



## ORIGINALES

### Emotional exhaustion among nursing professionals in an emergency unit, patient safety

Agotamiento emocional en profesionales de enfermería en un servicio de emergencia, la seguridad del paciente

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#### ABSTRACT:

**Introduction:** The work phenomenon of emotional exhaustion occurs among nursing professionals, affecting their personal health and well-being, influencing their skills and performance, and negatively impacting the quality of care and patient safety.

**Aim:** This study aimed to explore the experiences of emotional exhaustion among nursing professionals working in an emergency unit and its influence on patient safety.

**Methods:** A qualitative phenomenological study was conducted with emergency nurses from a type C health center in the city of Quito, Ecuador. The study was limited to 10 participants based on saturation of information in the interviews. Coding and categorization were used to interpret the results.

**Results:** The findings showed that nurses' exhaustion can manifest as stress, fatigue, insomnia, frustration, poor performance, forgetfulness, and overload. When they must cover areas such as pharmacy and statistics within the unit, they are unable to adequately concentrate, leading to inadvertent errors in healthcare activities and thus negatively influencing patient safety.

**Conclusions:** This exploration of emotional exhaustion among nurses reveals that they experience high workloads that can hinder their competencies and activities and prevent them from performing their work efficiently due to reduced physical and cognitive abilities. In terms of patient safety, which demands effective communication in the nurse-patient relationship, emotional exhaustion decreases nurse performance throughout the workday.

**Keywords:** emotional exhaustion, nursing professionals, work overload, patient safety.

#### RESUMEN:

**Introducción:** El agotamiento emocional, fenómeno laboral, se manifiesta en los profesionales de enfermería, afecta la salud y bienestar personal, influye en sus habilidades y rendimiento, repercute negativamente en la calidad de la atención y seguridad del paciente.

**Objetivo:** Explorar las vivencias sobre agotamiento emocional en profesionales de enfermería que laboran en el servicio de emergencia y su influencia en la seguridad del paciente.

**Método:** Se planteó un estudio cualitativo fenomenológico con los enfermeros de emergencia de un centro de salud tipo C de la ciudad de Quito, los diez participantes lo determinaron la saturación de información en la entrevista, para la interpretación de los resultados se utilizó una codificación y categorización.

**Resultados:** Los hallazgos mostraron que los enfermeros pueden tener: agotamiento manifestado con estrés, cansancio, insomnio, frustración, bajo rendimiento, olvido y sobrecarga. Cuando deben cubrir áreas como farmacia y estadística dentro del servicio, no hay una concentración adecuada, por ende, puede cometerse errores involuntarios en las actividades asistenciales, influyendo así en la seguridad del paciente.

**Conclusiones:** Al explorar las vivencias sobre agotamiento emocional de los enfermeros, ellos no están exentos de vivir cargas laborales altas, esto disminuye sus competencias, actividades y habilidades propias provocando que no desempeñen de manera eficiente su trabajo en donde sus capacidades físicas y cognitivas pueden verse reducidas. En la seguridad del paciente, el agotamiento emocional disminuye el rendimiento en la jornada laboral, donde la relación enfermero-paciente debe tener una comunicación efectiva.

**Palabras claves:** agotamiento emocional, profesionales de enfermería, sobrecarga laboral, seguridad del paciente.

## INTRODUCTION

Past research has found that a healthy environment is related not only to positive outcomes in patients, but also to nurses' satisfaction with their work<sup>(1)</sup>.

Studies investigating burnout among nursing professionals have underscored how stress and overload affect empathy, leading to insufficient patient care<sup>(2)</sup>. High workload has been found to increase the risk of burnout for professionals<sup>(3)</sup>, and the routine of the emergency unit has been found to impact nurses' health and contribute to their emotional exhaustion<sup>(4)</sup>. When nurses' health suffers, the care they provide is of lower quality, influencing the patient's quality of life as well as the nurse-patient relationship<sup>(5)</sup>. Professionals ability to manage their emotions plays a considerable role in determining work-related stress<sup>(2)</sup>. Nursing professionals frequently face circumstances where people's lives are at risk and death is a common occurrence. The role of nurses can be exhausting both physically and emotionally, and even minor challenges can become a major problem influencing their health and work performance<sup>(6)</sup>.

Quality of care implies a safe health organization and effective delivery of health care. A deliberate and comprehensive effort is needed to improve the quality of health services worldwide<sup>(7)</sup>.

