



ACTIVE INTERVENTION CAN DECREASE BURNOUT IN ED NURSES

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CE Earn Up to 6.5 CE Hours. See page 189.

Introduction: The aim of this study was to evaluate whether active intervention can decrease job burnout and improve performance among ED nurses.

Methods: This study was carried out in the emergency departments of 3 hospitals randomly selected from 8 comprehensive high-level hospitals in Jinan, China. A total of 102 nurses were enrolled and randomly divided into control and intervention groups. For 6 months, nurses in intervention groups were treated with ordinary treatment plus comprehensive management, whereas nurses in the control group were treated with ordinary management, respectively. Questionnaires were sent and collected at baseline and at the end of the study. The Student *t* test was used to evaluate the effect of comprehensive management in decreasing burnout.

Results: All ED nurses showed symptoms of job burnout at different levels. Our data indicated that comprehensive management significantly decreased emotional exhaustion and depersonalization ($P < .01$).

Discussion: The findings suggest that active intervention with comprehensive management may effectively reduce job burnout in ED nurses and contribute to relieving work-related stress and may further protect against potential mental health problems.

Key words: Comprehensive management; Burnout; Stress; ED nurse

Burnout is defined as a state of excessive physical, emotional, and mental fatigue and frustration caused by chronic involvement in emotionally demanding situations.¹ It can be measured by the Maslach Burnout Inventory in 3 subscales: emotional exhaustion (EE; feelings of being emotionally exhausted and tired with work), depersonalization (DP; negative attitudes and feelings and lack of compassion toward work), and a low sense of personal accomplishment (PA; decreased feelings of competence and ineffectiveness and dissatisfaction with one's work).² Job burnout occurs among persons who deal with a constant heavy workload for a long period and no longer

find any meaning in the work, and subsequently may lead to emotional exhaustion and job tiredness. Job burnout widely occurs among nurses and doctors.^{3,4} One report showed that a total of 65% of nurses perceived that their job was stressful, and they easily fall into job burnout according to a cross-sectional survey.⁵ ED nurses have a high level of burnout.⁴ In one study, 66% of ED nurses presented with a high level of emotional exhaustion, 80% with a high level of depersonalization, and 65% with a low level of personal accomplishment.⁴ Burnout and engagement among nurses and other health care professionals play a vital role in the quality of patient care.^{6,7} Stress can produce energy and urgency, but burnout produces a sense of helplessness and hopelessness.⁸ Professional burnout is manifested by the inability to deal with emotional stress at work and feelings of failure and exhaustion.⁹ Burnout in nurses is likely to have negative influences on the quality of care for patients.^{9,10} Emotional exhaustion is associated with decreased retention of nurses and lack of professional commitment.^{11,12} Reducing nurse burnout has been found to be in favor of patient care, such as reducing patient infections by 30%.¹³ Previous studies indicated that ED nurses have shown more burnout compared with other nurses given that they are confronted with acute and traumatic stress as a result of unpredictable work conditions.¹⁴⁻¹⁶ The aim of this study is to investigate whether an active intervention may play a role in reducing job burnout in ED nurses.

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TABLE 1
Baseline characteristics of ED nurses

Characteristics	No.	%
Sex		
Male	14	14
Female	88	86
Age, y		
20-24	11	11
25-29	43	42
30-34	28	27
35-39	18	18
≥40	2	2
Marital status		
Married	62	61
Single	40	39
Degree of education		
Associate	62	61
Bachelor	40	39
Work experience, y		
≤5	49	48
6-10	30	29
11-15	13	13
≥16	10	10
Job category ^a		
Staff	36	35
Contract	66	65

^a All have long-term employment.

Methods

A total of 112 registered nurses were randomly selected from 3 of 8 comprehensive high-level hospitals in Jinan, China. We excluded registered ED nurses who worked at an emergency department less than 1 year. Head nurses and nurse managers were also excluded from the study. A total of 102 nurses were included in the study. The nurses completed a baseline questionnaire and were randomly divided into control and intervention groups. The intervention time in this study was 6 months.

The control group was treated with regular management, including focus group discussions and luncheon parties. In the control group, nurses were encouraged to talk about the problems they felt were stressful, and then they were offered targeted help. Considering the shift system in the emergency department, the meetings were carried out twice a week, with each meeting lasting about 30 minutes, keeping the attendance rate at 100%. The intervention groups were trained with both

TABLE 2
Status of job burnout in ED nurses (N = 102)

Job burnout	Mean ± SD	Burnout levels		
		Low	Medium	High
Emotional exhaustion	15.75 ± 4.61	10-18	19-26	>26
Depersonalization	11.91 ± 4.60	2-5	6-9	>9
Personal achievement	24.10 ± 4.90	39-45	34-38	<34

active intervention and regular management. Active intervention was carried out by nurse managers and included classes pertaining to communication skills, approaches to conflict, efficacy elevation, and emotion control, as well as working skills.

A job burnout evaluation questionnaire (the revised Maslach Burnout Inventory–General Survey [MBI-GS] by Chaoping Li, which is widely used in China) was used in this investigation. The MBI-GS was revised by Professor Chaoping Li with the permission of Michael Leiter. The MBI-GS consists of 3 subscales, including emotional exhaustion (EE), depersonalization (DP), and personal achievement (PA), and the homogeneous reliability was 0.88, 0.83, and 0.82, respectively.¹⁷ The questionnaire contained 5 EE items, 4 DP items, and 6 PA items, for a total of 15 items. Each item has 5 grades. For EE and DP, higher scores mean more severe job burnout, and lower scores in personal achievement mean more severe job burnout. According to Maslach's grading criteria, for EE, a score of 10-18 is less burnout, 19-26 is medium burnout, and more than 26 is more burnout. For depersonalization, a score of 2-5 is less burnout, 6-9 is medium burnout, and more than 9 is more burnout. For personal achievement, a score of 39-45 is less burnout, 34-38 is medium burnout, and 34 or less is more burnout.

Data analysis was performed using SPSS 17.0 software. A *P* value less than .05 is considered statistically significant. This study was approved by the Ethical Committee of Qianfoshan Hospital, which is affiliated with Shandong University.

Results

Among 102 nurses, 14 were males and 88 were females, and their ages ranged from 20 to 48 years (Table 1). A total of 62 had an associate's degree (3 years of nursing education), and 40 had a college degree (5 years of nursing education). A total of 36 were staff nurses and 66 were contract nurses.

The results showed that all ED nurses presented job burnout at different levels (Table 2). Scores in EE, DP, and PA are all significantly different from normal values. For EE and DP, higher scores mean more severe burnout, and lower scores in PA mean more severe burnout.

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