

## Nurse Burnout And Patient Safety: Addressing The Hidden Crisis In Healthcare

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### ABSTRACT

**Background:** Nurse burnout is one of the biggest problems impacting modern healthcare, taking a toll on patient safety and care quality. Nurses' high rates of burnout are due, in part, to increasing demands, shifts lasting more than 12 hours, emotional depletion, and an administrative burden. Studies have linked burnout to decreased attention to detail, increased medical errors and decreased patient satisfaction. It also highlights the importance of a systematic evaluation of interventions to address burn-out, which sadly still appears to be common despite a plethora of attempts to correct the situation.

**Objective:** High nurse burnout correlates to low patient safety, yet no prior studies have investigated this relationship amidst nurseworking demands, revisiting their potential nurse-specific stressor, consequences, and mitigation strategies.

**Methods:** Descriptive cross-sectional study carried out on 220 nurses coming from hospitals, outpatient clinics and long-term care facilities. The participants consisted of registered nurses (RNs), nurse practitioners (NPs), and licensed practical nurses (LPNs) from multiple specialties, including emergency care, intensive care units, and medical-surgical departments. Burnout symptoms, workplace stressors, perceived impacts on patient safety, and institutional support measures were assessed using a structured questionnaire. This survey included multiple-choice, Likert-scale, and open-ended questions for quantitative and qualitative information. Descriptive statistics, thematic analysis and cross-tabulation methods were used to analyse the data.

**Results:** Results reveal high levels of emotional exhaustion, depersonalization, and a diminished sense of personal accomplishment among a considerable number of nurses, all of which have been associated with a higher incidence of patient safety events. Excessive workload, staffing shortages, and a deficiency of managerial support were the most commonly cited factors contributing to burnout. Many respondents said burnout contributed to patient monitoring lapses, medication errors, and less effective communication. Researchers discovered that institutions that invested in their nurses, extending resources such as mental health opportunities and keeping nurse-to-patient ratios at a manageable level had lower rates of burnout and better rates of patient safety outcomes.

**Conclusion:** This study highlights the critical importance of focused efforts to prevent nurse burnout and promote patient safety. Reducing workload and improving institutional support and evidence-based well-being programs can greatly reduce the risks associated with burnout in medical students. Working together with administrators, policymakers and staff nurses works in the same manner to drive the development of a healthier work environment and consequently better patient outcomes. They underscore the need for systemic changes over time to ensure improvements in nurse well-being and patient care are sustainable..

**Keywords:** Nurse Burnout, Patient Safety, Healthcare Workload, Emotional Exhaustion, Medical Errors, Workplace Stress, Nursing Retention, Hospital Management.

### INTRODUCTION

Nursing is one of the healthcare professions that is very demanding and high-pressure and where the subsequent output of activity is absolute and in interest of patient care and safety. But the heightened expectations on nurses, with long shifts, numerous patients and all the associated paperwork, have led to a rising epidemic of burnout. Nurse burnout is a common state of chronic physical and emotional exhaustion, often paired with feelings of detachment from patients and decreased

professional efficacy. The pressure on nurses, working long hours to care for an aging population that needs complex care, is growing across worldwide healthcare systems that already have staffing shortages, creating a widespread and pressing problem of burnout [1, 2].

The burnout crisis is much bigger than an individual's health — it begets a dangerous world of patient safety and quality of care. Studies have consistently shown that burned-out nurses are more likely to commit serious errors, such as medication mistakes, improper patient monitoring and lapses in communication with other health care professionals. Such EHR errors can have serious implications for patients, resulting in extended hospital stays, complications, and in some cases even death. Moreover, nurse turnover rates due to burnout can lead to an increased workload on the remaining staff as the staffing shortages increase. This cycle only worsens the crisis, so nurse burnout must be treated as systemic rather than merely individual [3, 4].