The World Health Organization aims to improve the patient experience and reduce risks and harms to achieve better health outcomes and reduce costs<sup>(8)</sup>. Patient safety is essential to provide high-quality, effective, and efficient patient-centered health services<sup>(9)</sup>.

The health of healthcare professionals is also important, as better health among these professionals is associated with improved patient care, while emotional exhaustion reduces the quality of care and patient safety, thus impacting patients' health<sup>(6)</sup>.

Researchers have offered different conceptualizations of a healthy work environment. One framework focuses on the administration and management of human resources in nursing, a view that transcends occupational health or safety at work to include significant elements of professional practice<sup>(10)</sup>. This framework considers three important aspects: the psychological well-being of health workers, the treatment provided to patients, and the administrative functioning of health services<sup>(5)</sup>. Adverse events involve any unintended harm related to health care and are considered a fundamental issue in patient safety and quality of care. Health personnel constitute a central pillar in the various first-level establishments that provide health care, ensuring the safety and well-being of patients<sup>(11)</sup>. When healthcare professionals face emotional exhaustion, it reduces their ability to concentrate and interferes with the quality of the health services, resulting in lower patient satisfaction and an increase in errors. For this reason, it is necessary to understand nurses' perception, since they are the ones who promote a high quality of care by maintaining a satisfactory work environment<sup>(12)</sup>.

Healthcare workers follow the Ministry of Public Health's patient safety practice guidelines, which are based on developing care processes, preventing psychosocial risk factors, reducing workload, and creating an organizational climate conducive to the performance of health professionals<sup>(5)</sup>. Nurses' demonstration of emotion has been shown to be associated with positive patient results<sup>(13)</sup>, particularly when the quality of care is perceived to be safe<sup>(14)</sup>; however, superficial acting is associated with negative results for patients<sup>(15)</sup>. Nurses' ability to manage their emotions and interact effectively with patients can promote well-being among nurses, helping them avoid cognitive fatigue and burnout<sup>(16)</sup>.

The objective of the present study was to explore the experience of emotional exhaustion among nursing professionals working in an emergency unit and its influence on patient safety.

## MATERIALS AND METHODS

This qualitative study adopted a phenomenological approach, which provides an in-depth understanding of individuals' perceptions and perspectives regarding a phenomenon<sup>(17)</sup>. The setting of the study was the emergency unit of a type C health center in Quito, Ecuador. The inclusion criteria for participants were that they had a nursing degree; had more than one year of experience in the emergency unit; had an occasional contract, provisional appointment, or permanent appointment; and performed a care function in a direct (operational) or administrative position as head of nursing in the emergency unit. The exclusion criteria were personnel with a nursing degree who refused to sign the informed consent form or did not wish to participate in the study.

Non-probabilistic intentional sampling was carried out, resulting in a sample of 10 nursing graduates in accordance with the established selection criteria. Participation was voluntary, and all participants signed an informed consent form. Data were gathered using semi-structured interviews with open questions. Once information saturation was achieved<sup>(18)</sup>, relevant data were classified to understand participants' experiences and group them into categories.

Approval was obtained from the Ethics Committee for Research with Human Beings of the Pontificia Universidad Católica del Ecuador (code EO-104-2023, V2) and

authorization from the Zonal 9 MSP coordination (Memorandum No. MSP-CZ9-2023-15367-M).

At the beginning of each interview, the objective of the study was explained and the participants signed the informed consent form. The interviews were audio recorded by the researcher, stored digitally, and transcribed for analysis. After transcribing all audio recordings, they were subjected to qualitative content analysis<sup>(19)</sup>. In this qualitative phase of the analysis, passages of text were assigned to one of three deductive categories that were selected based on the collected evidence. Using the QCAmap program<sup>(19)</sup>, inductive categories were then identified based on the interviews, moving from the observed data to identifying behaviors obtained in the semi-structured interviews.

