INTRODUCTION

- Nursing burnout occurs when demands of a nurse exceed capabilities & resources, leading to emotional & physical exhaustion (Saravanan et al., 2021).
- Critical care nursing burnout may lead to decreased empathy, morale, & patient care due to compassion fatigue & lack of orientation due to turnover (Oliede et al., 2022).
- 76% of critical care nurses experience burnout. 53% with burnout intend to leave their jobs & are twice as likely to leave their organization (Roney et al., 2022).
- National nurse turnover rate is 22.5%, which costs $52,330 per nurse, including overtime, retention salaries, traveler, & agency fees.

PURPOSE STATEMENT

This Q2 project aims to reduce nursing burnout by utilizing positive reflections during adult critical care nursing huddles.

PICOT & OBJECTIVES

P: In critical care inpatient nurses
  I: how does sharing these positive things that happened from the previous shift,
C: compared to no positive discussion from the previous shift.
O: impact critical care nurse burnout.
T: from January 2024 (T1) to March 2024 (T2)?

Primary Objective:
1. 10% of critical care nurses participating in this project will have a decreased Burnout Assessment Tool (BAT) score four months post-implemented.
2. 10% increase in the turnover rate among critical care nurses who participated in this project leaving the organization.

MATERIALS AND METHODS

Study design: Quality improvement project with pre- & post-intervention surveys.
Setting: Neuroscience & Cardiac Intensive Care Units at a large academic hospital in Columbia, Missouri.
Sample: Purposive convenience sample of critical care nurses (n = 14).
   - Inclusive criteria: Full-time critical care nurses whose home unit is one of the study units.
   - Exclusion criteria: Part-time nurses, nurses who float into the study unit, & nurses who have not completed both pre- & post-tests.
   - Sample size: Calculated using G*Power & a Chi-Square goodness of fit.
   - Power of 80, p = .05, effect size = .50, of 1 a minimum sample size of 32 participants.
Primary variable: Changes in the BAT score at end of T2.
Secondary variable: Percentage of huddles attended with positive reflections & remain employed at the organization.

INTERVENTION

A comprehensive educational guide was given to critical care nursing huddle leaders, asking each huddle to end with the leader asking hoods for 3 positives from the previous shifts. Leaders were instructed to require another positive if any answers were passive-aggressive, sarcastic, or negative.

ANALYSIS

- Wilcoxon Signed-Rank Test for paired ordinal level data.
- Kruskal-Wallis Test to examine the relationship between demographic variables & burnout.
- Mann-Whitney U Test to identify associations between units and ordinal data.
- IBM SPSS Version 29 for statistical analysis with a statistical significance defined as p ≤ 0.05.

RESULTS

Each statement was ranked by participants using a Likert scale:
1 = Never
2 = Rarely
3 = Sometimes
4 = Often
5 = Always

Burnout Assessment Tool Scores
- Mean burnout score decreased from 51.14 (sd = 14.0) on the pretest to 47.8 (sd = 12.9) on the post-test (t(13) = 1.33, p < .21).
- Nursing Burnout Rate:
  - CICU: Nursing turnover rate decreased by 18.9% from 2.9% (T1) to 2.41% (T2).
  - NSICU: Nursing turnover rate decreased by 7.61% from 2.89% (T1) to 2.67% (T2).

CONCLUSIONS

Objective 1: Not Met. A 6.5% (T1 to 47.8, p < .21) decrease in BAT scores.
Objective 2: Met (CICU): Nursing turnover decreased by 18.9% from 2.97% (T1) to 2.41% (T2).
Not Met (NSICU): Nursing turnover decreased by 7.61% from 2.89% (T1) to 2.67% (T2).
Recommendations: These results suggest positive Reflections decrease critical nursing burnout & turnover. Consistent use of Positive Reflections in huddles for long-term reduction in burnout & turnover.

Limitations: Lack of completed pre- & post-surveys, decreased number of huddles using Positive Reflections, & length of intervention are some noted limitations to the study.

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REFERENCES


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