duties, feeling of failure, loss of judgment and understanding, sense of permanent oppression and exploitation, and decreased job performance, are different expressions of burnout. This syndrome negatively affects the individual's social, physical, and psychological life.Burnout is associated with overthrowing ethics, impaired work performance, absence from work, and inappropriate contact with patients, and high number of job change

Job burnout among nursing staff is about 13%–27%, which is significantly higher than the general population due to the intense nature of occupational duties and high level of stress. A study has reported that among the nurses majority (84.2%) had moderate job satisfaction and nurses reported mostly low levels of personal achievements (39.5%), moderate levels of emotional exhaustion (38.8%), and low levels of depersonalization (72.4%).
Nurses who experience burn out may have higher absenteeism rates, lower work satisfaction and are more likely to leave the organization. It was found that there is a negative effects of role stress on job satisfaction and commitment of nurses. It was also seen that increase in role overload, role conflict, role ambiguity leads to an enhancement in disengagement and exhaustion

Resultantly, It was also found that role ambiguity and role conflict were significantly correlated with burnout and role ambiguity was a stronger predictor of burnout. Moreover, role ambiguity, lack of power, and role conflict are linked to stress among nurses. The number of studies suggest that patient outcomes and nurse burnout are both strongly associated with low staffing levels and poor practice environments.

In general, burnout is a challenging health problem. This problem is harmful to humans and health systems. Therefore, in recent years, particular attention has been paid to research on burnout, especially among the nursing professions. The study was conducted to determine the burnout syndrome among the staff nurses and to find the associated of burnout scores with the selected demographic variables.

Research Objectives

1. To explore burnout among nurses at Allama Iqbal Memorial Teaching hospital in Sialkot.

2. To identify the primary factors contributing to burnout among these nurses.
3. To evaluate the impact of burnout on job performance and patient care.

Research Questions

1. What is the current level of burnout among nurses working at Allama Iqbal Memorial Teaching hospital in Sialkot?
2. What are the main factors contributing to burnout among these nurses?

Key Terms

- **Burnout**: A state of physical, emotional, and mental exhaustion caused by prolonged stress and overwork, particularly in a healthcare setting.
- **Nurse Burnout**: Specific to nurses, it involves feelings of energy depletion, reduced professional efficacy, and emotional exhaustion.
- **Tertiary Care Hospital**: A specialized healthcare facility providing advanced medical care, typically including specialist services and treatments.
- **Prevalence**: The proportion of a population found to have a condition.
- **Contributing Factors**: Elements or conditions that lead to or exacerbate burnout, such as workload, staffing levels, and work environment.
- **Job Performance**: The efficiency and effectiveness with which job tasks are carried out by nurses.
- **Coping Mechanisms**: Strategies or practices employed by individuals to manage stress and mitigate the effects of burnout.

METHODOLOGY:

Study Design

This study will use a cross-sectional descriptive design to explore burnout among nurses at Allama Iqbal Memorial Teaching hospital Sialkot. This design allows for the collection of data at a single point in time to determine the prevalence and factors associated with burnout.

Study Setting

The study was conducted at Allama Iqbal Memorial Teaching hospital Sialkot, Pakistan. This setting is chosen due to its comprehensive range of healthcare services and significant number of nursing staff, which provides a relevant environment for studying burnout among nurses.

Duration of Study

The study was conducted over a period of six weeks, from July 2022 to August 2022. This timeframe allows for adequate data collection and analysis.

Study Population

The study population will consist of registered nurses working in various departments of the Allama Iqbal Memorial Teaching hospital Sialkot. This includes nurses from departments such as emergency, intensive care, general wards, and outpatient services.

Sample Size & Sampling

Based on a confidence level of 95% and an estimated prevalence of burnout among nurses at 40% (as suggested by García-Campayo et al., 2020), the sample size is calculated using the formula for a proportion sample size was about 45 nurses.

