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EVALUATION OF NURSE BURNOUT AND CURRENTLY USED PREVENTION
AND TREATMENT INTERVENTIONS

A Scholarly Project Submitted to the Graduate School
In Partial Fulfillment of the Requirements
for the Degree of Doctor of Nursing Practice

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EVALUATION OF NURSE BURNOUT AND CURRENTLY USED PREVENTION AND TREATMENT INTERVENTIONS

An Abstract of Scholarly Project by
Karina Burton

The purpose of this scholarly project was to determine the feelings of nurse burnout and intervention techniques utilized and available to registered nurses at a regional medical center in the Midwest on a Cardiac-Telemetry unit. A survey was provided to 61 registered nurses to evaluate the feelings of nurse burnout and evaluate intervention resources available to gain a better understanding of the feelings of burnout on a Cardiac-Telemetry unit.

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Chapter I

INTRODUCTION

Clinical Problem

The issue of nurse burnout is a major practice problem that nurses face every day. Nurse burnout is problematic in the fact that it can cause a shorter lifespan for a nurse's career and can also affect the care patients receive (Poghosyan, 2018, p. 109). Nurse burnout is, "an occupation phenomenon resulting in emotional exhaustion, depersonalization, and disengagement" (Hertel, 2020, p. 11). While this phenomenon is not new to the nursing industry and has been studied for over 50 years, the rate of nurse burnout continues to rise leading to compromised nurse health and the risk for adverse patient events.

Many causes lead to the effects of nurse burnout, however, the prevention and addressing of nurse burnout falls back on the individual nurse. One needs to take care of themselves physically, emotionally, and spiritually in order to prevent the detrimental effects it can have on one's career and personal life (Hertel, 2020). Nurses need to make their own health a priority in order to perform and care for patients to the best of their ability. Those nurses who experience nurse burnout are at higher risk to cause harm to patients. "Increased errors and numbers of healthcare associated infections are seen when nurses experience burnout" (Hertel, 2020, p. 11). It is necessary for all healthcare

facilities and nurses to properly address and treat nurse burnout in order to preserve the life span of a nurse and ensure the best patient outcome possible.

Significance

The effects that nurse burnout has on nurses can be detrimental to their career and the health of a nurse. However, nurse burnout not only has an impact on the individual nurse, but also patient outcomes and society as a whole. It has been found that up to 70% of nurses experience burnout throughout their career (Hertel, 2020). The feeling of burnout leads to job turnover, poor work performance, and extremes like nurses leaving the field of nursing completely. The risk of losing nurses is an important factor to consider with the evidence that by the year 2030, the United States is expected to have a shortage of nurses of up to 500,000 (Hoang, 2021). This number was estimated before any extreme factors like nurse burnout were considered. Maintaining healthy nurses will be an important factor in keeping nurses in their field and prevention of burnout is a key factor in maintaining a nurse's health.

The significance of nurse burnout and how it affects patients is another factor that needs to be taken seriously. Nurses that feel burnt-out are at higher risk of creating medical errors putting a patient's health and safety at risk. Without looking at the health-related issues and trauma that may be caused by unintentional complications for a patient, cost alone is enough to grab one's attention in what needs to be addressed. Hertel (2020) found that burnt-out nurses are at higher risk for causing hospital acquired infections, these infections can cost from \$1,000 to \$50,000 for each occurrence. Then add in the factor of what an infection can do to a patient's overall health, making sure nurses are as

healthy and mentally sharp as possible becomes more important. Prevention of burnout is key for nurses to perform to the best of their ability in their job.

In order to tie this into the significance of nurse burnout and the effect it has on society, it is important to look again at what the significance it has on nurses and patients. The shortage of nurses that is experienced today effects the overall health of nurses and in turn how nurses are able to care for others. Society has always seen nurses as one of the most trusted professions. If all patients and our society saw the effects the working environment has on nurses, many would want change. Since nurses are frontline workers taking care of sick patients, there would be very few individuals who would not care about a nurse's health in relation to their ability to take care of them as a patient or one of their loved ones.

Specific Aim and Purpose

The aim of this project was to identify feelings of nurse burnout and assess interventions that are available to prevent and mitigate burnout among nurses at a Midwestern regional medical center on a Cardiac-Telemetry unit. Within the aim of identifying feelings of nurse burnout and assessing interventions that are available to prevent and mitigate burnout, further information was discovered on the understanding of current feelings of burnout from nurses, and further insight on other resources nurses may find helpful in preventing and mitigating fatigue.

The purpose of this project was to change the way nurse burnout is addressed on the Cardiac-Telemetry unit of the Midwestern regional medical center that was being utilized for this project. The focus was self-reporting feelings of burnout and how the nurse views their health. Nurses were also be questioned on interventions that are

available to them to prevent and treat burnout and if they are taking the necessary time to utilize those resources. Assessing trends on if nurses are using interventions currently in place will help identify if any changes need to be made or if further education needs to be done to get nurses to utilize those interventions.

Theoretical Framework

The Self-Care Deficit Theory was developed by Dorothea Orem with a goal of improving the quality of nursing in hospitals. This theory is generalizable and is used to guide and improve practice (Nursing Theory, 2020). Different universal self-care requisites are associated with the maintenance and integrity of human structure and functioning, Orem identifies 5 different requisites in this theory (Nursing Theory, 2020):

1. The maintenance of sufficient intake of air, food, and water.
2. Provision of care associated with the elimination process.
3. A balance between activities and rest, as well as between solitude and social interaction.
4. The prevention of hazards to human life and well-being.
5. The promotion of human functioning.

An approach to use with this specific theory is to help determine self-care deficits and to define the roles that are needed to meet self-care demands (Nursing Theory, 2020). As nurses it is important to incorporate these requisites, that help support basic human needs, in everyday practices to help promote one's own health and prevent burnout that is felt by many nurses. As nurses, the focus is patient health and care, but it is necessary for every nurse to address their personal health to ensure the safety of themselves and those they are caring for.

Practice Questions

1. Are nurses working on a Cardiac-Telemetry unit at a Midwestern regional medical center currently experiencing burnout?
2. Are nurses working on a Cardiac-Telemetry unit at a Midwestern regional medical center aware of the burnout prevention and mitigation interventions available through their organization?
3. How frequently do nurses working on a Cardiac-Telemetry unit at a Midwestern regional medical center utilize the available burnout prevention and mitigation interventions available through their organization?
4. How satisfied are nurses working on a Cardiac-Telemetry unit at a Midwestern regional medical center with the available burnout prevention and mitigation interventions available through their organization?
5. What personal interventions are nurses working on a Cardiac-Telemetry unit at a Midwestern regional medical center to prevent and mitigate burnout?
6. What burnout prevention and mitigation interventions are not available in the organization that nurses perceive would be beneficial?

Key Terms

1. Nurse burnout: “an occupational phenomenon resulting in emotional exhaustion, depersonalization, and disengagement” (Hertel, 2020, p. 11).
2. Intervention: “the act of interfering with the outcome or course especially of a condition or process (as to prevent harm or improve functioning” (Merriam-Webster, n.d.).

3. Nurse error: “the commission of wrong care or the omission of care, both of which lead to unintended outcomes or are likely to lead to an unfavorable outcome” (Mohsenpour et al., 2016, p. 77).
4. Emotional exhaustion: “individuals overextend themselves and feel emotionally overwhelmed” (Lee et al., 2014, p. 734).
5. Depersonalization: “treating the patient as an object with an attitude of indifference” (Lee et al., 2014, p. 734).
6. Personal accomplishment: “those that are attached to your own goals and are achieved largely through hard work” (Kumar, 2020, para. 1).
7. Compassion fatigue: “the physical and mental exhaustion and emotional withdrawal experienced by those who care for sick or traumatized people over an extended period of time” (Merriam-Webster, n.d.).
8. Turnover: “the rate at which employees leave a workforce and are replaced” (Oxford Languages, n.d.).

