

Nurses' Burnout During the COVID-19 Pandemic: Quality Improvement

Kelsey Bierman

Lakeview College of Nursing

Dr. Ariel Wright

09/09/2022

Nurses' Burnout During the COVID-19 Pandemic

Quality improvement uses "data to monitor the outcomes of care processes and use improvement methods to design and test changes to improve the quality and safety of health care systems continuously" (Quality and Safety Education for Nurses [QSEN] Institute, 2020, Table 4). The QSEN competency of Quality Improvement involves using knowledge, skills, and attitudes conducive to quality improvement (QSEN Institute, 2020, Table 4). This paper will discuss the prevalence of burnout syndrome in the nursing population and associated risk factors during the COVID-19 pandemic. COVID-19 has severely impacted the nursing profession for the last two years. Since there is still no cure for COVID-19, it is essential to know how the effects of the COVID-19 pandemic affected nurses and contributed to burnout syndrome. If there is another wave of the COVID-19 virus, nurses will be better prepared to combat the risk factors associated with burnout symptoms related to the pandemic.

Article Summary

The main idea of this article was to compare multiple articles about burnout syndrome in the nursing profession during the COVID-19 pandemic. The article found three main areas contributing to burnout syndrome (Galanis et al., 2021). These include emotional exhaustion, depersonalization, and personal accomplishment (Galanis et al., 2021). The article compared the prevalence of each of these areas to nurses working closely with COVID-19 and high-stress nursing specialties, including pediatrics, OB, and ED nurses (Galanis et al., 2021). The article discusses different risk factors associated with burnout. These risk factors included sociodemographic, social, and occupational factors (Galanis et al., 2021). This article found that

female nurses experienced a higher prevalence of emotional exhaustion, while male nurses experienced a higher prevalence of depersonalization and a lower prevalence of personal accomplishment (Galanis et al., 2021).

Some articles found protective factors against burnout, including training and experience in COVID-19 patients, safety during clinical work, and increased social support (Galanis et al., 2021). The article said that nurses must obtain new knowledge and skills about COVID-19 to build their confidence when providing health care to patients with COVID-19 (Galanis et al., 2021). The article stressed that governments, healthcare organizations, and policymakers act to prepare healthcare systems, individuals, and nurses for a better response against the COVID-19 pandemic (Galanis et al., 2021). The data provided in this article indicates a need for QSEN quality improvement, as nurses must continue to do their job as usual, except they are now facing extraordinary circumstances. This study has proven that a significant number of nurses' mental health is struggling during this pandemic and even provides ways to help improve mental health among those in the nursing profession. The article suggests using mental health screening for nurses, making sure that mental health services are available, giving nurses rest periods, and having support groups available (Galanis et al., 2021). Improving the mental health of the nurses will help the hospital and its patients; therefore, change must happen to help nurses through this time.

Quality improvement could be implemented in the hospital setting because that is where most patients with COVID-19 reside when experiencing the adverse effects of the virus. If the hospital did decide to implement change, then a few resources would need to be obtained. During the pre-implementation phase, additional funding would need to be granted so that the

nursing staff caring for patients with COVID-19 can undergo a mental health screening so that we have a baseline of their mental health before the treatment of patients with COVID-19 (Galanis et al., 2021). During this phase, the hospital should also ensure that they have enough personal protective equipment for their staff members caring for patients with COVID-19 (Galanis et al., 2021). During the intra-implementation phase, hospitals must ensure that nurses attend their mental health screening (Galanis et al., 2021). The hospital must also offer support group programs for their staff and have interventions for nurses struggling with mental health (Galanis et al., 2021).

Furthermore, hospital management needs to encourage the nursing staff to take rest periods; this may be one of the most demanding interventions for current practice considering the nursing shortage, but it is necessary for decreasing burnout syndrome in nurses caring for COVID-19 patients (Galanis et al., 2021). In the post-implementation phase, hospital management must continue to evaluate what interventions are working and which are not and act accordingly. If more support groups are needed, the hospital should do its best to add more groups. Making the necessary changes will not be easy, and it will take time, but the nurses' health is just as important as the health of their patients.

Introduction

The study by Galanis et al. (2021) is a comprehensive review that examined the prevalence of burnout syndrome in nurses during the COVID-19 pandemic. The tool used to measure burnout was the Maslach Burnout Inventory (MBI) which focuses on emotional exhaustion, depersonalization, and personal accomplishment (Galanis et al., 2021). Overall, the prevalence of emotional exhaustion was 34.1%, with a p-value of less than 0.001 (Galanis et al.,

2021). The overall prevalence of depersonalization among nurses was 12.6%, with a p-value less than 0.001 (Galanis et al., 2021). The overall prevalence of lack of personal accomplishment was 15.2%, with a p-value less than 0.001 (Galanis et al., 2021). This paper also identified risk factors for burnout syndrome in nurses. Some risk factors include sociodemographic, social, and occupational factors (Galanis et al., 2021). This paper also mentioned some protective factors that can help decrease the prevalence of burnout syndrome in nursing related to the COVID-19 pandemic (Galanis et al., 2021). Some factors included a readiness to cope with a COVID-19 outbreak, willingness to participate in frontline work, and prior training and experience in COVID-19 management (Galanis et al., 2021).

