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Job Satisfaction and Burnout in Nursing

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For NURS 5382

In the School of Nursing

The University of Texas at Tyler

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Executive Summary

Job satisfaction, or lack thereof, can directly lead to burnout. Burnout has been most commonly characterized as exhaustion and is noted as being emotional, physical, or due to depersonalization (Jun et al., 2021). Nursing is known globally as a high-stress career, thus leading to an increased level of burnout. Job burnout is among the most important occupational disorders and phenomena which have received great attention in the recent century (Nabizadeh et al., 2020). Multiple studies have proven that subtle, low-cost interventions can decrease the burnout experienced by nurses, leading to reduced turnover rates and an increase in the quality of patient care. Higher quality of care leads to improvement in patient satisfaction scores and also to increased reimbursement rates (Jun et al., 2021).

A plan to improve job satisfaction by providing nurses with an uninterrupted 30-minute lunch break was implemented at a small rural family care clinic to determine the effects of such an intervention on the level of burnout nurses experienced over a 2-month period. Using a sample of three nurses employed at the clinic, participants were given a 15-item questionnaire pre-and post-intervention. Of the three participants, all had lower burnout scores, substantiating the evidence that job satisfaction can be improved by an uninterrupted 30-minute lunch break, thus decreasing the burnout nurses experience.

Information about the Project

To decrease the level of burnout experienced by nurses in our facilities, job satisfaction must be improved. Symptoms of burnout include lack of energy and motivation, negative attitudes, absenteeism, emotional distress, and poor job performance (Wei et al., 2017). To decrease the amount of exhaustion a nurse feels during their shift, an uninterrupted 30-minute lunch break should be implemented to improve job satisfaction and detour the effects of burnout

on nurses in their careers. It is in management's best interest to decrease the burnout phenomenon in nurses.

Rationale for the Project

Job satisfaction is directly correlated to burnout and the intention to leave the current place of employment; one-third of U.S. registered nurses report leaving their current employer due to burnout (Shah et al., 2021). Due to increasing burnout among nurses, and subsequent turnover, many components of healthcare will be affected. Burnout in nurses entails decreased workplace commitment, a decline in patient safety and quality of care, and an increase in absenteeism; therefore, addressing burnout from an organizational standpoint is essential to managing the magnitude of the phenomenon (Jun et al., 2021). Success in healthcare is strongly dictated by patient satisfaction. Nurses are on the frontline when it pertains to patient care and have a direct impact on the patient's quality of care and overall satisfaction. A direct correlation between burnout in nurses and poor quality of care has been found to lead to adverse patient satisfaction (Carthon et al., 2021). Healthcare facilities will benefit substantially from implementing change that promotes increased job satisfaction among nurses. By preventing burnout in nurses, the benefits of quality patient care, improved patient satisfaction scores, and decreased turnover will provide healthcare facilities with overall cost savings.

Goals

The goal of this project is to demonstrate that the prevention of burnout in nurses can be accomplished by improving job satisfaction. Factors that lead to burnout are typically divided into work-related and nonwork-related factors. Factors such as occupational/job satisfaction, importance of work, role conflict, workload, uncertainty in the task, taking frequent leave, are important work-related burnout factors (Kavurmaci et al., 2022). The relevance of improving

job satisfaction is related to the adverse outcomes that are associated with burnout in nursing. By improving job satisfaction and decreasing burnout, there will be an increase in patient quality of care, improved patient satisfaction scores, decreased employee turnover rates, and increased hospital reimbursements. Providing an uninterrupted 30-minute lunch break allows personal time for nurses to decompress and feel renewed for the remainder of their shifts.