Solvan's sampling method used to find sample size of the study

No Population 50; n Sample Size, E Margin error - 0.01

$$n = \frac{N}{1+N(E)2}$$

$$n = \frac{50}{1+50(0.05)2}$$

$$n = \frac{50}{1+50(0.0025)}$$

$$n = \frac{50}{1.125}$$

$$n = 50$$

Thus a more suitable sample of n=50 considered for the study.

Sampling Technique

A stratified random sampling technique was used to ensure representation from various departments. Nurses were divided into strata based on their department, and random samples was drawn from each stratum proportional to the size of the stratum.

Egibility Criteria

Inclusion Criteria

- Registered nurses currently working at the Allama Iqbal Memorial Teaching hospital in Sialkot.
- Nurses who have been employed at the hospital for at least six months.
- Nurses willing to provide informed consent to participate in the study.

Exclusion Criteria

- Nurses who are on long-term leave during the study period.
- Nurses working in administrative or managerial positions not directly involved in patient care.

- Nurses who participated in any other burnout-related study within the last six months.

Data Collection Method

Data was collected using a self-administered questionnaire, which includes:

- Demographic information (age, gender, years of experience, department).
- The Maslach Burnout Inventory (MBI) to assess burnout levels.
- Questions regarding factors contributing to burnout, such as workload, support systems, and coping mechanisms.
- The questionnaire was distributed in both paper and digital formats to ensure maximum participation.

Ehical Consideration

Ethical approval was obtained from the hospital's Institutional Review Board (IRB). Informed consent was obtained from all participants, ensuring they are aware of the study's purpose, procedures, and their right to withdraw at any time without any repercussions. Participant anonymity and confidentiality was strictly maintained, and data was securely stored and used solely for research purposes.

Data Analysis

Data was analyzed using SPSS (Statistical Package for the Social Sciences). Descriptive statistics was used to summarize demographic information and burnout levels. Inferential statistics, including chi-square tests and logistic regression, was employed to examine associations between burnout and contributing factors. The significance level was set at $p<0.05$.

RESULTS:

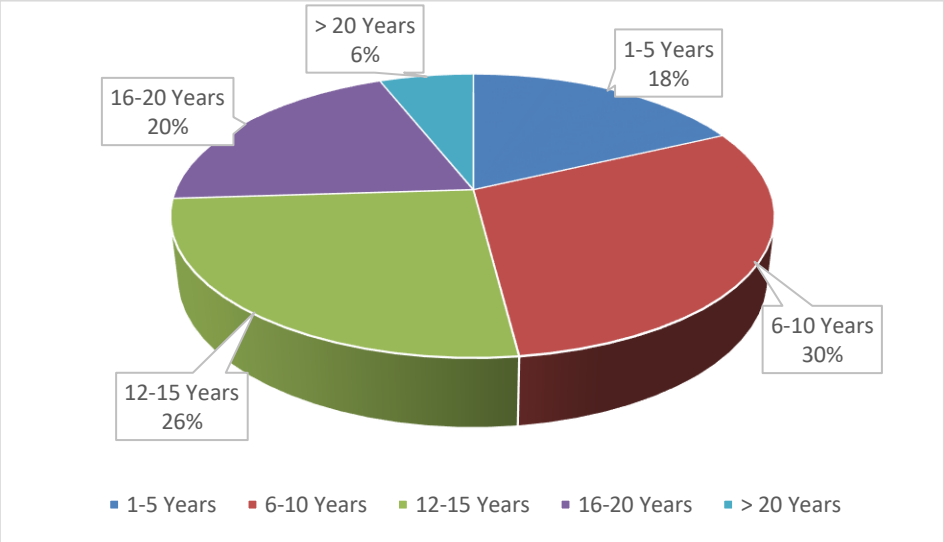
Table 1´Demographic data

Variables	Frequency	Percentage
Gender		
Male	0	0
Female	50	100
Total	50	100.00
Age		
25-30 years	7	14%
31-35 years	11	22%
36-40 years	18	36%
41-45 years	10	20%
>45 years	4	8%
Total	50	100.00
Experience		
1-5 Years	9	18%
6-10 Years	15	30%
12-15 Years	13	26%
16-20 Years	10	20%
> 20 Years	3	6%
Total	50	100.00
Qualification		
Diploma of Nursing	34	68%
BSN/ Post RN	11	22%
MSN	0	0%
Specialized	5	10%
Total	50	100.00
Duty Ward		
Emergency	8	16%
ICU	8	16%
CCU	8	16%
Paeds	8	16%
Medical	8	16%
Others	10	20%
Total	50	100.00

