

Decreasing Burnout: One Unit's Story of Small Process Improvements Which Impacted Nurse Well-Being

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Introduction: Nurses are experiencing burnout at alarming rates. Surveys among healthcare workers show that high-stress work environments drive nurses to leave the profession. Nurses reporting symptoms of burnout are at increased risk of making errors. Inefficient workflows in the clinical setting can lead to burnout.

Identification of the problem: Inefficient workflows in the clinical setting can lead to nurse apathy and burnout.

QI question/Purpose of the study: This project assesses how providing courses from Well-being Essentials for Learning Life-Balance (WELL-B) and encouraging engagement through quality improvement initiatives that affect workflow impact nurses' self-reported symptoms of burnout.

Methods: Monthly Well-B education topics addressed personal resilience utilizing bite sized interventions to improve well-being. Topics ranged from the neuroscience of hope, grief and growth and, the science of sleep. Individual self-assessments were used to monitor self-reported symptoms of burnout. Concurrently, nursing leaders empowered pediatric preoperative nurses to choose a QI project that had potential to optimize nursing workflow. Nurse leaders applied a transformational leadership style to establish a shared purpose and team expectations. The leadership intervention included completing action plans between meetings and following through on process measures and implementation strategies. Value stream mapping was utilized to define inefficiencies in pre-surgery pregnancy testing. A team of clinical nurses and nurses leaders collaborated to establish optimized workflows. Nurse leaders would follow up on action items to ensure implementation was supported. Evaluation of the micro adjustments to workflow were completed during biweekly team meetings. The team would then make further adjustments until the process was optimized.

Outcomes/Results: Pre-interventions, 52% of pediatric preoperative nurses and PCTs self-reported symptoms of burnout. A year post-intervention, 35% of nurses and PCTs reported symptoms of burnout, representing a 17% decrease in self-reported symptoms of burnout. Among nurses who participated in the QI project 20% self-reported symptoms of burnout. Pre-intervention urine pregnancy testing took 10.5 minutes. After workflow redesign urine pregnancy testing took 5.83 minutes.

Discussion: Local leadership engagement with front-line nurses has been linked to readiness to engage in quality improvement. Key leadership behaviors that build psychological safety are setting expectations and being available to team members. Partnership among nurses implementing mini experiments was key to driving workflow changes and engagement.

Conclusions: Transformational and relational leadership styles are associated with higher nurse satisfaction and work effectiveness. Engaging frontline nurses in quality improvement simultaneously builds engagement and decreases burnout.

Implications for perianesthesia nurses and future research: Future research should focus on joy in the workplace by studying areas such as efficiency of practice, personal resilience, and cultures of wellness. Perianesthesia nurses work in high-stress, fast-paced environments where error prevention is critical to the safety of patients and nurses.