Logic Model

The following logic model is a representation of this researcher's plan of implementation for this project. The model incorporated the inputs, activities, outputs, and effects that took place throughout this project.

Figure 1.

Logic Model for Identifying Nurse Burnout and Interventions to Prevent and Treat Burnout.

Inputs:	Activities:	Outputs:	Effects:
Facility cooperation to survey nurses	Survey/self-report of nurse burnout	Data gathered from surveys that may or may not be supportive in identifying the current issue of nurse burnout and its effects	Short term – Evidence that nurse burnout is currently an issue that nurses face
Time	Survey/self-report of interventions available to nurses		
Staff participation			Intermediate – New prevention and treatment options for nurse burnout.
Monitoring and evaluation		Data gathered from surveys that may or may not be supportive of the current interventions in place to prevent and treat nurse burnout	Long term – A decrease in nurse burnout and nurses staying in their current position.

Summary

This scholarly project was aimed at identifying the presence of nurse burnout and what is being done to treat and prevent it. The goal was to use a survey through a regional medical center in a Midwest area to gather pertinent information identifying if nurses feel

burnt-out and if the interventions that are being utilized and perceived as effective. With the lingering effects of exhaustion from the pandemic, it is important nurse burnout is addressed appropriately to ensure nurse safety in order to provide the best care possible to patients.

Assessing how nurses felt about burnout was a great indicator on how large of an issue this is at this regional medical center. Identifying if there were current interventions in place to prevent and treat nurse burnout helped determine any changes that need to be made. The hope is that this project is a steppingstone to better treat and prevent nurse burnout in order to improve nurse health and the longevity of one's career.

Chapter II

REVIEW OF LITERATURE

A review of literature was conducted to address the knowledge that has been developed on the phenomenon of nurse burnout. This review was necessary to understand the origin of nurse burnout and the changes that have gone with it as healthcare has developed and changed over many years. Pittsburg State University's online library services were used to conduct this review using nursing specific databases. The databases that were utilized are UpToDate, CINAHL Plus with Full Text, SAGE Journals, ProQuest Nursing & Allied Health Source, and PubMed. Searches used in these databases were limited to English language, peer reviewed, and full-text articles. In order to understand how long the phenomenon of nurse burnout has been studied, there was no limit on publication year, however research articles were used for this literature from the past 15 years.

Throughout the conduction of this literature review thousands of articles were available when searching. Words and phrases such as, nurse burnout, fatigue, nurse health, and nurse turnover were used to find the most appropriate articles to relate to the topic of nurse burnout. In certain databases Boolean/phrase options were utilized along with utilization of AND OR in the search bars to narrow results. When identifying articles to provide the best information, abstracts were read to ensure nurse burnout was a

main topic covered. Articles were used that provide research and data on nurse burnout along with research studies that have been conducted to evaluate effectiveness of certain intervention techniques to treat and prevent nurse burnout. A more common setting of hospitals and acute care nursing was the focus of many articles in this literature review.

This literature review covers five different topics regarding nurse burnout. An overview of nurse burnout is provided and the history of nurse burnout. Many articles identify causative factors of burnout and what may cause a nurse to feel the effects of burnout. Studies have been conducted to identify burnout prevention techniques and also treatment of ways to relieve some effects of nurse burnout. There have been guidelines developed for all levels of healthcare to help prevent and mitigate nurse fatigue that included different tools for identifying the emotional, mental, and physical state of nurses. Many articles utilized in the literature review address what the future may hold in regard to nurse burnout and consequences that may occur if this phenomenon is not addressed and corrected properly.

Nurse Burnout

As mentioned in the introduction chapter, nurse burnout is a major phenomenon that effects many nurses. Hertel (2020) provides a definition for nurse burnout that shows the many ways nurse burnout can be presented, “an occupational phenomenon resulting in emotional exhaustion, depersonalization, and disengagement...the contributing factors and repercussions are complex and far-reaching” (p. 11). Nurse burnout is an issue that does not only have one consequence or impact one part of nursing but many different aspects. It seems that burnout is an issue that may go unnoticed until something drastic happens. An example that shows what nurse burnout may lead to, provided by Bateman

et al. (2020), is that “nurse burnout is an occupational syndrome that leads to mental health problems, job turnover, and patient safety events” (p 1). Throughout this literature review it became clear that nurse burnout is not a new issue in healthcare and even though it has been studied and investigated for many years, it is still a very detrimental issue.

The health of a nurse is not something to be taken lightly. If a nurse is not practicing to the best of their ability nurses, patients, and organizations may suffer. The discovery and research done on nurse burnout has been investigated since the 1970s (Lee et al., 2014). With this topic being studied for over 50 years, one may be curious as how many nurses burnout truly effects, if it is not significant, then it may not be necessary to conduct further research and identify ways to correct this phenomenon. Zysk (2018), found that “70% of nurses have experienced burnout and nearly half have considered leaving the profession entirely” (p. 14). Nurse burnout can lead to further predicted turnover that will continue to add to the manpower shortage and crucial staffing issues (Lee et al., 2014). Although it may be difficult to enroll more individuals into nursing programs, correcting causes that lead to nurse burnout can help ensure nurses want to stay in this profession and are happy with their roles.

Contributing Factors

There is not one single factor leading to nurse burnout but an accumulation of different aspects of the profession that leads one to feel the effects. An important part of nursing that should be taught early on is that “nursing is not easy, it requires the nurse to be effective both physically and mentally for extended periods of time” (Hertel, 2020, p. 11). This is crucial to understand before considering other factors that may create one’s

job more stressful or difficult to complete. Other issues such as long workdays or overtime, caring for critically ill patients, and a weak work culture can all lead to exhaustion felt by a nurse (Hoang, 2021). A buildup of one or many of the different factors that leads to nurse burnout can result in nurse turnover and nurses choosing to leave the profession.

Another important part of nurse burnout that needs to be considered is one's self-awareness of their physical, mental, and emotional state. Lee et al (2014) has discovered that a nurses' self-awareness is related to burnout that includes physical and psychological symptoms, their work environment, job satisfaction, and a nurse's work engagement. It is necessary for nurses to be able to check on themselves to ensure they have a good mindset and practicing to the best of their ability when encountering every patient and when going into each workday.

A nurse will also encounter factors that lead to nurse burnout that are out of their control. One of the more commonly reported factors is perception of unsafe staffing levels (Garrett, 2008; Lee et al., 2014; O'Mahony, 2011; Zysk, 2018). Nurses may be set up from the start of their day feeling uneasy about the acuity of their patients or the quantity of patients they have to care for. This factor is not as easily navigated as others due to the fact that one cannot control the number of patients admitted to a facility or staffing ratios on the unit or department. The issue of staffing is a base to set a nurse up for further feelings of burnout. If a nurse is consistently working extra hours or working overtime shifts, this can lead to insufficient time to recover from increased stress leading to the risk of emotional exhaustion that eventually contributes to burnout (Hertel, 2020). Although this factor is not and may not ever be easily corrected, there are many

prevention and treatment techniques that have been proven to relive some of the effects that lead to burnout.

Prevention and Treatment

With research showing that nurse burnout is not solely caused by one factor, approaches to prevention and treatment of burnout needs to be structured in a way that more than one causative factor is targeted. Education on this phenomenon needs to begin with schools of nursing so an inexperienced nurse can be self-aware of how they are feeling (Hertel, 2020). If nurses are unaware of how common burnout actually is, it may lead to them becoming more isolated and the burnout having more of an impact on their practice. Nurses need to understand that taking care of themselves physically, emotionally, spiritually, nutritionally, and mentally is going to be the key to prevent and treat burnout felt (Hertel, 2020). While it is not entirely the responsibility of a nurse to prevent and treat burnout, this is the best starting point.