The age distribution of the respondents is diverse, with the majority falling into the 36-40 years category, which constitutes 36% of the sample. Following this, 31-35 years and 41-45 years groups make up 22% and 20%, respectively. The younger age bracket of 25-30 years accounts for 14%, while those over 45 years represent 8% of the respondents. This distribution indicates a workforce with a significant proportion of experienced professionals, particularly in the 36-45 years range.

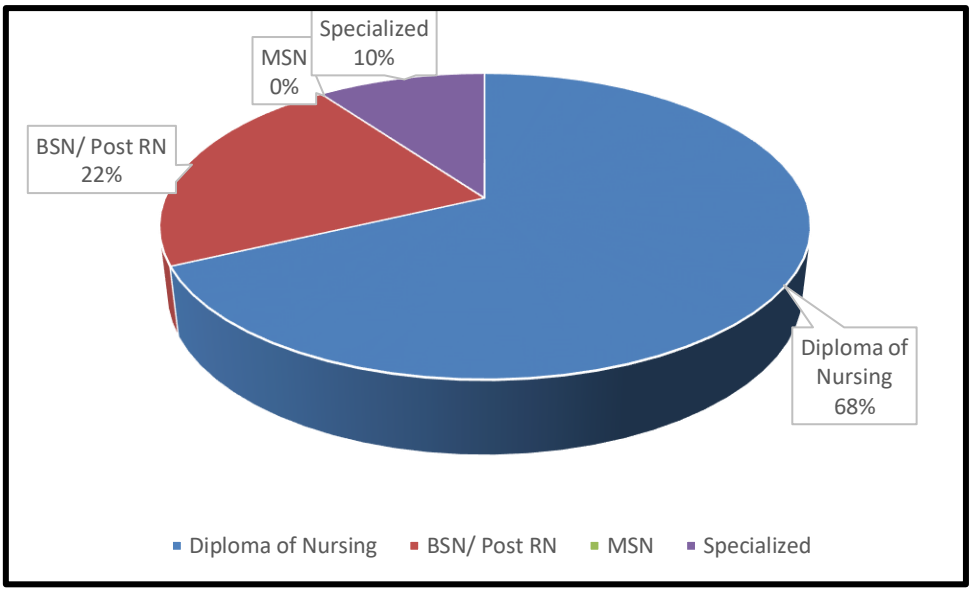
In terms of professional experience, the majority of respondents have 6-10 years of experience, totaling 30%. The next largest group is those with 12-15 years of experience, at 26%. Respondents with 16-20 years of experience and 1-5 years of experience account for 20% and 18%, respectively. Finally, individuals with more than 20 years of experience represent 6% of the sample. This distribution reflects a balance between relatively seasoned professionals and those with fewer years of experience.

Figure 4.1: experience of the participants



Regarding educational qualifications, the majority of respondents hold a Diploma of Nursing, comprising 68% of the sample. The next largest group includes those with a Bachelor of Science in Nursing (BSN) or Post RN qualifications, accounting for 22%. Specialized qualifications are held by 10% of respondents, while no participants reported having a Master of Science in Nursing (MSN). This educational distribution highlights a predominance of diploma-level qualifications among the respondents, with a smaller proportion having pursued further education.

Figure 4.2: Qualification of participants



The distribution of respondents across different duty wards shows a balanced representation, with Emergency, ICU, CCU, Paeds, and Medical wards each comprising 16% of the sample. Additionally, 20% of respondents are assigned to other wards. This indicates a diverse range of clinical environments in which the respondents work, reflecting a broad spectrum of expertise and experience in various medical settings.
In summary, the survey results present a well-rounded profile of the respondents, with a clear dominance of female participants, a diverse age and experience range, and a majority with nursing diplomas. The even distribution across duty wards suggests a varied and comprehensive involvement in different areas of healthcare.

