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Pepperdine University
Graduate School of Education and Psychology

EMERGENCY ROOM NURSE BURNOUT

A dissertation submitted in partial satisfaction
of the requirements for the degree of
Doctor of Education in Organizational Leadership

by

Brian Thomas

July, 2016

Farzin Madjidi, Ed.D.- Dissertation Chairperson

This dissertation, written by

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DOCTOR OF EDUCATION

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DEDICATION

This dissertation is dedicated:

To my Lord and Savior
who has guided my path through life's blessed journey.

To my amazing parents Celestine and George Thomas
who gave me the courage and motivation to work hard
and dedicate my life to the service of others.

To LeRoy Titus who has been an inspirational example, teacher, and parent in my life.

LeRoy has motivated me to always strive to be the best man I can be.

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To my dissertation committee members:

Farzin Madjidi, Ed.D., Chairperson

Lani Simpao Fraizer, Ed.D.

Gabriella Miramontes, Ed.D.

A special thanks also to all of my friends and family who have encouraged me to work hard in my professional life and educational aspirations.

VITA

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UNITED HEALTH GROUP – Irvine, California

Director of Health Information Exchange (HIE) Implementation, 2011 to 2012

Exhibited extraordinary determination and motivation including prioritizing skills, organization talent while consistently building strong, effective, professional and productive relationships with directors and staff members.

Key Results:

- **Effectively managed client implementation teams** including HIE and implementation support assistance for internal and external clients while significantly improving health information services. Partnered well with doctors to analyze and define clinical outcomes and client requirements for designing integration of third-party HIE products.
- **Organized brainstorming sessions to advise** senior management on potential operational improvements in products and processes. Provided input regarding new technology adoption schedules to routinely improve services.
- **Developed** and coordinated motivational training sessions of up to 20 outside Account Executives for B2B sales.

CATHOLIC HEALTHCARE WEST MEDICAL FOUNDATION – Sacramento, California

Director of Clinical Applications and Support, 2009 to 2011

Routinely stayed abreast of healthcare industry regarding all clinical applications and support services to ensure optimal medical services at all times. Authored and directed implementation of clinical and medical office business technology in ambulatory clinical setting. Recruited, led and mentored 34 staff including the use of motivational training programs to ensure successful implementations, projects and field service support for 56 ambulatory clinics.

Key Results:

- **Significantly partnered with senior management**, clinical experts, end-users and subject matter experts on regulatory standards and use of industry best practices.
- **Achieved operational and process improvement** by effectively guiding technology and process implementations to achieve operational and process improvement.
- **Developed and managed QA checklist process** in a prompt manner to constantly improve profitability.

THINCOLL HEALTH CARE SOLUTIONS – Santa Cruz, California

Director of Professional Service Operations (PSO) and Project Management, 2006 to 2009

Successfully managed \$1.5 million budget and 20 staff to implement and support PACS imaging systems, Electronic Medical Record (EMR) systems and other software solutions. Developed resources for high-availability, 24/7 network architecture and infrastructure. .

Key Results:

- **Enhanced clinical technology environment**, distance education by creating shared-technology infrastructure plan.
- **Reduced resource costs 35% within 4 months** by negotiation and obtaining favorable IT contracts with vendors.

PHILLIPS MEDICAL SYSTEMS – Irvine, California

PACS Implementation Senior Manager – Western United States, 2004 to 2006

Directed project implementations and field service support for 220 hospitals, imaging centers and other facilities. Managed 25 staff and \$250 million revenue budget. Created metrics for program and project management. Reduced implementation cost by 30% and improved implementation delivery model by managing implementation of major systems conversion and upgrade for EMR, PACS and ERP systems. Reduced complaints 50% and response delays.

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Business Technology Analyst/Chief Information Technology Officer, 2003 to 2004

Managed staff of 12 and an \$800,000 budget supporting 21 buildings in 6 cities and 700+ end-users, including 200 external community users. Directed projects for technology product development and technical service delivery programs. Saved 30% in health department overhead costs within one year by creating an IT Project Management Office.

ABSTRACT

This study explores the pervasiveness of job fatigue in Emergency Room nurses. It identifies factors that contribute to nurse burnout, including job dissatisfaction and workplace bullying, and explores strategies for assessing and reducing fatigue syndrome. As the literature suggests, there is a link between nurse burnout and patient safety. These findings are expected to help organizations develop strategies to reduce stress in the workplace and develop wellness programs. Upon using an interviewing process, the study found several themes that pointed to the key factors of increased ER nurse burnout, and provided several implications as to the changes that need to be made to improve the ER department environment. Some of the key findings included the need to hire more staff, make supervisors and management more approachable and available, and increasing support to ER nurses. Doing so will clearly help mitigate the problem of high stress levels among ER nurses and help to prevent the likelihood of burnout.

Keywords: Job Fatigue Syndrome, Burnout, Wellness, Happiness Theory, Job Dissatisfaction

Chapter 1: Introduction

Background

The increasing number of today's acute Emergency Room (ER) patients, coupled with an unsafe pattern of staffing, has led to overburdened staff in the ER. In particular, nurses working in Emergency Room departments may be exposed to high levels of work-related stress and depersonalization. The high rate of emotional fatigue has been shown to affect ER nurses' rate of job burnout, a psychological response to emotional and interpersonal stressors over long periods of time. Too much work and too little recovery may contribute to burnout. The problem of job dissatisfaction and low morale are not exclusive to healthcare workers. However, studies indicate that ER nurses are especially affected by what they do during their workday (Wallis & Kennedy, 2012). Nurse burnout is a physiological reality (Palmer, 2007) and stress can manifest into both physical and psychological symptoms. The clinical impact of burnout may account for increased medical errors, decreased well-being (insomnia, irritability, eating disorders, and depressive problems), and reduced personal accomplishment (Palmer, 2007). Palmer (2007) noted that ER nursing differs from other specialties due to exposure to severe stressors such as brutal events and constantly changing frenzied work conditions.

A devastating phenomenon of occupational harassment characterized by personalized insults and aggression is a problem in the nursing field. According to Christie and Jones (2014), Lateral Violence (LV), known too as workplace bullying, is demonstrated in the workplace by one employee to another by damaging behavior. LV's effects decrease a nurse's ability to deliver optimum patient care and may endanger patient safety.

Factors affecting nurse job dissatisfaction have been identified as poor staffing levels, working with incompetent coworkers, and perceived lack of support of an ethical work

environment (Watts, Robertson, Winter, & Leeson, 2013). These aspects influence the intensity of emotional exhaustion, depersonalization, and often result in a nurse failing to make the correct action to a challenging situation (Watts et al., 2013). Watts et al. (2013) found that nurses who viewed themselves to be diminished by their organization's support structure, the rate of burnout increased to a high level and the rate of job satisfaction declined. In addition, nurses in acute environments often feel overwhelmed by understaffed conditions, and it is the combination of these factors that cause nurses to feel they are not being as productive as they could be, that may lead to depersonalization (Watts et al., 2013).

Watts et al. (2013) also revealed that nurses in acute environments in addition to burnout typically experience sleeplessness, headaches, and gastrointestinal disturbances. These ailments compromise a nurse's ability to provide adequate patient care, which leads them to feeling disconnected from their professional goals and increases job dissatisfaction (Watts et al., 2013). The research also shows that when nurses feel disconnected from their professional goals, it often leads to job turnover. This, in turn, places more stress on the remaining nurses, creating an endless cycle of nurse burnout and turnover in the healthcare field and ER department.

According to Wenerstrom (2006), a 1995 to 2005 survey revealed that emergency room visits increased 31%, going from 96.5 million visits to 115.3 million visits across the United States. This data suggests that nationally there has been an increase in the utilization of emergency room visits over the last 10 years. Upon review of the data in Wenerstrom's (2006) study, Maine's emergency room utilization was 30% higher than the national average. An increase in patient visits across the United States may be a contributing factor in emergency room nurse burnout.

Another potentially significant factor to emergency room nurse burnout may be due to a national nursing shortage. Registered Nurses (RNs) are the “single largest group of healthcare professionals in the United States” (Keenan, 2006, p.1). Furthermore, because fewer individuals are entering the nursing profession, the shortage of RNs will range from 400,000 to 808,000 full-time equivalents (FTE) by 2020 (Keenan, 2006). Keenan (2006) suggests that there are several reasons for the nursing shortage, some of which include fundamental changes in the healthcare system, as well as fluctuations in population demographics, mainly resulting from employment patterns of ER nurses. Figure 1 illustrates the issues found in a nursing staff shortage.

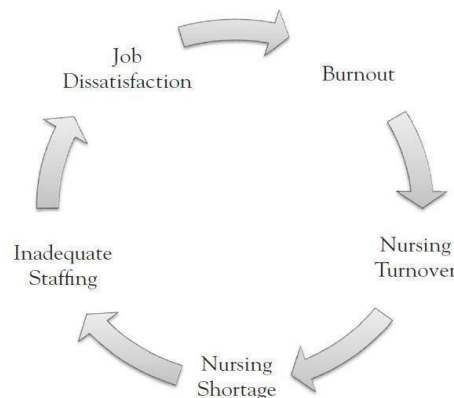


Figure 1. Cycle and problems of nursing staff. Adapted from “Nursing on empty: Compassion fatigue signs, symptoms, and system interventions,” by C. Harris and M. Griffin, 2015, *Journal of Christian Nursing*, 32, p. 155. Copyright 2015 by Harris & Griffin. Reprinted with permission.

The national nursing shortage has been recognized by governmental sources including the United States Bureau of Labor Statistics (BLS). In 2013, the BLS released an Employment Projections 2012-2022, in which it states that registered nursing will increase only 19% from 2012 to 2022 (Bureau of Labor Statistics, 2013). Although this seems like a large number—accounting for a growth of over half a million nurses—it is not reflective of the estimated growth population. The Bureau of Labor Statistics (2013) estimates that there will need to be an estimated 1.05 million nurses in the US healthcare field, meaning the estimated 19% growth is

not enough by half.

The large number of patients visiting the Emergency Room as well as insufficient staffing has led to the presence of an overburdened staff. Nurses working in the ER are potentially exposed to on-the-job stressors. A high degree of emotional exhaustion among nurses has been shown to affect their rate of job dissatisfaction. The delivery of emotional support to sick patients and their families along with the administrative demands of the work environment increase the pressure and stressors of nurse burnout (Crawford & Daniels, 2014). A study of five countries found 30% to 40% of nurses reported feeling burned out. An additional study found that 89% of nurses are choosing to leave the nursing profession because of burnout (Crawford & Daniels, 2014). This creates more staffing turnover, which, in turn, creates more stress on remaining ER nurses. ER nurses are faced with more pressure and more patients to care for, which increases their odds of making a mistake, failing at tasks, or feeling inadequate about their jobs, further increasing their odds on becoming burned out. Further studies will be addressed in the literature review in chapter two.

Statement of the Problem

Emergency Room department nursing is a particular area of nursing that is independent of standard nursing (Keenan, 2006). ER department nurses must employ a range of skills to deliver urgent care within a limited time span to patients. ER nurses care for individuals in a range of settings, including hospital-based and freestanding emergency departments. Applying critical thinking skills into their practice is a necessary skill among ER nurses. Nurses in emergency room environments encounter many types of illnesses and injuries requiring urgent care. In order to provide safe quality care, the ER nurse must have expertise in triage and prioritization, intervention and stabilization, resuscitation, crisis intervention, and emergency

preparedness (Keenan, 2006). The research questions seek to determine the common challenges ER nurses face that contribute to nurse burnout, what strategies ER nurses use to successfully overcome burnout, and what recommendations nurses have to hospital administration to reduce the risk of burnout in the future.

Purpose of the Study

This study sought to determine what ER nurses' behaviors and environmental factors contribute to burnout. Further, this research study sought to find the reasons behind job fatigue among ER nurses in Queen of Angels Hospital, a large urban facility in San Jose, CA, where ER nurses are exposed to a number of stressors and unpredictable, fast-paced work conditions. The ER nursing staff is required to make immediate decisions about life and death, and is frequently exposed to traumatizing incidents with their patients.

The study sought to determine ER nurses' perceived level of stress on a typical day, what job factors create the greatest level of stress, and what factors contribute to interpersonal problems in the work environment. These questions are designed to determine the current factors and elements in place that contribute to nurse burnout at Queen of Angels hospital's ER department. The majority of current literature regarding burnout is reflective of nurses in general; however, there is no literature that addresses more acute areas such as emergency rooms. Additional studies reveal the link between organizational culture and nurse burnout in acute environments such as emergency room departments.

