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Gendered Dimensions of Nurse Burnout and the Burden of Unseen Care Work

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Abstract
Nursing burnout has now become an ubiquitous issue in health care systems around the world, but the origins and symptoms of this problem are usually coupled with gendered norms and valuing of hidden, unmeasured work of care. The paper attempts to discuss gender roles and their relationship with job burnout in the nursing field, the latter of which can be attributed to care giving responsibilities, which are often underacknowledged and unaccounted. Based on feminist theory and qualitative inquiry, the analysis points to how a large part of such emotional work and patient-centred care on the part of nurses and in particular women is invisible within official records, supporting structural inequalities. The study suggests that policy changes, acknowledgement of invisible care by the organisation, and gender-sensitive interventions are essential to the well-being, job satisfaction and overall retention in the sphere of nursing.

Keywords: ***Nursing burnout, gender roles, invisible care, emotional labor, unrecorded work, healthcare inequality, nurse well-being, feminized labor, occupational stress, caregiving burden.***

1.Introduction
Nursing professionals are now at the center of a new era of medical life wherein the medical ecosystem is shifting towards more complexized patients, technological awareness, and system factors. Nurses across the world have become the most physically affected group in all health organizations by stress and burnout due to their role in providing care to the patient, which has risen in quality demands and even shortage of staffing and resources. The latter is much more than isolated feelings of burnout, a significant danger to quality of care and patient safety, and a continued risk to the nursing profession itself.

The study of occupational health psychology today has brought into focus the multifold dimensions of nursing burn out, as a complex syndrome that expresses itself in exhaustion of emotion, depersonalization and under-achievement at professional level. Burnout is a long-lasting process in contrast to temporary stress that people can encounter at the workplace, and it is a product of long-term exposure to various pressures and adverse environments, insufficient resources, and improper alignments of ideals and ideals of a profession with organizational realities. Nurse occupation with all the emotional, physical and ethical requirements presents an ideal setting to the occurrence of this occupational hazard.

Nursing burnout has economic consequences that resound throughout the healthcare system in different levels, and it produces ripple effects that affect not only individual practitioners and healthcare institutions but also the overall health of the population(1). Burnout of nurses feels the impact when the time off, employee turnover rates and job satisfaction are decreased as well as the quality of care. Healthcare institutions incur high costs on healthcare recruitment, workforce preparation, and temp agencies, and their patients bear the indirect costs of recruitment through the risk of health and safety, and lower care standards. This interdependence of cost makes a good argument to get knowledge and control the real roots of nursing burnout with the help of complex empirical interventions.

Establishment of professional identities in nursing takes place in an intricate network of historical, cultural, as well as organizational forces that define the ways nurses view their position, duties, as well as professional value. Nursing is an exceptionally developed profession that has significantly changed relatively to its historical background, but at the same time much of the modern challenges experienced especially in regard of stereotyping, hierarchies, and recognition differences are directly linked to the old perceptions and attribution of value towards nursing work. All these contribute to a scenario where much of the necessary work of care that nurses do ends up under-valued, un-valued or even invisible in organizational machineries as well as the society(2).

Emotional labor in nursing can be seen as a decisive but not always emphasized aspect of professional practice which plays an important role in the development of burnout. In practice, nurses frequently deal with emotional

control, empathic reactions, and psychologic encouragement of patients and families where they could also be dealing with their own emotional reactions to bleeding, loss, and startling. This is regard of the emotional work, at the center of therapeutic relationships and patient outcomes, often done without proper recognition, support, and compensation. The gap between the emotional requirements and the nursing practice and the lack of state in the organization to recognize such needs results as an added pressure on the nurse and results in the feeling of underestimation in the field.