Table 4.2: Burnout assessment

Statement	Response	Frequency	Percentage
I feel emotionally drained from my work.	Never	2	4%
	A few times a year	5	10%
	Once a month	8	16%
	A few times a month	12	24%
	Once a week	9	18%
	A few times a week	10	20%
	Every day	4	8%
Total		**50**	**100%**
I feel used up at the end of the workday.	Never	3	6%
	A few times a year	7	14%
	Once a month	9	18%
	A few times a month	11	22%
	Once a week	8	16%
	A few times a week	8	16%
	Every day	4	8%
Total		50	100%
I feel fatigued when I get up in the morning and have to face another day on the job.	Never	1	2%
	A few times a year	3	6%
	Once a month	10	20%
	A few times a month	14	28%
	Once a week	11	22%
	A few times a week	7	14%
	Every day	4	8%
Total		**50**	**100%**

Emotional Drainage
A small minority of respondents, 4%, reported never feeling emotionally drained from their work. However, 24% of the participants indicated that they experience emotional drainage a few times a month, which is the highest frequency reported. The data further shows that 18% of the respondents feel emotionally drained once a week, while 20% experience this level of exhaustion a few times a week. This suggests that a significant portion of the healthcare workers regularly encounters emotional exhaustion, which could impact their overall job satisfaction and performance. Notably, 8% of the respondents feel emotionally drained every day, highlighting a critical area of concern for addressing burnout and improving well-being.
When considering the sense of being used up at the end of the workday, 6% of the participants reported never feeling this way. Conversely, 22% of respondents feel used up a few times a month, and

18% experience this sensation once a month. The frequency of feeling used up once a week and a few times a week is reported by 16% of the respondents each. This indicates that a substantial proportion of healthcare workers frequently encounter this feeling, which may contribute to their overall stress and fatigue levels. A consistent 8% feel this way every day, pointing to a need for interventions aimed at reducing daily stressors.

Regarding fatigue experienced in the morning, only 2% of respondents reported never feeling this way. A considerable 28% of participants feel fatigued a few times a month, and 22% experience this fatigue once a week. The data shows that 20% feel fatigued once a month, while 14% report this feeling a few times a week. Additionally, 8% experience this fatigue every day. These findings suggest that a majority of healthcare workers frequently face significant levels of morning fatigue, which could adversely affect their readiness and effectiveness at work.

	Response	Frequency	Percentage
1. I feel I treat some patients as if they were impersonal objects.	Never	8	16%
	A few times a year	10	20%
	Once a month	7	14%
	A few times a month	9	18%
	Once a week	6	12%
	A few times a week	6	12%
	Every day	4	8%
	Total	**50**	**100%**

	Response	Frequency	Percentage
2. I've become more callous towards people since I took this job.	Never	6	12%
	A few times a year	8	16%
	Once a month	7	14%
	A few times a month	10	20%
	Once a week	8	16%
	A few times a week	6	12%
	Every day	5	10%
	Total	**50**	**100%**

	Response	Frequency	Percentage
3. I feel I'm positively influencing other people's lives through my work.	Never	4	8%
	A few times a year	7	14%
	Once a month	6	12%
	A few times a month	10	20%
	Once a week	8	16%
	A few times a week	10	20%
	Every day	5	10%
	Total	**50**	**100%**

	Response	Frequency	Percentage
4. I feel very energetic.	Never	8	16%
	A few times a year	6	12%
	Once a month	9	18%
	A few times a month	8	16%
	Once a week	6	12%
	A few times a week	7	14%
	Every day	6	12%
	Total	**50**	**100%**

The results show a varied response to the statement "I feel I treat some patients as if they were impersonal objects." While a significant portion of respondents (36%) indicated that they have felt this way at least a few times a month or more frequently, a notable number of participants (16%) stated that they have never experienced such feelings. This suggests that while some nurses might occasionally struggle with depersonalization, a considerable proportion maintain a more personal connection with their patients. The diversity in responses highlights the complexity of emotional experiences in nursing, where the pressures of the job might sometimes lead to detachment, but many nurses still strive to treat patients with empathy and care.

