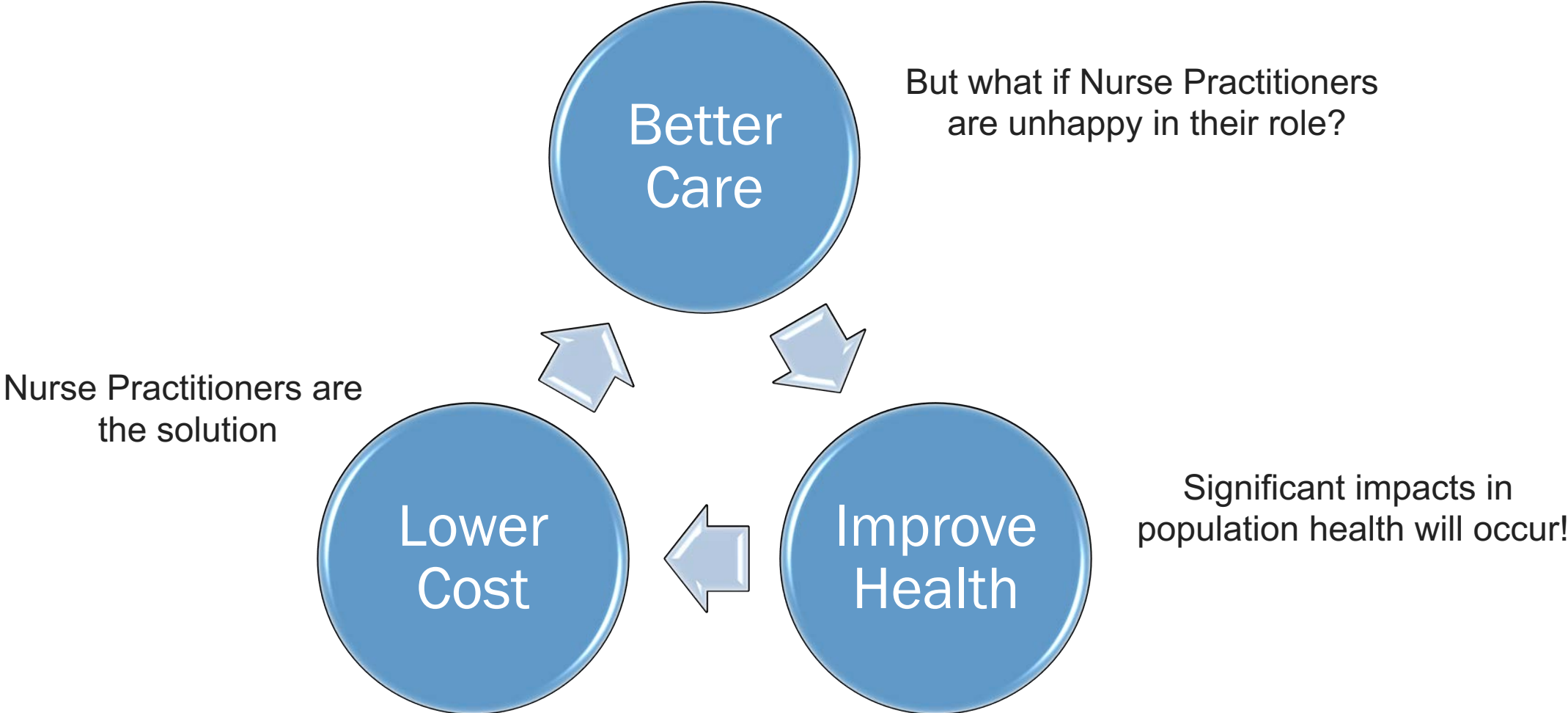# Combating Burnout by Teaching Resilience Strategies to New Graduate Nurse Practitioners

Heather Meissen MSN, ACNP, FCCM, FAANP

Thank you

➤ Dr. Pilon

➤ Dr. Jones

➤ Vanderbilt School of Nursing

➤ Emory Healthcare and the Emory Critical Care Center

Introduction

Better Care

But what if Nurse Practitioners are unhappy in their role?

Nurse Practitioners are the solution

Lower Cost

Improve Health

Significant impacts in population health will occur!

Introduction

Nurse Practitioners are the solution

► Difficulties:
— Aging population
— High rates of chronic disease
— High rates of co-morbidities

► Work Force Difficulties:
— Work hour restrictions increasing work hour requirements

► Practice Difficulties:
— Complex payment models
— Complex and difficult electronic health records
— Publicly reported quality metrics

Burnout Syndrome (BOS)

- Incidence
  - Difficult to quantify

- Prevalence
  - Difficult to quantify

- Critical Care Societies Collaborative (Moss et al., 2016b)
  - 25% to 33% of critical care nurses exhibit burnout symptoms
  - 86% had least one of the three common symptoms

- Aiken 2002
  - 43% of inpatient nurses had a high degree of emotional exhaustion

- Mealer 2009
  - Nurses showed emotional exhaustion (73%), lack of personal accomplishment (60%) and depersonalization (48%)

- High intensity work environments lead to higher levels of burnout syndrome (Moss et al. 2016b)

Introduction

➤ Burnout can occur at any time in a career, but typically happens between 2-6 years (Ribeiro et al., 2014).

