



How Hectic Shifts in Nursing Profession and Burnouts among Nurses Affect the Patient Care

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ABSTRACT

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Nurse burnout is a highly prevalent issue in high-stress units, such as intensive care, emergency, and oncology units of urban hospitals like those in California and New York. The relentless pace, high patient volumes, and complex cases in these facilities and units heighten stress, leading to challenges to healthcare quality and staff wellbeing. Studies state that high patient volumes, particularly in emergency departments and intensive care units, often lead to overcrowding, understaffing, and prolonged shifts. For this, nursing practitioners (NPs) are forced to manage excessive workloads by themselves. This heightens their stress levels and also impairs their capacity to provide more individualized and compassionate care. In addition, there are complex cases in urban hospitals as patients often present with multiple comorbidities, cultural differences, and language barriers, which further exceed the intensity of the workload. These factors can lead to medication errors or lapses in patient monitoring. Ultimately, this directly affects healthcare quality and safety. Additionally, it is worth noting that the high-pressure environment is not conducive for nurses. It creates significant challenges for nurses' mental health as they are continuously exposed to critical situations and emotional trauma, contributing to burnout, and other severe health issues. These issues are compounded by the stigma surrounding mental health support, leaving many NPs non-adherent to care seeking.

There have been reported cases involving errors in medical administration, poor patient outcomes, and mental health challenges for nurses which have been linked to high patient volumes. That said, the aim of this research paper is to explore the impact of burnout in urban hospitals and present strategies such as flexible scheduling, mental health support, and technological integration. Research supports utilizing such strategies to mitigate the negative effects. The research will utilize case studies from renowned hospitals in New York and California. This way illustrates some workable and effective evidence-based interventions and their outcomes in reducing burnout and improving patient care, nurse retention, and job satisfaction.

KEYWORDS:

Nurse burnout, High-stress units, Burnout in urban hospitals, high patient volumes, staff wellbeing, healthcare quality, nurses' mental health

A REVIEW OF NURSE BURNOUT IN NURSING

1. Introduction

Nurse burnout is a major issue in urban hospitals. This is especially true in cities like California and New York. Although well known for their advanced care capabilities, they also place immense pressure on healthcare professionals. Factors including high patient

turnover, understaffing, and fast-paced environments lead to nurse burnout especially for practitioners in high-stress units (Prasad et al., 2021). Nurse burnout compromises providers' mental health, and increases the likelihood of medical errors, which in turn, impacts patient safety and trust. Nurses are the backbone of the healthcare system. They are called upon to provide continuous care and support in high-pressure environments. However, they may not be able to perform as needed if they are physically, emotionally, or mentally exhausted. To mitigate the severe impacts that result, there is a need to address these factors. This paper will look into burnout's impact in these high-paced settings, review effective evidence-based strategies to mitigate it, as well as

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present case studies showcasing successful implementation in busy urban hospitals. This way, other organizations facing this significant issue can utilize the practices to better their outcomes.

2. Impact of Hectic Shifts on Nurse Burnout and Patient Care

a) *Burnout in Urban Hospitals*

In cities like Los Angeles and New York City, nurses are known to operate hectic shifts. Here, they cater to high patient volumes in emergency rooms, ICUs, and oncology units. To address the issues they face, they are forced to work over extended hours. Usually, nurse practitioners (NPs) juggle between managing critically ill patients, complex administrative tasks, and responding to emergencies, which leave little room for rest. As a result of being exposed to prolonged stressors such as the aforementioned, this leads to burnout. Whereby they suffer from fatigue, reduced empathy, and impaired clinical decision-making. According to a 2023 survey by the National Institute for Nursing Research, 71 percent of nurses reported symptoms of burnout such as stress, while 31 percent mentioned suffering from depression (Rink et al., 2023). Such evidence points to the high prevalence of burnout among nurses.

b) *Errors in Patient Care and Administration*

Burnout has been associated with increased errors in patient care and medical administration (Montgomery et al., 2021). When nurses are physically, emotionally, and mentally fatigued, they are more likely to miscalculate medication doses, overlook critical changes in patient conditions, or neglect essential procedures. As a result, these errors can have severe consequences for patients. For instance, they may result in legal liabilities for healthcare institutions and death.

c) *Consequences of Burnout on Patient Safety*

Findings from case studies reveal that nurse burnout directly impacts patient safety. For instance, a 2021 review at Mount Sinai Hospital in New York found medication errors to have increased by 25 percent during peak staffing shortages (Todaro-Franceschi, 2024). At this time, nurses reported heightened stress levels. Similarly, UCLA Health in California reported a high prevalence of hospital-acquired infections in units with high nurse turnover. This indicated nurse burnout (Todaro-Franceschi, 2024).

3. Case Studies

a) *Addressing Burnout in Urban Hospitals*

Mount Sinai is a good example of a facility that was seen to implement a flexible scheduling system to help address nurse burnout during the COVID-19 epidemic period. The organizational leaders also increased staffing in high-stress units such as the emergency department to cater to the issue at hand. Most significantly, the hospital introduced a wellness and resilience program offering stress

management workshops, peer support groups, and access to mental health for professionals (Ho et al., 2024). Following this intervention, it was noted decreased burn-out levels, while patient satisfaction scores were seen to improve. Additionally, medication errors and adverse patient events also declined immensely, highlighting the program's effectiveness.

UCLA Health in California has also adopted advanced technology, including electronic health record (EHR) systems and automated medication dispensers, to help them reduce administrative burdens. Additionally, the facility has also invested in leadership training programs to enhance their leaders' capacity to recognize and address burnout. These strategies are expected to improve the staff's job satisfaction, and staff retention, as well as mitigate burnout (Todaro-Franceschi, 2024).