Research Questions

Someone who is sick is often psychologically and socially vulnerable to caregivers and medical organizations. Nowhere is this truer than when a patient presents themselves for treatment in a hospital emergency department. According to Wenerstrom (2006), a 1995 to 2005

survey revealed that emergency room visits increased 31% from 96.5 million to 115.3 million visits across the United States. This data suggests that nationally there has been an increase in the utilization of emergency room visits over the last 10 years. Upon review of the data found in Wenerstrom's (2006) study, Maine's emergency room utilization was 30% higher than the national average. An increase in patient visits across the United States may be a contributing factor in emergency room nurse burnout.

In order to study why ER nurses are prone to burnout, the following research questions were asked:

1. What common strategies and practices do Queen of Angels hospital ER nurses deploy in mitigating Emergency Room Nurse burnout?
2. What challenges do Queen of Angels hospital ER nurses face in deploying measures to mitigate Emergency Room nurse burnout?
3. How do Queen of Angels ER nurses measure success of measures to mitigate Emergency Room nurse burnout?
4. What recommendations would Queen of Angels hospital ER nurses make to leaders in other healthcare organizations to mitigate Emergency Room nurse burnout?

Significance of the Study: Culture and Emergency Room Nurse Burnout

Understanding factors that contribute to the phenomena are expected to help organizations such as Queen of Angels Trauma Center develop strategies and best practices in their organizational methodologies to reduce stress in the workplace. Emergency nurse burnout is critical to understand because emergency rooms in the United States are usually the first point of care for ill or injured individuals to engage in healthcare services. According to the Heritage Foundation (O'Shea, 2007), emergency room systems are often pushed over the limits of

capacity. Furthermore, between 1994 and 2004, visits to emergency rooms surged 18%, going from 93.4 million to 110.2 million across the United States (O'Shea, 2007). Emergency departments are seeing more patients and are under tremendous pressure to provide care for patients who are the most vulnerable in the healthcare system (O'Shea, 2007).

According to Crawford and Daniels (2014), 90% of nurses who leave the profession leave due to job burnout because they don't feel appreciated for the amount of work they put in. The nursing environment has significant challenges, such as the organizational structures that do not inspire professional development. Further research indicates that nursing cultures do not facilitate professional growth. Nurses have the skills for followership. However, they lack the capacity and motivation to accomplish that goal, instead choosing to use negative forces and fighting amongst co-workers (Crawford & Daniels, 2014). An additional stressor that causes nurses a great deal of difficulty is the fact that their jobs are often overloaded with too many tasks, in addition to their individual roles being ambiguous (Crawford & Daniels, 2014). This is a major issue affecting the healthcare industry that must be studied and addressed to reduce its growing prevalence.

The common factors that can contribute to job fatigue are demanding schedules that vary, downsizing of nursing staff, long shifts or increased patient loads. According to Garrosa, Moreno-Jimenez, Lang, and Gonzalez (2008), caregivers are often emotionally overloaded with patients. Giving patients personal attention is an important interpersonal factor that nurses embrace. However, this emotional drain leads to stressors that even the most experienced nurse is not typically able to handle. This inability to cope with interpersonal relationships with patients is what the literature calls Compassion Fatigue.

Improved emotional intelligence assists with job performance because it improves

judgment and decision-making skills, transforms negative emotions into positive and proactive responses. Supervisors and managers within the clinical environment can enhance the professional development of nurses through the use of reflective learning. Stewart and Terry, (2014) noted reflective learning is believed to mirror emotional intelligence and is used to help individuals analyze difficult situations, enhance cognitive or emotional conflict, and help develop methods to prevent issues from occurring in the future. Reflective learning, according to Boyd and Fales (1983), is “the process of internally examining and exploring an issue of concern, triggered by an experience” (p. 99). The practical application in nursing of reflective learning is the Nursing Change Log. The Nursing Change Log is used to describe holistic patient care during the shift and the nurse’s observations of the patient’s interactions with family, attitude, and the overall condition of the patient while under their care.

According to Bush, (2009) emotional fatigue is most prominent in nursing environments because the nurses bond with their patient population; the nurses’ form a bond with patient and family as they render treatment. If the patient does not survive, just as the family, the nurse may suffer from grief. As will be discussed throughout this study, unresolved grief and a lack of adequate time to bounce back from difficult situations such as these greatly contribute to the likelihood of nurse burnout.

Key Definitions

The study focused on Emergency Room (ER) nurses, and therefore used a variety of terms in related fields. Specifically, this study relied on terms related to burnout, elements in the general workplace, elements in the healthcare workplace, and other terms related to happiness and wellbeing. The following key terms are used periodically throughout the study:

- *Nurse Burnout*. Emotional and physical fatigue that comes from misaligned

- atmosphere situations and internal stressors (Atencio, Cohen, & Gorenberg, 2003).
- *Job Fatigue Syndrome*. Unrelieved job-related stress that manifests as physical illness (Rafii, Oskousie, & Nikravesh, 2004).
 - *Lateral Violence*. Acts of bullying that occur between colleagues, such as covert or overt acts of verbal or non-verbal aggression, including gossiping, withholding information, and ostracism (Dellasega, 2009).
 - *Depersonalization*. Unpleasant, chronic, and disabling alteration in the experience of self and environment (Sierra, Baker, Medford, & David, 2005).
 - *Emergency Room Nurses*. An independent and collaborative specialized area of practice including hospital-based and freestanding emergency departments, urgent care clinics, and ground and air transport services (Manton, 2011).
 - *Wellness*. A conscious, active process in which individuals become aware of and gear toward a more successful, healthy lifestyle (National Wellness Institute, n.d.).
 - *Happiness*. Defined life-satisfaction as a “global assessment of a person’s quality of life according to his chosen criteria” (Veenhoven, 2006, p. 55).

Key Assumptions

This study operated on multiple assumptions. The following assumptions were made and accepted as true in this research study:

1. It was assumed that all respondents responded truthfully to all questions and in all statements or remarks in the semi-structured interviews.
2. It was assumed that behaviors displayed during the on-the-job observations are normal behaviors.
3. It was assumed that all participants fully understood the meaning of “nursing

- burnout,” and had experienced it at least once during their nursing career.
4. It was assumed that all respondents fully understood all interview questions and answered to the best of their abilities.
 5. It was assumed that all respondents met all criteria and followed all protocol in order to be included as a study participant.

Limitations of the Study

The majority of literature regarding burnout is reflective of nurses in general; however, there is no literature that addresses more acute areas such as emergency rooms. Additional studies reveal the link between organizational culture and nurse burnout in acute environments such as emergency rooms. The following limitations may have affected the outcome of the study:

1. This study incorporated research from studies conducted in the past 15 years in the United States. This can lead to a dearth of information concerning nurse burnout causes or rates elsewhere in the world.
2. The study assumed participants were being truthful in their answers. There was no other way for the researcher to determine the validity of participants’ statements.
3. The majority of current literature available on burnout in the healthcare industry is reflective of nurses in general; there is no literature that addresses more specific emergency room nurses. This may limit the amount and quality of research pertaining to this study.

Organization of the Study

The study was initially presented to a group of potential participants via a flyer as well as during the morning “huddle meetings” at the Queen of Angels hospital. (The huddle meetings

are morning meetings during which ER nurses and their leaders have a discussion about pertinent information for the day.) Nurses were presented with the opportunity to participate in the study on a volunteer basis. The researcher (known as the principal investigator, PI, henceforth) attended those meetings to field any questions the nurses may have about volunteering in the study.

The interview questions were set up and reviewed by a peer group and approved by the dissertation committee. Fifteen participants were interviewed following them signing a consent form. All participants chose to remain anonymous.

Summary

Nursing burnout is a major problem that has long affected professionals in the medical community and beyond. Studies have illustrated that burned-out nurses are much likelier to make mistakes, which directly affects patients, as well as feel poorly about their work performance or choices and experience depersonalization with their patients. The rising number of today's ER patients, when paired with unsafe trends in staffing, has led to overburdened staff in the ER, which is a direct factor to burnout among nurses. Today's ER nurses are very likely to be exposed to high levels of work-related stress and other factors that lead to burnout.

This study investigated the variables of participant behaviors such as the social interactions among nurses, contact with patients, and the impact upon ER nurses when dealing with victims that arrive in the emergency room. This grounded theory study aimed to explore and describe the ER nurses' behaviors and environmental factors that cause burnout. Further, this research study sought to understand the root cause of job fatigue in the ER nursing community at Queen of Angels Trauma Center in San Jose, CA.

Preliminary research shows that burnout may be a result of too much work and not

enough recovery. Job dissatisfaction and low morale are two key factors in contributing to nurse burnout (cite). Due to the prevalence of this problem, it is necessary to conduct research, provide findings, and make changes in today's ER departments in order to help prevent further burnout. Burnout isn't the only problem nurses face today. A form of workplace bullying known as Lateral Violence (LV) takes place between two employees. These harmful effects increase a nurse's likelihood of quitting his or her job. Watts et al. (2013) found that when nurses perceived themselves to be diminished by their organization's support structure, the rate of burnout increased to a high level and the rate of job satisfaction declined. This study focused on LV alongside burnout and examined LV's likelihood of contributing to burnout among nurses.

While relying on questions such as "What common challenges do ER nurses face that contribute to burnout?" the study uncovered several factors and findings that will revolutionize the way nursing burnout is perceived. The findings will hopefully contribute to making real change in the healthcare environment, specifically at Queen of Angels hospital, a large urban facility in San Jose, CA, and develop strategies to reduce and/or mitigate stress and nursing burnout in the workplace.

Chapter 2: Review of the Literature

Introduction

Long-standing problems in emergency room environments have led nurses to experience burnout (Wallis & Kennedy, 2012). Working in an emergency room environment has been explained as a stressful profession. Every nurse understands that stress is a part of the profession; however, it is clear that sometimes, the stress becomes too much for nurses to bear. Some literature has emphasized that nurses experience dealing with patients with suicidal wounds, patients who do not cooperate, conflicts with colleagues, and dying patients on a daily basis. Unresolved job stress may result in emotional withdrawal and burnout for the nurses (Wallis & Kennedy, 2012).

Job burnout is a state of exhaustion (physical, emotional, or mental) commonly paired with doubts about one's on-the-job competence (Rafii et al., 2004). Professional burnout is a syndrome showcased by emotional exhaustion, depersonalization, and reduced personal accomplishment (Rafii et al., 2004). Job burnout in the nursing field is often brought on by a syndrome known as compassion fatigue, a phenomenon in which nurses experience a "trauma-related stress reaction that has an abrupt onset" (Engelbrecht, van den Berg, & Bester, 2009, p. 4). Compassion fatigue is generally associated with nurses being empathetically engaged with their patients; in other words, nurses are highly prone to becoming physically and mentally exhausted by empathizing with ill and ailing patients (Engelbrecht et al., 2009). Symptoms of compassion fatigue feed directly into nurse burnout and include helplessness, confusion, isolation, and a decreased ability to feel empathy (Engelbrecht et al., 2009). These symptoms and their causes will be addressed in the literature review in the sections below.

Job stressors that remain unaddressed may result in emotional withdrawal and burnout for the nurses. In the literature, four themes emerged: nurse burnout, errors in job performance, poor business practices, and leadership styles needing change. The review of the literature focuses on several pertinent issues to the phenomenon: nurse burnout, categories of burnout, factors that lead to burnout, job dissatisfaction, and leadership styles. The literature review then focuses on the nursing work-life model and organizational change models. The literature also illustrates that an alarming number of nurses consider patient mortality and other issues (such as providing patients improper medication levels) were directly attributed to a breakdown in communication between nurses due to burnout, emotional exhaustion, and job fatigue, which is also evaluated in depth in this chapter.

