



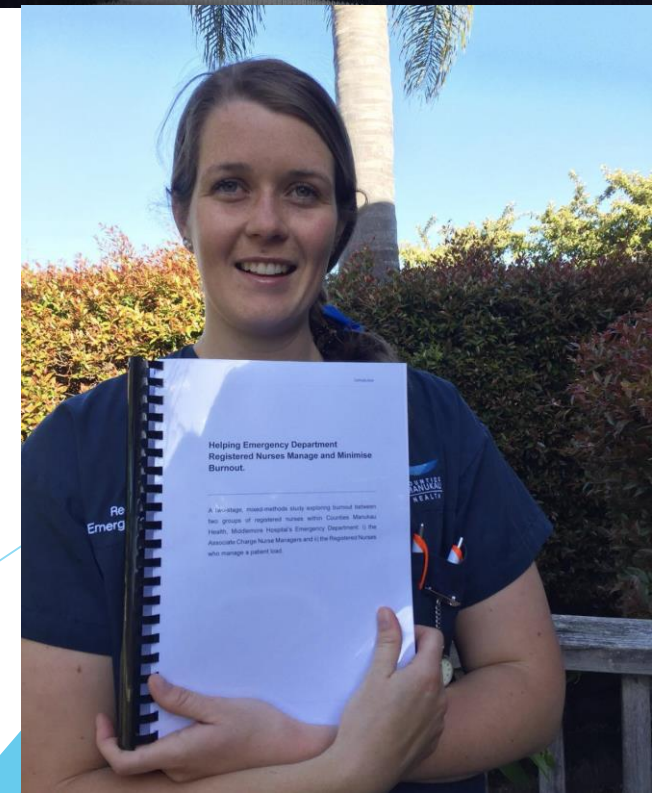
Helping Emergency Department Registered Nurses Manage and Minimise Burnout

By Lucy Scott

Emergency Department Associate Clinical Nurse Manager Intern, Middlemore Hospital,
Counties Manukau Health



Image Credit: Counties Manukau Health



The relationship between burnout among nurses

OUTI KANSTE ^{PhD, RN}¹, HELVI K

¹Assistant and ²Professor, Department
Finland

Secondary traumatic stress
sectional study

Emer Duffy RGN, BSc, PGD, MHSc
Maura Dowling RGN, RNT, MSc, P

MORAL DISTRESS

Authors: Robir
Deepika

Scandinavian Journal of
Caring Sciences
EMPIRICAL STUDIES

**How does burnout
professional commitment**

Hao-Yuan Chang PhD, RN, ICBLCA
May-Kuen Wong PhD, MD(Chairman)
and **Ching-I Teng** PhD(Professor & Chair)

Stress in emergency departments: experiences of nurses and doctors

COMPASSION SATISFACTION, BURNOUT, AND
COMPASSION FATIGUE AMONG EMERGENCY
NURSES COMPARED WITH NURSES IN OTHER

Personality and Social Psychology

**A systematic review and meta-analysis of tertiary interventions
in clinical burnout**

OLGA PERSKI,¹  GIORGIO GROSSI,² ALEKSANDER PERSKI² and MARIA NIEMI³

**Burnout, and Compassion Satisfaction in Emergency Department
Nurses**

Stacie Hunsaker, MSN, CPEN, CEN¹, Hsiu-Chin Chen, PhD, RN, EdD², Dale Maughan, PhD, RN³,

Nurse burnout and the working environment

Nuria O'Mahony asks whether greater teamwork
and the introduction of Magnet hospitals can reduce
stress and exhaustion among emergency nurses



Additional stress in emergency

ASc, PhD² and STAN MAES MSc, PhD³
¹Psychology, Leiden University, and ³Full
Institute of Psychology and Leiden University

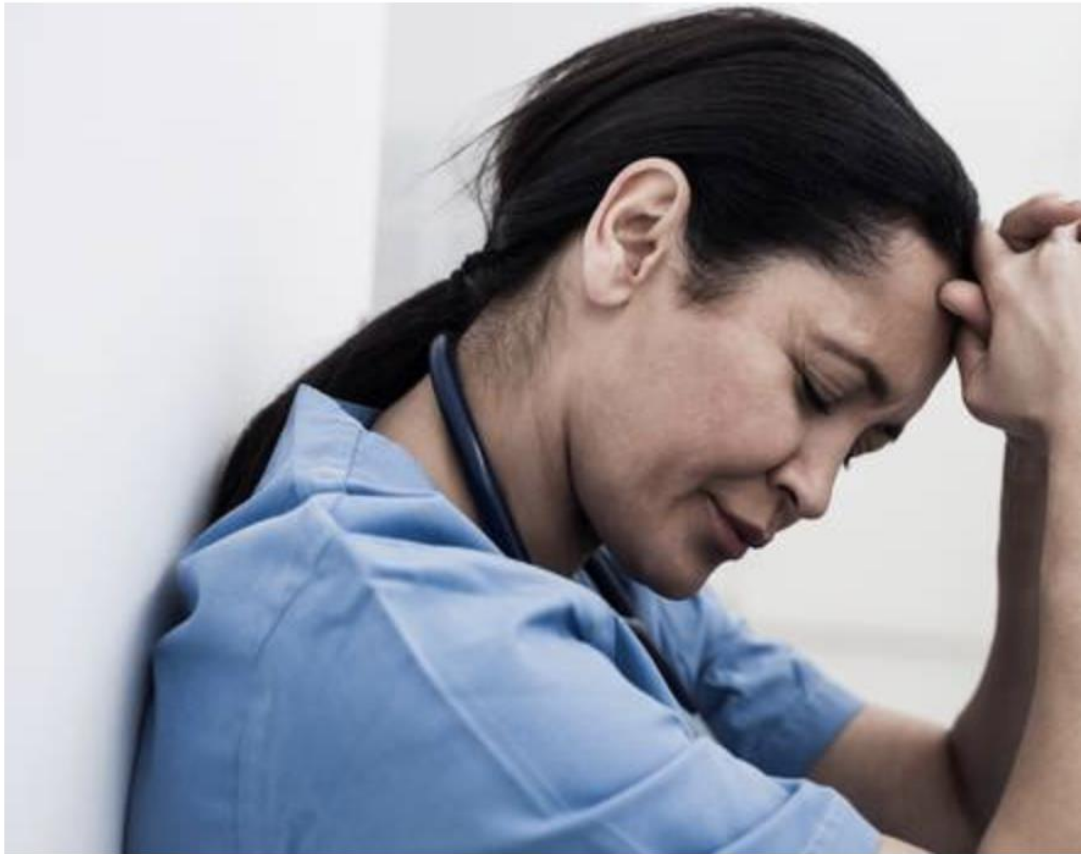
**Additional exhaustion:
within an**

ir er, Sandra Schellinger, Katie
n Chant

**Additional job stress and
An exploratory study**
del Ríos-Rísquez, PhD^{b,*}

Nursing 'crisis': 208 nurses needed at Counties Manukau DHB

13 Aug, 2019 5:00am



Hawke's Bay hospital nurses ending shifts 'in tears' as working conditions bite, union claims

