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Title

Protecting perioperative patients by protecting their nurses: A quality improvement project to reduce nurse burnout & increase morale

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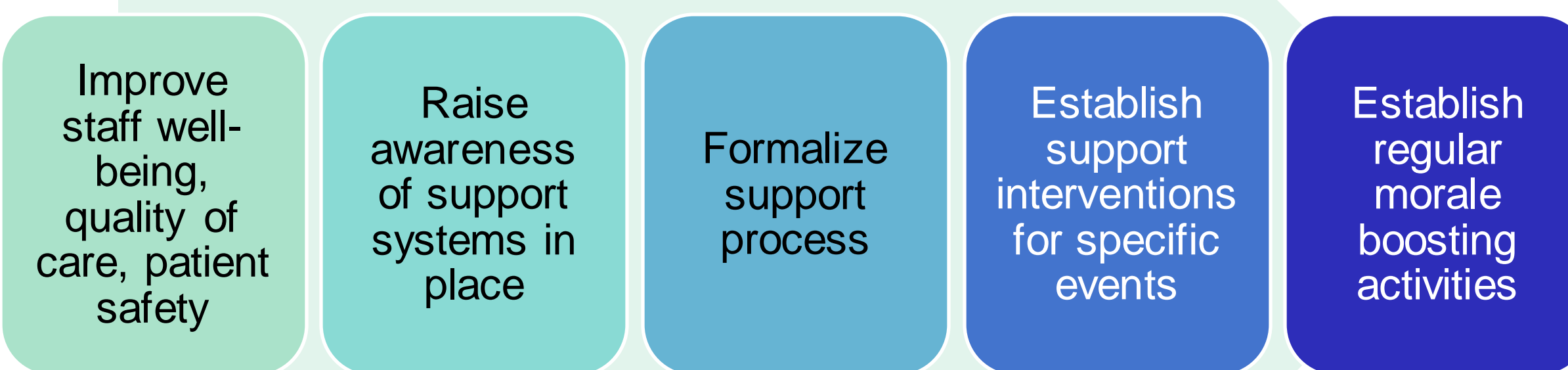
The data associated with this publication are available upon request.

Peer reviewed

Introduction

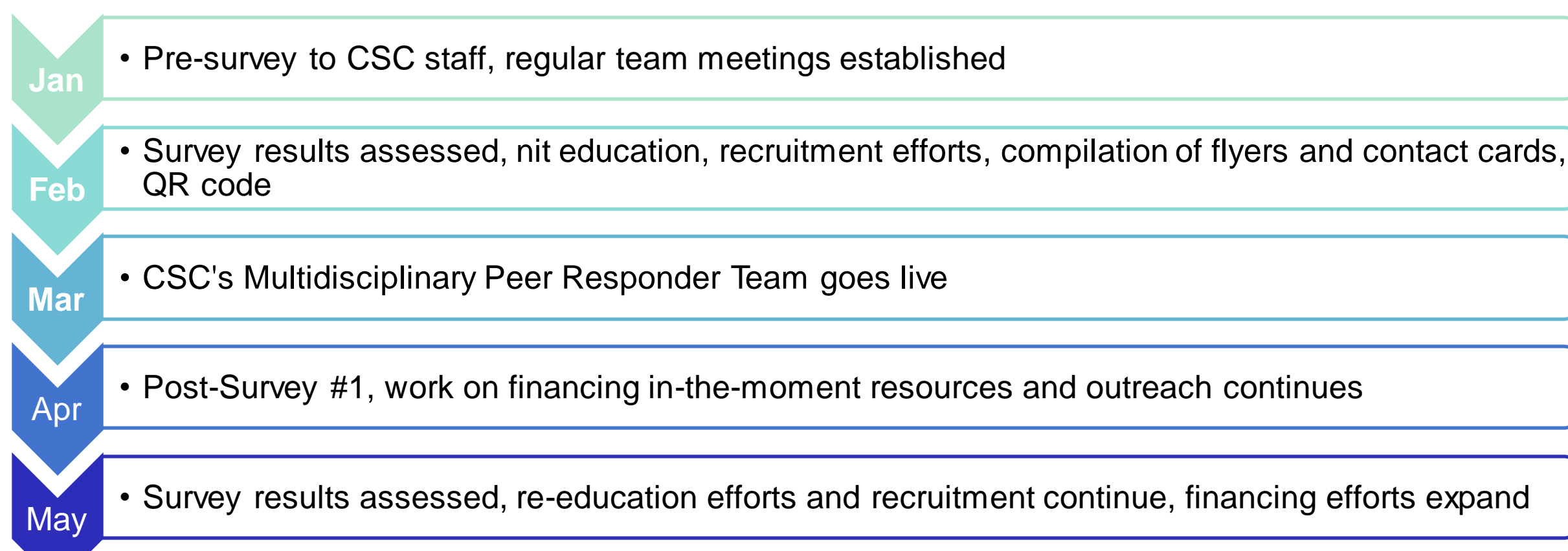
Ongoing work-related stress (excessive workloads and administrative tasks, inadequate staffing, incivility, conflicting values³) can result in burnout². Perioperative nurses experience higher rates of burnout than other hospital nurses, with one study finding 41% met the criteria⁴. Burnout has been linked to less meticulous patient care, increased errors, and adverse patient events^{1,2}- as well as higher surgical site infection rates³. These difficult situations and statistics are present within the Children's Surgery Center (CSC), and when combined with personal emergencies and pandemic-related crises, resulted in overall feelings of low unit morale and high burnout.