Below is the main topic and the three deductive categories:

<b>Topic: Emotional exhaustion among nursing professionals in an emergency unit and its effect on patient safety</b>		
<b>Assignment of deductive categories</b>	<b>Definition</b>	<b>Anchor expressions</b>
<b>C1: Emotional exhaustion</b>	Experiencing a decrease in energy, manifested as emotional and physical wear and tear	"Feeling tired and fatigued" "I don't work with the same strength and desire" "Work overload" "I don't have the same skills when I go through the day" "I'm not focused" " I make unintentional mistakes"
<b>C2: Job performance</b>	Each worker's performance of the activities assigned to them, including the quality of work that they each contribute to their daily routine	"Not having motivation" "An excessive workload" " My skills and abilities are decreasing" "We do not have good communication between professionals"
<b>C3 Safe health practices</b>	Interventions and the execution of good practices in the emergency unit, including understanding the activity or procedure being carried out and aiming to prevent adverse events for the patient	"I conduct the 15 checks when I administer medication" "I cross-identify with the patient when I put their bracelet on" "Do you have an allergy to any medication?" " Continuous patient management"

Source: Prepared by the main researcher, Carla Cabrera

## RESULTS

The data analyzed in this study were collected from interviews with 10 participants (2 men and 8 women) who were nursing graduates working in the emergency unit of a type C health center in Quito, Ecuador.

The participants were identified using the letter “E” for nurse (enfermero/a), followed by the participant's code number, which was assigned according to the order in which the interviews were carried out, followed by either the initial “F” for female participants or “M” for male participants.

In the deductive category “emotional exhaustion,” participants’ perceived feelings were emotional, mental, and physical. In this category, participants mentioned stress, fatigue, insomnia, frustration, sudden mood changes, worries, and work overload due to a lack of professionals in the unit, which all led to emotional deterioration or exhaustion. Participants reported not having the same level of skill or concentration many hours into the workday, resulting in inadvertent errors in their activities. Below are some of the statements shared by the nursing professionals that fit the category “emotional exhaustion”:

“I may have mood swings or I may be very tired or exhausted and sleepy. I will not perform my best; we cannot concentrate enough and therefore we may make mistakes.” (E3F)

“Suddenly, because of something I’m going through, I feel sad, tired, stressed, or worried.” (E3F)

“Not having the ability to provide adequate care to a patient.” (E3F)

“Work overload from rotating or excessive schedules or sudden shift changes.” (E4F)

“We no longer have the same energy, that is, we already feel worn out, we are exhausted, and, above all, there is psychological damage to us.” (E5F)

“There is a lack of rest, insomnia. Staff feel exhausted.” (E6M)

“One also feels frustrated at not being able to help the population that needs our help.” (E6M)

“From 4 to 5 in the afternoon, we have seen that people do not work with the same strength and desire.” (E6M)

“With the 12-hour workday, the emotional fatigue shows up little by little, not so much physically, but emotionally, since one does not have the same skills”.(E6M)

“To be tired is to not have the courage to be able to do things, perhaps to feel frustration in our work.” (E7F)

“[There is] work overload, since in our unit sometimes we do not have pharmacy staff or statistical staff.” (E7F)

“Over time, it deteriorates both emotionally and physically, which could also cause consequences both at work and at the family level.” (E8M)

“The fact of having two jobs means that we come in tired, and even if we have a good predisposition, our performance will decrease, which has a lot of influence. If we come in tired—and sometimes we may even fall asleep—our intellectual capacity to do [our jobs] will decrease [and affect] patient care.” (E10F)

The deductive category “job performance” refers to the professionals’ performance, including the quality of their work during the daily emergency unit activities while providing care to patients. Communication with the health team is essential to carry out their work in an adequate manner. Considering the highly demanding nature of patients who come for treatment, a lack of motivation among nursing professionals lowers their competencies and skills and may introduce inadvertent errors in the performance of procedures. In the interviews, participants expressed the following:

“One does not have motivation regarding work.” (E2F)

“The most important thing is always to work in a group—camaraderie, empathy, staying informed at each shift change. I believe that the most important basis is communication to avoid making mistakes that may materialize adverse effects.” (E4F)

“The load of patients we have.” (E5F)

“Continuing education, personalized education, is important so that as health professionals we can provide correct care to the patient, being up to date with knowledge that may be new to us.” (E4F)

“As nurses, we are polyfunctional; we do a lot of things.” (E5F)

“The lack of incentives, the lack of understanding on the part of authorities.” (E6M)

“My skills and abilities are decreasing.” (E6M)

“[You must] be [aware of] the five senses [and be] well positioned to carry out procedures, whether the most basic or the most complex, so you always have to be aware of those things.” (E6M)

“As I say, we are not valued as we deserve.” (E7F)

“The excessive workload in the unit. There are days when we do not have pharmacy or statistics staff and it is up to us as nursing staff to cover.” (E9F)

“Do our job well because if we don’t do it well, we will also have the consequences.” (E9F)

“It reduces our capacity in those of us who work in health, reducing, for example, the placement of a line. There are many failures in the administration of medications. One can administer a medication without asking the patient the necessary questions.” (E10F).



