

Effects of Nurse Burnout on Patient Outcomes

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Nurse Burnout and Patient Outcomes

Introduction

Topic of Concern

The topic of concern is nurse burnout and the effects on patient care and outcomes. Nurse burnout is a prevalent, stress related problem in health care today affecting many healthcare workers. “Nursing staff working in demanding areas are likely to spend considerable time during their working day in intense interactions with people” (Gillespie & Melby, 2003, p. 842). Chronic stress can be emotionally draining and lead to burnout (Gillespie & Melby, 2003).

Research Question

The research question is does nurse burnout affect patient care and outcomes in acute care facilities? The research conducted will attempt to answer the research question and provide solutions and recommendations to prevent the nurse burnout. .

Research Approval

Prior to beginning the study, approval needs to be obtained from the Risk Management Department at the acute care facility in which the study will be conducted. The Risk Management Committee then reviewed the survey, the disclosure, and obtained consent from the corporate office to grant permission to conduct the survey. The survey was then distributed to the target group via email.

Definition

Terminology

There are many definitions of burnout. One definition states that “burnout in the helping professions is a state of physical, emotional, and spiritual fatigue caused by long term exposure

to demanding work stressors” (Breen & Sweeney, 2013, p. 12). “Burnout is characterized by Maslach and Jackson in 3 defining dimensions; emotional exhaustion, depersonalization, reduced personal accomplishment” (Breen & Sweeney, 2013, p. 12). Any one of these dimensions could alter nursing care in a detrimental way.

Reason for Concern

Burnout affects patient care/outcomes, along with the effects of personal wellbeing for the health care professional experiencing burnout. “Examples of its effects are absence from work, being moved easily to tears, and outbursts of anger” (Gillespie & Melby, 2003, p. 843). Divatia (2014) states, “Healthcare workers experience depression, poor health, increased medical errors, decreased professionalism, and substance abuse,” (p. 127). Consequences for patients being cared for by burnt out nurses are; “reduced patient satisfaction, suboptimal patient care, including greater probability of infection” (Divatia, 2014, p.127). Analysis of this data is reason for concern due to possibility of patient harm.

Causes of Burnout of Nurses in Community Hospitals

Staffing Shortages

According to the literature, the number one cause of burnout in nurses is directly related to staffing shortages. “Between 2004-2006 patient safety incidents in hospital systems resulted in an estimated 238,337 potentially preventable deaths and the nations nursing shortage has exacerbated the problem”(Neff, Cimiotti, Heusinger, & Aiken, 2011, p. 4). The numbers are staggering. Non-maleficence, which means do no harm, is placed at a high risk under these circumstances. “The International Hospital Outcomes Study (IHOS) revealed that, in England

and the United States, hospitals with higher nurse staffing levels had lower mortality rates, nurse job dissatisfaction and burnout” (Aiken, 2010, p. 62).

Bedside nurses are burdened by an increase patient load, and with many nurses reaching the age of retirement, shortages will escalate (Neff et al., 2011). Americans will suffer in the healthcare setting if the shortages predicted become a reality. “Projections indicate a deficit of 260,000 nurses by 2025” (Neff et al, 2011). Higher staffing levels result in better patient outcomes than with lower staffing levels (Garrett, 2008). Many incidents in patient outcomes are related to nurse burnout and staffing shortages. In fact, the two go hand in hand. Staffing shortages lead to nurses having a larger patient load, working overtime to cover shifts not covered, and working hours past their scheduled shift. All of these factors lead to nurse burnout which in turn leads to negative patient outcomes, such as skin breakdown, central line infections, falls, UTI’s, medication errors, and respiratory infections (Garrett, 2008).

Patient Care

Patient Readmission Rates Associated with Burnout

Researches from the University of Pennsylvania School of Nursing found that “Medicare patients treated in hospitals with a good work environment for nurses had up to 10 percent lower odds of being readmitted than those treated in hospitals with poor work environments”(“American Nurse,” 2013, p. 4) . Medicare has set the standards regarding readmission and reimbursements. According to Medicare reimbursement policies, Medicare will not reimburse for services related to a diagnosis that has been treated in the hospital setting within in thirty days.