Detailed Discussion of the Literature

The literature shows overwhelming evidence that job satisfaction has a direct correlation to burnout in nurses. Adverse effects such as burnout, reduced quality of patient care, and increased nursing turnover rates are resultant of decreased job satisfaction in nurses (Bautista et al., 2019; Ghawadra et al., 2020; Kavurmaci et al., 2022; Patronis & Staffileno, 2021; Wei et al., 2017; Zhang et al., 2018). Several articles note that implementing low-cost initiatives in the hospital setting may promote the well-being of nurses by increasing their sense of job satisfaction (Ghawadra et al., 2020; Kavurmaci et al., 2022; Patronis & Staffileno, 2021; Wei et al., 2017). Interventions such as yoga, mindful-based training, and healthy work initiatives have been successfully implemented and proven to decrease burnout by increasing job satisfaction, according to several studies (Ghawadra et al., 2020; Kavurmaci et al., 2022; Patronis & Staffileno, 2021; Wei et al., 2017). Several factors have been noted to decrease job satisfaction in nurses. These include high workloads, not receiving breaks, or having to stay on the unit for breaks (Bautista et al., 2019; Happell et al., 2013).

Project Stakeholders

Project stakeholders are members of administration, patients, and of course, nurses.

Administrative members are one of the key stakeholders in the proposed change project. Gaining administration's support is imperative to the project's success and the plan's sustainability.

Without evidence to ensure a successful and sustainable project, administrators will be less willing to proceed, and thus, no project will be implemented. Stakeholder resistance to change must be explored early because it frequently results from numerous factors, including hesitation to break traditional practice, unfamiliarity with how evidence will improve patient outcomes, or misconceptions regarding time and effort needed to implement practice change (Melnyk & Fineout-Overholt, 2019).

Patients are stakeholders in this change project due to the correlation between burnout in nurses and the quality of care they subsequently provide. A patient seeks care in a healthcare facility, and the nurses at any one facility make up over half of the staff. A patient's outcome can be significantly impacted by the nurses they encounter during their visit. When nurses suffer from burnout, studies have shown that the quality of care they provide is insufficient. Put simply, individuals who have reached the point of burnout in their professional lives can potentially endanger themselves and those around them (Jun et al., 2021).

Nurses have the desire to help others, but over time, the lack of resources, appropriate staffing, and ineffective coping mechanisms decrease job satisfaction and allow for the burnout phenomenon to set forth. Through affecting their mental health, job burnout can significantly reduce nurses' productivity and service quality and may even require them to leave their profession (Nabizdeh et al., 2020). Nurses are especially prone to reduced compassion satisfaction, higher compassion fatigue, and burnout when they experience continual physical and psychological stress originating from the care of patients, most of whom are seriously ill and many of whom are traumatized (Zhang et al., 2018). Nurses are critical stakeholders in the

implementation of this project. With an uninterrupted 30-minute lunch break, nurses are given time away from their respective units to decompress.

Outcomes to be measured

This study intends to measure burnout before and after implementing an uninterrupted 30-minute lunch break. The study measures participants' perceptions of burnout in various areas using a web-based questionnaire to gather nurse feedback before and after implementing uninterrupted 30-minute lunch breaks.

Evaluation Design

Pertinent evidence was presented, and support was gained from administration. The plan was successfully implemented with little cost incurred. Due to staffing changes, the project began with two nurses, and once the facility was fully staffed, three staff nurses were able to participate and complete the project. Two nurses were provided an uninterrupted 30-minute lunch break for eight weeks, while one participated for six weeks.

An online questionnaire was provided in paper form before initiating the 30-minute uninterrupted lunch breaks. The intention was to compare the same survey before and post-intervention. The questionnaire was composed of 15 questions, qualitative in nature and pertaining to job satisfaction and feelings of burnout. The questionnaire was scored on a 5-point Likert scale and consisted of questions rating job satisfaction, with a score of 1 being "not at all" and 5 being "very often." The questionnaire was formatted on a matrix that provided the questions in a row and the answer options appearing at the top of the columns.

Timetable/Flowchart

The first step in project implementation was to present evidence to and gain approval from administration. In January of 2023, the clinic coordinator was contacted via phone, and a

meeting was arranged with the clinic's providing physician. A brief discussion was held for the presentation of evidence. Within a week, administration reviewed the relevant evidence provided, and approval was given on 1/19/2023 to begin project implementation. The following week was allotted to meeting with the nursing staff, presenting the evidence, and gaining support to assist in the change project. Three days were utilized to hold brief discussions with the implementation team to discuss known barriers and facilitators and to finalize the protocol for the uninterrupted 30-minute lunch breaks.