There are numerous causes of nurse burnout, though workload and staffing shortages are two of the largest contributing factors. Many nurses find themselves assigned too many patients per shift and little time to perform comprehensive patient care, documentation, and self-care. Extended shifts, mandatory overtime and unpredictable scheduling contribute to the stress, disrupting work-life balance and resulting in chronic fatigue. Furthermore, nurses have an emotional burden due to working with patients in critical or chronic conditions, frequent exposure to suffering and dying patients and to situations with high levels of stress such as emergencies and end of life care. All this means that the emotional toll of the profession, especially when combined with physical exhaustion, creates a situation where burnout becomes nearly inevitable without appropriate interventions [5, 6].

Nurse burnout is also influenced by institutional factors. Poor managerial support, lack of mental health resources and strict hospital policies can leave nurses feeling devalued and unsupported. Many nurses say they feel frustrated by inadequate training, a lack of access to wellness programs and ineffective communication between frontline staff and hospital administrators. Without intervention, job dissatisfaction rises, absenteeism increases, engagement declines, and in the most extreme cases, nurses make the choice to leave the profession entirely. These institutional failings need to be addressed so we can mitigate burnout and enhance the quality of care we provide [7, 8].

The effects of nurse burnout go beyond personal well-being and institutional no stability but reach to patients and healthcare systems! Hospitals with high nurse burnout rates experience higher patient falls, hospital-acquired infections and response times to critical conditions, studies show. "We also know that emotional exhaustion erodes nurse-patient relationships, and this has a trickle down effect on patient satisfaction, trust in the nurse, and adherence to treatment plans. Burnout also drives up healthcare costs because of high turnover and recruitment costs, and the costs of preventable medical errors, so from an economic perspective, this is totally avoidable [9, 10].

Given the gravity of the problem, a number of healthcare organizations have started implementing interventions to reduce burnout and enhance the wellbeing of their nursing staff. These initiatives include but are not limited to workload management, which entails recalibrating nurse-to-patient ratios and adopting flexible scheduling; and wellness programs that emphasize mental health support, resilience training, and peer support groups. Management Engagement: Support by management that engage in these efforts create a culture of gratitude and responsiveness, goes a long way to ensure that nurses feel heard and valued by their organizations [11, 12].

However, there are still barriers to completely eliminating nurse burnout. Most facilities are still working under resource constraints, making wide-ranging institutional changes difficult to implement." Cultural hurdles within healthcare institutions might also prevent nurses from getting help or communicating concerns about burnout due to fear of stigma or professional consequences. This gives textual support to the result that the direction of the development is rather positive with respect to the nursing or organizational psychology, and policy,,of which the behavioral, social life or health change contribute more to explore and investigate the psychological barriers towards the nursing well-being improvement [13, 14].

The research focuses on understanding the interplay between nurse burnout and patient safety, both of which are highly influenced by stressors that compound upon themselves. This study aims to identify the determinants of systemic problems affecting nurses while offering evidence-based recommendations for interventions that can reduce burnout and improve the overall quality of patient care (Author, 2023) through analyzing survey results from a diverse sample of nursing professionals. Although improving nurse burnout is vital for the healthcare fraternity, it is integral to the safety, efficiency and sustainability of contemporary healthcare systems [15, 16].

## LITERATURE REVIEW

Nurse burnout as a subject of research has been widely studied within the field of occupational health and healthcare management. According to Maslach and Leiter (2016), burnout is defined as a psychological syndrome resulting from prolonged exposure to chronic interpersonal stressors on the job. They identify three core areas of burnout — emotional exhaustion, depersonalization, and lack of personal accomplishment — in their research. It has been shown in a number of studies that burnt out nurses are more likely to possess lower levels of empathy, job satisfaction and higher intent to leave (Aiken et al., 2012). A study by Cimiotti et al. (2012) reported a direct association between increasing levels of burnout

among nursing staff and rates of hospital-acquired infections, further elucidating the adverse effect on patient safety [17, 18]. Heavy workloads and insufficient staffing are some of the most publicly known contributors to nurse burnout. Aiken et al. (2014) undertook a large, multicountry study confirming that one of the most significant determinants of both burnout and poor patient outcomes were the nurse-to-patient ratios. Such levels of stress result in the diminished capacity to deliver quality care and a higher propensity for error by nurses when faced with excessive patient loads. Other research (Jennings, 2008) supports these findings that again inadequate staffing impacts nurses themselves and leads also to increased patient mortality rates [19, 20].

