The Implementation of a Cultural Change Toolkit to Reduce Nursing Burnout and Mitigate Nurse Turnover in the Emergency Department

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CE Earn Up to 7.5 Hours. See page 475.

Contribution to Emergency Nursing Practice

- The current literature on nurses' perceptions of the work environment in emergency departments indicates high levels of nursing burnout and turnover.
- This article contributes recommendations to reduce the level of burnout experienced by nurses in the emergency department and decrease turnover among nursing staff.
- Key implications for emergency nursing practice found in this article are as follows: (1) Implementing interventions related to meaningful recognition, shared decision making, and increased leadership support and involvement may improve the clinical work environment in the emergency department. (2) The Cultural Change Toolkit described in this article may assist other emergency departments to create a more positive clinical work environment for ED nurses in an effort to reduce the prevalence of nurse burnout and turnover.

Abstract

Problem: Nursing burnout and high levels of nursing turnover contribute to negative work environments, diminished patient care, and increased health care costs. There is a gap in literature regarding cost-effective, easily implemented interventions to address burnout and turnover. The purpose of this project was to determine if the implementation of evidence-based interventions would improve the perception of the practice environment, decrease the levels of nursing burnout, and decrease the voluntary nurse turnover rate in the emergency department.

Methods: The Cultural Change Toolkit was developed based on current recommendations in literature and implemented within an emergency department in southeast Texas. The toolkit included specific interventions related to meaningful recognition, shared decision making, and increased leadership involvement and support. Nursing burnout and anticipated turnover were measured using the Anticipated Turnover Scale and the Oldenburg Burnout Inventory both before and after implementation of the project. Participants (n = 30) included nursing staff employed in the emergency department.

Results: There was a reduction in both the anticipated turnover (mean anticipated turnover score, preimplementattion = 3.133, postimplementation = 2.989) and burnout scores among nursing staff (mean burnout score, preimplementation = 4.808, postimplementation = 4.463). The reduction in overall burnout scores were statistically significant following a paired *t*-test analysis ($P = 0.004$). There were no resignations among nursing staff throughout the project period.

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Discussion: Nursing burnout and turnover are frequently discussed topics. The results support the use of cost-effective interventions outlined in the Cultural Change Toolkit to address nursing turnover and burnout.

Key words: Nursing burnout; Process improvement; Nursing turnover; Workplace culture

Nursing turnover and nursing shortages are increasingly common problems found throughout the United States and globally.[1,2] Both turnover and subsequent shortages are often a result of a perceived negative work environment that contributes to nursing burnout and frustration.[2] Poor subjective satisfaction of a work environment is a significant factor in nurses' intent to resign from their positions and the level of burnout experienced by nurses.[3] However, a positive perception of the work environment is associated with improved professional commitment and increased work engagement.[4]

There are many factors that contribute to negative work environments. Some factors can be difficult to predict or address, such as the volume of patients that present to an emergency department or patient behaviors toward nursing staff. However, there are organizational factors that can be improved to create a more positive work environment. These factors include leadership involvement and support, the inclusion of staff in organizational or department specific decision making, changes to staffing or financial incentives, and employee recognition.

Because of the physically and emotionally demanding profession of emergency nursing, nursing turnover, nursing burnout, and exhaustion are prevalent issues among nurses employed in emergency departments.[5] Over the past decade, burnout has become a commonly discussed issue in both nursing research and nursing practice. Maslach and Jackson describe burnout as a reaction to prolonged work-related stress.[6] Burnout is characterized by emotional exhaustion, depersonalization, decreased personal efficacy, and cynicism. Nursing burnout is associated with hopelessness, apathy, and poor job performance.[5] This phenomenon can also lead to physical, mental, and emotional health problems. Nursing burnout has also been identified as a key risk factor for nurse attrition.[7] Although negative work cultures, nursing burnout, and retention are commonly identified in research and practice, there is a gap in the literature identifying simple, cost-effective solutions to address these complex issues.

It is important to identify potential solutions because nurse turnover and nursing shortages can have a negative impact on patient safety and the quality of health care delivery.[8] In addition, nurse attrition is associated with an increase in organizational expenses. The estimated cost of nursing turnover ranges from $10,000 to $88,000 per vacancy, depending on the position.[8] This translates to an overall cost of turnover ranging from $0.55 million to $8.5 million per organization.[8] In addition to the financial burden associated with nurse turnover and poor nurse retention, increased strain and stress is placed on remaining nurses, which ultimately exacerbates the problem. Although nurse turnover is a multifaceted issue, nurses' perceptions of their work environment and levels of job satisfaction are both factors affecting nursing retention. Reducing nurse attrition can decrease financial burdens associated with nurse turnover and improve the quality of patient care and outcomes.