7 Jun, 2019 5:24pm

🕒 4 minutes to read



**The Global Centre for Nursing Executives
found that 3 out of 4 nurses report concern
about being stressed and overworked, 49% of
nurses report feeling tired all the time, and
50% of nurses have considered leaving the
profession due to stress
(Advisory Board International, 2017).**

What is Burnout?

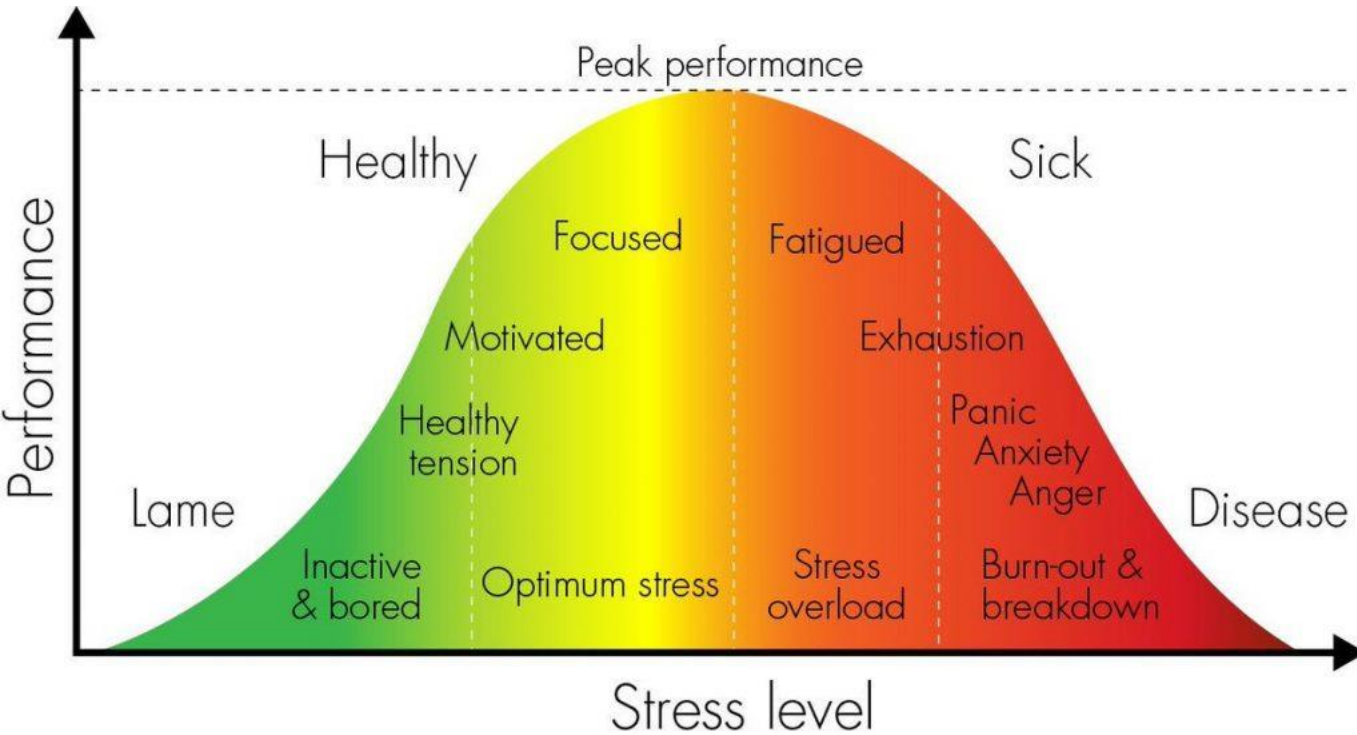


Image Credit: eGazine

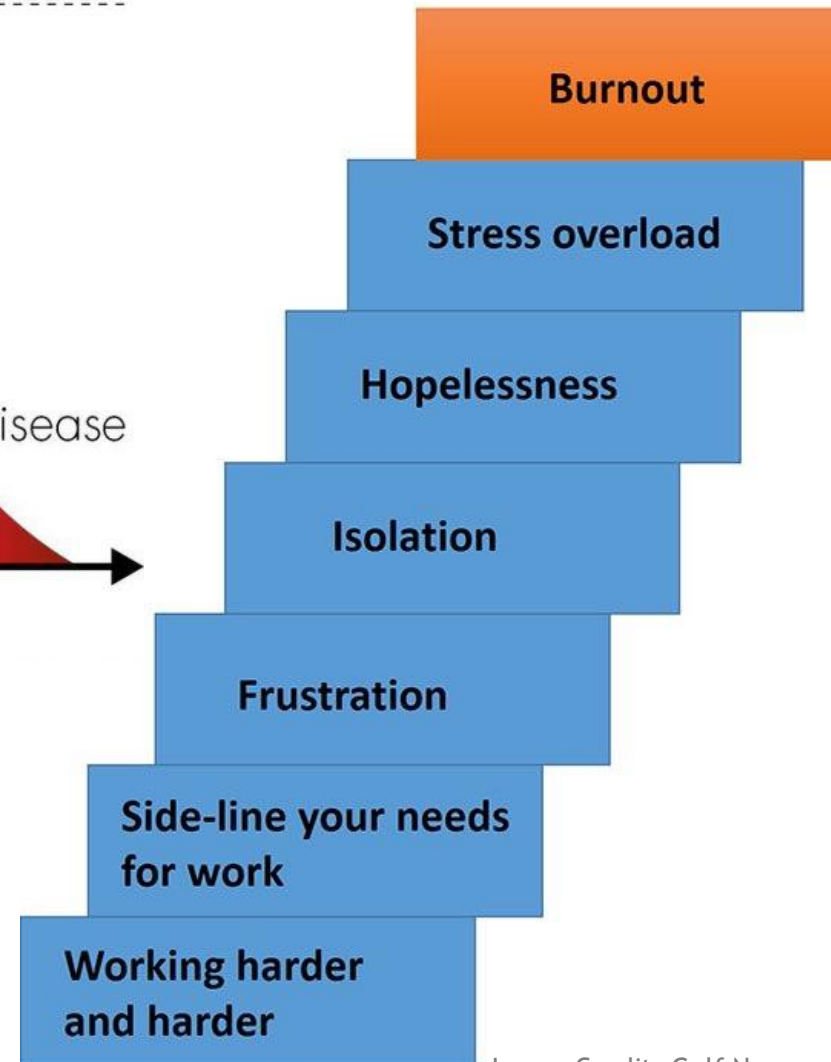


Image Credit: Gulf News

What is Secondary Traumatic Stress?



Image Credit: Benuto



Image Credit: Ausmed

What is Compassion Fatigue?

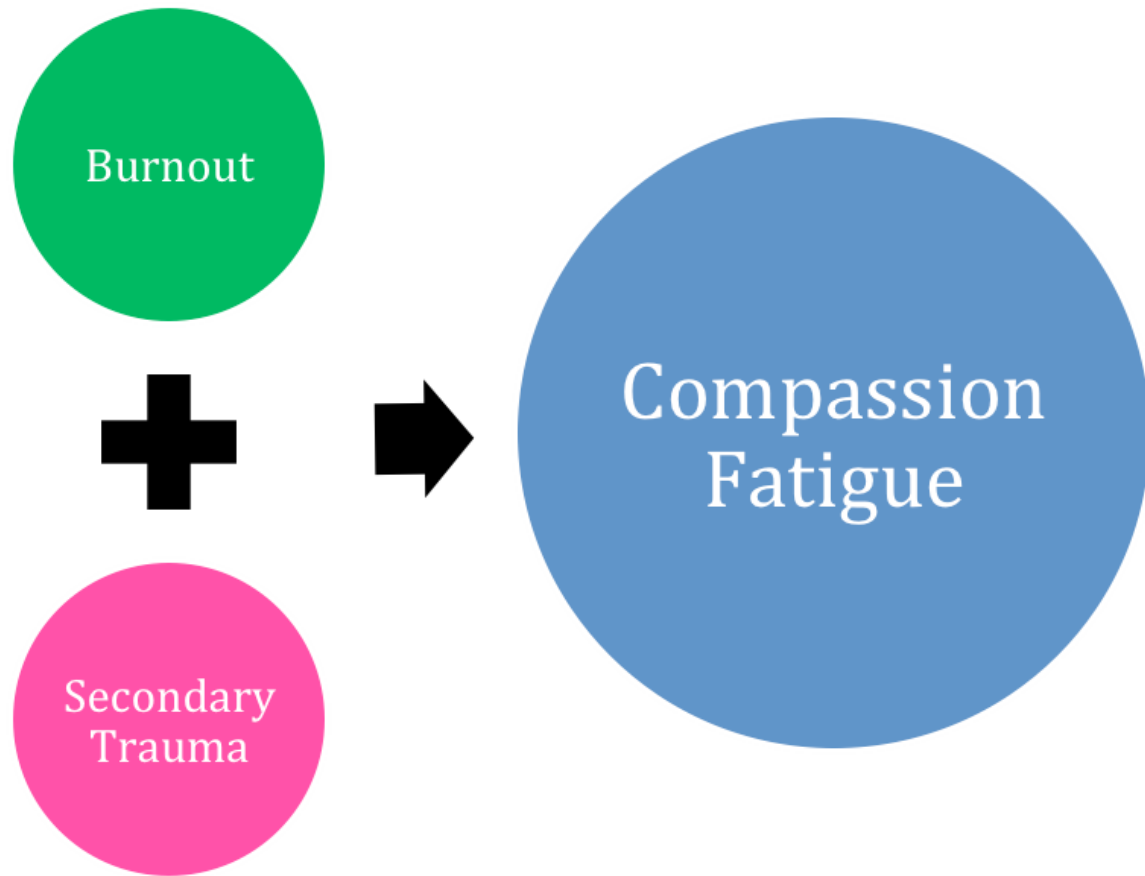


Image Credit: Middleton



Image Credit: Transitional Support

The Research

- ▶ To identify for Counties Manukau Health, Middlemore Hospital's Emergency Department management team, coping and preventive mechanisms that Associate Charge Nurse Managers (ACNMs) and Registered Nurses (RNs) believe should be implemented in order to manage and minimise burnout rates.

Methods

- ▶ Phase One (Quantitative) utilised the Professional Quality of Life Scale v.5. The ProQOL5 survey and return boxes were located in two places for RNs and ACNMs

Professional Quality of Life Scale (ProQOL)

*Compassion Satisfaction and Compassion Fatigue
(ProQOL) Version 5 (2009)*

When you *[help]* people you have direct contact with their lives. As you may have found, your compassion for those you *[help]* can affect you in positive and negative ways. Below are some questions about your experiences, both positive and negative, as a *[helper]*. Consider each of the following questions about you and your current work situation. Select the number that honestly reflects how frequently you experienced these things in the *last 30 days*.