Overview

This paper outlines the prevalence of burnout syndrome, including emotional exhaustion, depersonalization, and personal accomplishment (Galanis et al., 2021). This article found that emotional exhaustion accounted for nurses' causes of burnout syndrome during the COVID-19 pandemic (Galanis et al., 2021). The study found that the prevalence of emotional exhaustion was higher in female and male nurses (Galanis et al., 2021). However, males had a higher prevalence of depersonalization and a lower level of personal accomplishment (Galanis et al., 2021). Many risk factors increase burnout syndrome in nurses, such as age, education level, decreased social support, and working in a high-risk environment such as a COVID-19-designated hospital or unit (Galanis et al., 2021). Measures that can help decrease the prevalence of burnout syndrome during the COVID-19 pandemic include increased social support, protection safety during clinical work, and prior experience in COVID-19 management (Galanis et al., 2021). This paper goes into great detail about why nurses experience burnout syndrome,

and with the research provided, there is an excellent opportunity to implement QSEN quality improvement measures.

Quality Improvement

The information found on burnout syndrome as it relates to COVID-19 found in this article provides an opportunity for hospitals to implement QSEN quality improvement as nurses continue to leave the profession due to the negative implications COVID-19 has brought upon the nursing staff. Implementing change to help decrease burnout syndrome will positively affect the nursing profession, considering there are already nursing shortages throughout the country. Implementations should occur in the hospital setting on units designated for COVID-19 patients. This study focused on burnout syndrome related to COVID-19; therefore, interventions should focus on nursing staff working with COVID-19 patients daily. Resources needed to help included increased funding, mental health providers, access to mental health resources for nursing staff working closely with patients with COVID-19, designated rest periods, social support groups, and adequate personal protective equipment for staff exposed to COVID-19 (Galanis et al., 2021). All these resources must be available to staff while implementing quality improvement during each implementation phase. The increased funding is necessary before implementing the quality improvement plan is launched because it is needed to fund mental health services, support groups, and personal protective equipment.

All support groups, mental health services, and personal protective equipment should be readily available during the implementation process. Designated rest periods should be available at the nurses' station. Furthermore, mental health screening should be done monthly after implementing the quality improvement plan. Early support measures are necessary if a staff

member struggles with emotional exhaustion. Burnout among nurses is a serious yet common issue that carries profound negative implications for nurses, patients, colleagues, and healthcare organizations. Although implementing quality improvement may be initially expensive for the healthcare organization, the hospital will ultimately benefit. Patient care will be improved if the nurse is not experiencing all the negative aspects of burnout syndrome. The overall health of the nursing staff will be improved because now they have resources to help them cope with their feelings. Emotional exhaustion was the most prevalent reason for burnout syndrome during the pandemic. Emotional exhaustion increased during the pandemic because nurses were worried about their safety, their loved ones' safety, and the safety of their patients; having mental health services readily available will give them resources to help manage this stress. Implementing these changes will increase the safety of the patient, the nurses, and the staff. It may also be beneficial to add more staff to give nurses an adequate rest period, but with the national shortage of nursing staff, it may not be an attainable goal.

Application to Nursing

The information discussed in this study is essential in its application to nursing, as COVID-19 is still prevalent in the community. Emotional exhaustion, depersonalization, and decreased levels of personal accomplishment are the three leading causes of burnout syndrome during the COVID-19 outbreak. Lakeview College of Nursing has done a great job educating students on burnout syndrome in the nursing profession in several courses and on research day in 2021, where the guest speaker's main topic was burnout syndrome in nursing. However, the cause and prevalence of burnout syndrome related to COVID-19 are less known. Nursing education could add the prevalence of burnout syndrome as it relates to COVID-19 to the

curriculum so that future nurses know what to expect and can seek help before they succumb to burnout syndrome.