➤ Burnout can occur multiple times over ones career.

➤ Prolonged job dissatisfaction and work related health complaints precede burnout (Dyrbye & Shanafelt 2001; Ribeiro et al., 2014).

➤ Other antecedents can include prolonged negative work environments, outside work stressors and toxic work personalities (Spence Laschinger et al., 2009).

Introduction

► Providers are leaving employment due to BOS

► Gaps in workforce lead to increased workload for those left behind (Aiken et al., 2012).

► The US healthcare system can not afford to loose highly trained and experience providers for preventable causes.

Problem Statement

► Burnout syndrome impacts the individual provider, the healthcare system as a whole and ultimately the patient and their associated outcomes.

► Impact on the provider
  — BOS leads to job dissatisfaction, loss of career engagement and feelings of despair (Dyrbye & Shanafelt, 2011).
  — BOS has been linked to increased healthcare provider depression and increasing rates of provider suicide (Stehman, et al., 2019).

► Impact on the healthcare system
  — BOS exacerbates provider shortages impacting quality of care (Reith, 2018)
  — High job turnover, decreased quality of care, and decreased patient satisfaction (Moss et al, 2016b)

► Impact on the patient
  — Loss of compassion and depersonalization has been linked to medical errors that can negatively impact patient mortality (Aiken et al., 2002)

Purpose

► Incorporate an evidenced based resilience training program into an existing practice transition program for new hire nurse practitioners in critical care

► Compare pre and post test resilience scores to scores of other new hire nurse practitioners who have not participated in the training.

► Goal: to teach strategies to address workplace adversity and high stress situations in order to build resilience.

Objectives

► Obtain baseline data from new graduate, new hire nurse practitioners by administering the Maslach Burnout Survey within six weeks of hire start date.

► Obtain baseline data from new graduate, new hire nurse practitioner fellows by administering the Maslach Burnout Survey within six weeks of hire start date and prior to training start date.

► Implement resilience educational content to the fellowship group, in the form of reading materials and lecture content every two weeks for three months.

► Obtain post intervention data from new graduate, new hire nurse practitioner fellows by administering the Maslach Burnout Survey after their last training module is completed.

► Obtain post intervention data from control group (new graduate, new hire nurse practitioners) by administering the Maslach Burnout Survey during month four post hire.

Background

► Emory Critical Care Center

— 2017 Needs Assessment

— 2018 Phase 1 Projects

— 2019 Phase 2 Projects

— 2020 COVID

Background

➤ Prior projects did not address underlying issues

➤ Prior projects offered only temporary solutions

➤ Project will provide robust, evidenced based plan to combat burnout where other projects have failed

➤ Resilience training programs address needs to prevent burnout

Concepts

- ► Burnout /Burnout Syndrome
- ► Emotional Exhaustion
- ► Depersonalization
- ► Reduced Personal Accomplishment
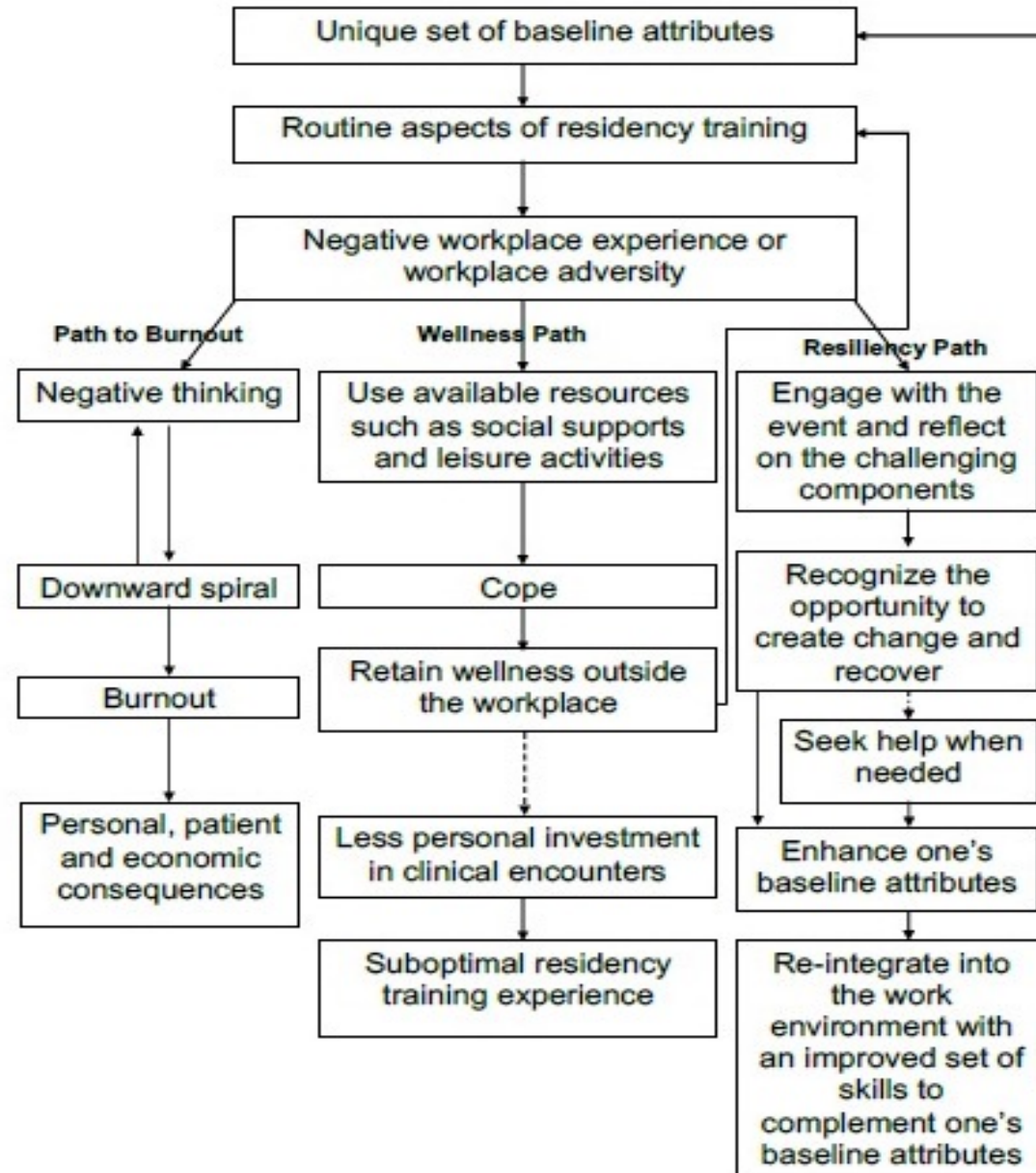- ► Resilience
- ► Wellness