The data regarding the statement "I've become more callous towards people since I took this job" reveals that 40% of the respondents have felt this way at least a few times a month or more frequently.

Table 2: Factors affecting burnout among nurses

Statement	Response	Frequency	Percentage
1. Work load My workload is manageable**.**	Strongly Agree	5	22%
	Agree	8	28%
	Neutral	10	24%
	Disagree	14	20%
	Strongly Disagree	13	6%
Total		**50**	**100%**
2. Support System I receive adequate support from my supervisors**.**	Strongly Agree	5	10%
	Agree	15	30%
	Neutral	12	24%
	Disagree	10	20%
	Strongly Disagree	8	16%
Total		**50**	**100%**
2. Support System I receive adequate support from my colleagues.	Strongly Agree	14	18%
	Agree	15	36%
	Neutral	5	24%
	Disagree	8	16%
	Strongly Disagree	8	6%
Total		**50**	**100%**
3.Working Environment My work environment is positive and supportive**.**	Strongly Agree	5	16%
	Agree	6	40%
	Neutral	12	24%
	Disagree	13	12%
	Strongly Disagree	14	8%
Total		**50**	**100%**
4. Work and personal life I am able to balance my work and personal life.	Strongly Agree	6	12%
	Agree	8	28%
	Neutral	8	20%
	Disagree	12	24%
	Strongly Disagree	16	16%
Total		**50**	**100%**

Conversely, 28% indicated that they seldom or never experience increased callousness. These findings suggest that the demanding nature of the nursing profession may lead to emotional hardening in some individuals, potentially as a coping mechanism. However, a substantial proportion of nurses manage to resist becoming callous, which could be attributed to their commitment to patient care or effective personal coping strategies When asked if they feel they are positively influencing other people's lives through their work, a majority of respondents (66%) agreed, either frequently or every day. Only 8% reported never feeling this way. This suggests that despite

the challenges they face, most nurses find their work rewarding and believe they are making a meaningful impact on others' lives. This positive perception could be a crucial factor in job satisfaction and professional fulfillment among nurses.

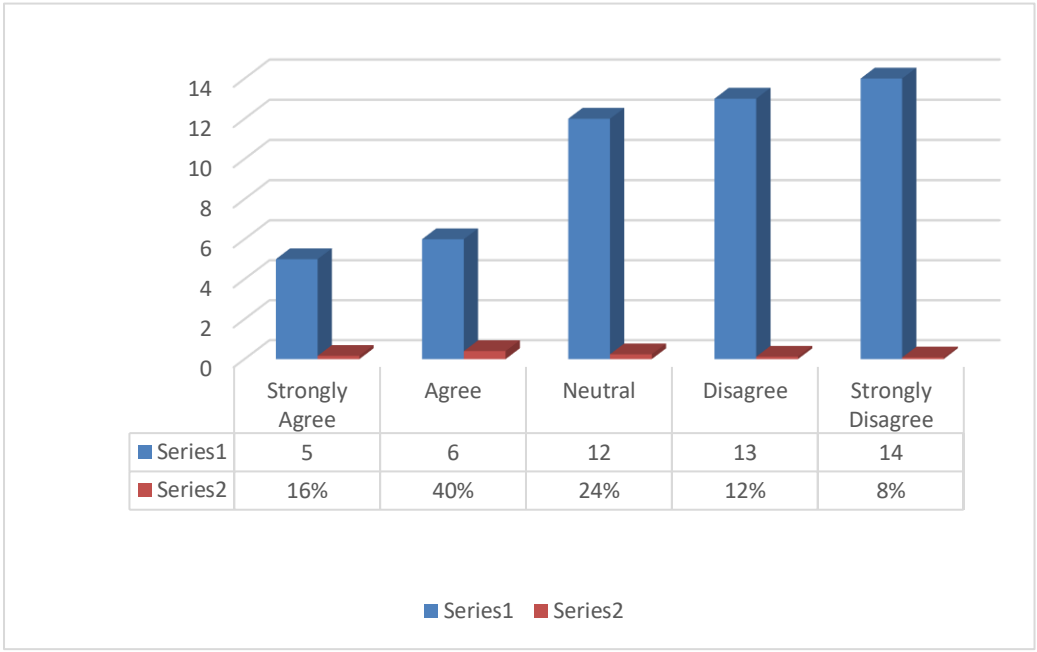
.