Practice

Burnout syndrome among nurses has long been an issue, and the prevalence of burnout syndrome varies between geographical locations and specialties (Galanis et al., 2021). The areas with the lowest prevalence of burnout syndrome are Central Asia and Europe, while the Sub-Saharan Africa region had the highest prevalence of burnout syndrome (Galanis et al., 2021). The specialties with the highest burnout syndrome prevalence are pediatric, oncology, and emergency nurses (Galanis et al., 2021). Burnout syndrome is associated with negative implications for the nurse, the patients, colleagues, and the healthcare organization (Galanis et al., 2021). Knowing the causes of burnout syndrome is essential when trying to implement strategies to prevent or minimize the effects of burnout syndrome. Some common causes of burnout include increased workload, inadequate preparation, sleep, exercise, and poor work/life balance (Medeiros de Oliveira et al., 2019). Several strategies can help reduce burnout in nurses. Implementing a resilience training program may benefit the staff (Medeiros de Oliveira et al., 2019). This program teaches nurses professional techniques for dealing with cognitive behavior and increases their resilience to challenges that the nursing profession demands (Medeiros de Oliveira et al., 2019). Resilience can be taught, developed, and strengthened through coping skills training (Medeiros de Oliveira et al., 2019). These programs should be the standard of care when concerning nurse burnout syndrome.

Education

Nursing is one of the most stressful occupations (Medeiros de Oliveira et al., 2019). Nurses must perform patient care with empathy and patience while working in a highly stressful environment with limited resources and excessive workloads (Medeiros de Oliveira et al., 2019). Therefore, burnout syndrome is prevalent in the nursing profession. In nursing school, nurses learn that burnout syndrome results from continuous exposure to stress associated with poor working conditions (Medeiros de Oliveira et al., 2019). As a result, the pleasure derived from work and work performance decreases (Medeiros de Oliveira et al., 2019). Evaluating burnout syndrome involves evaluating three components: emotional exhaustion, depersonalization, and lower levels of personal accomplishment (Medeiros de Oliveira et al., 2019). Some prevention strategies that nurses use to help prevent burnout syndrome include yoga, web-based stress management programs, communication skills training, compassion fatigue combat training, and meditation (Medeiros de Oliveira et al., 2019). Further education may be beneficial for nurses to know how to recognize burnout syndrome in oneself.

Research

Although nurse education provides information about burnout syndrome, further research should investigate whether good preventative programs are always available for nurses. Burnout syndrome has been an issue in the nursing profession for a long time, and the COVID-19 pandemic is only making matters worse. Although nurses know what burnout syndrome is and what it looks like, it may be more challenging to realize when it is happening to them. The hospital's mental health services can help individualize different nurses' coping strategies. Individualized care is the standard of practice in the United States healthcare system; therefore,

nurses experiencing burnout syndrome need a personalized care plan to help them cope with the daily stressors that nurses face.

Conclusion

Quality improvement aims to use peer-reviewed data to monitor care outcomes and uses improvement methods to continuously provide changes that will improve the quality and safety of healthcare systems (QSEN Institute, 2020, Table 4). The QSEN competency of quality improvement helps describe different approaches to healthcare-related issues so that the healthcare system provides the best evidence-based care to its patients (QSEN Institute, 2020, Table 4). Using the QSEN competency of quality improvement can shed light on any oversight in the healthcare community and help resolve the issue using different research tools and root cause analysis (QSEN Institute, 2020, Table 4). Quality improvement is essential to all healthcare professionals because providing patients with safe, evidence-based treatment is the gold standard of all medical practice. With ever-evolving research in healthcare, quality improvement is necessary to ensure that healthcare facilities continue to give their patients the best possible care. Burnout syndrome related to the COVID-19 pandemic is a significant problem in the nursing community. Knowing the risk factors and protective factors can aid in the prevention of burnout syndrome. The COVID-19 pandemic has caused multiple challenges for the healthcare community. With an increase in nurses leaving the profession due to burnout syndrome, healthcare organizations must implement changes to prevent burnout to ensure the safety of nurses and patients alike. Nurses need to be informed about their available resources to seek help immediately if they notice signs of burnout syndrome. If the prevalence of burnout syndrome continues to increase, the nationwide nursing shortage will continue to worsen, putting

patients at risk of harm. Furthermore, the remaining nurses will be at an increased risk of burnout syndrome due to the increased workload due to insufficient staffing.

References

- Galanis, P., Vraka, I., Fragkou, D., Bilali, A., & Kaitelidou, D. (2021). Nurses' burnout and associated risk factors during the COVID 19 pandemic: A systematic review and meta analysis. *Journal of Advanced Nursing*, 77(8). <https://doi.org/10.1111/jan.14839>
- Medeiros de Oliveira, S., Vinicius de Alcantara, L., do Socorro Vieira Gadelha, M., & Barbosa do Nascimento, V. (2019). Prevention actions of burnout syndrome in nurses: An integrating literature review. *Clinical Practice and Epidemiology in Mental Health*, 15(1). <https://doi.org/10.2174%2F1745017901915010064>
- QSEN Institute. (2020). *QSEN competencies*. https://qsen.org/competencies/pre-licensure-ksas/#quality_improvement