Nurse Burnout

According to Crawford and Daniels (2014), 90% of nurses leave the profession due to job burnout. The nursing environment has significant challenges, such as the organizational structures that do not inspire professional development (Crawford & Daniels, 2014). According to Wallis and Kennedy (2012), nursing cultures do not facilitate professional growth. Nurses have the skills for followership; however, they lack the capacity and motivation to accomplish that goal, instead choosing to use negative forces and fighting among coworkers (Crawford & Daniels, 2014). An additional stressor that causes nurses a great deal of difficulty is the fact that their jobs are often overloaded with too many tasks in conjunction with their job duties being ambiguous (Crawford & Daniels, 2014). The common factors that can contribute to job fatigue are: demanding schedules that vary, downsizing of nursing staff, long shifts, or increased patient loads. According to Garrosa et al. (2008), caregivers are often emotionally overloaded with patients. Giving patients personal attention is an important interpersonal factor that nurses

embrace. However, this emotional drain leads to stressors that even the most experienced nurse is not typically able to handle (Garrosa et al., 2008). This inability to cope with interpersonal relationships with patients is what the literature calls compassion fatigue.

It is the combination of these factors that creates pressure for nursing environments, including in emergency rooms that contribute to nurse burnout. It is imperative to better understand the environmental conditions that lead to burnout as well as the impact that organizational structures have on nurse burnout within the emergency department. Moreover, understanding the mitigating strategies that will reduce burnout may lead to organizational exemplary practice methods that allow healthcare organizations to improve patient care as a byproduct to overcoming nurse burnout.

Research shows a clear connection to nurse burnout and patient safety; burnout is gradual and one of the professional consequences is patient safety (Hunsaker, Chen, Maughan, & Heaston, 2015). A high patient load, administrative problems, or staffing problems create pressures of time management and the inability to accomplish job duties (Hunsaker et al., 2015). Thus, time pressure causes nurses to deviate from standards and community practices. Nursing professionals' goals include protecting the patient from harm, caring for the patient in a way that prevents complications, and contributing to the emotional healing environment for the patient and family members (Hunsaker et al., 2015). The nursing environment requires a cooperative atmosphere among other medical professionals, and when nurses are not supported and entrenched in their role, they may fail to promote effective patient outcomes (Sauerland et al., 2014).

When nurses are no longer oriented to patient care or focused on patient safety this is known as depersonalization (Hunsaker et al., 2015; Sauerland et al., 2014). Emotional

exhaustion is the beginning of burnout, which leads to feelings of depersonalization and a decreased sense of personal accomplishment (Sauerland et al., 2014). The constant exposure to suffering or death in patients, changing technology, and organizational change are some of the environmental stressors (Kravits, 2010). Nurses experiencing emotional overload do what is necessary to get the job done and display emotional detachment along with the inability to perceive others' needs and feelings. Emotionally exhausted nurses are more prone to have incidents of patients falling, medication errors, incorrect patient documentation, as well as delays in patient care (Kravits, 2010). According to Kravits (2010), nurses who are burned out also report a diminished quality of care on their units, less job satisfaction, and greater incidents of failing to recognize patient distress. Inadequate staffing contributes to burnout, which is a danger to patient safety, as burnout diminishes the optimum level of prudence and decreases the ability to be productive (Crawford & Daniels, 2014). This is not only a threat to the medical professional, but also to the patients and the healthcare organization (Crawford & Daniels, 2014).

Nurses experiencing burnout are less likely to follow established policy and procedures particular to patient safety and quality of care set by their employer (Crawford & Daniels, 2014). The reduced care given by a nurse experiencing burnout is commensurate with the diminished feeling about their job and their ability to make effective decisions (Kravits, 2010). Studies on the emotional stability of nurses and job performance reveal that nurses with higher emotional stability are more effective workers. Those experiencing burnout are less emotionally stable (Kravits, 2010). According to Kravits (2010), emergency nurses who are experiencing burnout cannot effectively deal with these situations calmly and are prone to letting personal emotions interfere with decision-making. In other words, emotional stability impacts patient safety. These

findings illustrate how time pressure and burnout in nursing environments are connected (Kravits, 2010).

It is important for a nurse to be able to replenish him or herself both emotionally and physically. According to Teng, Shyu, Chiou, Fan, and Lam (2010), time pressure can also cause anxiety over not completing assigned tasks and can lead to anger over assigned shifts.

Environmental stressors, including lack of hospital beds, heavy workloads, extended work hours, chronic understaffing, lack of rewards and recognition, and lack of empowerment, contribute to burnout (Teng et al., 2010). Teng et al.'s (2010) study compared burnout to a virus as it infects others until the entire department is affected. A nurse with a high level of burnout is also likely to have a negative attitude toward patients and co-workers (Teng et al., 2010). Safety concerns, medical errors, and negative attitudes toward patients often become significant problems for healthcare organizations (Teng et al., 2010). However, according to Teng et al. (2010), when treated as an organizational issue, instead of an individual issue, the nurses' work environment will improve. In addition, a healthy work environment results in increased patient satisfaction, nurse retention, improved job satisfaction, lower stress, and burnout (Teng et al., 2010). Studies show that nurses that possess positive feelings about their work demonstrate higher levels of patient centeredness (Teng et al., 2010).

A common theme evident throughout the research is that time constraints for nurses create pressure and the inability for nurses to release that pressure increases burnout. It is important for a nurse to be able to replenish him or herself both emotionally and physically. Time pressures force the nurse to rush through decision-making and thought processes in order to complete assigned tasks. The Conservation Resources Theory hypothesizes that individuals are inspired to preserve their time, energy, and emotions for work. The depletion of these

resources lead to burnout and without resources to replenish themselves individuals will omit or rush through critical tasks that directly affect patient health and safety.

According to *International Journal of Nursing Studies* (Teng et al., 2010), time pressure can also cause anxiety over not completing assigned tasks that can lead to anger over assigned shifts. Environmental stressors including lack of hospital beds, heavy workloads, extended work hours, chronic understaffing, lack of rewards and recognition, and lack of empowerment contribute to burnout.

If a healthcare organization is interested in high quality patient outcomes they will ensure nurses have sufficient staffing levels as well as the ability to replenish themselves. A nurse with a high level of burnout is also likely to have a negative attitude toward patients and co-workers. Safety concerns, medical errors and negative attitudes towards patients often become significant problems for healthcare organizations. When treated as an organizational issue instead of an individual issue the nurses work environment will improve. In addition, a healthy work environment results in increased patient satisfaction, nurse retention, reduced staff turnover, increased job satisfaction, lower stress and nurse burnout. Studies show that nurses that possess positive feelings about their work demonstrate higher levels of patient centeredness.

The Cost of Nurse Burnout

One of the more tangible costs of nurse burnout is seen in the cost of nurse retention. According to the literature, nurse retention is significant because the turnover cost is significant. (Atencio, Cohen, & Gerenberg, 2003). For example, according to Atencio et al. (2003), the cost to replace a nurse is twice national average nursing salary, which is about \$46,832 per year. This is due to the cost of training, lowered productivity among new nurses, overworked remaining staff, and paperwork (Atencio et al., 2003). Essentially, the cost to replace a nurse that has

burnout is approximately 92,000.00. Considering the national turnover rate was as high as 21.3% in 2002, the cost of replacing a nurse is significant. When the costs of nursing are widespread, the effects can be catastrophic.

The costs associated with nurse burnout are widely studied and documented. According to Noben et al. (2015), nurses are at “an elevated risk of burnout, anxiety and depressive disorders, and may then become less productive” (p. 891). Noben et al. (2015) sought to determine if a preventative intervention in place would keep nurses from quitting. Their study, which used a cost-benefit analysis, determined that there was a net savings of 244 euros per nurse during nurse absenteeism as opposed to if the nurse simply quit due to burnout and job fatigue (Noben et al., 2015). The return-on-investment of providing an intervention program to burned-out nurses was approximately 5 to 11 euros for every euro invested (Noben et al., 2015). In other words, prevention and intervention systems truly work: These programs, though costly, prevent the nurse from feeling burned out and subsequently quitting his or her job, which saves the hospital or healthcare facility money in terms of replacement costs. When it’s not necessary to replace a nurse who has quit, the hospital saves money. As stated above, the average cost for replacing a nurse is approximately \$92,000 (Atencio et al., 2003). An extended study on the retention and intervention program found that within six months, the expenditure of offering the preventive program was “more than recouped” (Noben et al., 2015, p. 891).

Nurse burnout can negatively affect costs in a different way, as well. According to Converso, Loera, Viotti, and Martini (2015), “There are significant associations between a patient's perception of quality of care and a health professional’s perceived quality of work life” (p. 1). When a nurse is experiencing burnout and is not performing to the best of her ability, specifically is disengaged, not empathetic, and is experiencing depersonalization with the patient,

this has a overwhelming effect on the patient's perception of the hospital. The study used a multi-group analysis to determine nurses' perceptions of patients, and patients' perceptions of nurses (Converso et al., 2015).

The study found that cognitive demands, job autonomy, and patient support directly affect emotional exhaustion and nurse autonomy; this leaves nurses feeling emotionally and mentally exhausted and makes it difficult for them to experience empathy for their patients (Converso et al., 2015). However, patients' support and gratitude makes nurses feel a sense of personal accomplishment (Converso et al., 2015). It is only when patients take the time to thank nurses that the nurses feel appreciated (Converso et al., 2015). On the other hand, patients who were treated by a burned-out nurse often felt the same sense of depersonalization, which gave them a negative perception of the hospital and hospital staff (Converso et al., 2015). The study concluded that there needs to be a more proactive approach toward a systemic relationship between nurses and patients. Doing so would promote a "healthy organization culture" in which the needs of the nurse and the patient are considered jointly, not separately (Converso et al., 2015, p. 9).

Categories of Burnout

Teng et al.'s (2010) study quantified the data into five categories: Time Pressure, Patient Safety, Burnout-Emotional exhaustion, Burnout-Depersonalization, and Burnout-Personal achievement. Each can clearly be related to the issues nurses face on a daily basis in the ER department.

1. Time pressure: The lack of time for completing required nursing tasks, including patient care, medication dispensing, and paperwork, causes time pressure. The lack of time can be attributed to the many roles a nurse must take on, as well as the lack of

- enough staff. Time pressure has been found to affect nurses' physical and psychological health (Teng et al., 2010).
2. Patient safety: The prevention of avoidable errors in patient care. Patient safety is usually compromised when nurses are experiencing high levels of burnout that prevent them from doing their job properly. When experiencing burnout, nurses may make mistakes in patient care, including providing incorrect medication and overmedicating or under-medicating patients. Implications of patient safety in regards to nurse burnout is discussed in detail in the sections below (Teng et al., 2010).
 3. Burnout-Emotional exhaustion: The highest rated factor of burnout. Emotional exhaustion is the state of emotional depletion, brought about by excessive needs from one's job and continuous stress. In cases of emotional exhaustion, nurses are often unable to experience empathy for others, experience a sense of depersonalization, and feel overextended and emotionally exhausted by their work (Teng et al., 2010).
 4. Burnout-Depersonalization: The most common symptom of burnout, following emotional exhaustion. Depersonalization is the phenomenon in which an individual (who is usually suffering from emotional exhaustion) disassociates a sense of identity with people. It is the state in which an individual strips another individual of human characteristics or individuality, seeing them as an organism that is devoid of feelings or emotions (Teng et al., 2010).
 5. Burnout-Personal achievement: An umbrella term for a variety of emotions including satisfaction, fulfillment, completion, and reward. Personal achievement is when an individual accomplishes a task; therefore, burnout for personal achievement prevents

an individual from feeling a sense of completion or accomplishment. When a nurse loses his or her sense of personal achievement, the levels of burnout he or she experiences increases, as then the nurse experiences feelings of disenchantment with caring for others in the healthcare field (Teng et al., 2010).

The analysis illustrated the need to reduce burnout as a result of high time pressure. These findings identify a need for more research into the circumstances that create high levels of burnout to ensure patients are not harmed due to safety concerns or medical errors (Teng et al., 2010). When nurses are exposed to time pressure and burnout in regards to depersonalization, personal achievement, and emotional exhaustion, patients are at risk because patient safety decreases dramatically.

When considering the overwhelming data that supports the burnout syndrome that affects patient safety and causes medical errors, consider this analogy:

A nurse is like a plastic twelve ounce water bottle and each day he or she comes into work they pour a little of themselves out by giving their energy to all the tasks they have to perform despite being short staffed and covering more than they have time to do. This process keeps up day after day, constantly pouring more out of the water container until one day the vessel is empty and when the nurse has reached the maximum point of burnout he or she fails and a patient is severely injured or dies. The magnitude of what happens when a nurse burnout is not overstated; it is simple: when nurses feel disassociated, they do not do their jobs effectively, and patients suffer. (Teng et al., 2010)

The magnitude of nurse burnout is simple: when nurses feel disassociated, they do not do their jobs effectively, and patients suffer. Nurses do not make a conscious decision to perform poorly; rather, in their burned-out state, the sub-par work performance is often the best they can provide on a regular basis. When entire institutions and healthcare facilities are staffed with nurses who are emotionally exhausted, experiencing depersonalization, failing to feel a sense of accomplishment or personal achievement, and feel like they are underappreciated and not making a difference, it can wreak havoc on the hospital and patients' perspectives of nurses and the healthcare field. Figure 2 below illustrates compassion fatigue.

