

Coping Strategies to Reduce Burnout Syndrome in Nursing Staff

Rodrigo Poot Balam², Mildreth Lisseth Canul Baeza², María Rebeca Sosa Cárdenas^{1*}, Lucy Minelva Oxté Oxté¹ and Saul May Uitz^{1*}

¹Profesores de Carrera, Universidad Autónoma de Yucatán, México

²Estudiante de Enfermería en Administración y Docencia en Enfermería, México

*Corresponding author: Saul May Uitz, Profesores de Carrera, Universidad Autónoma de Yucatán, México

ARTICLE INFO

Received: 📅 December 01, 2023

Published: 📅 December 12, 2023

Citation: Rodrigo Poot Balam, Mildreth Lisseth Canul Baeza, María Rebeca Sosa Cárdenas, Lucy Minelva Oxté Oxté and Saul May Uitz. Coping Strategies to Reduce Burnout Syndrome in Nursing Staff. Biomed J Sci & Tech Res 54(1)-2023. BJSTR. MS.ID.008499.

SUMMARY

Objective: To identify coping strategies as an intervention to reduce the levels of burnout syndrome in nursing professionals.

Methodology: Quantitative research, bibliographic review type, question in the PIO framework, from which terms were identified and translated into documentary language through DeCS and MeSH, the sources consulted for the search were: PubMed, CUIDEN, COCHRANE, BVS, Dialnet, DOAJ, EBSCO, Science Direct, Epistemonikos, university nursing journal UNAM, evidence-based nursing, evidential, SciELO, IMSS nursing journal, Redalyc, web of Science, Spanish Medical Index (IME), Medigraphic, fistera, google scholar, jurn, Trip Database, considering articles no older than 7 years of publication that evaluate the use of coping strategies to reduce burnout levels in nursing professionals, with no language limit, excluding articles that do not involve nursing professionals. Boolean operators (AND, OR) were used as an effective search strategy, and the selection of articles was in accordance with the title and abstract.

Results: 307,946 were found, of which, according to the criteria, 307,931 were eliminated, 15 were selected to evaluate their quality using the FLC 3.0 critical reading sheets. The synthesis and interpretation were carried out by assigning a level of evidence and degree of recommendation with the Sackett scale.

Conclusions: The evidence showed that coping strategies are useful to reduce burnout levels, highlighting group strategies, such as psychoeducation, social support, behavior modification, cognitive-behavioral therapy, as well as the importance of considering them in institutional curricula and work programs.

Keywords: Health Personnel; Nursing; Professional Burnout; Psychological Adaptation; Strategies; Behavior; Syndrome; Social Support; Job Satisfaction

Abbreviations: SB: Bournout Syndrome; EE: Emotional Exhaustion; DP: Depersonalization; PA: Lack of Personal Fulfillment; VHL: Virtual Health Library; FLC: Critical Reading Worksheets; WHO: World Health Organization; DOAJ: Directory of Open Access Journal; UNAM: National Autonomous University of Mexico; IMSS: Mexican Institute of Social Security; IME: Spanish Medical Index

Introduction

Burnout syndrome (BS) or also called occupational burnout “is a condition in response to prolonged pressures, emotional and interpersonal stressors related to work”, that health personnel suffer; these workers, especially nursing staff, have to face circumstances such as new diseases or pandemics and added to this the workload, these situations result in intense acute and/or chronic stress, anxiety, depressive symptoms, insomnia, denial, anger, fear, as well as in-

creased conflicts (Central Library of the Ministry of Health, 2021). In 1981, Maslach and Jackson highlighted three main characteristics for SB: “emotional exhaustion (EE), depersonalization (PD), and lack of personal fulfillment (PA).” EE refers to emptiness and exhaustion in the face of the demands of a task, which can lead to indifference and lack of interest in the needs of the other person. The second, depersonalization (PD), which considers a rejection of patients, originating a series of inhuman, negative, cold attitudes, where the individ-

