

# Burnout Among Advance Practice Registered Nurses in a Pediatric Acute Care Setting

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## Introduction & Problem Significance

- ~25% of APRNs are affected by burnout. 20% quit employment within their first year.
- There is limited data on APRN burnout compared to physician burnout.
- Burnout has negative implications on APRN working conditions, patient care, and hospital finances.

## Purpose & Aims

To decrease the rates 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

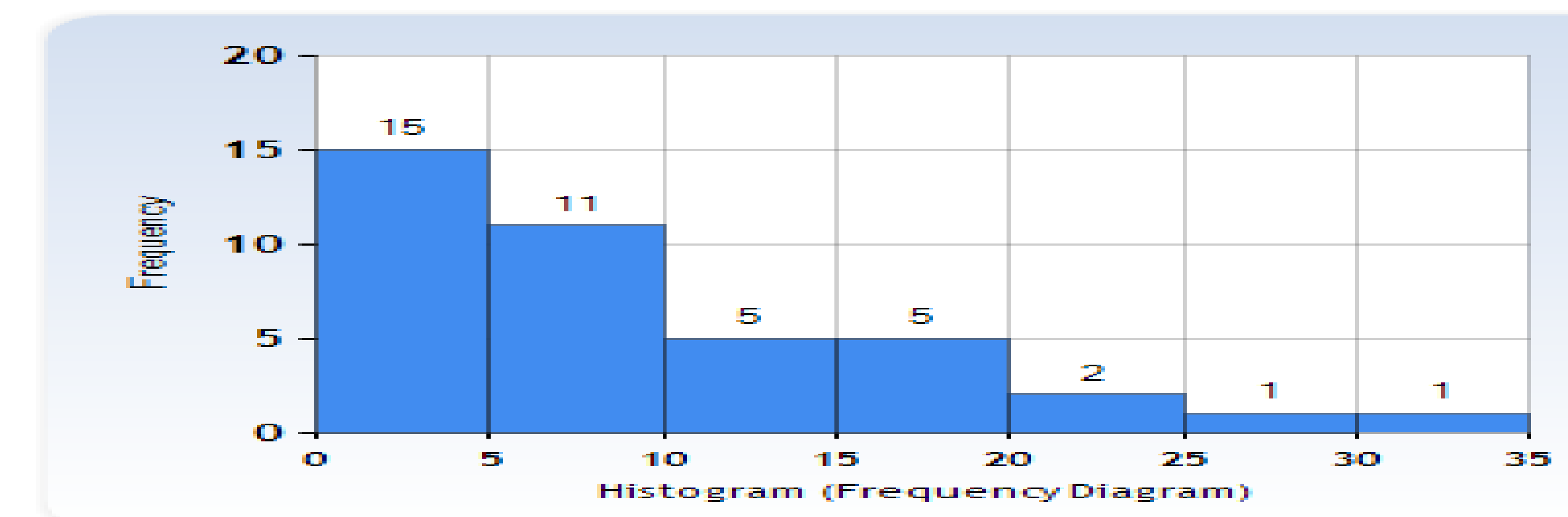
- Design: pre/posttest intervention design.
- Setting: Hematology, Oncology, Bone Marrow Transplant center at a pediatric academic medical center in the Midwest.
- Sample: Convenience sample of 40 Board certified pediatric or family APRNs who work in inpatient hematology, oncology, or bone marrow transplant 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 Project 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

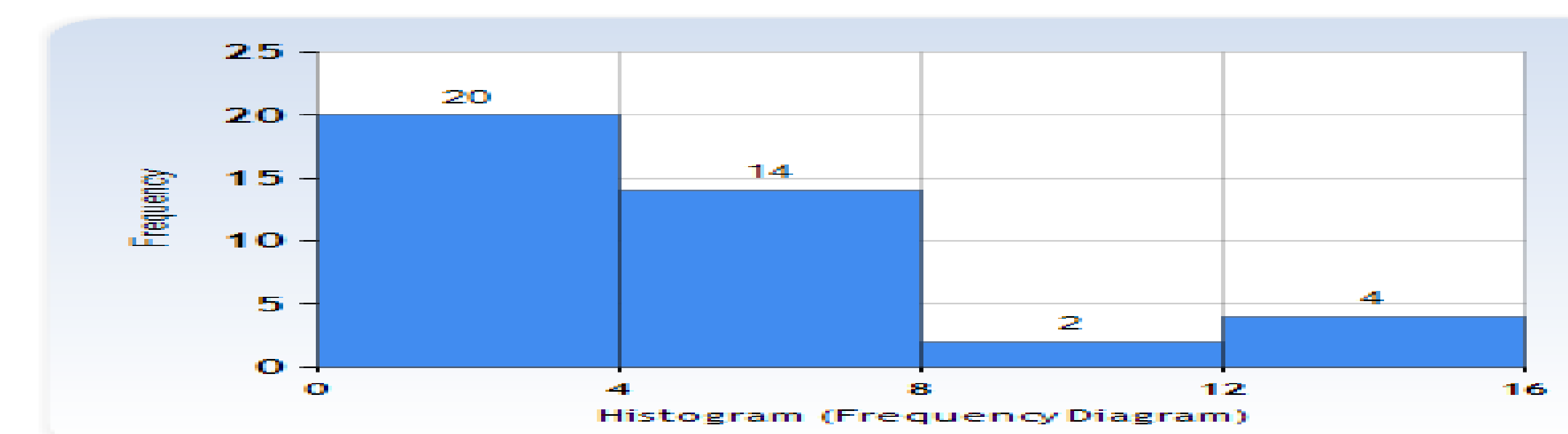
### Participant Demographics (n = 40)