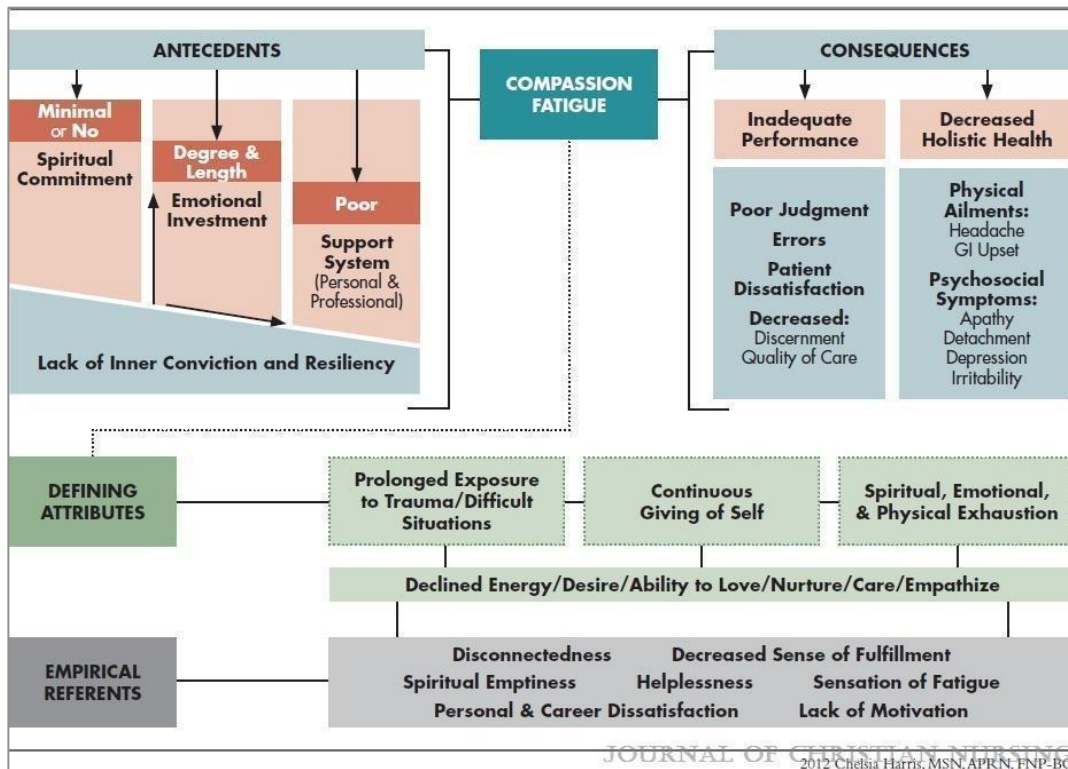


Figure 2. Compassion fatigue. Adapted from “Nursing on empty: Compassion fatigue signs, symptoms, and system interventions,” by C. Harris and M. Griffin, 2015, *Journal of Christian Nursing*, 32(2), p. 149. Copyright 2015 by Harris & Griffin. Reprinted with permission.

Emergency Room Nurse Burnout Key Factors

Literature suggests that burned-out nurses experience three key factors that contribute to their occupational stress and cause burnout. Eyesneck, Derakshan, Santos, and Calvo (2007)

identified these key factors in ER nurse burnout as emotional exhaustion, depersonalization, and working conditions. The literature indicates that nursing is a stressful position; therefore, a stressful work environment is a contributor to nurse burnout (Teng et al., 2010). Time pressures and negative emotions regarding work can lead to processing inefficiency (Teng et al., 2010). In fact, the stress nurses face when burnout occurs causes insomnia, lower confidence, low efficiency, absenteeism, low retention rates, and alcohol and drug abuse (Eyesneck et al., 2007). Eyesneck et al. (2007) noted that in a Portugal nursing study 27% of the nurses surveyed showed low levels of burnout, 16% presented higher levels of burnout, and 2% were at severe levels of burnout and exhibiting work inefficiency.

The literature indicates that when nurses are under pressure and have a negative attitude toward work, they are also more likely to abuse drugs and alcohol (Naegle, 2006). Naegle further identified that 83% of nurses and health professionals used alcohol. In addition, 6.9% of nursing professionals used prescription drugs and 15% of registered nurses have the highest rate of smoking among all healthcare professional groups (Naegle, 2006). The literature indicates that in emergency room departments the rate of drug use is even more alarming considering 38% of ER nurses are using marijuana, binge drinking, and consuming prescription drugs without a prescription.

Burnout is caused by insalubrious environmental work conditions and when ER nurses feel unhealthy, they are more likely to have high rates of absenteeism (Fakih, Tanaka, & Carmagnani, 2012). Absenteeism creates an overload on workers who are at work, as well as interferers with the production of patient care (Fakih et al., 2012). In addition, absenteeism leads to organizational operational cost increases and an increase in health concerns for nurses (Fakih et al., 2012). The issues are more concerning in the emergency environment because infirmities

such as stress, depression, and anxiety are commonplace in acute care environments.

Job turnover is made worst when healthcare workers exhibit hostile or disruptive behavior toward each other. Johnson and Rea (2009) reported that bullied nurses are twice as likely to report they “very likely” or “definitely” plan to leave a position within the next two years. These nurses are three times more likely to “somewhat likely” state they will leave the profession in that same time period. This increased likelihood to leave a job threatens to limit healthcare services. Bullying behaviors are displayed by any healthcare worker and threaten the healthcare team’s performance (Johnson & Rea, 2009). The nurses’ bullying behaviors compromise patient care due to a breakdown in communication. In a study conducted by Rosenstein and O’Daniel (2008), out of 4,539 healthcare employees, 67% felt there was a connection in disruptive behaviors and adverse events, 71% felt there was a connection to errors in medication, and 27% felt there was a connection to patient mortality.

Research completed by Lewis (2006) implied that bullying behavior in this field is a learned process. For example, recently hired nurses may observe and follow the bullying behaviors in order to feel a sense of belonging, therefore contributing to bullying behavior continuing. Bullying drains nurses of energy and productivity (Lewis, 2006). Nurses frequently feel defeated when faced with controlling other nurses’ bullying behavior. According to the Bureau of National Affairs (2000), these thoughts of helplessness increase the rates of nurses calling in sick, their stress levels, and the rate of resignations in the field. Consequently, these factors add to the nursing shortage and cost the healthcare system millions of dollars annually in benefits, retention, and training costs. It is imperative that the contributors to burnout are clearly understood in order to determine mitigation strategies that are properly developed to overcome these factors.

Nurse burnout may be minimized or alleviated by nurses adapting coping abilities (Lazarus & Folkman, 1984). The research has not shown that nurses have a well-established track record of social support; however, the literature indicates that nurses who socially support one another can insulate themselves from the negative impact of stressors (Lazarus & Folkman, 1984). Lazarus and Folkman's (1984) study indicated that when nurses support one another through assisting each other with tasks or emotionally supporting one another, the rate of burnout declines.

A recently discovered mitigation strategy for nurse burnout focuses on the positive aspects of personal resources. This new research is known as positive psychology, which integrates personal resources such as optimism to improve or strengthen coping abilities (Chang et al., 2000; Grau et al., 2005; Riolli & Savicki, 2003). It is interesting to note that individuals with positive affectivity (practicing positive emotions through stressful situations) experience more job satisfaction, higher job performance, and better attitude about their work (Thian, Kannusamy & Klanin-Yobas, 2013).

Three personality factors—commitment, control, and challenge—are thought to affect the ability of an individual to handle the challenges of the work environment and alter challenges into opportunities for personal growth and development (Thian et al., 2013). Unfortunately, not all nurses are naturally this resistant and optimistic in the face of these hardships they must face in an ER environment. While it is imperative to change ER day-to-day operations to reduce the risk of continued nurse burnout, it is interesting to note that some nurses are naturally more resilient to the factors that cause burnout due to positive affectivity. Factors that can help nurses become more positive, optimistic, and resilient include:

1. Select the most valuable reality: How to see multiple realities and choose the one that

- leads to positive growth.
2. Map your meaning makers: How to identify the best route to achieving your goals.
 3. Find the x-spot: How to use the success accelerants to propel you quickly toward your goal.
 4. Cancel the noise: How to boost the signal that points to greater opportunities, possibilities, and resources.
 5. Create positive inception: How to amplify the effects of a positive mindset by transferring your positive reality to others. (Achor, 2013)

Nurses work in an environment where there are fewer job resources available than needed to care for their patients. Since nurses cannot change these variables, it is necessary for them to learn to focus on what they can change, thus improving their positive genius. A positive emotion-focused strategy when combined with a problem-focused strategy creates a better formula for decreasing burnout (Lewis, 2006).

Further, research found that ingesting omega-3 fatty acids helps to maintain a healthy state among hospital and ER nurses (Watanabe et al., 2015). This effective preventative intervention was found to help nurses from feeling burned out. The key is to combine omega-3 fatty acids paired with a stress management program; it is only the combination of these two elements that were found to be helpful to the nurses that were involved in the study (Watanabe et al., 2015). The mindfulness-based stress management included elements of meditation and cognitive therapy (Watanabe et al., 2015). When combined, cognitive awareness and an individual's mental perception of a situation undoubtedly have a direct and real effect on a nurse's likelihood of experiencing symptoms of burnout. At the very least, these methods could be used in attempt as a stress reliever among ER nurses at the Queen of Angels hospital.

Chan (2009) conducted a study on burnout among teachers. The teachers experienced many of the same symptoms of burnout as do the nurses at the Queen of Angels hospital: emotional exhaustion, depersonalization, and reduced personal accomplishment (Chan, 2009). Chan (2009) examined burnout in relation to positive psychology and its orientation to happiness: for example, the pleasant life, the meaningful life, and the engaged life. Chan (2009) argued that an individual could overcome the symptoms of burnout simply by going through a strength-based intervention that highlighted the amount of good an individual was doing. In other words, if a nurse is feeling emotionally exhausted, he or she can think of how his or her actions, though tiring, are making a difference in others' lives (the meaningful life). If a nurse is experiencing depersonalization, he or she can think about the importance in living an engaged life.

Job Dissatisfaction and Career Longevity

Factors affecting nurse job dissatisfaction include poor staffing levels, working with incompetent coworkers, and perceived lack of support of an ethical work environment (Watts et al., 2013). These aspects influence the intensity of emotional exhaustion and depersonalization, and often result in a nurse failing to take the correct action in a challenging situation. Watts et al. (2013) studied 10,000 nurses in acute hospitals across Canada, the UK, and the United States. He found that when nurses perceived themselves to be diminished by their organization's support structure, the rate of burnout increased to a high level and the rate of job satisfaction declined. Watts et al. (2013) determined that ER nurse managers can improve the perception of support in an acute hospital environment by offering temporary supplemental staffing, increased supplies, and updated equipment. Adding these resources can reduce the level of burnout and possibly increase job satisfaction.

Watts et al.'s (2013) study defined burnout in acute hospital environments as emotional exhaustion, depersonalization, and diminished sense of personal achievement. Nurses who treat patients that require intense care and empathy can experience a faster diminution of their emotional reserves, leading to emotional exhaustion. Furthermore, nurses in acute environments often feel overwhelmed by understaffed conditions. As a result, it is the combination of these factors that cause nurses to feel they are not being as productive as they could be, that may lead to depersonalization (Watts et al., 2013). Watts et al. (2013) also revealed that nurses in acute environments typically experience sleeplessness, headaches, and gastrointestinal disturbances in addition to burnout. These ailments affect a nurse's ability to provide adequate patient care, which leads them to feeling disconnected from their professional goals and increases job dissatisfaction (Watts et al., 2013). The research also shows that when nurses feel disconnected from their professional goals, it often leads to job turnover (Watts et al., 2013).