As a nurse, only so much is in their hands when addressing burnout, it is also crucial that facilities be aware of burnout felt by their employees, and it is necessary to integrate ways to relieve stress felt by nurses. A major factor that may influence a nurse's health and sense of well-being is the relationship one has with other staff. It is important that facilities encourage and help develop good relations to increase teamwork and collaboration. O'Mahony (2011) discovered that if facilities help influence those good relations, either nurse to nurse, or nurse to physicians, levels of burnout were reduced. When there was poor collaboration between co-workers, nurses were then more emotionally exhausted and depersonalized (O'Mahony, 2011). This helps encourage nurses to discuss concerns without feeling like an inconvenience which will help reduce

certain stressors they are faced with when they are practicing. Another way to help relieve certain nurse stressors is to have debriefing opportunities. This helps a nurse with social support and interprofessional collaboration (Bateman et al., 2020). What some nurses do not understand is that other nurses have the same feelings of stress and burnout related to similar situations. If nurses are able to discuss specific situations, they are able to learn how others have coped with the difficulties of being a nurse and have that extra support for when their duties become overbearing. Nurses are not alone with their feelings and having a good support system from the facility they work in can make or break a nurse based on the burnout they feel.

Nurses that occupy leadership roles have a great opportunity to learn and address the hardships that a nurse faces to improve their well-being. Hoang (2021) emphasizes their research on the fact that it is okay for nurse leaders to not have all the answers but being up front with nurses on available information helps build trust. It is unrealistic to know everything as a leader but letting staff know what they can expect and what changes are trying to be implemented to reduce nurse burnout will keep nurses engaged in their roles. The importance of staff nurses having trust in leaders will ensure nurses are being heard and their concerns of what is causing the feeling of exhaustion be a priority in changes that occur in their facility.

Guidelines

While there are many suggestions on what can be done to prevent and treat nurse fatigue and burnout, the Registered Nurses' Association of Ontario (2011) has provided guidelines in preventing and mitigating nurse fatigue. These guidelines address external and systems, organizations, and individual and team recommendations. There have also

been tools provided for nurses to self-address their state of mental and emotional exhaustion.

External and System Recommendations

Beginning with external and system recommendations, there are recommendations provided for government, research, accreditation, education, and nursing professional/regulatory/unions to ensure that nurses are able to perform to the best of their ability (Registered Nurses' Association of Ontario, 2011). In regard to government recommendations, items that help fund schools of nursing and continuing education are the main focus. Continued support for university funding and giving facilities the opportunity to provide staff with education will help nurses continue their education and learn as healthcare changes in order to avoid the stress of the unknown and changes in patient status and care (Registered Nurses' Association of Ontario, 2011). It is crucial that as healthcare changes, research on nurse fatigue, workloads, worked hours, and sleep is conducted to determine how a nurse can perform to the best of their ability. Focusing certain research on cognitive and physical contributors to fatigue with help with the ability to address this phenomenon (Registered Nurses' Association of Ontario, 2011).

Education in an academic setting that addresses the issue of nurse fatigue will help nurses be able to recognize if one has certain feelings that will lead to fatigue and burnout. Throughout these recommendations, the idea that fatigue may be overlooked or viewed as heroic is mentioned. This needs to be changed to the mind set of being unhealthy for the nurse. Promotion of a nurse's health will only better their practice for themselves and their patients (Registered Nurses' Association of Ontario, 2011).

Professional bodies that promote safe nursing practices need to be utilized to help support and encourage a healthy work environment. These professional associations can encourage staffing and development of policies to set a positive environment to help retain nurses (Registered Nurses' Association of Ontario, 2011). If these systems are available for nurses to utilize in their state or city of practice, it needs to be encouraged to maximize their use to help promote a healthy nurse and stop the shame that may be felt if one is burnt out.

Organization Recommendations

Organizations play an important role in preventing and mitigating fatigue. Nurse burnout can lead to safety risks for nurses and patients. Healthcare organizations need to develop a culture of safety and support for nurses to maintain health and retain staff (Registered Nurses' Association of Ontario, 2011). A more common organizational development is implementing unit councils or committees specifically for nurses to bring their concerns. As nurses it is helpful for there to be a safe place to raise concerns about the working environment to discuss with leaders and address how things can and need to be changed.

Individual Recommendations

Support needs to be provided by external and organizational leaders, however, individually, nurses need to be able to self-assess their fatigue and recognize the impact it can have on their practice. The Registered Nurses' Association of Ontario (2011) points out that certain occupations like nuclear energy and aviation have implemented safeguards to mitigate harm that can result from fatigue, but with nursing blame is usually put on poor scheduling, voluntary overtime, and personal shift preference. The

recommendations suggest that nurses self-assess their fatigue prior to volunteering for extra shifts, ensure adequate rest, and taking time for themselves outside of their work environment (Registered Nurses' Association of Ontario, 2011). In regard to self-assessment of fatigue, there are tools and scales available to identify those at risk for fatigue and burnout based on sleep habits and how one analyzes the fatigue they are feeling.

Future Considerations

As the health of nurses is considered, it is important to evaluate what the potential of nurse burnout can have an impact on. In the United States alone there is a forecast of having a shortage of registered nurses of more than half a million by the year 2030 (Hoang, 2021). With this shortage looming overhead it is necessary to take precautions and steps necessary to preserve the life a nurse to prevent further feelings of burnout. This is not necessary just for the sake of nurses but also patients.

Nurses are ones that spend a great amount of time with patients during their treatment and recovery, ensuring that nurses are performing the best quality of care is something that needs to be taken into consideration. Halbesleben et al. (2008) has discovered that “burned out employees are less cognitively vigilant and less likely to put forth extra effort necessary for the highest quality care delivery” (p. 564). One cannot say that any patient or person would want themselves or loved ones to be taken care of by a nurse who was not performing the highest quality of care possible. This issue can then lead to the potential of medical errors that can have a negative effect on nurses, coworkers, and have the potential to lead to adverse patient outcomes (Garrett, 2008). Incidents involving an adverse patient event then put even further stress on nurses. The

continuous link of career stress and psychological well-being of a nurse will follow them their entire career if not handled properly (Yang, 2017). With patients being the priority in healthcare, a focus of who is taking care of patients needs to be a priority in order to provide quality care and assist patients in a recovery from illness.

Summary

Throughout this literature review great evidence in support of the issue of nurse burnout has been defined. With support of what the future holds for nurses in regard to the shortage, turnover, and leaving the profession entirely, burnout is a topic that needs to be a priority in healthcare. In order to achieve this, “it is necessary that healthy, stable work environments be created and maintained if nurses are to come into the system, be retained, and remain healthy” (Raiger, 2005, p. 71). As nurses it is crucial to take time to assess the physical, mental, and emotional state of one’s own health in order to provide the best care for patients and ensure that one remains healthy in their role in healthcare. This healthcare phenomenon needs to be addressed on all levels with support for those who suffer from this burden. The goal of this literature review was to shed further light on this issue, ways to improve nurse burnout, and why it is necessary to correct.

Chapter III

METHODOLOGY

In this DNP Scholarly Project, a mixed method study design, using both qualitative and quantitative elements was used to survey nurses on a Cardiac-Telemetry unit at a Midwestern regional medical center on feelings of nurse burnout. This survey also assessed the interventions in place to help prevent or alleviate some of these feelings of burnout. For this survey nurses were questioned on their feelings of burnout, individual interventions they are employing, interventions that are available to them at the organizational level to utilize, if nurses take advantage to those resources available to them, and if the nurses perceive benefit from utilization of those resources.

