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Reducing Burnout through Guaranteed Breaks in Nurses in the Acute Care Setting:

A Benchmark Study

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In Partial Fulfillment of NURS 5382: Capstone

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Executive Summary

The term “Burnout” will be continually used in this project and the reader should, first and foremost, have a solid idea of what the term implies. The Maslach Burnout Inventory (MBI) is a tool that measures burnout and has been used extensively in research for the past 35 years since its inception. The MBI measures burnout as defined by the World Health Organization (WHO) and the 11th Revision of the International Classification of Diseases (ICD-11) and states, “Burnout is a syndrome conceptualized as resulting from chronic workplace stress that has not been successfully managed. It is characterized by three dimensions: 1) feelings of energy depletion or exhaustion; 2) increased mental distance from one’s job, or feelings of negativism or cynicism related to one's job; and 3) a sense of ineffectiveness and lack of accomplishment. Burn-out refers specifically to phenomena in the occupational context and should not be applied to describe experiences in other areas of life” (World Health Organization, 2021). A cross-sectional study by Schooley et al. (2016) showed that all types of Emergency Medicine personnel experience burnout, with nurses experiencing higher levels of emotional exhaustion than any other personnel measured. Jackson et al. (2018) used a grounded theory method to interview nurses and investigate the idea of resilience versus the effects of burnout. One interviewee from this study states, “I feel when I don’t get a break in the shift (. . .) it affects patient safety (. . .) I can’t think. I’m starving and I’m getting a headache and then I’m doing stuff but then my mind’s getting foggy. You’re just not thinking clearly” (Jackson et al., 2018). Burnout levels have increased every year since 2019 (NSI, 2021). Trinkoff (2006) found that 11% of nurses reported they do not take or are offered breaks during their shifts. The current practice of asking nurses, especially those in critical or emergent care situations, to ‘pour from an empty cup’ is not acceptable and should no longer be tolerated. For the existence of the bedside nurse to continue,

hospital and health care facility management must provide the proper staff and funding to ensure every nurse on the unit receives the absolute minimum of an uninterrupted thirty-minute lunch break during their shift. Therefore, it is recommended that hospital and health care management teams make changes (i.e., if necessary) to potentially substandard break room environments and to provide a staff nurse whose solitary role is to relieve nurses during their lunch break.

Rationale for this Project

Whether you are to consider the seasoned acute care nurse or the new graduate acute care nurse, mitigating and/or reducing stress and burnout levels is key to retaining these individuals to the profession and to the unit. Li et al., (2018) states, "...we conclude that a big proportion of emergency nurses express high levels of [burnout]. This entails a critical need for organizations to ensure social support, supervision and sufficient staffing in emergency care settings." While it can be and should be argued that burnout is a profession wide dilemma, this sub-population has been found to experience higher levels of burnout than most other specialties (Trinkoff et al., 2006). Retention is seen as a "vital" aspect of an acute care setting and "...can be achieved by ensuring that nurses find satisfaction with their jobs" (Lu et al., 2019). Providing this subpopulation especially with as many ways to reduce burnout as possible is necessary for the continuation of this specialty.

Project Goals

The goal of this Benchmark Study is to promulgate the issue of burnout and the importance of addressing at least one way to mitigate further damage to the profession of nursing. While it would be inconceivable to address the individual stresses a nurse experiences, not only in their individual workdays, but in their own personal lives (i.e., as these are multifaceted and constantly varied), it is possible to provide a guaranteed time of relief from the

daily stress experienced by nurses. While the idea of a guaranteed lunch break implies that a nurse would be eating during this time, some nurses may not choose to utilize this time for eating. However, the guarantee of the break is what has been seen to greatly reduce burnout levels. Trougakos et al. (2014) found when individuals felt more autonomous with the way they chose to use their break time, they felt less fatigue. Several participants in the Nejati et al. (2016) study mentioned that merely being in a high-quality break area (i.e., that was deemed “more relaxing”) had the effect of increasing job satisfaction, staff retention, and job performance, while decreasing job related health concerns.

The goal of this benchmark study is to provide more data to support the necessity of resources being allocated toward ensuring every nurse receives a guaranteed and uninterrupted thirty-minute lunch break to mitigate and reduce the levels of burnout experienced by nurses in an acute care setting.

Literature Discussion in Support of the Project

Burnout has been deemed to lead to “...increased incidence of musculoskeletal disorders, occupational injuries, absenteeism, attrition, job dissatisfaction, and alcohol and drug abuse in emergency nurses, [burnout] also endangers the lives of critically ill patients under their care” (Li et al., 2018). This has obvious affects to not only the mental, physical, and emotional health of the nurse, but the health of their patients.

Burnout has also been found to drastically affect nurse turnover. Findings from Nantsupawat, et al. (2016) confirmed better work environments correlated with lower rates of burnout, dissatisfaction, and intent to leave (i.e., turnover). According to NSI (2021), the turnover rate among registered nurses in U.S. hospitals rose to 8.7% since 2020, which is an increase of nearly 3% since 2019. NSI (2021) also found that, “...the average cost of turnover for

a bedside RN is \$40,038 and ranges from \$28,400 to \$51,700 resulting in the average hospital losing between \$3.6m – \$6.5m/yr. Each percent change in RN turnover will cost/save the average hospital an additional \$270,800/yr.”

