The Unnamed Costs of Being A Nurse: A Global Perspective

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Abstract

The following literature review explored the existing literature on the physical and mental effects upon nurses and patient outcomes. The literature has revealed that the recent development of rapid capitalization of healthcare has created adverse effects among nurses. These facets include physical, mental, and emotional ailments that have been shown to increase the development of mental health disorders such as anxiety and depression. These adverse effects have deteriorated patient care. Scholarly articles have revealed that patient trust and patient recovery levels have decreased as a result of increased pressure placed on nurses. Current literature about adverse effects among nurses lacks the use of diverse methodology and pooling strategies. Most of the present literature uses cross-sectional analysis to conduct their studies, which reduces the chance of retrieving reliable and diverse data. Additionally, the studies reviewed have used either studies or meta-analysis to formulate their results but fail to use photographic evidence or other sources of measurable data that do not require a self-report. Finally, there were inconsistencies in the number of participants, along with gender, retrieved for each study. From the thorough evaluation of modern-day literature on the topic, it has been revealed that conditions for nurses and patients can only improve if something is done systematically to improve the physical and mental health crisis nurses face today.

Introduction

There are certain roles that are crucial in every profession, and a lack of these roles can bring the industry to a halt. One such example is the role of a nurse. Nursing is known to stem 5,000 years back to ancient Egypt, Babylon, India, Greece, and Rome (Hunt et al., 2017). However, modern-day nursing closely follows strategies developed by Florence Nightingale. During the time of the mid-19th century, society objected to the idea of women caring for strangers; however, Nightingale challenged that idea through the belief that the use of education and scientific knowledge can improve patient care (Dumitrascu et al., 2020). As decades passed, the nursing profession has been committed to evolving. Although there are misconceptions about what a nurse is and that their only role is direct care, the scope of their practice is beyond that. A nurse holds vital roles like tracking irregularities, advocating for patients' needs, and delivering appropriate patient care.

With fruitful development over generations, registered nurses today can work in hospitals, clinics, private practices, and schools to provide care and treatment for those in need. Nurses have more flexibility today: some nurses choose to only work five, eight-hour days while other nurses work between ten and twenty-four hours continuously for two or three days. Regardless, nurses face immense pressure due to the disproportionate nurse-patient ratio. This norm has stemmed from healthcare slowly becoming a business model that has a focus on monetary gain. For example, health insurance has risen in price from $353 per person in 1970 to $12,914 in 2021 (Telesford et al., 2023). To further maximize their profit, assigning one nurse to an overwhelming amount of patients will reduce company payroll requirements. Unfortunately, these expectations are causing adverse effects on the physical, mental, and emotional health of nurses. These are three integral parts of one's ability to work efficiently. Consequently, many nurses have decided to

leave the profession. As the shortage of nurses increases, remaining nurses have to care for more patients, resulting in physical, mental, and emotional effects that lead to decreased quality of patient care and low retention rates among nurses.

Existing Literature on Physical Abuse Experienced by Nurses

Evidently, with the demands of the profession, nursing is an extremely physical job. However, nurses are consistently subject to physical violence by their own patients, which has been a troubling factor in the maintenance of their own health. Current literature has produced alarming data verifying this as a consistent trend in nursing. In one piece of literature which observed 468 Jordanian nurses, a cross-sectional analysis was conducted, which captured the percentage of nurses that experienced physical abuse, how likely they were to report it, and how much discomfort this caused them (Al-Omari, 2015). The study found that the number of nurses who reported being "moderately worried" about violence at the workplace was highly significant, with a p-value of 0.000, demonstrating very strong significance. Another study also demonstrated that 97.9% of nurses received no training on ways to identify and report abuse (Tekin & Bulut, 2014). Finally, a third study published by the journal of *International Emergency Nursing* revealed that 25% of registered nurses in the United States reported being physically assaulted. The study also found that more than half of the nurses who are members of the Emergency Nurses Association reported experiencing either physical or verbal abuse (Al-Qadi, 2020).

The overall theme between these three studies is the lack of action that is taken against workplace violence. The studies demonstrate that the nurses were either never taught about signs of abuse or were discouraged from reporting the abuse altogether. Additionally, the percentage of participants reporting experiencing violence was significant in all three studies. In terms of methodology, a consistent trend in the existing literature on the topic is the frequent use of

quantitative and qualitative analysis. The researchers use interviews and surveys which require the nurses to act as correspondents. There are also several limitations in existing research. The results of these studies also demonstrate a frequent pattern: an inconsistency in the proportion of male-to-female nurse participants. Two studies, one conducted in Jordan and the other conducted in Turkey both captured this pattern. The study conducted in Jordan had more male nurses as participants than females, while the study in Turkey had the opposite. Additionally, there is a lack of using material evidence to analyze reports of violence. Researchers, such as Al-Qadi, have used evidence from existing reports to form their conclusions. However, there has yet to be a study that uses photographic evidence or witness testimony to document physical abuse endured by nurses.

Mental and Emotional Effects of Modern-Day Nursing

Various forms of literature have indicated that nurses are becoming increasingly stressed due to working conditions, resulting in emotional and mental exhaustion. In a literature review by de Oliveira et al. (2019) that analyzed 20 studies, it was concluded that nurses play a dual role where they have to be emotionally and physically present for patients. The high expectations placed alongside working in highly stressful environments, long shifts, and limited resources are all forming pivotal issues (de Oliveira et al., 2019). This finding was expanded through a cross-sectional study with 108 nurses allocated to inpatient units at a university hospital in Portugal conducted by Sacadura-Leite et al. (2020). They found that nurses are having to deal with emotional responses from patients and family members that leave them with emotional burdens due to witnessing death, mourning, and helpless health outcomes. The normalization of emotional burdens among nurses results in continuous emotional distress that consequently triggers mental disorders.