The known factor of staffing being an issue with burnout is one that the healthcare industry will have a hard time controlling. It is extremely important that other interventions are in place to keep nurses healthy. Identifying if nurses are taking action themselves with interventions that are already available will be an indicator on if interventions need to be changed or if new ones need to be implemented. Throughout this chapter the aspects of the project design, the population being utilized, inclusion and exclusion criteria, protection of human subjects, instruments being used, the procedure of the survey, treatment of data/outcomes/evaluation, and plan for sustainability are all discussed in detail.

Project Design

A mixed method study design was utilized in this DNP Scholarly Project to assess burnout and interventions utilized by nurses to help prevent and treat feelings of burnout. An online survey was created using Likert scale type questions and open-ended questions to reveal the opinions and experiences of nurses (Deakin University, 2021). Within this survey the Copenhagen Burnout Inventory (Borritz & Kristensen, n.d.) was utilized in the format of a Likert scale to address feelings of burnout. The goal of this project was to evaluate feelings of burnout and interventions that nurses use to prevent and treat feelings of burnout, either their own resources or resources provided by the facility those nurses work for. In order to understand when interventions need to be adjusted, it is important to evaluate how those current techniques are working. This type of research design will be most appropriate in understanding true feelings of burnout and how effective interventions that are available to nurses are.

The Copenhagen Burnout Inventory (Borritz & Kristensen, n.d.) is made up of three sections. The first section is personal feelings of burnout that includes six different questions. The second section includes seven questions assessing work-related burnout. The third section includes six questions regarding patient related burnout. While there is no set score for burnout, each question is worth up to 100 points. Based on the Likert scale that is used for the survey, responses can be scored on feelings of burnout. Responses include never, seldom, sometimes, often, and always for some questions, the other sections of questions include to a very high degree, to a high degree, somewhat, to a low degree, and to a very low degree. For each response it can then be determined how a

nurse is feeling in relation to burnout based on the 100-point scale covering five responses.

With a survey being utilized it gave nurses a chance to explain their thoughts and feelings freely. The use of an online survey was beneficial in nurses being able to provide detail about burnout and interventions without the feeling of being punished for their opinion. A disadvantage was being not able to ask probing or clarifying questions, the survey that was designed was clear in intention in order to gain the best detailed responses. The survey provided contextualizing information for the nurses to fully understand the purpose and value of this survey.

Permission from the Midwestern regional medical center being utilized was obtained. The director of this unit hoped to utilize results from this survey in order to make changes as necessary to prevent and mitigate the feelings of burnout of the bedside nurses. After the conclusion of this survey, results were analyzed in order to evaluate the feelings of burnout nurses working on this Cardiac-Telemetry unit are experiencing and as well as, ways that can help prevent and mitigate the effects of burnout. The report of the analyzed results has been submitted to the unit's director and manager along with Pittsburg State University.

Sample Population

The facility being utilized for this DNP Scholarly Project was a Midwestern regional medical center. This DNP Scholarly Project was focused on a 45-bed Cardiac-Telemetry unit. At the time the survey was conducted there was 73 registered nurses who were working on the Cardiac-Telemetry unit. The conducted survey was available for the registered nurses working on this unit to access via email, Facebook group page, and

GroupMe messenger. For this survey nurses were informed of it prior to the survey being open to access. The survey was open for a total of three weeks. The survey opened on a Monday morning with a reminder sent out, each Friday and Monday a new remind was sent out. The third Friday after the survey was opened, it was then closed. Each registered nurse was only able to take the survey one time.

For this DNP Scholarly Project, a sample size calculation was done, and the lowest number of desired participants was calculated to achieve a specific confidence interval. Utilizing a 95% confidence level and a confidence interval of 5 applied to the population of 73, the ideal sample size for this project was 61 participants. This sample size would enable the project team to determine an accurate report of burnout on this unit and provide a report on the effectiveness of interventions already in place for preventing and mitigating nurse burnout.

Inclusion and Exclusion Criteria

The survey for this DNP Scholarly Project was only available to registered nurses who work at this Midwestern regional medical center's Cardiac-Telemetry unit. In the reminders that were sent out, it mentioned that registered nurses are the only ones who could take the survey due to patient care techs being involved in the contact platforms. Any registered nurse qualified to take this survey; it was not limited to those who have feelings of burnout. It was important to include all nurses to evaluate what prevention and treatment techniques are being utilized to alleviate effects of burnout.

Protection of Human Subjects

Prior to the survey being opened to take, permission from Pittsburg State University's Institutional Review Board was obtained. The survey was also approved by

this author's DNP Scholarly Project Committee members. There was a minimal risk of breach of confidentiality and loss of anonymity for the nurses who volunteered to take this survey. Results have been secured utilizing Qualtrics. Nurses had not been asked their names or any personal identifying factors. In the survey nurses had been asked their gender, years of experience, and what shift they worked. Qualtrics security statement was available to those who take the survey to ensure the security of their responses to the survey questions. Qualtrics (2021) provides the following statement:

Qualtrics' most important concern is the protection and reliability of customer data. Our servers are protected by high-end firewall systems and scans are performed regularly to ensure that any vulnerabilities are quickly found and patched. Application penetration tests are performed annually by an independent third-party. All services have quick failover points and redundant hardware, with backups performed daily.

All surveys had been viewed by this author who reported the findings, along with this DNP Scholarly Project committee members, Kristi Frisbee, Trina Larery, and Greg Belcher. Results have only been viewed in a private setting on a computer that is password secured.

Instruments

The instrument that was utilized for this DNP Scholarly Project was a survey that was created by the author along with the assistance of the Project's Committee Members, this survey also incorporated the Copenhagen Burnout Inventory questionnaire (Borritz & Kristensen, n.d.). The Copenhagen Burnout Inventory provided three different burnout scores related to personal feelings, feelings related to work, and feelings related to

working with patients. As previously stated, the survey was conducted through Qualtrics and was sent to registered nurses via email, Facebook group page, and GroupMe messenger.

The survey focused on topics covering nurse burnout. Questions focused on feelings of nurse burnout, what interventions are available to them to help with feelings of burnout, if the nurses utilize the current interventions available, and what interventions they believe would be beneficial to implement in their current work setting. Questions had been formatted using a Likert scale and open-ended answers.

Procedure

This DNP Scholarly Project was submitted for the project proposal defense in the spring semester of 2022. Prior to this, a proposal had been sent to all three of the committee members, two who are faculty members through Pittsburg State University Irene Ransom Bradley School of Nursing and the other is faculty with Pittsburg State University Technology and Workforce Learning with expertise in statistics and survey creation. After project approval by the project committee, the proposal and survey had been sent to the Pittsburg State University Institutional Review Board for final approval.

After the proposal and survey have been approved, the three-week survey period began. As mentioned the survey link was posted to three different platforms to be accessed. Information had been given to contact this author if those who are participating in taking the survey had any questions. Reminders had been sent out to throughout the three-week period. Once the three-week period was up, the survey closed, and results were then evaluated.

Treatment of Data, Outcomes, and Evaluation Plan

The goal of this DNP Scholarly Project was to evaluate if nurses are having feelings of burnout, what is being done to prevent and treat those feelings, and the effectiveness of interventions. Data from the survey has been evaluated to gain insight on how nurses on a Cardiac-Telemetry unit at this Midwestern regional medical center view burnout. This author evaluated responses to the survey questions and identified similarities and differences on how each nurse felt about burnout and ways to improve it. The goal was to identify feelings of burnout and find ways that nurses have personally dealt with the effects of burnout to help educate and teach other nurses how to cope with the effects of burnout.

Outcomes are discussed in further chapters prior to the Project's Final Defense. Results have been given to the director and manager of the Cardiac-Telemetry unit of the Midwestern regional medical center being utilized once the project was finalized. This survey was a great evaluation tool for what resources are currently available to nurses and how effective they really are. Data from the survey indicated what needs to be done or changed to best benefit the nurses. This DNP Scholarly Project only evaluated the nurses' feelings of burnout and what is available to them to prevent and treat it, this project did not implement any treatment or prevention techniques of nurse burnout.