Administration of a pre-project questionnaire to determine burnout and job satisfaction levels was done over the following four days to ensure that everyone was present and able to participate. Implementation of the uninterrupted 30-minute lunch breaks began on February 6^{th.} Brief discussions were had with individual nurses throughout the project to gain feedback and to ensure that all participants were involved with the project's purpose. Post-intervention, the same 15-item questionnaire about job satisfaction pertaining to the 30-minute uninterrupted lunch breaks was administered on March 31st. Discussions were held as the data was gathered by team members, and the data was then analyzed by the project coordinator. The results were then provided to administration for evaluation. The change is now included in daily practice.



Data Collection Methods

The project sample comprised three staff nurses employed at the selected rural family care clinic. The week before project implementation, the nurses were given pre-intervention questionnaires to be completed. The questionnaires were provided on the morning of February 2nd and were to be submitted by the end of the shift. The data was then used as a baseline assessment of the nurses' perceived job satisfaction. The nurses were provided with post-intervention questionnaires on March 31st. The data gathered and compared proved that the uninterrupted 30-minute lunch breaks increased job satisfaction.

Evaluation Discussion

Three nurses employed at the rural family care clinic participated in and completed the 8-week intervention. Questionnaires were completed one week before implementing the uninterrupted 30-minute lunch breaks and again at the end of the eighth week. The data gathered from the pre-and post-intervention questionnaires will support other evidence that burnout can be

decreased by providing nurses with uninterrupted 30-minute lunch breaks away from their respective units.

The mean and standard deviation were calculated on the pre-and post-intervention questionnaires. A mean close to 1 is a significant indication of job satisfaction and a lower chance of burnout. The lower the standard deviation, the more congruent the nurses' perceptions of job satisfaction and burnout are assumed to be. Both the pre-and post-intervention questionnaires are attached below as Appendices B and C. In calculating the data, the intervention hoped to achieve a lower mean in the post-intervention questionnaire compared to the pre-intervention.

Costs/Benefits

To implement a change such as the uninterrupted 30-minute lunch breaks, minimal cost will be incurred. This intervention is very cost-effective if implemented as planned. Brief, periodic meetings with individual nurses not only solicits more meaningful feedback but it does so without incurring any additional time costs. Using free online survey tools and providing those to be completed during the nurses' shift also helps to incur no additional costs. However, printing the survey for ease of use and the supporting evidence will add a materials cost of approximately \$50.00 for paper and ink.

The job satisfaction nurses feel will ultimately decrease burnout levels and the negative impact it has on healthcare. With a decrease in burnout, there will be an increase in the quality of patient care, improved patient satisfaction scores, and reduced hospital turnover rates. Hospital reimbursements are heavily based on patient satisfaction. With an increase in the quality of patient care due to improved job satisfaction in nurses, hospitals will reap the rewards of higher reimbursement rates. By decreasing burnout in nurses, the turnover rates will decline, saving

healthcare facilities thousands. Based on feedback, the average cost of turnover for a staff RN is \$46,100, with the range averaging \$33,900 to \$58,300 (NSI Nursing Solutions, Inc., 2022). The savings of retaining just one nurse makes this intervention a worthwhile endeavor.

Conclusion

Burnout and job dissatisfaction is a condition that has serious consequences for the organization and the individual, which adversely affects the physiological, psychological and social health of academicians and leads them to quitting their jobs (Kavurmaci et al., 2022). Nursing is a career that suffers from a high burnout rate. Given the adverse effects of job burnout on nurses' professional performance, work attendance, and care quality, strategies are needed for its prevention and management (Nabizadeh et al., 2020). Allowing nurses an uninterrupted 30-minute lunch break will increase job satisfaction, decrease feelings of burnout, leading to improved patient quality of care, higher patient satisfaction scores, increased hospital reimbursements, and significantly lower the burden of nurse turnover. The goal set forth by this project is to prove that subtle, low-cost interventions, such as an uninterrupted 30-minute lunch break, can provide positive change and decrease burnout in the field of nursing.

