

## **Burnout in Nurses Working in Haematology**

**Tashmatova Sh. A.**

First Year Masters student, School of Public Health  
Tashkent Medical Academy

**Urazaliyeva I. R.**

PhD Associate Professor, School of Public Health  
Tashkent Medical Academy

**Abstract:** In the modern era, burnout has emerged as a major psychosocial workplace risk that has a substantial financial impact on both individuals and companies [5, 9, 11]. Nurses who are burnt out are less committed to the organisation, have worse quality of life, and are more likely to want to quit. Furthermore, burnout lowers nursing care quality and raises turnover rates.

Burnout is a phenomenon thought to be brought on by ongoing work-related stress that is not adequately managed. It can be characterised in three ways: as feelings of tiredness or low energy; as feelings of disconnection from one's work or as sentiments of pessimism about one's work; and as diminished professional efficacy [22]. In general, burnout syndrome is an individual reaction to ongoing work related stress that progresses over time and may eventually become chronic, changing one's health in the process [15].

Ineffectively managed and regulated work settings that rather than enhance employees dignity, can have negative effects on them, wearing them out and depleting their psychological reserves. While burnout was once thought to be unique to professionals who provided care for individuals [12], further research has demonstrated that this phenomenon may occur in a wide range of occupational groups and professions [17, 19].

The issue of nurse burnout is a genuine one that requires identification in order to be addressed. If not, they might not perform as well at work and their patients might not receive the standard level of treatment. Additionally, nurses' personal life and health may suffer if they neglect burnout for a prolonged period of time [14]. The following are the most typical ways that burnout manifests in people: persistent feelings of depletion or exhaustion; feelings of hopelessness, imprisonment, or powerless; feeling alone or cut off from the outside world; feeling overwhelmed; adopting a pessimistic or cynical perspective; self-scepticism; delaying or requiring more time to complete tasks [15]. However, obtaining an accurate and comprehensive picture of the incidence of burnout in the general population is challenging due to the lack of a well recognised terminology for the syndrome of burnout, its complex aetiology and the ambiguity and subjectivity of the diagnostic criteria [2].

According to existing research, there is a 30% incidence of the disturbance in at least one of the three primary areas (depersonalisation, emotional weariness, and low professional accomplishment) among nurses [6]. In the field of haematology/oncology, 44 individuals (21.9%) stated that they intended to quit the field. Nine percent of the sample indicated severe depersonalisation, twenty-one percent reported low personal achievement, and thirty-eight

percent expressed high emotional tiredness. There was a positive correlation between emotional tiredness and the intention to leave [6].

Around the world, nursing is acknowledged as a very stressful profession [21]; among adult oncology nurses, stress is one of the most common workplace problems [12]. The majority of direct patient care in healthcare settings is provided by nurses, who make up the largest workforce group in the health sector [8]. Nursing in the field of haematology can be uniquely demanding due to the complexity of caring for patients with blood disorders, cancers, and related conditions. Since cancer treatment is becoming increasingly complicated and oncology nurses are exposed to a lot of emotionally demanding scenarios during their career, they deal with a lot of added pressures, such as patient deaths and grieving families [7]. Today's haematology/oncology nurses face tremendous problems due to growing patient knowledge, workforce shortages, and rising workloads [13]. Furthermore, the strain doesn't stop when the workday ends because of modern technology, mobile devices, and a lack of boundaries that make it difficult to disengage and take the time off that's needed to recuperate from work [4]. Burnout among nurses in haematology is a prevalent issue that can have significant implications for both the well-being of the nurses and the quality of patient care. Burnout impairs a nurse's capacity to deliver care. Nursing professionals deal with the challenge of maintaining human decency, empathy, and sensitivity in the midst of a demanding work environment on a daily basis [10].