Plan for Sustainability

The results of the survey utilized for this DNP Scholarly Project have been broken down to identify aspects of how this unit and facility implement prevention and treatment techniques for nurse burnout. A report has been given to the director and manager of the

unit to see the breakdown of how their nurses are affected by burnout and if further implementation techniques need to be utilized.

If results of the survey are determined significant and new ways to help prevent and treat burnout are implemented, the survey could be utilized in the future for re-evaluation. This survey is not specific for the Cardiac-Telemetry unit at this Midwestern regional medical center so the potential for assessing other units in the hospital or taking it to other locations is a possibility.

Summary

With the use of the survey focusing on a mixed method study design, using both qualitative and quantitative elements, the goal was nurses will provide information on their true feelings of burnout. With this step in the process of preventing and treating burnout, the Midwestern regional medical center used will be able to utilize these results in taking steps necessary to support the health of their nurses. The issue of nurse burnout needs to be addressed in order to help alleviate the mental and physical repercussions of nurse burnout.

Chapter IV

EVALUATION OF RESULTS

The purpose this project was to identify feelings of nurse burnout and assess interventions available to prevent and mitigate burnout among nurses at a Midwestern regional medical center on a Cardiac-Telemetry unit. A survey was conducted on this unit to self-report feelings of burnout, evaluate if nurses with feelings of burnout are aware of interventions available to them, if those nurses are utilizing interventions available to them, and how effective nurses believe those interventions are. For this project the survey results were analyzed using the Statistical Package for the Social Sciences (SPSS) software, Version 26. This chapter will discuss the population involved in the study and an analysis of the data collected in the survey.

Population

In this project, the population used was registered nurses at a Midwestern regional medical center on the Cardiac-Telemetry unit. As described in previous chapters, the inclusion criteria were registered nurses working on this specific unit. A total of 26 nurses participated in the entire survey. One nurse completed up until the second set of questions for the Copenhagen Burnout Inventory. Another nurse completed up until the evaluation of how often available interventions at the Midwest regional medical center are used. Those nurses who did not complete the entire survey were included in the

analysis of the survey result as both respondents provided information on feelings of burnout. The survey was open for a total of three weeks, starting on a Monday, the nurses on the unit were notified of the survey followed by reminders sent out each Friday and Monday following. The survey then closed the third Friday after the starting Monday.

To gain further information on the participants while maintaining anonymity, only three questions were asked regarding participant demographics, which included, gender, years of experience, and what shift the nurse worked. Of the 28 participants, 27 were female and one male. The level of nursing experiences varied from less than 1 year to more than 20 years of nursing experience. The shifts the nurses work ranged from day shift to night shift and then if they work during the week, during the weekends, or both, with participation from each category.

Table 1

Years of Nursing Experience

Nursing Experience	Percent Response
Less than 1 year	21%
1-5 years	46%
6-10 years	25%
11-15 years	4%
More than 20 years	4%

Table 2

Current Nurse Schedule

Shift Worked	Percent Response
Day Shift During the Weekdays	18%
Day Shift During the Weekends	7%
Night Shift During the Weekdays	4%
Night Shift During the Weekends	10%
Day Shift that is Mixed Between Weekdays and Weekends	25%
Night Shift that is Mixed Between Weekdays and Weekends	36%

Analysis of Project Questions

The purpose of this project was to answer each of the six project questions. Each question will be presented with the correlating survey questions and responses.

Experience of Burnout

In order to get an understanding on feelings of burnout, the survey utilized the Copenhagen Burnout Inventory to assess feelings of burnout. The Copenhagen Burnout Inventory utilized a Likert scale to address personal, work-related, and patient-related burnout (Borritz & Kristensen, n.d.). One section of responses to each question included never, seldom, sometimes, often, and always. The next section of responses included responses to a very low degree, to a low degree, somewhat, to a high degree, and to a very high degree. Each response to a question was given a score of 0, 25, 50, 75, or 100. Each response score helped determine feelings of burnout. Each question was given a score and how the Copenhagen Burnout Inventory is scored, the higher the score, the

greater the feelings of burnout. In order to gain a more accurate understanding of feelings of burnout from the mean of responses, each response was categorized based on the score.

Table 3

Scale to Interpret Data

Response	Never	Seldom	Sometimes	Often	Always
	0-20	20.01-40	40.01-60	60.01-80	80.01-100
Response	To a very low degree	To a low degree	Somewhat	To a high degree	To a very high degree
	0-20	20.01-40	40.01-60	60.01-80	80.01-100

The personal burnout section utilized questions that were used targeted feeling tired, exhausted, worn out, and others to help determine if an individual felt personally burnt-out (Borritz & Kristensen, n.d.). In this section one question had two parts, which this author split up into two different questions. This section typically has six questions but due to this author splitting the last question, there was seven questions in this section. 28 survey participants responded to the personal burnout questions. For this section the average score was 58.03 for each individual answer. This provided a standard deviation of 16.54 for each answer. This section indicated that nurses felt sometimes burnt-out related to personal factors.

In the work-related burnout section, seven questions are addressed on feelings of work being the causative factor for burnout. The questions are focused on feelings of frustration towards work, work being emotionally exhausting, and others to determine if a person perceived their work to be a causative factor towards burnout (Borritz &

Kristensen, n.d.). For this section an average score per question was 65.33 and a standard deviation of 17.97. This score indicated that nurses felt often burnt-out from work-related factors.

The last section of questions for the Copenhagen Burnout Inventory was directing questions to identify if working with patient's causes nurse burnout (Borritz & Kristensen, n.d.). Only 27 participants took part in this section of the survey. Six questions focused on addressing any frustration of working with patients, difficulty working with patients, and others to identify if the nurses' work with patients is causative to burnout. The average score for each question in this section was 55.40 indicating nurses somewhat felt burnout related to patient factors. This section had a standard deviation of 24.98 show the most variability.

Each section of the Copenhagen Burnout Inventory identified potential causes of nurse burnout. The highest scores represented of nurse burnout was identified by work-related feelings of burnout personal feelings of burnout. With the average score of 59.6 for each question in the Copenhagen Burnout Inventory, work related burnout was the most significant with an average of 65.33. Following work related burnout was personal burnout which had an average of 58.03, finally with patient related burnout being 55.4. This helps identify that the nurses on the Cardiac Telemetry unit at a Midwestern regional medical center do have feelings of burnout and that interventions to prevent and mitigate that burnout are needed.

Table 4*Summated Mean of Copenhagen Burnout Inventory*

	Personal	Work-Related	Patient-Related	Overall
Mean	58.03	65.33	55.4	59.6
Standard Deviation	16.54	17.97	24.97	

Awareness of Burnout Prevention and Mitigation Interventions

To gain further insight on if the interventions available to nurses through the Midwest regional medical center are effective, it needed to be determined if the nurses were aware of the interventions available to them. There were three interventions available to the nurses at the time of the survey that were evaluated. One intervention was the Employee Assistance Program which provides confidential and voluntary assistance to employees and household family members. There are counselors available to discuss financial concerns, legal issues, drug/alcohol problems, marital problems, and emotional worries. Another available intervention that was provided is five free counseling sessions aimed towards mental health. The third available intervention was a relaxation room available to any staff to utilize before, after, or during their shift, the room features things like massage chairs and music.

Table 5

Awareness of Interventions

Intervention	Aware of Intervention	Unaware of Intervention
Employee Assistance Program	12	15
5 Free Counseling Sessions	15	12
Relaxation Room	20	7

Overall, more nurses were aware of the interventions available than nurses unaware. However, there is a significant amount of nurses unaware of the interventions available to them to help prevent and mitigate nurse burnout.

Use of Burnout Prevention and Mitigation Interventions

After addressing if nurses were aware of the interventions available to them to prevent and mitigate fatigue, another question that needed to be addressed was if the nurses used the interventions available to them. With addressing if the nurses ever used the intervention, the survey attempted to accurately measure how often the interventions were being used.