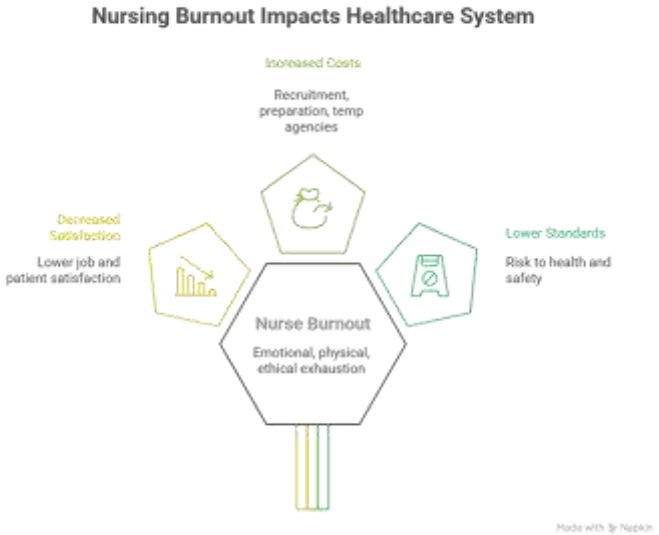

FIGURE 1 Nursing Burnout Impacts Healthcare System

Environmental factors at the workplace are significant either to safeguard or to enhance the risk of burnout among nursing professionals. The staffing ratios, workload, administrative support, professional autonomy, and coordination relations with other members of the healthcare team are some of the elements that essentially affect the chances of a nurse to deliver quality care and stay healthy at the same time. Healthcare facilities that do not consider these environmental determinants tend to unknowingly establish circumstances associated with burnout development, whereas institutions that focus on taking care of their employees create better retention rates of their staff members, higher job satisfaction, and patient satisfaction.

Personal and work-related causes of burnout development reveal that personal traits, life to which people adapt or to which they have to adapt, and coping with all these issues should also be considered to better understand this phenomenon(3). Age, the level of experience, educational attainment, family obligations, and personal resilience are some of the factors that determine the way nurses react to the workplace stressors. Moreover, the career phase where nurses are experiencing burnout may have great consequences on the long-lived career of the nurses as early burnout in the profession might trigger early dissociation and exit of the profession, and on the other hand, late-career burnout may also burden experienced nurses who bring in lot of experiences and act as mentoring sources of an institution.

The role of technology in the contemporary nursing practice has both opportunities and threats as far as burnout prevention and management are concerned. Although technological advancements support patient monitoring, medication administration, and coordination of care, they also bring forth other burdens associated with requirements of electronic documentation, complexity of systems, and possible technology-induced differences between nurses and patients. Gaining knowledge about the technology usage and maintaining the human aspects of nursing care is one of the crucial issues to pay attention to regarding modern burnout problems.

The international problem of shortages and burnout in nurses has given rise to global attention to the need to identify the ways of reducing burnout and preventing shortages. Different countries across the world are taking numerous measures to deal with the challenges, such as legislative efforts aiming at safe staffing ratios or the organizational measures aimed at enhancing the culture of workplaces and support systems. The pluralistic approaches can serve as an excellent source of knowledge when it comes to effective strategies with it being important to note that local healthcare systems and cultural factors should be considered along with the availability of resources when it comes to effective strategies.

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The present analysis aims at examining the multidimensional character of nursing burnout by carefully analyzing the various factors that lead to it, its outcomes, and possible solutions, which can be used as a source of evidence-based practice supporting nursing professionals and ensuring better healthcare outcomes.

2.Theoretical Frameworks and Conceptual Models in Nursing Burnout Research

The theoretical environment of the burnout occupational concept has changed significantly since its first formulation, and numerous frameworks have been developed to clarify the numerous intersecting causes that may lead to this pathology in healthcare environments. Knowledge of these theoretical underpinnings gives useful background to the analysis of how burnout occurs particularly in the nursing practice and it can inform about possible intervention strategies(4). Modern burnout study takes into consideration a wide range of academic concepts such as organizational psychology, occupational health, sociology, and healthcare management, and this serves as a considerable fund of theory on the subject of modern burnout.

The stress process models have influenced basically the concept that transforms workplace conditions into personal experiences in burnout. These forms are specific in that they lay more importance on the interactive nature of environmental stressors, individual appraisal processes, coping strategies and the outcomes. In nursing practices, stress-process models are used to provide insights about how the dynamics between patient acuity, workload requirements, time constraints, and resources and the person factors as well as coping styles influence the production of levels of stress response. The time axis of these models is of special concern to nursing, because daily stressors can have a cumulative effect that will wear down the professional strength and result in long-lasting symptoms of burnout.