References

- Bautista, J. R., Lauria, P.A. S., Contreras, M. C. S., Maranion, M. M. G., Villanueva, H. H., Sumaguingsing, R. C., & Abeleda, R. D. (2019). Specific stressors relate to nurses' job satisfaction, perceived quality of care, and turnover intention. *International Journal of Nursing Practice (John Wiley & Sons, Inc.)*, 26(1), N.PAG. https://doi-org.ezproxy.uttyler.edu/10.1111/ijn.12774
- Ghawadra, S.F., Lim Abdullah, K., Choo, W.Y., Danaee, M., & Phang, C.K. (2020). The effect of mindfulness-based training on stress, anxiety, depression and job satisfaction among ward nurses: A randomized control trial. *Journal of Nursing Management*, 28(5), 1088-1097. https://doi.org/10.1111/jonm.13049
- Happell, B., Dyer, T., Reid Searl, K., Burke, K.J., Caperchione, C.M., & Gaskin, C.J. (2013).
 Nurses and Stress: recognizing causes and seeking solutions. *Journal of Nursing Management*, 21, 638-647. https://doi.org/10.1111/jonm.12037
- Jun, J., Ojemeni, M. M., Kalamani, R., Tong, J., & Crecelius, M. L. (2021). Relationship between nurse burnout, patient and organizational outcomes: Systematic review. *International journal of nursing studies*, 119, 103933.
 https://doi.org/10.1016/j.ijnurstu.2021.103933
- Kavurmaci, M., Tan, M., & Bahcecioglu Turan, G. (2022). Determining the effect of yoga on job

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 - satisfaction and burnout of nurse academicians. *Perspectives in Psychiatric Care*, 58(1), 404-410, https://doi-org.ezproxy.uttyler.edu/10.1111/ppc.12806
- Melnyk, B.M., & Fineout-Overholt, E. F.(2019). Evidence-based practice in nursing & healthcare (4th ed.). Wolters Kluwer.
- Nabizadeh-Gharghozar, Z., Adib-Hajbaghery, M., & Bolandianbafghi, S. (2020). Nurses' Job Burnout: A Hybrid Concept Analysis. *Journal of caring sciences*, 9(3), 154–161. https://doi.org/10.34172/jcs.2020.023
- NSI Nursing Solutions, Inc. (2022) 2022 national healthcare retention & RN staffing report.

 Retrieved July 26, 2022, from https://www.nursingsolutions.com
- Patronis, S., & Staffileno, B. A. (2021). Favorable outcomes from an in-person and online feasibility mindful moment pilot study. *Holistic Nursing Practice*, *35*(3), 158–166. https://doi-org.ezproxy.uttyler.edu/10.1097/HNP.0000000000000443
- Shah, M. K., Gandrakota, N., Cimiotti, J. P., Ghose, N., Moore, M., & Ali, M. K. (2021). Prevalence of and factors associated with nurse burnout in the U.S. *JAMA network open*, *4*(2), e2036469. https://doi.org/10.1001/jamanetworkopen.2020.36469
- Wei, R., Ji, H., Li, J., & Zhang, L. (2017). Active intervention can decrease burnout in ed nurses. *Journal of emergency nursing*, 43(2), 145–149. https://doiorg.ezproxy.uttyler.edu/10.1016/j.jen.2016.07.011
- Zhang, Y. Y., Han, W. L., Qin, W., Yin, H. X., Zhang, C. F., Kong, C., & Wang, Y. L. (2018).
 Extent of compassion satisfaction, compassion fatigue and burnout in nursing: A meta-analysis. *Journal of Nursing Management*, 26(7), 810–819. https://doi-org.ezproxy.uttyler.edu/10.1111/jonm.12589