“It can cause poor performance at work, forgetting certain characteristics that we have to perform at work, and it can also influence the role of mother and wife.” (E10F)

The third deductive category, “safe health practices,” refers to the interventions and the execution of good practices in the emergency unit that concern health, including the activities and procedures carried out by nursing professionals to prevent adverse events for the patient, thus guaranteeing their safety and improving the quality of care. In this category, participants mentioned patient identification, cross-verification, placement of identification cuff, effective communication, safety in procedures, reduction of the risk of infections and falls, safety culture, washing of hands before and during any procedure, applying the 15 checks, monitoring and continuous management of patients, and avoiding making mistakes. Among “safe health practices,” participants identified the following:

“Patient identification, placing identification handles, effective communication, safety in procedures, reduction of the risk of infections, reduction of the risk of falls.” (E1F)

“Patient safety culture.” (E1F)

“Prevention of falls by placing handrails on stretchers.” (E1F)

“Overlooking certain parameters that must be met to prevent any harm ... to the patient.” (E1F)

“The 10 correct, the four me, I administer, I record, I prepare, I take responsibility and identify the patient.” (E3F)

“Providing adequate information to the patient and what we are going to do for each procedure.” (E4F)

“Wash your hands before and after caring for a patient.” (E5F)

“We cross-verify names and surnames.” (E5F)

“Identification, calling a patient by their first and last name.” (E6M)

“The right patient, the right medication, the right time indicated, the right route, the right dose.” (E6M)

“The good practices that we have here, introducing the staff when carrying out any procedure.” (E6M)

“The patient is informed and accepts what is going to be done.” (E6M)

“The patient must be accompanied by a family member and given correct information.” (E6M)

“Be aware if are allergic to any medication and thus also avoid making mistakes.” (E6M)

“Application of the 15 correct.” (E7F)

“Hand washing, which is essential for any procedure that is going to be performed on the patient.” (E7F)

“Biosafety protections.” (E8M)

“Hand washing helps us prevent nosocomial infections.” (E8M)

“We make sure that the newborn is always next to the mother. We also raise the railings. The mother and the newborn are monitored; basically, we stay next to the mother to avoid any risk of falling.” (E9F)

“Talk to family members to explain what is happening to the patient.” (E10F)

Although the vast majority of opinions shared in the interviews focused on the safe activities and procedures carried out by the emergency unit nurses, some participants mentioned the complementary aspect of communication with the patient and family.

During the qualitative analysis of the material, the inductive category “attitudinal dimension” emerged, which refers to the way that nurses perceive, act, and transmit their emotions, highlighting their attitude and, above all, their relationship with others. Participants indicated that confusion about assigned responsibilities produced work stress, as did a lack of support from the technical administrator, the concentration required to prevent staff confusion from affecting patients, lack of camaraderie, a poor exchange of information, the challenge of showing empathy, not having emotional release at the right time, and a lack of patience. Below is a sampling of these aspects:

“The confusion over an assigned responsibility produces work stress since we have been assigned a certain number of responsibilities in terms of patient health promotion, and in recent months [those responsibilities have] accumulated.” (E1F)

“One does not feel at ease.” (E2F)

“When you have experience, experience rules a lot.” (E2F)

“Lack of support from the technical administrator.” (E2F)

“Be focused so as not to have confusion or any problem that may affect a patient.” (E10F)

“The environment with a good work team, camaraderie, empathy—that makes us have better productivity at work and be more efficient.” (E4F)

“We don’t have that emotional release at the right time.” (E5F)

“Among colleagues, we help and collaborate with each other.” (E5F)

“We are going to receive mistreatment from the patient; in the same way, vice versa, the patient is going to have that feeling that we are mistreating him, not physically perhaps, but verbally that I am not giving him good treatment or good care for his illness.” (E6M)



“We must have the knowledge and skills to be able to care for the patient with quality and warmth.” (E8M)

“[There are] so many things that can happen to us at work. We want to do everything well, but we are not going to be able to do it [all]; that is why so much work accumulates.” (E9F)

“The lack of camaraderie with some colleagues, the lack of help in which only you have to work the entire working day alone.” (E9F)

“The conflict between the nurses, the gossip that says one thing and another.” (E9F)

“[The] lack of motivation of the staff, lack of communication with the staff. Sometimes we have a lack of communication with the staff and therefore this means that we do not have a good exchange of information.” (E10F).

