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Peer Support Buddy System to Reduce Nurse Burnout Benchmark Study

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Peer Support Buddy System

Peer Support Buddy System to Reduce Nurse Burnout Benchmark Study

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Peer Support Buddy System

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Executive Summary

Healthcare is amid an ongoing crisis, and frontline nurses remain at the forefront due to increasing shortages and inadequate support. While the nursing profession is deemed well respected, the nurses have begun to feel contrary to popular beliefs. They are tired. They are fed up, and they are leaving. Nurses are leaving their patients, their employers, and the entire profession due to feeling overworked, underpaid, and unappreciated. The demands of healthcare organizations, particularly in the acute care setting, supersedes the resources available to accommodate the expectations of nurses, leading them to overextend themselves physically, mentally, and emotionally, and finally reaching a breaking point, being referenced as burnout. Burnout has been a strong predictor of the shortage of nurses, an ongoing problem worldwide for over a decade. (Lee et al., 2016). In 2012, approximately 30-44% of nurses in Europe, 78% in Greece, and 34% in the US had reported emotional exhaustion. (Lee et al., 2016). As time prevails, nurses nationwide continue to report increased physical, mental, and emotional exhaustion and are disconnecting from the profession they once loved.

The current practice of “working with what we have” is an unacceptable approach when what we have is not enough to provide safe, sufficient, and standard patient care, and puts nurses in positions to choose between their own mental and physical health and their careers in which they have dedicated to taking care others. Nursing burnout will ultimately affect nurses, patients, organizations, the entire healthcare system, and society without a resolution. For things to begin to turn around, assistance and support must be provided for nurses to assist with decreasing the mental, physical, and emotional strain of performing with limited resources. Nurses working alongside each other at the bedside share the same struggles and understand

each other's needs better than anyone else. Therefore, it is recommended to provide acute care nurses with a structured peer-supported "Buddy System" program to decrease burnout.

1. Rationale for the Project.

Jun et al. report that more than half of the four million nurses in the US and one out of ten nurses worldwide reported experiencing burnout (Jun et al., 2021). The prevalence of burnout in those nurses working in hospitals ranges from 5 to 50% based on specialty and geographical regions, and the reason that 40% of nurses cited leaving their positions, as revealed in the most recent national sample survey (Jun et al., 2021). The estimated cost of nurses leaving is between \$37,000 - \$58,400, resulting in a potential loss of \$5-8 million annually (Jun et al., 2020) for organizations.

While Merriam-Webster defines burnout as exhaustion of physical or emotional strength or motivation, usually because of prolonged stress or frustration (Merriam- Webster, 2022), Maslach defines it as an infliction to self by describing it as "burn oneself out." It has become an ongoing global issue amongst nurses that affects individuals, organizations, and patient outcomes. (Lee et al. 2016). Burnout syndrome and chronic stress syndrome reactions include emotional exhaustion, depersonalization, and reduced personal accomplishments (Lee et al., 2016). Many factors, such as lower nurse-to-patient ratios and higher nurse workload, have been identified as contributing to burnout (Assaye et al., 2021). Burnout is also linked to long work hours, resource restraints, and troublesome documentation (Pereira et al., 2021) and affects individual nurses, organizations, and patient outcomes (Lee et al., 2016).

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Acute care nurses have been known for their ability to adjust during crises and meet the needs of their patients when sudden shifts and changes compromise their health. The expectation is that they have been trained and educated to perform under those circumstances. However, when they are expected to function in a high-stress environment continuously, it becomes detrimental to their health and their ability to care for their patients, placing everyone at risk for adverse outcomes. This inevitably beckons the importance of robust support systems, such as peer support, especially amidst the current draining medical culture that healthcare professionals face (Pereira et al., 2021).