“Researchers have found that interventions to improve care need to start with nurses” (American Nurse, 2013). Although nursing is not responsible for discharge and admission of patients, providing excellent patient care can assist with some of these diseases that are prevalent among patients of burnout nurses. “High quality inpatient nursing care will produce more positive outcomes for all patients” (“American Nurse,” 2013, p. 4).

Effects of Burnout on Health of Patient

Nurses who are burnt out or overwhelmed on a daily basis, with their patients and workload, can cause undue stress on patients and their care. If a nurse is unable to focus on patient care, the patient may not receive their medication on time or care needed to recover, which can lead to further health problems for the patients.

“Burden changes in the staffing mix, frequent turnover, too long work hours, increased interruptions/demands on nurses’ time, the continual need for advanced knowledge and training in new technologies, and quality of care and patient outcomes are inevitably affected” (Neff et al, 2011, p. 5) by nurse burnout. Divatia (2014) states that “consequences for patients include reduced patient satisfaction and suboptimal patient care, including greater probability of infection” (pg. 127). Financial responsibility could be at stake due to new mandates placed by Medicare in the past few years. According to Medicare, if a patient develops a hospital acquired infection, the hospital is then financially responsible and Medicare will not pay for reimbursement of services.

One study, published in the American Journal of Infection Control, “examined job-related burnout in registered nurses (RNs) to determine whether it accounts in full or part for the relationship between nurse staffing and patient infections acquired during hospital stays” (McCue, 2012, p. 23). The findings were remarkable and found that by increasing a nurse’s

patient load by one patient was associated with urinary tract infections and surgical site infections (McCue, 2012). In regards to burnout, the study stated “every ten percent increase in nurse burnout revealed an increase in rates of infection” (McCue, 2012, p. 23).

Patient Satisfaction

Patient satisfaction is affected by nurse burnout. If nurses are unable to care for their patients and give patients individualized treatment, patients will not be satisfied with their care and eventually the nurses will become burnout. “Patients reports of satisfaction are higher in hospitals where nurses practice in better working environments or with more favorable patient to nurse ratio” (Kutney-Lee et al., 2009, p. 669). If nurses are overwhelmed with their workloads, they will not be able to give their patients the care they deserve. “Patient satisfaction has become public information, which has increased its influence on financial performance” (Douglas, 2010, p. 416).

HCAHPS is a national survey sent to patients after they are discharged home. The survey is randomly sent out. Those individuals selected to participate in the survey are asked questions such as rating their [the patient’s] satisfaction with the services received during their hospital stay. This is solely based upon the patient’s perception of the care they received. According to Medicare reimbursement, if patients are not satisfied with the care received, Medicare can refuse to reimburse the medical institution for services provided.

Retention Rates of Nursing Staff

Nurses become burnout due to stressors in their jobs, such as, not being adequately staffed, and not being able to give safe, effective care to their patients. When burnout takes over, nurses begin to find ways to get out of the situation. Intent to leave their current work environment is one of the main ways nurses cope with burnout. Nurse retention should be a

priority in any nursing unit. Training and orienting new staff to a unit can be time consuming and costly, furthering the burnout process of retained staff.

Health of the Caregiver

“Increased professional burnout is associated with absenteeism, physical illness, emotional problems, poor job performance and negative attitudes for the health care professionals in general” (Guntupalli, Wachtel, Mallampalli, & Surani, 2014, p. 139). Through the years, literature has supported the negative impacts of stress on the human body. Stress has been linked to exacerbation of disease process and onset of new disease. Proper coping mechanisms and training could assist with alleviating some of the factors that contribute to stress in the healthcare setting.

Health of the Caregiver

According to Burtson & Stichler (2010), “while a patient may not ever have the need to return to a facility, they will always have a story to tell about their hospital experience” (p. 1820). Recollection of bad memories and experiences is one of the unique coping mechanisms of humans. This recollection assists in preparing for future events and ensure that those bad experiences do not occur again. Unfortunately, bad experiences in the healthcare setting can be detrimental to a facility. Bad news is contagious, even sporadic. One person experience quickly spreads to the community. Patient loyalties are jeopardized, as well as, everyone who received the heard of the patients’ experience.