The issue of nurse retention has been a problem that has plagued US healthcare facilities for over a decade. In 2003, Atencio et al. determined that the United States is facing a critical dearth of nurses due to an aging population (in 2003, a third of all nurses were nearing retirement age), and because enrollment and graduation rates in nursing schools are not high enough. This shortage in staff in the nursing field puts pressure on remaining nurses to pick up the slack. This results in them becoming overworked and mentally and physically exhausted, which leads to burnout. Especially when the small amount of nurses available becomes incapacitated due to burnout, this poses a major threat to the healthcare field (Atencio et al., 2003).

Due to these factors, it is imperative to determine ways to retain experienced nurses (Atencio et al., 2003). As is stated above, the costs of nurse burnout and job turnover in the nursing field is extraordinary; costs usually amount to double a nurse's yearly salary (Atencio et

al., 2003). The problem is only compounded when a 2002 study determined that 20% of nurses planned on leaving the profession within the next five years due to burnout and job fatigue (Atencio et al., 2003). A different study determined that by 2020, the United States will face a dearth of about 300,000 nurses (Henderson, 2015). Atencio et al. (2003) found that the most common factors in predicting job dissatisfaction included work pressure (in which nurses felt pressured due to a large number of patients, a large volume of patient needs, and not enough staff to accommodate patients), rapid patient turnover, shift work, managerial pressures, and lack of adequate equipment available. Dissatisfaction in one's job, feeling overworked and underappreciated, being mentally and physically exhausted, and experiencing a constant and high degree of burnout greatly decreases the likelihood of career longevity among nurses (Atencio et al., 2003).

According to Atencio et al. (2003), nurses with a high number of patients were “more likely to describe feelings of burnout, emotional exhaustion, and job dissatisfaction than their counterparts with lighter patient loads” (p. 3). Atencio et al. (2003) then go on to state that work pressure is often the first phase nurses experience before choosing to leave the profession. However, it's impossible to reduce the heavy load on nurses until a major hospital structural overhaul is completed. Opportunities for change in hospital environments start at the top of the hierarchy: the hospital's administration and leaders.

Leadership Style and Trust to Overcome Nurse Burnout

Hospital administration and leadership is a key factor in implementing change as it pertains to the issue of nurse burnout. To overcome nurse burnout, selecting the correct leadership style to implement the appropriate change model is critical to the success of organizational change. Only hospital administration and personnel who are open to the idea of

change will be beneficial and effective in remedying the problems nurses currently face regarding burnout.

According to Laschinger, Purdy, Cho, and Almost (2006), the staff member's understanding of organizational support is affected by management behaviors and the organization's policies. If a manager performs poorly and does not adequately lead hospital or nursing staff, nurses and said staff will be much more likely to develop a poor perception of the organization they work for (Laschinger et al., 2006). On the contrary, nurses who work under effective leaders "[report] adequate rewards and respect as well as high levels of autonomy" (Laschinger et al., 2006, p. 1). These same employees are likelier to experience better attitudes, higher performance levels, and better health outcomes than employees and nurses who work under hard-to-work-for leaders (Laschinger et al., 2006). Especially when the rates and likelihood of nurse burnout are so high, employing managerial staff that have competent, effective leadership skills is paramount to ensuring nurse retention in today's healthcare field.

Choosing the correct leadership style to implement the appropriate change model to overcome nurse burnout is critical to the success of organizational change. According to Kanste, Kynagas, and Nikkila (2007), nursing leadership is a central success factor when attempting to address strategic goals and improve patient outcomes in a healthcare environment. The study by Bass (2008) indicated that the leadership theory that has gained momentum over the last 10 years and continues to dominate scientific writing to this day is transformational leadership. According to Bass (2008), transformational leadership is a method that facilitates change in individuals and social systems. The study identifies the following four elements of transformational leadership:

1. Individualized Consideration: How much a leader has to mentor or coach and a listener who has to listen to the followers' concerns and needs.

2. Intellectual Stimulation: How much a leader takes risks and asks for what employees want.
3. Inspirational Motivation: How much a leader enables a workplace culture that is appealing and inspiring to staff.
4. Idealized Influence: The leader is a role model that instills respect and trust in the workplace. (Bass, 2008)

Kaiser and DeVries (2000) stated that an emergency department administrator who is challenged with implementing strategies that facilitate culture change as well as professional behaviors among team members must understand humanistic influence. According to Kaiser and DeVries (2000), the humanistic influence places a focus on personal growth and reaching one's goals. Leaders should align employees' personal growth with business objectives and outcomes, as doing so will improve employee morale and provide support (Kaiser & DeVries, 2000).

It is important for followers to feel comfortable offering contingency theories to the leader, as nurses will feel as if their input is valued. For example, a nurse should be able to talk to ER department administrators about alternative organizational change models to ensure the leader has the buy-in from followers. This method is only effective if hospital administration is open to implementing change based on nurses' suggestions. The goal is to build a result-driven organization with leaders who can facilitate a vision and strategies as well as followers who feel personally responsible for successfully implementing a planned change.

Trusted leaders often exhibit confidence and integrity in addition to demonstrating conviction and certainty in a specific outcome. Trust characteristics are imperative to develop successful organizations and successful leaders (Michelli, 2007). Leaders construct personal brands by creating trust with the teams that they lead as well as their peers. When an individual

is a trusted leader, his or her word is their brand and when trusted by their organization, their vision and direction assimilates into the corporate culture at a faster rate. This trust relationship is established by following a trend of truthful and consistent communication, which keeps all levels of employees in the information loop and safeguards a check-and-balance system where everyone assumes responsibility for the results (Michelli, 2007).

An example of this type of trust in an organization and its leaders in one of the world's most known and trusted brands, Starbucks. According to Michelli (2007), "The value of Starbucks brand is 100% linked to the trust that stakeholders place in the company" (p.156). Michelli (2007) goes on further to state that "Starbucks is given permission by a broad universe of people to conduct business robustly, as long as those people feel that the leaders do what they say they will do" (p. 157). Clearly, Starbucks leadership has shown that being trustworthy helped them build financial success.

Hospital leaders, administrative personnel, and management do not just need to exhibit effective leadership styles; they also need to be aware of the costs and implications of nurse burnout and subsequent turnover. Henderson (2015) noted that nurse managers must screen for durability among their staff, especially prior to hiring new nurses. Managers and leaders on the hospital floor are invaluable tools to encouraging nurses to do their best work and avoid burnout. These tools can "enhance hardiness and coping abilities through hardiness education" (Henderson, 2015, p. 204). Especially if a manager or leader is hands-on with staff mental and physical well-being, he or she has the tools to strengthen the hospital's team of nurses.

Improved emotional intelligence assists with job performance because it improves judgment and decision-making skills and transforms negative emotions into positive and proactive responses (Stewart & Terry, 2014). Supervisors and managers within the clinical

environment can enhance the professional development of nurses through the use of reflective learning (Stewart & Terry, 2014). Stewart and Terry (2014) noted reflective learning is believed to mirror emotional intelligence and is used to help individuals analyze difficult situations; enhance cognitive or emotional conflict; and help develop methods to prevent issues from occurring in the future. Reflective learning is “the process of internally examining and exploring an issue of concern, triggered by an experience” (Boyd & Fales, 1983, p. 99). The practical application in nursing of reflective learning is the Nursing Change Log, which is used to describe holistic patient care during the shift and the nurse’s observations of the patient’s interactions with family, attitude, and the overall condition of the patient while under their care (Boyd & Fales, 1983).

Another method for improved nurse-manager relationships relies on rewards: Specifically, Laschinger et al. (2006) stated that the organizational characteristics that were most often associated with a positive, successful work environment included providing employees with rewards for good effort, job security, monetary gratification, and autonomy. Laschinger et al. (2006) noted that out of all of these factors, monetary gratification was the least successful motivator. In our society, money is often used as an incentive for motivation, yet money does not sustain employees for long periods of time and often fails to inspire (Achor, 2011). This is a concept known as extrinsic motivation. When employees feel disconnected from the organization’s mission, money only provides a temporary motivation and is therefore not a proper motivator for long-term results. Employees are likely to lose motivation when motivated by money after only a few weeks (Achor, 2011).

Other effective methods for motivation and positive perceptions of the hospital environment (so as to reduce burnout) include, as mentioned above, rewards for effort.

Laschinger et al. (2006) stated that rewards for effort was the number-one motivator that led to positive perceptions of the work environment. Hospital employees, specifically nurses, who feel like they are appreciated for their hard work and effort are much more likely to stave off the effects of burnout in the long run. Laschinger et al. (2006) define rewards as salary and respect; in other words, giving hardworking nurses a promotion.

Rewards can also be “formalized recognition programs” and “timely feedback and acknowledgment from higher levels of management,” although the research indicates that the latter is sometimes more effective (Laschinger et al., 2006, p. 27). The researchers determined that employees who felt “respected by their supervisors” experienced a strong sense of perceived organization support (Laschinger et al., 2006, p. 26). As stated above, this perception of strong organizational support reduces the likelihood that nurses will experience symptoms of burnout and, as a result, make errors in patient safety. A nurse who is supported, appreciated, and who can rely on competent leadership will perform better than a nurse who does not.

Nursing Work-Life Model

The nurse work-life model is a model to “explain how organizational and nursing unit influences affect nurses’ lives in the workplace by either contributing to or mitigating burnout” (Manojlovic & Laschinger, 2007, p. 256). This model is proliferating quickly throughout the healthcare field. It explains the connection between the nursing environment and outcomes. Organizational and nursing unit influences affect nurses’ on-the-job stress levels by either contributing to or mitigating burnout (Manojlovic & Laschinger, 2007).

Leaders and leadership strategies directly affect nurses’ participation in hospitals and emergency room procedures (Manojlovic & Laschinger, 2007). According to Manojlovic and Laschinger (2007), nurse staffing, the level of adequate resources available, and colleague

relationships influence nurse burnout indirectly; however, the correct leadership framework can minimize these contributing factors. The five factors included in Manojlovic and Laschinger's (2007) work-life model include:

1. **Strong Leadership:** The “driving force” of all of the factors because it greatly influences other aspects of work environments, including nurses’ participation, staffing adequacy, and nurse-physician relationship (Manojlovic & Laschinger, 2007, p. 257).
2. **Collegial Relations:** These physician-nurse relationships “[mediate] the relationship between leadership and use of a nursing model for care and between leadership and nurses’ participation in hospital affairs” (Manojlovic & Laschinger, 2007, p. 257). In other words, these relationships are key in ensuring all levels of hospital operations run smoothly.
3. **Participation in Hospital Affairs:** Nurses participating in hospital affairs is directly influenced by hospital leadership. Nurses who are involved in hospital affairs (such as partaking in professional relationships with colleagues, attending staff meetings, and socializing during down-times) “[contribute] to foundations for quality care” (Manojlovic & Laschinger, 2007, p. 260).
4. **Nursing Care Models:** Nursing care models ensure that enough nurses are staffed as to avoid overwhelming current nursing staff with a too-heavy workload (Manojlovic & Laschinger, 2007).
5. **Adequate Staffing Resources:** Adequate staffing and resources “result in greater feelings of accomplishment” and “should translate into better nurse and patient outcomes” (Manojlovic & Laschinger, 2007, p. 257).

Any one of these factors can lead to nurse burnout (Manojlovic & Laschinger, 2007). For example, poor staffing levels can lead to exhaustion for nurses and may directly have an impact on nursing job dissatisfaction.

Overcoming the ER Paradox

The Queen of Angels ER department suffers from nurse burnout, which leads to feelings of apathy and a decreased job performance. In order to address these problems, a change in the organizational structure of the Queen of Angels ER department is necessary. However, The concept of organizational change is a paradox. According to Luscher and Lewis (2008), underlying tensions are inherent within organizations; the paradox lies within the concept of changing the organizational climate and its underlying issues. The paradox theory shows the need for dynamic, adaptive organizations that are able to adopt flexible routines (Luscher & Lewis, 2008).