Objectives



Methods

Guided by an initiative from the newly organized CSC UBPC in early 2021, a multidisciplinary team of anesthesiologist, nurses (pre-, intra-, & post-op), child life specialists, nurse management, and surgeons were brought together.



Results

A standardized survey was presented to the CSC unit pre-implementation in January and one month post-implementation in April. Metrics were measured for participant role, awareness of Support U, subjective ratings for morale and support, approachability of current peer responders, and energy to support others in the unit.

ENGAGEMENT	Pre Survey	Post Survey	Change
Total	59	39	-33%

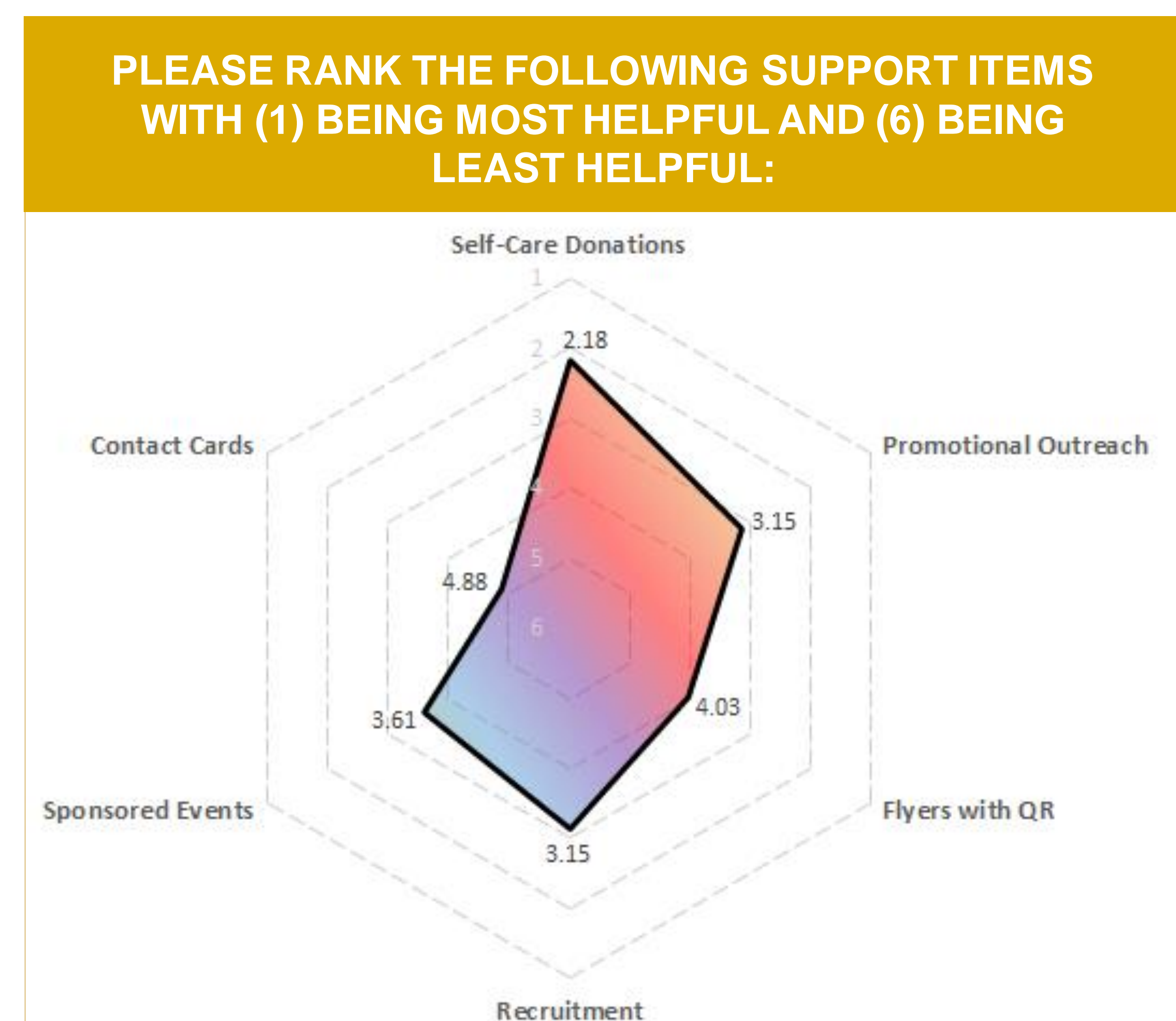
SUPPORT U AWARENESS	Pre Survey	Post Survey	Change
Aware	42%	84%	+42%
Unaware	58%	16%	-42%