Theory and Framework

► Theory

Multidimensional

► Framework

Berger & Waidyaratne-Wijeratne (2019)

Unique set of baseline attributes

Routine aspects of residency training

Negative workplace experience or workplace adversity

Path to Burnout
Negative thinking
Downward spiral
Burnout
Personal, patient and economic consequences

Wellness Path
Use available resources such as social supports and leisure activities
Cope
Retain wellness outside the workplace
Less personal investment in clinical encounters
Suboptimal residency training experience

Resiliency Path
Engage with the event and reflect on the challenging components
Recognize the opportunity to create change and recover
Seek help when needed
Enhance one's baseline attributes
Re-integrate into the work environment with an improved set of skills to complement one's baseline attributes
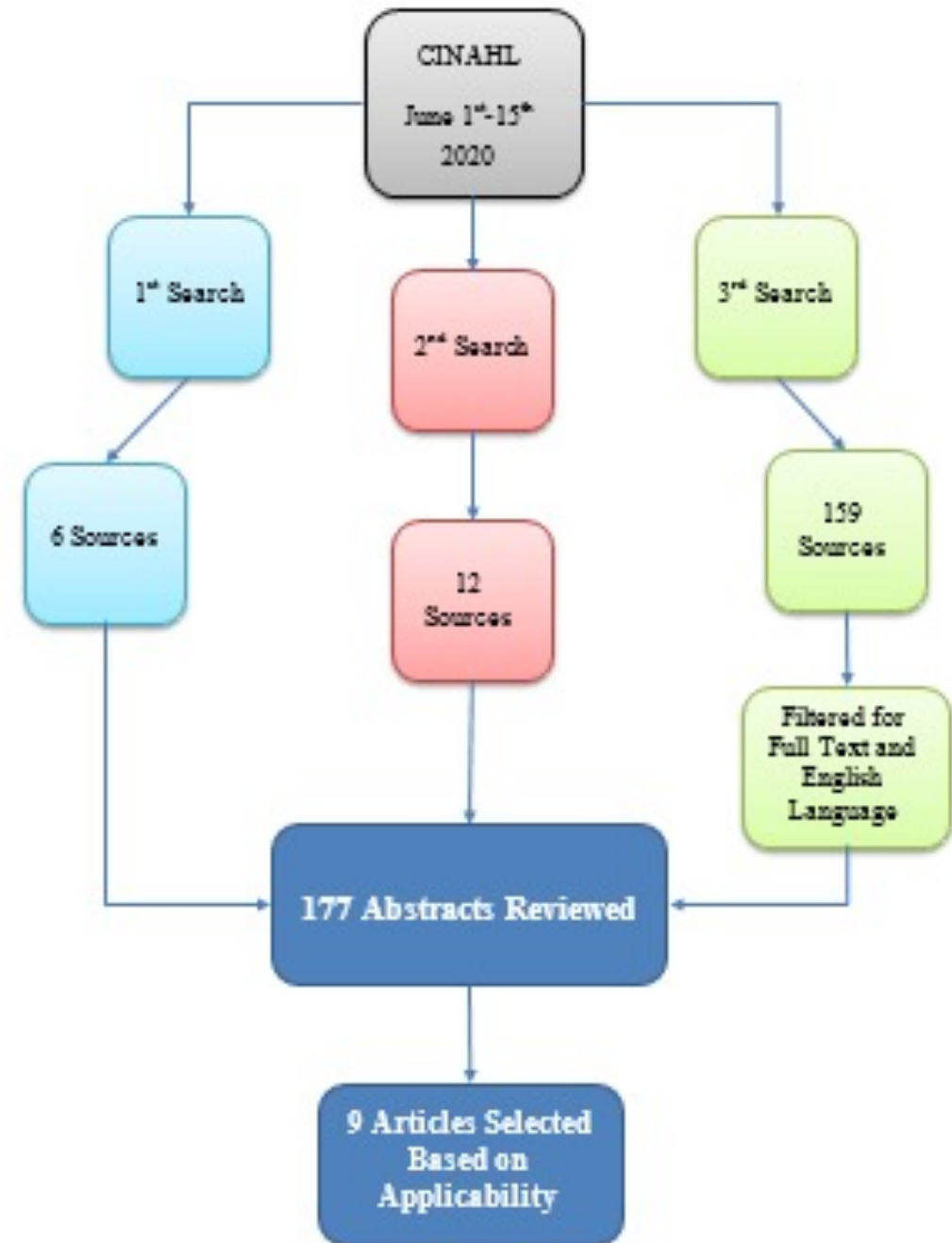
Synthesis of the Evidence: Evidence Search