1.1 Project Goals

This benchmark project aims to shed light on the increasing burnout crisis among acute care nurses and the importance of ongoing support to decrease adverse outcomes. When there are inadequate resources and support, nurses are forced to extend themselves beyond the mental and physical capacity needed to maintain a safe and healthy work environment. For nurses to perform at their highest level of competency and provide the highest quality of patient care, they must work together to support each other. Buddy Programs involve pairing two individuals with similar roles to support and care for each other in complex environments and in times of crisis. In addition, buddies monitor and help each other promote physical, emotional, and psychological well-being (Yale, 2020). The goal of the “Buddy System” peer support program is to provide acute care nurses with ongoing bedside support from fellow nurses to assist with overcoming their many challenges and decrease their risks of becoming burnout.

2. Literature Discussion to Support Project

During a literature review, many articles discussed the detriments of nurse burnout related to the nurse, patients, and organizations and how peer support can effectively reduce this ongoing crisis. Preparation for this project includes the willingness of acute care nurses to provide mutual support to their nursing peers. Argarwal et al. (2019), a qualitative study, addressed the ability of nurses to sustain resilience at work with a peer support program that included a two-day course that educates on how stress and mental health problems can affect people at work and the ability to notice when someone needs help, and how to help them. It improved employees' well-being and relationships with each other. The more resilient the staff is, the more likely they are to perform better in a positive environment (Argarwal et al., 2019). Kilroy et al. (2021) used cross-sectional survey data to examine how the use of the high-involvement work practices (HIWP) approach, including the PIRK model: power, information, rewards, and knowledge would affect employee outcomes, and how the use of colleague support would affect nurse burnout. While the HIWP and PIRK models showed increased burnout for managerial staff but alleviation for employee nurses. Colleague support was associated with lower levels of emotional exhaustion and depersonalization and higher levels of psychological empowerment.

In a qualitative study, Haruna et al. (2022) performed web-based surveys with critical care professionals, including nurses, to assess burnout using the Maslach Burnout-Human Service Survey and mutual support using the TeamSTEPPS Teamwork Questionnaire. The burnout group scored significantly lower on mutual support than the non-burnout group, indicating that low mutual support is an independent factor predicting a high probability of

burnout. In a systematic review, Velando-Soriona et al. (2019) followed the PRISMA guidelines to review literature analyzing the relationship between social support, in its different forms, and burnout in nurses to identify risk factors. The study revealed that social support received by nurses in the workplace from supervisors and coworkers plays a role in reducing burnout syndrome.

3. Project Stakeholders

The involvement of people vested during the development, planning, implementation, and evaluation phases can affect the project's success. The included stakeholders would include multilevel personnel that can provide valuable insight to assist with the program's success. Stakeholders that would actively participate in the daily operations of this project would be the nursing staff, including all the floor nurses and charge nurses (working on the acute care units), four nurse managers (that supervise the participating acute care units), and one staffing personnel (that schedules the nurses on acute care units). In addition to those participants, others can provide access to information affecting this project's essential aspects, including one financial team member (that can give an accurate budget, profit, and losses related to nurses), one quality control member (to review and monitor adverse patient outcomes in the acute care units), and one administrative member (the Chief Nursing Officer (CNO) to be the voice for the nursing staff in the organizational settings), and one senior administrative staff (to buy-in on behalf of the organization). The inclusion of these stakeholders increases the chance of this project being successful.

4. Proposed Outcome

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Among acute care nurses, staff members providing mutual support to each other is critical for team performance (Haruna et al., 2022). This project would include providing feedback and coaching to improve performance or when a lapse is detected, assisting other nurses in performing a task, and completing a job for the other nurse when they are overloaded (Haruna et al., 2022). The U.S. Agency for Healthcare Research and Quality refers to mutual peer support as assisting one another, providing and receiving feedback, and exerting assertiveness and advocacy behaviors when patient safety is threatened (Haruna et al., 2022). According to Haruna et al., nurses show a significantly higher frequency of burnout than other healthcare professionals. Implementing the above interventions using the Buddy System should provide a healthy balanced workload, reduce stress, and decrease the risk of burnout among acute care nurses. Evaluation of progress during frequent intervals will help determine if the project has been successful.

