

Abilene Christian University

Digital Commons @ ACU

---

Electronic Theses and Dissertations

Electronic Theses and Dissertations

---

4-2021

## Determination of Causal Relationship for Increasing Nurse Burnout: A Correlational Analysis

Ashley K. Moore  
akm18a@acu.edu

Follow this and additional works at: <https://digitalcommons.acu.edu/etd>

---

### Recommended Citation

Moore, Ashley K., "Determination of Causal Relationship for Increasing Nurse Burnout: A Correlational Analysis" (2021). Digital Commons @ ACU, *Electronic Theses and Dissertations*. Paper 325.

This DNP Project is brought to you for free and open access by the Electronic Theses and Dissertations at Digital Commons @ ACU. It has been accepted for inclusion in Electronic Theses and Dissertations by an authorized administrator of Digital Commons @ ACU.

This doctoral project, directed and approved by the candidate's committee, has been accepted by the College of Graduate and Professional Studies of Abilene Christian University in partial fulfillment of the requirements for the degree.

**Doctor of Nursing Practice**

*Nannette W. Glenn, Ph.D.*

Dr. Nannette Glenn, Dean of the  
College of Graduate and Professional  
Studies

Date: 03 / 10 / 2021

Doctoral Project Committee:

*Catherine Garner*

Dr. Catherine Garner, Chair

*T. Hartjes*

Dr. Tonja Hartjes

*Linda Gibson*

Dr. Linda Gibson

Abilene Christian University

School of Nursing

Determination of Causal Relationship for Increasing  
Nurse Burnout: A Correlational Analysis

A doctoral project submitted in partial satisfaction  
of the requirements for the degree of  
Doctor of Nursing Practice

by

Ashley K. Moore

April 2021

## **Acknowledgments**

I would like to thank my project chair, Dr. Catherine Garner, for her assistance in this project and ultimately obtaining my Doctor of Nursing Practice degree. I would also like to thank my project committee members, Dr. Tonja Harjes, Dr. Jeanette Moody, and Dr. Linda Gibson. Without the guidance from my chair and committee members, this project would not have been possible. Finally, I would like to thank the Department of Veterans Affairs for allowing me to utilize data from the *All Employee Survey* and their facility to carry out this project.

© Copyright by Ashley Moore (2021)

All Rights Reserved

## Abstract

Nursing leaders continue to face issues related to nurse satisfaction and retention. Burnout, exhaustion, and low motivation have a direct impact on the care nurses provide. There are many economic and non-economic factors affecting nursing morale, motivation, and productivity. This employer's *All Employee Survey* for 2017 and 2018 showed a significant increase in nurse reported fatigue, exhaustion, low engagement, and burnout scores over a 12-month period. Based on general systems theory, this project utilized secondary data from the survey to perform a correlational analysis to identify whether supervisor relationships, workplace characteristics, and workgroup characteristics were related to burnout, exhaustion, and low motivation symptoms in the surveyed nursing staff. The data from 2017 revealed a positive correlation with supervisor relationship characteristic favoritism and burnout. In 2018, the variables that were positively correlated to burnout changed to supervisor respect, listening, and trust. In 2017, burnout was positively correlated to the workforce characteristic involvement in decisions. However, in 2018, burnout became positively correlated with resources. The data revealed that for 2017 workgroup characteristics of respect and conflict resolution were the main areas of concern and directly correlated to burnout. However, in 2018, there were no areas that directly correlated to engagement, exhaustion or burnout. In 2017, there was a positive correlation between exhaustion and burnout and intent to leave. No data were available for 2018. This data will provide leadership with a place to focus when making improvements. Future studies will be needed to monitor results of any leadership actions.

*Keywords:* Nurse burnout, low motivation, exhaustion correlational analysis, causal relationship

## Table of Contents

Acknowledgments.....	i
Abstract.....	iii
List of Tables .....	vi
Chapter 1: Introduction.....	1
Problem Statement .....	1
Background .....	3
Purpose.....	5
Significance.....	5
Nature of the Project.....	6
Question Guiding the Inquiry.....	7
Theoretical Framework .....	8
Operational Definitions .....	9
Scope and Limitations .....	9
Chapter Summary.....	10
Chapter 2: Literature Review .....	11
Evidence-Based Practice Search Methodology.....	11
Nurse Job Satisfaction.....	12
Nurse Turnover.....	13
Correlation with Patient Quality Care.....	17
Critique.....	19
Chapter Summary.....	19
Chapter 3: Methodology .....	20
Project Design and Methodology Appropriateness.....	20
Survey Tool.....	21
Scores on Employee Withdrawal .....	21
Feasibility .....	23
IRB Approval and Process .....	23
Interprofessional Collaboration.....	23
Practice Setting.....	24
Risks/ Benefits/ Protection of Human Subjects .....	25
Instruments/ Measurement Tools .....	25
Data Collection Process/Timeline .....	26
Analysis Plan.....	26
Chapter Summary.....	26
Chapter 4: Findings.....	28
Data Analysis .....	28

Supervisor Relationships .....	29
Workplace Characteristics .....	30
Workgroup Characteristics .....	31
Intent to Leave .....	32
Chapter Summary .....	33
Chapter 5: Discussion, Conclusions, and Recommendations .....	34
Discussion of Limitations Related to Scope of Project .....	34
Interpretation of Findings .....	35
Inference of Findings .....	36
Side by Side Comparison of the Data .....	36
Implication of the Analysis for Leaders .....	37
EBP Findings and Relationship to DNP Essentials (I-VIII) .....	38
Recommendations for Future Research .....	39
Chapter Summary .....	40
References .....	42
Appendix A: Engagement, Burnout, and Exhaustion Data .....	46
Appendix B: 2018 VA All Employee Survey (AES) .....	47
Appendix C: IRB Approval Letter .....	76
Appendix D: Approval Forms .....	77



**List of Tables**

Table 1. Supervisor Relationship 2017 .....	29
Table 2. Supervisor Relationship 2018.....	30
Table 3. Workplace Characteristics 2017 .....	30
Table 4. Workplace Characteristics 2018 .....	31
Table 5. Workgroup Characteristics 2017 .....	31
Table 6. Workgroup Characteristics 2018 .....	32
Table 7. Intent to Leave 2017 .....	32
Table 8. Intent to Leave 2018 .....	32
Table 9. 2017 and 2018 Side by Side Comparison.....	37

## Chapter 1: Introduction

Nursing leaders continue to face issues related to nurse satisfaction and retention. Burnout, exhaustion, and low motivation have a direct impact on the care nurses provide (Jones & Gates, 2007). There are many economic and non-economic factors affecting nursing morale, motivation, and productivity (Jones & Gates, 2007). This employer's *All Employee Survey* (AES) for 2017 and 2018 showed a significant increase in nurse reported fatigue, exhaustion, low engagement, and burnout scores over a 12-month period. This project utilized secondary data from the survey to examine some of the possible underlying issues. The purpose of this study was to perform a correlational analysis to identify whether supervisor relationships, workplace characteristics, and workgroup characteristics were related to burnout, exhaustion, and low motivation symptoms in the surveyed nursing staff. The study also looked at whether there was a relationship between burnout, exhaustion, and low motivation and employee intent to leave the employer or profession.

### Problem Statement

When nurses are burned out and dissatisfied with their jobs, turnover rates increase and the quality of patient care and patient satisfaction decrease (Jones & Gates, 2007). The leadership problem is there was a significant change to the negative in nursing burnout, exhaustion, and engagement scores on the *All Employee Survey* between 2017 and 2018. The questions evaluated were (1) "Is there a relationship between supervisor relationships, workplace characteristics, and workgroup characteristics and nursing scores on engagement, exhaustion, and burnout?" and (2) "Is there a relationship between nursing scores on engagement, exhaustion, and burnout and intent to change jobs?" Correlational analysis was utilized to compare variables from secondary data from the survey to determine if there was a causal relationship between variables and the

burnout, exhaustion, and engagement scores. The outcome was to better understand the reason behind decreased nurse job satisfaction in order to focus on improving the environment of care, reduce burnout, and reduce turnover rates.

There is a gap in knowledge among the leadership regarding key factors that may have changed in the work environment causing such a dramatic change in scores within a year. The purpose of this quality improvement study was to do a secondary data analysis to identify underlying issues in the work environment so that each can be appropriately addressed. The project question was: Is there a direct cause of the low job satisfaction in nurses that can potentially be changed to increase nurse job satisfaction?

Upon examining the *All Employee Survey* (AES) scores for the nursing staff of a Veterans Medical Center for the years of 2017 and 2018, it was discovered that scores on three key areas, engagement, burnout, and exhaustion, were significantly changed from 2017 to 2018 (Dallas VA Medical Center, 2017, 2018). Many of the units reported no score due to low participation in the survey. Burnout scores showed that Licensed Vocational Nurses (LVN) in the outpatient clinics had an AES burnout score of 2.03 in 2017 and a score of 7.69 in 2018 (Dallas VA Medical Center, 2017, 2018). Engagement scores for this same group went from 41.67% engaged in 2017 to 15.38% engaged in 2018, with LVNs reporting that 61.54% were coasting and 23.08% were disengaged (Dallas VA Medical Center, 2017, 2018). In the long-term care units, one unit had a registered nurse (RN) exhaustion score of 1.5 in 2017 and 2.15 in 2018 (Dallas VA Medical Center, 2017, 2018). LVNs on this same unit had an exhaustion score of 1.91 in 2017 and 1.97 in 2018 (Dallas VA Medical Center, 2017, 2018). This same unit also had lower engagement scores in 2018 versus 2017 (Dallas VA Medical Center, 2017, 2018). RNs reported 62.5% engagement in 2017 and 23.08% engagement in 2018 (Dallas VA Medical

Center, 2017, 2018). LVNs reported 54.55% engagement in 2017 and 30.56% engagement in 2018 (Dallas VA Medical Center, 2017, 2018). On the second long-term care unit, the same type of statistics were noted (Dallas VA Medical Center, 2017, 2018). RN burnout rate in 2017 was 1.94 and in 2018 was 10 (Dallas VA Medical Center, 2017, 2018). Engagement scores were 36.36% engaged in 2017, and 20% engaged in 2018 (Dallas VA Medical Center, 2017, 2018). LVNs had an exhaustion score of 1.75 in 2017 and 1.84 in 2018 and engagement scores of 75% in 2017 and 30.77% in 2018 (Dallas VA Medical Center, 2017, 2018). More detail is provided in Appendix A.

## **Background**

Burnout has been an issue in healthcare and nursing for many years. The term burnout was introduced in 1974 by Herbert Freudenberger (1974). Freudenberger was working in a movement creating and working in new free clinics in the 1970s when he noticed the signs of burnout in himself and his staff (Freudenberger, 1974). The concept of burnout and the symptoms he was experiencing and witnessing intrigued him, causing him to look deeper into the concept. The definition Freudenberger (1974) utilized during his study is “to fail, wear out, or become exhausted by making excessive demands on energy, strength or resources” (p. 159). Freudenberger (1974) stated that the physical symptoms of burnout include exhaustion and fatigue, a lingering cold, frequent headaches or gastrointestinal disturbances, sleeplessness, and shortness of breath. The behavioral manifestations of burnout include being quick to anger, sudden irritability, and frustration (Freudenberger, 1974). Individuals suffering these symptoms of burnout find it challenging to hold in or appropriately express their feelings (Freudenberger, 1974). These symptoms hold true in today’s healthcare professionals. According to Maslach (2007), healthcare providers often suffer from burnout due to the job requirements, selflessness associated with putting others needs first always, working long hours, doing

whatever is required to help a patient, and meet their needs by going the extra mile and giving their all. This combined with the high-stress environments that nurses work in explains why burnout is becoming a significant problem for today's healthcare professions (Maslach, 2007).

A study by the Institute of Medicine in 1999 noted that healthcare providers were themselves the leading cause of a high incidence of harm to patients (Aiken et al., 2018). In 1999, medical errors were the fifth leading cause of death among patients (Aiken et al., 2018). As of 2017, medical errors have caused 251,000 deaths and account for 9.5% of all deaths in the United States, making this the third cause of death (Anderson & Abrahamson, 2017). In a study by Liu et al. (2018), there was a direct link between the nurse work environment and patient safety. Two of the variables studied, nursing work left undone and nurse burnout, proved to be linked to both work environment and workload. To improve patient safety, all of these variables need to be impacted (Liu et al., 2018). This left researchers with the conclusion that the work the nurses do, their environment, workload and burnout levels all have a direct and indirect impact on the safe care the nurses can provide (Liu et al., 2018). To improve patient safety, all of these variables need to be impacted (Liu et al., 2018).