PICOT: In newly hired advanced practice providers, does the inclusion of a protocol driven resilience training program impact feelings of resilience compared to those in a traditional onboarding program that does not include resilience training?

Synthesis of the Evidence: Evidence Search

CINAHL Search terms:

► 1st search
— Nurse Practitioner, Resilience and Training

► 2nd search
— Nurse Practitioner, Burnout and Training

► 3rd search
— Resilience, Training and Nurse
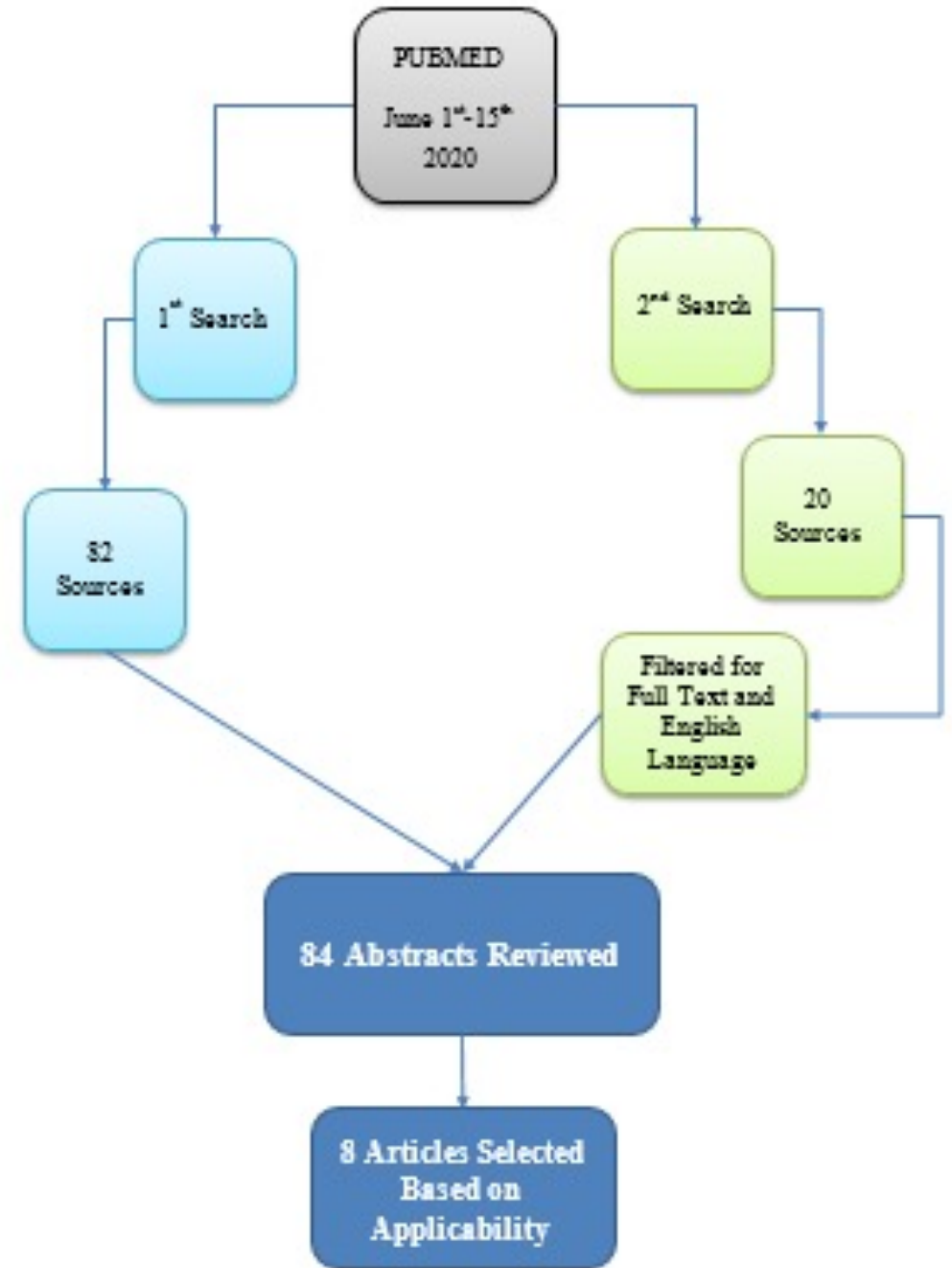
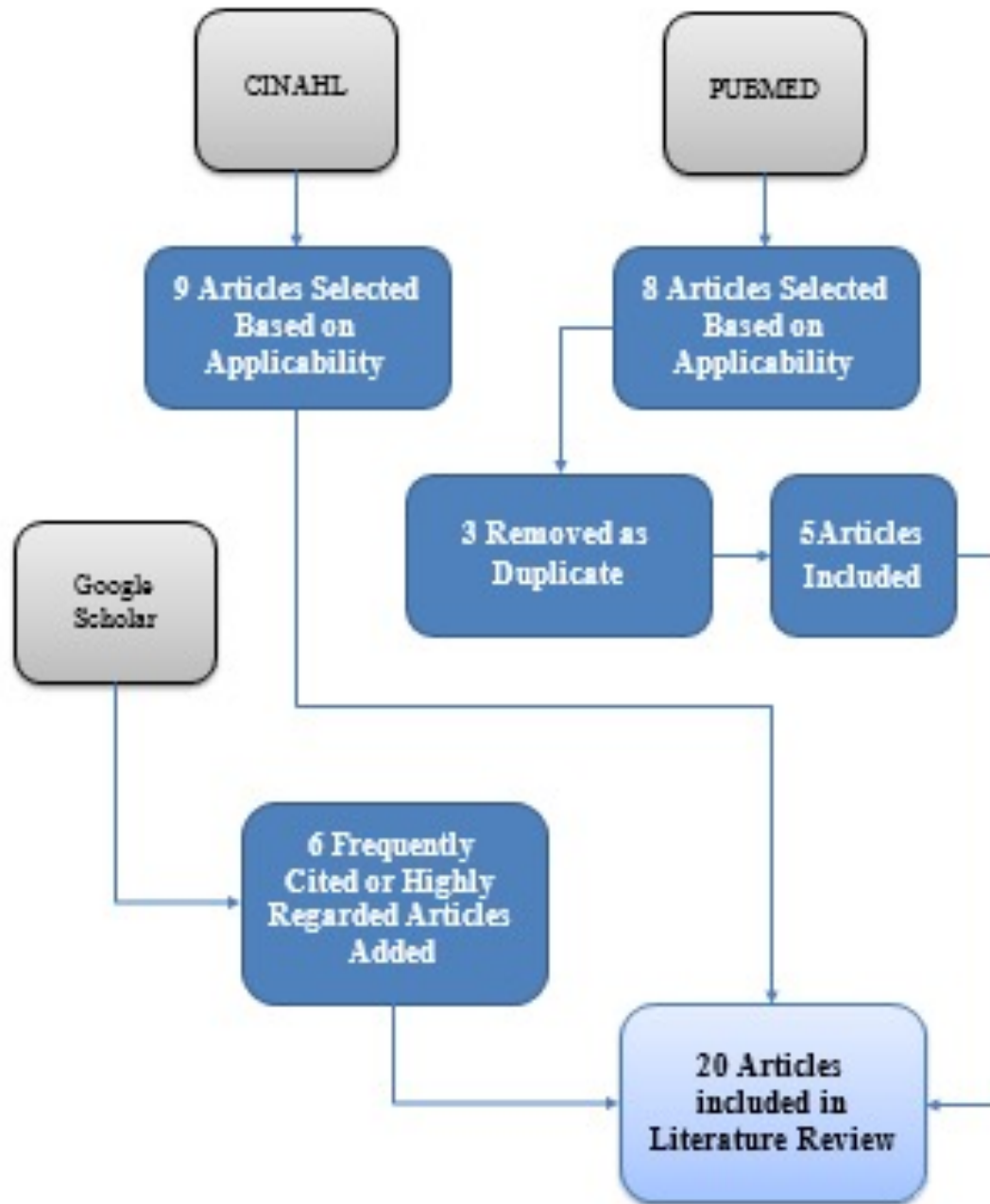# Synthesis of the Evidence: Evidence Search

PUBMED Search terms/ MeSH:

► 1st search

— (Resilience [tiab] OR" Resilience, Psychological"[Mesh] OR "Burnout, psychological"[MeSH Terms] OR "Burnout, Psychological"[Mesh] OR burnout[tiab] AND ("nurse practitioners'[MeSH Terms] OR "nurse practitioner"[tiab] OR "nurse practitioners'[tiab] AND (Training OR education OR intervention).

