

BACKGROUND

Nurse burnout is an ongoing concern within healthcare, creating a high-stress environment that affects a nurse’s physical and mental wellbeing. The World Health Organization (WHO) defines burnout as a syndrome resulting from chronic workplace stress. Nurse burnout expresses itself as emotional exhaustion, compassion fatigue, frustration, and a loss of motivation. These aspects impact job performance and the quality of patient care—negatively impacting patient safety, increasing the risk of medication errors, and lowering patient satisfaction scores. These issues create an imperative need for interventions that address the causes of nurse burnout and promote a supportive and sustainable nursing environment.

PURPOSE

The purpose of this project is to investigate nurse burnout at University Medical Center (UMC) and the implementation of evidence-based interventions with the aim of reducing nurse burnout and increasing patient outcomes.

Months	Intervention
Months 1–2	Literature review, IRB submission, multidisciplinary group formation
Months 3–4	Pre-project baseline survey and intervention planning
Months 5–8	Implementation of interventions and increasing awareness of hospital resources
Months 9–10	Post-intervention survey and data analysis
Months 11–12	Final evaluation and development of long-term interventions



METHODS

The project utilizes WHO’s definitions of burnout and literature reviews to identify variables influencing nurse burnout and its impact on patient outcomes, as well as effective interventional strategies to address negative impacts on job performance, including physical exhaustion, frustration, compassion fatigue, and mental exhaustion. Part of those strategies include the formation of a multidisciplinary workgroup of nurses representing diverse clinical backgrounds and years of experience to increase awareness and utilization of hospital-supported resources and develop new strategies to address nurse burnout and benefit nurses’ well-being. The multidisciplinary group can use literature reviews and institutional review board (IRB) approval to conduct a pre-project to measure nurse burnout and awareness of hospital resources, as well as a post-project to measure effectiveness of implementation and impact on UMC nurses.

RESULTS

The current literature reviews show that nurse burnout leads to increased patient falls, medication errors, and hospital-acquired infections, thus leading to longer hospital stays and reduced patient satisfaction. Evidence-based interventions, such as hospital-supported resources, improved staff ratios, debriefings, and self-care activities, reduce nurse burnout metrics, improve communication, enhance teamwork, and lead to better patient outcomes.

CONCLUSIONS

Burnout affects nurses in different ways, with wellbeing and patient satisfaction being affected. This proposed clinical project aims to bring awareness of UMC’s existing resources, create a multidisciplinary group of nurses that measures the effectiveness of interventions, and implements evidence-based initiatives to manage nurse burnout. The multidisciplinary group’s goals are to identify resource awareness, implement interventions, and measure impact on UMC staff and patient outcomes. By using these strategies, our initiative aims to lower nurse burnout and improve patient care.

REFERENCES

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