High nurse to patient ratios has been shown to put a strain on nursing staff, causing job dissatisfaction and burnout to increase. In a literature review by Poghosyan (2018), the environment in which nurses work was also found to be part of this issue. Current nursing work environments often consist of high acuity patients, heavy workloads, staffing shortage, and rapidly changing healthcare requirements and practices (Poghosyan, 2018). All these factors leading to nurse burnout are fixable if staff satisfaction is evaluated and the cause is determined.

While much research has been done, not all interventions work for all professionals or facilities. Therefore, more research is needed, and more interventions and programs need to be formulated to provide other opportunities and options for facilities to improve their nurse job

satisfaction, motivation, and productivity. When nurses are satisfied, patients receive much better care and have been proven to have better outcomes (Walker, 2018).

### **Purpose**

The purpose of this scholarly project was to perform a detailed quantitative secondary data analysis of subsets of the organizational and unit-based factors which may correlate with nurse burnout, exhaustion, and engagement to identify potential areas for intervention. These subsets include variables such as listening, trust, respect, resources, workload, and involvement in decisions. There are data in the AES which addresses supervisor relationships, attitudes towards leaders, workgroup tasks, workgroup relationships, and workplace characteristics, which are known to have a relationship with employee engagement and satisfaction (VA, 2019). This project will reference the literature on evidence-based correlations and interventions that have been proven to result in improved engagement, motivation, and decreased turnover in nursing personnel.

### **Significance**

This project has importance to leadership, nurses, patients, and nursing literature. According to Van der Heijden et al. (2019) “nurses are leaving the field of nursing at high rates making the nursing shortage problem worse and the need to focus on nurse retention a top priority” (p. 2). Poghosyan et al. (2010) stated that burnout has a direct impact on individual and team performance as well as the quality of care a nurse provides. Approximately 25% of nurses suffer from burnout symptoms leaving nurses vulnerable to suffer from burnout (Van der Heijden et al., 2019, p. 2). This project will provide nursing leaders with more detailed data results on the underlying factors which can be addressed to improve staff engagement. The significance to the staff would be addressing the underlying factors. This may lead to more

managerial and human resource support, more resources, and a change in staffing models which have been shown to improve nursing engagement and decreased burnout. Patients are the beneficiaries of improvement in nursing care when the causes of nurse burnout and low motivation are addressed. Finally, this project will provide a model for the analysis of AES data to improve the work environment in other VA facilities.

Veteran centers have been making significant strides to improving the care they provide to the veterans across the country. Many organizational changes have been made to ensure that the veteran's care is the primary focus. This project looks at organizational issues which have been identified in other studies and determine what factors contribute to the high levels of exhaustion and burnout in this VA facility. This information can be used to improve nurse job satisfaction and quality of patient care delivery. Conducting this study has the potential to add to the nursing literature by providing a guide for more in-depth analysis of data from employee engagement surveys. Additional information can also be provided to healthcare leaders on the importance of analyzing organizational factors when addressing nursing burnout, decreased engagement, and turnover.

### **Nature of the Project**

This study was a quantitative secondary data analysis of the relationship among crucial workplace factors and nursing burnout, exhaustion, and engagement scores using the 2017 and 2018 AES survey results. A correlation analysis of multiple dependent and independent variables was used to find a causal relationships between them. The following subquestions were evaluated for a causal relationship to provide support for the main research question, what is causing the nurses of this facility to have low job satisfaction, laying a groundwork for interventions to be created at a later date.

**Research Sub-Question 1.** Is there a relationship between *supervisor relationships* and nurse burnout, engagement, and exhaustion?

**Research Sub-Question 2.** Is there a relationship between *workplace characteristics* and nurse burnout, engagement, and exhaustion?

**Research Sub-Question 3.** Is there a relationship between *workgroup characteristics* and nurse burnout, engagement, and exhaustion?

**Research Sub-Question 4.** Is there a relationship between nurse burnout, engagement, and exhaustion and the *decision to leave the position*?

This project was chosen as a quality improvement project where an environmental and organizational factor analysis was conducted to determine the causes of increasing exhaustion and burnout scores and the reduction in engagement scores. Evidence-based practice can then be used utilized to determine proper interventions to attempt to make improvements for the staff on the chosen units. With the changes in burnout, exhaustion and engagement scores, the hope is to see patient satisfaction scores improve over time. As cited earlier, patient satisfaction is directly impacted by the satisfaction and motivation of the nursing staff. Nursing is typically the largest department in most facilities, therefore, making the change to this staff will have the most substantial impact on the overall facility.

### **Question Guiding the Inquiry**

**Problem:** There was a significant change to the negative in nursing burnout, exhaustion, and engagement scores on the all employment survey between 2017 and 2018.

**Interest:** The project questions were (1) “is there a relationship between supervisor relationships, workplace characteristics, and workgroup characteristics and nursing scores on



engagement, exhaustion, and burnout?” and (2) “is there a relationship between nursing scores on engagement, exhaustion, and burnout and current turnover rates and intent to change jobs?”

**Comparison:** correlational analysis using secondary data from the survey.

**Outcome:** to better understand the reasons behind decreased nurse job satisfaction in order to focus on improving the environment of care, reduce burnout, and reduce turnover rates.

The project question was: “Is there a direct cause of the low job satisfaction in nurses that can potentially be changed to increase nurse job satisfaction?”

### **Theoretical Framework**

The leading theory utilized for this project was written by Karl Ludwig Von Bertalanffy, called *systems theory* (Anderson, 2016). In systems theory, Von Bertalanffy states that systems cannot be condensed to a sequence of individual parts that operate by themselves, but that, in order to comprehend the whole, one must comprehend the interrelations between these individual parts (Anderson, 2016). Systems theory has since become known as general systems theory but contains the same concepts. This theory has the assumption that individuals attempt to do good work at all times; however, they have a large group of influences that always act upon them (Anderson, 2016). Systems theory accounts for the fact that these influences act upon the entire system as well as the individual (Anderson, 2016). When an error occurs, with systems theory, it is recognized that the system is most often to blame and not the individual (Anderson, 2016). Systems theory also recognizes that new and smart interventions can be determined and created after assessing patterns and behaviors seen over the years (Anderson, 2016). These patterns and behaviors can reveal vulnerabilities and other needs within the system.

Using systems theory provided this project with much-needed direction. While looking at burnout, motivation, and job satisfaction, it was easy to focus on the individual nurse. However,

after applying systems theory to it, it became evident that this project needed to look at the problem of interest from a systems approach and not the individual nurse. From time to time, burnout, and lack of motivation and job satisfaction can be on an individual nurse. However, when it becomes a widespread issue, such as was seen in this project, then it becomes necessary to look at the entire system instead of just one individual part.

### **Operational Definitions**

For this project, the following definitions of key terms were utilized.

**Burnout.** Extreme and continuous fatigue. Individuals suffering burnout often have symptoms of depression and anxiety. Other issues can go alongside this (Freudenberger, 1974).

**Exhaustion.** The feeling of fatigue that does not go away with a good night's rest. Often, exhaustion is fixed with taking some time off and resetting the body (Poghosyan, 2018).

**Job satisfaction.** Is the happiness and contentment that a nurse feels in their job (Asgari et al., 2019).

**Turnover.** This occurs when a nurse leaves their current position within the facility to work in another department or leaves the facility altogether (Jones & Gates, 2007).

### **Scope and Limitations**

One veteran center was utilized for the initial project with the potential of spreading the findings to the sister facilities. Utilizing one facility within the healthcare system will aid in the feasibility of the project but will reduce the available number of participants and diversity within participants. A second study using another facility would be helpful to determine how easily it can be utilized in other populations and evaluate crossover between facilities.

## **Chapter Summary**

Gap in knowledge among leadership is a key factor that can alter the work environment leading to employee dramatic changes in engagement, exhaustion, and burnout scores. The purpose of this quality improvement study was to identify underlying issues in the work environment so each can be appropriately addressed. The project questions were (1) “is there a relationship between supervisor relationships, workplace characteristics, and workgroup characteristics and nursing scores on engagement, exhaustion, and burnout?” and (2) “is there a relationship between nursing scores on engagement, exhaustion, and burnout and current turnover rates and intent to change jobs?” The goal of this project was to utilize this information to increase nurses’ job satisfaction and motivation, which will then filter down to patient care and satisfaction with their care. Chapter 2 will examine and synthesize the available literature.

## Chapter 2: Literature Review

This employer's *All Employee Survey* (AES) for 2017 and 2018 showed a significant increase in nurse reported fatigue, exhaustion, low engagement, and burnout scores over a 12 month period. This project utilized secondary data from the survey to examine some of the possible underlying issues in order to address a gap in nurse executive understanding of possible underlying causes. Nursing leaders can alter the work environment when the underlying causes of the dramatic changes in engagement, exhaustion, and burnout scores are understood as systemic organizational issues. The purpose of this quality improvement study was to identify underlying issues in the work environment so each can be appropriately addressed. This chapter will explore the current information that is available and how it relates to this project.

### **Evidence-Based Practice Search Methodology**

Literature examined for this project focused on the following: nurse motivation, job satisfaction, and turnover affect the quality of patient care the nurses provide. The initial search using the one search box on the library site at Abilene Christian University for the phrase *nurse job satisfaction AND quality care* brought up 1,511,617 results. These results were then filtered by date (2014-2019), peer-reviewed, and full text only. This returned 55,830 results of which the first 100 results were reviewed, and about 10 articles were selected for possible inclusion. After saving the selected articles, a second search was conducted using the one search bar again. This search was for *nurse job satisfaction AND turnover rates* and returned 376,348 results. These articles were again filtered using the same criteria, and 13,742 results were returned. These results were then reviewed, and another 10 articles were selected for possible inclusion. The final search that was completed was a MESH search in PubMed. MESH searches allow the researcher to narrow the results even more to identify more specific articles aimed at the chosen keywords

all together. The following terms were placed into the MESH search bar on PubMed: *Job Satisfaction AND Nurses AND Burnout, Professional OR Burnout, Psychological AND Motivation*. This mesh search returned 60 results. Ten of these 60 results were chosen for possible inclusion. The articles that were chosen for inclusion from all searches were chosen based on providing good evidentiary support for the research question or explanation of a key concept or term outlined in Chapter 1 definitions.

### **Nurse Job Satisfaction**

Nurse job satisfaction and turnover rates have been the topic of significant study and debate. Belton (2018) looked at nurse turnover and job satisfaction as a problem solvable by implementing interventions such as mindfulness-based wellness programs aimed at reducing anxiety, depression, stress and burnout in nurses. Belton (2018) stated that nurses often lack supportive environments conducive to helping them perform their work to the best of their ability. When nursing leadership and healthcare facilities provide this support, nurses can function at their best. Preventive mental health and other support services is one possible way to reduce burnout symptoms and other mental health issues causing low job satisfaction (Belton, 2018).

In a study by Negussie (2012), rewards, payments, promotion, and recognition were evaluated in a survey to determine which of the variables motivated nurses the most. In this study, surveys were sent out to 259 nurses with 230 of them returning the completed survey (Negussie, 2012). Increment regression was utilized to determine which variables had the greatest effect on the value of r-squared when removed from the model (Negussie, 2012). While all were found to have a lower score than expected, payment came out at the top motivator changing the r-squared value from 79% to 62% (Negussie, 2012). Recognition came in as the

weakest variable for motivation by not changing the r-squared value at all from 79% after removal from the model (Negussie, 2012). Due to this, it has been concluded that any interventions created in the future to help a leadership team combat these problems should not be generalized like the addition of payment or rewards. These interventions should be something evidence-based and aimed directly at positively impacting the direct cause of the problem such as management issues and unhealthy lifestyles.

In a study by Risman et al. (2016), a relationship between personal and organizational value agreement and increased job satisfaction in nurses were investigated. Following the study, a strong link was found between personal and organizational value agreement and nurse job satisfaction (Risman et al., 2016). According to the authors, the results of this study aligned with other studies proving that when nurses feel their values align with the organizational values then they tend to be happier (Risman et al., 2016). One aspect of this is shared decision making. Letting nurses share in making decisions and annual strategic plans help them gain this congruence ultimately bettering the facility and the care provided to patients (Risman et al., 2016).

