Discussion

Fifteen minutes may decrease nursing burnout: A discussion paper

Bronwyn Jones

Academic Staff Member, Nelson Marlborough Institute of Technology (NMIT), New Zealand

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ABSTRACT

Burnout is a global concern for nurses with broad implications for the health of staff and patients. Efforts to foster resilience that have been successful in other disciplines have yet to be applied in nursing. As employers have become more responsible for the wellbeing of their employees, leveraging these successes in other disciplines could be a straightforward way to improve the wellbeing of the nursing workforce through reducing burnout. Specifically using a paid pre-shift 15 minute program grounded in mindfulness may decrease burnout through improving resilience.

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What is known?

- Burnout is a significant issue in the nursing workforce which has implications for patient safety and staff retention. Occupational health and safety is a concern for which employers are increasingly responsible and accountable.
- Improving nurses’ resilience is emerging in the literature as a strategy to decrease nursing burnout. Studies in other professions have found that strategies to improve mindfulness improve resilience.

What is new?

- There are few specific nursing programs to develop resilience in the workforce. There are even fewer programs which are aimed at developing nursing resilience in the workplace.
- This article outlines one potential workplace program that could be used as a pilot study to evaluate the effectiveness on one program aimed at improving nurses’ resilience in the workplace. Burnout in practicing nurses is a global concern and fostering resilience may address the key elements of this nursing workforce issue [1]. Fortunately, employer-provided on-shift activities foster improved resilience [2] and pre-shift activities have also been shown to enhance nurses resilience [3,4]. Many of these interventions appear straightforward, such as smartphones and aromatherapy; but unfortunately, these activities appear unpractical in some clinical settings because of the dynamic workloads resulting from rapidly changing patient acuity. Resilience is critical to building a robust and sustainable nursing workforce particularly in acute healthcare settings and addressing burnout is too important to discount because of the implementation challenges [5]. Potentially a strategy incorporating known resilience-increasing activities during a paid pre-shift period could facilitate resilience and address burnout in nursing.

1. Burnout is an increasing workplace concern for nurses

A significant number of practicing nurses suffer from burnout while continuing to care for their patients. Burnout for these nurses are reported to be between 30 and 65% of nurses in the hospital setting [6,7] and the associated consequence (staff turnover) is on the rise [8]. Burnout rates vary throughout different world areas. A Canadian study reported that 47.3% of staff nurses suffered from symptoms of burnout compared with 36% of human service professionals including nurses in Japan [5] In the United States of America the reported burnout rates are reported as between 30% and 60% depending on the workplace environment [7]. While clearly unfortunate for the nurses, this burnout is also a risk for patient safety [6,9].

Prevention of burnout also has implications for the health of the individual nurse. Health care workplaces may find increasing financial implications as work related stress becomes more widely
recognised as a health and safety issue. Burnout has been associ- ated with situational factors and individual factors [10]. Maslach et al. [10] suggest three dimensions to burnout, exhaustion (emotional and physical), stress (work related), and inefficacy, with exhaustion having the largest impact on the individual’s health. Resilience has been presumed to be protective against burnout, and this hypothesis has had some support [5]. While situational factors can be modified the nature of nursing does not allow for all situational stressors to be eliminated. Individual factors including the development of resilience have the best potential for decreasing burnout in the workplace.

2. There are established interventions to address burnout outside of nursing

Studies examining resilience, or the ability to cope with adverse situations, show that some nurses have developed mechanisms that allow them to continue providing care in spite of continuing adverse situations [1,11]. These findings mirror the value of mindfulness in other professions. From musicians using yoga [12] to athletes using meditation [13] mindfulness improves professional performance. Earlier work suggests that nurses do respond well to mindfulness training [14,15]. Mindfulness training has been significantly associated with resilience in health professionals with an associated decrease in stress and greater mental health [16]. It has been identified that there is a significant positive association between resilience and nurses who used strategies to prepare for work prior to their shift [3].

3. There are emerging options for increasing resilience in nursing to address burnout

However, a structured implementation of a pre-shift mindfulness session in nursing with the goal of increasing resilience has not been trialled. An in-shift program to improve both nurses resilience [2] and the workplace environment has had positive results. However this approach might be impractical in acute nursing environments and an alternative may be more appropriate. Building on these findings it is logical that a dedicated resilience development period prior to nurses commencing their patient workload could reduce burnout, improve nursing longevity and provide a healthier workplace. It also has the potential to improve patient safety. This approach has yet to be evaluated.

4. Applying the resilience building techniques of other workplaces in nursing could help address nursing burnout

Specifically a cross over pilot study would be appropriate to evaluate a planned pre-shift resilience program. The program would include a 15 minute paid session that allowed 1) music listening, 2) drawing or colouring book, or 3) yoga. It is proposed that each nurse be given a 15 minute session once a week for one month. The activity would be of the participants’ choice. These activities have been chosen as a practical combination of activities which have been found in Manomenidis et al.’s [3] and Mintz-Binder and Andersen’s [2] studies to have an impact on resilience in nurses. Following that session individuals would work their shift. Prior to the commencement of the program and after the completion of the one month program At the end of their shift, using a validated resilience measurement tool, such as The brief resilience scale [17] or the DRS-15 [18], would be compared to a control group, in this situation a group which commenced work as they routinely would. A Mann-Whitney U test with a P-value of <0.05 would show a significant improvement in resilience. These additional 15 minutes could cause scheduling challenges and the value of the increased resilience (if there is any) would need to outweigh the scheduling challenges and increased cost if this program were to be widely used.

The reality of nurses professional and personal commitments preclude the wide uptake of nurses self-scheduling resilience training in their personal time. With the requirements for professional development often expected to be undertaken outside of rostered hours of work and the complexities of managing shift work and personal life resilience training is not considered a priority. For these reasons it is unreasonable to expect nurses to undertake a period of resilience training in their personal time.

5. Burnout in nursing impacts everyone and is too important not to address

In many professions burnout is a concern restricted to human resources departments and individuals; in nursing however it is everyone’s concern because there is a direct impact to patient care. Burnout is a problem of work-related stress [10] and therefore a strategy to prevent it should be incorporated into the workplace.

Appendix A. Supplementary data

Supplementary data to this article can be found online at https://doi.org/10.1016/j.jiinss.2019.11.004.

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