

# [Example of critical thinking on applying nursing burnout theory to practice](https://assignbuster.com/example-of-critical-thinking-on-applying-nursing-burnout-theory-to-practice/)

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\n[toc title="Table of Contents"]\n

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1. [Introduction](#introduction) \n \t
2. [Nursing Burnout](#nursing-burnout) \n \t
3. [Theory of Symptom Management](#theory-of-symptom-management) \n \t
4. [Borrowed Theories](#borrowed-theories) \n \t
5. [Conclusion](#conclusion) \n \t
6. [Works Cited](#works-cited) \n

\n[/toc]\n \n

## Introduction

Nursing burnout has been a problem for hospitals and health institutes administrators for years. Addressing problems caused by nursing burnout plays can actually be alarming considering the fact that it can affect the credibility and reliability of the healthcare services available in the hospital as well as its capability to handle patients. Therefore, it is of utmost importance for researchers as well as the nurses themselves to know the causes, risk factors, and the effects of burnout to themselves and their patients. Nurses should always be on call and ready to deliver high quality nursing services and they surely would not be able to do that if they are suffering from nursing burnout. There are several literatures published about nursing theory in the past decade that can help enlighten current and future nurses about what nursing burnout really are, the factors that can make a professional nurse more susceptible to burnout. In this paper, two theories, one from middle range nursing theories and the other from borrowed theories, were compared.

## Nursing Burnout

Middle Range Theories and Borrowed Theories

There is a variety of theories used to enhance and develop the current state of nursing care and services. Nursing theories are used to support and provide a basis for the current nursing practices being administered to patients in medical hospitals, clinics and centers. Middle range nursing theories are theories that are more refined and specific than grand theories. Middle range nursing theories have to be logical, tested, and consistent before nursing care practitioners could use and incorporate the concepts and propositions present in a particular theory in their practice. By doing so, practitioners can have a standardized set of procedures or SOPs. They can know how to react in both simple and complicated situations because knowing that they have something to follow—nursing theories.
Without these middle range nursing theories, nurses and possibly other healthcare practitioners would have nothing to rely on but their common sense and that could really complicate things because people, when working in a group, do not usually think uniformly. Without being guided by these theories, the whole system can get confusing and complicated, leading to poor delivery of patient care and then later on to poor patient outcomes.
Learning what these theories suggest is hardly enough. Theories are useless if they will not be applied in practice. Therefore, nurses should make it a habit to learn theories by studying and reviewing them, and if possible, make them a part of themselves, and then incorporate them to his practice.

## Theory of Symptom Management

There are several middle-range nursing theories that can help address the nursing burnout problems of professional nurses and one of the most effective is the theory of symptom management. The Symptom management theory is most commonly used for patients, both children and adults that have been diagnosed with a pediatric, geriatric, psychological, physical, or emotional disorder.
Smith & Liehr (2008) suggested that SMT or the Symptom Management Theory can be conceptualized and applied to a lot of other disciplines aside from nursing. Since nursing burnout is most likely a psychological disorder, there is a great possibility that using symptom management to address the symptoms of Nursing burnout and then later on the factors and causes of problem itself can be an effective way of resolve the situation. However, it is important to note that this theory was originally intended for symptoms research and clinical care purposes and is not really for solving human resource management problems in hospitals and clinics.

This theory was first introduced by the UCSF or University of California San Francisco School of Nursing in the year 1994. This middle range theory was intended for nurse professionals and practitioners involved in clinical practice and symptoms research. It aims to improve these people’s current practice and collaboration—a move in line with the overall development of the nursing practice. It also aims to promote a more organized way of thinking and more effective management strategies with regards to symptoms research and nursing practice. There are three concepts in this theory: symptom experience, management strategies, and status outcomes.

Presently, there are two theorists who act as proponents of the use of SMT in the nursing field. Patricia Liehr is a registered nurse with a doctorate degree in Philosophy. She worked as an Associate Dean for Nursing Research and Scholarship at Florida Atlantic University. She published a book entirely dedicated for middle range nursing theories with her co-author Mary Jane Smith. Mary Jane Smith is also a registered nurse with a doctorate degree in Philosophy but with a master’s degree in Education. These two are proponents of the Symptom Management Theory. Their specialty areas include middle range theory development, qualitative researches, and educational theories.

As an example, suppose that there is a patient suffering from an unrecognized disease. Using the theory of symptoms management, healthcare practitioners and medical researchers can study the nature of the disease that hit their patient and then from that, develop a systematic way of treating it.

This middle range nursing theory can practically be used to address the increasing prevalence rates of nursing burnout. Almost every disorder presents a set of signs and symptoms. Identifying those early signs and symptoms can be the start of continuous symptom management research for properly treating nursing burnout. Once the early symptoms of nursing burnout have been identified, individuals, especially those who are more prone to nursing burnout, will already describe, explain and respond accordingly.