1=Never	2=Rarely	3=Sometimes	4=Often	5=Very Often
---------	----------	-------------	---------	--------------

- ____ 1. I am happy.
- ____ 2. I am preoccupied with more than one person I *[help]*.
- ____ 3. I get satisfaction from being able to *[help]* people.
- ____ 4. I feel connected to others.
- ____ 5. I jump or am startled by unexpected sounds.
- ____ 6. I feel invigorated after working with those I *[help]*.
- ____ 7. I find it difficult to separate my personal life from my life as a *[helper]*.
- ____ 8. I am not as productive at work because I am losing sleep over traumatic experiences of a person I *[help]*.
- ____ 9. I think that I might have been affected by the traumatic stress of those I *[help]*.
- ____ 10. I feel trapped by my job as a *[helper]*.
- ____ 11. Because of my *[helping]*, I have felt "on edge" about various things.
- ____ 12. I like my work as a *[helper]*.
- ____ 13. I feel depressed because of the traumatic experiences of the people I *[help]*.
- ____ 14. I feel as though I am experiencing the trauma of someone I have *[helped]*.
- ____ 15. I have beliefs that sustain me.
- ____ 16. I am pleased with how I am able to keep up with *[helping]* techniques and protocols.
- ____ 17. I am the person I always wanted to be.
- ____ 18. My work makes me feel satisfied.
- ____ 19. I feel worn out because of my work as a *[helper]*.
- ____ 20. I have happy thoughts and feelings about those I *[help]* and how I could help them.
- ____ 21. I feel overwhelmed because my case *[work]* load seems endless.
- ____ 22. I believe I can make a difference through my work.
- ____ 23. I avoid certain activities or situations because they remind me of frightening experiences of the people I *[help]*.
- ____ 24. I am proud of what I can do to *[help]*.
- ____ 25. As a result of my *[helping]*, I have intrusive, frightening thoughts.
- ____ 26. I feel "bogged down" by the system.
- ____ 27. I have thoughts that I am a "success" as a *[helper]*.
- ____ 28. I can't recall important parts of my work with trauma victims.
- ____ 29. I am a very caring person.
- ____ 30. I am happy that I chose to do this work.

Methods

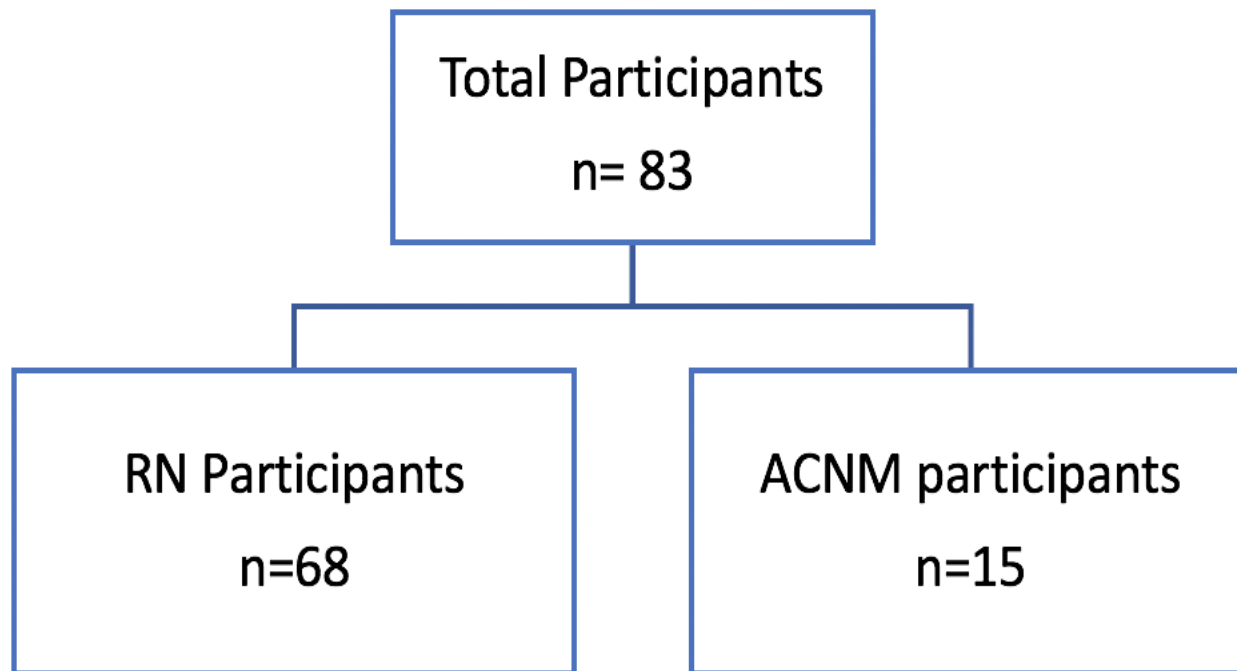
- ▶ Phase Two (Qualitative) utilised focus groups. Two focus groups were developed; one for RNs and another for ACNMs.



Results

(Quantitative)

- ▶ Participant recruitment for the quantitative study began on 4 April 2018 and closed on 18 April 2018.



Results Registered Nurse (Quantitative)

- ▶ 82.3% (n=56) of RN participants experience an average level of compassion satisfaction
- ▶ One RN participant experience a low level of compassion satisfaction
- ▶ 79.4% (n=54) of RN participants experience an average level of burnout
- ▶ 63.2% (n=43) of RN participants experience an average level of secondary traumatic stress.

Professional Quality of Life Scale (ProQOL)

Compassion Satisfaction and Compassion Fatigue
(ProQOL) Version 5 (2009)

When you [help] people you have direct contact with their lives. As you may have found, your compassion for those you [help] can affect you in positive and negative ways. Below are some questions about your experiences, both positive and negative, as a [helper]. Consider each of the following questions about you and your current work situation. Select the number that honestly reflects how frequently you experienced these things in the last 30 days.

	1=Never	2=Rarely	3=Sometimes	4=Often	5=Very Often
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Results Associate Charge Nurse Manager (Quantitative)

- ▶ Three ACNM participants experience a high level of compassion satisfaction
- ▶ 73.3% (n=11) of ACNM participants experience an average level of compassion satisfaction
- ▶ 73.3% (n=11) of ACNM participants experience an average level of burnout
- ▶ 73.3% (n=11) of ACNM participants experience an average level of secondary traumatic stress.

Professional Quality of Life Scale (ProQOL)

*Compassion Satisfaction and Compassion Fatigue
(ProQOL) Version 5 (2009)*

When you *[help]* people you have direct contact with their lives. As you may have found, your compassion for those you *[help]* can affect you in positive and negative ways. Below are some questions about your experiences, both positive and negative, as a *[helper]*. Consider each of the following questions about you and your current work situation. Select the number that honestly reflects how frequently you experienced these things in the *last 30 days*.

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Results Associate Charge Nurse Manager (Qualitative)

- ▶ The ACNM focus group was carried out on the 21 June 2018. The focus group session began at 10am and lasted for 54 minutes. There were three ACNM participants.
- ▶ The four key themes from the focus group were:
 - ▶ defining the concept of ACNM and RN burnout
 - ▶ the context of the work environment
 - ▶ the stressors of being an ACNM
 - ▶ the need to minimise and manage ACNM and RN burnout.