### **Nurse Turnover**

Many studies have been conducted on the topic of nurse job satisfaction, motivation, and turnover rates compared to their effects on the quality of care given to patients (Belton, 2018; Hall et al., 2016; Risman et al., 2016). However, while some information is available, most come to the same conclusion that research is still needed on this topic (Belton, 2018; Hall et al., 2016; Negussie, 2012). Motivation and job satisfaction have been proven to align with turnover rates (Jones & Gates, 2007). According to Jones and Gates (2007), nurse turnover costs a facility between \$22,000 and \$64,000 for each nurse, or an average of 58.6 – 74.4% of the departing

nurse's salary. According to the *2015 National Healthcare Retention and RN Staffing Report*, the average turnover rate per year in 2014 was 16.4% which creates a loss of \$4.9 to \$7.6 million per year for each healthcare system (Nursing Solutions Incorporated, 2015). The data were compared to the *2019 National Healthcare Retention and RN Staffing Report*, which showed an increase in turnover rate from 16.4% in 2015 to 17.2% in 2018 (Nursing Solutions Incorporated, 2019).

Nurse turnover has many economic and non-economic effects on healthcare facilities. Some of the non-economic effects include retaining enough nurses to provide safe care, overburdening current staff with heavy workloads, and recruiting enough quality nurses to fill vacancies (Jones & Gates, 2007). Economic impacts include loss of nursing human capital and potential effects on quality care (Jones & Gates, 2007). When money is being utilized on recruiting nurses due to high turnover rates, it is not available for patient care needs and new and updated equipment and facilities (Jones & Gates, 2007). Utilization of funds to recruit nurses instead of being spent on patient care activities creates a direct impact on both patient care and the availability of quality care.

Belton (2018) described in her literature review that there is an aging population that is beginning to retire from the nursing field. These retirees are retiring quicker than new nurses are entering the field (Belton, 2018). This creates an issue where experience is leaving an already short field within the medical industry and is leaving newer and less experienced nurses working even shorter and without the much-needed experience and guidance of the aging retiree group (Belton, 2018). Nursing turnover has “been linked to decreased productivity, increased workload, and instability of staffing” (Belton, 2018, p. 191). All of these have a negative and detrimental impact, professionally and personally, on the staff working within the facility and in the end lead to poor patient outcomes (Duffield et al., 2014; Hall et al., 2016). This stressful

environment that many nurses work in has been proven to lead to exhaustion, compassion fatigue and ultimately burnout when nurses are exposed to them too long (Hall et al., 2016). In the end, the burnout of nursing staff puts patients at an increased risk of medical errors and poor care experiences (Belton, 2018). Once a nurse starts with symptoms of exhaustion and burnout, intervention needs to happen quickly to stop it and eliminate the symptoms before they get too far and are quickly reversible (Belton, 2018). This takes leadership who are on the alert for symptoms and willing to intervene when needed.

Nurse turnover also has a direct impact on the quality of patient care due to the knowledge gap created by older nurses leaving and newer nurses coming in. When nurses are retained, knowledge and experience also remain and patient and nurse safety tend to be higher (Jones & Gates, 2007). As employees leave and new ones come in, they must gain knowledge of the facility and policies and procedures that are used within that facility. This causes a decrease in the quality of patient care while this learning curve is happening (Jones & Gates, 2007).

According to Jones and Gates (2007), there are many benefits to healthcare facilities of nurse turnover that are often not talked about. Some of these benefits include the lower salary and benefit amount that is provided to newer nurses as compared to that of the older nurses who are leaving, new ideas that are brought in with new staff, and gains in productivity that are created when disgruntled employees are replaced by motivated employees (Jones & Gates, 2007). These benefits must be balanced against the negatives of nurse turnover to create a balanced and adequate staffing mix. Having both newer and older nurses helps the facility to continue to grow and provide adequate patient care while working to implement evidence-based practice changes to keep the organization moving forward (Jones & Gates, 2007).



Kerfoot (2013) stated that staffing plans are often a large part of a successful excellence program. When staff are continually changing, knowledge deficits can cause the failure of an excellence program and plan (Kerfoot, 2013). This is another example of how nurse turnover can hurt a healthcare organization. Healthcare organizations are changing every day; this change is much easier when experienced, tenured nurses are being taught the change (Kerfoot, 2013). However, sometimes tenured nurses tend to be more resistant to change than newer and graduate nurses so this can go both ways (Kerfoot, 2013). Kerfoot (2013) stated that addressing nurse turnover is a necessity. However, the solution must be well aligned and well thought out. Kerfoot (2013) stated that the best way to address nurse turnover is to find the cause and determine how it impacts patient safety.

Addressing nurse staffing levels and turnover is important because these have a direct impact on the quality of care provided to patients; when patients receive quality care, their outcomes tend to be better. Education level plays an important part in the quality care a nurse can provide (Aiken et al., 2002). According to Aiken et al. (2002), mortality rates drop by 10.9% when the number of Bachelor of Science (BSN) prepared nurses increases by 10%. This suggests that increased education in the nursing staff creates better patient outcomes. BSN-prepared nurses not only positively affect patient outcomes at the bedside but are also more likely to move into organization leadership to influence patient outcomes from that level also (Aiken et al., 2002). Many organizations are investing in registered nurses (RN) by assisting them with the tuition to obtain a BSN degree while requiring a contracted period of work from them after (Aiken et al., 2002). Many nurses feel that the financial and time burden of obtaining higher degrees is not worth the effort (Aiken et al., 2002). However, when organizations provide

funding and/or time to complete these programs, nurses are often more willing to obtain these degrees (Aiken et al., 2002).

### **Correlation with Patient Quality Care**

In an article by Walker (2018), it is stated that there is a direct correlation between satisfied nurses and healthy patients. Walker (2018) stated that when shifts are long and workloads are heavy, the nurse's satisfaction is decreased, and burnout increased. When these two are affected, patient care tends to suffer. According to Walker (2018), a research study was performed to determine if nurse job satisfaction affected patient care quality and it was determined that a 25% increase in nurse job satisfaction caused a 5-10% increase in patient care quality. One tool utilized to measure nurse job satisfaction is created by Press Ganey called the *National Database of Nursing Quality Indicators* (Dempsey & Reilly, 2016). The National Database of Nursing Quality Indicators (NDNQI) looks not only at nurse job satisfaction but also at nurse engagement and nurse work environment (Dempsey & Reilly, 2016). This ensures that the survey gets a complete picture of nurse's jobs and how they feel about them. This survey is also aimed only at registered nurses which allows this population to be evaluated separately instead of with nursing assistants (NA) and Licensed Vocational Nurses (LVN) as most surveys do. According to Dempsey and Reilly (2016), at one standard deviation (SD) below the mean using the NDNQI survey, 15 out of every 100 nurses are disengaged and lacking commitment and/or satisfaction in their job. Dempsey and Reilly (2016) stated that a disengaged nurse costs a healthcare facility approximately \$22,200 in lost revenue due to a lack of productivity. For a facility with 100 nurses where 15 of them are disengaged as stated earlier, it equals approximately \$333,000 per year in lost revenue (Dempsey & Reilly, 2016). For much more extensive health systems, this number can quickly become millions of lost revenues due to

disengaged and unsatisfied nurses (Dempsey & Reilly, 2016). This is an excellent example of how nurse job satisfaction can harm a healthcare organization financially.

Losing millions each year from disengaged and unsatisfied nurses begins to add up and can significantly hurt even the largest healthcare systems over time. Therefore, dissatisfied and disengaged nurses need to be addressed for both economic and non-economic reasons as stated previously. The NDNQI also shows that the further from the bedside the nurse, the more engaged the nurse tends to be (Dempsey & Reilly, 2016). This means that nurses at the bedside who are providing the direct patient care and are ultimately responsible for the quality of care at the delivery point of healthcare systems are often the most disengaged nurses within the healthcare facility (Dempsey & Reilly, 2016). This is a very disconcerting fact for nursing leaders.

Dempsey and Reilly (2016) also stated that as a nurse progresses in experience within a healthcare organization, engagement decreases until approximately 10 years' experience where it stabilizes and increases slightly. Ten drivers of nurse engagement were identified from the NDNQI survey that helps improve nurse engagement. This includes organization provides high-quality care and service, organization treats employees with respect, like the work the nurse does, environment at this organization makes employees in the work unit want to go above and beyond, pay is fair and comparable to the local area, makes good use of nurses skills and abilities, provides tools and resources to provide quality care, organization provides career development opportunities, organization conducts ethical business, and patient safety is a priority (Dempsey & Reilly, 2016).

## **Critique**

Overall, the information and data available demonstrate a connection between nurse job satisfaction, engagement and turnover rates with patient satisfaction and the quality care these nurses provide. The current literature was published towards the beginning of the last 5-7 years, which means more new research should be done to gain updated information and data. Most of the cost data on nurse turnover as well as the current data on disengagement causes are all from around 2014. This means that current data would be likely to be much higher at this time and providing more support that more research is needed. Also, more research could use to be done solely on engagement in nursing. Many articles studied not only nursing but also included other professions such as psychology and business. Finally, more research on nurse satisfaction, engagement, and patient satisfactions need to be done in the context of organizational systems theory.

## **Chapter Summary**

This chapter outlined the literature support for this project. It describes burnout, job satisfaction and motivation and how they impact the nurse's practice. When these three variables start to change, it greatly impacts the nurse's practice to the negative. When the nurse's practice is negatively affected by low motivation, burnout and exhaustion, this negativity begins to move throughout the unit causing the entire unit's productivity and quality of care to decrease. Chapter 3 will discuss the methodology utilized for the project and outline the project design, institutional review board (IRB) approval, setting and population being studied, data collection and tools utilized and, the analysis methods for the data generated from the study.

### **Chapter 3: Methodology**

This employer's *All Employee Survey* (AES) for 2017 and 2018 showed a significant increase in nurse reported fatigue, exhaustion, low engagement, and burnout scores over a 12 month period. This project utilized secondary data from the survey to examine some of the possible underlying issues in order to address a gap in nurse executive understanding of possible underlying causes. Nursing leaders can alter the work environment when the underlying causes of the dramatic changes in engagement, exhaustion, and burnout scores are understood as systemic organizational issues. The purpose of this quality improvement study is to identify underlying issues in the nurse's work environment so that each can be appropriately addressed. The questions guiding the project are (1) "is there a relationship between supervisor relationships, workplace characteristics, and workgroup characteristics and nursing scores on engagement, exhaustion, and burnout?" and (2) "is there a relationship between nursing scores on engagement, exhaustion, and burnout and current turnover rates and intent to change jobs?" The goal of this project is to determine whether there is a causal relationship between management factors and the survey scores. Addressing underlying issues may increase nurses' job satisfaction and motivations which have the potential to improve the quality of patient care.

#### **Project Design and Methodology Appropriateness**

This project used a quantitative correlational design using secondary data from the 2018 *All Employee Survey*. The purpose was to examine whether there is a statistical relationship between multiple sub-sets of variables. Correlational statistics such as Pearson Correlation were utilized to determine correlation patterns between variables to answer the following questions.

## **Survey Tool**

The survey tool is the Department of Veterans Affairs All Employee Survey (Department of Veterans Affairs, 2018). This tool takes the chosen question and places them into a framework with three categories; actions/behaviors, climate and outcomes/attitudes. From there, five score scales are utilized for question to provide an adequate way to score each question. Each question is assigned the proper answer scale to ensure the best possible data can be obtained. The five score scales are satisfaction scale, agreement scale, feeling scale, burnout scale and yes/no scale. Each question is then categorized based on the information it assesses and placed into sub-categories within the three main categories outlined previously. See Appendix B for more information on the survey tool utilized.

## **Scores on Employee Withdrawal**

The employee withdrawal information is contained in the outcomes and attitudes section of the survey. These questions are scored on the burnout scale. These questions were then analyzed to determine burnout scores, turnover decision scores, and turnover reason frequency. There are three main questions contained in this section as outlined below (Department of Veterans Affairs, 2018, p. 9):

Question 1: "Exhaustion: I feel burned out from my work."

Question 2: "Depersonalization: I worry that this job is hardening me emotionally."

Question 3: "Reduced Achievement: I have accomplished many worthwhile things in this job."