Methodology

Study Type

The type of study conducted for this project was intended to assess nurse burnout and perception of nursing care on nurses working in a hospital setting. A survey was sent to 250 nurses working in a community hospital. Informed consent was obtained from the Risk Management Committee, who presented the research topic to the corporate representatives.

All nurses were sent an email in their company in boxes and a disclosure was attached to explain the survey, the purpose of the survey, and that it was voluntary to participate. 69 nurses responded to the survey, about 10%, assessing Maslach's Burnout Inventory survey, along with demographic questions, such as, age, number of years as a nurse, department etc.

Benefits and Purpose of the Study

The purpose of this study was to assess burnout and the effects of burnout on patient care/outcomes and to find possible solutions to reverse burnout in bedside nurses.

Strategies

Problem and Possible Solutions

According to Bloniasz (2011), it is very easy for nurses to lose their passion. By following steps in the nursing process, nurses are able to "return balance, enthusiasm, and satisfaction back into their careers" (Bloniasz, 2011, p.12). Assessment is the first step in the nursing process. Self-assessment implies that nurses need to take care of themselves in order to take care of their patients (Bloniasz, 2011). Nurses need a way to battle stress by getting involved in activities such as, yoga, aromatherapy, and meditation (Bloniasz, 2011).

Second, is to address nurse's physical health. Diet, exercise, and sleep are very important in maintaining balance and decreasing stress (Bloniasz, 2011). Sleep deprivation leads to high stress levels, especially in intense jobs, such as nursing. Nurses need to be aware of signs and symptoms of chronic stress which involve the feelings of "powerlessness, high levels of frustration, and feeling over worked and undervalued" (Bloniasz, 2011, p. 13). The last topic in assessment is examining the working environment. Are nurses respected, supported, and valued (Bloniasz, 2011)? Do nurses have the equipment needed to care for patients effectively (Bloniasz, 2011)? All these aspects of the working environment can contribute to chronic stress and lead to burnout.

During the planning phase nurses need to assess the data from their assessments and address the issues (Bloniasz, 2011). Nurses need to define and assess their goals, make changes that make them happy, be realistic in things that can be changed and those that cannot, and set priorities (Bloniasz, 2011). If nurses are already experiencing burnout symptoms, those need to be addressed first (Bloniasz, 2011). It may be that a permanent change is needed by changing units, changing specialty areas, or changing venues (Bloniasz, 2011). If nurses are at the point where they are feeling stress, but not burnout, they need to find ways to combat stress and prevent burnout from happening (Bloniasz, 2011).

In the implementation phase nurses need to be proactive, not reactive (Bloniasz, 2011). Reaction causes nurses to be at the mercy of the situation; proactive means they are able to make their own choices rather than their emotions making the choices for them (Bloniasz, 2011). Continuing education, volunteering for the nurse's favorite cause, or simply aiding an individual can help with reducing stress. A positive attitude is a definite way to make changes in nursing.

Instead of being negative and complaining about things that are wrong, get involved to change things to make them right (Bloniasz, 2011).

Are the goals that were set being met (Bloniasz, 2011)? Evaluation is the next step in seeing a difference in the changes that have been made. Is stress being combated or getting worse? If things are working, great, continue with the plan, if not what needs to be changed to make it better? The positive thing about the nursing process is, steps can always be changed and reevaluated. Go back and look at ways to make things better.

“Reflection is the opportunity to elicit meaning from the experiences” (Bloniasz, 2011, p. 14) . “Reflection enriches knowledge by offering a depth of insight that is not apparent during the unfolding of an event” (Bloniasz, 2011, p.14). Nurses implement reflection in their career on a daily basis with patient care. For example, during a code blue, nurses reflect on the outcome of the situation. What could have been done differently to change the outcome? Reflection and battling burnout is no different.