The responses to the statement "I feel very energetic" indicate that energy levels among the nurses are quite mixed. While 28% of respondents reported feeling energetic frequently or every day, 16% stated they never feel this way. The majority of the participants fall somewhere in between, feeling energetic occasionally. These results may reflect the physically and emotionally demanding nature of nursing, where fluctuating energy levels are common due to varying workloads, stress levels, and personal circumstances. It emphasizes the importance of workplace practices that promote well-being and energy conservation for nursing staff.The responses indicate a significant variation in how nurses perceive their workload. Only 10% of the respondents strongly agreed that their workload is manageable, while 16% agreed. A substantial proportion, 24%, remained neutral, reflecting ambivalence or possibly fluctuating workloads. Notably, 20% of the nurses disagreed, and 30% strongly disagreed, suggesting that a considerable number of nurses feel overwhelmed by their workload. This indicates a potential risk factor for burnout as a heavy workload can contribute to stress and fatigue, impacting both job satisfaction and patient care quality.

Regarding support from supervisors, only 10% of nurses strongly agreed that they receive adequate support, while 30% agreed. A quarter of the respondents (24%) were neutral, indicating uncertainty or mixed experiences. On the other hand, 20% disagreed, and 16% strongly disagreed, highlighting a lack of sufficient supervisory support for a significant portion of the nurses. Adequate supervisory support is crucial for reducing burnout, as it helps nurses manage their workload, provides guidance, and fosters a supportive work environment.

The data reveals that 18% of nurses strongly agreed and 36% agreed that they receive adequate support from their colleagues. However, 24% remained neutral, and 16% disagreed, with 6% strongly disagreeing. This indicates that while peer support is generally perceived positively, there is still a portion of the nursing staff that feels isolated or unsupported by their colleagues. Strong peer relationships are essential in healthcare settings to share responsibilities, reduce stress, and enhance job satisfaction.

Figure 4.3; Working environment of nurses



When evaluating the work environment, 16% of the respondents strongly agreed that their work environment is positive and supportive, with another 40% agreeing. Nevertheless, 24% were neutral, and a significant portion, 12%, disagreed, while 8% strongly disagreed. This mixed response suggests that although the majority perceive their environment positively, there are underlying issues that could be contributing to dissatisfaction and burnout. A supportive work environment is critical for maintaining staff morale, reducing turnover, and ensuring high-quality patient care.

Regarding work-life balance, 12% of the respondents strongly agreed, and 28% agreed that they could balance their work and personal lives. However, 20% were neutral, and a concerning 24% disagreed, with 16% strongly disagreeing. This suggests that a significant number of nurses struggle to maintain a balance between their professional duties and personal lives, a common contributor to burnout.

The results from the questionnaire indicate that several factors are contributing to burnout among nurses at Allama Iqbal Memorial Teaching Hospital Sialkot. A heavy workload, lack of supervisory support, mixed perceptions of peer support, and challenges in maintaining work-life balance are prominent issues. These factors are likely to affect not only the mental health and job satisfaction of nurses but also the overall quality of patient care. Addressing these issues through organizational changes, increased support, and workload management could be crucial in mitigating burnout and improving both nurse well-being and patient outcomes.