ual refuses to be polite. The third is lack of personal fulfillment (BP), according to Tuesca et al. It consists of “a negative attitude towards oneself and towards work, loss of interest in it, irritability, low productivity and poor self-esteem”; the individual feels a professional failure and the collapse of their self-esteem can lead to depression (Vargas, et al. [1,2]). Burnout syndrome is considered a public health problem, which affects both collectively and individually; For example, if the person has this condition chronically, it can generate an increase in the consumption of addictive substances such as coffee, alcohol, tobacco, barbiturates, food, among others and have harmful effects physically, psychologically and emotionally; in turn, it increases economic and social costs. This syndrome was recognized as a disease by the World Health Organization (WHO) (WHO [3]; Miranda, et al. [4-11]). Personnel with these emotional conditions deteriorate the work environment and generate conflicts with co-workers and family members, as well as having a high impact on the performance of work activities (Aguilar, et al. [12-16]). Therefore, the aim of the study was: To identify coping strategies as an intervention to reduce the levels of burnout syndrome in nursing professionals.

Material and Methods

Quantitative research type of literature review: the search was carried out in the period from September 5, 2021, to March 10, 2022. The sources consulted were the following databases: PubMed, CUIDEN, Cochrane, VHL, Dialnet, DOAJ, EBSCO, Science Direct, Epistemonikos; Journals: UNAM University Nursing Journal, Evidence Based Nursing, Evidentia, SciELO, IMSS Nursing Journal, Redalyc, Web of Science, Spanish Medical Index (IME), Medigraphic; Meta search engines, fisterra, google Scholar, JURN, Trip Database. These consultations were based on the terms generated in the Health Sciences Descriptors (DeCS) and the Medical Subject Headings (MeSH), in order to have a controlled language and effective search; free terms were also used (See Table 1). The aforementioned search was limited to publications that were 7 years old, conducted in Spanish, English and Portuguese.

Table 1: Controlled Language Terms [30,31].

Elements	DeCS/ MeHS descriptors		
	English	Spanish	Portuguese
P: Nurses with burnout syndrome	Health Personnel*	Health Personnel*	Health Benefits*
	Nurses*	Nurses* Nursing*	Nurses*
	Burnout, Professional* Nurses**	Burnout*	Exhaustion Professional
	Nursing Staff**	Nurses**	Nursing staff**
	Burnout ***	Exhaustion**	Exhaustion***
I: Coping Strategies	Adaptation, Psychological*	Psychological Adaptation*	Adaptation*
	Coping strategies***	Coping Strategies***	Confrontation Strategies****
O: Effectiveness in decreasing	Burnout level***	Burnout Level***	Level of Burnout***
	Decrease Burnout***	Decrease Burnout***	Decrease Burnout***

Note: Source: Authors’ own creation *DeCS, ** MeSH, ***libres

Among the inclusion criteria, articles with a systematic review design, meta-analysis, clinical trials and observational cohort studies, studies carried out in nursing professionals over 18 years of age, which have been evaluated through a test to identify the levels of Burnout and the effectiveness of coping strategies in the face of Burnout, were considered. Articles older than 10 years of publication were discarded, those that compared only other mental illnesses and presented methodological biases. Boolean operators AND and OR were used to create algorithms for a precise search [(health personnel) AND (burnout) AND (coping strategies), Burnout AND nursing OR nurses AND coping strategies OR coping, (((Burnout) OR

(Stress)) AND (Nursing)) AND (Nurses)) AND (Coping)) AND (Care)) (*) was also used as truncation. The initial selection of the articles was through the reading of the title and abstract. Critical reading was carried out to evaluate the quality of the evidence using the web platform: Critical Reading Sheets 3.0 (FLC 3.0) (López, et al. [17]); The “SACKETT” scale was used to rank the evidence to assign the level of evidence and the degree of recommendation. Based on Table 1 and the Boolean operators, the syntax of the search strings (according to the search sources) was as follows:

PubMed: (((((Burnout) OR (Stress)) AND (Nursing)) AND (Nurses)) AND (Coping)) AND (Care))

1. BVS: (Health Personnel) AND (burnout) AND (Coping Strategies)
2. Dial net: Burnout syndrome and coping strategies in health personnel.
3. EBSCO: Burnout AND nursing OR nurses AND coping strategies OR coping.