Workplace culture and organizational support are also critical in either mitigating burnout or creating conditions for it to thrive. Research by Spence Laschinger et al. (2013) note, supportive leadership, good communication, and opportunities for professional development in the workplace can help to reduce burnout rates. In contrast, environments marked by poor management, absence of autonomy, and poor conflict resolution have been linked to higher levels of stress and job dissatisfaction. Shanafelt et al. (2015) emphasize that nurses who work in settings with such support systems report better job satisfaction and lower rates of burnout [21, 22].

[23] Research by Hall et al. (2016) identified burnout as a direct factor of medical errors, poorer adherence to safety protocols and gaps in patient monitoring. Dyrbye et al. (2017) have reported that nurses suffering from emotional exhaustion are more likely to experience cognitive failures, leading to calculation errors in drug doses, missed signs that a patient is getting worse, and a higher incidence of communication failures with doctors and other healthcare staff [24, 25].

Beyond potential medical errors, nurse burnout can lead to decreased engagement and less compassionate care, which can both affect patient safety. Studies by McHugh et al. (2011) and Vahey et al. (2004) show that protracted emotional detachment can reduce care providers' involvement with their patients, reducing patient contact and lowering patient satisfaction scores. This disengagement effects a loss of proactive care including longer call light response time, lack of patient concern responsiveness, decreased facilitation of post discharge care education[26].

Because burnout can have dire effects, a number of studies have examined ways to lessen its toll. Research suggests that addressing nurse to patient ratios is one of the most effective ways to reduce burnout. Aiken et al. (2014), patient loads per nurse were reduced to improve nurse well-being and patient outcomes. Some strategies to mitigate burnout levels, beyond the restructuring of the workplace environment, are the application of stress management programs, mindfulness training, and mental health support services (Shanafelt et al., 2015). Further recommendations have been made in the literature for nurse manager leadership training to build a work culture that is less punitive and one that promotes open communication (Spence Laschinger et al., 2013) [27, 28].

Encouraging work-life balance, flexible scheduling and providing enough time for rest breaks are organizational policies that have also had a positive impact. Research by Kelly et al. (2021) notes that hospitals with a focus on employee well-being see reduced turnover rates and increased job satisfaction among nurses. In addition, evidence-based personnel models, like the Magnet Recognition Program, have been found to impact both nursing retention and patient outcomes in positive ways through the promotion of a professional growth and supportive environment (McHugh et al., 2013).

The existing literature on nurse burnout and patient safety highlights the immediate necessity of structural reforms that centre on supporting nurses' wellbeing and thus fostering quality patient care. It deals with workload challenges, leadership support, and a healthy work environment — co-factors in fighting burnout. With the evolving dynamics in healthcare and emphasis on ensuring patient safety and improving the efficiency of healthcare systems, there will be an increased focus on the well-being of nurses [29, 30].

## **METHODS AND MATERIALS**

### **Study Design and Participants**

This study utilized a descriptive cross-sectional design to examine the relationship between nurse burnout and patient safety in different healthcare settings. This mixed design study used both quantitative and qualitative data collection methods through structured questionnaires administered to 220 nurses working in hospitals, ambulatory care and long-term care settings. Data collection included RNs, NPs, and LPNs with different years of experience from various specialties, including ICU, ED, and medical-surgical units.

### **Sampling Method**

To ensure a diverse representation of participants based on years of experience, work setting, and specialization, we identified a stratified random sampling approach. Participants were enrolled from academic medical centers, as well as community hospitals and outpatient care sites. The questionnaire was conducted online via secure survey platforms, as well as in-person at nursing conferences and professional meetings, which facilitated wider access and an elevated response rate.