MORALE	Pre Survey	Post Survey	Change
1	8.51%	5.26%	-3.3%
2	27.66%	28.95%	+1.3%
3	19.15%	23.68%	+4.5%
4	38.30%	34.21%	-4.1%
5	6.38%	7.98%	+1.6%
Average	3.0638	3.1094	+0.05

UNIT SUPPORT RATING	Pre Survey	Post Survey	Change
Average	2.96	3.18	+0.22

PEER APPROACHABILITY	Pre Survey	Post Survey	Change
1	31.00%	57.00%	+26.0%
2	57.00%	32.00%	-25.0%
3	11.00%	11.00%	0.0%
Average	1.78	1.54	-0.24

ENERGY TO SUPPORT	Pre Survey	Post Survey	Change
0	3.39%	2.56%	-0.8%
1	0.00%	7.69%	+7.7%
2	3.39%	10.26%	+6.9%
3	6.78%	7.69%	+0.9%
4	0.00%	5.13%	+5.1%
5	22.03%	10.26%	-11.8%
6	13.56%	7.69%	-5.9%
7	13.56%	10.26%	-3.3%
8	10.17%	12.82%	+2.7%
9	5.08%	10.26%	+5.2%
10	8.47%	10.26%	+1.8%
Average	5.25	5.38	+0.13



Analysis

Survey engagement dropped significantly post-implementation among physicians but remained constant other staff groups. Morale, support levels, and energy to support one another did not significantly change, although peer approachability significantly decreased. This could be attributed to the significant increase in the awareness of the CSC Support U team trained peer responders and incorporated their opinions of their approachability in the post survey. 44% of all staff report at least a 7/10 energy level to support their peers.

Future Needs

- Increase participation and diversity of Peer Responders
- Expand program capabilities and broaden the adult Pre/PACU
- Financing for efforts (locker, promotional/morale boosting activities)- prioritization in Perioperative Leadership budget

Limitations

- Physical distancing safety precautions
- Low number of Peer Responders/Classes available
- Difficulty in accessing time during work hours
- Unclear/limited funding
- Low volume of trigger-list events
- Staff comfort in reaching out

Acknowledgements

- Perioperative leadership
- Michelle Linenberger MSN Ed, RN-BC, CCRN-K, NDP-BC
- CSC's Multidisciplinary Peer Responder Team

References

1. Bakhmis et al, 2019
2. Moss et al., 2016
3. National Academy of Medicine, 2019
4. Sillero & Zabalegui, 2018
5. Welp et al., 2015