► 2nd search

— (Resilience[tiab] OR "Resilience, Psychological"[Mesh] OR "burnout, psychological "[MeSH Terms] OR "Burnout, Psychological" [Mesh] OR burnout[tiab]) AND ("nurse practitioners"[MeSH Terms] OR "nurse practitioner"[tiab] O "nurse practitioner"[tiab]) AND ("education"[MeSH Terms] OR training program [Text word])

PUBMED
June 1st-15th
2020

1st Search

82 Sources

2nd Search

20 Sources

Filtered for Full Text and English Language

84 Abstracts Reviewed

8 Articles Selected Based on Applicability

Synthesis of the Evidence

- CINAHL- 9 articles selected
- PUBMED- 5 articles included
- Google Scholar- 6 articles included
- Total: 20 articles included

Synthesis of the Evidence

- ► **Common Themes**
  - — High levels of burnout in healthcare providers

    (Berger & Waidyaratne-Wijeratne, 2019; Guo et al., 2018; Klein et al., 2019; Klein et al., 2020; Moss et al., 2016b; Wheeler & Phillips, 2019)

  - — High levels associated with high acuity

    (Babanataj et al., 2019; Best et al., 2020; Mealer et al., 2014).

- ► **Common Attitudes**
  - — Work environment impacts wellness
  - — Healthy work environments include supportive administrators, opportunities for professional growth and colleagues who are friends

    (Aiken et al., 2002; Aiken et al., 2012; Boamah et al., 2017; Spence Laschinger et al., 2009).

  - — Negative work environments have limited resources or support to perform duties

    (Henson, 2016; Spence Laschinger et al., 2009)

Resilience and Wellness

► Resilience training programs have been found to improve attitudes, coping skills and performance during stressful work events

   (Babanataj et al., 2019; Chesak et al., 2019; DuBois & Gonzalez, 2018; Fortney et al., 2013; Magtibay et al., 2017)

► Enhancing personal and professional development while fostering principles of mindfulness can contribute to appropriate stress management, increased resilience and decreased burnout syndrome

   (Chesak et al., 2019; Klein et al., 2019; Klein et al., 2020)

Gaps and Need for Research

➤ Low quality of evidence

➤ Further research will impact future outcomes

➤ High quality evidence only defines BOS – does not point to solutions

➤ Only 6 articles address interventions to improve BOS

➤ No randomized control trials

➤ Studies lack generalizability
  — low number of enrollees
  — high use of convenience sampling
  — differences in cultural norms across international communities

Methods

- **Project Design**

  — Pilot project
  — Translating evidence into practice
  — Implementation of an established resilience educational program
  — Evaluation of impact on feelings of burnout

Methods

- **Setting**
  - Emory Critical Care Center
  - Emory Healthcare
    - 16 ICUs across 5 Hospitals
    - 250 inpatient intensive care beds and 140 tele-ICU monitored beds.
- **Participants**
  - New graduate new hire nurse practitioners and physician assistants
    - Intervention group
    - Control group

Methods

► Inclusion
 — New grad, new hire nurse practitioners

► Exclusion
 — More than 3 years of provider experience

► Recruitment
 — Control group
 — Intervention group

EMORY
CRITICAL CARE CENTER

Burnout Survey for New Graduate Nurse Practitioners

Interested in helping combat BURNOUT in healthcare

providers? Please help us by filling in our quick survey.

For more information please email
Heather.meissen@emoryhealthcare.org

PARTICIPATION IS VOLUNTARY AND WILL NOT IMPACT EMPLOYMENT STATUS

Study has been approved through
Emory University & Vanderbilt University IRB

Participants are eligible for a 10$ Amazon gift card upon completion of requirements.

Methods

► **Pre-test**
- — MBI –HHS
- — Completed electronically prior to beginning modules

► **Delivery of Modules**

► **Post-test**
- — MBI-HHS
- — To be completed after the sixth module

► **Data Analysis**

Survey

► Depersonalization

— "I don't really care what happens to some patients."

— (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)

► Emotional Exhaustion

— "I feel emotionally drained from my work"

— (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)

► Personal Accomplishment

— "I have accomplished many worthwhile things in my job"

— (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)

► **Module 1**

— Positive Psychology

— Identification of workplace stressors

► **Module 2**

— Introduction to Resilience

— Attention, thoughts, action and motivation

MODULE 2 Resilience

In this module, you will learn what resilience is, what characterizes resilient people, and introduce the four key elements (attention, thoughts, action, and motivation) that we should focus on when we want to make people more resilient.

Methods

Budget

	Budget Item	Quantity	Expense	Income
	MBI-HHS™ Transform Survey	40	$100.00	
	Mind Garden Manual	1	$60.00	
	Data License	50	$125.00	
	Realizing Resilience™	1	$450.00	
	Amazon Gift Cards	7	$175.00	
	Sigma Grant	1		$500.00
	Total			$410.00

Analysis

Group A
Emotional Exhaustion at or below 3.00
AND
Depersonalization at or below 2.73.

Group 1A
Personal Accomplishment above 4.66

Engaged

Group 2A
Personal Accomplishment at or below 4.66

Ineffective

Group B
Emotional Exhaustion above 3.00
OR
Depersonalization above 2.73

Group 1B
Emotional Exhaustion above 3.00
AND
Depersonalization at or below 2.73

Overextended

Group 2B
Emotional Exhaustion at or below 3.00 AND
Depersonalization above 2.

