INCIDENCE OF BURNOUT IN PRIMARY CARE

DELYNNE BRUBAKER, RN/BSN, NCM

HILLSBORO CBOC / PORTLAND VA MEDICAL CENTER

ACKNOWLEDGEMENTS

- Thank you to the following persons for supporting me during my first Evidence Based Practice project.
- The EBP Fellowship team
- Ingrid J. Siegman MSN, RN-BC, CNS-PP, ACCNS-AG

BACKGROUND

- My initial question was to figure out which intervention would work best to help decrease/prevent burnout and increase work satisfaction in the Primary Care RN.

- Evidence review found few articles that included, Primary Care nurses and none that were conducted in the United States. There were a few from other countries but these were literature reviews and not new research. Most research focuses on high acuity/high stress nursing such as Emergency room, oncology and ICU. This was because of the frequent losses and complexity of the patient population and the demands of the work environment. Not unlike our Primary Care clinics

- Describe problem: Burnout is the end result of progressive emotional exhaustion(EE) which triggers the defense mechanism of depersonalization(DP) that in turn leads to decreased sense of personal accomplishment. Major contributing factors are work environment, social support, personal characteristics.

- For this reason burnout in health care workers is of great concern for the future of health care. Development of burnout leads to things such as decreased engagement and productivity, increased absences and decisions to leave employer or profession all together.

- It costs the Portland VA approx $80K-$100K to onboard and train each individual staff, with an average time to onboard of at least 3months. There was an average of 9% turnover for RN staff the last 2 years. In Jan 2020, 50 resignations, 21 retirements, 21 transfers to over VA, 2 terminations, and 2 deaths for a total of 96 in one month alone. That equals $7,200,000-$9,600,000 to replace losses.

PICO(T) QUESTION

- Initial question: In Primary Care Nurses(P), which works better physical activity(I) or mental calming(C), to decrease symptoms of burnout and increase work satisfaction(O) over 6 month period(T)

- New Question: What is the incidence of Burnout in Primary Care Nurses and is this different higher or lower in the CBOCs that have implemented well being programs for their staff.

Evidence Retrieved
(# / Quality per JHNEBP Criteria)

Research Evidence				
Non-experimental	Quasi-experimental	Experimental	Systematic Reviews	Meta-analysis/ Meta-synthesis
Example: 2 (Low; good)	0	3 (Good; high)	0	0
Non-Research Evidence				
Expert Opinion	Organizational (QI/financial data)	Clinical Practice Guidelines		
0	0	0		

- Databases searched: CINHAL
- Key words used: NURSING, BURNOUT, RESILIENCY, PRIMARY CARE
- Limits used (e.g., years, human, age): English, full text, human,

Evidence Summary

- Unable to find any research that noted both Primary Care Nurses and United States as subjects.
- Concern that all articles were from volunteer, small non-random subject pools.
- ???Write a conclusion statement for the body of evidence appraised for the PICO(T) question

ACTION PLAN

- Obtain baseline data on current state of burnout in Primary Care nurses using Maslach Burnout Inventory.
- Explore difference in reports between clinics with early adopted resiliency programs and those who either did not adopt or were late
- over the next year
- Specific metrics (both process and outcome as applicable) ???

  --- Consider table on next slide to describe process & outcome measures

PROJECT METRICS

	Metric	Operational Definition	Source of Data	Data Collection Frequency	Data Aggregation (frequency & level of analysis – unit, pt. pop)	Feedback Plan (to what stakeholders, & when)
PROCESS						
OUTCOME						

RESULTS

- Display your process and outcome metrics
- Denote your sample size (n)

Return on Investment

Cost of Change		Benefit of Change		
Supplies:	$		Baseline	Post
		One-time reduction (supplies, labor, equipment)	$	$
		Ongoing reductions (supplies)	$	$
Equipment:	$	Increased revenue (e.g., higher patient volumes, reduced LOS or readmissions)	$	$
Labor costs:	$	Prevention of complications*	$	$
Other costs:	$	Other	$	$
Subtotal	$	Subtotal	$	$
OVERALL RETURN ON INVESTMENT		$		

*Obtain cost of complication/case from finance OR annualize savings from most recent costs found in literature

CHALLENGES

- First EBP project so there was a **large** learning curve
- Poor time management and organization
- Had to learn resources and where to get information
- Limited time to be able to work on project
- Lack of current research in subject field

IMPLICATIONS FOR PRACTICE

- Identify major implications of your results: Research into current state of burnout in Primary Care Nurses needs to be conducted
- Specify other units where spreading best practice might be applicable: all CBOCs could benefit from current state.