**| Table 1: Participant Characteristics |**

Characteristic	Category	Percentage of Participants (%)
Professional Role	Registered Nurses (RNs)	60%
	Nurse Practitioners (NPs)	25%
	Licensed Practical Nurses (LPNs)	15%
Work Setting	Hospitals (ICU, ED, Med-Surg)	70%
	Outpatient Clinics	20%
	Long-Term Care Facilities	10%
Years of Experience	Less than 5 years	35%
	5–10 years	40%
	More than 10 years	25%
Mode of Participation	Online Survey	80%
	Physical Submission	20%

**Questionnaire Design**

The structured questionnaire was designed to assess key aspects of nurse burnout and its impact on patient safety, categorized into the following domains:

**Burnout Symptoms** – Emotional exhaustion, depersonalization, and reduced professional fulfillment.

**Workplace Stressors** – High patient loads, extended work hours, lack of support, and administrative burden.

**Impact on Patient Safety** – Self-reported medical errors, fatigue-related mistakes, and perception of care quality.

**Institutional Support and Interventions** – Access to mental health resources, leadership responsiveness, and workload management.

**Retention and Career Satisfaction** – Likelihood of leaving the profession due to burnout and potential solutions for retention.

The questionnaire included multiple-choice questions, Likert-scale ratings, and open-ended responses to capture both quantitative trends and detailed professional insights. A pilot study with 25 respondents ensured clarity, validity, and reliability, leading to minor revisions before full-scale implementation.

**| Table 2: Inclusion and Exclusion Criteria |**

Criteria Type	Criteria	Details
Inclusion Criteria	Professional Role	Licensed nurses (RNs, NPs, LPNs)
	Experience	At least one year of clinical practice
	Voluntary Participation	Only participants who provided informed consent
	Language Proficiency	Must understand and respond accurately
Exclusion Criteria	Non-Relevant Professionals	Excluded individuals outside the nursing field
	Incomplete Responses	Questionnaires with missing answers removed
	Duplicate Submissions	Only the first complete response retained

**Data Collection and Management**

The data collection process spanned six weeks, allowing for a substantial response rate. The online survey platform ensured anonymity, data security, and accessibility for a global nursing audience. To maintain data integrity, manual validation was performed to cross-check consistency, remove incomplete responses, and eliminate potential duplicates.

**| Table 3: Data Processing Tools |**

Tool	Purpose	Application
Structured Questionnaire	Assess burnout levels, workplace stressors, and patient safety concerns	Administered to all participants
Thematic Analysis	Identify key themes in qualitative responses	Applied to open-ended responses
Descriptive Statistics	Summarize Likert-scale and multiple-choice data	Used for quantitative analysis
Cross-tabulation Methods	Correlate experience level with burnout trends	Applied for data comparison

**Ethical Considerations**

This study followed strict ethical research guidelines, and participation was voluntary, with the responses being kept anonymous and confidential. The study was approved by the corresponding IRB, and written informed consent was obtained from all participants before starting data collection. They were given detailed information about the study's aims and their right to withdraw at any point, along with data security assurances.

**Study Significance**

Using a systematic and rigorous approach, this study seeks to explore nurse burnout and its impact on patient safety. Abstract The highlights the title and the importance of nurses, given that there is a need to address their well-being through the research which requires quantitative and qualitative approaches, relevant to health and hospital policy-makers and managers, as well as to direct care delivery in other ways.

**ANALYSIS**

Based on 220 Responses: Understanding How Nurse Burnout Impacts Patient Safety The data illustrate important stressors and the degrees of emotional exhaustion and impact on healthcare quality. It is clear that workplace well-being matters to respondents, but the findings also shed light on systemic shortcomings in areas of staffing, leadership support, and access to mental health resources that must be addressed to enhance both nurse retention and patient care outcomes.

**Extent of Burnout Among Nurses**

Responses reflect a high level of burnout among nurses, including those in high-acuity specialties such as ICU, emergency rooms and medical-surgical units. Most reported high levels of emotional exhaustion on a frequent basis, and a sizeable minority indicated burnout had resulted in feelings of alienation from their patients and a diminished sense of professional achievement. With regards to the overall nurses' experience, nurses with more than 6 years of experience showed a high level of burnout, indicating that longer exposure to workplace stressors worsens the situation.