Appendix A Burnout Questionnaire

Burnout Questionnaire	1	2	3	4	5
	Not at	Rarely	Sometimes	Often	Very Often
1.I find that I do not	All				
have time to plan as					
much as I would like to.					
2.I feel run down and					
drained of physical and					
emotional energy.					
3.I have negative					
thoughts about my job.					
4.I am harder and less					
sympathetic with people					
then perhaps they					
deserve.					
5.I am easily irritated by					
small problems, or by					
my co-workers and					
team.					
6.I feel misunderstood or					
unappreciated by my co-					
workers.					
7.I feel that I have no					
one to talk to.					
8.I feel that I am					
achieving less than I					
should.					
9.I feel under an					
unpleasant level of					
pressure to succeed.					
10.I feel that I am not					
getting what I want out					
of my job.					
11.I feel that I am in the					
wrong organization.					
12.I am frustrated with					
parts of my job.					
13.I feel that					
organizational politics of					
bureaucracy frustrate					
my ability to do a good					
job.					
14.I feel that there is					
more work to do than I					
practically have to the					
ability to do.					
15.I feel that I do not					
have time to do many of					
the things that are					
important to doing a					
good quality job.					

Appendix B Pre-Intervention Questionnaire

	Pre-intervention	1	2	3	4	5	Mean	Standard	N
	Questionnaire 2/2/23	Not at All	Rarely	Sometimes	Often	Very Often		Deviation	
1.	I find that I do not have time to plan as much as I would like to.			1	1	1	4	1	3
2.	I feel run down and drained of physical and emotional energy.			1	1	1	4	1	3
3.	I have negative thoughts about my job.		2	1			2.33	0.58	3
4.	I am harder and less sympathetic with people then perhaps they deserve.	3					1	0	3
5.	I am easily irritated by small problems, or by my co- workers and team.		2	1			2.33	0.58	3
6.	I feel misunderstood or unappreciated by my co-workers.		1		1	1	3.67	1.53	3
7.	I feel that I have no one to talk to.		1	1		1	3.33	1.53	3
8.	I feel that I am achieving less than I should.		2		1		2.67	1.15	3
9.	I feel under an unpleasant level of pressure to succeed.			2		1	3.67	1.15	3
10.	I feel that I am not getting what I want out of my job.		1	1		1	3.33	1.53	3
11.			3				2	0	3
12.	I am frustrated with parts of my job.			3			3	0	3
13.	I feel that organizational politics of bureaucracy frustrate my ability to do a good job.			2		1	3.67	1.15	3
	I feel that there is more work to do than I practically have to the ability to do.			2		1	3.67	1.15	3
15.	I feel that I do not have time to do many of the things that are important to doing a good quality job.			2	1		3.33	0.58	3
		3	12	17	5	8	3		

Appendix C Post-Intervention Questionnaire

Post-intervention	1	2	3	4	5	Mean	Standard	N
Questionnaire	Not at	Rarely	Sometimes	Often	Very		Deviation	
3/31/23 1.I find that I do not	All 3				Often	1	0	3
have time to plan as	3					ı	U	3
much as I would like								
to.								
2.I feel run down and	3					1	0	3
drained of physical								
and emotional								
energy.								
3.I have negative	3					1	0	3
thoughts about my								
job.								
4.I am harder and	3					1	0	3
less sympathetic with						-	Ů	·
people then perhaps								
they deserve.	2				+	4	0	3
5.I am easily irritated	3					1	U	3
by small problems, or								
by my co-workers								
and team.					ļ			
6.I feel	3					1	0	3
misunderstood or								
unappreciated by my								
co-workers.								
7.I feel that I have no	3					1	0	3
one to talk to.						•	Ů	·
8.I feel that I am	3					1	0	3
achieving less than I	· ·							O
should.								
9.I feel under an	3					1	0	3
	3					ı	U	3
unpleasant level of								
pressure to succeed.								
10.I feel that I am not	3					1	0	3
getting what I want								
out of my job.								
11.I feel that I am in	3					1	0	3
the wrong								
organization.								
12.I am frustrated	1	1	1			2	1	3
with parts of my job.	'	•	'			_	'	
13.I feel that	1	1	1			2	1	3
	' '	'	'			_	'	3
organizational politics								
of bureaucracy								
frustrate my ability to								
do a good job.					ļ			
14.I feel that there is	1		2			3.5	1.15	3
more work to do than								
I practically have to								
the ability to do.								
15.I feel that I do not	1		2			3.5	1.15	3
have time to do many	'		-			0.0	0	
of the things that are								
important to doing a								
good quality job.	0.7	0				4.407	1	
	37	2	6	0	0	1.467		