Name

Course

Interdisciplinary Theory of Emotional Burnout of the Operating Room Trauma Nurse

# Introduction

In healthcare, evidence-based practices are vital to providing a more comprehensive and elevated level of care, which facilitates the required health outcome. Evidence-based practices are a defining factor of quality healthcare and makes it easier for the patient to seek the quality of healthcare they require. Being a trauma nurse is a grueling task. It takes a physical as well as a psychological toll on trauma nurses and their practice, which deals with an adverse work safety that brings about the issue of emotional burnout. They are subjected to constant pressure, which sometimes decreases their emotional capacity to work adequately. Incorporation of technological innovations in healthcare is highly useful in this regard, which allows them to deliver the highest quality of care, even when they are exhausted (Bryant-Lukosius et al., 2016).

Evidence-based guidelines, along with maintenance of standards and opting to go for the very best-practice techniques have a huge impact on the practice of medicine. This is because it serves to be the breeding ground for the cultivation of the core competencies of the healthcare system. It highlights the importance of patient-centered care and takes good care of the patient’s health, as well as their values, preferences, the differences that need to be taken care of as when as the provision of the right amount of care (Claes, van Loon, Vandevelde, & Schalock, 2015). Here, nurses are tasked with integrating the very best research with the values of a patient and be able to achieve an optimal level of care for them.

Being a nurse requires an individual to be *hands-on* and well-versed in terms of evidence-based practices and techniques used to care for patients. However, being an operating room trauma nurse, the requirement of clinical expertise to achieving optimal care while being mindful of their needs becomes all the more important. Additionally, such patients are often in critical conditions, thus it is necessary that operating room trauma nurses maintain their composure at all times. They should be able to identify errors and hazards in the trauma operation room, understand and further introduce safety design principles and swiftness in work shifts. This can reduce the frequency and the severity of physical and emotional burnout among nurses (Claes et al., 2015).

However, being an operating room trauma nurse can take a serious toll on an individual. It is a task that carries great responsibility and requires the nurses to vigilant at all times, which causes severe cases of burnout among them, both physical and emotional. While physical burnout can be treated with time off and a good night’s sleep, emotional burnout is a cause for concern, which can even decrease their efficiency as a trauma nurse. They become numb to their surroundings, which affects their ability to judge the severity of a situation. Thus, discussed here are the causes of emotional burnout among operating room trauma nurses from an interdisciplinary perspective and how it affects their ability to do their job.

# Discussion

The interdisciplinary theory uses the perspective of various different disciplines to study a singular subject matter (Nowotny et al., 2016). It is an effective means of studying a subject and analyzing its impact within different tiers of society and its effect on human life and perspective. Thus, in order to analyze emotional burnout among operating room trauma nurses, this paper seeks to study the subject from four interdisciplinary perspectives.

## Social Comparison Theory

Occupational burnout in human services professions has been the focus of a number of different researches from time to time. However, most research has been based on theory and none of it focused on the social psychological aspect of the study. Accordingly, the social comparison theory is particularly relevant for understanding burnout among nurses for a number of reasons (Schaufeli & Buunk, 2017). Burnout, especially among nurses, emerges as a result of stressors. These stressors are primarily of three kinds. The first and most salient stressor is *uncertainty*. A healthcare facility represents a range of challenges, where the staff, especially trauma nurses, often face uncertainty regarding the course of action. However, uncertainty also paves the way towards a solution, some of which are truly inventive and solely devised to save lives. Now, uncertainty is usually closely accompanied by *imbalance.* It comes into play when there exists an imbalance between the investment and the outcome of relationships fostered with patients by healthcare professionals. This imbalance especially impacts trauma nurses, who put in a whole lot more effort into making sure that patients are at ease and their needs are met. Finally, a lack of control in a stressing situation also adds a whole lot of pressure on the nurses and plays a central role in burnout (Schaufeli & Buunk, 2017). It can also impact their self-esteem, causing them to act out and often times become emotionally detached from their jobs. The correlation between these three elements determines the reaction of a trauma nurse in response to stress and emotional burnout. Situations where all these elements are seen to converge, with an active sense of no accomplishment, a nurse can mentally distance herself from her job and become exhausted sooner than she would have otherwise. On the other hand, if nurses are being rewarded for the job that they are doing in an emotional capacity, they are more likely to stay the course and do as is expected of them (Schaufeli & Buunk, 2017).

