Emerging From Burnout: Keeping PACU Nurses Engaged After COVID
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**Background Information:** Perioperative nurses continue to face mental and physical stress and exhaustion in the workplace post-COVID. Nurses have continued to work with greater patient loads, few resources and financial recovery restrictions from hospitals, adding to the stress and burnout among the nursing profession. Nurses in the perioperative setting at Kootenai Health have worked with fellow staff members and nursing leadership to create an environment that emphasizes self-care, work-life balance and control of schedule to increase nursing moral and staff retention.

**Objectives of Project:** To decrease perioperative nurse burnout by identifying the areas of greatest concern, then increasing awareness, education, and overall moral in the perioperative setting.

**Process of Implementation:** Discussion of perioperative nurse burnout factors and stressors at monthly perioperative staff meetings and Unit Practice Council (UPC) meetings.

**Statement of Successful Practice:** With the identification and recognition of stressors resulting in burnout, nurses verbalized their concerns to perioperative department coordinators and managers. Available resources were identified and staff surveys were distributed to help identify the greatest stressors and need for change. After a review of individual stressors and anonymous department survey results regarding schedule preferences, the UPC trialed new practices include the implementation of an optional online self-schedule or block schedule template; cross-training of perioperative nurses in Pre Op, PACU Phase I, Phase II and Extended Recovery Unit (ERU) areas; optional points-based clinical ladder program for nurse recognition with financial rewards; hospital-wide points-based wellness program; and encouraged use of scheduled paid time off (PTO) for self-care and wellness.

**Implications for Advancing the Practice of Perianesthesia Nursing:** Perioperative nurses self-reported an overall increase in personal moral and job satisfaction by having more control of their work-life balance though self-scheduling, optional clinical ladder programs, scheduled use of PTO, intradepartmental cross-training, hospital-wide wellness resources and an open-door management environment.