5. Evaluation Design

Evaluation of the program's success will be based on the measurements of the Maslach Burnout Inventory scores completed by each participating nurse. The Maslach Burnout Inventory scale is a widely used tool to measure the component related to burnout, emotional exhaustion, depersonalization, and personal accomplishment (Jun et al., 2021). Once the buddy system launches, each nurse will complete the questionnaire at the start of their first assigned shift, and scores will be recorded for each of the three categories. The scores are expected to improve from the baseline total, indicating an overall reduction of burnout. This will be the consistent measurement tool used to assess the participants' burnout levels monthly for the first three months, then every six weeks (twice) for the following three months for a 6-month

accumulation of results. The goal is to have a decrease in baseline levels of burnout for 25% of participating nurses at the first month's assessment, 50% of nurses at the 3-month review, and 75% of nurses at the 6 - month assessment., i.e., those that had high levels of burnout would be moderate, and those that were moderate would be low based on the scoring ranges within the inventory scale.

6. Timetable/Flowchart

The original PICOT question was developed in the fall semester of 2021. It compared generalized support groups to individual coping mechanisms and how they affect acute care nurse burnout and retention during the first 12 months of employment. The challenge to the question was condensing the many options available with the broad term "support groups." It resulted in numerous support groups not directly related to nursing in the acute care setting. After discussing the concern of overwhelming responses with my professor, I was encouraged to narrow it down to the use of peer support groups in the Spring of 2022. The study has remained the same until now and is being prepared for presentation in late April 2023.

7. Data Collection Methods

Data collection for this Benchmark project was collected through a systematic literature search that addressed the outcomes of peer support in reducing burnout in acute care nurses, with consideration of the pros and cons. If the Buddy System is approved, data assessments will be completed and evaluated throughout multiple stages to allow for short-term and long-term interventions and feedback. Additional interventions would be included to assess the adverse effects of nurse burnout would consist of the completion of a buddy checklist at the beginning,

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during, and end of each shift to be reviewed by the charge nurses at the end of each shift and nurse managers at the end of each week, with the hopes of addressing daily concerns promptly. Reviewing HCAP scores and patient discharge surveys every three months will provide an overview of the patient's perspective of care being provided on the unit due to burnout being a risk for inadequate patient care. Other essential information and data will be collected from different stakeholders six months and one year after initiation, including HR to assess nursing resignations and reasoning, the financial department for expenses related to the hiring of new nurses, and the quality control department to review the adverse patient events on the unit. Updates will be provided at the 6-month mark to internal/organizational stakeholders with the data collection results and allow for feedback and suggestions via email or in person. Evaluating these aspects will help to determine its effectiveness in reducing burnout and the adverse outcomes related to nurses, patients, organizations, and society at large (Jun et al., 2021)

8. Discussion of Evaluation

An official evaluation of this benchmark project cannot be evaluated currently. However, the unit bedside nurses, managers, and CNO (part of the administrative team) have voiced positive feedback on implementing this program. The presentation of evidence-based research and a well-structured implementation plan impacted their support for this plan and to move forward with presenting it to the senior administrative staff.

9. Costs/Benefits

The cost of this project was analyzed based on human resources and supplies. Due to the project consisting of already employed nurses, there will be no additional personnel cost.

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There will be increased use of extra paper and ink to print the daily check-off list, estimated at approximately \$800/ month total, for four units that average 4-5 nurses per unit each shift.

When considering the cost of hiring and training new nurses when old nurses leave, at approximately \$46,000 per nurse, the project's benefits outweigh the cost.

Conclusions/Recommendations

While healthcare continues to increase the demands of nurses, the resources and support continue to decrease, leading to an overwhelming feeling of burnout and reduced retention of nurses. While nurses are impacted significantly, these detriments of healthcare affect the patients and organizations. The goal of the healthcare system is to take care of the people, nurses included. With teamwork, communication, collaboration, and cooperation, it is possible to create a much-needed change. Although burnout has become a significant concern amongst nurses, it is an issue that can be reduced and prevented. Providing peer support with a Buddy System among acute care nurses can assist with accomplishing this goal within a feasible amount of time and budget.

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