Defining the Concept of ACNM and RN Burnout

“ Irritable, unreasonably irritable with a circumstance or situation. You can kind of tell from when they are not themselves, especially when the people have worked in the department for a while you know far more about them.”

(ACNM participant)

“ People are not coming to us because there is an expectation that they should cope. I think that is a lot to do with it. You are in the waiting room with thirty plus patient and you should cope, you should be alright.”

(ACNM participant)

The Context of the Work Environment

“I think our environment is a stressor. We are expected to be busy, we are expected to be rushed off our feet, that is our everyday norm now. So when it is busy people are not calling for help because there is no help. Like in all seriousness a lot of the time there is not, sometimes there is, but majority of the time there is not, and then usually I’m like oh nah, we’ll be right.”

(ACNM participant)

“There is a message that is being told when people and the department are stretched, in those little moments nurses have called for help from somewhere and then we [ACNM] say well you have got this staff, you should be okay? We have built a culture accidentally by having those kind of conversations with colleagues.”

(ACNM participant)

The Stressors of Being an ACNM

“There is a point where the resources are exhausted so then you have to just shrug your shoulders and get on with it. Probably the risk is a bit up there. I had a dream last night where I got stabbed by a patient; I thought that is not normal.”

(ACNM participant)

“Conflict resolution. Oh my god. That is the stuff that gives me the shakes and shits. When you are under pressure and that anxiety or your own dislike of conflict can flood you and prevent you from being able to think systematically about it.”

(ACNM participant)

The Need to Minimise and Manage ACNM and RN Burnout

“I feel our current practice as a charge nurse group for recognising burnout is stumbling across a nurse who does not seem quite right and having to ask the question. So it is not like people are coming to us saying they are not coping. You find them, you help them recognise that they’re not coping. I think people are not talking about it.”

(ACNM participant)

“Honestly, my go to has been alcohol not a whole bottle of wine, but definitely a least one glass. I have recognised that I do not like my relationship with alcohol. I do not like that I go, ‘tonight I deserve or I need a glass a wine because it is been hard.’ I just think that has the potential to escalate.”

(ACNM participant)

Results Registered Nurse (Qualitative)

- ▶ The RN focus group was carried out on the 26 June 2018. The focus group session began at 11am and lasted for 88 minutes. There were eight RN participants.
- ▶ The four key themes from the focus group were:
 - ▶ defining the concept of Registered Nurse burnout
 - ▶ the context of the work environment
 - ▶ the stressors of being a Registered Nurse
 - ▶ the need to minimise and manage Registered Nurse burnout.

Defining the Concept of Registered Nurse Burnout

“I think compassion fatigue. I have had a month off work due to burnout because I was in tears on the floor, like I could not cope with anything, I could not cope with the normal patient load, I just could not do it because I just got too burnt out. I just could not cope with the simple things, I just did not care anymore. It just wears you down.”

(RN participant)

“We have got all these reasons why we wanted to get in to nursing or why we love nursing and I guess when it is really bad even trying to remember those reasons it does not seem to justify what we do anymore.”

(RN participant)

The Context of the Work Environment

“We are lacking everything. We have a good team, but I do not know how long we can go with this good team.”

(RN participant)

“Basic nursing cares, there is just no time for it, we are consistently tasking all the time.”

(RN participant)

The Stressors of Being a Registered Nurse

“Some guy threw a computer at one of the nurses in the waiting room the other day. I went in to the room after the guy did it and told the nurse do not worry about it, this is normal. It is not right, but this is what happens here.”

(RN participant)

“I think in our area it is not the quantity of the patients. It is about how complex the patients are. They come in and there is loads of stuff that needs to be done. You cannot just leave them and move on to another patient because they are so complicated that you need to think about different things when caring for them. I think that is something that causes more trouble than anything else.”

(RN participant)

The Need to Minimise and Manage Registered Nurse Burnout.

“With me, what I do after my third day at work is some sort of sport. I can take all my frustrations out, it gives me a lot of energy. It is something that I enjoy.”

(RN participant)

“I try and eat as well as I can just to make sure I am actually healthy to come to work. At the same time not do too much on my days off because you do think that you are going to be tired when you go back to work if you actually have not had a break.”

(RN participant)

Recommendations for Middlemore Hospital Emergency Department

Registered Nurse Recommendations

- ▶ Improve all staffing levels within Emergency Department
- ▶ Create a mentorship programme for RNs in their first year
- ▶ Improve ACNMs' ability to carry out appraisals
- ▶ Have an EAP professional in the department every three months
- ▶ Offer self-defence classes
- ▶ Security to have a larger and more visible presence within Emergency Department.

Recommendations for Middlemore Hospital Emergency Department

Registered Nurse Recommendation

- ▶ Roster restrictions
- ▶ Management and ACNMs to be more supportive of ED RNs
- ▶ Provide RNs education on conflict manage techniques, violence and aggression within ED
- ▶ Provide education and teaching around coping strategies
- ▶ More opportunity for nurses to grow their knowledge and skill sets
- ▶ Improve communication processes between management and ED RNs.

Recommendations for Middlemore Hospital Emergency Department

Associated Charge Nurse Manager Recommendations

- ▶ Employ more ACNMs to manage the short fall
- ▶ Increase ACNMs' allocation of 'off the floor' time
- ▶ Provide ACNMs education programme on techniques to manage conflict, violence and aggression within ED
- ▶ Provide education and teaching around coping strategies
- ▶ Improve ACNMs' rosters
- ▶ Improve ED resourcing.

Conclusion

- ▶ This research provides clear evidence that Registered Nurses and Associated Charge Nurse Managers working at Middlemore Hospital Emergency Department are experiencing burnout and compassion fatigue.
- ▶ There is insufficient knowledge, education and resources related to Registered Nurse and Associated Charge Nurse Manager burnout within the Emergency Department context.
- ▶ To improve nursing wellbeing and prevent nurse burnout there needs to be a new approach in managing and preventing burnout for Emergency Department nurses and across the healthcare workforce as a whole.

Where to from here?

- ▶ How can we, as senior nurses and nurse leaders help manage and prevent nursing burnout?
- ▶ How can we build resilience in our future nursing workforce?
- ▶ How can we grow and nurture future senior nurses and nurse leaders?
- ▶ How can we prevent secondary traumatic stress?
- ▶ How can we promote compassion satisfaction and therefore minimise compassion fatigue?
- ▶ How can we promote that it is okay to ask for help?