Journals, Metasearch Engines, and Other Databases

1. Burnout AND nursing OR nurses OR Doctors AND coping strategies OR coping
2. Burnout AND nursing AND coping
3. Burnout OR stress AND nursing OR nurses AND Doctors AND coping.

For the selection and exclusion of articles, the title and abstract were considered. Similarly, critical reading was carried out to evaluate the quality of the evidence using the web platform: Critical Reading Sheets 3.0 (FLC 3.0) (López, et al. [17]); selecting the evaluation format, according to the design of each of the articles, the “SACKETT” scale was used to grade the level of evidence.

Results

A total of 307,946 articles were found during the effective search, of which, based on the inclusion and exclusion/elimination criteria established, 15 articles eligible for critical reading were selected, and among the other 307,931 articles, 302,047 articles were mainly eliminated because they did not show evidence of the application of coping strategies as an intervention to reduce burnout syndrome. 3191 that did not use any scale to determine the levels of burnout in nursing professionals, and 2693 that did not involve nursing professionals. Critical reading was carried out to assess the quality of the evidence using the web platform “Critical Reading Sheets 3.0” (FLC 3.0) (López, et al. [17]); selecting the evaluation format, according to the design of each of the articles, through the scale of the platform, obtaining that the 15 (100%) articles met the necessary characteristics to be considered relevant in relation to the objective of the research, of which, 3 (20%) are systematic reviews with meta-analysis, 4 (26.6%) clinical trials, 1 (6.6%) case-control study, 6 (40%) systematic reviews. (See Table 2).

Table 2: Synthesis and gradation of evidence.

Evidence/year	Design	Scale: SACKETT		Conclusion
		Level	Degree	
A meta-analysis of the effects of coping strategies on reducing nurses’ burnout. 2016	Systematic review with meta-analysis	1 ^a	A	Nurse burnout was a critical issue and coping strategies can reduce nurse burnout and should be sustained for a year. Interventions should be implemented at regular intervals and should consider different stressors to provide effective coping strategies (Lee, et al. [18]).
Coping strategies used by nurses working in emergency and general rooms at SKIMS hospital: a comparative study. 2017	Practice Clinical	1 ^a	A	It may be that spirituality plays an important role. In addition, both painful problem-solving and positive reappraisal are coping methods that can also be improved through increased educational preparation and work experience. The study’s findings suggest that nurses use adoptive coping strategies to cope with their work stress (Jan, et al. [19]).
Burnout and health technologies in the context of primary health care nursing. 2017	Systematic review	1 ^a	A	No studies were found that address the use of technology in health and its influence on occupational health and burnout among PHC nursing staff, it is necessary to deepen this discussion and recognize that technologies can be used in nursing to promote knowledge and practice. It is also necessary to carry out more studies that align the occupational health and mental health policies developed in the field of prevention, promotion, care and rehabilitation of professionals affected by work-related mental disorders, especially burnout (Silva, et al. [20]).
Strategies that modulate (revistas.ufps.edu.co) burnout syndrome in nurses: a literature review. 2017	Systematic review	1 ^a	A	In this study, the most mentioned strategies are psycho-education and social support by co-workers and supervisors, which reported positive results. They also refer to Maslach and Jackson’s variables where they pointed out differences in relation to positive changes in emotional exhaustion. They suggest that interventions should be multi-component, that is, that the spiritual, professional, emotional intelligence and leadership aspects be considered. Finally, to prevent burnout, she suggests the implementation of self-care in nursing professionals (Vargas, et al. [1]).
Coping strategies as moderating factors of compassion fatigue among intensive care nurses. 2019	Clinical trial	1 ^b	A	This study documented compassion fatigue and coping strategies as moderating factors among critical care nurses in Jordan. Such strategies were significant predictors and represented powerful indicators of the level of compassion satisfaction and were negatively correlated with compassion fatigue. The presence of significant levels of stress and BO points to the need for future. Research to further explore this area. In addition, other coping strategies could be included in future studies, including the use of organizational support, spirituality-related practices, the presence of counseling services in the hospital, and the use of exercise and meditation (Al Barmawi, et al.[15]).

