

Caring for the Caregivers: Implementation of a Nursing Burnout Strategic Plan
 Amanda Newman MSN, RN, NE-BC, DNP Student & Mikel W Hand EdD, RN, OCN, NE-BC, NEA-BC
 University of Southern Indiana
 College of Nursing & Health Professions
 8600 University Blvd, Evansville, IN 47712
 (502)338-7860
 ajnewman2@egles.usi.edu



Background

Hospital experienced a significant rise in patient census and acuity.
 •Challenges with staffing and bed availability became apparent.
 •Registered nursing staff self-reported the presence of burnout.
 •Data demonstrates a decline in the following areas:
 •Employee engagement, satisfaction, and turnover
 •Patient satisfaction and patient outcomes (Includes pressure ulcer and fall rates)

Purpose

The purpose of the capstone project was to implement a nursing burnout strategic plan to achieve the following:

1. Reduction in staff nurse self reports of burnout
2. Reduction in inpatient falls and hospital acquired pressure ulcers

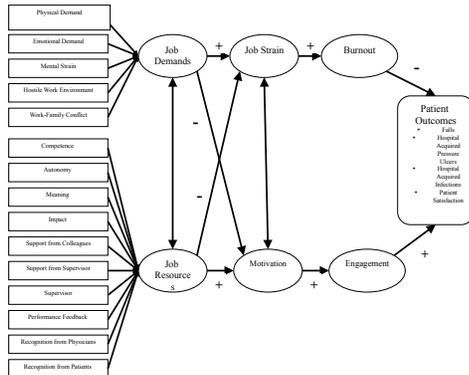
Setting

A 280-bed, not-for-profit, acute care full service community hospital in south central United States that employs 1419 people, 628 which are nurses. In 2011, the hospital had 73,309 patient days.

Theoretical Framework

The Job-Demands Resources Model

- A framework to evaluate balance between the job demands and resources
- Lack of balance is a key determinant of burnout



Project

The Professional Quality of Life Scale was used to evaluate burnout pre and post implementation. Inpatient fall and hospital acquired pressure ulcer data per 1,000 patient days was also collected pre and post implementation.

The Nursing Burnout Strategic Plan implementation included:

- Early identification strategies
- Educational programs for at risk populations
- Actions for balancing support and resources
- Targeted actions to address leadership styles

Analysis

The analysis included:

- Review of all results of the Professional Quality of Life Scale per unit to determine the unit average for each of the subscales, including Compassion Satisfaction, Burnout, and Secondary Traumatic Stress.
- Review of the data for falls with harm and hospital acquired pressure ulcers by nursing unit. To arrive at a data set that was comparable across units, the author initially determined the patient days. With this information, each category, including Falls with Harm, Stage II Pressure Ulcer (Stage II), Stage III Pressure Ulcer (Stage III), Stage IV Pressure Ulcer (Stage IV), Suspected Deep Tissue Injury (SDTI), Unstageable (UTS), and Total Hospital Acquired Pressure Ulcers (Total HAPU) were evaluated.

Through review of the results, several areas showed improvements that were clinically significant. To determine statistical significance, SPSS was used. A paired t-test was run on all the data and it was found that the increase in Burnout and reduction in Suspected Deep Tissue Injury rates were statistically significant with p values of 0.001 and 0.01 respectively.

Results

Unit	Compassion Satisfaction Variance	Burnout Variance	Secondary Traumatic Stress Variance
Medical Surgical ICU	2.38	0.54	-1.5
Cardiovascular ICU	0.42	3.16	0.12
Neuro-Transplant Telemetry Unit	-0.08	4.39	-1.01
Neuro Medical Surgical Telemetry Unit	-1.95	1.53	0.82
Oncology Medical Surgical Telemetry Unit	-2.64	2.18	-0.18
Cardiac Medical Surgical Telemetry Unit	-2.28	1.79	1.35
Cardiac Telemetry Unit	1.35	-0.53	1.37
Orthopaedic Medical Surgical Unit	-0.01	3.21	0.2
General Medical Surgical Unit	-1.18	2.35	1.64
Hospital Wide	-0.34	2.18	0.13

Improvement
Decline

Implications and Recommendations

The results have varying implications for the healthcare field.

- The increase in Burnout has a great potential to increase the turnover among the nursing staff. The cost implications related to turnover in the United States was over \$7 million according to Ma, Yang, Lee, & Chang. (2009).
- The decrease in Suspected Deep Tissue Injury rates could result in a cost savings. According to Sullivan (2013), the average cost to treat an individual with a suspected deep tissue injury is \$43,180.

Burnout will continue to be a problem within the healthcare setting so it is imperative that Nurse Executives take the initiative to minimize it.

Recommendations include:

- Increasing awareness of the impact of Burnout among all staff, including front line
- Developing transformational leaders, leaders who truly know their direct reports
- Continuing to balance resources and demands in regards to staffing
- Involving front line staff in decision making

References

Ma, J., Yang, Y., Lee, P., & Chang, W. (2009, May-June). Predicting factors related to nurses' intention to leave, job satisfaction, and perception of quality care in acute care hospitals. *Nursing Economics*, 27(3), 178-202.
 Sullivan, R. (2013, September). A two-year retrospective review of suspected deep tissue injury evolution in adult acute care patients. *Ostomy Wound Management*, 59(9), 30-39.