Burnout and health a
The mediational role

Oscar Arrogante^{a,*}, Eva Apa...

^a Department of Nursing, University Centre of Heal
Spain

Burnout in the caring
behaviours

Article in British journal of nursing (Mark Allen Pub

The Association of Ps
Burnout in Operations

Aram Ghal

The Role of Nu
In Creating a M
In Acute Care


Research brief
A brief mindfulness-based stress reduction intervention
for nurses and nurse aides

Corey S. Mackenzie, PhD^{a,*}, Patricia A. Poulin, MA^a, Rhonda Seidman-Carlson, RN, MN^{b,1}

Mindfulness-based stress reduction: A literature review and
clinician's guide

Sharon Praissman, MS, CRNP (Nurse Practitioner)

What is the impact of shift work on the psychological functioning
and resilience of nurses? An integrative review

Mozhdeh Tahghighi , Clare S. Rees, Janie A. Brown, Lauren J. Breen & Desley Hegney

PREVENTING BURNOUT: THE
EFFECTS OF LMX AND MENTORING
ON SOCIALIZATION, ROLE STRESS,
AND BURNOUT

CHRISTOPHER H. THOMAS AND
MELENIE J. LANKAU

Mindfulness in nursing: an evolutionary concept analysis

Lacie White

Environments

Marie Earvolino-Ramirez, RN, MSN

nursing staff:
 annoyance

D and Juan Carlos Ayala Calvo² PhD

: an attempt and its difficulties

SONG BSc³

Cambridge, MA, ²Nurse Manager, Brigham and
School of Management, Cambridge, MA, USA

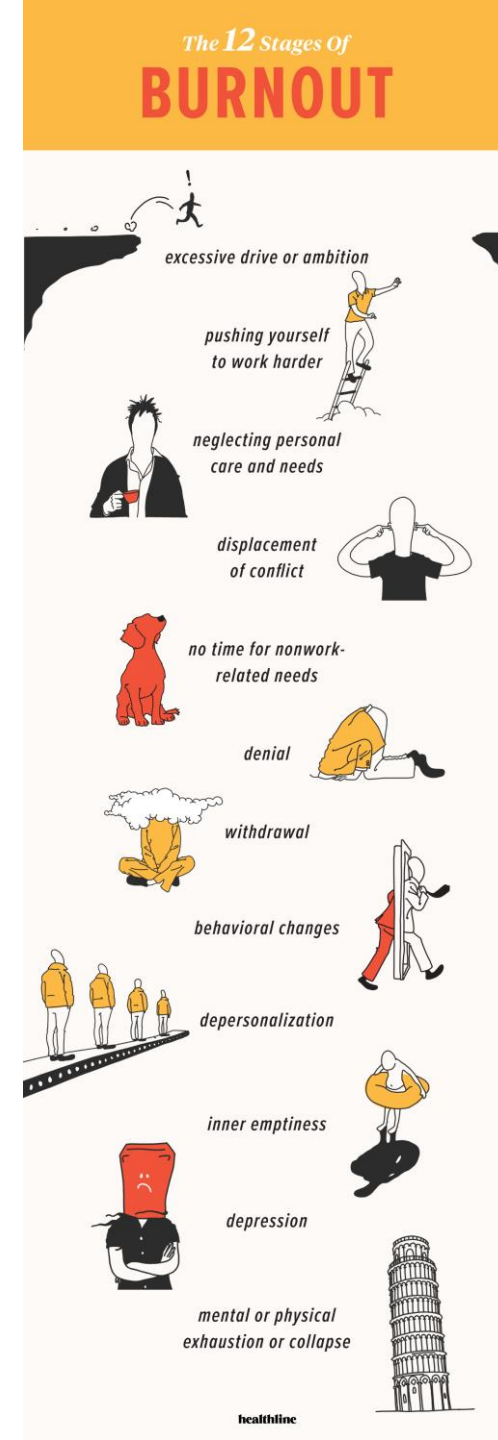
werment on psychological
ction in nursing and midwifery

UNDERS PhD² and TERESA O'HARA PhD³
Mid West, Limerick, ²Executive Director, Department of
nit, University of Limerick, Limerick and ³Adjunct Lecturer,
Ireland

A Concept Analysis

Ten Signs of Burnout

- ▶ Exhaustion
- ▶ Lack of motivation
- ▶ Frustration, cynicism, negative emotions
- ▶ Cognitive problems
- ▶ Poor job performance
- ▶ Interpersonal problems
- ▶ Being preoccupied
- ▶ Decreased satisfaction
- ▶ Health problems
- ▶ Poor personal care



Nurse Burnout Symptoms

PHYSICAL

- Sleep problems
- Appetite changes
- Headaches
- Shortness of breath
- High blood pressure