Table 6*Employee Assistance Program Frequency of Use*

Frequency	Response
Never	25
One Time Only	1
Monthly	0
Quarterly	0
Biannually	0
Annually	0

Table 7*5 Free Counseling Sessions Frequency of Use*

Frequency	Response
Never	26
One Time Only	0
Two Times	0
Three Times	0
Four Times	0
Five Times	1
More than Five Times	0

Table 8

Relaxation Room Frequency of Use

Frequency	Response
Never	23
One Time Only	4
Weekly	0
Monthly	0
Every Shift	0

As shown above, the interventions that are available to the nurses are generally never used. Each intervention did have at least one nurse who utilized the specific intervention. This data needs to be taken into consideration when discussing how effective the interventions are since the majority of nurses do not use them.

Satisfaction of Burnout Prevention and Mitigation Interventions

Finally, in regard to the interventions available to the nurses at a Midwestern regional medical center, the survey addressed how satisfied the nurses are with the interventions available to them. While responses for the satisfaction of the available interventions ranged from very dissatisfied to very satisfied, only one nurse for each intervention reported that they were utilized. It needs to be considered that many nurses reported that they had not used the interventions available. After viewing the survey results, the author decided to omit the data on satisfaction of available interventions due to the low response of utilization of the interventions.

Personal Burnout Prevention and Mitigation Interventions

After addressing the interventions that are currently in place for nurses, in order to answer another project question, it was necessary to ask about personal interventions that nurses utilized to help prevent and mitigate burnout. This question was styled as free text so nurses could specify exactly what interventions they use. There were 22 responses, with six other responses being none or N/A.

A few responses were focused on the nurse's schedule and how that was beneficial in preventing and mitigating nurse burnout. Responses ranged from going PRN and having to work fewer shifts, not working multiple days in a row, only working the required shifts regardless of bonus offerings, ensure enough rest after a shift, and work as little as possible. There was one response that mention that nurse was in the process of leaving the profession in hopes of relieving their feelings of burnout.

Another set of answers that are similar was related to how the nurses have dealt with their feelings of burnout regarding patients and co-workers. Those answers mentioned finding positive moments at work with patients and co-workers, leaving work at work, separating work from personal life, and talking with co-workers or friends and family that have similar experiences to destress and not internalize feelings of burnout.

The remaining responses mention what some nurses specifically do outside of work to prevent and mitigate fatigue. Nurses mentioned finding time for themselves, praying, spending time with friends and family, doing activities outside, and being away from technology. Others mentioned things like watching their favorite show and drinking alcohol.

Additional Beneficial Burnout Prevention and Mitigation Interventions

The final question to the survey was to ask about interventions that the nurses think would be beneficial for preventing and mitigating burnout that could be available through their organization. There were 20 responses for this question and eight that were none or N/A.

A few of the responses mentioned either a capped nurse to patient ratio or better staffing. One response mentioned that there are sometimes group activities, or something offered to the staff. This nurse mentioned that trying to fix the burnout felt by nurses cannot be done in this way and it seems like a band-aid affect. Further responses mention needing better support from management. A response said that they had feelings of just being a nurse to the unit and that they felt lack of support in regard to how work may be impacting their personal life and mental health. Other responses mention that they may be asked about their concerns at work, but nothing is done about their concerns.

A few responses mention that they were never told about the interventions available to them. Some mention that even the interventions in place are not realistic to use because they simply do not have the time. Some of the final responses were about better pay, benefits, and sick and vacation time. There was mention of retention bonuses and motivation to continue working in their current position.

Summary

The purpose of this DNP Scholarly Project was to identify feelings of nurse burnout on a Cardiac-Telemetry unit at a Midwestern regional medical center and evaluate the interventions that are available to the nurses on this unit through the organization to prevent and mitigate nurse burnout.

The data from the Copenhagen Burnout Inventory section of the survey revealed that nurses on this unit do feel burnt out, more commonly due to personal feelings of burnout and burnout related to their work. While some did provide that patients were the source of the feelings of burnout, this data was not as significant as the personal and work-related feelings of burnout.

More commonly, nurses were aware of the interventions available to them to prevent and mitigate burnout but almost all of the nurses have not utilized the interventions available to them. Since many nurses have not used the interventions available, many were neutral on if they have been effective in preventing and mitigating burnout. Many responses were given on personal interventions of burnout and suggestions on what the organization could be implementing to further prevent and mitigate feelings of burnout.

The data for this survey was beneficial in identifying that nurses do feel burnout on this specific unit along with responses to the use and satisfaction of the interventions. It can be concluded that further interventions are needed for the nurses through the organization to assist in preventing and mitigating the burnout these nurses are truly feeling.

Chapter V

DISCUSSION

Relationship of Outcomes to Research

The purpose of this DNP Scholarly Project was to identify feelings of nurse burnout and evaluate interventions in place to prevent and mitigate burnout at a Midwestern regional medical center on a Cardiac-Telemetry unit. A survey was utilized to gain insight on how nurses on this specific unit were feeling related to burnout, addressing current interventions available to them through the organization, and how they felt about those interventions. Further questions addressed if the nurses had any personal interventions to prevent and mitigate burnout and what they believe would be helpful interventions from their organization to prevent and mitigate burnout. Some project questions that were answered throughout the survey can be compared to findings in previous literature. While questions regarding nurse burnout and interventions available to nurses can be compared to previous literature, other questions from this project relating to awareness of organization interventions, use of those specific interventions, and satisfaction with those specific interventions are difficult to compare to previous literature due to them being specific to the organization. Project questions that are able to be compared to previous literature are further discussed in this chapter.

Experience of Burnout

In this DNP Scholarly Project survey, it was identified that nurses working on a Cardiac-Telemetry unit at a Midwestern regional medical center are experiencing burnout. This project survey asked about personal feelings of exhaustion, tiredness, and being worn out. The overall score from the survey indicated that nurses somewhat or sometimes felt burnout, this score was close to entering the often category of feelings of burnout. This data can be compared to the definition of nurse burnout being presented as, “emotional exhaustion, depersonalization, and disengagement” (Hertel, 2020, p.11). The data from this survey was significant in the feelings of personal burnout, while the survey did not ask a question of, “do you feel burnt-out?”, the responses to the questions of exhaustion, tiredness, and being worn out can imply that the nurses on this unit are experiencing burnout. A previous study by Zysk (2018) has shown up to 70% of nurses have experienced burnout, the responses in the survey correlate to that statistic of how many nurses are impacted by nurse burnout on the unit surveyed.

Research has been done on the work-related and patient-related environments that can have an impact on nurse burnout. These two topics were evaluated in the survey to identify that nurse burnout has many different causes. The data collected in the survey is supported by Hoang (2021) where it was found that long workdays, overtime, caring for critically ill patients, and weak work culture also has an impact on the burnout felt by nurses. The data from the survey indicated more significant causing factors of burnout was related to work versus patients, but both sections indicated that nurses on this unit can contribute their burnout to both.

Additional Beneficial Burnout Prevention and Mitigation Interventions

With nurse burnout being a major phenomenon that impacts many nurses, it is important to identify further ways to prevent and mitigate nurse burnout. Included in the survey was what nurses believed would be beneficial if provided by the organization. The most common answer in response to this question on the survey was improved nurse to patient ratios. It has been found in sources of literature that a commonly reported factor that goes into nurse burnout is the perception of unsafe nurse to patient ratios (Garrett, 2008; Lee et al., 2014; O'Mahony, 2011; Zysk, 2018). Provided by the literature, it is not surprising that this was a response from the nurses during the survey, but also shows how common this issue arises when discussing nurse burnout. This further determines that nurse burnout is not something that can be treated with a "band-aid" approach but needs to be corrected on a structural level.