“The patient did not cooperate, [so] adequate care could not be given.” (E10F)

“The lack of patience for patients who sometimes come with stress and also cause this problem for us. The lack of camaraderie is important and also makes one reluctant to do things that we could do in a group.” (E10F )

“After so many things that one experiences, one observes the shortcomings that can occur. What one should do would be to rest.” (E10F)

## DISCUSSION

According to the participants, their emotional exhaustion manifests in the form of stress, fatigue, insomnia, frustration, and sudden mood changes. They also reported difficulties concentrating, thus leading to inadvertent errors in direct care. Emotional exhaustion is a work phenomenon that has drawn increasing attention because of how it can manifest when individuals do not manage their stress. According to Wooskok Han and collaborators in 2021 mention emotional management reduces exhaustion, with stress being the physical and emotional response to a perceived imbalance in the work environment<sup>(20)</sup>. That finding is corroborated by Rabadán Silva and collaborators in 2020 who found that a decrease in patient-centered care influences the quality of care and hospital safety, with negative patient results due to failures in interpersonal relationships<sup>(21)</sup>.

Regarding work performance among participants in the present study, their work activities may be affected by an excessive workload during the 12-hour workday, as they do not have staff in the pharmacy and statistics area, as well as the highly demanding nature of the patients they serve. In addition, the nurses' lack of concentration when performing basic or complex procedures can cause unintentional errors. This finding aligns with Bustamante Kenya in 2021, who found that increased hours, additional administrative work, and lack of healthcare personnel influence work performance, resulting in exhaustion evidenced by headache, low concentration, and stress and negatively impacting nursing professionals in the emergency area<sup>(22)</sup>.

Another major theme that emerged from the present study was safe health practices, which refer to the interventions and execution of good practices in the emergency unit, including nursing activities and procedures aimed at preventing adverse events for the patient. Participants reported a lack of good communication and thus a lack of information exchange between personnel. This finding is supported by Sosa Ivette in 2023, who found a lack of control policies among most emergency personnel, including weaknesses in communication and information when patients are transferred to other health homes, thus influencing the exchange of information in the workplace and the culture of patient safety in particular<sup>(23)</sup>. As reported in another study, the safety climate is affected by the complexity of each patient's situation, since various factors can alter the normal fulfillment of health professionals' functions<sup>(24)</sup>.

On the other hand, the interviews revealed an attitudinal category, wherein participants expressed their perceived emotions, their attitudes, and, above all, their relationships with others, as well as their experiences of the work environment, including confusion regarding the responsibilities assigned to them. Participants reported work stress due to the poor exchange of information, mistreatment from patients, a lack of empathy and patience, and not having emotional release at the right time. Similarly, Contreras Jofre and collaborators in 2020, confirmed that a high incidence of physical and verbal violence leads to low productivity at work and the manifestation of symptoms related to burnout syndrome<sup>(25)</sup>.

Among the limitations of this research is the lack of generalization of the results due to the nature of the study. However, the richness of the experiences expressed by the nursing professionals may contribute to designing policies that improve the working conditions of nurses, since they are the ones who ensure the safety of patients, thus determining the quality of the care provided to those who access emergency services at primary care centers.

## CONCLUSION

This study used semi-structured interviews to explore the experiences of nurses in an emergency unit. This research serves as an entry point for improving the quality of care offered by nursing health professionals and for formulating adequate protocols. The interviews revealed that nurses experience high workloads in direct care practice, which can cause adverse events. Emotional exhaustion can influence their work, particularly due to their 12-hour workday and the work overload caused by not having full staff for each shift, as was the case in the pharmacy and statistics areas. In addition, improved communication between health personnel could significantly improve patient results.

Participants expressed that work overload reduces their skills and abilities, preventing them from efficiently performing their work, lowering their physical and cognitive abilities, and causing inadvertent errors in the execution of nursing activities. These impacts on work performance can affect patient care and safety, as those seeking health care from emergency services can be highly demanding patients.

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