

Nurse Burnout in Medical Surgical Units

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Nurse Burnout in Medical Surgical Units

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BACKGROUND

- Experience of being a new nurse and feeling burnout
- Fellow nurses experiencing feelings of burnout
- Short staffing & high acuity patients
- Nurse burnout reduces the quality of nursing care leading to psychological problems, an increase in workplace accidents, and impairs inter-personal and organizational relationships. (Darban, Balouchi, Narquipour, Safarzaei, & Shahdadi, 2016)

PICO

- **P – Medical-Surgical Nurses**
- **I – Mindfulness-based Stress Reduction (MBSR) Management and Resiliency Training**
- **C – Maladaptive Coping**
- **O - Scores on Nurse Burnout Assessment tool (PROQOL) Version 5**

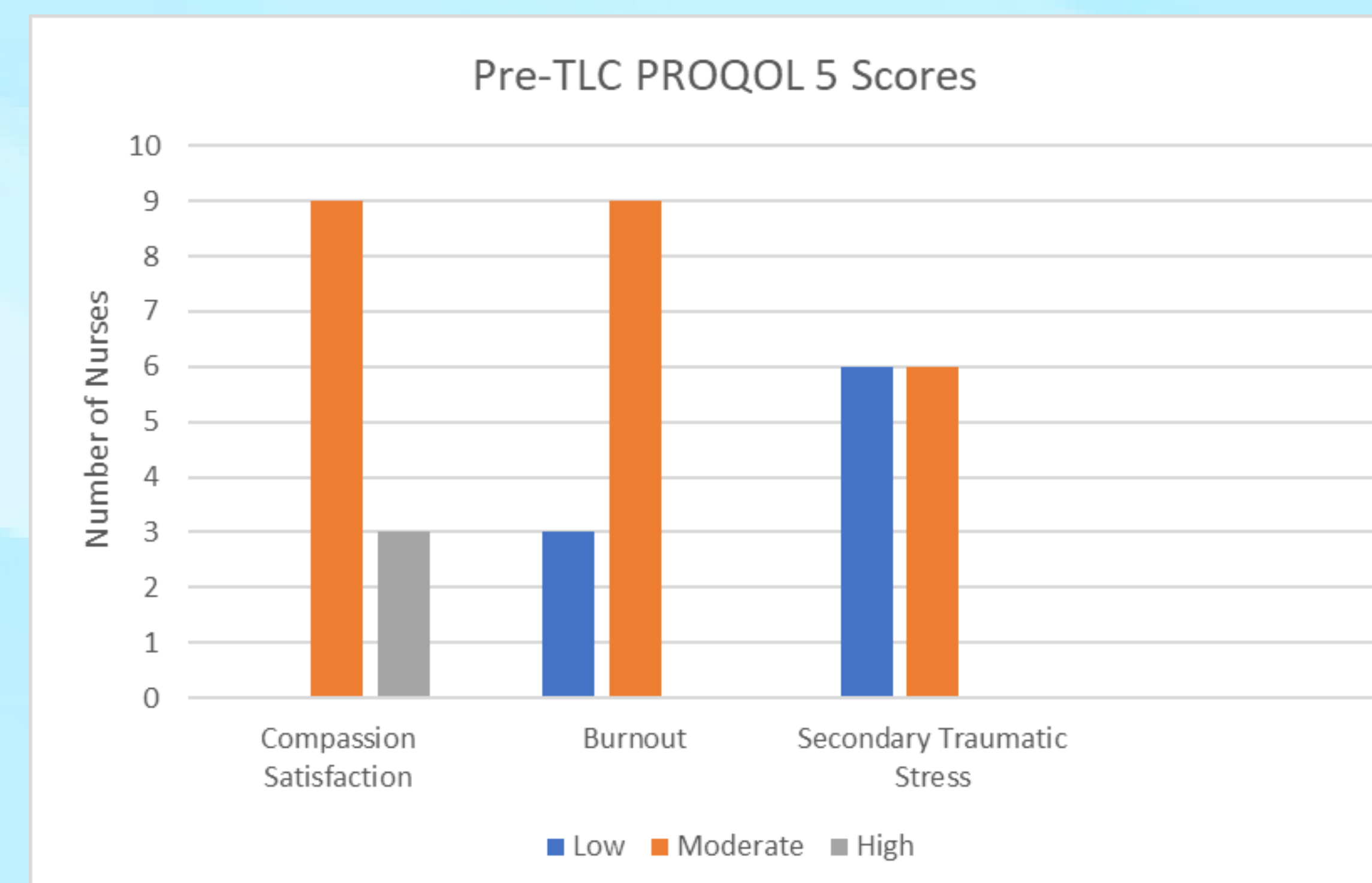
EVIDENCE

- Communication training improves nurses' capability for self-efficacy under critical conditions and has a direct impact on mental health. (Darban, Balouchi, Narouipour, Safarzaei, & Shahdadi, 2016)
- The key to maintaining skilled and resilient nurses includes, a positive work environment, programs that enhance resiliency, and support systems to prevent burnout. (Brown, Whichello, & Price, 2018)
- By incorporating hardiness education into the culture of an organization, burnout among nurses can be lowered and nurses can continue to strengthen their hardiness; which can make a positive impact among nurses and their organization. (Henderson, 2015)
- The three good things exercise is a low cost, minimal time and effort commitment that can help address the urgent need to improve caregivers' well-being and mental health. (Sexton & Adair, 2018)