Another common response on the survey about further improvement of nurse burnout was support from management and staff. It has been discovered by O'Mahony (2011) that organizations that help influence good relations, show levels of burnout that have been reduced. This is a good example of an intervention that could be implemented fairly easily. Support from management and staff would not require extra resources like other potential interventions would need in order to be implemented.

A response from the survey regarding additional interventions that would be beneficial is being heard by management. One of the comments mentioned that ideas or concerns would be discussed but no action was taken. The relationship between management and nurses then begins to suffer. As previously discussed, good relations can help decrease feelings of burnout. In regard to management and nurses feeling heard,

it is important to have an open and trusting relationship. It has been provided in previous literature that it is okay for management to not have all the answers, but those positions need to be upfront with nurses on what action is being taken to address those concerns or ideas that are brought to them (Hoang, 2021).

With nurse burnout being caused by many different factors, in order to correct this phenomenon, it needs to be addressed in more than one way. Although nurses who participated in the survey did not mention this organization, the Registered Nurses' Association of Ontario (2011) provides multiple different interventions that can be implemented at the external, organizational, and individual levels to help prevent and mitigate nurse burnout. These guidelines could be a good place for organizations and individuals to start when addressing nurse burnout. The data from the survey provided that many of the current interventions available to nurses through the organization were not being used or were not deemed effective at preventing and mitigating nurse burnout, and with the feelings of burnout reported, something needs to change. A few of the responses from the survey were about how some interventions that are provided are more of a band aid for nurse burnout versus structural change to help prevent and mitigate burnout. Nurses responded with things like group activities or things being offered to the staff to help with burnout, while these extras may help with boosting unit morale, it does not address the nurses' feelings of burnout and how to prevent and mitigate them.

Observations

The purpose of this DNP Scholarly Project was to identify feelings of burnout on the Cardiac-Telemetry unit of a Midwestern regional medical center. The response to feelings of exhaustion and fatigue were surprising. Nurse burnout is not something that

this author has experienced being discussed freely at work or at meetings, so to see these results was quite shocking. Another interesting finding was that there are only three interventions available to nurses at the organization and from the survey, many nurses do not utilize them, and some are unaware that they are available to them. With nurse burnout being such a major phenomenon there should be interventions that are brought to nurses' attention to utilize if these feelings occur.

When researching the topic of nurse burnout there are thousands of articles available and further research done on the topic. Lee et al. (2014) mentions that nurse burnout has been investigated since the 1970s. With this subject being studied for over 50 years, it is surprising there is not a better plan of action on how to address this growing issue. Many sources supported the need to address this issue more effectively but there is no strategic way to prevent and mitigate nurse burnout on a major scale.

In this DNP Scholarly Project, a survey was developed using the Copenhagen Burnout Inventory (Borritz & Kristensen, n.d.) along with addition questions addressing the current interventions available to nurses to utilize to prevent and mitigate nurse burnout. The survey was created and utilized to this author's expectation. The questions were concise to gain further insight on feelings of nurse burnout and how nurses feel about the current interventions available to them.

Although participation from nurses was lower than the author was hoping, the responses to the survey were significant. The data analyzed from the survey revealed that nurses currently working on the Cardiac-Telemetry unit of a Midwestern regional medical center are experiencing feelings of burnout. It was also identified that a majority of the nurses who participated in the survey do not utilize the interventions available to

them through the organization. Many nurses provided further suggestions on how to further improve feelings of burnout, which will hopefully be helpful in developing further interventions. Although some of the responsibility for preventing and mitigating nurse burnout falls onto the individual nurse, it is important that nurses are supported in this phenomenon that can be detrimental to nurses and the profession.

Theoretical Framework Evaluation

The theoretical framework that was utilized in this DNP Scholarly Project was the Self-Care Deficit Theory (Nursing Theory, 2020). This nursing theory addresses self-care requisites to help with the integrity and maintenance of human structure and functioning. It was identified from the survey data that many nurses have feelings of exhaustion, tiredness, and being worn out. With those results it is important for nurses to be able to self-reflect and be able to identify these feelings and when intervention is needed. With this theory identifying requisites to promote human structure and functioning is crucial for nurses to make their own health a priority (Nursing Theory, 2020). The results helped support this theoretical framework as nurses identified personal interventions to help mitigate and prevent burnout which included rest, time alone, and spending time with friends and family. All of these topics can fit into this theoretical framework and nurses need to continue focusing on their personal wellbeing to further mitigate feelings of burnout.

While the survey that was utilized in this DNP Scholarly Project addressed all the project questions, there are other variables to further assess in regard to nurse burnout. One variable that could help address the project questions are how long have the nurses who took the survey had feelings of burnout. With this time frame being a variable, it

could address the approach of how to best correct nurse burnout, does focus need to be on prevention or to start with strictly mitigation of burnout? While both would need to be a focus, if one is needed more than another, it could be a good starting point.

Logic Model Evaluation

Overall, the results from this DNP Scholarly Project supported the logic model that was proposed at the beginning of this project. The inputs that were proposed took place in the survey with cooperation from a Midwestern regional medical center to conduct the project survey, time to conduct the survey, staff participation in the survey, and monitoring and evaluation of the survey. The activities that were supported during this project was surveying self-reports of feelings of burnout and addressing the interventions available to the nurses through the organization. Surveying nurses on the Cardiac-Telemetry unit provided data for the outputs of identifying current feelings of burnout and how the nurses feel about current interventions available to them through the organization. With identifying the effects of the survey on nurses, the only effect that is able to support the logic model is the short-term effect of evidence that nurse burnout is currently an issue that nurses face. The intermediate and long-term effects can be further implemented with new prevention and mitigation interventions and to reassess the report of nurse burnout by the nurses on the unit.

Based on literature reviewed and development of the logic model for this DNP Scholarly Project the relationship between the survey results and previous studies, the results were expected. With the ongoing issue of nurse burnout, it was expected for nurses on the unit being surveyed to report feelings of burnout. Along with the assessment of interventions available to nurses, since they did report feelings of burnout,

not utilizing the interventions available and feeling neutral towards those interventions was expected.

Limitations

The major limitation in this project was survey participation. Originally, the goal was to have 61 nurses participate in the survey. With only 28 participants, this limited the amount of data collected along with the significance of responses. While the instrument used and how the survey was distributed was sufficient, participation was still low. In regard to other factors that may have limited the project, time could be argued. It could be argued that if the survey was open for another week or two, there would have been further participation. When each reminder was sent out, survey participation increased. It is unclear how long it would take to get 61 nurses to participate but even a few more responses could have made the data more significant. It is hard to determine how more participation would have changed the results from the survey, with the Copenhagen Burnout Inventory having a wide range of reports of burnout, along with utilization of the interventions available and since there was a wide variety of responses, further participation would have more clearly defined if nurses did feel burnt out and if interventions available to them have been helpful.

Another limitation was that many nurses do not utilize the available interventions. As previously stated, this author decided to omit the satisfaction of interventions due to the low response to utilizing the interventions. If more nurses used the interventions it could have been determined if the interventions available are successful in preventing and mitigating nurse burnout.

Implications for Future Research

It seems there is enough evidence through literature and even this DNP Scholarly Project to identify that nurse burnout is a current issue. With that, next steps need to include the best ways to prevent and mitigate nurse burnout. While evaluating feelings of nurse burnout is necessary to identify how well interventions are working to prevent and mitigate burnout, further research needs to be aimed at evaluation of the interventions versus solely continued evaluation of feelings of burnout. New individual strategies and even organizational interventions to prevent and mitigate burnout should be evaluated to see what is able to help alleviate this issue the most.