Compared to:

- Supervisor relationships: Respect, Listening, Trust, Favoritism, and Fear of Reprisal

- Workplace characteristics: Resources, Workload, Workgroup Competency, Involvement in Decisions
- Workgroup characteristics: Respect, Conflict Resolution, Cooperation, Diversity, Psychological Safety
- Intent to leave data

Research Question 1: Is there a relationship between supervisor relationships and nurse burnout, engagement, and exhaustion?

- Independent Variables: Burnout, Exhaustion, Engagement
- Dependent Variables: Respect, Listening, Trust, Favoritism, and Fear of Reprisal

Research Question 2: Is there a relationship between workplace characteristics and nurse burnout, engagement, and exhaustion?

- Independent Variables: Burnout, Exhaustion, Engagement
- Dependent Variables: Resources, Workload, Workgroup Competency, Involvement in Decisions

Research Question 3: Is there a relationship between workgroup characteristics and nurse burnout, engagement, and exhaustion?

- Independent Variables: Burnout, Exhaustion, Engagement
- Dependent Variables: Respect, Conflict Resolution, Cooperation, Diversity, Psychological Safety

Research Question 4: Is there a relationship between nurse burnout, engagement, and exhaustion and turnover decision?

- Independent Variables: Burnout, Exhaustion, Engagement

- Dependent Variables: Intent to leave, go to another VA, Retire, Job outside VA/Federal agency, Other

### **Feasibility**

This project utilized historical data from a survey completed in 2017 and 2018. This shortened the data collection phase while allowing for more time in the analysis phase. Permission from the facility to utilize the data was obtained with their full support. The project was submitted to the Abilene Christian University (ACU) Institutional Review Board (IRB) for approval.

### **IRB Approval and Process**

The host institution did not require an Institutional Review Board (IRB) approval from their IRB board as they consider this to be a quality improvement project. Initial paperwork was completed outlining the benefits of the project, project design, methods, and what was hoped to be gained from the project for both the organization and the student. This form was submitted and support from the research department at the host facility was received with the only stipulation being that they see the final project before official submission. The second approval needed was that of the ACU Institutional Review Board. This project was submitted, and approval obtained prior to the start of this project. The project utilized secondary data analysis.

### **Interprofessional Collaboration**

The main stakeholders in this project are the patients that are served by the nurses. The next stakeholders are the staff nurses whose productivity and satisfaction within their jobs could be improved with greater understanding of underlying system issues. Finally, the organizational leadership is also a key stakeholder. Organizational leadership needs the nurses to provide the best possible care for their patients. The eventual outcome of this project will be to better support



the nursing staff and improve patient confidence levels with the organization. When the confidence level increases, patients are more likely to stay within the facility for their care, and more patients may come to the facility for their care.

The patients served by this facility had no interaction with me in the project. The executives of this facility only interacted with me while obtaining permission to do the study and during reporting of the results of the study. Finally, the nurses will have the most to gain from a better understanding of their issues.

Employee job satisfaction and motivation have been a focus for a few years at this facility as part of improving overall patient care. This project had the support of the facility leadership as the workforce consists of approximately 70% of nursing staff who work at the bedside or indirect patient care in clinics. Addressing the underlying factors may improve nursing staff engagement and satisfaction, which affects patient care quality.

According to the Interprofessional Education Collaborative Expert Panel (2011), there are four main competency domains for interprofessional communication: values and ethics for interprofessional practice, roles and responsibilities, interprofessional communication and teams and teamwork (p. 15). All four of these core competencies will be considered during all interprofessional discussions during this project.

### **Practice Setting**

The practice setting for this project was a veteran's center in the vicinity of many small rural communities. This facility provides primary care and long-term care for veterans in the surrounding communities. This facility employs approximately 400 nurses that care for the veterans in various health specialties. This project will benefit all of the veterans receiving their healthcare from this facility.

### **Risks/ Benefits/ Protection of Human Subjects**

This project used secondary data analysis, and therefore, the risks were minimal. The main risk deals with protecting the raw data. The raw data did not contain any participant identifying information as the survey was anonymous. However, the data needed to be secured for the protection of the facility and organization providing the data. All data were kept in a password protected Microsoft Excel spreadsheet and stored on a password protected flash drive and stored in a safe when not in use. This provided three levels of security for the data to ensure it was adequately protected. While the survey was anonymous, the data speaks for the workgroup as a whole and could prove to be detrimental to the workgroup overall if the data were inappropriately handled and released. The surveyed workgroups were the human subjects in this project and protection of them was achieved by keeping tight security on all data.

The nurses will benefit the most from this project as the analysis will allow leadership to provide focused interventions to make improvements to the units. These focused interventions will aim work at correcting the causes of the worsening burnout, exhaustion and engagement scores of the nursing staff. Improvements in these areas will also benefit the veterans receiving care by the nurses being able to provide better care. This will have a positive impact on patient satisfaction scores, which will then work to increase the overall views and confidence veterans have in the facility.

### **Instruments/ Measurement Tools**

The tool utilized for this project is the *All Employee Survey* (AES). This survey uses Likert scale questions that are utilized to assess employee engagement, motivation, burnout, behaviors, attitudes, and workplace environment (Department of Veterans Affairs, 2018). This survey also evaluates leadership and their impact on staff and the working environment

(Department of Veterans Affairs, 2018). The framework of the AES is laid out into three main concepts: “actions/behaviors, climate and outcomes/attitudes” (Department of Veterans Affairs, 2018, p. 1). These concepts are utilized to evaluate each topic and create a bigger picture from the survey. The AES has five main scales that are utilized throughout: "satisfaction scale, agreement scale, feeling scale, burnout scale, and yes/no scale" (Department of Veterans Affairs, 2018).

### **Data Collection Process/Timeline**

The data analyzed for this project was collected by the Veterans Center (2018) through a staff engagement survey called the *All Employee Survey*. The timeline of this inquiry is outlined in the table below. The scholarly project was initiated at the DNP program start (January 2019) and carried through program completion. Facility approval was obtained in September 2019 allowing the use of survey and data for the project.

### **Analysis Plan**

Microsoft Excel was utilized for data analysis. Excel was be the most cost-effective and beneficial software for final statistical analysis. The statistical tests were anticipated to be ANOVA, Kruskal Wallis, and Chi-Square looking for a correlation between variables to determine which areas were causing the worsening burnout, exhaustion and engagement scores.

### **Chapter Summary**

This chapter has discussed the design, sample, feasibility, IRB process, interprofessional collaboration, setting, target population, risk/benefits, measurement tools, data collection, and analysis plan. The IRB process is required by the university where I conducted doctoral studies. This approval was obtained prior to any part of the study beginning. Interprofessional

collaboration was needed and did occur between leadership, nurses, and myself. The project took place in a veteran's center in a small rural community with nurses as the target population.

## Chapter 4: Findings

This chapter will be comprised of a thorough data analysis. It will provide the basic findings and statistical significance of them. This information will be used to set the groundwork for the interpretation which will happen in Chapter 5.

### Data Analysis

Determining correlation does not prove a causal relationship, however, it can provide information into whether an association between variables are present. For the case of correlational statistics, an  $r$  value of 0.0 thru 0.5 and 0.0 thru -0.5 proves a weak correlation which means that an association is possible, and focus should be placed in other, stronger areas first to make a larger impact. On the other hand,  $r$  values of 0.5 thru 1.0 and -0.5 thru -1.0 provide a strong association between the tested variables. An  $r$  value of 0.0 equals no correlation while an  $r$  value of 1.0 and -1.0 equal a perfect correlation. Therefore, the closer to 1.0 or -1.0 the  $r$  value is, the stronger the correlation is.

This study used averaged AES scores from 28 different units in 2017 and 35 different units for 2018 to determine if there was a correlation between the identified variables. Due to the data being an average score for each variable for the entire department instead of individual staff raw data, each department was used as a data point leaving one correlation score for the facility. When the proposal was initially approved, a simple correlational equation was going to be used with a  $p$  value as support. However, the data that were available were not appropriate for  $p$  values due to some departments having a score available and others were missing the score due to not enough participation. This resulted in numbers that were drastically out of range and were not reliable. The second area that was unable to be assessed as originally planned was the intent to leave for 2018. This was unable to be assessed due to the data not being available for 2018.

The data were available for 2017, however, they had been removed from the survey during 2018. In a harmonious and level world, the  $r$  values for engagement would be expected to all be positive while exhaustion and burnout would be expected to be negative. This helps to determine the outliers in the data below which will reveal the correlations that leadership need to place their focus on.

### ***Supervisor Relationships***

The first question evaluated was, is there a relationship between *supervisor relationships* and nurse burnout, engagement, and exhaustion? The data from 2017 revealed a positive correlation between favoritism and burnout ( $r = 0.03$ ). This means that in 2017, the variable of favoritism had a high probability of having an impact on the staff and their feelings of burnout. However, in 2018, the variables that were positively correlated to burnout changed to supervisor respect ( $r = 0.20$ ), listening ( $r = 0.12$ ), and trust ( $r = 0.12$ ). Tables 1 and 2 provide a visual of the information described above. This means that in 2017, as the staff's feelings of favoritism between staff and leadership increased, so did their burnout. However, something changed between 2017 and 2018 and the correlation moved to supervisor respect, listening and trust. This means that as staff felt that these three variables were worsening, their burnout also worsened.

**Table 1**

#### *Supervisor Relationship 2017*

	Supervisor Respect	Listening	Trust	Favoritism	Fear of Reprisal
Engagement	0.69	0.75	0.63	0.55	0.63
Burnout	-0.19	-0.22	-0.22	0.03	-0.25
Exhaustion	-0.23	-0.21	-0.23	-0.03	-0.27

**Table 2***Supervisor Relationship 2018*

	Supervisor Respect	Listening	Trust	Favoritism	Fear of Reprisal
Engagement	0.43	0.46	0.42	0.52	0.5
Burnout	0.20	0.12	0.12	-0.14	-0.15
Exhaustion	-0.47	-0.53	-0.49	-0.53	-0.41

***Workplace Characteristics***

Question 2 was, Is there a relationship between *workplace characteristics* and nurse burnout, engagement and exhaustion? In 2017, burnout was positively correlated to involvement in decisions ( $r = 0.03$ ). However, in 2018, burnout became positively correlated with resources ( $r = 0.11$ ). This means that either changes were made between 2017 and 2018 to start involving staff in their decisions and they felt they were being listened to but the resources were not there, or the staff burnout increased to a level where their involvement was no longer important to them and they felt that resources were now what was holding them back and causing their stress.

Tables 3 and 4 provide a visual for this data.

**Table 3***Workplace Characteristics 2017*

	Resources	Workload	Workgroup Competency	Involvement in Decisions
Engagement	0.60	0.61	0.5	0.38
Burnout	-0.34	-0.37	-0.22	0.03
Exhaustion	-0.40	-0.46	-0.21	-0.07

**Table 4***Workplace Characteristics 2018*

	Resources	Workload	Workgroup Competency	Involvement in Decisions
Engagement	0.38	0.06	0.53	0.5
Burnout	0.11	-0.05	-0.24	-0.32
Exhaustion	-0.27	-0.29	-0.58	-0.52

***Workgroup Characteristics***

Question 3 investigated the possible relationship between *workgroup characteristics* and nurse burnout, exhaustion and engagement. The data revealed that for 2017 workgroup respect ( $r = 0.06$ ) and conflict resolution ( $r = 0.03$ ) were the main areas of concern and directly correlated to burnout. However, in 2018, there were no areas that directly correlated to engagement, exhaustion or burnout. This again reveals that a major change was seen between 2017 and 2018 in staff feelings. While the burnout, exhaustion and engagement scores remained adversely affected, none of the tested variables in 2018 correlated to these. This means that either variables that were not tested could correlate or staff were so disengaged that they did not provide adequate survey responses. Tables 5 and 6 provide a visual of this information and the data for this question.

**Table 5***Workgroup Characteristics 2017*

	Workgroup Respect	Conflict Resolution	Cooperation	Diversity	Psychological Safety
Engagement	0.36	0.38	0.45	0.54	0.58
Burnout	0.06	0.03	-0.05	-0.06	-0.22
Exhaustion	0.00	-0.07	-0.14	-0.06	-0.28



**Table 6***Workgroup Characteristics 2018*

	Workgroup Respect	Conflict Resolution	Cooperation	Diversity	Psychological Safety
Engagement	0.64	0.54	0.51	0.51	0.43
Burnout	-0.37	-0.2	-0.27	-0.27	-0.16
Exhaustion	-0.60	-0.46	-0.5	-0.5	-0.39

***Intent to Leave***

Finally, intent to leave was evaluated as the final question. For 2017, there was a negative correlation between intent to leave and engagement ( $r = -0.28$ ) and a positive correlation between exhaustion ( $r = 0.44$ ) and burnout ( $r = 0.51$ ) and intent to leave. This reveals that all three (burnout, exhaustion and engagement) have an impact on the staff and their intent to leave. However, burnout was the only one that had variables correlated to it that were not in line with what would be expected and cause concern. Table 7 provides a visual the intent to leave data for 2017 and 2018.