One evidence based research proven way to reduce burnout, to provide a guaranteed lunch break in a high-quality staff break area (Nejati, et al., 2016). The environment in which a break was taken caused a reduction in emotional exhaustion and depersonalization (Cordoza, et al., 2018).

Hospitals can easily afford to provide a new or renovated break room for nurses. In 2021, fixr.com estimates the average cost of building a hospital will range anywhere between \$200 to \$625 per square foot (Graham, 2021). While it is hard to estimate cost of renovating or building a new break room, Morino (2015) wrote a story for HSC News regarding a hospital receiving a \$50,000 donation and using this gift to renovate a break room. The average two car garage is approximately 360 square feet, half of which is 180 square feet. If we were to assume that the cost for building or renovating a preexisting space were to be \$400 per square (i.e., approximately the median cost range), and the space to be built or renovated was 200 square feet (i.e., approximately half the size of a two car garage), the cost of renovation is \$80,000. We have already seen that turning over a single nurse costs a hospital approximately \$40,038, so by retaining two nurses, the cost of the updated or newly created breakroom is paid for in a single year.

While it can be said that stress reduction should fall on the shoulders of the individual staff RN, it cannot be ignored how management teams play a role in relieving or mitigating as much stress as possible. Whether the drive behind this initiative is monetarily based or based on the well-being of employees, the benefits are undeniable. “Nursing administration needs to

examine whether adequate resources and supplies are present to alleviate burnout” (Russell et al., 2016).

Regarding the effects of breakroom environments, Cordoza et al., (2018) performed a randomized control trial that looked at nurses taking breaks in a hospital integrated garden versus only indoor breaks. Cordoza, et al., (2018) found, even though less time was spent on breaks in the garden than vs. indoor breaks, nurses reported feeling less stressed. This shows a positive correlation between a less “noisy and crowded” break area (i.e., how the indoor break area was described by participants) environment to a more peaceful break area environment and mental health was improved (i.e., feeling less stressed/burnout).

The drastic implications of burnout can easily be seen both on a personal mental health level for nurses and on a financial level for hospitals and health care institutions. By not addressing this glaring issue, the cost could not only be monetary, but might also be paid in loss of patient life.

Project Stakeholders

Individuals who will have vested interest in and be instrumental for the successful implementation of this project should include senior level management of the hospital, which includes the Chief Nursing Officer and the Emergency Department (ED) management team, consisting of the Director, the Day Shift Manager, and the Night Shift Manager respectively. Individuals who will receive benefits from the projects implementation will primarily be staff Registered Nurses (RNs). There are some individuals that fall into both categories, namely what the department calls Team Leads, who are essentially staff RNs whose primary roles are to work as Charge Nurses on the unit and be a representative for staff RNs during management meetings and discussions.

Securing buy-in from all involved is essential to the success of this project. If the CNO does not ensure the department has funding, the ED management team does not utilize funding and staffing appropriately, the Team Leads do not ensure that staff receive proper break times, and staff RNs do not choose to utilize their breaks, then it is possible that goals of the project will not be met.

Planned Implementation

Evaluation of the participants in this Benchmark Project will revolve around the Maslach Burnout Inventory – Human Services Survey for Medical Personnel (MBI-HSS(MP) or MBI) as a pretest and posttest. Participants will receive a ‘Daily Questionnaire’ (Appendix A) that will be filled out every time they take their break. These questionnaires would be collected and scored accordingly at the end of the projected time period of six to eight weeks, depending on the availability of the allocated space.

The space that was originally allocated for this project was a storage/meeting space for ED management. The Research Team had secured the use of this space and permission to make changes which would provide a more stress-free environment and provide RNs with more autonomy on how they chose to take their lunch (i.e., a more “secluded” area and a more “public” area). The research team had also planned to provide RNs with the option to utilize foam ear plugs to create a quieter environment and encourage RNs to bring headphones if they chose to listen to calming music or podcasts of their choice on their cell phones.

ED management had also agreed to allow the research team to utilize stand up curtain dividers, the existing meeting table, the existing padded chairs, and the existing recliners that were in the space to create the environment for the project.

The primary reason this Benchmark project was tabled for a later date by ED and Senior Level management was due to a lack of existing space close enough to the unit that could be designed by the research team to provide a less stressful environment and better ensures that RNs would not be interrupted. The space that was originally allocated to the research team was lost due to the impact of the COVID-19 pandemic. The research and management teams look forward to being able to implement this Benchmark Project when proper space is available.

Timetable of this Project

The development of this Benchmark Project began in the Spring of 2020 with the asking of a PICO question. The research team wanted to highlight the issue of high levels of burnout and the lack of appropriately allotted break time in the nursing profession. While the core of the PICOT was never changed, the population, intervention, and time frame was altered throughout the following semesters to better focus the efforts of the research team. This Capstone Project was originally approved by university faculty and the implementation site, but as was mentioned previously, the implementation site decided with the current state of healthcare, it would be unable to provide the appropriate setting for the project to continue as previously planned. The research team hopes to re-visit this project as soon as possible.