4. Strategies to Reduce Burnout in Urban Hospitals

Numerous strategies can be utilized to reduce burnout in high-paced healthcare settings. Studies on urban hospitals like those in New York and California demonstrate that flexible scheduling systems reduce burnout, promote job retention, and enhance job satisfaction (Todaro-Franceschi, 2024). Thus, providers in other settings can conduct self-scheduling and maintain shorter shifts, where feasible, to ensure nurses have adequate time for rest and personal obligations. Mandated nurse-to-patient ratios, also provide a clear framework for equitable staffing. Nurse managers in high-paced facilities can enhance their recruitment efforts by targeting diverse populations and offering competitive benefits to help retain skilled nurses.

Thirdly, it would be important to train nurse leaders by introducing them to staff wellbeing programs. This way, they can recognize signs of burnout to help foster a supportive culture (Hofmeyer et al., 2020). As noted, leadership initiatives such as those seen in hospitals like Cedars-Sinai demonstrate the value of investing in staff well-being programs. More so, NPs can be provided with counseling services as well as resilience training to help them cope better with workplace challenges. In essence, education on mindfulness and utilizing cognitive-behavioral strategies can provide nurses with a sufficient knowledge base for them to navigate emotional and professional challenges as well as how they can better maintain focus on patient care.

Another feasible strategy would be to introduce and offer wellness amenities such as fitness centers, yoga classes, and relaxation rooms in high-paced healthcare settings. These resources could provide NPs with the ability to decompress and recharge during or after demanding shifts. Ultimately, this would improve their physical and mental well-being. Another idea would be to leverage technology for workflow efficiency. Malla and Amin (2023) study supports technology such as EHR systems, and AI-driven patient monitoring in reducing manual workloads. This, in turn, allows nurses to focus more on patient care. Data analytics are well-supported

in numerous studies in aiding to monitor nurse workloads and patient acuity levels in real-time. Urban facilities can utilize such an approach to allow for dynamic staffing adjustments. In turn, this will ensure that nurses are not overwhelmed during peak times.

5. Barriers to Implementation

It is worth noting that in urban, highly populated places like California and New York, hospitals often operate on tight budgets. This is due to factors like the high cost of implementing, maintaining, and upgrading advanced medical equipment as well as the overall technology infrastructure (American Hospital Association, 2024). As a result, allocating funds for wellness programs or increasing staffing levels is less prioritized. This, as a result, hinders the implementation of programs that address the issue of nurse burnout. Another barrier to implementation could be long-established practices and hierarchical structures in some of these urban hospitals, creating resistance to change. For example, implementing new technology would often require time to train NPs. This could be perceived as disruptive to an already overburdened workflow, leading to resistance to a new practice. Similarly, there is stigmatization around mental health support among healthcare professionals. Other practitioners may also fear getting their medical license withdrawn (Søvold et al., 2021) In turn, this can deter nurse participation in wellness programs. For implementation to be possible, there is a need to educate facility leaders for them to be able to buy in. In addition, leaders can emphasize ongoing education. This way, the staff can have a better understanding of the importance of innovation and well-being. Ultimately, they can foster a culture of acceptance and trust.

Another barrier to implementation could be insufficient training and awareness among healthcare professionals. This lack the training may hinder them from being able to identify and address burnout symptoms. With high unawareness of burnout and mental health resources engagement and utilization will be low, calling for a need to address the issue. As hospitals in urban regions operate on tight budgets, they may tend to focus on short-term goals like meeting patient quotas or cutting costs. This conflicts with the long-term investments needed for burnout prevention. As a result, it may undermine the implementation of initiatives like staffing improvements.

6. Summary

In conclusion, one notes that nurse burnout is highly prevalent in high-stress urban hospitals. More so, it is not only a workforce issue but also affects the overall quality of healthcare delivery. As noted, NPs face significant work pressures that strain them physically, mentally, and emotionally. As a result, these demands lead to reduced job satisfaction, healthcare errors, and increased turnover. Ultimately, patient safety and care outcomes are jeopardized. Addressing this issue, as noted can be complex and requires

a comprehensive approach that balances the needs of nurses with the operational demands of urban hospitals.

This study utilized some studies that contain findings from prominent institutions in New York and California to offer valuable insights into some evidence-based strategies that can be utilized for mitigating burnout. It was noted that initiatives such as flexible scheduling are feasible as these allow nurses to maintain a healthier work-life balance. Other strategies included the implementation of mental health support programs, to the workforce. This also includes access to counseling and resilience training to help nurses build coping mechanisms to manage workplace challenges. Most significantly, leaders can leverage technology to help them reduce administrative burdens and also enhance workflow efficiency. This, in turn, could enable NPs to focus more on direct patient care.

As noted, implementing these strategies is faced with challenges. The study found that systemic factors, such as resource constraints, resistance to change, and high turnover rates, are barriers to successful implementation. This calls for a need to address these challenges. There is a need for strong leadership and institutional commitment. For successful sustenance leaders may be required to advocate for policy changes, increased funding, and fostering an organizational culture that supports inclusivity.

Nurses play a significant role in patient care. Thus, their well-being and mental health should be prioritized. It is by prioritizing the well-being of these significant providers that urban hospitals can create an environment where both staff and patients thrive. It is noteworthy that this commitment will not only reduce burnout, and enhance job satisfaction and retention, but also lead to better patient outcomes, increased patient safety, and a more resilient healthcare workforce.

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