**Table 7***Intent to Leave 2017*

	Engagement	Burnout	Exhaustion
Intent to Leave	-0.28	0.51	0.44

**Table 8***Intent to Leave 2018*


---

Intent to Leave 2018:

---

\*\*Unable to do this analysis for 2018 due to the data being unavailable - removed from survey for 2018 year

---

## **Chapter Summary**

The focus of this chapter was the analysis of the data from the study. The data analysis reviewed the dependent and independent variables while providing information for how the independent variables correlated to the dependent variables in the 2017 and 2018 AES data. This chapter also provided a comparison of the data with the major changes between 2017 and 2018 being discussed. It provides the basis for the interpretation and importance to leaders that will be discussed in Chapter 5.

## **Chapter 5: Discussion, Conclusions, and Recommendations**

This final chapter will be used to discuss the findings and what they mean to leaders. This chapter will begin by providing any limitations that were seen within this project and then move into providing an interpretation and inference of the findings, followed by the implication of the analysis for leaders. Finally, it concludes with discussion of how this project related to the DNP essentials and discussion of recommendations to for future research and recommendations for next moves for leadership.

### **Discussion of Limitations Related to Scope of Project**

While this project provides guidance on areas to address when making improvements for staff in the area of burnout, engagement and exhaustion, there is much research that could still be conducted. This study only reviewed a few of the variables listed in the All Employee Survey and provided information based on these variables. A full study using the raw data and all variables within the survey would provide a more thorough look into the data. Burnout was the only dependent variable that had a positive correlation with the selected characteristics and was also positively correlated to intent to leave. While engagement and exhaustion did not positively correlate to the data in this study, future studies including more variables could provide a deeper understanding on these two dependent variables and provide an understanding of why they correlate positively to intent to leave.

Another limitation of this study was that  $p$  values to provide statistical significance were not able to be performed due to the type of data received. The facility provided averaged data for each department within the organization instead of the overall raw data which did not provide adequate data to perform  $p$  values and resulted in  $p$  values that were drastically out of range and

not reliable. Future studies performed with the raw data instead of the averaged data will be beneficial for the organization in providing statistical significance to the data received.

### **Interpretation of Findings**

This study provided a lot of data that leaders can use to make improvements within this facility for their staff in the areas of burnout, exhaustion, and engagement. The main pattern seen within the data was that burnout was the only dependent variable that provided a correlation with the independent variables meaning there is a high probability the worsening burnout scores were attributed to the selected characteristics. This provided a good picture of the issues surrounding the staff burnout. However, no variables had a correlation with engagement or exhaustion which leaves considerable question and more research that could be performed in these areas to provide a better picture of the issues underlying the high exhaustion and low engagement scores of the staff. Intent to leave was positively correlated to burnout and exhaustion. However, due to no correlations with exhaustion in the other two groupings that were tested, more research would need to be performed to determine the best way to make improvements to the staff exhaustion scores. Overall, it was determined that the split of positively correlated variables changed from supervisor relationships, workplace characteristics and workgroup characteristics in 2017 to split between supervisor relationships and workplace characteristics with more impact on their burnout scores coming from supervisor relationships.

Based on this data and the differences between the two-year data points, the chosen focus by leadership in 2018 was on civility and a reduction in feelings of leadership bias and favoritism between staff. This caused the impact the workgroup characteristics and decreasing the burnout scores so that they no longer correlate with burnout. The 2018 data reveals that a mostly

leadership and organizational focus on resources and management empathy and respect would benefit the organization and potentially have an impact on the staff.

### **Inference of Findings**

This data revealed that burnout is the biggest leadership issue based on the correlation of the data provided. Leadership focusing their efforts in the areas of supervisor relationships and workplace characteristics have the potential to make the largest impact on the burnout scores of the staff. Continued evaluation of the data and looking for future correlation changes are required to work towards an optimal work environment. An optimal work environment is what all leadership and staff desire. However, with all the factors involved, it takes years of work and altering to get to the position where an optimal work environment can be possible.

### ***Side by Side Comparison of the Data***

Table 9 provides a visual of all four questions side by side for both years to provide an easier comparison of the data discussed. Out of the three dependent variables, burnout was the only one that provided a positive correlation. It was noted that the issues based on the data appear to be split between supervisor relationships, workplace characteristics and workgroup characteristics. However, in 2018, it appears that the workgroup characteristics had worked themselves out and the main issues were split between supervisor relationships and workplace characteristics. However, most the positive correlation seems to be focused in the supervisor relationships area.

**Table 9***2017 and 2018 Side by Side Comparison*

	2017		2018	
	Engagement, Burnout, Exhaustion	Characteristic	Engagement, Burnout, Exhaustion	Characteristic
Supervisor Relationships	Burnout	Favoritism	Burnout	Supervisor Respect, Listening, Trust Resources
Workplace Characteristics	Burnout	Involvement in Decisions	Burnout	Resources
Workgroup Characteristics	Burnout	Workgroup Respect, Conflict Resolution	None	None
Intent to Leave	Engagement, Exhaustion, Burnout	Intent to Leave	*No Data Available	

**Implication of the Analysis for Leaders**

While correlation cannot be used to prove a causal relationship, it can be used to narrow down efforts while trying to make changes. While interpreting this data, we cannot say that supervisor relationships and workplace characteristics directly cause issues with burnout. However, this data suggests that these two have a large impact on the staff burnout scores. As a leader, this data can be used to guide where efforts need to be focused to attempt to alter the burnout levels of staff. As a leader looking at this data, it appears that the focus across all questions need to be towards staff burnout as these were the only areas that had strong correlations. When looking deeper into fixing the burnout level in staff, focusing efforts on the

positively correlated independent variables will provide the most impact to these scores and help move them in the right direction. When staff feel respected by their supervisor, listened to and trusted, and have the necessary resources to do their jobs, their performance quality will increase, and their burnout levels will decrease.

The goal of this project was to lay the groundwork for future interventions in the areas that would create the most impact in reducing staff feelings of burnout and exhaustion while boosting engagement. A leader adding interventions for this facility needs to look at these common variables described above and focus their efforts in these areas. This would give them the best chance of making the largest impact without having a lot of wasted time focusing on areas that will give a lower impact.

### **EBP Findings and Relationship to DNP Essentials (I-VIII)**

The American Nurses Association provides eight essentials that doctoral education must meet to ensure that it provides scholarly education for advanced nurses (American Nurses Association, 2006). Out of the eight essentials, Essential 2 – Organizational and Systems Leadership for Quality Improvement and Systems Thinking is directly linked to this project (American Nurses Association, 2006). The purpose of this project was to investigate how leaders of this organization can improve their organization by improving staff performance and job satisfaction. The evidence cited in the literature review provides support that nurse job satisfaction has a direct impact on their performance in their jobs. Using the correlational analysis performed in this project, leadership can narrow down the areas they focus their attention to making the focus area narrower. Leaders in this organization currently do not have knowledge of performing a correlational analysis to be able to narrow their focus area and it has been the practice of the organization to determine the top three priorities based on the average

scores. The goal of this project is to provide leadership with a new way of determining focus areas to make improvements for their staff that will carry over into the quality of care they can provide.

### **Recommendations for Future Research**

This topic can benefit from future research in how these methods can be used to improve staff feelings about their work and work environment. The first area of future research would be to duplicate this study using the raw scores and not the average scores to provide appropriate data to do a  $p$  value to help support the claims being made. While this study provides guidance in where to focus attention in making improvements, having  $p$  values to go along with them could help leaders narrow their efforts even further.

The second area of further research recommended would be to use more years of data to determine if these common variables stretch across more than just two years. This would also help leaders to narrow down their windows for interventions even further by providing even fewer variables to work on. The fewer variables focused on during each improvement cycle allows for leadership to determine how successful their work is on impacting the nursing staff's feelings of engagement, exhaustion, and burnout.

Another area that could be evaluated in future research to assist leadership in this improvement process is to evaluate the age of the nurses on the units and see if there is a correlation present for the burnout, exhaustion, and motivation scores. Oftentimes, as people age, their motivation and tolerance for issues is reduced. This issue could play a large part in the overall issues seen in the staff scores and therefore, should not be immediately excluded and instead studied in the future. Another aspect of this is the age of the leaders within the organization. If an organization has mostly older, more seasoned leaders or younger,



inexperienced leaders, this can also have a detrimental effect on the organization as well as the scores and feelings of staff. Older leaders tend to sit in one of two positions, open to change and experienced change agents or resistant to change and with the attitude of if it is not broke do not fix it. Older leaders who are experienced change agents can move an organization to new levels, while those older leaders resistant to change can slow this progression. On the other hand, having a large amount of younger, inexperienced leaders can also be detrimental by not having proper leadership and administration skills and knowledge. Future research in the area of leadership spread to ensure there is ample leadership from the skilled change agent down to the young, new manager as well as floor level staff leaders will greatly benefit the organization in making improvements to these scores.

Finally, it is recommended that a full improvement process be followed as the interventions are implemented in the above areas. This will allow leadership to determine how much of an impact their efforts are having on the staff at this facility. With the current data, the improvements would need to be used station wide to determine if they made an improvement due to the original study being done with averaged scores for each department from across the entire facility. However, by using the raw staff data for each unit, individual units' areas of focus could be determined and allow for a more pointed study to be completed.

### **Chapter Summary**

While there is a lot of research in this area that could still be conducted, the main points of the data studied are that the selected variables have the largest impact on the burnout scores of the staff. One weakness in this study that could be expanded upon in future studies are determining the variables that impact exhaustion and engagement scores. Intent to leave was closely linked to all three, burnout, exhaustion and engagement. However, none of the

independent variables were linked to engagement or exhaustion. This causes leadership to not be able to impact the feelings of staff and their intent to leave the organization. However, the data provided in this study will provide leadership with a place to start making improvements while future studies can monitor the progress and assist leadership in digging deeper into this issue.

## References

- Aiken, L. H., Ceron, C., Simonetti, M., Lake, E. T., Galiano, A., Garbarini, A., Soto, P., Bravo, D., & Smith, H. L. (2018). Hospital nurse staffing and patient outcomes. *Revista Médica Clínica Las Condes*, 29(3), 322–327. <https://doi.org/10.1016/j.rmclc.2018.04.011>
- Aiken, L. H., Clarke, S. P., Sloane, D. M., Sochalski, J., & Silber, J. H. (2002). Hospital nurse staffing and patient mortality, nurse burnout, and job dissatisfaction. *Journal of the American Medical Association*, 288(16), 1987–1993. <https://doi.org/10.1001/jama.288.16.1987>
- American Nurses Association. (2006). *The essentials of doctoral education for advanced nursing practice*. <https://www.aacnnursing.org/Portals/42/Publications/DNPEssentials.pdf>
- Anderson, B. R. (2016). Improving healthcare by embracing systems theory. *Journal of Thoracic and Cardiovascular Surgery*, 152(2), 593–594. <https://doi.org/10.1016/j.jtcvs.2016.03.029>
- Anderson, J. G., & Abrahamson, K. (2017, January). Your health care may kill you: Medical errors. In *ITCH* (pp. 13–17). <https://doi.org/10.3233/978-1-61499-742-9-13>
- Asgari, S., Shafipour, V., Taraghi, Z., & Yazdani-Charati, J. (2019). Relationship between moral distress and ethical climate with job satisfaction in nurses. *Nursing Ethics*, 26(2), 346–356. <https://doi.org/10.1177/0969733017712083>
- Belton, S. (2018). Caring for the caregivers: Making the case for mindfulness- based wellness programming to support nurses and prevent staff turnover. *Nursing Economics*, 36(4), 191–194. <https://go.gale.com/ps/anonymous?id=GALE%7CA552745749&sid=googleScholar&v=2.1&it=r&linkaccess=abs&issn=07461739&p=AONE&sw=w>