Data Collection Methods

The data collection methods for this benchmark study were performed through literature reviews of previous studies of various types including quantitative mixed methods studies, randomized control trials, cross sectional studies, etc. All the studies reviewed by the research team were either similar or almost mirroring the goals of the research team or the reviewed studies focused on specific aspects of the research team's goals (e.g., studies focusing on the effects of burnout, but not on the effects of breaks). The positives and negatives from each of

these studies were identified and evaluated for points of improvement through root cause analysis. This process led to the development of the Benchmark Project.

When the project is implemented, data collection and evaluation will be completed through the review of participant pre and post implementation MBI scores, as well as the compiling of daily questionnaire scores. By reviewing, scoring, and preparing a presentation of this data, the goal of the research team is to present its own data, accompanied by data collection from the benchmark project to the senior level and ED management teams and ideally have a guaranteed break system implemented throughout the hospital. Looking even further, having break rooms redesigned or renovated with some or all the changes suggested will also be expected.

Costs and Benefits

Initial costs of performing this project would include various office type supplies to ensure that participants are able to complete daily questionnaires (e.g., paper, pens, folders or other organizing system, etc.) estimated at approximately \$150. Providing items such as foam ear plugs to participants throughout the study is estimated at approximately \$100. The MBI-HSS (MP) survey is available to purchase through its distributor at a cost of \$2.50 with minimum purchase and reproducible quantity of 50, as a PDF document. The hospital unit this project is planned to be implemented on has 85 employees. With a pretest and posttest being administered, the cost to purchase the MBI would be \$212.50.

The hospital implementation site is providing/donating the space and other equipment previously mentioned at no cost to the research team. The hospital unit this project will be implemented on already schedules and pays for an RN to provide duty free, uninterrupted lunch times for RNs throughout the shift, however, to account for other units who do not or cannot staff

their units as such, this cost would be that of the RN's wage for that day. Assuming the project is only implemented on one shift and averaging the wage of the RN to be \$40/hour for a minimum of six weeks, the cost to staff this RN would be \$20,160. The total cost to implement this project for the planned unit would be \$462.50. However, if a different unit that did not already staff an assigned lunch RN decided to implement a similar project, the total estimated cost for this project would be \$20,622.50.

One way a unit could potentially reduce some of the cost of staffing for this project would be to have a shift that was only during the time that RNs were to be offered lunch breaks (e.g., 1200-1500).

It is the belief of this research team that the benefits of ensuring staff RNs receive appropriate breaks to mitigate or reduce burnout completely outweigh the cost of losing staff RNs to burnout. As previously mentioned, an average hospital loses approximately "...between \$3.6m – \$6.5m/yr." (NSI, 2019) due to nurse turnover. If a hospital were to reduce their percentage of burnout by just one point, on average they would save \$270,800 per year (NSI, 2019). Per U.S. Bureau of Labor Statistics (2021), the average salary for a RN in Texas is estimated at \$76,800 (or \$36.92 per hour) in 2020. Meaning, if a hospital were to reduce their turnover percentage by just one point, they could pay for approximately 3.5 nurses whose only job would be to relieve other staff RNs for a guaranteed 30-minute break.

Discussion and Evaluation

Currently, official evaluation of this benchmark project is unavailable. When discussing the implementation of this project with the ED management team and members of the senior level management, they are all receptive to the idea of implementing the project and believe the

project is “forward thinking” and uses evidence-based research to address an “issue that has been ignored for far too long.”

Conclusions and Recommendations

Bedside nurses are not just important, they are the driving force of healthcare as we know it today. While burnout and the resilience to deal with this issue has been found to exist on a spectrum (Jackson et al., 2018), providing each individual on this spectrum with as many ways to remain as active and efficient members of the health care team as possible is a job for everyone involved, not just the staff nurses themselves.

The mental health of not just nurses, but health care workers in general, was the sleeping dragon issue most recently caused to awake and wreak havoc throughout the town in the form of increased turnover rates, nurses leaving staffing jobs for high paying travel contracts, and new graduate nurses being forced into roles meant for seasoned nurses. Many of the recent nurse graduates had never attended an in person clinical rotation throughout their entire nursing education due to the COVID-19 pandemic. It is for these reasons this research team recommends nurses in acute care settings be guaranteed a thirty-minute break to address high levels of nurse burnout.

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Appendix A

Please answer Question #1 BEFORE starting your break.

Please answer Questions #2 and #3 AFTER starting your break.

1. How would you rate your stress level regarding work prior to this break (1 being a LOW or non-existent stress level and 5 being a HIGH stress level)?

1 2 3 4 5

2. Do you feel this thirty-minute break was helpful in reducing your stress level regarding work?

Yes

No

3. How would you rate your stress level regarding work after this break?

1 2 3 4 5