## Borrowed Theories

Borrowed Theories on the other hand are theories that came from other disciplines. For example, a nurse may read and learn the concepts and propositions of a philosophical or even a mathematical theory and apply them into his practice. Whether doing so would help the nurse improve his job performance or not depends on the generalizability of the theory and its appropriateness in the healthcare industry. There are theories from other disciplines that are completely inapplicable to a nurse’s practice and it is the sole responsibility of the nurse to systematically evaluate a theory first before deciding to put such theories to practice. Nurses should not just blindly adapt theories at will. They have to evaluate them, judge their appropriateness and then decide whether it can bring positive outcomes or purely negative results (Villaruel et al., 2001). Nurse burnout, one of the most common problems of professional nurses can be solved by both middle range nursing and borrowed theories.
One theory that can prove to be effective in addressing primary and secondary problems that may arise due to nursing burnout is the ethical theory of utilitarianism. This isn’t actually an entirely off topic theory because this theory is actually being used by a lot of healthcare workers aside from professional nurses. This theory states that utility is the only basic principle of ethics. In this theory, utility is defined as the production of the greatest possible service value considering all the people that can get affected. There are two concepts in this theory: Justifiability and Work Value. This theory proposes that the end justifies the means, an act should promote the greatest good for the greatest number, and that a medical practitioner should do only what is right and at the same time what is most useful (Sherman, n. d.). This theory was actually intended to encourage healthcare practitioners and professionals to be more productive in the workplace; the hospitals, clinics and even research centers. Being a healthcare ethics theory, it in a way, suggests that medical practitioners, professional nurses involved, should try to consider how their present and future actions could affect the health and overall well-being of not only their patients but everyone around them including their colleagues.
A good scenario where this theory could be used is when healthcare workers tend to decide for the good of the patient. Examples of these instances are when there are a lot of patients to treat but only a few healthcare practitioners are on duty. In the scenario, using the theory of utilitarianism, the nurse should consider the possible consequences of giving in to fatigue. Will it be more beneficial to the patient and to the rest of the medical team?
Now relating to the problem at hand, using this theory can definitely be used by those who are prone to nursing burnout or those who are already suffering from it. Knowing that they have duties and roles to fulfill, nurses will most likely feel more encouraged and empowered to do their duties no matter how demanding their job may be or no matter how much stressful situations they may be subjected to—the usual causes of nursing burnout.
Hans Selye’s stress theory can also be a good theory that can be used here. It belongs to a different discipline but it perfectly fits in the problem at hand. One of the major causes of burnout theory is stress. Considering the relationship between stress and the risk of suffering from nursing burnout, the stress theory can indeed offer great contribution in solving the problem. The stress theory states that stressed patients undergo three stages; alarm, resistance and exhaustion. It also suggests that there are two things that can happen to a stressed person. He can either accept or adapt to the situation or become more stressed and then later on suffer from depression. Stressful situations often lead to nursing burnouts, making this theory a significant one to consider.

## Conclusion

There is a variety of middle range nursing and borrowed theories that can solve professional nurses’ problems regarding nursing burnout. However, these two turned out to be the most appropriate and systematically appropriate in the present situation. Using the Theory of Symptoms Management, the nurses prone to nursing burnout can well identify whether they are already undergoing changes or their job performance is still satisfactory. This can also be done by colleagues who are aware of the SMT. They can for example provide feedbacks to their colleagues whom they think show earl signs and symptoms of nursing burnout. It is important to know however that this theory was originally intended to be used for symptoms research and clinical practice and not for hospitals and clinics human resources management problems.

Another effective theory is the ethical theory for nurses suffering from nursing burnout is the healthcare ethics theory of utilitarianism. It is a theory that basically encourages nurses and other healthcare professionals to think about the possible effects of their actions first before they do it. Will the patients and the colleagues benefit from such act? This is the typical question that a nurse may ask himself whenever he feels lethargic or simply unable to work reliably and properly due to nursing burnout. By asking themselves those questions and keeping themselves reminded that they have duties and roles to fulfill, nurses will be encouraged and empowered to endure long hours of nursing a patient and even handle required overtimes during peak hours where their services are most in-demand. Being considered a psychological disorder, nursing burnout could be easily solved by the nurses themselves even without seeking peer or professional counseling.
Between the two theories extracted from two types of theories, middle range nursing and borrowed theories, it seems pretty clear that the ethical theory of utilitarianism can be more effective in addressing the nursing burnout problem. Even though it’s a theory borrowed from a different discipline aside from nursing, it perfectly fits to the situation and is in fact highly generalizable which means it can also be used in wide range of disciplines compared to the SMT which was actually intended for research purposes.

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