ER organizational change is a paradox that requires attention, as current ER daily practices are one of the factors that contribute to nurse burnout (Luscher & Lewis, 2008). Nurses commonly complain of problems including understaffing and an overwhelming workload; changing these practices and reducing workload would help to reduce the likelihood of continued nurse burnout. On the surface it appears these fundamental changes are needed to benefit ER nurses, but all entities will benefit from pinpointing the weaknesses in the delivery of care model (Luscher & Lewis, 2008). Ultimately, the improvements will benefit the reputation of the institution because the nursing staff will provide patients with continuous critical care solutions and the nurses will not be depleted of physical and emotional wellbeing. Luscher and Lewis (2008) stated that ER nurse burnout dominance might be mitigated through choosing the appropriate organizational model. However, it is assumed that ER administrators and

organizational leaders must choose to use tools such as the Nurse Work Index (NWI) to assess the risk of physical and emotional exhaustion to nurses (Luscher & Lewis, 2008). When the organization understands their strengths and weaknesses, it can focus on designing strategies to facilitate changes that will ensure culture change as well as a professional team-oriented environment (Luscher & Lewis, 2008). The problem that healthcare providers find themselves in is that nurses are in short supply.

Nurses are also critical to the professional health care delivery system and burnout is not only affecting nurses it is also affecting patient outcomes. According to Luscher and Lewis (2008), “When you consider organizational change and real time managerial sense making do not often happen at the same time” (p. 221). It is often difficult for middle managers to properly implement change when change is constantly required because they struggle to understand the meaningful purpose of the change.

In healthcare environments lives are at risk when new strategies are not implemented properly. Executives and administrators are responsible for designing projects that facilitate change; however, middle managers and Emergency Department Directors are responsible for the change implementation process. As primary change agents, middle managers operationalize change initiatives by aligning their units to executive mandates. Considering these facts, changes are mission critical to nurse development and patient outcomes. Health care administrators would benefit from a tool that allows them to properly assess an organizational paradox. According to Ramirez and Mallette (2007), it is essential that leaders understand themselves as well as their environment before developing and implementing change model. In other words, if a leader does not know their organizational gaps and short comings they cannot facilitate change to mitigating problems with people, process or organizational structure.

The Social, Political, Economic, Legal, Intercultural and Technology Environment (SPELIT) model is an excellent tool to help leadership flush out the change model that facilitates the most effective change process. SPELIT assesses the strengths and weakness of the Social Environment, Political Environment, Economic Environment, Technology Environment, Intercultural Environment and Legal Environment. Each of these environmental influences has a significant impact on the change process.

However a few of these influences threatens the change process in health care more than others. According to Ramirez and Mallette (2007), in health care there are often union influences to consider, and SPELIT identifies this type of influence as a social network influence because the union efforts motivate employees through difficult circumstances. The intercultural environment influence is also an influence that is prevalent in the healthcare environment.

Organizational Change Models

These two environment influences require a change model that facilitates professional values in the workplace, embracing behavior modification, and inspiring new education as part of a long-term process improvement strategy. According to Higgins (2005), cross-functional organizational factors such as these influences are often overlooked when correcting organizational alignment for a strategic improvement. A change model that deals with these competing or cross-functional influences is Higgins 8-S Model of Successful Change. This change model has eight specific characteristics that could possibly help healthcare organizations deal with improve nursing outcomes as well as help synchronize cultural and educational process improvement. According to the literature, the Higgins model helps leadership effectively communicate the following strategic imperatives:

- Strategy and Purposes: Vision, mission, goals, objectives

- Structure: Jobs and authority to do jobs, i.e., org charts
- Systems and Process: Information systems, budgeting systems, performance measurement system
- Resources: People, technology, and money
- Shared Values: How an organization describes itself
- Staff: Individual and group competencies needed

The literature indicates that the 8-S model is an easy model for leaders to facilitate because it is easy for participants to understand. The literature also indicates that the 8-S model helps to reveal misaligned imperatives (Leiter & Laschinger, 2006). One of the contributing factors that make addressing nurse burnout difficult is the changing healthcare landscape. The most significant change to healthcare in the past five years is a new law called the Affordable Care Act or Obamacare (Henry J. Kaiser Foundation, 2013). According to the literature, the law states that most United States citizens are required to have health insurance. The law creates state-based American Health Benefits Exchanges where individuals can find coverage. The literature indicates that the new healthcare program has given healthcare consumers options to choose from as well as a consumer operated and oriented plan structure.

Medical Errors and Patient Safety

The literature suggests that time is a critical resource for nurses; however, time can also introduce a pressure to the patient care environment that causes nurses to become error prone. The study indicates several contributing factors associated with medical errors such as providing improper medication (or medication amounts) to patients. Patient incident rates due to unintentional harm from nurse errors have been studied comprehensively over the last ten years and have found that it is time pressures that cause nurses to deviate from standards and

community practices (Hunsaker et al., 2015).

Other studies found that nurses feel that medication errors are attributed to burnout, referred to in Rosenstein and O'Daniel's (2008) study as disruptive behaviors. According to the study in which 4,539 healthcare workers were surveyed, 71% of those surveyed noticed a link between nurse burnout and making mistakes in patient medication, and 27% felt there was a connection with the rate of patients dying (Rosenstein & O'Daniel, 2008). The study found that a major contributing factor to these rates of medical errors was due to failed communication between nurses (Rosenstein & O'Daniel, 2008). In other words, patients may have been over- or under-medicated due to poor communication between overworked nurses experiencing symptoms of burnout. Instances such as these have been proven to decrease patient safety (Rosenstein & O'Daniel, 2008).

Job Retention and Happiness Theory

The literature is clear regarding nurse burnout: it points out that each time a nurse heals a patient, the nurse become closer to requiring a healing themselves. In research conducted by Bush (2009), this phenomenon is known as empathic engagement. This type of patient engagement requires that caregivers be committed to taking care of themselves in order to counterbalance the existential concerns they naturally have for their patients (Bush, 2009). Caregivers must develop self-care strategies to reduce the chances of nurse burnout. Typical preventive strategies include exercise, relaxation, getting enough sleep, eating properly, and engaging in support groups when needed (Bush, 2009). At times, some nurses may require psychotherapy to effectively deal with their ongoing concerns (Bush, 2009).

It is not enough to understand how to help nurses cope with the factors that lead to burnout; it is also important to understand how to help organizations build human capacity in

caregiver environments. When building human capacity in a caregiver environment, it is necessary to develop values that put the employees in the best possible position to deliver care (Bush, 2009). The literature indicates that building organizational structure, combined with technology resources and outlining clear nursing group tasks, is the best way to develop human capacity in a caregiver environment (Bush, 2009).

According to Lawless and Moss (2007) nurses must also work in environments where they have dignity, autonomy, and freedom to make decisions regarding nursing tasks. The research further outlines that nurses require work-life balance, effective management, an equitable load, and professional development to effectively build human capacity in a caregiver organization (Lawless & Moss, 2007). As organizations begin to build human capacity, they can also foster a workplace environment that retains nurses and shapes organizational cohesiveness, as well as a participatory environment (Lawless & Moss, 2007). The literature outlines the cornerstones of worker dignity as freedom from abuse, coherent work organization, and autonomy (Lawless & Moss, 2007).

According to Bader-Labarre (2013), human capacity building plays a key role in change processes. By definition, “Human Capacity Development (HCD) is to support and shape both individual learning processes and networking of people” (Bader-Labarre, 2013, p. 1). HCD’s objective is to develop people to have an optimal effect on the organization at a systemic level and is an integrated process that should meet the following objectives for strategic institutional progress:

- To align nurse competence levels to the organization’s needs (Bader-Labarre, 2013).
- To develop individual competency through continued learning.
- To develop an integrated intervention architecture for change.

- To support partners in building nurse competency for sustainable learning and change processes according to organization needs.
- To support learning and capacity building of training institutions for continuous improvement and inter-organizational learning (Bader-Labarre, 2013).

After considering the organizational retention procedures, it is important to explore individual opportunities to be happier in a caregiver environment. While examining compelling research that indicates the importance of nurse work-life balance, it is also vital to consider opportunities for nurses to cope with stressors.

Achor (2010) developed a considerable amount of research around the happiness theory. The Happiness Theory is an opportunity for individual nurses to improve their perspective regarding their work environment (Achor, 2010). In his book, *The Happiness Advantage*, Achor (2010) framed seven principles that encourage success in the workplace. The research looks at the brain's ability to retrain itself to focus on positivity to improve performance, and suggests that nurses in acute healthcare environments must find ways to decompress to avoid stress related problems (Achor, 2010). The literature offers coping strategies to help avoid stress and negative attitudes towards work environment. Achor (2010) posited, "Happiness is not the belief that we don't need to change, it is the realization that we can" (p. 24). Nurses must understand that positive change is possible even in stressful environments with patients that do not have a healthy diagnosis. Achor's (2010) research concludes that humans can expand or recondition the brain to go from generally unhappy to happy. The idea is to adopt a more positive mindset, making lasting brain change possible (Achor, 2010). Of course, this type of accomplishment would also be considered a viable benefit in a work environment. In order to make this type of transformation possible, healthcare organizations need to provide nurses with education that

would influence cultural norms as well as individual behavior. The organization needs to teach nurses how to change their culture and enhance their environment.

If changing the day-to-day operations and the environment of the ER department is not possible, the key to changing the morale of employees and improving job satisfaction in a healthcare ecosystem lies within the employee. Achor (2011) posited that it is within the brain that the choice to be happy or satisfied with your job takes place and that developing a positive outlook rather than having a negative view will affect your performance. This is known as the Happiness Advantage “because positive brains have a biological advantage over brains that are neutral or negative, this principle teaches us how to retrain our brains to capitalize on positivity and improve our productivity and performance” (Achor, 2011, p. 16). Three of Achor’s (2011) Happiness Advantage principles can serve the employees in the ER: The Happiness Advantage, The Fulcrum and The Lever, and The Tetris Effect.

- The Happiness Advantage: Teaches how to retrain brains to remain positive and to improve productivity.
- The Fulcrum and the Lever: How individuals experience the world and the ability to find success changes based on one’s mindset. This principle teaches how individuals can adjust their mindset (fulcrum) that gives them power (lever) to be more successful.
- The Tetris Effect: Teaches individuals how to retrain their brains to stop the patterns of impossibility and to take on new opportunities (Achor, 2011).

The choice to be happy is about not repeating negative patterns of behavior. Finding ways to improve the organization’s path to happiness within a business requires an employer who can reconcile the fact that happy employees will perform better thus giving the organization a

competitive edge. When both the employer and the employee are committed to these principles, the trend of job dissatisfaction will change (Seligman, 2011). If an organization is to take advantage of the benefits that come with the Happiness Theory, it is important to first understand the drivers of the theory. According to Seligman (2011), the Happiness Theory is a product of positive psychology and has five primary drivers that include positivity, commitment, positive relationships, meaning, and achievement (Seligman, 2011).

The goal of nursing re-education or culture changes within the environment of healthcare should be to support and increase life satisfaction of these primary drivers (Seligman, 2011). Happiness is about the well-being of a person, and as nurses are re-educated to understand these drivers, the focus should be on creating an environment of authentic happiness (Seligman, 2011). The literature suggests that this can be done by creating positive relationships and high-engagement environments within the emergency environment (Seligman, 2011).

For example, an emergency department that engages nurses in positive communication and random acts of kindness should expect to have an improvement in patient engagement and improved quality of care. It is important that each nurse in an emergency department understands how critical it is that they feel empowered to find ways as a team to improve their environment; as well as find ways to be happy as an individual. As ER nurses become empowered to influence the happiness of their environment, they will also influence the practice of their clinical care setting. Literature by Leiter and Laschinger (2006) indicates “nurses who report their work environment to be supportive or professional practices have lower levels of burnout, greater job satisfaction, and lower turnover interactions” (Leiter & Laschinger, 2006, p. 137).

Summary

A review of the literature shows that burnout among nurses is a physiological reality and not a psychological myth (Kanste et al., 2007). The physical and emotional challenges emergency room nurses face when dealing with traumatized patients, long work hours, and staff demands causes a great amount of stress (Hunsaker et al., 2015). The clinical impact of burnout may account for increased medical errors, decreased well-being (insomnia, irritability, eating problems, and depressive problems), and reduced personal accomplishment (Hunsaker et al., 2015). The nursing profession's physical, mental, and emotional health challenges gradually increase the inability of the nurse to deal with job responsibilities (Hunsaker et al., 2015). It becomes easier to see that a nurse that grows depressed, detached, and apathetic will negatively impact patient care substantiating that increased burnout levels are linked to patient dissatisfaction (Hunsaker et al., 2015).