## Social Disengagement Theory

Nursing is an inherently stressful occupation in itself. As discussed earlier, the occupation is plagued with a number of stressors which can easily lead to occupational burnout (Donoso, Demerouti, Hernandez, Moreno-Jimenez, & Cobo, 2015). However, the social disengagement model discusses the matter from a perspective that brings working conditions into account, especially ones that can decrease work-related motivation (Travis, Lizano, & Mor Barak, 2015). It discriminates on the basis of job demand, job resources, as well as life satisfaction among nurses. Job demands deal with the basic requirements of the job as it deals with the number of people performing the job. For instance, in a typical hospital emergency ward, a minimum of 5 or more on-call nurses should be available. Here, the high demand for contact with patients, coupled in with time pressure is the most predictive cause of exhaustion (Cañadas-De la Fuente et al., 2015).

Following job demands, job resources also have a great impact on nurse burnout, more emotional as compared to physical. It impacts the quality of work if rewards being given do not correlate with demands and the job as well as the participation of all the key factors involved. Additionally, a keen shortage of adequate work-related sources can also result in predictive disengagement from work (Cañadas-De la Fuente et al., 2015). Lastly, both job demands and job resources happen to have a direct impact on life satisfaction among nurses, especially in terms of exhaustion and disengagement. Thus, a need for intervention programs among nurses can be really helpful in this regard, helping elevate work-related burnout. One of the best ways to do this is to reschedule work hours, provide technical support where needed and redesign certain areas of the workspace to improve efficiency. Additionally, the reduction of caseload and reallocation of tasks can also be a helpful factor in this regard, which greatly reduces job demands and brings the ratio down to a tolerable extent. Furthermore, support from the supervisor can also be helpful in making nurses are equipped with everything that they are going to need and keep them motivated enough to keep social disengagement at bay (Cañadas-De la Fuente et al., 2015).

## Work Stress Theory

Nurses, especially operating room trauma nurses are at severe risk of suffering through stress and burnout. Thus, while they are making sure that the patient’s needs are being taken care of, at the very same time the staff’s well-being has serious implications associated with it as well. Termed as the work stress theory, there are five different evaluators that access the stress and burnout at work. They are person–environment, demand–support–control, cognitive-behavioral, emotional overload, and equity theory (Raftopoulos, Charalambous, & Talias, 2012). It studies the job-related stress placed on an individual and correlates these stresses to their demands and the idea that whether or not these needs are being met. The person-environment model recognizes stress as a mismatch between the two entities. Following that, the demand-control-support model and it moderates the demands of the job, making it more bearable. The cognitive-behavioral model emphasizes an individual’s ability to meet the demands of the job in a fashion which places emphasis on their appraisal and coping skills. On the other hand, the emotional overload model brings into question the nurse-patient dynamic, which analyzers the imbalance between efforts put in by the nurses and the outputs received. Finally, the equity theory brings into question the relationship nurses have with the patients, as well as with the healthcare facility that they work for (Raftopoulos et al., 2012). Thus, this theory can give a deeper look into the study of the reason behind emotional burnout among operating room nurses and even mitigate the cause behind it, ultimately reducing the burnout rate.

## Compassion Fatigue and Connecting Theory

Unresolved compassion fatigue often causes physical and emotional exhaustion, and can significantly impair job performance. It is also known to cause increased absenteeism and even turnover among health care providers such as registered nurses. Often those experiencing compassion fatigue attempt to self-medicate in order to numb the intense emotions, and distance themselves from patients, colleagues, friends, and even family (Sheppard, 2015). Since nurses are in such a field where compassion is needed in order to do their job, emotional burnout can deeply impact their ability to depart care in an effective manner. It also impairs their ability to perform well at work and even impact other areas of their life, which can have lasting consequences on their wellbeing (Sheppard, 2015).

# Conclusion

Evidence-based practice ensures that nurses continually understand and provide quality care through process, structure, and relation with regards to utilizing test interventions to enhance systems of care and quality improvement (Bryant-Lukosius et al., 2016). By choosing to work in unison with staff, trauma nurses can overcome the situations that seem to trigger emotional burnout through support decision making. This not only enables them to remain more focused on their job and perform their duties in the most efficient way possible, but it also ensures that their emotional burnout stays at a bare minimum.

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