Burnout and coping in health professionals. 2021	Clinical trial	1 ^a	A	It was concluded that although the levels of exhaustion syndrome were low, there is a risk that health professionals would manifest effects in the medium and long term in their interpersonal relationships, anxiety, depression and addictions. They refer to problem-solving strategies, positive reappraisal, and seeking social support. It reports the presence of this condition mostly in women and in professionals from workplaces other than the IMSS. It suggests prevention programs focused on modifying behaviors associated with burnout (Osorio, et al. [2]).
Stress syndrome and burnout and their associations with coping and job satisfaction in critical care nurses. 2019	Systematic review	1 ^a	A	There is evidence of the impact that job satisfaction and coping strategies have on the incidence of burnout; however, there are not enough studies exploring the association between these. Further research on burnout and its association with coping strategies and job satisfaction would provide better information about the problems and allow for the preparation of appropriate prevention programs. Nursing education curricula should provide sufficient information on workplace stress and the incidence of burnout syndrome, as well as the usefulness of coping strategies (Friganovic, et al. [21]).
Prevention, control and strategies for the management of Nursing Burnout Syndrome in Spain. 2016	Systematic review	2 ^b	B	The question arises as to why in Spain there are no strategies to reduce the Burnout Syndrome, so it is suggested to carry out an organization and restructuring of extra-working time, improve physical condition from an adequate diet, promote social support or social relationships, have a positive vision, carry out distraction activities and develop a sense of humor. generating self-confidence as well as collecting information with scientific evidence, based on resilient coping and emotional intelligence (Meléndez, et al. [8]).
Coping strategies for work-related stress in Nursing. 2017	Systematic review with meta-analysis	1 ^a	A	Workshops or programs where adaptive coping strategies to work stress are trained have been shown to be highly effective (Arrogante, [22]).
Interventions to reduce burnout in physicians and nurses: a systematic review, 2019		1 ^a	A	The results showed that in order to improve burnout and mental health in the long term, it is suggested that interventions be related to communication skills, teamwork, participatory programs, and psychological interventions. Burnout is a complicated problem and should be addressed in combination with interventions (Pereira, et al. [23]).
Stress, coping and burnout of the Intensive Care Unit nursing team: associated factors, 2015	Systematic review with meta-analysis	1 ^a	A	Control of the work environment and adequate sleep are decisive and protective factors when dealing with work-related stress situations (Andolhe, et al. [24]).
Individual-level interventions to decrease work-related stress and improve coping strategies among nurses; 2021	Systematic review	1 ^a	A	This systematic review of the literature highlights the immediate need for evidence-based preventive interventions that can be delivered through digital technology combined with cognitive-behavioral and relaxation components to reduce stress and meet current conditions that allow for less human contact (Velana, et al. [25]).
Impact of WeChat-based "three good things" on rotation intent and coping style in nurses suffering from burnout. 2020	Randomized controlled trial	1 ^b	A	This study evidenced the effects of WeChat-based 3GT on rotation intention and coping style for burnout nurses. The findings recommend WeChat-based 3GT as a simple, less time-consuming effective strategy to reduce nurses' turnover intent and negative coping style to promote their positive coping style (Guo, et al. [26]).
The Effects of Stress Coping Strategies and Therapy cognitive-behavioral group studies on nurses' burnout, 2019	Cases & Controls	3 ^a	B	It was evidenced that teaching strategies to cope with stress and group cognitive behavioral therapy can be effective in reducing nurse burnout. Therefore, this method can be used to provide counseling services to nurses in health facilities (Bagheri, et al. [27]).
Positive Guidance and Coping Strategies Stress as predictors of burnout among Polish nurses, 2019	Clinical trial	1 ^b	A	A reduced level of positive orientation was shown to be the main determinant of burnout in Polish nurses. The most prominent predictive variable in personal identification, burnout, was a positive orientation, while in work, burnout and burnout in contacts with patients, its predictive power was much weaker. A higher level of positive orientation was related to the use of adaptive coping strategies and was conducive to reducing the level of nurses' burnout in all three components. With the increase in the level of positive orientation, a favorable change was observed (Kupcewicz, et al. [28]).