- Dempsey, C., & Reilly, B. (2016). Nurse engagement: What are the contributing factors for success? *Online Journal of Issues in Nursing*, 21(1), 2.  
<https://doi.org/10.3912/OJIN.Vol21No01Man02>
- Department of Veterans Affairs. (2018). *2018 VA all employee survey questions by organizational health framework*.  
[https://www.va.gov/NCOD/docs/05\\_AES\\_Instrument\\_ItemThemes.pdf](https://www.va.gov/NCOD/docs/05_AES_Instrument_ItemThemes.pdf)
- Duffield, C. M., Roche, M. A., Homer, C., Buchan, J., & Dimitrelis, S. (2014). A comparative review of nurse turnover rates and costs across countries. *Journal of Advanced Nursing*, 70(12), 2703–2712. <https://doi.org/10.1111/jan.12483>
- Freudenberger, H. J. (1974). Staff burn-out. *Journal of Social Issues*, 30(1), 159–165.  
<https://doi.org/10.1111/j.1540-4560.1974.tb00706.x>
- Hall, L. H., Johnson, J., Watt, I., Tsipa, A., & O'Connor, D. B. (2016). Healthcare staff wellbeing, burnout, and patient safety: A systematic review. *PLoS One*, 11(7), e0159015.  
<https://doi.org/10.1371/journal.pone.0159015>
- Interprofessional Education Collaborative Expert Panel. (2011). *Core competencies for interprofessional collaborative practice: Report of an expert panel*. Interprofessional Education Collaborative.
- Jones, C., & Gates, M. (2007). The costs and benefits of nurse turnover: A business case for nurse retention. *Online Journal of Issues in Nursing*, 12(3), Manuscript 4.  
<https://doi.org/10.3912/ojin.vol21no03man04>
- Kerfoot, K. (2013). New nurse turnover and patient safety: What's the problem? *Patient Safety and Quality Healthcare*. <https://www.psqh.com/news/new-nurse-turnover-and-patient-safety-whats-the-problem/>

- Liu, X., Zheng, J., Liu, K., Baggs, J. G., Liu, J., Wu, Y., & You, L. (2018). Hospital nursing organizational factors, nursing care left undone, and nurse burnout as predictors of patient safety: A structural equation modeling analysis. *International Journal of Nursing Studies*, 86, 82–89. <https://doi.org/10.1016/j.ijnurstu.2018.05.005>
- Negussie, N. (2012). Relationship between rewards and nurses' work motivation in Addis Ababa hospitals. *Ethiopian Journal of Health Sciences*, 22(2), 107–112. <https://doi.org/10.4314/EJHS.V22I2>
- Nursing Solutions Incorporated. (2015). *2015 national healthcare retention and RN staffing report-PDF*. <http://www.nsinursingsolutions.com/Files/assets/library/retention-institute/2019%20National%20Health%20Care%20Retention%20Report.pdf>
- Nursing Solutions Incorporated. (2019). *2019 national health care retention report-PDF*. <http://www.nsinursingsolutions.com/Files/assets/library/retention-institute/2019%20National%20Health%20Care%20Retention%20Report.pdf>
- Poghosyan, L. (2018). Clinician burnout: New times, old issue. *Nursing Economics*, 36(3), 109–110. <https://go.gale.com/ps/anonymous?id=GALE%7CA547075574&sid=googleScholar&v=2.1&it=r&linkaccess=abs&issn=07461739&p=AONE&sw=w>
- Poghosyan, L., Clarke, S. P., Finlayson, M., & Aiken, L. H. (2010). Nurse burnout and quality of care: Cross-national investigation in six countries. *Research in Nursing & Health*, 33(4), 288–298. <https://doi.org/10.1002/nur.20383>
- Risman, K. L., Erickson, R. J., & Diefendorff, J. M. (2016). The impact of person-organization fit on nurse job satisfaction and patient care quality. *Applied Nursing Research*, 31, 121–125. <https://doi.org/10.1016/j.apnr.2016.01.007>

- Van der Heijden, B., Mahoney, C. B., & Xu, Y. (2019). Impact of job demands and resources on nurses' burnout and occupational turnover intention towards an age-moderated mediation model for the nursing profession. *International Journal of Environmental Research and Public Health*, 16(11), 1–22. <https://doi.org/10.3390/ijerph16112011>
- Veterans Center. (2017). *All employee survey*. National Center for Organization Development. <https://www.va.gov/NCOD/VAworkforcesurveys.asp>
- Veterans Center. (2018). *All employee survey*. National Center for Organization Development. <https://www.va.gov/NCOD/VAworkforcesurveys.asp>
- Walker, A. (2018). *Nursing satisfaction impacts patient outcomes mortality*. Nurse.org. <https://nurse.org/articles/nursing-satisfaction-patient-results/>

### Appendix A: Engagement, Burnout, and Exhaustion Data

Unit: Outpatient Clinics RN	2017	2018
Engagement	58.82%	52.94%
Burnout	1.25	No Score provided
Turn-over Rates	12%	22%

Unit: Outpatient Clinics LVN/NA	2017	2018
Engagement	41.67%	15.38%
Burnout	2.03	7.69
Turn-over Rates	8%	15%

Unit: Long-Term Care Unit 1 RN	2017	2018
Engagement	36.36%	20%
Burnout	1.94	10
Turn-over Rates	0%	17%

Unit: Long-Term Care Unit 1 LVN/NA	2017	2018
Engagement	75%	30.77%
Burnout	1.44	No score provided
Turn-over Rates	22%	12%

Unit: Long-Term Care Unit 2 RN	2017	2018
Engagement	62.50%	23.08%
Burnout	1.54	No score provided
Turn-over Rates	17%	54%

Unit: Long-Term Care Unit 2 LVN/NA	2017	2018
Engagement	54.55%	30.56%
Burnout	1.75	No score provided
Turn-over Rates	20%	15%

## Appendix B: 2018 VA All Employee Survey (AES)

\*This item is published in the public domain and therefore has no copyright

You Speak. VA Listens. Everyone Learns.

2018 VA All Employee Survey (AES)

Questions by Organizational Health Framework




---

### AES Instrument Updates

- 2018: VA combined its two annual workforce surveys (VA AES, government FEVS) into one to reduce staff survey fatigue, streamline reporting and action planning, and minimize duplicate efforts (marketing, AES Coordinator time, etc.). Roughly half of the items were retained from each survey. See the last pages of this document for retired AES items.
- Continuing from the 2016 AES, results are organized using a “big picture” framework for conceptualizing the employee experience. This “AES Framework” will help end users prioritize areas for action planning.
  - A.** Actions and Behaviors: What We Do. These concepts describe the things you and your team actually do day-to-day to shape the workplace, including the work itself and how you interact with one another. When action planning, start here. Actions and behaviors impact climate and attitudes, and are the most actionable of all three framework sections. The items in this section point to specific points for change in the workplace, with supervisors, or among the workgroup (staff).
  - B.** Workplace Climate: Where We Are. These items describe patterns of employees’ shared beliefs. It is the collection of unspoken rules or norms that employees develop about how to get the job done and how to treat one another.
  - C.** Outcomes and Employee Attitudes: How We Feel. Attitudes are employees’ thoughts and feelings about the workplace. They are a broad glimpse at how employees are experiencing the work itself as well as their relationships with one another. Consider these concepts as outcomes of organizational health.
- Here is another way to think about the AES Framework:

AES Framework	If I want to know about the “health” of my organization, I look here...	Understanding my organization’s health is similar to my “personal health”
Actions / Behaviors	Actions and Behaviors are the day-to- day things we do that affect our climate and attitudes: recognition, respect, etc.	For our physical health, the equivalent is our daily behavior: what we eat, and how much we exercise or sleep.



Climate	Climate represents the unspoken rules and norms in our workplace – civility, servant leadership, ethics.	For our physical health, the equivalent is our lifestyle – our normal (daily) actions of being sedentary, active, or stressed?
Outcomes/ Attitudes	Attitudes are the “big picture” outcomes of our group’s health: satisfaction, engagement, turnover, and burnout.	For our physical health, the equivalent is our blood pressure, cholesterol, and weight as a picture of overall health.

### **Our Focus for Action Planning**

You Speak. VA Listens. Everyone Learns.

2018 AES Instrument Updates

NOTE: Red shows changes (e.g. new items, different wording).

### **Survey Definitions**

- **Workgroup/Work Unit:** Workgroups/Work Units can be organized in several different ways. Your site has determined how to define its workgroups. They may be defined as:
  - The individuals who report to a given supervisor; or
  - The individuals who work together on a regular basis.
  - The name of your workgroup is printed next to the workgroup code on the instruction sheet given to you to complete this survey. Please think of this workgroup when answering questions about workgroups in the survey.
- **Supervisor:** Any employee who oversees the work of other employees, such as conducting performance appraisals and approving leave.
- **Senior Leader:** Your nearest senior leader(s) (Executive, SES, or Director) who is responsible for directing policies and priorities within the organization. Depending on the structure of the organization and your specific position, this could be one or more levels above you. May hold either a political or career appointment.
- **Organization:** This is the office, division, or branch headed by your nearest senior leader (see above).
- **Agency:** The Department of Veterans Affairs.

**AES scales:**

Satisfaction Scale Response Options: 1= Very Dissatisfied  
 2= Dissatisfied  
 3= Neutral  
 4= Satisfied  
 5= Very Satisfied 6=Not Applicable

Yes/No Scale Response Options: 1= Yes  
 2= No  
 3= Do Not Know

Agreement Scale Response Options: 1= Strongly Disagree  
 2= Disagree  
 3= Neutral  
 4= Agree  
 5= Strongly Agree 6= Do Not Know

Feeling Scale Response Options: 1= Very Poor  
 2= Poor  
 3= Fair  
 4= Good  
 5= Very Good 6= Do Not Know

Burnout Scale Response Options: 0= Never  
 1= A few times a year or less  
 2= Once a month or less  
 3= A few times a month  
 4= Once a week  
 5= A few times a week 6= Every day

**You Speak. VA Listens. Everyone Learns.**

Items below are shown in the order they appear in the AES reports

---

**Actions and Behaviors – What We Do**
**A. Priorities (Staff-Selected Areas for Change)**

Which areas would you most like your workgroup to focus its action planning on over the next year?  
 Select your top three.

\*\*Results will be reported as the frequency or percent (%) of staff who selected each response

- Accountability = Holding one another accountable for performance and professional conduct
- Communication = Communicating necessary information timely and clearly

- Coworker Relationships = Cooperating, collaborating, and treating one another with respect
- Evaluation = Reflecting on our work through activities like huddles, after-action reviews, and/or debriefings.
- Goals = Setting of challenging and yet attainable performance goals
- Growth = Creating opportunities for employee growth
- Innovation = Being willing and able to try new ideas in the workplace
- Recognition = Recognizing performance fairly and in a meaningful way
- Supervisor Relationship = Feeling comfortable with and supported by my supervisor
- Workload = Supporting a reasonable workload and distributing it fairly

### **B. Supervisor Tasks**

Variable Name + Question	Scale
Supervisor Goal Setting: Supervisors set challenging and yet attainable performance goals for my workgroup. Previous name: Supervisor (Performance Goals), Leadership Performance Goals	Agreement
Supervisor Goal Evaluation: My supervisor reviews and evaluates the progress toward meeting goals and objectives of the workgroup. Previous name: Workgroup Planning/Evaluation	Agreement
Performance Accountability: In my work unit, differences in performance are recognized in a meaningful way. Previous name: Performance Recognition	Agreement
Personal Recognition: How satisfied are you with the recognition you receive for doing a good job?	Satisfaction
Supervisor Supports Development: Supervisors in my work unit support employee development.	Agreement
Supervisor Work/Life Balance: My supervisor supports my need to balance work and other life issues. Comparable to prior item: Work/Life Balance: Supervisors/team leaders understand and support employee family/personal life responsibilities in my work group.	Agreement
Supervisor Address Concerns: It is worthwhile in my workgroup to speak up because something will be done to address our concerns. Previous name: Concerns Speaking Up	Agreement

**You Speak. VA Listens. Everyone Learns.**

**C. Supervisor Relationships**

Variable Name + Question	Scale
Supervisor Listening: My supervisor listens to what I have to say.	Agreement
Supervisor Respect: My supervisor treats me with respect.	Agreement
Supervisor Trust: I have trust and confidence in my supervisor.	Agreement
Supervisor Favoritism: My supervisor does not engage in favoritism. Previous name: Favoritism	Agreement