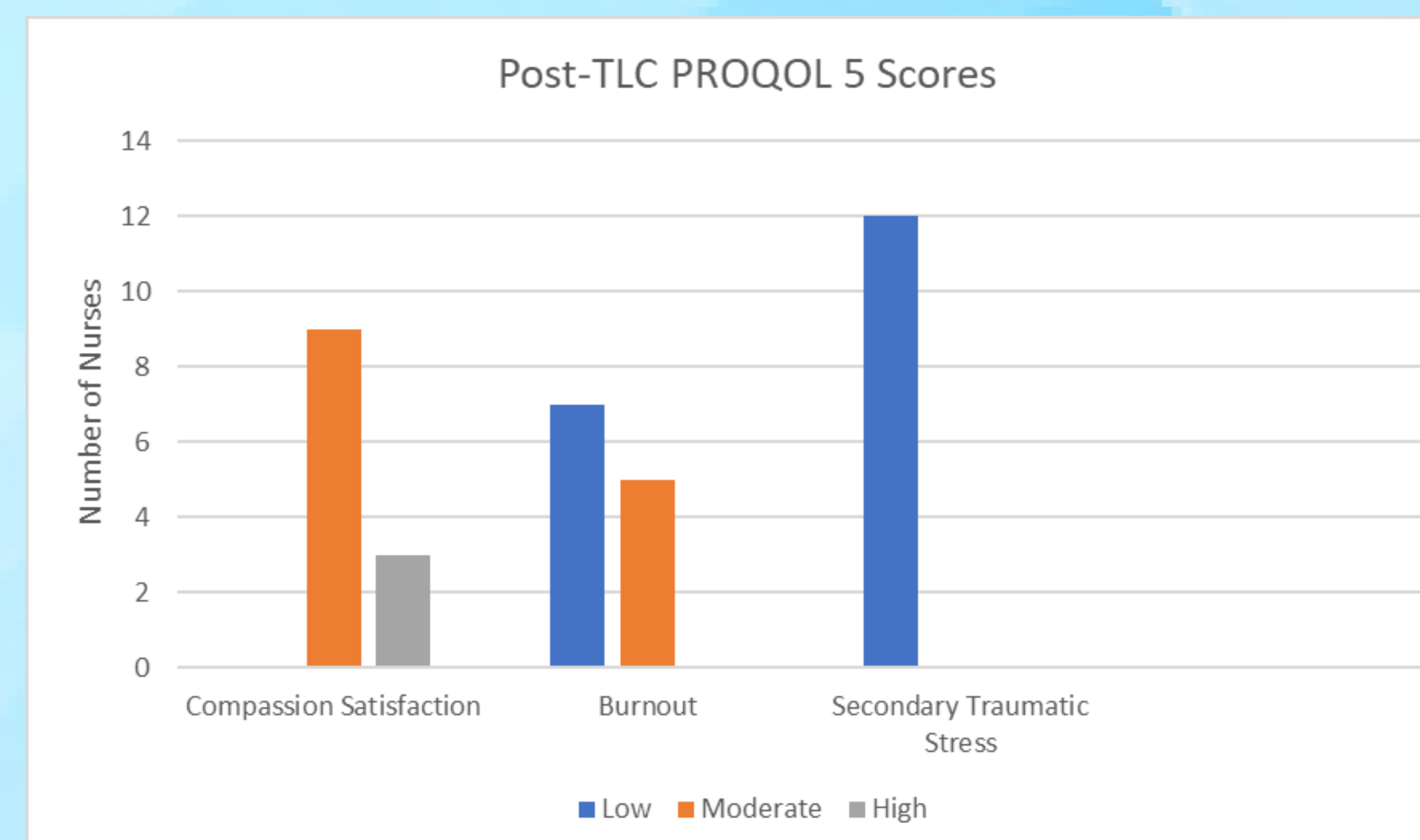
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OUTCOMES