FIGURE 2 Theoretical Frameworks for Nursing Burnout

Resource conservation theory is one more useful prism through which one can analyze nursing burnout and pay attention to the desire to preserve and receive resources and avoid resource consumption. The resources in nursing practice also include not only such material factors as time, equipment, and personnel support, but psychological resources such as energy, motivation, professional competence, and social relations. When nurses feel that their investment of resources can always be equal to or even more than their output of resources they are likely to have burnout; or when they lose vital resources without being able to recover there are high chances of burnout. This theoretical perspective allows us to explain why nurses, working in environments characterised by a resource shortage or those that have to deal with chronic understaffing, are most susceptible to developing burnout(5).

The theory of social exchange provides information about the relational factors of nursing burnout regarding the exchange characteristics of workplace relations along with perceived equality of contributions and benefits. Nurses join professional relationships with patients, co-workers and institutions with some perception of getting the same back in terms of understanding, respect, and reward. As such when things are not evenly balanced between what nurses receive in terms of emotional support, professional recognition or provision of organizational resources

versus giving thrown impetus fires may be created leading to a sense of inequity and subsequent burn out. This theory is especially applicable in medical practice, in which nurses have to establish a strong therapeutic attachment in addition to having to work within a complex hierarchy and boundary within an organization.

In person-environment fit theories, the emphasis is placed on the individual aspect, or rather the compatibility of the individual in terms of his character, values and needs to the workplace environment and organizational culture. These theories predict that when a person brings less to a certain environment than what the environment has or requires in exchange, he or she is more likely to be at risk of burnout. Misalignment may exist on several scales such as on the level of skills and abilities, values and organizational culture, needs, environmental provisions, or demands and personal capabilities. Realizing the different types of fit would explain why some nurses excel in given settings and others are faced with a lot of suffering, and why the implementation of organizational interventions should always put into consideration both individual and environmental issues.

What motivational theories largely contribute to the understanding of nursing burnout is the way in which the workplace environments foster intrinsic motivation or vice versa harm psychological well-being. As an example, self-determination theory portrays how autonomy, competence, and relatedness promote motivation and help to avoid burnout. In the case that nursing practice settings do not facilitate these basic psychological needs due to higher control levels, lack of support regarding skill building and insufficient social networking, the nurses will feel less motivated and more prone to burnout. This theoretical approach sheds light on the necessity to establish the work environment, which will allow developing professionally and building meaningful relations, as well as an independent practice.

Theories of organizational justice analyze the effects of the workplace policy, procedure and interpersonal treatment perceptions of fairness on employee well being and burnout. Distributive justice relates how just the results are based on how much work is given, the payment that was given, as well as the chances of promotion. Procedural justice deals with the fairness of procedures through which decisions are made whereas interaction justice deals with quality of interpersonal treatment during the procedures. When nurses consider any of the above areas to constitute injustice, they may become stressed and burnout especially when they feel that they are not in a position to challenge the injustices through official means.

Role theory is a research base to consider unclear expectations of roles, conflicting needs, and role ambiguity as the causes of nursing burnout(6). Nurses commonly have to exist as many different professionals at once such as direct care provider, patient advocate, family educator, team collaborator, and the representative of an organization. In cases where such roles concern conflicting expectations or when role boundaries are blurred, nurses can develop role stress that can lead to the development of burnout. Also, changes in the environment of healthcare that necessitate the evolution of nursing roles may result in a chronic problem of adopting to the environment with continuous need to negotiate the roles and manage boundaries.

Any theory that is most pertinent to the field of nursing burnout would be emotional labor theory, aimed at examining the efforts of suppressing emotions within the workplace. Emotion regulation is something that nurses do day-to-day as they seek to establish meaningful therapeutic relationships, offer comfort when they face a challenging scenario, and present themselves professionally despite any personal emotional experiences. Even though this emotional work forms a pivotal part of quality nursing care, it can be taxing whenever it entails too much effort in nuancing felt emotions with professionally prescribed emotional performance. Prolonged effects of continued emotional labor especially when the employees act against their natural reactions can lead to the development of burnout.

3.Organizational Determinants and Structural Influences on Nursing Burnout

Organizational climate in which nurses conduct their practice is a major determinant of the level of risk of burnout as structural factors, organizational practices, and culture establish a situation helpful or harmful to the well-being of professionals. Healthcare organisations are complex adapting systems whereby numerous broadly associated factors affect the experiences of nurses, including macro-level decisions on policy and resource allocation, as well as micro-level day-to-day interactions and the processes of undertaking complex work. These organizational determinants could be very helpful in understanding the importance of developing systemic interventions to prevent the root categories of nursing burnout instead of treating the symptoms of the same(7).