An understanding of nurse burnout and the factors that contribute to it is needed to develop a better understanding of stress and burnout in the workplace. A more complete understanding of nurse stress and burnout in the workplace should be developed. Empirical studies could investigate these complex relationships. After examining work stress from a solid theoretical and conceptual basis (i.e., factors contributing to nurse burnout are fully understood, researched, and proven), intervention studies should be assess the most useful ways to alleviate stress factors at work (Leiter & Laschinger, 2006).

Stress and burnout have been considered a topic of interest for several decades, as these concepts are highly relevant to the workforce in general and nursing in particular (Leiter & Laschinger, 2006). Despite this interest and relevance, the effects of stress and burnout on patient outcomes, patient safety, and quality care are not well defined by evidence. Very few

studies job demands in the United States have investigated how stress and burnout to patient outcomes are connected. There is a dearth in the literature of comprehensive studies that yield solid evidence on which to base practice.

If emergency room department administrators do not perform an assessment of their operational workflow, cultural environment, and staff satisfaction, they will not understand the gaps that keep them from improving patient outcomes. The Gap Analysis will identify the type of changes leaders require for the strategic model transition. The Gap Analysis also illustrates the level of job satisfaction and trust employees have in their organizational leadership. Understanding the level of trust employees have is critical to the change process.

Administrators have to remove negative influences from the environment of care; for example, staff shortages and insufficient time to prepare patients to manage their care. It is also important for administrators to promote team participation when approaching task. The idea is to not have nurses feel isolated as individuals; the goal should be to have nurses work together as a team to ensure high engagement with one another and to ensure they do not feel mentally or physically overwhelmed.

Leiter and Laschinger's (2006) literature identifies the NWI variables that contribute to nurse burnout as: staffing levels, physicians' engagement, leadership, nursing model, emotional exhaustion, and individual achievement. According to the literature, each one of these variables relates to one another and is deeply concerning to each individual nurse (Leiter & Laschinger, 2006). This index is to provide a scale that identifies and quantify how often a nurse encounters a positive or negative experience with the factors that contribute to nurse burnout.

The NWI survey was conducted via mailed questionnaires. The data analysis procedure used to calculate the NWI questionnaire was to pull random surveys that were returned and

explore the relationship between variables that affect nurse burnout as well as the measurable effect of patient care outcomes (Leiter & Laschinger, 2006). The results of the surveys were evaluated for statistics correlation and measurable relevance. As administrators looked for new organizational model structures and cultural change, they needed only look at the outcome of the NWI as a guide to develop new organizational models or refine current models. NWI also added the re-education process for nurses because it indicates a need to focus on variables such as team collaboration, personal accomplishment, and staffing ratios. These are types of efforts that are necessary to better understand ER nurse burnout strategies.

The NWI outlines a support model to improve nursing work life balance as well as describes the “relationships among distinct elements of professional practice” (Leiter & Laschinger, 2006, p. 143). Ultimately these are managerial changes that will need to occur to ensure the long-term work life of ER nurses. The organizational leaders are challenged to find ways to reduce workplace Queen of Angels dominance as a standard means of providing patient care. The literature indicates that workplace dominance is defined as burnout channeled through a path from staffing working to exhaustion based on the requirements of an organizational model.

The literature outlined the causes behind nurse burnout, and the symptoms that manifest. Based on the literature, there is a need for organizational change, notably a change in leadership styles. A well-structured organization with effective management can go a long way in reducing the likelihood of burnout among ER nurses. Chapter 3 will discuss the research design and methodology used to complete this study.

Chapter 3: Research Design and Methodology

Introduction

ER nurses may experience high levels of work-related stress and depersonalization. This high rate of emotional exhaustion has been shown to affect nurses' rate of job burnout. Burnout or job fatigue is manifested by emotional exhaustion, depersonalization, and a reduced sense of personal achievement (Rafii et al., 2004). Burnout may be a result of too much work responsibilities and not enough opportunity for recovery (Wallis & Kennedy, 2012). Factors affecting nurse job dissatisfaction have been identified as poor staffing levels, working with incompetent coworkers, and perceived lack of support of an ethical work environment (Watts et al., 2013).

This grounded theory study explored and described the ER nurses' behaviors and environmental factors that cause burnout. Emergency Room nurses who self-identify symptoms of burnout during unstructured interviews were investigated. The variables that were examined include participant behaviors such as: the social interactions among nurses, the impact of geographic location upon the nature of injuries cared for in the ER, contact with patient, and the effects of the emergency room environment when treating victims of violence.

The data was extracted by categorizing common themes. This cross-sectional study used themes that were diagrammed into a map to facilitate the analytical process. Understanding these characteristics will help facilitate new literature to support ER nurses as well as help hospital administrators understand how to improve morale within the ER work environments.

Nature of the Study

This grounded theory study employed a qualitative approach in addressing the research questions. Interview questions were created and asked to a group of 15 randomly selected

participants, and on-the-job observations were conducted. This qualitative approach worked well for this study as it provided the ability to focus on a number of variables and analyze them to determine which are more prominent in causing nurse burnout (Barroso & Sandelowski, 2003). Specifically, conducting one-on-one interviews with survey participants provided a deep understanding of the job requirements that ER nurses face and the factors that lead to burnout and job fatigue.

The study took a qualitative approach in addressing the research questions (Barroso & Sandelowski, 2003). The study only employed semi-structured interviews during a one-on-one interviewing process. Participants' social and behavioral interactions were observed during the interview process. If the interviewee crossed his or her arms or indicated a change in body posture during the interview process, it was noted. The framework and methodology helped to establish validity of the qualitative information (Barroso & Sandelowski, 2003). This method improved the study by confirming material from different sources—that is, by using different qualitative techniques, results will be more robust (Barroso & Sandelowski, 2003).

Restatement of Research Questions

This descriptive study used a qualitative approach in addressing the research questions proposed. The research questions pursued for this dissertation proposal were:

1. What common strategies and practices do Queen of Angels hospital ER nurses deploy in mitigating Emergency Room Nurse burnout?
2. What challenges do Queen of Angels hospital ER nurses face in deploying measures to mitigate Emergency Room nurse burnout?
3. How do Queen of Angels ER nurses measure success of measures to mitigate Emergency Room nurse burnout?

4. What recommendations would Queen of Angels hospital ER nurses make to leaders in other healthcare organizations to mitigate Emergency Room nurse burnout?

This research study seeks to understand the root cause of job fatigue in the Emergency Room nursing community in Queen of Angels Trauma Center located in San Jose, CA. The research questions were created with the goal in mind to better determine which factors specifically affect ER nurses. There were several sub-questions that were developed in order to develop each research question (see Appendix E).

Methodological Framework

This study employed random sampling utilizing interpretive explanation. According to Richards and Morse (2013), interpretive explanation research is a method that provides access to subjective phenomena or softer data such as perceptions, opinions, values, or beliefs. Data from this study was translated using grounded theory method (Barroso & Sandelowski, 2003). The grounded theory method is the generation of theory from systematic research meant to lead to the emergence of conceptual categories (Barroso & Sandelowski, 2003). In other words, this framework helped to determine which factors most contributed to nurse burnout at the Queen of Angels ER department. The population for the study includes approximately 250 emergency room nurse members. This study evaluated 15 participants among the Queen of Angels Trauma Center emergency room nursing staff in a semi-structured interview process to better understand their social interactions as well as goal-oriented movements. The interview responses were analyzed and the common conditions and causes of job fatigue/burnout were categorized. The data was extracted by categorizing common themes. This study used themes that were diagramed into a map to facilitate the analytical process. Using the Glaserian approach, the theme map was structured into core categories and the variations were analyzed to identify an

emerging theory of why nurses experience burnout (Richards & Morse, 2013).

The variables investigated were factors that contribute to nursing burnout. This study focused on behaviors of the participants, such as the social interactions between nurses, contact with patients, and the effects of the emergency room environment on nurses (see Table 1).

Table 1

Instrumentation Table

Variable 1	Data source 1	Participants
ER nurse behaviors such as the social interactions among nurses and social contact with doctors	Unstructured interviews and informal conversations	Nurses 1-15
Variable 2	Data source 2	Participants
The effects of the emergency room environment on nurses working in the ER	Semi-structured interviews	Nurses 1-15

Note. All interviews, both semi-structured and unstructured, were held on a one-on-one basis with each participant.

Rationale for the Selection of Methodology

The study employed a grounded theory study, which allowed specific information about what’s happening to each individual staff member within the ER department to be understood. Conducting the semi-structured interviews determined the negative effects occurring to each individual while asking a variety of participants the same questions. This method shone light on a range of problems, as opposed to making visible only one problem. The descriptive approach incorporates interviews and content analysis.

Other methodologies considered include ethnography, which focuses on behavioral patterns and practices, and the culture of the group. However, this method was considered unfit because the PI sought to understand the phenomenon at the individual level, not at a community level. While the problem needs to be addressed at the systemic level, those methods need to be

in place to treat workplace stresses that are affecting the individuals within the organization. When focusing on the group (as is the case with ethnographic methodologies), there is only a generalized understanding of the problems. When focusing on individuals (as is the case in grounded theory and semi-structured interviews), there is a range of measureable factors and causes.

A case study methodology was also considered; however, it was quickly ruled out as most current existing literature presents nurse burnout as a condition that has not yet been proven. Literature based on studies in the United States was not developed enough to be qualified for the level of this study. Therefore, a limited number of literature was permitted for use in this study.

Phenomenology

The principal investigator chose grounded theory, which is similar to phenomenology. Phenomenology examines in-depth interviews and conversations to find answers. These answers are then analyzed based on the responses given by the participants. A method similar to phenomenology was used in that the grounded theory's semi-structured interviews were used to examine participant thoughts and answers. The PI's note to study the participants' body language, most notably their behavioral and social interactions while answering the interview questions, was an important part to the study. If participants crossed their arms or indicated hostile body behavior during the interview process, it was noted. Analyzing these body language behaviors added another layer to determining how participants felt about certain factors and triggers in the ER department community.

Research Design

The study used meticulous methods in determining a participant selection approach, data

collection, and procedures to protect the human participants. Participants were selected randomly after narrowing the participant pool to a group of individuals meeting certain qualifications (i.e., minimum four years' experience in a trauma or emergency department). Following participant selection, participants were informed of the study's details and made aware of the procedures in place to protect participant rights. Data collection was done systematically and kept under lock and key for security purposes.

Participant Selection

The population for this study included ER registered nurses that have four years or more of emergency room experience. The study examined demographics of the nursing population by gender, age, educational level, shift schedule, marital status, and geographic location of their workplace. The nurses for this study had specialized emergency room experience. The study consisted of 15 participants.

The nursing population consisted of male and female nurses ranging from age 25 to 75. There are approximately 45 nurse names on the day shift roster; a number was assigned to each of the 45 names on the roster. The numbers were then put into a randomizing software system (Research Randomizer) to choose 15 nurses for the study, ensuring that the selection method was random.

This study used a grounded theory approach: semi-structured interviews. Queen of Angels Trauma Center nurses completed the data source for this study. Queen of Angels Trauma Center participants were interviewed once to collect their self-report to provide a cross-sectional data set for the sample. Queen of Angels Trauma Center participants were evaluated during the interview process to better understand their social interactions as well as goal-oriented movements. The interview responses were analyzed and the common conditions contributing to

job fatigue and burnout were categorized into common themes. This cross-sectional study used topics that were diagrammed into a map to facilitate the analytical process (Richards & Morse, 2013). A review of the strengths and weaknesses of using grounded theory assisted in deciding the appropriateness of the research design. To date, the current research study is unlike any formalized research done in the United States.

Sources of Data

The qualitative aspect of the study used semi-structured interview questions with Queen of Angels nurses. The Glaserian grounded theory approach took an additional objective viewpoint because data are both separate and distant from both the participants and the analyst. There were numerous factors to consider in choosing the research design. Through the qualitative approach, using semi-structured interviews questions and notes the study would ascertain insight into their perceptions and personal experiences while working in the ER. Multiple sources of data and multiple statistical procedures improve the accuracy of the study to better understand the issues that affect the ER nurses personally and professionally.

Protection of Human Subjects

There was a minimal social or legal risk to participants that their identity may be exposed to the public as a result of participating in the study. The de-identifying process mitigated this risk. An additional risk to participants was recalling stressful situations that may have had psychological effects.

This study's benefit to participants was that the nursing community would better understand the social and environmental factors that contribute to emergency room nursing burnout. There was no remuneration, and considering there was no financial arrangement for the participants, there was no conflict of interest. All participants fully understood the circumstances

of the study, its purposes, and their role in data collection.

