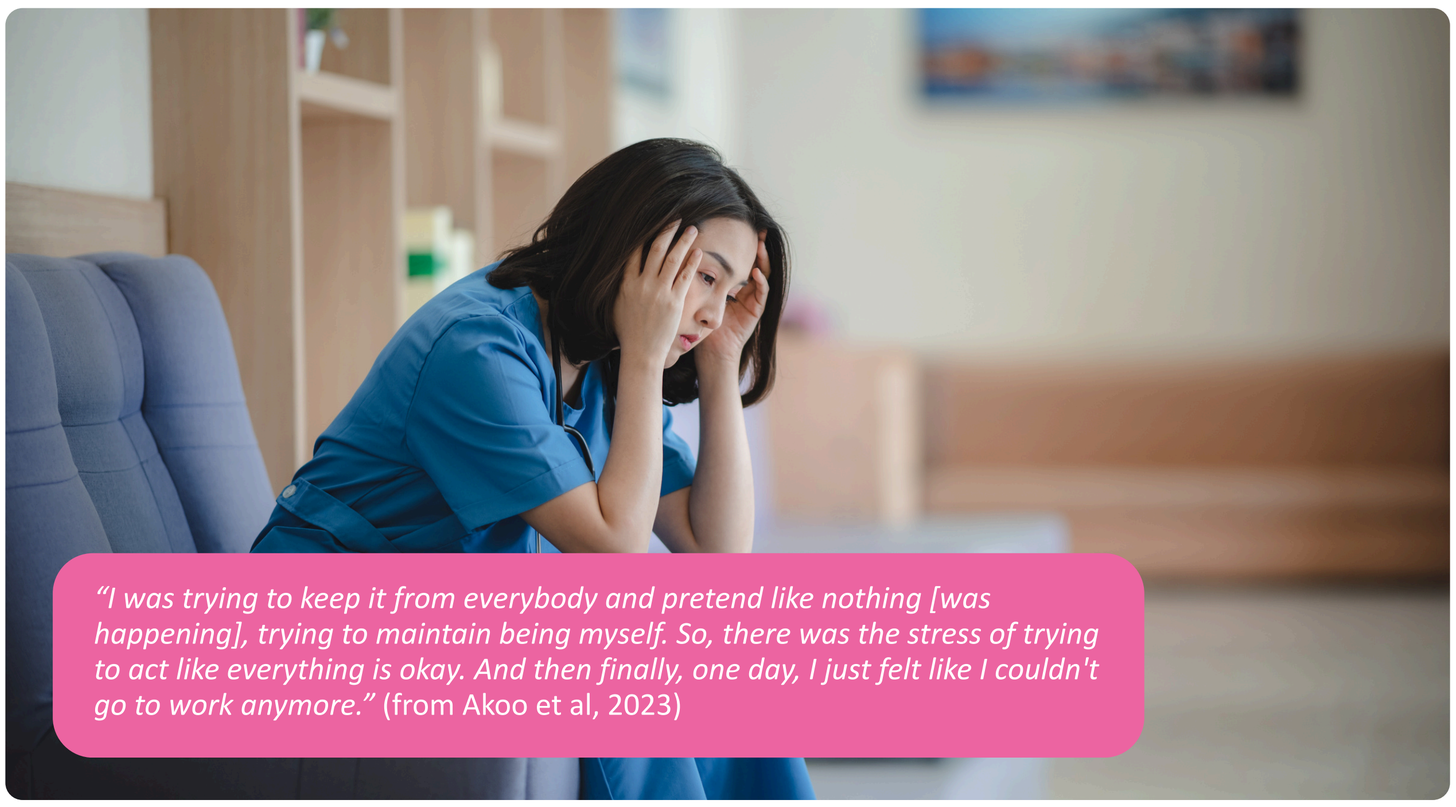
Burnout and resilience among hospice and palliative care nurses

Introduction:

- Palliative care professionals face daily exposure to death, dying, and bereavement, alongside rising caseloads, budget cuts, and secondary traumatic stress (O'Mahoney et al, 2018).
- Burnout is "a state of mental and/or physical exhaustion caused by prolonged exposure to excessive and prolonged stress" leading to "emotional exhaustion, cynicism, detachment, a lack of effectiveness and having a poor sense of accomplishment" (Koh et al, 2015).
- Prevalence varies: 33% (Singapore), 24% (Australia), up to 50% (USA) (Koh et al, 2020); one Florida study found compassion fatigue in 75% of nursing staff (Abendroth and Flannery, 2006).
- To counter this, nurses need to employ significant emotional resilience (Alodhialah et al, 2024), defined as "a dynamic evolving process of fostering positive attitudes and effective strategies used in the face of stress" (Koh et al, 2020).
- Debate exists on whether resilience is innate (Jackson et al, 2007) or a developable process enabling adaptation and growth (Powell et al, 2020).