EMOTIONAL

- Anxiety
- Depression
- Tension
- Irritability
- Angry outbursts

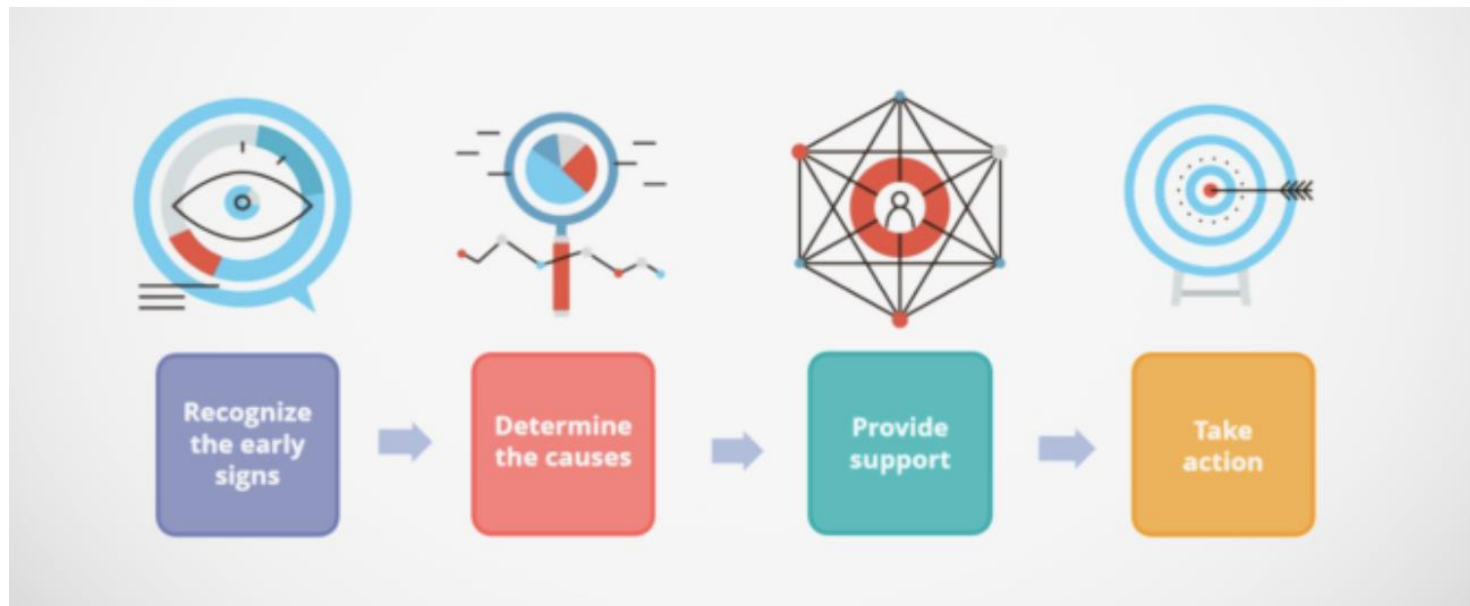
MENTAL

- Forgetfulness
- Lack of concentration
- Disorganization
- Indecisiveness
- Pessimism

Image Credit: Martic

How to Prevent Employee/Colleague Burnout

- ▶ Recognise early signs of burnout (be observant)
- ▶ Determine the burnout cause
- ▶ Provide support
- ▶ Take action (ACT)



CRACKS IN THE FOUNDATION

Undermine Nurse Resilience

Hospitals and health systems have never been more committed to engagement, retention, and wellness. Yet nurses around the world are stressed, overworked, and burned out.



According to Maslow's hierarchy of needs, individuals can't reach their full potential if they are struggling with basic needs. In today's care environment, unaddressed needs, or "cracks in the foundation", undermine nurse resilience and lead to frontline burnout.



To build a more resilient nursing workforce, leaders must repair four cracks in the foundation of the care environment:

- 1 Violence and **point-of-care safety threats** are now commonplace in health care settings.

Challenge:

Nurses don't feel equipped to respond to point-of-care safety threats. As a result, they often feel unsafe at work.

Executive Strategy:

Reduce response time to routine point-of-care threats.

- 2 Nurses feel they have to make **compromises in care delivery**.

Challenge:

Staff feel they can't deliver safe care to their patients because of staffing pressures.

Executive Strategy:

Surface and address sources of staffing-related distress.

- 3 Staff bounce from traumatic experiences to other care activities with **no time to recover**.

Challenge:

Nurses don't have time to recover from emotionally challenging situations, and they are too busy to use services that can help them debrief and process traumatic experiences.

Executive Strategy:

Make emotional support "opt out" only.

- 4 Fast-paced environments and incivility cause nurses to feel **"isolated in a crowd."**

Challenge:

Nurses spend more time working in isolation, with limited opportunities to connect meaningfully with their nursing peers.

Executive Strategy:

Restore nurse camaraderie on the wards.

Nursing Resilience

- ▶ “resilience is the ability to return to a state of normal or to bounce back from adversity or trauma and remain focused and optimistic about the future.”
 - ▶ Taking care of basic needs
 - ▶ Emotional stability
 - ▶ Confidence
 - ▶ Social support
 - ▶ Speaking the truth
 - ▶ Seeking insight
 - ▶ Having faith.

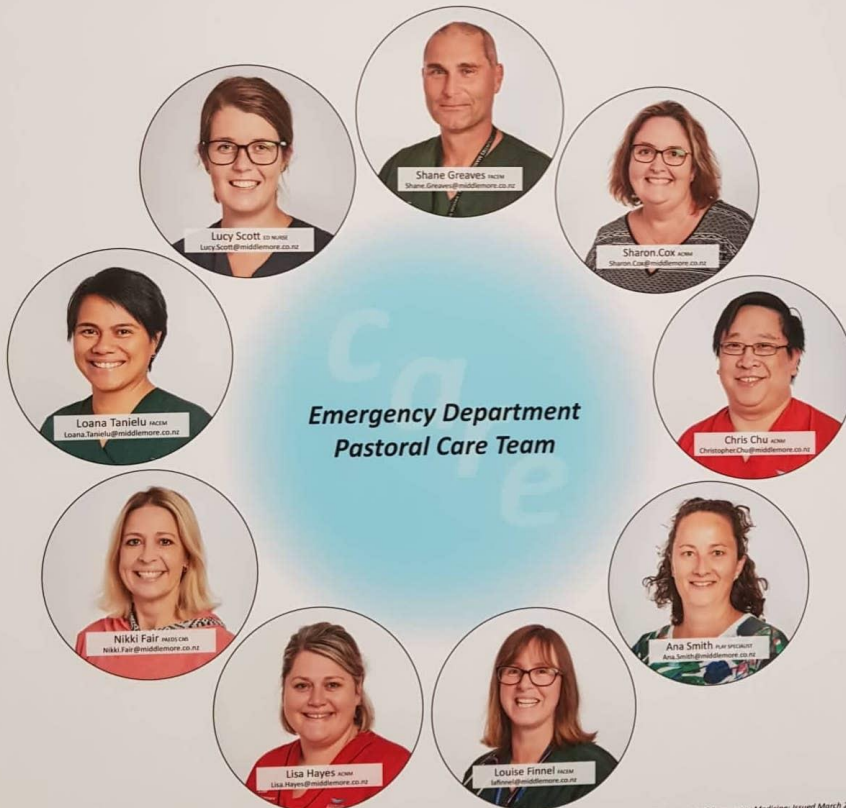
The Pastoral Care Team

COUNTIES MANUKAU HEALTH

We Care for our Staff

Unreasonable behaviour is not tolerated!
We want to maintain a safe culture in ED.

Our pastoral care team is here to listen and give advice about any issues that you have in a confidential environment.