- Pre-TLC Scores



- Post-TLC Scores



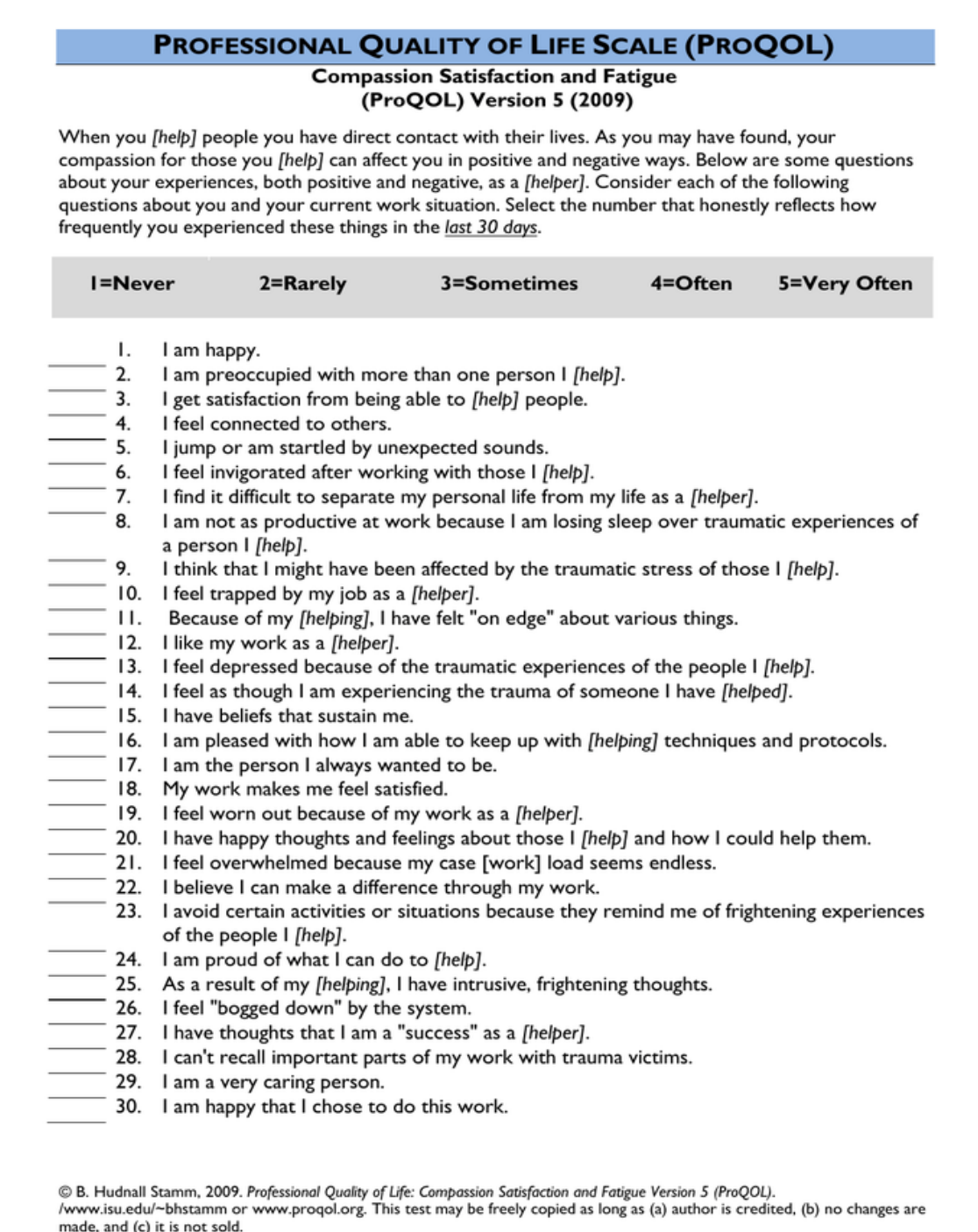
Sample Size of 12 nurses from IRC-M, 4T, and 5T completed TLC and both Pre-TLC and Post-TLC PROQOL questionnaires.

Post-TLC scores stayed the same in comparison to pre-TLC scores for compassion satisfaction. While Post-TLC scores lowered in burnout and secondary traumatic stress compared to Pre-TLC scores, leading to improvements in nurse burnout and secondary traumatic stress post TLC compared to Pre-TLC.

These findings show that med-surg nurses had similar feelings of compassion satisfaction with less secondary traumatic stress and burnout after mindfulness-based stress management and resiliency education compared to nurses with no education and maladaptive coping mechanisms.

IMPLEMENTATION

- **Pre-TLC utilizing the (PROQOL)**
 - Hand out given to participants on our units to be completed
- **TLC PowerPoint**
 - Consisting of background info and MBSR and resiliency education given to our units to view and carry out
- **Post-TLC utilizing same nursing burnout tool**
 - Comparing post scores to pre scores after utilization of mindfulness-based stress reduction techniques and resiliency training



NEXT STEPS

- Increased participation to include any and all nursing staff among LVHN
- Continued encouragement to participate in hardiness and resiliency training among staff on IRF-M, 4T-M, and 5T-M.

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