"I was trying to keep it from everybody and pretend like nothing [was happening], trying to maintain being myself. So, there was the stress of trying to act like everything is okay. And then finally, one day, I just felt like I couldn't go to work anymore." (from Akoo et al, 2023)

Aim and Methods:

- A scoping review of qualitative journal studies (2016–2026) using search terms 'hospice' + 'nurse' and 'palliative' + 'burnout' + 'resilience'.
- Excluded: quantitative studies, abstracts, editorials, and non-palliative settings.
- Databases: University of Brighton 'One Search', RCN Online Library, NHS Knowledge and Library Hub, EBSCO (CINHAL, MEDLINE).
- Eleven articles met inclusion criteria.

Analysis:

- Articles were read in depth and analysed for recurrent themes using the analysis tool 'Taguette'.
- Three overarching headings emerged: 'Causes of Burnout', 'Consequences of Burnout', and 'Strategies for Resilience'.
- Sub-categories: Causes – intrinsic/extrinsic; Consequences – psychological/behavioural; Strategies – individual/organisational.

Causes of burnout

"emotional strain, particularly the feeling of powerlessness when unable to alleviate suffering, is well-documented in previous research…Such experiences contribute to stress and, if unaddressed, can lead to burnout and exhaustion" (Stenman et al, 2025)

Intrinsic

- Emotional burdens
- Denial or suppression of emotion
- Relationship breakdown (between colleagues)
- Powerlessness to relieve suffering
- Balancing personal and professional issues

Extrinsic

- Recurrent exposure to suffering, loss, and grief
- Controlling leaders / micromanaging
- Normalisation of stress and fatigue
- Organisational, systemic, and social causes
- Gendered aspect – additional care responsibilities at home
- Underinvestment

Consequences of burnout

"While emotional suppression, normalization of stress, and disregard of personal emotional states are prevalent themes, they are rarely interrogated as interconnected mechanisms of denial" (Crape et al, 2025)
"For five nurses, experiences with dying patients created distance between them and family members" (Yao Ho et al, 2022)

Psychological

- Experience with dying patients creates distance from family
- Emotional exhaustion
- Cynicism
- Detachment

Behavioural

- Reduced sympathetic engagement
- Breakdown of relationships
- Decreased patient satisfaction
- Organisational reputational damage
- Lack of effectiveness
- Increased staff turnover
- Poor sense of accomplishment

Building resillience

"Seeking social support from colleagues has been recognized as a crucial strategy for managing emotional distress and fostering resilience among healthcare professionals" (Alodhialah et al, 2024)
"Teams who went through 'tough cases' together appeared to form positive and stronger bonds. Those able to resolve conflicts positively and constructively were also able to build up the team's resilience." (Hwan Koh et al, 2020)

Individual

- Seeking support from colleagues
- Practising mindfulness
- Reflection
- Self-care
- Boundaries
- Work–life balance
- Continuous learning
- Aligning expectations with personal values
- Recognising and accepting personal limitations
- Building trusting relationships with patients
- Finding meaning / reframing
- Recognising feelings and emotions

Organisational

- Employer support (training, counselling, supervision)
- Recognition
- Teams facing adversity together form strong bonds

Conclusion:

Both individual coping strategies and organisational support are essential to reduce rates of burnout and sustain resilience among palliative care nurses. Greater recognition of these factors may improve staff wellbeing and workforce retention. Analysis of the data suggests multifactorial causation, suggesting complex interactions between factors such as expected societal gender roles, social norms and the balancing of staff well-being and quality of life with the inherent needs of healthcare services within an uncertain and ever evolving capitalist system. This project could be expanded into a more substantive work with more detailed critical analysis of themes and sub-themes.

Scan here to see a full list of references

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