Burnout Indicator	Percentage of Respondents (%)
Emotional exhaustion (often/always)	68%
Detachment from patients (sometimes or more)	52%
Lack of professional fulfillment	47%
Consider leaving profession due to burnout	41%

**Key Contributing Factors to Nurse Burnout**

When asked about the primary contributors to burnout, respondents cited multiple systemic issues:

Contributing Factor	Percentage of Respondents (%)
Long working hours	75%
High patient-to-nurse ratio	70%
Lack of managerial support	55%
Emotional toll of patient care	50%
Insufficient mental health resources	40%

### Impact of Nurse Burnout on Patient Safety

One of the most alarming findings of the study is the direct correlation between burnout and **increased patient safety incidents**. A significant proportion of nurses admitted to witnessing or making medical errors due to fatigue, emotional detachment, or excessive workload.

Patient Safety Impact	Percentage of Respondents (%)
Made or observed a medical error due to burnout-related fatigue	60%
Believe burnout negatively affects patient care quality	72%
Observed an increase in patient safety incidents	55%
Feel mentally and physically unprepared to handle complex cases	48%

### Perception of Institutional Support

Despite the severity of burnout, a significant proportion of nurses feel that their **hospitals and healthcare institutions do not adequately address the issue**:

Hospital Response	Percentage of Respondents (%)
Believe their hospital is actively addressing burnout	30%
Feel mental health resources and wellness programs are insufficient	50%
State leadership does not effectively respond to burnout concerns	62%

### Preferred Interventions for Addressing Burnout

To mitigate burnout and improve nurse well-being, respondents suggested a variety of interventions, with the most commonly cited including:

Proposed Intervention	Percentage of Respondents (%)
Increased staffing levels	78%
More flexible scheduling	65%
Higher salaries and better incentives	58%
Better leadership support	55%
Workplace mental health programs	50%

### Future Directions and Recommendations

Given the findings of this study, it is imperative that healthcare institutions take immediate action to combat nurse burnout and safeguard patient safety. The following steps are recommended:

- Implement mandatory staffing ratios** to ensure that nurses are not overburdened and can provide optimal patient care.
- Develop structured mental health programs** that include counseling services, peer support groups, and stress management training.
- Encourage leadership involvement** by fostering an open dialogue between nurses and hospital administration to address workplace concerns.
- Enhance compensation and benefits** to improve job satisfaction and retention rates among experienced nurses.
- Standardize workload and scheduling practices** to prevent excessive overtime and allow for better work-life balance.

### Key Takeaways

This study reveals critical insights into the burnout crisis affecting nurses and its consequences for patient safety. The most significant takeaways include:

- Burnout is prevalent** across all nursing specialties, but ICU and emergency department nurses are at the highest risk.
- Patient safety is directly impacted**, with increased medical errors linked to nurse exhaustion.
- Healthcare institutions are not doing enough** to address burnout, with many nurses feeling unsupported by leadership.

**Strategic interventions, including increased staffing, flexible scheduling, and mental health support, are urgently needed** to improve nurse well-being and maintain high-quality patient care.

Tackling nurse burnout is not merely a question of making workplaces better — it is also a vital component for delivering safer, more effective healthcare to everyone. Healthcare leaders must take immediate steps to counteract this crisis and establish a positive and sustainable working environment for nurses — not only to protect their lives but also the lives of the patients they care for.

## DISCUSSION

The study reveals the high prevalence of burnout among nurses and its negative impact on patient safety, emphasizing the need for systemic changes around nurse retention within healthcare systems. High levels of emotional exhaustion, depersonalization,[6] and decreased professional accomplishment among nurses suggest a need to treat a workforce under extreme strain and typically without sufficient support from hospital administration.[7] The consequences of these findings do not stop with an individual's well-being, as burnout has been strongly correlated with increased medical errors, decreased quality of care, and thus impaired patient safety. But, 72% of respondents also said they believe burnout negatively impacts the health of their patients, and 60% said they can directly recall a time when exhaustion led to errors in their workplace — disturbing evidence that there is a systemic failure to protect both the patient and the nurse. Long hours, high patient-to-nurse ratios, and lack of institutional support further compound this issue. It is clear that healthcare institutions are operating in unsafe conditions affecting efficiency and safety when 75% of nurses report an excessive workload as a major contributor of burnout.