“We must find more ways to recognize and address the needs of care providers who are facing emotional burnout or compassion fatigue, as they are both a threat to their own health and a potential risk to the patients and organizations they serve” (Douglas, 2010, p. 419). To assess burnout, first an individual must establish how nurses become burnt out. Chronic stress can lead to burnout. Chronic stress can be cause by increased workload, such as, nurse to patient ratio, high acuity/ demanding patient load, and working overtime. According to Healthcare Traveler ("Traveler," 2011), “if nurses are working overtime the number of readmissions rise” (p. 21). Nurses in overtime, are more task oriented and do not take the time needed to educate patients before discharge, as they would in their regular shift ("Traveler," 2011).

Research Design

Theoretical Framework

The theoretical framework appropriate for this study is Christina Maslach's Theory of Burnout. Christina Maslach holds a PhD in psychology from Stanford University and she is known as the leading pioneer in research on burnout (Breen & Sweeney, 2013).

Study Participants

The participants in the study were nurses ranging in age from 20-65 years of age, who work in a community hospital setting. All departments who employee nurses were assessed in the study. The department areas included in this study was; emergency services, med-surg, critical care, intermediate care, surgical services, GI lab, OB, orthopedics, outpatient services, pediatrics, and behavior health.

Ethical Concerns

The survey was conducted with anonymous participation, therefore, there were no ethical considerations.

Research Instruments

Research instruments used in the study were Maslach's Burnout Inventory Survey, the Likard Scale, www.surveymonkey.com, and a general demographics survey that assessed nurses ages, number of years as a nurse, department currently employed in.

Data Collection/ Data analysis

The steps used in collection of data for this study were first to choose the setting that the study would be conducted in. Second, was to choose the participants to be included in the study. Third, create a survey using Maslach Burnout Inventory Survey, and a general demographics survey. Fourth, obtain informed consent to conduct the survey in the chosen setting by the risk management committee. Last, the surveys were sent out via email to all the chosen participants in the study along with a disclosure explaining the purpose of the study and the anonymous nature of the study.

Data was collected by using the internet site www.surveymonkey.com. With this particular website, the survey was created by the researchers and the link was sent out by mass email. The website automatically collects the data and analysis the results in many different ways. One way, is by making charts that rates each question on the chart and shows the results in percentage graphs. Another way is by organizing the charts by department and by each individual's response.

Research Type

The type of data obtained for this study was both qualitative and quantitative therefore making the research a mixed method approach. The strategy used is concurrent triangulation strategy. According to Grove, Burns & Gray (2013), the definition for concurrent triangulation strategy is “this design model is selected when a researcher wishes to use quantitative and qualitative methods in an attempt to confirm, cross-validate, or corroborate findings within a single study” (p. 690).

Literature Review

The literature review would need to be very extensive and exhaustive in order to assess burnout and the effects on nurses and their patients. Key words such as burnout, nurses, patient outcomes, sentinel events, patient satisfaction, reimbursement, and HCAHPS scores were searched.

Evidence of Nursing Practice

There are many articles assessing burnout in nursing practice and health care workers in general. Articles that assess the causes of burnout, possible solutions of burnout, definition of burnout, outcomes for nurses and their patients with regards to burnout, etc. According to the literature review, there is adequate evidence of nursing practice in correlation to nurse burnout.

Search Engines

The search engines used for this project were CINALH, Pub Med, and Health Reference Center.

Hits on Search Engine

The number of initial hits from the searches was approximately 396 after filters were added for peer reviewed and full text articles. The number of hits depended upon the topic searched for, such as, specific things related to burnout or burnout in general.

Exclusions

No exclusions were made from the study. All nurses were assessed whether they had been a nurse for 1 year or 30 years. The reason no nurses were excluded was to assess if burnout also existed in newer nurses of 1 year or less, as new nurses can become overwhelmed when first introduced into high stress work environments.

Summary of Findings

A convenience sample of 250 nurses was invited to take part in a general survey regarding nurse burnout and 69 consented to take part or 28%. The inclusion criteria included all nurses at a local community hospital in rural Appalachia. The survey implies that nurse burnout does indeed affect patient care in acute care settings.

Conclusion

Nursing research has been conducted on the relationship of nurse burnout and patient outcomes for decades. There are several reasons that more research should be conducted on this subject matter. Some of the reasons are, every nurse is at risk for burnout, financial reasons that are too numerous to list, but most of all patient safety and non-maleficence.

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