Workload distribution and staffing patterns are core organizational phenomena that create a direct effect on the risk of nurse burnout, given the effects of these factors on the job demands, the pressure of time, and quality care

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delivery. Poor staffing ratios have ripple effects across healthcare units, and nurses have to handle more patients, spend more time at work, and go to the level of violating the standards of care to meet minimum safety standards. Staffing and burnout have an interconnection that is delivered on various mediums including physical fatigue as a result of larger work demands, emotional strain as a result of inability to deliver the levels of care needed and professional dissatisfaction with the workplace environments that abuse nursing values and ideals. Companies which focus on short term cost control by downsizing staff levels tend to have long term effects, mainly seen in high turnover, low satisfaction rates of nurses and possible quality of care problems.

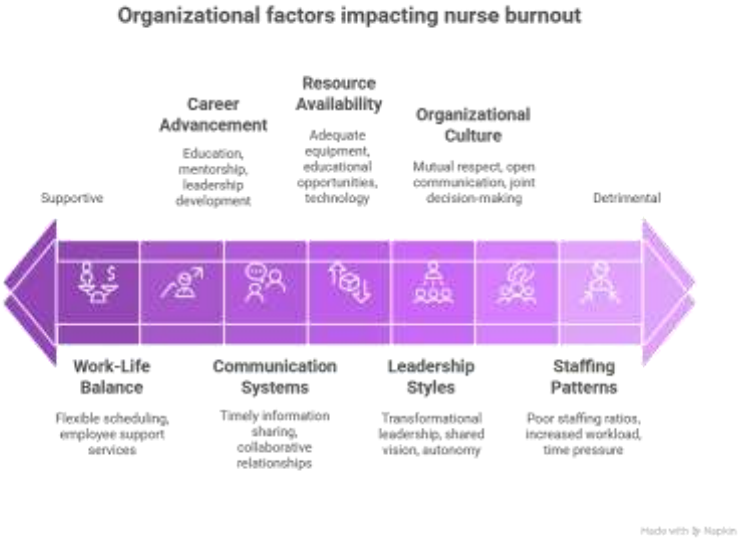

FIGURE 3 Organizational factors impacting nurse burnout

Healthcare practitioners who engage in leadership activities and practices, and management styles have profound impacts on the climates of the work environments and the experiences of nurses with regards to the supports, autonomy and recognition in their professions. Transformational leadership practice styles that involve sharing the vision, individual consideration, intellectual stimulation, and inspirational motivation practices have been related to a lower likelihood of burnout and better outcomes among the nurses. On the other hand, autocratic or laissez-faire work styles can cause role ambiguity, lack of professional autonomy and insufficient assistance at critical moments. Unit-level nurse-manager relationships influence various aspects of the work experience such as effective communication, conflict management and resolution, professional growth and advancement and representation of resources and support required by the team(8).

Organizational culture and climate present the wider background against which the nursing practice takes place and determines the way of nurses to view their workplace, the relationship with all those around and the corporative value systems. The nurse well-being is less emphasized in the culture focused on efficiency and productivity, and the latter may inadvertently be leading to the environment where burnout risks are high owing to unrealistic expectations, insufficient time to rest and time to cater to emotional and psychological factors. Protective factors against the development of burnout can be described as positive organizational cultures of mutual respect, open communication, joint decision-making, and valuing of the contribution of nurses. The congruence between stated and practiced values in organizations is a major determinant of the actual perception of authentic and reliable relationship in organizations by the nurses.

The interplay of resource availability and allocation decisions influence the nursing practice in several areas, not only at the level of basic goods and equipment but also on educational possibilities and technological assistance. Permanent shortages of resources create the strong and powerful urge to come up with a form of work around, create more and more time to obtain the essentials, and the risk of losing the process of care because of poor provision or obsolescent equipment. These shortages of resources add more pressure due to the implication on efficiency, safety, and professional gratification. When companies invest properly in nursing resources, then this will show their dedication to quality care and professional support whereas when they always underinvest, the result can be higher rates of burnout and turnover of nursing professionals.

