Burnout Among Advance Practice Registered Nurses in a Pediatric Acute Care Setting
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Introduction & Problem Significance
- Burnout, a state of emotional, mental, and physical exhaustion from which it is difficult to escape, is a major factor affecting health care workers. Nurses and other health care workers who work in pediatric acute care settings are no exception.

Purpose & Aims
To decrease the rate of burnout for APRNs in a pediatric acute care setting.
- Determine the impact of an evidenced-based burnout education program on health indicators and work performance.
- Determine the effect of the evidenced-based burnout education program on recognizing emotional and mental signs and symptoms early through a Likert Survey and Maslach Burnout Inventory (MBI): Human Services Survey for Medical Personnel.
- Determine the impact of increased APRN leadership presence among staff and overall mental well-being to decrease rates of burnout and turnover.

Methods
- Design: pre/posttest intervention design.
- Setting: Hematology, Oncology, Bone Marrow Transplant center at a pediatric academic medical center in the Midwest.
- Sample: Convenience sample of 40 Board certified pediatric or family APRNs who work in inpatient hematology, oncology, or bone marrow transplant units, provide direct patient care, employed at least part-time, and employees of the project site.
- Ethical Review: obtained from the IRB at the project site and from Johns Hopkins School of Nursing Ethical Review Committee for this human research-based project in June 2022.
- Intervention: Burnout education PowerPoint and weekly leadership rounding.
- Measures: Maslach Burnout Inventory (MBI); Human Services Survey for Medical Personnel and Likert scale survey questions to evaluate participants level of burnout pre/post intervention.
- Analyses: Descriptive statistics of central tendency (counts and percentages); paired t-testing using statistical analysis with SPSS version 25.

Results
- Participant Demographics (n = 40)
  - Mean Age: 33.5 years
  - Gender: 100% female
  - Board Certification: Pediatric Acute 7.5%, Pediatric Primary 52.5%, Family 40%
  - Full-time equivalency: 1.0 67.5%, 0.9 32.5%
  - Type of shift: Day shift 100%
  - Type of unit: Oncology 50%, Bone Marrow Transplant 37.5%, Hematology 12.5%

Aim 1 Pre/Post Mean Difference
- Participants reported a decrease in burnout.

Aim 2 Pre/Post Mean Difference
- Participants reported a decrease in physical symptoms of burnout.

Aim 3 Pre/Post Mean Difference
- Participants reported an increase in emotional wellbeing and work performance.

Discussion
- Physical and emotional symptoms of burnout were reported and more easily recognized after completing the intervention.
- The most commonly reported physical symptom was headaches while feeling drained and accomplishing less.
- The most emotionally reported symptoms were feeling unappreciated and their work not seen.
- Increased leadership presence created a positive response among participants.
- Future studies could look further into the correlation between leadership presence and APRN value of work.

Limitations
- Hospital policy changes during COVID.
- Patient population with a higher percentage of end-of-life care and high acuity.
- There is variation among practice and utilization of APRNs in the inpatient setting across different units.
- Self-report surveys subjected to bias.

Sustainability and Dissemination
- Adapted burnout PowerPoint presentation to be included in future education.
- APRN leadership looking to increase leadership presence in other units.
- Timeline for implementing leadership presence among other units is uncertain due to ongoing COVID restrictions in some inpatient settings.
- This DNP project is also intended to be submitted to the pediatric hospital’s APRN conference for a poster presentation.

Conclusion
- To address burnout in APRNs, specifically APRNs in a pediatric acute care setting, a burnout program with leadership presence is a key component in having APRNs recognize burnout symptoms and intervene early.
- Increasing leadership presence significantly improved relationships with APRNs and led to APRNs being more open and honest about their stressors.

Key References