Discussion and Conclusions

The evidence found showed that the application of the various existing coping strategies can benefit the mental health of nursing department staff (Jan, et al. [18]), however, in several studies, the importance of interventions being appropriate according to the type of work environment and the personality of nursing professionals was emphasized. Linked to this, it was found that psychoeducation plays a very important role for professionals to have the knowledge, value and reflect on the importance of preserving their mental health (Vargas, et al. [1]), otherwise, the tests applied may not be answered sincerely, which can represent a significant risk of bias, which would limit the analysis of strategies that can contribute to their mental well-being. The evidence is clear, there is a high rate of burnout syndrome in nursing professionals, either due to the context of the health system, work overload or the emotions that the profession requires to cope with during the working day, so it is of great importance that nursing managers are concerned about considering mental health as a priority for the organization. Likewise, it was found that the learning and coping of professionals must be carried out in a comprehensive way, contemplating other areas such as self-care, nutrition, rest, among others (Meléndez, et al. [8]). Thus, in order to select the appropriate coping strategy, it is necessary to know the context and the personnel with whom you work. The congruence of the positive effects generated by the use of coping strategies in nursing professionals is highlighted, as mentioned by the author Arrogante (2016) [19] about the interventions that have demonstrated significant effectiveness, such as workshops or specific training programs on adaptive strategies to work stress; as well as programs that include relaxation techniques, addressing maladaptive or erroneous cognitions, the implementation of information sessions or meetings, the promotion of social relationships and social support, the latter also coincided with Osorio, et al. [2] and with the results of the present study. On the other hand, the latter author also found that the most used strategies were related to rational coping with situations, for example, problem solving, positive reappraisal and the search for social support, which also coincided in this study [20-30].

Conclusion

Based on the analysis of the 15 retrieved articles referring to the effects of the use of coping strategies to reduce burnout syndrome in health personnel, including nursing professionals, 100% of them show favorable results that indicate a decrease in this syndrome, in its 3 dimensions, that is, depersonalization, emotional exhaustion, and self-fulfillment. With the above, it is evident the need to apply or plan methodologically strategies such as psychoeducation in the curricula and training programs for nursing personnel, who, as has been documented, demonstrated a high rate of this mental condition, with a critical decrease in productivity and work performance in institutions of any level of care. It is important to conclude that all coping strategies have their usefulness; However, it is important to note that they

must be implemented according to the characteristics, needs and conditions of the institution to guarantee results. Among the most relevant strategies are psychoeducation, social or organizational support, behavior modification, group cognitive-behavioral therapy, positive orientation, among other strategies that use technology such as the strategy called "3 good things", where a group social network was used and in which the staff shares 3 good things that happened to them during their workday daily.