The access of nurses to the required information, their capacity to arrange the care and be engaged in the decision-making process, significantly depends on the communication systems and information flow in the healthcare organization. Ineffective communication systems bring about frustration in terms of inefficiency, lost information, and complexity of the coordination of complex care needs. Proper communication models that enable sharing of information in a timely manner, foster collaborative relationships, and allow nurses to input into organizational decision-making process are effective tools that contribute towards professional satisfaction and less likelihood of burnout. Healthcare delivery is becoming highly involved and new complex communication systems are needed that can accommodate multidisciplinary coordination without compromising its efficiency and accuracy.

Career advancement opportunities and career mobility within organizations influence the feelings of professional growth, competence and future orientation of nurses. Companies with low educational aid, non-existent opportunity to move up, or an unfavorable career growth might be characterized by increased burnout as the nurses lack enthusiasm in the stagnated areas of professional growth. On the other side, the organizations that invest in continuing education, mentorship program, leadership development, and various career pathways express their interest towards nursing professional growth and might have better retention and employee satisfaction rates among their nursing personnel members(9).

Work-life balance, flexibility in scheduling, and employee-support services all have the organizational policies and procedures in effect to play a super important role in how nurses are apt to handle the job pressures of their practice as well as their personal responsibilities and personal self-management. Strict scheduling programs, the obligatory overtime rules, and the lack of provisions of personal time can cause burnout due to the effect on the sleeping patterns, family involvement, and personal health. Structural support of strong organizational cultures including flexible schedule options and adequate time-off policies as well as comprehensive employee assistance programs can be found in progressive organizations that support nurse well-being and burnout prevention.

Incorporation of technology and workflow planning in healthcare firms influences the efficiency of practice in nursing, burden of documentation and care procedures. Inefficiently installed technology systems may extend the time of documentation, cause inefficiency at the workflow, and alienate nurses to the direct patient care practices. A smooth integration of technology with the aim to optimize documentation, facilitate clinical decision-making, and coordinate care has the potential to decrease the administrative burden and help nurses devote more attention to the relationship-based and clinically focused approaches. The constant development of the technology in healthcare means that it needs constant adaptation and support of training to allow the maximization of benefits without the risk of stress related to changes in the system.

4.Individual Characteristics and Personal Factors in Nursing Burnout Susceptibility

Although organizational and environmental conditions are of key importance in the development of burnout, personal factors and individual characteristics largely determine the way nurses perceive, respond to, and interpret instances of workplace stress. The knowledge of these individual-level variables is vital to getting answers as to why some nurses are able to endure in adverse working conditions as opposed to developing reactions of burn out with the same working conditions. The individual components of personal factors are many and wide-ranged variables, such as demographics, personality, coping strategies, life situations, career stage factors, and individual competencies, to expose the vulnerability or resilience to occupational stress.

Such demographic attributes as age, gender, educational and nursing experience present a disparity in risk patterns to the development of burnout. Generally, younger nurses who are recent graduates or have a first few years in practice may also result in high burnout levels due to reality shock, skill formation issues, and difficulties in adjusting to the clinic after school preparation. Even the difference between the educational demands and the realities of workplace could cause a lot of pressure on the new graduates who might feel themselves unready to face the complicated requirements of the new world of nursing. Experienced nurses, on the other hand, can encounter various stressing factors concerning career burnout, physical strain of prolonged practice, discontent with organizational modifications that violate the patterns of the accepted manner of working.

The importance of personality characteristics and personal traits on the way that nurses understand the challenges and solve them in the workplace should not be underestimated and there are personality profiles, which are related to the higher and lower risk of burnout(10). Perfectionism tendencies, which frequently promote a high-quality hospital care, are one of the sources of burnout since nurses are not able to maintain perfectionism standards towards themselves or become distressed because they cannot achieve their image of ideal care and hospital

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regulations stems in their way. A deep sense of empathy and emotional sensitivity, which are very important in therapeutic relationships, can expose the nurses to emotional burnout in the cases where the care providers internalize patient and family misery, with weak prophylactic measures or boundaries. On the other hand, other characteristics like optimism, emotional stability and adaptability are also protective markers that boost resilience and also protect against burnout.