Disengaged

Group 3B
Emotional Exhaustion above 3.00
AND Depersonalization above 2.73

Burnout

Results

Descriptive Statistics Pre-Intervention (Control Group) Averages					
Pre-Intervention EE (Average)		**Pre- Intervention DP (Average)**		**Pre-Intervention PA (Average)**	
Mean ⭐	2.542857	Mean ⭐	2.142857	Mean ⭐	5.185714
Standard Error	0.54154	Standard Error	0.575225	Standard Error	0.208656
Median	3.1	Median	2.6	Median	5.3
Mode	#N/A	Mode	#N/A	Mode	5.3
Standard Deviation	1.43278	Standard Deviation	1.521904	Standard Deviation	0.552052
Sample Variance	2.052857	Sample Variance	2.31619	Sample Variance	0.304762
Kurtosis	0.142289	Kurtosis	-1.45292	Kurtosis	-0.5348
Skewness	-0.68376	Skewness	-0.40883	Skewness	-0.1007
Range	4.3	Range	4	Range	1.6
Minimum	0.1	Minimum	0	Minimum	4.4
Maximum	4.4	Maximum	4	Maximum	6
Sum	17.8	Sum	15	Sum	36.3
Count	7	Count	7	Count	7
Confidence Level(95.0%)	1.3251	Confidence Level(95.0%)	1.407526	Confidence Level(95.0%)	0.510563

Descriptive Statistics Post-Intervention (Control Group) Average					
Post-Intervention EE (Average)		**Post- Intervention DP (Average)**		**Post-Intervention PA (Average)**	
Mean ⭐	2.957143	Mean ⭐	2.314286	Mean ⭐	4.785714
Standard Error	0.646182	Standard Error	0.586933	Standard Error	0.292305
Median	3	Median	2.6	Median	4.5
Mode	#N/A	Mode	#N/A	Mode	5.6
Standard Deviation	1.709637	Standard Deviation	1.552878	Standard Deviation	0.773366
Sample Variance	2.922857	Sample Variance	2.411429	Sample Variance	0.598095
Kurtosis	-0.05357	Kurtosis	-0.92281	Kurtosis	-2.16712
Skewness	-0.49046	Skewness	-0.15821	Skewness	-0.02279
Range	5.1	Range	4.4	Range	1.8
Minimum	0.1	Minimum	0	Minimum	3.8
Maximum	5.2	Maximum	4.4	Maximum	5.6
Sum	20.7	Sum	16.2	Sum	33.5
Count	7	Count	7	Count	7
Confidence Level(95.0%)	1.58115	Confidence Level(95.0%)	1.436172	Confidence Level(95.0%)	0.715244

Results

Descriptive Statistics Pre-Intervention (Intervention Group) Averages					
Pre-Intervention EE (Average)		Pre- Intervention DP (Average)		Pre-Intervention PA (Average)	
Mean	2.9875	Mean	2.7	Mean	5.025
Standard Error	0.409458	Standard Error	0.362531	Standard Error	0.19434
Median	2.75	Median	2.6	Median	5.2
Mode	#N/A	Mode	#N/A	Mode	5.5
Standard Deviation	1.158123	Standard Deviation	1.025392	Standard Deviation	0.549675
Sample Variance	1.34125	Sample Variance	1.051429	Sample Variance	0.302143
Kurtosis	-1.32568	Kurtosis	-1.50611	Kurtosis	-2.13679
Skewness	0.458013	Skewness	-0.03816	Skewness	-0.35869
Range	3.1	Range	2.8	Range	1.3
Minimum	1.7	Minimum	1.2	Minimum	4.3
Maximum	4.8	Maximum	4	Maximum	5.6
Sum	23.9	Sum	21.6	Sum	40.2
Count	8	Count	8	Count	8
Confidence Level(95.0%)	0.968215	Confidence Level(95.0%)	0.857249	Confidence Level(95.0%)	0.45954

Descriptive Statistics Post-Intervention (Intervention Group) Averages					
Post-Intervention EE (Average)		Post- Intervention DP (Average)		Post-Intervention PA (Average)	
Mean	2.0375	Mean	1.675	Mean	4.6625
Standard Error	0.374613	Standard Error	0.381608	Standard Error	0.320121
Median	1.7	Median	1.5	Median	4.8
Mode	3	Mode	0.6	Mode	#N/A
Standard Deviation	1.059565	Standard Deviation	1.079352	Standard Deviation	0.90544
Sample Variance	1.122679	Sample Variance	1.165	Sample Variance	0.819821
Kurtosis	-1.34996	Kurtosis	-1.67177	Kurtosis	1.381967
Skewness	0.485252	Skewness	0.379568	Skewness	-0.87116
Range	2.9	Range	2.6	Range	3
Minimum	0.8	Minimum	0.6	Minimum	2.9
Maximum	3.7	Maximum	3.2	Maximum	5.9
Sum	16.3	Sum	13.4	Sum	37.3
Count	8	Count	8	Count	8
Confidence Level(95.0%)	0.885819	Confidence Level(95.0%)	0.902361	Confidence Level(95.0%)	0.756967

