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2022

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Sahar Mihandoust

Jamie Roney
Covenant

Gisele Nicole Bazan

Stephanie Dunkle
Providence St. Joseph Health

JoAnn Long
Covenant Medical Center

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Exploring Nurse Burnout and Perceived Features for Break Area Support Among Nurses Before and During COVID-19 Pandemic

Sahar Mihandoust, PhD, M.Arch.; Jamie K. Roney, DNP, RN, NPD-BC, CCRN-K; Gisele Bazan, BSN, RN, CCRN-K; Stephanie Dunkle, MSN, RN & JoAnn Long, PhD, RN, NEA-BC

Providence St.Joseph Health

CovenantHealth

Introduction

- The COVID-19 pandemic exacerbated nurse burnout and turnover in hospitals
- We compared burnout scores from before the pandemic to data during the pandemic
- We also compared the three subscales of burnout and acute stress between nurses working in COVID-19 designated units and non-COVID-19 designated units

Background

- Nurses experienced higher emotional exhaustion (EE), depersonalization (DP) & lower personal accomplishment (PA) during the COVID-19 pandemic compared to before the pandemic.
- Nurses in COVID-19 units had significantly higher EE and DP scores compared to other units.
- These nurses also had lower PA scores compared to nurses working on non-COVID-19 units.

Significance

A high-quality break area for nurses can enhance job satisfaction and increase retention, however, there is paucity of research exploring how perceived support from access to a nurse break area may impact burnout.

Purpose

To explore perceived break area supportive features among nurses from different units during the pandemic.

Setting

Four units at Covenant Health:

- Medical Intensive Care Unit (MICU)
- Cardiac Intensive Care Unit (CICU)
- Pediatric Intensive Care Unit (PICU)
- Neonatal Intensive Care Unit (NICU)

Design

Cross-sectional & longitudinal study design

Methods

- Presence of windows in nurse break areas was investigated in 2019 and 2020.
- 2020 study included eight questions inquiring about break-taking habits, break locations, break area support & features.
- Break taking habits and break locations were addressed by inquiring about frequency of breaks taken during 12-hour shifts, location of breaks, & break area distance from the workstation.
- The questionnaire also probed the break area location and furniture arrangement being supportive for nurse breaks
- Three final questions were ranking questions to investigate the nurse's perception regarding the usefulness of break area features, frequent activities in break area, and necessary improvements and additions required in the break area.

Sample

Female nurses working day shifts were surveyed in February and March 2019 in MICU and CICU & again in November 2020

Data Analysis

- Data was entered into *SPSS* version 23
- Scores for acute stress and burnout subscales (EE, DP, PA) between the data sets in 2019 and 2020 were compared.
- Stress and burnout subscale scores between nurses working in COVID-19 and non-COVID-19 units were compared.
- Descriptive statistics, Chi-square tests & ranking system analysis for categorical variables related to break area features.

Results

- Nurses working in the COVID-19 units took their breaks at their workstation
  - Higher levels of burnout and moderate to high levels of burnout were more prevalent
- Nurses complained about peer and supervisor pressure to **not go to the café** & to **take shorter breaks**
- A majority of participants reported the break area was within five minutes walking distance from the workstation
- Nurses who did not think the break area location supported their use of the space reported
  - higher burnout scores
  - moderate to high levels of burnout were more prevalent
- **Dining**, **communication with others**, **checking outside windows**, and **checking mobile phone devices** were the most frequent activities performed in the break areas for both groups
  - Highest burnout scores were associated with **communication with others** as the most frequent activity in the break area
- The **refrigerator**, **dining table**, **windows to nature views**, **comfortable furniture**, & **access to fresh air** were highly ranked as the most useful features in break areas by both sampled groups
- Nurses mentioned the need for a **relaxation station**, **access to fresh air**, **additional space** & **a rest area** to improve break times
  - Those with no windows in their break areas added one item—**windows to nature views**
  - Nurses with higher burnout scores reported they needed a **relaxation station** compared to nurses with lower burnout scores who only mentioned access to **fresh air**, **additional space** & **windows to nature views**

Discussion

Workload may lead nurses to not take breaks or take breaks at their workstations. Stricter hospital policies encouraging nurses to take their breaks in the nurse break area may help reduce burnout.

Designing break areas with integrated or separate relaxation stations could help nurses with higher burnout, but initially, designers should rethink break area design to maximize restorative features to prevent nurses from reaching high levels of burnout.

Conclusion

✓ Nurses with higher burnout scores needed more advanced environmental solutions such as a relaxation station

👤 Nurses with lower burnout scores needed windows to nature views and access to fresh air

References

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