CONCLUSION

- There is a major hole in our knowledge of the well being of our Primary Care Nurses.

QUESTIONS & DISCUSSION

REFERENCES

References

An, P. G., Manwell, L. B., Williams, E. S., Laiteerapong, N., Brown, R. L., Rabatin, J. S., et al. (2013). Does a higher frequency of difficult patient encounters lead to lower quality care? *Journal of Family Practice, 62*(1), 24-29.

Beaudoin, L. E., & Edgar, L. (2003). Hassles: Their importance to nurses' quality of work life. *Nursing Economic$, 21*(3), 106-113.

Cañadas-De la Fuente, Guillermo A., Vargas, C., San Luis, C., García, I., Cañadas, G. R., & De la Fuente, Emilia I. (2015). Risk factors and prevalence of burnout syndrome in the nursing profession. *International Journal of Nursing Studies, 52*(1), 240-249.

Chang, H., Shyu, Y. L., Wong, M., Chu, T., Lo, Y., & Teng, C. (2017). How does burnout impact the three components of nursing professional commitment? *Scandinavian Journal of Caring Sciences, 31*(4), 1003-1011.

Cultivating resilience against nurse burnout.(2019). *AACN Bold Voices, 11*(12), 11-11.

Dyrbye, L. N., Shanafelt, T. D., Johnson, P. O., Johnson, L. A., Satele, D., & West, C. P. (2019). A cross-sectional study exploring the relationship between burnout, absenteeism, and job performance among american nurses. *BMC Nursing, 18*(1), N.PAG-N.PAG.

Ejlertsson, L., Heijbel, B., Troein, M., & Brorsson, A. (2018). Variation, companionship and manageability important for recovery during working hours: A qualitative focus group study. *Work, 61*(1), 149-156.

Garcia-Dia, M., O'Flaherty, D., & Arreglado, T. M. (2018). Cultivating resilience in the workplace: Relationship between demographic factors and nurses' perception of resilience. *Journal of Nursing Practice Applications & Reviews of Research, 8*(1), 6-13.

Holmes, E. S., dos Santos, S. R., Farias, J. A., & Costa, M. B. d. S. (2014). Burnout syndrome in nurses acting in primary care: An impact on quality of life. *Revista De Pesquisa: Cuidado e Fundamental, 6*(4), 1384-1395.

Melquíades Menezes, P. C., Ribeiro César Alves, Érica Surama, de Araújo Neto, Severino Aires, Barbosa Davim, R. M., & de Oliveira Guaré, R. (2017). Burnout syndrome: A reflective analysis. *Journal of Nursing UFPE / Revista De Enfermagem UFPE, 11*(12), 5092-5101.

Potter, P., Deshields, T., Divanbeigi, J., Berger, J., Cipriano, D., Norris, L., et al. (2010). Compassion fatigue and burnout. *Clinical Journal of Oncology Nursing, 14*(5), E56-62.

Stacey, G., & Cook, G. (2019). A scoping review exploring how the conceptualisation of resilience in nursing influences interventions aimed at increasing resilience. *International Practice Development Journal, 9*(1), 1-16.

Van Bogaert, P., Peremans, L., Van Heusden, D., Verspuy, M., Kureckova, V., Van de Cruys, Z., et al. (2017). Predictors of burnout, work engagement and nurse reported job outcomes and quality of care: A mixed method study. *BMC Nursing, 18*, 1-14.

Werneburg, B. L., Jenkins, S. M., Friend, J. L., Berkland, B. E., Clark, M. M., Rosedahl, J. K., et al. (2018). Improving resiliency in healthcare employees. *American Journal of Health Behavior, 42*(1), 39-50.