Likewise, systematic reviews show the need to plan interventions not only with a therapeutic emphasis, but also with a preventive one, with a multicomponent approach, that is, combining the most useful, integrating aspects such as the resilient coping capacity of the staff, the ability to adapt, emotional intelligence, leadership, relaxation activities such as yoga or meditation, Likewise, if relevant, encompass the spiritual realm. In the same way, it proved useful to employ strategies focused on self-care and self-confidence, in such a way that other factors that impact the coping capacity of the staff are addressed, such as an adequate diet, adequate sleep time, to achieve this balance, it is required a good coordination and strategic planning of the administrative staff responsible for planning the roles and activities of the staff. so that there is a relevant organization related to working hours, teamwork and shift work. Finally, some authors also concluded on the importance of generating more primary studies to obtain more quality scientific evidence, where the relationship between coping strategies and the level of job satisfaction is compared. In this study, strategies for BS such as psycho-education and social support by co-workers and supervisors were found, which reported positive results.

References

1. Vargas-Cruz L, Niño-Cardozo C, Acosta-Maldonado J (2017) Estrategias que modulan el síndrome de Burnout en enfermeros (as): una revisión bibliográfica. *Revista Ciencia y Cuidado* 14(1): 111.
2. Osorio-Guzmán M, Prado-Romero C, Bazán-Riverón GE (2021) Burnout y afrontamiento en profesionales de la salud. *Psicología y Salud* 31(2): 267-274.
3. OMS y Jasarevic T (2019, mayo 28) La OMS reconoce como enfermedad el burnout o "síndrome de estar quemado". *Médicos y Pacientes*.
4. Miranda Lara VR, Monzalvo-Herrera G, Hernández Caballero B, Ocampo Torres M (2016) Prevalencia del síndrome de burnout en personal de enfermería de dos instituciones de salud. *Revista Enfermería IMSS*. 24(2): 115-122.
5. Colmenares De La Torre J, Acosta Martínez R, Ayón EC, Patricio C, Vera C, et al. (2018) Prevalencia del síndrome de burnout en personal de enfermería de México. *Revista Cubana de Salud y Trabajo* 19(2): 14-22.
6. Graue E, Álvarez R, Sánchez M (2007) El Síndrome de "Burnout". La despersonalización, el agotamiento emocional y la insatisfacción en el trabajo como problemas en el ejercicio de la medicina y el desarrollo profesional. *Facultad de medicina UNAM*.
7. Maricuțoiu LP, Sava FA, Butta O (2016) The effectiveness of controlled interventions on employees' burnout: A meta-analysis. *Journal of Occupational and Organizational Psychology* 89(1): 1-27.

