

ier allowing more time for patient-care related work (Cockerham, et al., 2016).

Standardized bedside supply carts are used to optimize resources and supplies, prevent overstocking, and reduce the disposal of supplies or packaging that are expired, contaminated, or unused. The goal of the practice change is to decrease nurse created waste at the bedside. Utilizing the implementation of standardized bedside supply carts to maximize sustainability and reduction of waste without compromising the highest quality of patient care. Findings noted in the literature indicate that unnecessary hospital waste in medical-surgical ICUs can be decreased substantially by implementing standardized bedside supply cart stocked with essential supplies needed that are easily accessible and remain organized to assist

nurses in providing optimal patient care.

Evidence identified during this project focuses on waste reduction in healthcare by nurses and the utilization of standardized bedside supply carts. By advocating for standardized bedside supply carts for nurses' use, rather than a centralized unit supply room, this will enhance supply efficiency and reduce waste in medical-surgical ICUs. This nurse-driven waste-reduction effort could spark a movement in identifying more sustainable practices in health-care and creating new methods to be more responsible with resources. Ultimately, this nurse-led change could lead to more efficient and better patient care. ■

References online:
myamericannurse.com/?p=404687

Brief biography for authors/ contributors:

Ellee Edgar, Abigail Graves, Justin Tijerina, and Emma Wasson graduated on May 9th, 2024, with Bachelor of Science in Nursing degrees from the Fran and Earl Ziegler College of Nursing at the University of Oklahoma Health Sciences. They would like to thank Dr. Mark Fisher for his wonderful guidance and help throughout their nursing school journey. They will be starting their nursing careers in the ER, ICU, and PICU. They chose to research the reduction of waste in the ICU and the impact that nurses can have because they felt this was a growing issue in healthcare facilities today. Serving as the senior author is Mark J. Fisher, Ph.D., RN, CNE, an Assistant Professor at the Fran and Earl Ziegler College of Nursing at the University of Oklahoma Health Sciences.

The poster was presented in March 2024 – presentation details: Graves, A., Wasson, E., Edgar, E., Tijerina, J. & Fisher, M.J. (2024). Nurse Driven Initiatives to Reduce Supply Waste Produced in the Intensive Care Unit. Partners in Quality conference. OU Health, Veterans Administration, Sigma Theta Tau International, and the Fran and Earl Ziegler College of Nursing OUHSC. Oklahoma City, Oklahoma. March 13, 2024.

Interventions to Overcome Nurse Burnout

By Goodwin, C., McCormack, M., Andrews, J., Costanzo, G., Lekwa, F., & Smith, P.R.

Nurse burnout was studied for years before COVID-19, and the pandemic brought nurse burnout to the public eye. Burnout is associated with workload and lack of support that nurses experience in critical care areas such as ICUs (Buckley et al., 2019, Forsyth et al., 2021). High rates of burnout, work-related stress, and compassion fatigue are also related to unsafe staff-patient ratios and feelings of being overworked when the units are understaffed. The issue raises the idea that nurses may benefit from having interventions implemented by hospitals to help decrease burnout rates and improve job satisfaction in nurses, therefore improving desired outcomes for patients.

Problem

Burnout is important in nursing because it may lead to disengagement in care leading to nurses leaving the profession (Ratliff et al., 2020). When nurses become disengaged it affects patient care and may lead to patients not trusting the healthcare system in general. Nurses leaving the bedside may result in units

being left short staffed. Nurses may then feel obligated to pick up more shifts contributing to an increase in the burnout they are feeling.

Literature Review

Nurse burnout, work-related stress, and compassion fatigue have been studied through various surveys and questionnaires of nurses who work in bedside positions. The focus of several studies was on critical care units, such as pediatric ICUs and Emergency Departments, to determine burnout and compassion fatigue (Buckley et al., 2021). Nurses who work in critical care areas are more likely to report higher levels of burnout due to the increase in work demands, work-related stress, and grief that is experienced (Aslan et al, 2020; Faller et al, 2011; Forsyth et al, 2022). Yet, nurses tend to report lower stress levels, less burnout, and higher rates of personal



Chelsey Goodwin, Mackenzie McCormack, Janessa Andrews, Gabriella Costanzo, and Finess Lekwa (left to right)

accomplishment and job satisfaction when nurses can interact positively with patients and families in critical care and general care units (Buckley, 2019).

Several varied factors play a role in how nurses experience burnout and compassion fatigue, such as age, length of being a nurse, and which specialty or unit nurses work in (Berger et al, 2015). Survey results by Berger et al show nurses who are younger than 40 years of age, who have less than 10 years

of experience, and who work in critical care specialties reported higher rates of burnout, compassion fatigue, and lower rates of job satisfaction.