Burnout Profiles

Intervention Group

Pre-Intervention		Post- Intervention
burnout		overextended
disengaged		disengaged
burnout		overextended
burnout		burnout
engaged		engaged
engaged		engaged
engaged		engaged
ineffective		ineffective

Control Group

Pre-Intervention		Post- Intervention
burnout		burnout
engaged		overextended
overextended		engaged
engaged		ineffective
burnout		burnout
engaged		engaged
burnout		burnout

Discussion

► Participants in the intervention group were engaged

► 2/3 of the group valued the master class approach while 1/3 would have preferred live instruction

► 87.5% of participants were satisfied with content

Discussion

► The intervention group demonstrated a decrease in EE and DP

► The control group demonstrated an increase in EE and a decrease in PA

Discussion
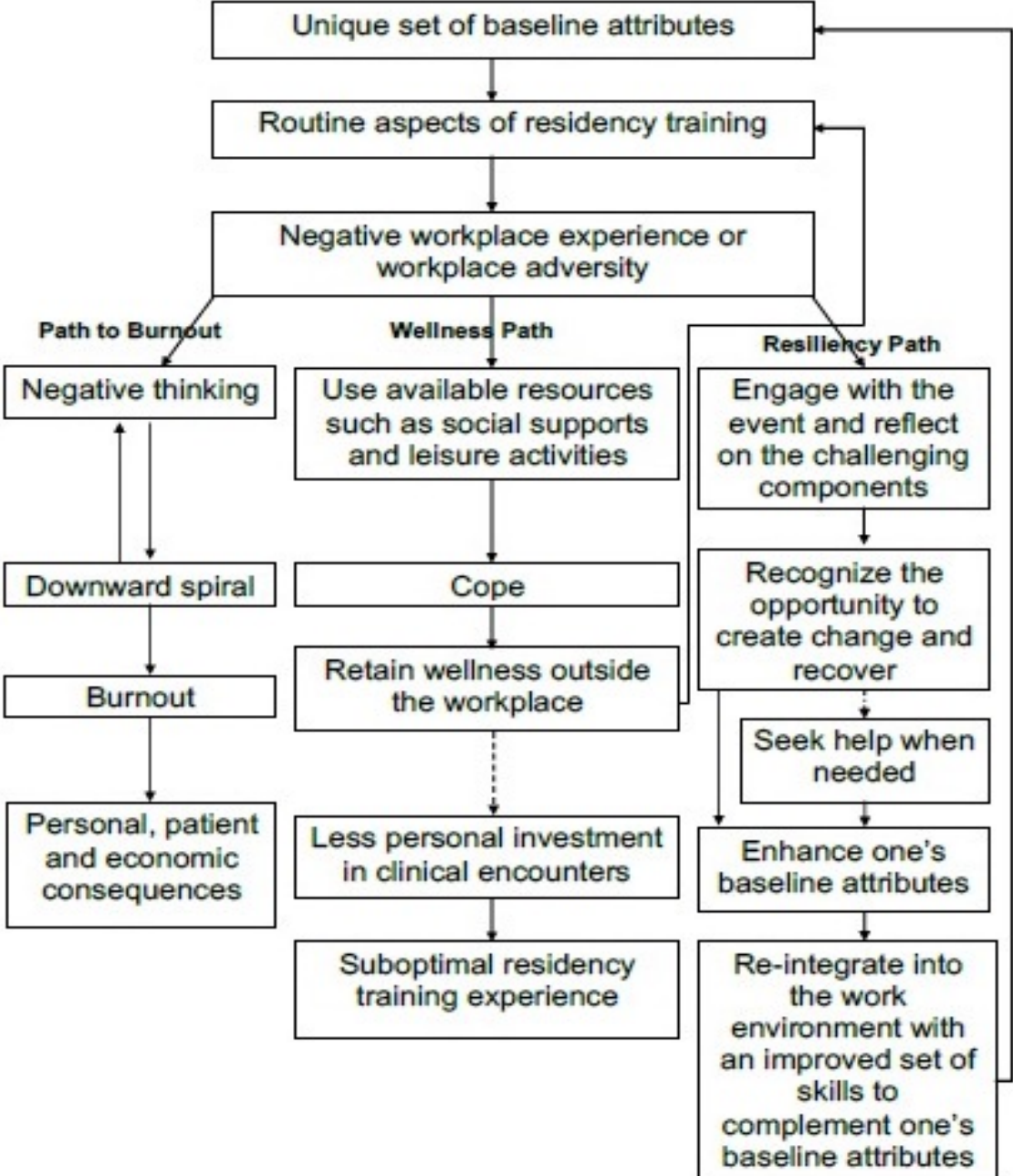
Discussion

► Learners are interested in gaining resiliency

► Future Implications

— Incorporate resiliency modules into academic preparation.

— Burnout strategies must be multi-modal.

— Burnout prevention programs need to be available throughout ones career.

► Strengths and Limitations

— Sample size

— Timing

— Reproducibility

Conclusion

► Development of resiliency is important for prevention of burnout

► Newly graduated healthcare professionals are eager to learn ways of developing resiliency.

► Strategies to address burnout should be multi-modal.

► Future strategies to address burnout should highlight development of resiliency.

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