8. Meléndez-Moreno A, González-Hervias R (2016) Prevención, control y estrategias para el manejo del Síndrome de Desgaste Profesional de Enfermería en España. *Revista Enfermería del Trabajo* 6(4): 131-135.
9. Medisaukaite A, Kamau C (2019) Reducing burnout and anxiety among doctors: Randomized controlled trial. *Psychiatry Research* 274: 383-390.
10. Borges EM das N, Queirós CML, Abreu M da SN de, Mosteiro-Diaz MP, Baladonedo-Mosteiro M, et al. (2021) Burnout among nurses: a multicentric comparative study. *Revista latino-americana de enfermagem* 29: e3432.
11. Saborío L, Hidalgo LF (2015) Síndrome de burnout. *Medicina Legal de Costa Rica* 32(1): 1-22.
12. Aguilar-Camacho MJ, Luna-Correa JE, Tovar-Vega AR, Blancarte-Fuentes E (2020) Síndrome de burnout. Biondesarrollo y reversión de impactos en el sector de la salud del estado de Guanajuato, México. *Región y sociedad* 32: e1308.
13. CIGNA (2020) Síndrome de "burnout": 3 de cada 4 profesionales viven conectados al trabajo.
14. Ramírez Argumé R, Espinoza-Moreno T (2014) Síndrome de Burnout y estrategias de afrontamiento al estrés, en enfermeros de la Unidad de Cuidados Intensivos del Hospital Nacional Dos de Mayo-2016. *Medicina* 447(May): 162.
15. Al Barmawi MA, Subih M, Salameh O, Sayyah Yousef N, Shohirat N, et al. (2019) Coping strategies as moderating factors to compassion fatigue among critical care nurses. *Brain and Behavior* 9(4): e01264.
16. Hernández E, Cerezo S, Sandoval M (2007) Estrategias de afrontamiento ante el estrés laboral en enfermeras. *Rev Enferm Inst Mex Seguro Soc* 15(3): 161-166.
17. López-de Argumedo M, Reviriego E, Gutiérrez A, Bayón J (2017) Actualización del Sistema de Trabajo Compartido para Revisiones Sistemáticas de la Evidencia Científica y Lectura Crítica (Plataforma FLC 3.0). *Informes de Evaluación de Tecnologías Sanitarias* 144.
18. Jan F, Kour S (2017) Coping Strategies Used by Staff Nurses Working in Emergency and General Wards of SKIMS Hospital: A Comparative Study. *Annals of Medical & Health Sciences Research* 7(Special Issue): 106-112.
19. Friganovic A, Selic P, Ilić B, Sedić B (2019) Stress and burnout syndrome and their associations with coping and job satisfaction in critical care nurses: a literature review-PubMed. Recuperado el 24 de septiembre de 2021 31(Suppl 1): 21-31.
20. Lee HF, Kuo CC, Chien TW, Wang YR (2016) A Meta-Analysis of the Effects of Coping Strategies on Reducing Nurse Burnout. *Applied Nursing Research* 31: 100-110.
21. Silva CCS, Lira AL, B de C, Feijão AR, Costa IKF, Medeiros SM de (2017) Burnout and health technologies in the context of Primary Health Care nursing. *Escola Anna Nery-Revista de Enfermagem* 21(2).
22. Arrogante Ó (2016) Estrategias de afrontamiento al estrés laboral en Enfermería. *Metas de enfermería* 19(10).
23. Pereira S, Teixeira C, Ribeiro O, Hernández-Marrero P, Fonseca A, et al. (2014) Burnout in physicians and nurses: a multicentre quantitative study in palliative care units in Portugal. *Revista de Enfermagem Referência* 4(3): 55-64.
24. Andolhe R, Barbosa RL, Oliveira EM de, Costa ALS, Padilha KG (2015) Es-tresse, coping e burnout da Equipe de Enfermagem de Unidades de Terapia Intensiva: fatores associados. *Revista da Escola de Enfermagem da USP* 49(Esp): 57-63.
25. Velana M, Rinkenauer G (2021) Individual-Level Interventions for Decreasing Job-Related Stress and Enhancing Coping Strategies Among Nurses: A Systematic Review. *Frontiers in Psychology* 12.
26. Guo YF, Plummer V, Cross W, Lam L, Zhang JP (2020) Impact of WeChat-based "three good things" on turnover intention and coping style in burnout nurses. *Journal of nursing management* 28(7): 1570-1577.
27. Bagheri T, Fatemi MJ, Payandan H, Skandari A, Momeni M (2019) The effects of stress-coping strategies and group cognitive-behavioral therapy on nurse burnout. *Annals of Burns and Fire Disasters*. 32(3): 184-189.
28. Kupcewicz E, Józwik M (2019) Positive Orientation and Strategies for Coping with Stress as Predictors of Professional Burnout among Polish Nurses. *International journal of environmental research and public health* 16(21): 4624.
29. (2020) Biblioteca virtual en salud. DeCS Server. Descriptores en ciencias de la salud.
30. (2020) National Library of Medicine. MeSH Database.

ISSN: 2574-1241

DOI: 10.26717/BJSTR.2023.54.008499

Saul May Uitz. Biomed J Sci & Tech Res



This work is licensed under Creative Commons Attribution 4.0 License

Submission Link: <https://biomedres.us/submit-manuscript.php>

Assets of Publishing with us

- Global archiving of articles
- Immediate, unrestricted online access
- Rigorous Peer Review Process
- Authors Retain Copyrights
- Unique DOI for all articles

<https://biomedres.us/>