Nurses may experience grief due to the loss of a patient or caring for chronic or critically ill patients (Adwan et al, 2014), if not provided with effective strategies and resources for coping and grieving. Nurses therefore may be less likely to continue developing careers at the bedside. It is important for nurses to be resilient and able to overcome work-related stress to avoid burnout and compassion fatigue and for overall health and wellness (Zhang et al, 2020). Hospitals, units, and nurses where healthier strategies for coping with work-related stress are implemented in accordance with Zhang et al will be more likely to remain in bedside nursing.

Recommended Interventions

Recommended interventions for nurses to overcome burnout are at the institutional level. Suggestions include adding softer lights at the nurses' stations and breakrooms, consistent access to support services for nurses and patients, and lower nurse-to-patient ratios (Henry, 2014; Ratliff et al., 2020; Rompanen et al., 2017; Zhang et al., 2020). Nurse managers or supervisors can play a vital role in debriefing or communicating with nurses after a traumatic event occurs at work or after difficult shifts (Henry, 2014). Hospitals or facilities could implement educational classes on mindfulness and self-care techniques to help nurses cope with the stress experienced at work (Henry, 2014). Self-care techniques can relieve stress, alleviate burnout, and help improve staffing shortages (Ratliff et al, 2020; Shin et al, 2018). Providing nurses with tools to cope with work-related stress can impact the prevalence of burnout and compassion fatigue among nurses (Zhang et al., 2020).

Finding ways to provide more self-care can help reduce work-related stress. Yoga, meditation, and taking a break can help ease the mind of nurses who are at risk of experiencing burnout (Ratliff et al. 2020). Other strategies for nurses are talking with family, friends, or a therapist about the stress experienced at work, and exercising can help to reduce stress

and improve mental health. Employers could implement staff counseling, adjust shifts for safer ratios, and implement change within the unit to help nurses cope with the grief and stress experienced (Johnson et al. 2017).

Conclusion

According to the literature reviewed in this study, the evidence suggests that a relationship exists between work environments and work-related stress and burnout among nurses (Adwan, 2014; Berger et al., 2015; Buckley et al., 2021; Faller et al., 2011; Henry, 2014; Ratliff et al., 2020; Rompanen et al., 2017; Shin et al., 2018; Vahey et al., 2004; Zhang et al., 2020). The data from these studies show that improved work environments correlate to lower rates of burnout and that rates of burnout have a relationship to patient safety. There is not yet enough data to determine the specific interventions that will reduce burnout in nurses.

Suggestions for further study

The evidence suggest that more research is needed for interventions that influence work-related stress among nurses (Faller et al., 2011; Forsyth et al., 2021; Romppanen et al., 2016; Buckley et al., 2019), and on effective interventions that can decrease nurse burnout and compassion fatigue (Zhang et al., 2020; Ratliff et al., 2020; Johnson et al., 2016; Vahey et al., 2004). Nurse burnout has become more prevalent since COVID-19, and more updated research is needed to determine if current interventions are still effective (Ge et al., 2023; Buckley et al., 2021). Nurse

burnout and compassion fatigue are more pronounced than before COVID-19 making it important to conduct further research on interventions, work environments, and other factors contributing to nurse burnout and compassion fatigue. ■

References online:

myamericannurse.com/?p=404691

Brief bio:

Chelsey Goodwin, Mackenzie McCormack, Janessa Andrews, Gabriella Costanzo, and Finess Lekwa graduated as Traditional BSN students from The University of Oklahoma Health Sciences Fran and Earl Ziegler College of Nursing (CON) on May 9, 2024. During the final senior semester at the CON, students presented an evidence-based practice poster at the Partners in Quality conference in Oklahoma City on March 13, 2024. The group would like to thank Drs. Patsy Smith and Mark J. Fisher for guidance in this project. The students will start nursing careers in adult and pediatric ICUs, emergency department, and mother-baby unit. The group chose to search the literature for interventions to overcome nurse burnout because too many nurses leave bedside care due to feelings of burnout and not knowing how to satisfactorily manage those feelings without leaving the career. Patsy R. Smith, PhD, RN, CNE is an Associate Professor at The University of Oklahoma Health Sciences Fran and Earl Ziegler College of Nursing.

The Oklahoma Tobacco Helpline Can Help Your Patients Quit

FREE SERVICES INCLUDE:



A supply of patches, gum or lozenges



A personalized Dashboard



Online support such as live group sessions and emails



Encouraging Coach support via text

Encourage your patients to call **1-800-QUIT NOW** or visit **OKhelpline.com**.