Besides the emotional effects of modern-day nursing, there are mental effects such as anxiety and depression that are present among nurses. A study that analyzed ninety-two nurses at a hospital in Anhui Province, China found alarming results. The participants came from both general non-COVID and COVID units, and took part in a questionnaire that targeted levels of burnout, anxiety, and depression. 43.5% to 62.0% of the respondents showed moderate to high burnout. The incidence of anxiety was 41.3% overall (Guixia et al., 2020). It was also shown that the prevalence of depression was 57.6% with the breakdown of 29.3% of nurses with mild depression, 25.0% with moderate depression, and 3.3% with severe depression. (Guixia et al., 2020). They conclude that nurses under intense pressure can experience intense burnout and eventually developmental health disorders like anxiety and depression.

Although all three sources provide relevance to this focus, there are notable limitations present. For example, Sacadura-Leite et al. (2020) conducted a cross-sectional study, which collects data from many different individuals at a specific point in time. Disadvantages rise with cross-sectional studies because they fail to comprehensively display trends in the focused issue. For instance, progression or regression in burnout rates or in mental health disorders is vital when forming conclusive findings and understanding the mental health effects. The study by Guixia et al. (2020) also poses the limitation of having a lack of continuum. This study was in 2020 when COVID-19 was at its peak, which can affect the variability of the data.

Retention and Patient Outcomes

Sadly, the result of such high-risk work environments paired with the mental exhaustion and burnout of nurses results in a failure to retain nurses within hospitals and a deterioration in the quality of care and outcomes of patients. A recent study in 2021 concluded that the effects of nurses' mental state extended the average stay of patients by 2% (Schlak et al., 2021). Within a

healthcare system that already struggles with a lack of resources and understaffing, failure to discharge patients promptly causes a flow problem that worsens the overall state of the hospital and its efficiency (Khalifa, 2017). The study by Schlak et al. (2021) reached two more significant deductions. Nurses are often the first to respond when a patient enters cardiac or respiratory arrest, known as a Code Blue within hospitals, and are tasked with providing life-saving resuscitation until the patient is stabilized. Burnout among nurses is associated with a 10% increase in failure to rescue (Schlak et al., 2021). Additionally, they found that the average rate of nurse burnout throughout American hospitals, disregarding hospital resources, correlates to an 11% increase in patient mortality odds (Schlak et al., 2021). Furthermore, it is not only the mental state of the nurses that affect a patient's experience. A 2020 study found that the state of a hospital's work environment is directly associated with patient satisfaction. The number of patients that would recommend a hospital with a high burnout rate was 12% lower than those with low rates and good work environments (Brooks Carthon et al., 2020). Clearly, the effects of nurse burnout are much more severe than simply impacting a hospital's efficiency.

The inability to retain nurses due to poor mental health perpetuates the understaffing problem that factors into the decline of nurses' mental health. Position turnover is essentially the number of employees that leave a company within a certain period of time. Kelly et al. (2021) determined nurse position turnover increases by 12% for every unit increase in their emotional exhaustion scale. Furthermore, Nantsupawat et al. (2017) reported that nurses who work in better environments reported dissatisfaction and intention to leave at a 39% to 55% lower rate than those in poor environments. The direct correlation between mental health and a hospital state that causes more nurses to leave presents two possible options to improve the retention rates of nurses.

The recurring limitations within research regarding this topic become evident when multiple papers are analyzed. Many studies such as Nantsupawat et al. (2017) and Kelly et al. (2021) remain limited to many hospitals within one system or state, which fails to provide an extensive participant pool that reflects the overall state of the healthcare system. Others like Schlak et al. (2021) and Brooks Carthon et al. (2020) aggregate and average surveys completed by nurses, creating two issues: a lack of individualized experiences and detail, and the validity of their findings considerably depends upon the ability of nurses to accurately fill out their surveys. Regardless of the method chosen and current limitations, the imperative to improve both nurse retention rates and mental health is undeniable and cannot continue to persist if there is no global desire to improve healthcare.

Conclusion

Currently, nurses are tasked with working long-hour shifts for consecutive days while dealing with traumatic experiences and abuse from patients. The COVID-19 pandemic only exacerbated existing issues that drove the decline in nurses' mental health. Nurses must bear the mental and physical repercussions of close interactions and care for unwell patients. The emotional burden of their role has become normalized, and rates of depression and anxiety have massively increased. The physical impact of patient-nurse interactions also plays a crucial role in the creation of poor mental health. The combination of such overwhelming factors has directly led to a significant rise in the rates of burnout and poor mental health within the occupation. As a result, patients have suffered. Mortality rates and time of patient discharge have substantially increased in correlation to the mental health of nurses while there has been a decline in overall patient satisfaction.

Research has aided in the awareness and the proposal of solutions, however, there are limitations that must be resolved in order to continue improving the state of global healthcare. First, there is a lack of direct witness testimony or photographic evidence as methods for documenting physical abuse experienced by nurses which indicates that the current manner of reporting may be lacking validity. Secondly, research fails to accurately capture the male-to-female nurse ratio. Participant pools have a greater ratio of either of the sexes, which consequently creates an inaccurate representation of the field. Thirdly, a majority of studies utilize cross-sectional analyzes to produce findings, however, they cannot reflect data over a time period or prove causation. Finally, studies are often too generalized or limited by their settings. The resolution of these limitations would improve the literature that exists, allowing hospital administrators to implement suggested changes and other researchers to build upon findings. Regardless, the improvement in healthcare notably depends upon the improvement of nurses' mental health and the focus on retaining nurses within the system.

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