The purpose of this project was to improve the nursing work environment through the development and implementation of the Cultural Change Toolkit. A literature review was conducted to identify evidence-based solutions for nursing burnout and turnover. Specific interventions were chosen based on identified themes found in literature and were consolidated by the authors to develop the Cultural Change Toolkit.[1,9,10] The toolkit is a resource that provides information and tools regarding literature-based interventions that encourage positive practice changes. It focuses on 3 components: meaningful recognition, shared decision making, and increased leadership support and involvement. The goal of the intervention was to reduce nursing burnout and nurse turnover in the emergency department by improving the perception of the clinical practice environment.

The project took place within a 41-bed emergency department at a community hospital in southeast Texas that averages over 88,000 visits annually. This specific emergency department was chosen because it has experienced problems with nurse retention, nurse burnout, and a perceived negative practice environment in the past. Nursing turnover was calculated from January 2018, through August 2018. In January 2018, 64 nurses were working full time in the department; by July 2018, 16 of those nurses resigned. The voluntary turnover rate for this period was 25%. Of these 16 nurses, the age and experience of these nurses varied greatly. It is important to note that, among the nurses who resigned, none retired or were asked to resign. Some nurses moved from the area, but many of these nurses were hired by nearby competing organizations working in the same or similar types of positions.

Methods

Before project implementation, permission to conduct the project was obtained through the hospital's Institutional Review Board. All participation in the project was completely voluntary. The population for this project included all nurses employed in the emergency department in September 2018. There were approximately 75 nurses; of those, 55 nurses qualified as full time, and 20 nurses qualified as part-time or *per diem* status. All nurses were invited to participate.

Quantitative data were collected using an initial demographic questionnaire, the Anticipated Turnover Scale, and the Oldenburg Burnout Inventory to measure the level of nursing burnout and the turnover intention among nurses.[11,12] The Anticipated Turnover Scale is a 12-item, Likert-type scale with a range of responses from 1 (strongly disagree) to 7 (strongly agree). The calculated score ranges from 1 to 7; a higher score indicates a higher intent to leave. The Oldenburg Burnout Inventory consists of 16 Likert-scale items designed to measure the 2 dimensions of burnout, exhaustion, and disengagement. A higher score indicates higher levels of burnout. A 1-group pretest and posttest design was used for data collection. Postintervention qualitative feedback regarding the project and the practice environment were also encouraged by participants following the 2-month period.

Before beginning the project, 2 voluntary information sessions were held within the department for nurses to attend and to learn about the project. Staff members were able to attend the sessions to obtain information and ask questions at their convenience: during, before, or after work hours. During these meetings, nurses were provided with information on nursing burnout, nurse retention, the importance of positive practice environments, and the planned interventions to address these issues. Per facility policy, nurses who chose to participate completed informed consent forms, which outlined all risks associated with taking part in the project.

Participants were then asked to participate in interventions focused on shared decision making, meaningful recognition strategies, and improved communication for 2 months. Specific interventions included a department-specific gratitude board ("kudos" board) located in the employee break room, a thank-you card program for both staff and leadership use, a practice-based suggestion box, daily leadership rounding, and a staff feedback portion was added to already established daily nurse huddles in the emergency department. Following the 2-month implementation period, participants were re-evaluated using the Anticipated Turnover Scale and the Oldenburg Burnout Inventory.

Results

The participants included 38 ED nurses; of these, 32 chose to complete the postintervention survey. Two postintervention surveys could not be used because of missing information and blanks on the measurement tools. As a result, 30 participant surveys were used for data analysis and interpretation. Two participants were licensed vocational nurses, and 28 were registered nurses. Nine participants were men, and 21 participants were women. The ages of participants ranged from early 20s to late 60s. The nursing experience among participants ranged from less than 5 years to 30 years or more. Seventeen participants worked day shift, and 13 participants worked night shift. Educational attainment varied; 20 nurses had bachelor degrees or higher, 8 nurses had associate degrees, and 2 nurses had completed vocational/certificate nursing programs.

The Anticipated Turnover Scale results before the implementation of the Cultural Change Toolkit ranged from 1 to 5.83. The mean rate of anticipated turnover preintervention was 3.133. The postintervention Anticipated Turnover Scale results ranged from 1 to 6. The mean rate of anticipated turnover postintervention was 2.989. Although there was a reduction in the overall mean rate of turnover based on the Anticipated Turnover Scale results, there was not a statistically significant change. Based on the results of a paired Student's *t*-test analysis, the *P* value was 0.170, which is greater than the specified 0.05 α level.