- 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%

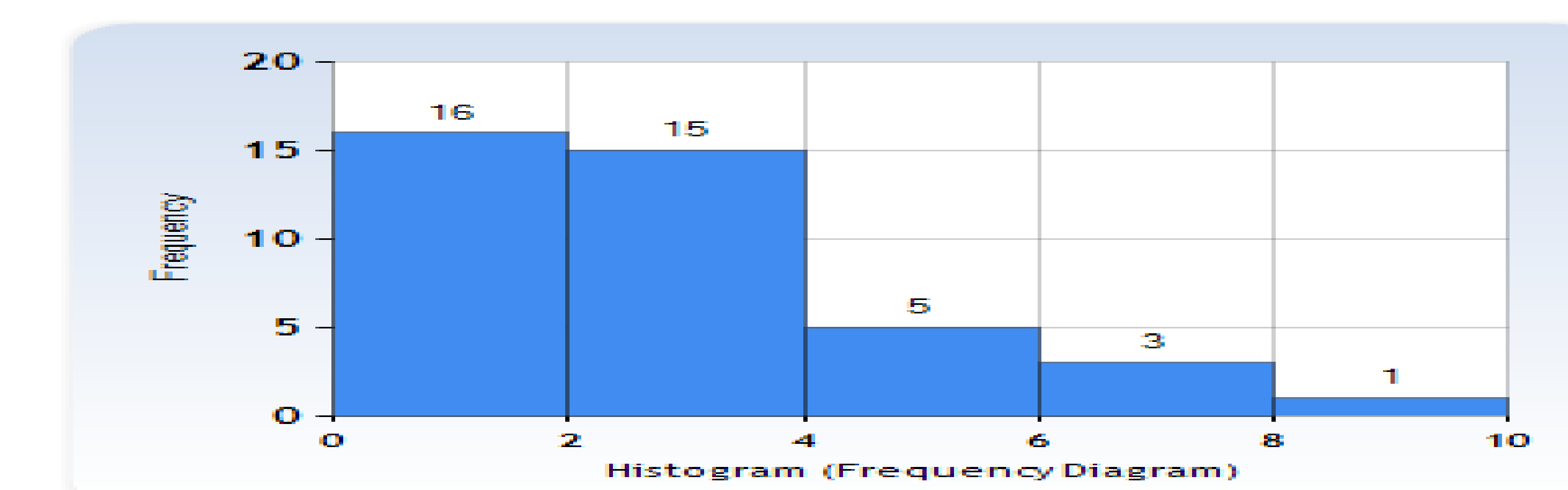
### Aim 1 Pre/Post Mean Difference



### Aim 2 Pre/Post Mean Difference



### Aim 3 Pre/Post Mean Difference



## 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 accomplishments not feeling worthwhile were the highest emotionally reported symptoms.
- 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

- Adams, A., Hollingsworth, A., & Osman, A. (2019). The Implementation of a Cultural Change Toolkit to Reduce Nursing Burnout and Mitigate Nurse Turnover in the Emergency Department. *Journal of emergency nursing*, 45(4), 452-456. <https://doi.org/10.1016/j.jen.2019.03.004>
- Bourdeanu, L., Zhou, Q., DeSampier, M., Pericak, K.A., & Pericak, A. (2020). Burnout, Workplace Factors, and Intent to Leave Among Hematology/Oncology Nurse Practitioners. *Journal of the Advanced Practitioner in Oncology*, 11(2).doi:10.6004/jadpro.2020.11.2.2
- Kapu, A. N., Borg Card, E., Jackson, H., Kleinpell, R., Kendall, J., Luepar, B. K., LeBar, K., Dietrich, M. S., Araya, W. A., Delle, J., Payne, K., Ford, J., & Dubree, M. (2019). Assessing and addressing practitioner burnout: Results from an advanced practice registered nurse health and well-being study. *Journal of the American Association of Nurse Practitioners*, 10.1097/JXX.0000000000000324.