Strategies adopted and mechanisms of managing stress are highly dependent on people and have great impacts on burnout effects. To some extent this means that problem-coping (direct action towards stressors) is more effective when the stressor can be dealt with and the proportionate action can be taken by the individual; whereas the emotion-coping strategies may be more suitable when the different stress factors cannot be done by the individual. Nurses engaging mostly in avoidance coping (denial, withdrawal, or substance use, etc.) tend to show negative results and burnout levels. Successful coping repertoires possess a lot of versatile strategies which can be flexibly utilized according to the demands, and also effective evaluation of which strategies is best to use and in which situations.

Job performance and life stage factors such as personal situations removed outside the workplace are an important determinant of how nurses respond to professional stressors and how they can be able to balance work and life. Nurses who have children or parents in their families might be having increased pressures in their life, especially in taking care of young children or old-aged parents and this pressure will add to the pressures at the workplace and limit their recovery time. Emotional and physical resources to cope with work-related stress can be reduced due to financial pressure, relationship problems, or any personal underlying illness. On the other hand, good personal support networks, sound relationship with other people, and good finances also serve as protective barriers to resilience and decreased burnout.

Both practical competence and confidence in nursing practice are determined by educational preparation and continuing professional development and have an impact on the stress levels and the possibility of burnout. Nurses that are well prepared to fulfill clinical duties with a diverse education and training experience tend to have lesser stresses and more job satisfaction. The opportunities to learn and develop professionally through continuing education would help with professional confidence and flexibility whereas poor preparation or lack of learning opportunities can lead to the sense of incompetence and work-related stress. When educational preparation and job requirements match, the likelihood of success and the tendency to burn out early in career are great.

Individual values and reasons of getting in nursing establish systems according to which people explain their working experience and evaluate job satisfaction. A nurse who belongs to a career on the basis of intrinsic factors, which could include helping others, being able to make a difference, or participate in meaningful work, can experience more burnout when they are unable to address those intrinsically based values due to the organizational conditions. Others, on the other hand, with other types of motivation or more tolerant to organizational flaws, might be more likely to be resilient. Congruence between individual values and actual working experiences also plays an important role in career satisfaction and development of burnouts in the long run.

The physical health and lifestyle influence the ability of nurses in regard to dealing with both physical and emotional requirements of nursing practice. Nurse who is physically sound with regular exercising, proper sleeping habits and other healthy practice usually show more conclusiveness towards the stressing experience at the work place. On the other hand, individuals that have chronic health issues, disrupted sleep, or weak self-care habits could be more prone to developing burnout. The strenuous nature of the nursing work means that proper physical resources must be present to maintain performance and avoid burnout symptoms caused by exhaustion.

Both intra and interpersonal relationships both at the work and non work areas are very important sources of resources in managing occupational pressures and preventing burnouts. Healthy ties with peers, mentors, and supervisors at work provide emotional, instrumental and validation benefits when faced with an unfavorable situation. The personal relationships with family members and friends supply the extra emotional resources and chances to overcome the stress caused by work. In the absence of sufficient social support in either of the domains, nurses risk being exposed to isolation, diminished effectiveness in coping and subsequent development of burnout.

Emotional intelligence and self-awareness skills also determine how nurses identify the early warning signs of burnout, how they find suitable assistance, and what strategies can help them care about themselves effectively. High emotional intelligence nurses have improved stress management, interpersonal relations, and coping to pressure within a given medical institution. The ability to be self-aware helps to identify the build-up of stress

early on and apply coping mechanisms before it degenerates to serious burnout symptoms. These metacognitive skills are trainable and practicable and thus can be used as possible intervention targets at the individual level.

5.Conclusion and Future work

After thorough investigation into the topic of nursing burnout discussed throughout this analysis, it can be estimated that the nature of the phenomenon is complex and multidimensional so that it can be approached only through the applications of sophisticated knowledge and multiplied interventions. The combination of organizational forces, personal dynamics and systematic healthcare issues form a perfect storm that leads to the development of burnout in nursing professionals, which pose a threat not only to the personal well-being of these individuals but also to the quality and sustainability of the healthcare delivered system on a global scale. With the healthcare environment still shifting under the forces of demographic, technological, and economic factors, nursing burnout is now not only an urgent need addressing within healthcare organizations, policy makers, and the nursing profession itself.