The emotionally demanding nature of their profession is one of the elements that contributes to burnout in haematology nurses. Haematology nurses frequently provide treatment to patients with life-threatening conditions, which can arouse intense feelings and existential worries in them. Complexity of care may also play a role, as patients with haematological disorders may need complex treatment plans, constant monitoring for side effects, and coordination of care among several medical professionals. High patient acuity may also play a role, as patients with haematological illnesses may undergo abrupt changes in their health that require quick and wise nursing interventions. Burnout may also be exacerbated and caused by the work environment, problems including staffing shortages, inadequate resources, and inefficient leadership. Not to mention, haematology nurses regularly offer care to patients towards the end of their lives, which can be difficult both morally and emotionally [9].

It is often acknowledged that persistently high workload demands have the potential to negatively impact patient care and result in millions being lost to work-related burnout for the healthcare sector [2]. Burnout is a phenomena that may unavoidably negatively affect one's health, relationships, job, and life at home. It can also lead to anger, insomnia, and exhaustion [13].

Employees in the nursing, allied health, and administrative or managerial fields in the healthcare industry are also under more stress. Due to the ongoing occupational stress that professionals in the health and education sectors experience, which is mostly connected to interpersonal interactions, it may lead to burnout, a disorder that is closely linked to working circumstances. As a result, this condition is extensively researched in these workers. One of the regular dangers faced by health professionals is that they become weary during work hours, which can hinder their ability to provide good treatment and potentially affect patients as well as the health service as a whole [2].

Patients also suffer when doctors and other healthcare professionals become burned out. Professional repercussions can include anything from decreased patient satisfaction or worse treatment quality to medical errors that may result in malpractice lawsuits, which can be very expensive for hospitals and carers alike [18].

Presently, patient safety is emphasised as one of the primary concerns as, in many situations, healthcare providers are also responsible for patient care in addition to organisational shortcomings, systemic breakdowns, and inadequate management. While they may differ in

some ways, professional well-being, anxiety, depression, and burnout syndrome are deciding variables that impact the treatment given to patients [20].

There are several tactics that may be used to minimise nursing burnout. According to Mealer et al., participants in a resilience training programme were taught professional coping strategies for handling cognitive behaviour and were given more resilience to the demands of the nursing profession. They suggested that coping skills training is a useful tool for teaching, strengthening, and developing resilience [14]. According to Pipe et al.; Oman, Hedberg, and Thoresen, meditation is another tactic that can help lower stress, particularly for nurses [11]. The approach focuses on how stress is perceived, and stress—regardless of its origin—becomes easier to manage with regular meditation practice.

An audio-recorded mental exercise programme was presented to nurses by Mackenzie, Poulin, and Seidman-Carlson; the nurses listened to the programme for 10 minutes every day, five days a week, for a span of four weeks. The intervention displayed success in lowering burnout [3]. Sabancıogullari and Dogan led an identity building programme for professionals. The curriculum concentrated on creating a professional self-image and positive professional thinking, evaluating oneself professionally, defining professional goals, creating short-term goals, brain programming, and creating effective methods to boost satisfaction with work. Significant outcomes were even shown by online therapies [2].

According to Kutney-Lee et al., improvements in the working environment for nurses over time may result in a decline in burnout and job dissatisfaction [2]. Based on Gasparino and Guirardello's research [2], a workplace that is not favourable to nurses practising their professions as professionals might contribute to the development of burnout. The hospital that prioritised the work environment for nurses had the lowest rates of burnout among the three hospitals involved in the study conducted in São Paulo, Brazil. Learning to operate in communication skills has been shown to reduce nurse burnout, according to Darban, Balouchi, and Housein [1].

### **Conclusion:**

Burnout is undoubtedly a problem that people, organisations, and society as a whole are becoming more and more concerned about these days. Workers who are subjected to demanding work schedules and high levels of pressure, along with the need to justify the position they hold, can become emotionally depleted, jaded about their profession, and lack a feeling of personal achievement. Burnout may be addressed early on in its development and be prevented before it manifests itself, thus it is not an inevitable syndrome.

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