**D. Workgroup Tasks**

Variable Name + Question	Scale
AES Sharing (% Yes): Employees in my workgroup have been provided with the results of previous All Employee Surveys (AES).	Yes/No
AES Use (% Yes): We have made changes in practices and ways of doing business in my workgroup based on the results of previous All Employee Surveys (AES).	Yes/No

**E. Workgroup Relationships**

Variable Name + Question	Scale
Workgroup Respect: People treat each other with respect in my workgroup. Previous name: Respect	Agreement
Workgroup Conflict Resolution: Disputes or conflicts are resolved fairly in my workgroup. Previous name: Conflict Resolution	Agreement
Workgroup Cooperation*: The people I work with cooperate to get the job done. <u>NOT Comparable</u> to prior item: Cooperation: A spirit of cooperation and teamwork exists in my workgroup. * Engaged workplaces are more likely to exhibit the outcome of greater collaboration and teaming.	Agreement
Workplace Diversity: Discrimination is not tolerated at my workplace. Previous name: Diversity Acceptance	Agreement
Workgroup Psychological Safety: Members in my workgroup are able to bring up problems and tough issues. Previous name: Psychological Safety (Bring Up Problems)	Agreement

## Workplace Climate – Where We Are

### A. Workplace Relationships

Variable Name + Question	Scale
<p>No Fear of Reprisal*: I can disclose a suspected violation of any law, rule or regulation without fear of reprisal.</p> <p>* Engaged workplaces are more likely to exhibit the outcome of willingness to speak up.</p>	Agreement

### You Speak. VA Listens. Everyone Learns.

<p>Workgroup Collaboration: Work groups collaborate to accomplish shared objectives.</p> <p><u>NOT Comparable</u> to prior item: Workgroup Collaboration: People from different workgroups are willing to collaborate with my workgroup.</p>	Agreement
<p>Servant Leader Index: “Servant Leadership” is a summary measure of the work environment being a place where organizational goals are achieved by empowering others. This includes focusing on collective goals, encouraging contribution from others, and then positively reinforcing others’ contributions. Servant Leadership occurs at all levels of the organization, where individuals (supervisors, staff) put others’ needs before their own. ***This scale is <u>not comparable</u> to prior AES survey years.</p> <ul style="list-style-type: none"> <li>– Supervisor Listening</li> <li>– Supervisor Respect</li> <li>– Supervisor Trust</li> <li>– Supervisor Favoritism</li> <li>– Supervisor Address Concerns</li> </ul>	Scored 0-100, where HIGHER score is more favorable
<p>Civility: “Civility” is a summary measure of workgroup members’ behaviors that create a respectful, cooperative, and civil workplace.</p> <ul style="list-style-type: none"> <li>– Workgroup Respect</li> <li>– Workgroup Conflict Resolution</li> <li>– Workgroup Cooperation</li> <li>– Workplace Diversity</li> </ul>	Agreement

<p>Please direct questions on these items to: VHA National Center for Ethics in Healthcare at <a href="mailto:vaethicssurvey@va.gov">vaethicssurvey@va.gov</a></p> <ul style="list-style-type: none"> <li>- Raise and Discuss Ethics: My direct supervisor raises and discusses ethical concerns (i.e., uncertainty or conflict about the right thing to do).</li> <li>- Transparency: My direct supervisor communicates the reasoning (how and why) behind decisions that have an impact on my work.</li> <li>- Moral Courage: Employees in my workgroup do what is right even if they feel it puts them at risk (e.g., risk to reputation or promotion, shift reassignment, peer relationships, poor performance review, or risk of termination).</li> <li>- Moral Distress: In the past year, how often did you experience moral distress at work (i.e., you were unsure about the right thing to do or could not carry out what you believed to be the right thing)? (NOTE: Burnout Scale)</li> </ul>	<p>Agreement/ Burnout</p>
---	-------------------------------

**You Speak. VA Listens. Everyone Learns.**

**B. Workplace Characteristics**

Variable Name + Question	Scale
<p>Resources: I have the appropriate supplies, materials, and equipment to perform my job well.</p> <p>Previous name: Work Resources</p>	<p>Agreement</p>
<p>Workload: My workload is reasonable.</p> <p>Comparable to prior item: Workload: My workload is reasonable given my job.</p>	<p>Agreement</p>
<p>Workgroup Competency: My work unit has the job-relevant knowledge and skills necessary to accomplish organizational goals.</p> <p>NOT Comparable to prior item: Competency: Employees in my work group are competent to accomplish our tasks.</p>	<p>Agreement</p>
<p>Skill Development: I am given a real opportunity to improve my skills in my organization.</p> <p>Comparable to prior item: Employee Development: I am given a real opportunity to develop my skills in my work group.</p>	<p>Agreement</p>
<p>Innovation: I feel encouraged to come up with new and better ways of doing things.</p> <p>NOT Comparable to prior item: Innovation: New practices and ways of doing business are encouraged in my work group.</p>	<p>Agreement</p>
<p>Clear Expectations: I know what is expected of me on the job.</p>	<p>Agreement</p>
<p>Talents Used: My talents are used well in the workplace.</p>	<p>Agreement</p>

Goal Aligned Work: I know how my work relates to the agency's goals.	Agreement
Decisional Involvement: How satisfied are you with your involvement in decisions that affect your work?	Satisfaction
AES Use Expectations (% Positive): I believe the results of this survey will be used to make my agency a better place to work.	Agreement
<p>Workplace Performance: “Workplace Performance” is a summary measure of the workplace environment investing in its human capital by having the right resources, training, goals, and innovation in place to support optimal performance. ***This scale is <u>not comparable</u> to prior AES survey years.</p> <ul style="list-style-type: none"> <li>- Skill Development</li> <li>- Innovation</li> <li>- Workgroup Competency</li> <li>- Supervisor Goal Setting</li> <li>- Supervisor Goal Evaluation</li> <li>- Resources</li> </ul>	Agreement
<p>Engagement Driver - Development: Invest in employee, and leadership, training and development. Provide opportunities for employees and leaders to assess training needs, improve skills, and develop, or refine, leadership capabilities.</p> <ul style="list-style-type: none"> <li>- Skill Development</li> <li>- Supervisor Supports Development</li> <li>- Supervisor Goal Evaluation</li> </ul>	Agreement

**You Speak. VA Listens. Everyone Learns.**

- Workgroup Competency	
<p>Engagement Driver - Improvement: Seek employee involvement in workplace processes and system improvement. Empower staff to provide input, involve staff in workplace decisions, and support a culture of innovation.</p> <ul style="list-style-type: none"> <li>- Clear Expectations</li> <li>- Goal Aligned Work</li> </ul>	Agreement

Engagement Driver - Data Use: Use your local workforce survey data to see how your group is doing, then discuss results with staff, and together develop action plans.  <ul style="list-style-type: none"> <li>- AES Sharing (% Yes)</li> <li>- AES Use (% Yes)</li> <li>- AES Use Expectations (% Positive)</li> </ul>	Scored 0-100%, where a HIGHER score is more favorable
Engagement Outcome - Innovation: Engaged workplaces are more likely to exhibit the outcomes of innovation and experimentation.  <ul style="list-style-type: none"> <li>- Innovation</li> </ul>	Agreement

## Outcomes and Attitudes – How We Feel

### A. Attitudes towards the Work Environment

Variable Name + Question	Scale
Personal Accomplishment: My work gives me a feeling of personal accomplishment.	Agreement
Overall Satisfaction: Considering everything, how satisfied are you with your job?	Satisfaction
Organization Satisfaction: Considering everything, how satisfied are you with your organization?	Satisfaction
Recommend My Organization: I recommend my organization as a good place to work.	Agreement
Best Places to Work: “Best Places to Work” is a summary measure of the group’s satisfaction with the job, organization, and likelihood to recommend VA as a good place to work. The AES Best Places to Work scores are functionally similar to those reported for Federal agencies by the Partnership for Public Service ( <a href="http://bestplacestowork.org">http://bestplacestowork.org</a> ).  <ul style="list-style-type: none"> <li>- Overall Satisfaction (% Positive)</li> <li>- Organization Satisfaction (% Positive)</li> <li>- Recommend My Organization (% Positive)</li> </ul> <p>Percent positive = “Very Satisfied/Satisfied” or “Strongly Agree/Agree.”</p>	Scored 0-100, where HIGHER score is more favorable
Workplace Inspiration: This organization really inspires the very best in me in the way of job performance.  Previous name: Work Motivation	Agreement
Extra Effort: I always do more than is actually required.  Previous name: Extra Work Effort	Agreement



## You Speak. VA Listens. Everyone Learns.

<p>More Than Paycheck: My job is more than just a paycheck to me.</p>	<p>Agreement</p>
<p>Engagement Index—reported as % Engaged, % Disengaged, and % Mixed: Measures the “level of engagement” in the workplace, where engagement is informed by the organization’s role in employee engagement, and the employee’s role in being engaged. This index aligns with the U.S. Federal definition of employee engagement: The employees' sense of purpose that is evident in their display of dedication, persistence, and effort in their work and overall attachment to their organization and its mission.</p> <ul style="list-style-type: none"> <li>– Recommend My Organization.</li> <li>– Workplace Inspiration</li> <li>– Extra Effort</li> <li>– More Than Paycheck</li> </ul> <p>% Engaged: Responses on all four items show a pattern of high scores (ratings across items sum to 18-20). HIGHER scores more favorable.</p> <p>% Disengaged: Responses on all four items show a pattern of low scores (the sum of ratings across items &lt; 14). LOWER scores more favorable.</p> <p>% Mixed: Those who are neither “Engaged” nor “Disengaged.” Responses on all four items show a pattern of scores that are neither high nor low (ratings across items sum to 14-17). LOWER scores more favorable.</p>	<p>Scored 0-100%</p> <p>Scored 0-100%</p> <p>Scored 0-100%</p>
<p>Engagement Outcome - Satisfaction: Engaged workplaces are more likely to exhibit the outcomes of reflection, debrief, and learning.</p> <ul style="list-style-type: none"> <li>– Personal Accomplishment</li> <li>– Overall Satisfaction</li> <li>– Organization Satisfaction</li> </ul>	<p>Agreement - Satisfaction</p>
<p>Workplace Customer Satisfaction*: How satisfied do you think Veterans and their families are with the products and services provided by the place where you work?</p> <p>Previous name: External Customer Satisfaction</p> <p>* Engaged workplaces are more likely to exhibit the outcome of higher customer satisfaction.</p>	<p>Satisfaction</p>

### B. Attitudes Towards Leaders

Variable Name + Question	Scale
Supervisor Satisfaction: Overall, how good a job do you feel is being done by your immediate supervisor? <u>NOT Comparable</u> to prior item: Direct Supervision: How satisfied are you with the quality of direct supervision you receive?	Agreement
Sr. Leader Satisfaction: Overall, how good a job do you feel is being done by the manager directly above your immediate supervisor? <u>NOT Comparable</u> to prior item: Executive Leadership/Senior Management: How satisfied are you with the job being done by the executive leadership where you work?	Agreement
Sr. Leader Workforce Motivation: In my organization, senior leaders generate high levels of motivation and commitment in the workforce.	Agreement

### You Speak. VA Listens. Everyone Learns.

Sr. Leader Ethics: My organization's senior leaders maintain high standards of honesty and integrity.	Agreement
Sr. Leader Goal Communication: Managers communicate the goals of the organization.	Agreement
Sr. Leader Respect: I have a high level of respect for my organization's senior leaders.	Agreement
Sr. Leader Info Sharing: How satisfied are you with the information you receive from management on what's going on in your organization?	Satisfaction
Engagement Drivers - Senior Leaders, Supervisors: Enhance leadership behaviors within a Framework of Servant Leadership. Set reasonable, yet attainable performance goals, and provide staff with constructive feedback on their work. Promote communication across work units, and interact with employees of different backgrounds. Develop a workplace that values psychological safety and servant leadership.  Engagement Driver - Senior Leaders <ul style="list-style-type: none"> <li>- Sr. Leader Workforce Motivation</li> <li>- Sr. Leader Ethics</li> <li>- Sr. Leader Goal Communication</li> <li>- Sr. Leader Satisfaction</li> <li>- Sr. Leader Respect</li> </ul> Engagement Driver - Supervisors <ul style="list-style-type: none"> <li>- Supervisor Listening</li> </ul>	Agreement/ Satisfaction