The theoretical frameworks addressed in the present analysis shows that burnout is not a subject that can be categorized into any single lens but it involves the incorporation of various perspectives in order to have a full picture of burnout. All conceptual frameworks including stress-process models, the conservation of resources theory, the social exchange theory, and others add new meaningful information and emphasize various points of the phenomenon of burnout occurrence. This plurality of theories implies that optimal solutions have to equally reflect this multidimensionality, and they have to impact the individual, interpersonal, organizational and systemic dimensions all at once. It is believed that in the future researchers should still combine these theoretical perspectives and work out new models that can better reflect the dynamic relationship in the development of burnout in modern healthcare settings.

Organizational issues become one of the leading causes of nursing burnout as the style of work and division of resources between staff, the structure of leadership, workplace culture, or its absence develop the environment that is conducive to mental health or contributes to the deterioration thereof. It is highly probable that healthcare organizations bear a lot of power in determining burnout rates with its own policies, practices, and priorities. Nevertheless, the long-term orientation among the several organizations remains on short-term cost control strategies in a way that could end up working against them either directly or indirectly owing to the effects on workload, resources, and support professionally. Such lack of association between short-term financial constraints and long term survival issues needs thoughtful thinking and leadership dedication to solve effectively.

Although it is harder to control individual characteristics and personal factors compared to organizational factors, they are still a good source of information regarding vulnerability and resilience patterns, which can be used at the vetting and developing points toward nurses when selecting the relevant nursing personnel. The fact that burnout susceptibility is highly relevant to different individuals should present a chance to tailor interventions that would exploit individual strengths and at the same time occupy relevant areas of weaknesses. Protective factors and interventions, in turn, can be planned to strengthen protective factors (coping skills, emotional intelligence, professional confidence) and teach nurses strategies to regulate their expectations as well as to establish effective boundary practices.

The resultant effects on nurse education are immense since academic curricula should instill in nurses clinical skills as well as emotional and mental challenges of the modern practice setting. They should teach methods of stress management, resiliency construction, and self-care in addition to teaching the technicalities. Moreover, educational activities should offer realistic training previews of practice conditions in order to diminish shock of reality and make new graduates build proper expectations and coping methods early on in the profession.

Healthcare policy solutions should combat the organizational vulnerability to nursing burnout via staffing policy, occupational safety, and protection of professional practice. Legislative initiatives to implement safe staffing ratios, restrictions on involuntary overtime, and work-related violence protection of nurses can be viewed as the significant efforts towards making practice more sustainable. The policy solutions, however, are to be thoughtfully developed so as not to have unintended effects and to diagnose the burnout causes and not just the symptoms.

The case against nursing burnout is supported by economic research that, over time, has accumulated in showing that turnover, recruitment, training costs and poor quality caused by burnout are quite high. The proactive investments in burning prevention by increasing the working conditions, professional support, implementing wellness programs etc. may be seen as having great returns on investment in health care organizations in terms of

personnel retention, decreased recruitment expenses, and better patient outcomes. The business case offers excellent warrant of organization expenditures in burnout avoidance efforts.

Future research concerns must be dedicated to the development and testing of the broad model intervention, which would treat the levels of burnout causation as a comprehensive intervention applied at the same time. The trends of longitudinal study of nurses can last several years and help to empathize the patterns of career trajectories and highlight the most crucial points of interventions. Besides, the study analyzing the effectiveness of different prevention and treatment methods may help to provide the evidence-based practice recommendations used by healthcare organizations or even by individuals who work as practitioners.

The profession of nursing itself has to become a leader in efforts to address burn out through professional advocacy initiatives, standard setting and peer support efforts. The various actors that can help bring cultural change that will focus on well-being as well as performance of individuals and the inbuilt worth of nursing work include professional organizations, specialty groups and individual nurses. It also involves some promotion of proper attention, compensation, and working conditions and aiding fellow workmates who face burnout-related issues.

Finally, the issue of nursing burnout needs to be solved with continued efforts by various stakeholders involved in the process of change in the system. Nursing professionals in healthcare organizations, educational institutions, and policymakers are obliged to understand that they share the common goal of developing and sustaining the environment that facilitates quality patient care, as well as professional well-being. The bet is too big and the problem too complicated to be solved by any single organization, but a collaboration of several entities can make a significant change in the outcomes of nurses and the quality of healthcare. This is a crucial issue that must be overcome by all of us as the future of nursing and healthcare delivery relies on this.

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Conflicts of interest

The authors have no conflicts of interest to declare

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