Further improvement of this project would be to try an intervention to help mitigate burnout. The goal of this DNP Scholarly Project was to evaluate feelings of burnout and assess the interventions available to nurses through their organizations. In the future, one could implement an intervention to help mitigate burnout and then assess after the intervention has been in place to see how it impacts burnout felt by nurses. This type of project design may take more time and participation from nurses to gain better insight on if certain interventions are beneficial. A project or study with this outline would further prove the best ways to prevent and mitigate nurse burnout.

While further evaluation on feelings of burnout can be done, there is sufficient evidence of nurse burnout being an issue to the nursing profession. Individual studies may benefit from a different sample to evaluate burnout however, previous evidence has shown this phenomenon exists and is an issue to the nursing profession. It would be more effective for future research or projects to focus more on specific interventions for nurses.

Any further research done on how to better improve the health of nurses is important and can be very beneficial to the profession. It is important that individuals and organizations take nurse burnout more seriously in order to better preserve the health of nurses. With that, individual interventions and structural interventions need to be in place. As a highly respected profession, nurse health needs to be a priority in order to then provide the best patient care possible.

Implications for Practice, Health Policy, and Education

Results from the survey further identify the issue of nurse burnout. With responses that correlate with feelings of burnout it can be determined that nurse burnout effects the nurses working on a Cardiac-Telemetry unit at a Midwestern regional medical center. Along with assessing the interventions available to nurses, it was determined that many nurses do not utilize the interventions available to them through this organization. The evidence that nurses are not utilizing current interventions can be helpful for the future. With some responses of the survey being that nurses were unaware of the interventions available, it needs to be a priority for organizations to inform and promote the available interventions to nurses, this could be done with onboarding, staff meetings, or frequent reminders. Hopefully, if nurses are more aware of the interventions, they will be utilized more frequently, and organizations can gain a better understanding on if they are helpful in preventing and mitigating nurse burnout.

Nursing education is a good place to start when discussing nurse burnout. Although it would not be a goal to scare nursing students about the issue of nurse burnout, it should be addressed and discussed for ways to prevent and mitigate any burnout. If student nurses are not educated about this phenomenon, then they are failing

before they even get into their roles as a nurse. Education related to the organization is also important. Some nurses who took the survey mention that they were never told about the available interventions to them to prevent and mitigate burnout. All nurses go through initial training wherever they work, that would be a great time to mention the available interventions should they start to feel symptoms of burnout. In addition to that, continued reminders to nurses of the available interventions as they progress with their careers.

Further changes need to be addressed in nursing practice. It is important for practicing nurses to be able to self-reflect on their feelings of burnout. This can relate back to education, but nurses need to take the responsibility of identifying feelings of burnout and when action is needed. As found in the survey, many nurses on this unit have feelings of burnout, yet it is something that is not regularly discussed. If nurses can make nurse burnout an accepted problem in the nursing profession, perhaps the nursing industry can make better changes to address this phenomenon.

Many responses in the survey mention that capped staffing ratios would be beneficial in preventing and mitigating burnout. This issue correlates with the nursing shortage. It is important for the nursing profession to identify the best ways to retain current nursing staff along with recruiting qualified individuals to enroll into nursing programs.

If nurses can start recognizing nurse burnout and utilizing interventions to prevent and mitigate burnout from the day they start in healthcare, this will set nurses up for a lifelong ability to cope with this phenomenon. Nurse burnout reaches all levels of nursing. Advanced Practice Nurses can benefit from techniques or interventions learned as a nurse to help with burnout later in their career. While there may be different

causative factors of nurse burnout for Advanced Practice Nurses, the significance remains due to them having such an impact on healthcare.

Conclusion

The goal of this DNP Scholarly Project was to evaluate feelings of nurse burnout and assess available interventions through the organization to help prevent and mitigate burnout on a Cardiac-Telemetry unit at a Midwestern regional medical center. With a survey conducted on this unit, data was gathered that this unit does experience nurse burnout. Evaluation of the three interventions available to them through the organization showed that many nurses are not utilizing interventions available to them. This survey adds to the nursing knowledge of the issue of nurse burnout and the need of interventions to better prevent and mitigate the feelings of burnout.

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APPENDIX

Appendix A

Project Survey

1. Gender
 - a. Male
 - b. Female
2. Years of experience
 - a. Less than 1 year
 - b. 1-5 years
 - c. 6-10 years
 - d. 11-15 years, 16-20 years
 - e. More than 20 years
3. What shift do you work?
 - a. Day shift during the weekdays
 - b. Day shift during the weekends
 - c. Night shift during the weekdays
 - d. Night shift during the weekend
 - e. Day shift that is mixed between weekdays and weekends
 - f. Night shift that is mixed between weekdays and weekends
4. Copenhagen Burnout Inventory (Borritz & Kristensen, n.d.).

Please select the response that best matches you.					
1 = never/almost never, 2 = seldom, 3 = sometimes, 4 = often, 5 = always					
1. How often do you feel tired?	1	2	3	4	5
2. How often are you physically exhausted?	1	2	3	4	5

3. How often are you emotionally exhausted?	1	2	3	4	5
4. How often do you think: "I can't take it anymore"?	1	2	3	4	5
5. How often do you feel worn out?	1	2	3	4	5
6. How often do you feel weak	1	2	3	4	5
7. How often do you feel susceptible to illness?	1	2	3	4	5
8. Do you feel worn out at the end of the working day?	1	2	3	4	5
9. Are you exhausted in the morning at the thought of another day at work?	1	2	3	4	5
10. Do you feel that every working hour is tiring for you?	1	2	3	4	5
11. Do you have enough energy for family and friends during leisure time?	1	2	3	4	5
12. Are you tired of working with patients?	1	2	3	4	5
13. Do you sometimes wonder how long you will be able to continue working with patients?	1	2	3	4	5

Please select the response that best matches you.					
1 = to a very low degree, 2 = to a low degree, 3 = somewhat, 4 = to a high degree, 5 = to a very high degree					
1. Is your work emotionally exhausting?	1	2	3	4	5
2. Do you feel burnt out because of your work?	1	2	3	4	5
3. Does your work frustrate you?	1	2	3	4	5
4. Do you find it hard to work with patients?	1	2	3	4	5
5. Do you find it frustrating to work with patients?	1	2	3	4	5
6. Does it drain your energy to work with patients?	1	2	3	4	5

7. Do you feel that you give more than you get back when you work with patients?	1	2	3	4	5
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5. Are you aware of the following interventions available to you in the organization to prevent and mitigate nurse burnout?

a. Employee Assistance Program. Yes__ No__

b. Five free counseling sessions for mental health. Yes__ No__

c. Relaxation room. Yes__ No__

6. How frequently do you use the following interventions available to you in the organization to prevent and mitigate nurse burnout?

Please select the response that best matches you.						
1 = never, 2 = one time only, 3 = monthly, 4 = quarterly, 5 = biannually, 6 = annually						
1. Employee Assistance Program	1	2	3	4	5	6

Please select the response that best matches you.							
1 = never, 2 = one time only, 3 = two times, 4 = three times, 5 = four times, 6 = five times, 7 = more than five sessions							
1. Five free counseling sessions for mental health.	1	2	3	4	5	6	7

Please select the response that best matches you.					
1 = never, 2 = one time only, 3 = weekly, 4 = monthly, 5 = every shift					
1. Relaxation room.	1	2	3	4	5

7. How satisfied are you with the following interventions available to you in the organization to prevent and mitigate nurse burnout?

Please select the response that best matches you.					
1 = very dissatisfied, 2 = dissatisfied, 3 = neutral, 4 = satisfied, 5 = very satisfied					
1. Employee Assistance Program	1	2	3	4	5
2. Five free counseling sessions for mental health.	1	2	3	4	5
3. Relaxation room.	1	2	3	4	5

8. What personal interventions do you use to help prevent and mitigate nurse burnout?

a. Open ended

9. What burnout prevention and mitigation interventions are not available through the organization that would be beneficial?

a. Open ended