Oldenburg Burnout Inventory results were analyzed based on the individual constructs on exhaustion and disengagement and then calculated to determine an overall total burnout level. The preintervention average mean for exhaustion was 2.563, and disengagement was 2.246, which are considered "high" rates of burnout based on the cutoff value of $\geq$2.25 on exhaustion and $\geq$2.1 on disengagement.[13]

All measures of burnout were reduced following the implementation of the Cultural Change Toolkit. The average disengagement score was 2.246 preintervention and 2.100 postintervention. The average exhaustion score was 2.563 preintervention and 2.363 postintervention. Finally, the total burnout score was 4.808 preintervention and 4.463 postintervention. The paired Student's *t*-test produced a statistically significant *P* value for all components of the Oldenburg Burnout Inventory. The *P* value was 0.004 for the overall total burnout score, which is less than the specified .05 α level.

Discussion

The development and subsequent implementation of the Cultural Change Toolkit facilitated a significant reduction in the self-reported rates of nursing burnout among these emergency nurses. During the project time period, there were no voluntary resignations, and staff members were given the opportunity to provide qualitative feedback on the interventions. Many participants left comments in support of interventions and wanted to see it continued in the future. Many participants reported they found value in the "kudos" board and hoped it would continue being used. In the fast-paced environment of the emergency department, staff members reported that they did not get the opportunity to provide or receive positive feedback regularly. They reported that this intervention allowed them to remember to provide support and recognition to their coworkers. More than 50 messages were shared on the board over the 2-month period.

Many other staff members expressed interest in continuing the anonymous suggestion box. More than 40 suggestions were provided in the box over the 2-month period. Staff reported that they were excited to get the opportunity to share suggestions and ideas to improve the practice environment without fear of reprimand or ridicule. It is important to note that suggestions ranged from ideas related to staffing changes and financial incentives to many easily implemented changes to daily practice. For example, the staff suggestions resulted in the addition to grab bars for patient use in triage to increase safety and the inclusion of immunization charts for the pediatric and triage areas to assist in charting accuracy and improved patient education. A biweekly e-mail was sent out during the period to update staff on anticipated changes resulting from suggestions and/or notifying them if an idea was not feasible at that time.

Six months after the implementation of the Cultural Change Toolkit, the department is still using and participating in the interventions, including the "kudos" board, the suggestion box, and leadership rounding, although participation is occurring with less frequency. The department continues to experience significantly lower rates (less than 4%) of nurse turnover since the implementation of the Cultural Change Toolkit in September 2018.

Implications for Emergency Nursing

Poor nursing morale, negative work cultures, high levels of turnover, and nursing burnout greatly affect patient care. The project results demonstrated that simple, cost-effective interventions can assist in reducing nurse burnout and improve nurse retention. The project findings suggest that nursing units, especially in high-acuity areas, such as the emergency department, may benefit from implementing interventions related to meaningful recognition, shared decision making, and leadership involvement to create a more positive work environment. In addition to the implications for nursing staff, interventions aimed at addressing negative work cultures can also improve the quality and delivery of patient care. As job dissatisfaction and retention of nurses remain a persistent problem, it is recommended that organizations focus on using interventions to empower nursing staff and promote a positive practice environment.

Limitations

Limitations of this project include a smaller sample size (n = 30). In addition, there is limited generalizability regarding the project results, as it was conducted in a single emergency department. There may have been unmeasured factors that influenced the results. Without a comparison group, the internal validity of the intervention's impact on the results is limited. Further validation regarding the impact of the interventions outlined in the Cultural Change Toolkit can be garnered by using the toolkit and evaluating the effectiveness of the recommended interventions in other health care facilities and units. In addition, this project did not take into account personal factors that may predispose a nurse to burnout. Future research should be conducted to analyze the relationship between personal factors and the prevalence of nursing burnout. Finally, the postintervention surveys were collected after 2 months; it would be beneficial to conduct a longitudinal study to determine the long-term effect of the interventions outlined in the Cultural Change Toolkit.

Conclusion

This project resulted in the identification of several cost-effective, easily implemented interventions, including the implementation of a "kudos" board, a thank-you card program, an anonymous practice-based suggestion box, and increased leadership rounding and involvement. Findings demonstrate the value of the Cultural Change Toolkit as it relates to future nursing research and direct application to practice.

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