<ul style="list-style-type: none"> <li>- Supervisor Respect</li> <li>- Supervisor Trust</li> <li>- Supervisor Satisfaction</li> </ul>	
---	--

### C. Employee Withdrawal

Variable Name + Question	Scale
Exhaustion: I feel burned out from my work.	Burnout
Depersonalization: I worry that this job is hardening me emotionally.	Burnout
Reduced Achievement: I have accomplished many worthwhile things in this job. (Final score is reverse, and interpreted as: I have [not] accomplished...) Previous name: Reduced Personal Achievement	Burnout
<p>High Burnout: "High Burnout" measures the percent of staff who are feeling burned out on <u>all three burnout symptoms</u> at a frequency of "<u>once a week</u>" to "<u>every day</u>."</p> <ul style="list-style-type: none"> <li>- Exhaustion (<u>physical</u> burnout)</li> <li>- Depersonalization (<u>emotional</u> burnout)</li> <li>- Reduced Achievement (<u>cognitive</u> burnout)</li> </ul>	Scored 0-100%, where LOWER score is more favorable
<p>Turnover Decision: Are you considering leaving your job within the next year, and if so why?</p> <ul style="list-style-type: none"> <li>- No</li> </ul>	Frequency (%) of staff selecting each

**You Speak. VA Listens. Everyone Learns.**

<ul style="list-style-type: none"> <li>- Yes, but taking another job within VA</li> <li>- Yes, to retire</li> <li>- Yes, to take another job within the Federal government</li> <li>- Yes, to take another job outside the Federal government</li> <li>- Yes, other</li> </ul>	option
<p>**This question is asked only if the prior Turnover Decision response is “yes.”</p> <p>Turnover Reason: What is the primary factor that has led you to consider leaving your current position?</p> <ul style="list-style-type: none"> <li>- Compensation and/or benefits (e.g., salary, benefits)</li> <li>- Work/Life Flexibilities (e.g., Teleworking, Alternative Work Schedule, other work/life accommodations)</li> <li>- Job-Related (e.g., type of work, workload, burnout, boredom)</li> <li>- Personal (e.g., focus on new interests, attend school, family needs, health)</li> <li>- Professional (e.g., better career prospects, career change)</li> <li>- Workgroup (e.g., clash with coworkers)</li> <li>- Supervisor (e.g., clash with supervisors)</li> <li>- Leadership (e.g., unhappy with senior leadership, unable to adjust to new management style or organizational direction)</li> </ul>	Frequency (%) of staff selecting each option

**Free Text Question (WEB ONLY)****Instructions:**

Your verbatim comments will be shared with the executive leadership of your organization (e.g., site director, VISN/District director), union leaders, and the Office of Inspector General. They will always be reported separately from your other survey answers, including your personal information (i.e., age, gender, etc.).

If you have concerns that need to be addressed immediately (such as grievances, patient safety issues, ethical concerns, or other time sensitive issues), please share these concerns directly with responsible parties at your organization. Your comments on this survey may not be seen promptly enough to prevent undesirable outcomes.

To make your comments useful for informing actions, please focus on specific issues in your organization, not on persons. Your entire comment will be discarded and NOT shared if you provide individual names of specific persons, including yourself.

If you have no comments, please leave the box empty. It is not necessary to type “none” or “No comment.”

Open Text Question:

Please share specific suggestions for improving your workplace.

NOTES: Comment is limited to 400 characters. Verbatim comments sent to the executive and union leadership of the site from where the comment came (e.g., facility, office, site).

**You Speak. VA Listens. Everyone Learns.**

### **Retired AES Items**

The AES is a “living document” with items added or retired to meet VA’s assessment needs.

#### Items Retired as of 2018

- Amount of Work: How satisfied are you with the amount of work that you currently do?
- Direct Supervision: How satisfied are you with the quality of direct supervision you receive?
- Promotion Opportunity: How satisfied are you with the number of opportunities for promotion?
- Praise: How satisfied are you with the amount of praise that you receive?
- Workgroup Satisfaction: Considering everything, how satisfied are you with your work group?
- Connection to Mission: I feel a strong personal connection with the mission of VA.
- Organizational Support: VA cares about my general satisfaction at work.
- Workload: My workload is reasonable given my job.
- Job Control: My ideas and opinions count at work.
- Innovation: New practices and ways of doing business are encouraged in my work group.
- Competency: Employees in my work group are competent to accomplish our tasks.
- Cooperation: A spirit of cooperation and teamwork exists in my workgroup.
- Psychological Safety (Try New Thing): It is safe to try something new in this workgroup.
- Workgroup Communication: Members of my work group communicate well with each other.
- Workgroup Collaboration: People from different work groups are willing to collaborate with my workgroup.

- Accountability: My work group members are held accountable for their performance.
- Workgroup Change: My coworkers are willing to adapt to change.
- Fairness: My supervisor is fair in recognizing accomplishments.
- Relationship: I have an effective working relationship with my supervisor.
- Advocate: My supervisor stands up for his/her people.
- Supervisor Communication: My supervisor provides clear instructions necessary to do my job.
- Psychological Safety (Disagreement): My supervisor encourages people to speak up when they disagree with a decision.
- Psychological Safety (Comfort Talking): I feel comfortable talking to my supervisor about work-related problems even if I'm partially responsible.
- Turnover Plans: I plan to leave my job within the next six months.
- Information Sharing: In my work group, information is communicated routinely from the supervisor to the employees.
- Training: I have received the training I need to do my job well.
- Executive Leadership: How satisfied are you with the job being done by the executive leadership where you work?

**You Speak. VA Listens. Everyone Learns.**

- Internal Customer Satisfaction: How satisfied do you think other VA employees are with the products and services provided by the place where you work?
- Regular Debriefs: This work group regularly reflects on its work by conducting such activities as huddles, post-audits, after-action reviews and/or debriefings.
- Staffing Level: We have enough staff in my workgroup to meet workload demands.
- Staffing Mix: We have the right mix of staff in my workgroup to meet workload demands.
- Organizational Pride: I would be happy for my friends and family to use this organization's products/services.
- Work Energy: I devote a lot of energy to my job.
- Going Beyond Compliance: My direct supervisor places more emphasis on staff achieving performance goals than doing the right thing.
- Comfort Raising Concerns: I can talk with my direct supervisor about ethical concerns without fear of having my comments held against me.

- Opportunity for Review: My immediate supervisor establishes opportunities for, and provides time and resources for, reflecting and improving on past performance.

#### **Items Retired as of 2015**

- Senior Management: How satisfied are you with the direction provided by senior managers at your facility?
- Customer Satisfaction: How satisfied do you think the customers of your organization are with the products and services it provides?
- Performance Ratings: My performance ratings are fair and accurate
- Planning/Evaluation: My supervisor reviews and evaluates the progress toward meeting goals and objectives of the organization
- Diversity Acceptance: This organization does not tolerate discrimination.
- Customer Service: Products, services and work processes are designed to meet customer needs.
- Safety Resources: Employees in my work group are protected from health and safety hazards on the job.
- Safety Climate: The safety of workers is a big priority with management where I work.
- Workgroup Involvement: Employees in my work group are involved in quality improvement or systems redesign.
- Ethics: Members of this work group would not compromise ethical principles in order to achieve success
- Expected Consequence: If people find out that I made a mistake, I will be disciplined.
- Attitudes to Seeking Help: If I am unsure of how to carry out a procedure, I am comfortable asking for help.
- Applied Learning: In this workgroup, we problem-solve ways to prevent errors from happening again.
- Turnover Intention: I plan to leave my job within the next six months. (as of 2016 AES)

**You Speak. VA Listens. Everyone Learns.**

**Questions?**



**U.S. Department of Veterans Affairs**

Veterans Health Administration

*National Center for Organization Development*

Please contact the VHA National Center for Organization Development (NCOD) at 513-247-4680 or [vhancod@va.gov](mailto:vhancod@va.gov).



## Appendix C: IRB Approval Letter

### ABILENE CHRISTIAN UNIVERSITY

*Educating Students for Christian Service and Leadership Throughout the World*

Office of Research and Sponsored Programs  
320 Hardin Administration Building, ACU Box 29103, Abilene, Texas 79699-9103  
325-674-2885



May 20, 2020

Ashley Moore  
Department of Nursing  
Abilene Christian University

Dear Ashley,

On behalf of the Institutional Review Board, I am pleased to inform you that your project titled "Determination of Causal Relationship for Increasing Nurse Burnout: A Correlational Analysis",

(IRB# 20-068 )is exempt from review under Federal Policy for the Protection of Human Subjects.

If at any time the details of this project change, please resubmit to the IRB so the committee can determine whether or not the exempt status is still applicable.

I wish you well with your work.

Sincerely,

*Megan Roth*

Megan Roth, Ph.D.  
Director of Research and Sponsored Programs

### Appendix D: Approval Forms



U.S. Department of Veterans Affairs  
Veterans Health Administration  
VA North Texas Health Care System



### Nursing Service Research, EBP, or Quality Improvement Determination Form

Name of person submitting project: Ashley Moore

Unit: Bon CLC-C

Date submitted: 9/11/2019

Name of the Project: Determination of Causal Relationship for Increasing Nurse Burnout: A Correlational Analysis

Name and Title of VA Mentor: Lisa Greenway

Submitted as (Check the box) :

Research (will need IRB submission): YES

Evidence Based Practice: YES

Quality Improvement: YES

See [https://vaww.va.gov/nursing/ebprc/docs/ebp\\_qi\\_rsrch.pdf](https://vaww.va.gov/nursing/ebprc/docs/ebp_qi_rsrch.pdf) for determination criteria

Approved as (Completed by Chief Nurse REPIC):



U.S. Department of Veterans Affairs

Veterans Health Administration  
VA North Texas Health Care System



**Nursing Service**  
**Research, EBP, or Quality Improvement Determination Form**

**PROJECT INITIATION FORM**

**Title of Project: Determination of Causal Relationship for Increasing Nurse Burnout: A Correlational Analysis**

**Proposed Start Date: 10/1/2019**

**Target Finish Date: 5/2021**

**Problem/Issue Statement:** (what is wrong?)

Problem Statement: Using all employee survey data and correlational analysis, determine why nurses are burned out and use specific evidence-based interventions to correct these findings.

Data Support: According to AES data from 2017 the average CLC-C RN burnout score was 1.54 while on the 2019 AES data for this same group, shows a 9.09 burnout score. On CLC-B the Burnout scores in 2017 for RN's was 1.94, this increased to 10 in 2018 and is now 20 in 2019. In 2018, participation was not the best on many units causing them to not have scores listed for burnout. Due to this, 2017 and 2019 scores were used to determine if a pattern of decrease was seen.

**Goal/Proposed Results:** (why are you doing it, what are you expecting to happen?)

This project would be completed in 2 steps. The first is to compare raw AES data to detect variables with a correlation to increased burnout scores in staff on the CLC-C hall in Bonham. When these problem variables are known, Evidence-Based interventions that are aimed directly at those variables to fix the root of the problem causing the burnout and exhaustion rates to decrease. After completion on CLC-C hall, the same two step project will be duplicated and done on CLC-B hall to improve these scores and ultimately improve AES scores for these units across the board.

**Proposed Benefit to VANTHCS of the Project:** (what will you do with the results?)

Studies have shown that happy nurses with high job satisfaction and high motivation provide better patient care. By focusing on solutions that fit the problem variables causing



**U.S. Department of Veterans Affairs**

Veterans Health Administration  
*VA North Texas Health Care System*



**Nursing Service  
Research, EBP, or Quality Improvement Determination Form**

the high burnout and exhaustion scores, staff will be happier and feel better, more satisfied and more motivated at work caring for our veterans better. Patient satisfaction and quality indicator scores will be impacted to the positive raising the overall public opinion of the North Texas VA and showing that they can provide the best possible care to their veterans.

**Name of the Learner:** Ashley Moore



U.S. Department of Veterans Affairs

Veterans Health Administration  
VA North Texas Health Care System



**Nursing Service  
Research, EBP, or Quality Improvement Determination Form**

**APPROVALS**

Approved  Require Modifications  Disapproved

 11 Sept 2019  
Appropriate Service Chief Title Date

Approved  Require Modifications  Disapproved

 \_\_\_\_\_  
Date  
Chief Nurse Research & Evidence-Based Practice

Approved  Require Modifications  Disapproved

 9/16/2015  
Date  
Associate Chief of Staff for Research and Development