DISCUSSION:

The findings from the burnout assessment among nurses at Allama Iqbal Memorial Teaching Hospital Sialkot reveal several significant insights into the factors contributing to burnout and its impact on their professional lives. The data suggests that emotional exhaustion is a common experience, with a substantial portion of the respondents reporting feeling emotionally drained either frequently or on a daily basis. This emotional fatigue is closely linked to the demanding nature of nursing, where the pressures of patient care can lead to feelings of detachment and depersonalization. The finding that 36% of nurses feel they treat patients as impersonal objects at least a few times a month highlights the potential emotional toll of their work.

Moreover, the perception of becoming more callous towards patients, reported by 40% of the respondents, indicates that emotional hardening may be a coping mechanism for some nurses. However, despite these challenges, a majority of nurses (66%) still believe they are positively influencing others' lives through their work, suggesting that the intrinsic rewards of nursing may help counterbalance some of the negative effects of burnout.

The assessment of external factors influencing burnout revealed that workload, supervisory support, peer support, work environment, and work-life balance are critical areas of concern. The data indicates that many nurses feel overwhelmed by their workload, with 50% of respondents disagreeing or strongly disagreeing that their workload is manageable. This is a clear indicator of stress that could lead to burnout if not addressed. Additionally, the mixed perceptions of supervisory and peer support suggest that while some nurses feel supported, a significant portion does not, which may exacerbate feelings of isolation and stress.

The work environment also plays a crucial role, with only 56% of respondents perceiving their work environment as positive and supportive. This mixed perception underscores the need for improvements in workplace culture to foster a more supportive and cohesive environment. Finally, the struggle to maintain a work-life balance, as indicated by 40% of respondents who disagreed or strongly disagreed that they could balance their work and personal lives, highlights the personal sacrifices many nurses make, further contributing to burnout.

CONCLUSION:

The discussion underscores the importance of addressing these factors through targeted interventions, such as workload management, enhancing supervisory and peer support, improving the work environment, and promoting a healthier work-life balance. By addressing these issues, the hospital administration can potentially reduce burnout, improve nurse well-being, and enhance the overall quality of patient care.

REFERENCES:

1. Aiken, L. H., et al. (2001). Nurses' reports on hospital care in five countries. *Health Affairs (Millwood)*, 20, 43–53.
2. Bloniasz, E. R. (2011). Caring for the caretaker: *A nursing process approach*. Creative Nursing, 17, 12–5.
3. Jennings, B. M., & Hughes, R. G. (2008). Patient Safety and Quality: *An Evidence-Based Handbook for Nurses*. Rockville, MD: US Agency for Healthcare Research and Quality.
4. Maslach, C., Jackson, S., & Leiter, M. (1997). *The Maslach Burnout Inventory* (3rd ed., pp. 191–218). Palo Alto, CA: Consulting Psychologists Press.
5. Batista, J., Batista, P., Barros, E., Lopes, F., Medeiros, G., & Morais, J. (2013). Burnout

syndrome: *Understanding of nursing professionals who work in the hospital context. Journal of Nursing*, 7, 553–61.
6. Rosales, R. A., Rosales, G. L., & Labrague, L. J. (2013). Nurses' job satisfaction and burnout: Is there a connection? *International Journal of Advanced Nursing Studies*, 2, 1–10.
7. Bakker, A. B., Killmer, C. H., Siegrist, J., & Schaufeli, W. B. (2000). Effort-reward imbalance and burnout among nurses. *Journal of Advanced Nursing*, 31, 884–91.
8. Peeters, M. C., & Le Blanc, P. M. (2001). Towards a match between job demands and sources of social support: A study among oncology care providers. *European Journal of Work and Organizational Psychology*, 10, 53–72.
9. Adali, E., & Priami, M. (2002). Burnout among nurses in intensive care units, internal medicine wards and emergency departments in Greek hospitals. *ICUs and Nursing Web Journal, 11, 1–19.*
10. Greenglass, E., Burke, R. J., & Fiksenbaum, L. (2001). Workload and burnout in nurses. *Journal of Community & Applied Social Psychology*, 11, 211–5.