Emergency Department Pastoral Care Team

- Lucy Scott WCCW
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- Shane Greaves WCCW
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Department of Emergency Medicine: Issued March 2019

EAP Drop in Sessions

EAP SUPPORT AVAILABLE

NEED SOMEONE TO TALK TO?


Feeling stressed?
Had a tough week?
A challenging shift?
Have things going on at home?

Carol from EAP (Employee Assistance Programme) will be running a drop-in-clinic for ALL ED staff every Monday to lend an ear, offer support, help with seeing things clearly, offer advice and arrange follow up as needed.

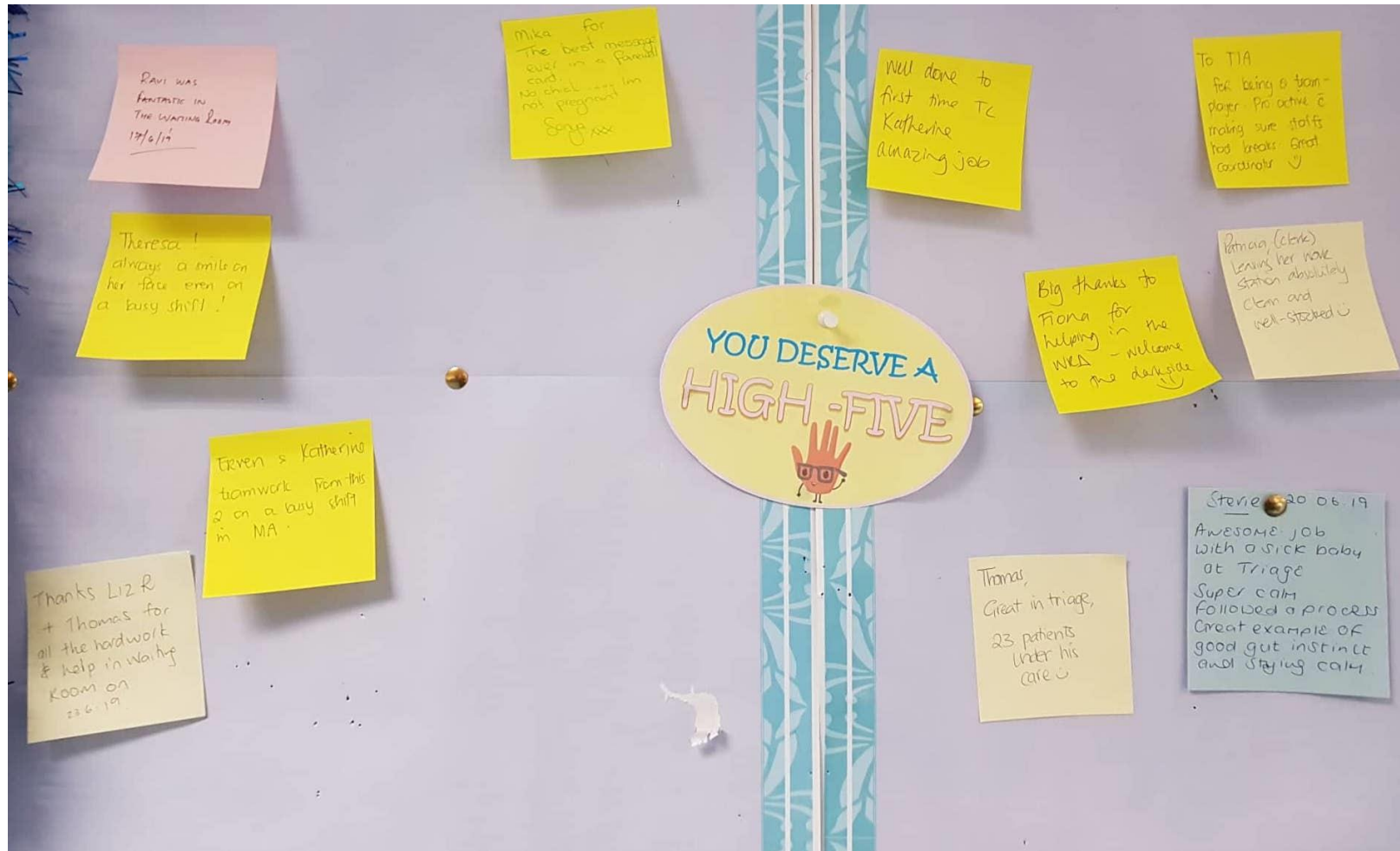
ALL CONVERSATIONS WITH CAROL ARE STRICTLY CONFIDENTIAL

**Medical Assessment Meeting Room
Mondays 1pm-3pm**

Drop in or leave your name and number in the envelope if the door is closed.



The High Five Board



Daily Clinical Huddles and Going Home Checklist


- ▶ We have implemented daily clinical huddles three times a day (1100, 1600, 2200). This is an opportunity for all clinical staff (nurses, HCAs and doctors) to come together and address their patient load, any concerns they may have and what assistance or help they may need.

- ▶ The Going Home Checklist



GOING HOME CHECKLIST

- ☐ Take a moment to think about today
- ☐ Acknowledge one thing that was difficult on shift - let it go
- ☐ Consider three things that went well
- ☐ Check on your colleagues before you leave - are they ok?
- ☐ Choose an action that signals the end of your shift
- ☐ Now switch your attention to home - rest and recharge

 Healthy Together

Ten Strategies to Preventing Burnout

- ▶ Work with purpose
- ▶ Exercise regularly
- ▶ Take control
- ▶ Learn to manage stress
- ▶ Coping strategies
- ▶ Give to others
- ▶ Seek support
- ▶ Unplug
- ▶ Delegate (learn to say no)
- ▶ **STOP AND BREATHE**

how to prevent **BURNOUT**



exercise



eat a balanced diet



*practice good
sleep habits*

ask for help



healthline



Thank You

- ▶ Thank you to Dr Stephen Jacobs, research supervisor
- ▶ A sincere thank you to Counties Manukau Health and Health Workforce New Zealand
- ▶ A special thank you to Dr Jenny Parr, Dianne Barnhill, Debbie Minton, Annie Fogarty and Fraser Brooks
- ▶ Lastly, heartfelt thanks to the dedicated, professional Registered Nurses and Associated Charge Nurse Managers who are integral members of Middlemore Hospital's Emergency Department team.

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