Pediatric Nurse Burnout and Involvement in Quality Improvement

Denise D. Quigley, Mary Ellen Slaughter, Nabeel Qureshi, Courtney Gidengil, Ron D. Hays
The RAND Corporation

Purpose: Burnout among nurses negatively impacts patient care experiences and safety. Inpatient pediatric nurses are high risk for burnout due to high patient volumes, inadequate staffing, and the need to balance the demands of patients, families, and team members. We examined the associations of inpatient pediatric nurse burnout with their perspectives on the importance of quality at the hospital, patient experience measurement, quality improvement (QI), unit culture, and staffing.
Methods: We conducted a cross-sectional study at an urban children's hospital. We surveyed pediatric nurses about their perspectives including the single-item Maslach Burnout Inventory. We fit separate regression models, controlling for role, location, and unit, predicting outcome measures from the dichotomized burnout scale.
Results: Twenty-seven percent of pediatric nurses reported burnout. Nurses who had more confidence in patient experience measurement received frequent patient experience performance reports, felt included in QI, and experienced QI efforts as integrated into patient care and reported not being burned out (compared to those reporting burnout; all p-values<0.05). More open communication among nurses (e.g., about possible problems with care) and unit-level teamwork was also associated with not being burned out, whereas a larger QI workload was associated with burnout (p-values<0.05).
Conclusions: Open communication among nurses and nurses being more involved and valued in QI efforts were related to not being burned out. Research is needed to further examine aspects of QI involvement that reduce burnout.
Practice implications: Supporting open communication among pediatric nurses, engaging them in QI, and integrating QI into patient care while minimizing QI workload may decrease burnout.

CONTACT

Denise D. Quigley
RAND Corporation
Email: Quigley@rand.org
Phone: 310-393-0411
Website: https://www.rand.org/

INTRODUCTION

Despite the well-established relationship between adequate and consistent hospital staffing, support, and dedicated work time for nurses to learn from their experiences with a reduction in nurse burnout, there is little evidence about how QI activities aimed at improving care related to nurse burnout, and whether QI activities contribute to or mitigate burnout. If QI activities enable nurses to improve the care they provide and allow their voices to be heard, then it could minimize nurse burnout. However, if the QI is seen as an added burden on top of delivering direct care to patients, then QI efforts could increase burnout. To address this gap in the literature, we examined the perspectives of inpatient pediatric nursing staff about the importance of quality, engagement in the measurement of patient experience, QI (attitudes, inclusion, workload), unit culture, and staffing by nurse burnout status.

METHODS AND MATERIALS

We partnered with an urban, 131-bed children's hospital in the United States with two facilities nested within an academic medical center. We surveyed frontline, bedside nursing staff about patient experience measurement and included the single-item version of the Maslach Burnout Inventory. Eligibility was based on being a pediatric non-physician nursing staff member on any of the pediatric units including the pediatric and neonatal intensive care units (PICU and NICU, respectively), and pediatric cardiac ICU units. We accessed Child HCAHPS patient experience survey data collected at the two facilities.

RESULTS

Surveys were completed by 90 frontline hospital nursing staff and 28% reported being burned out. We found no significant differences between respondents with burnout compared with those not experiencing burnout across roles (registered nurse vs. licensed practical or licensed vocational nurses), location, unit, and social desirability (see Table).

Those reporting burnout were significantly less likely to feel that Child HCAHPS scores were valid (Cohen's d=0.56), have received internally generated reports containing information on patient experiences of pediatric and/or NICU inpatient care (Cohen's d=0.40), feel that QI efforts were integrated into patient care (Cohen's d=0.70) and perceive QI efforts to be a burden (Cohen's d = 0.98). We also found that nurses who reported burnout had significantly lower agreement with unit functions being very well together as a team--i.e., unit-level teamwork (Cohen's d = 0.91).

TABLE

Children's Hospital Nursing Staff Characteristics, Overall & By Burnout Status.

Categorical Measures	Burned out+ % (N)	Not Burned out % (N)	Overall % (N)	P-value
Role				0.189
Registered Nurse (RN)	88% (22)	75% (49)	79% (71)	
Licensed Practical or Vocational Nurse (LVN)	12% (3)	25% (16)	21% (19)	
Location				0.137
Location 1	92% (23)	77% (50)	81% (73)	
Location 2	8% (2)	23% (15)	19% (17)	
Unit				0.723
Neonatal Intensive Care Unit (NICU)	24% (6)	28% (18)	27% (24)	
Pediatric Units (PU)*	76% (19)	72% (47)	73% (66)	
Total	**28% (25)**	**72% (65)**	**100% (90)**	
Continuous Measure	**Mean (SD)**	**Mean (SD)**	**Overall Mean (SD)**	
Social Desirability	64.8 (29.0)	67.7 (25.4)	66.9 (26.3)	0.664

Note: * Includes Pediatric Intensive Care Unit. + Burned out versus Not Burned out is measured by the single Maslach Burnout Inventory item, which uses a five-category response scale: 1 = "I enjoy my work. I have no symptoms of burnout."; 2 = "Occasionally I am under stress, and I don't always have as much energy as I once did, but I don't feel burned out."; 3 = "I am definitely burning out and have one or more symptoms of burnout, such as physical and emotional exhaustion."; 4 = "The symptoms of burnout that I'm experiencing won't go away. I think about frustrations at work a lot."; and 5 = "I feel completely burned out and often wonder if I can go on. I am at the point where I may need some changes or may need to seek some sort of help."; "Burned out" is defined by a respondent having a score of 3 or higher, resulting in a dichotomized (0/1) burnout scale of Burned out and Not Burned out. Social desirability is measured by the 5-item social desirability scale (Hays et al., 1989).

DISCUSSION

Communication among pediatric nursing staff about possible problems with care delivery is needed to engage and support nurses. Part of being engaged as a pediatric nurse may be experienced through discussing possible problems with care delivery, receiving data on patient and family experience of care metrics, and being valued in QI activities. Supporting open communication among pediatric nursing staff, engaging nurses in QI, and integrating QI in patient care may decrease nurse burnout. We provide preliminary evidence that engaging pediatric nursing staff in QI and integrating QI in pediatric care is associated with decreased nurse burnout; one possible interpretation is that such engagement may decrease burnout. Unit-level teamwork and not feeling that QI negatively impacts workload decreases nurse burnout.

CONCLUSIONS

As healthcare systems, including those that care for children, move to more value-based payment structures, they will increasingly rely on nurses in their QI roles to make changes to support patient care and make improvements to care delivery and care experiences. Further research is needed to examine the direction of the relationship between burnout and which aspects of QI involvement drives down burnout and increases nurse involvement in care.

REFERENCES

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