In addition, inadequate institutional responses to burnout are a serious issue, with almost two-thirds of nurses reporting that hospital leadership does not adequately support them in addressing the problem. This indicates a rift between healthcare workers who are out in the field and those who dictate their livelihood from behind a desk, where monetary limitations and lack of staffing usually come first, leaving employees to fend for themselves. The lack of comprehensive mental health programs only deepens the crisis, offering nurses scant support in managing stress, burnout, and trauma. The lack of institutional support has consequences beyond high turnover rates; without institutional scaffolding, burnt-out nurses are not likely to provide attentive and precise patient care. The respondents overwhelmingly agree that workplace stress and nurse retention can be improved through interventions, including enhanced staffing levels, flexible scheduling, and increased salaries.

In the face of these challenges, healthcare organizations need to take proactive (rather than reactive) measures to address burnout. The completion of safe nurse-to-patient ratios which are supported by 78% of respondents, will go a long way towards ensuring safe and manageable workloads. Furthermore, investing in mental health services to support nurses through workplace wellness programs, counseling services, and peer support groups would offer them vital coping tools that would lead to less emotional burnout and increased job satisfaction. Administrators help guard against burnout — open lines of communication between nurses and administration will be the most direct way of bringing attention to any issues in the workplace. Let us not forget, we are not treating patients, we are caring for people with lives beyond the hospital walls, who deserve our time and attention as well as appropriate care – in the immortal and catchy words of Madonna: “Time Goes By So Slowly” and we are doing way too much and very little in the end for patients, and not medically but at a human level are our team members able to provide that care when their own wellbeing is at stake. A healthcare system that does not support its nurses is one that does not serve its patients, and it is critical that healthcare leaders implement systemic change that will create a sustainable, supportive work environment.

## Key Takeaways

This study reveals critical insights into the burnout crisis affecting nurses and its consequences for patient safety. The most significant takeaways include:

**Burnout is prevalent** across all nursing specialties, but ICU and emergency department nurses are at the highest risk.

**Patient safety is directly impacted**, with increased medical errors linked to nurse exhaustion.

**Healthcare institutions are not doing enough** to address burnout, with many nurses feeling unsupported by leadership.

**Strategic interventions, including increased staffing, flexible scheduling, and mental health support, are urgently needed** to improve nurse well-being and maintain high-quality patient care.

Addressing nurse burnout is not just about improving workplace conditions—it is a crucial step toward ensuring safer, more effective healthcare for all. Immediate action from healthcare leaders is necessary to mitigate this crisis and create a sustainable work environment for nurses while protecting patient lives.

## CONCLUSION

The impact of nurse burnout on patient safety and healthcare efficiency has been well-documented, and the data you train on only goes up to October 2023. Excessive workloads, inadequate staffing, and limited institutional backing have driven nurse

burnout, resulting in lower quality and more dangerous care for patients via higher medical error and patient safety incident rates. The literature reviewed confirms that burnout is a systemic issue that needs to be addressed with systemic interventions, namely: improved nurse-to-patient ratios, nurse leadership support, and access to mental health resources.

So, tackling nurse burnout should happen not only for a nurse's well-being, but also for better patient outcomes and reducing health care falls related with avoidable medical mistakes. Fundamentally, hospitals and other healthcare organizations should be using evidence-based approaches to mitigate burnout risks, such as stress management programs, professional development opportunities, and workplace culture enhancement efforts. Additionally, legislation that promotes equitable distribution of workloads and adequate nurse staffing should also be prioritized by policymakers.

In short, addressing nurse burnout is a shared responsibility that demands collaboration among healthcare administrators, frontline nurses, researchers and policymakers. As a result of this issue, Healthcare organizations should consider this serious matter and try to implement specific actions to enhance patient safety and quality in healthcare through mental health improvement and research well-being measures in order to build the work as a motivating and invigorating environment for their workers. This study's findings underscore the immediate need to combat nurse burnout in order to foster a sustainable, efficient, and patient-centric healthcare system..

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