Plans of IRB

The plan for IRB was to submit required forms and modify application as needed prior to the Fall 2015 deadline. Participation in the study was voluntary. Anonymity of participants and the hospital was maintained (the Queen of Angels is a pseudonym for the hospital name). The confidentiality of the research will follow the requirements of the National Institute of Health Office of Research (NIH) protection human research participants (see Appendix A). The regulations require signed participant authorization informing the participant of the following:

1. Comprehensive explanation of the research
2. Expected duration of the participation by the subject
3. Description of the risks
4. Description of the benefits
5. Statement of confidentiality
6. Contact information for questions
7. A statement that the participant is strictly voluntary and there is no penalty for withdrawing.

The participants were heterogeneous—that is, from a combination of nationalities. Participants signed the informed consent forms. During the semi-structured interviews, audio tape recordings were used during the conversations to allow the moderator to listen to the dialogue and to ask questions or to make notes on nonverbal communication. The semi-structured interviews were retained from the research study for five years after the date of acceptance of the dissertation.

Data Collection

The data gathering procedure consisted of several phases. The first phase involved identifying the appropriate participants. The second stage used descriptive statistics that “presents information that helps a researcher describe responses to each question in a database and determine both overall trends and the distribution of the data” (Creswell, 2002, p. 25). The semi-structured interview questions identified variables that describe hospital characteristics linked to job satisfaction, the work environment, and burnout.

The data source for this study was on-the-job observance and semi-structured interviews. Respondents were evaluated during the interview process to better understand their social interactions as well as goal-oriented movements. The data revealed conditions contributing to job fatigue/burnout. The data was extracted by categorizing common topics. This grounded theory study used themes that diagramed into a map to facilitate the analytical process. The 15 interviews were conducted over 20 days to ensure all participants had an opportunity to complete semi-structured conversations with the interviewer. Participants were observed during their semi-structured interviews. Observations were made and notes taken while the participants were discussing their roles as ER nurses. The interview timeline began on December 8, 2015 and ended on December 25, 2015. Follow-up analysis for the study was concluded by December 30, 2015. The interview timeline began on February 1, 2015 and ended on February 22, 2015 (Figure 3).

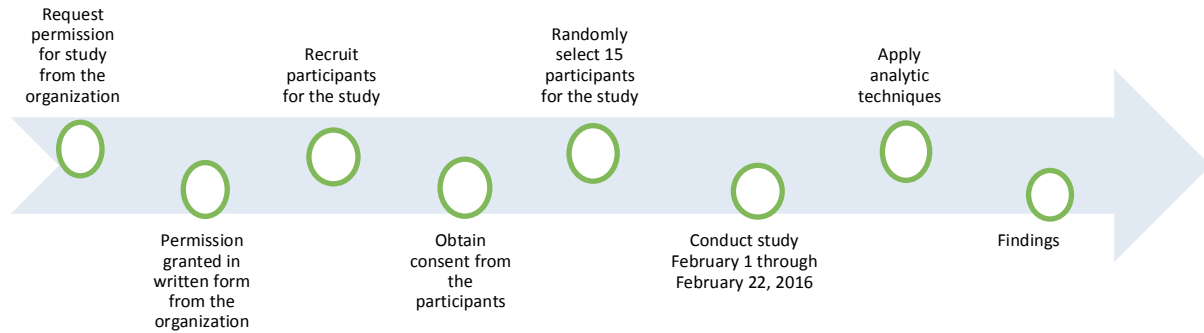


Figure 3. Interviewing timeline. Adapted from “Nursing on empty: Compassion fatigue signs, symptoms, and system interventions,” by C. Harris and M. Griffin, 2015, *Journal of Christian Nursing*, 32(2), p. 162. Copyright 2015 by Harris & Griffin. Reprinted with permission.

Each participant participated in a semi-structured interview. Once the approval document was obtained it was submitted to the IRB with the application for exempt approval. Each participant signed the consent form and the form was archived for IRB reference.

Interview Protocol

This study used multiple grounded theory approaches such as semi-structured interviews. Queen of Angels Trauma Center participants were interviewed once to collect their self-report to provide a cross-sectional data set for the sample. Queen of Angels Trauma Center participants were evaluated during the interview process to better understand their social interactions as well as goal-oriented movements. The interview responses were analyzed and the common conditions contributing to job fatigue and burnout were categorized into common themes. This cross-sectional study used topics that were diagrammed into a map to facilitate the analytical process (Richards & Morse, 2013). A review of the strengths and weaknesses of using grounded theory assisted in deciding the appropriateness of the research design. To date, the current research study is unlike any formalized research conducted in the United States.

Techniques

A semi-structured interview method was used, and participant behavior and body language throughout the interviews were noted. Creswell (2002) notes that body language makes up as much as 93% of a participant's answer; therefore, it is critical that body language cues are documented and later analyzed. The interview questions and techniques were analyzed by a peer group and approved by a dissertation committee prior to the interviews.

At the interview's conclusion, participants were thanked and told they may be contacted for questions or to clarify any of the answers they provided during our interview session. Participants were informed that this interview was semi-structured and that follow-up questions may be asked, intended to gain additional clarity and depth to the participants' responses.

During the interview process, it was important to rely on active listening methods in order to fully understand the participants' answers. According to Creswell (2002), active listening is the process in which the PI listens to the participant's answer, then repeats back the information the participant just shared so as to confirm what they have just heard and to confirm that both parties are on the same page. Other elements of active listening, according to Creswell (2002), include removing all distractions. In order to do this, cell phones were turned off during the interview process and requested the participants follow suit so as to remove all distractions that may skew or lessen the quality of the interview results.

Instrumentation

The study used a qualitative method of discourse analysis, which is "the study of language in the use—not just the study of language to say things, but to do things" (Gee, 2011, p. ix). The goal of discourse analysis is to "get behind taken-for-granted meanings of language or text" (Richards & Morse, 2013, p. 75). In doing so, the PI must read between the lines,

challenge assumptions, and deconstruct seemingly transparent answers. Discourse analysis was selected in order to delve into participant answers and determine the factors that contribute to nurse burnout on an individual (not department-wide) level. In other words, by listening to and analyzing individual participant answers, it is more likely that which factors must be addressed to create change in the workplace will be determined.

The phenomenon for this study will allow nurse managers to understand the current characteristics associated with mental and physical pressures that lead to burnout. The instruments for this study were on-the-job observations and semi-structured interviews with 15 nurses. Participants were interviewed once to collect their self-report, which is a cross-sectional approach. Approximately 15 participants within the Queen of Angels Emergency Room nurses were evaluated during the interview process to better understand their social interactions as well as goal-oriented movements.

Validity and Reliability

The framework and methodology helped to establish validity of the qualitative information. This method improved the study by confirming material from different sources—that is, by using different qualitative techniques, results will be more robust. The Maslach Burnout Inventory (MBI) was used in this research. Maslach and Jackson (1981) is a widely used measuring instrument for evaluating the construct of burnout syndrome. This scale measures three dimensions: emotional exhaustion, depersonalization, and personal accomplishment (Maslach & Jackson, 1981). These authors defined burnout as an unsuitable response to chronic work stress.

Qualitative researchers seek understanding via an extensive review of their data; it is through themes and repeated patterns in the data that researchers should find meaning (Creswell,

2007). Researchers identify standards for evaluating and validating their tools and instruments for the data collection process. One of the key factors behind reliable, credible, authentic, and valid data collection methods is “internal and external validation” (Creswell, 2007, p. 202). The efficacy of the research questions were validated with a peer group. Some questions were changed to improve clarity and avoid biased answers: Specifically, questions one and two were modified, while questions three and four were considered appropriate as-is. Once the questions were validated and analyzed, they were sent to and approved by the dissertation committee, which served as the secondary panel to review interview questions.

As will be discussed below, the study relied on a three-step process in order to verify the reliability and validity of the data analysis process. In the first step, data was coded. Then, the study’s results were discussed with two doctoral students who served as peer reviewers. Thirdly, if no consensus was found as to the coding results, the study findings were taken to a faculty committee, who would assist in determining final coding results. Each step of this process was a highly complex and detailed procedure.

- *Step 1: Prima facie validity.* In the prima facie process, appropriate interview questions were designed based on the review of the literature, that matched each research question for the study. According to Shrader-Frechette (2000), the main purpose of prima facie is to “engage in ethical analysis” by determining reasons that may justify alternative positions on any questions that breach ethics or morals (p. 47). By carefully considering research questions, the PI must abide by the prima facie principles in ensuring all research questions are ethically valid. In other words, this first step is the one in which the questions are determined not to be ethically and morally questionable.

- *Step 2: Peer review validity.* Following the prima facie validity, peer reviewers are important to verify the data analysis process. According to Creswell and Miller (2000), peer review validity ensures elements are not missed or left out. In this case, the peer review team helped determine the final results of the data coding process. The point of this second step is to include outside opinions to help make connections and analyses may not have been seen at first. A table was developed to delineate relationship between the research question and the specific interview question (see Table 2).

Table 2

Research Questions and Corresponding Interview Questions

Research Questions	Corresponding Interview Questions
Q1: What common strategies and practices do Queen of Angels hospital nurses deploy in mitigating Emergency Room Nurse burnout?	<ol style="list-style-type: none"> 1. What is your perceived level of stress on a typical day? 2. What resources related to your job role as an ER staff nurse would be the greatest contribution to reducing your stress? 3. What factors related to your job demands as a staff nurse contribute to the greatest level of stress? 4. What factors related to your job demands and role contribute to interpersonal problems in the ER work environment?

(continued)

Research Questions	Corresponding Interview Questions
<p>Q2: What challenges do Queen of Angels hospital nurses face in deploying measures to mitigate Emergency Room nurse burnout?</p>	<ol style="list-style-type: none"> 1. As an ER nurse, how do you manage situations that are highly stressful? 2. How do you manage your emotions in order to respond successfully to stressful situations? 3. What practices do you implement outside of the workplace to maintain work/life balance? 4. Does clinical supervision contribute to managing stress? How?
<p>Q3: How do Queen of Angels ER nurses measure success of measures to mitigate Emergency Room nurse burnout?</p>	<ol style="list-style-type: none"> 1. What contributes to decreasing your job stress? 2. Does nurse leadership positively influence your job stress? If so, how. If not, why not? 3. Does participating in hospital affairs contribute to decreasing your job stress? If so, how. If not, why not? 4. Does nurse leadership positively influence the physician/nurse relationship? If so, how. If not, why not?
<p>Q4: What recommendations would Queen of Angels hospital ER nurses make to leaders in other healthcare organizations to mitigate Emergency Room nurse burnout?</p>	<ol style="list-style-type: none"> 1. How can leadership contribute more to decreasing the job demands that increase your level of job stress? 2. How can leadership help you better manage the stressors that influence your job role? 3. What can leadership do to create ideal interpersonal relationships in the work environment?

Note. This table shows the interview questions proposed to answer the study’s research questions. These questions were presented to two panels of reviewers to evaluate and provide feedback on the applicability of each interview question with regards to answering the study’s research questions.

The table was evaluated by a preliminary panel of reviewers composed of two researchers, both doctoral students, with relevant industry expertise and enrolled within the

Doctorate of Education in Organizational Leadership program at Pepperdine University. These students are similarly conducting and employing a comparable research methodology within their own doctoral dissertations and have all concluded a series of doctoral-level courses in quantitative and qualitative research methods and data analysis. The panel was given a compendium that was comprised of: a summary statement of this research paper, a copy of the research question and corresponding interview questions table above, and directives to follow to measure if the interview questions were appropriately aligned with the research questions. The directives provided to the panel were as follows:

1. Please review the summary statement attached to acquaint yourself with the purpose and goals of this study.
2. Next, assess the corresponding interview questions.
3. If you conclude that the interview question is applicable to the corresponding, mark “The question is applicable to the research question - Keep as stated.”
4. If you conclude that the interview question is not applicable to the corresponding interview question mark, “This question is not applicable to the research question - delete it.”
5. Finally, if you conclude that to be applicable to the research question, the interview question must be amended, mark “The question should be amended as suggested.” and in the available space provided recommend your amendment.
6. An additional space was also provided to recommend additional interview questions for each research question.

Suggestions for revisions primarily focused on the specificity of the proposed interview questions. This edit was suggested by the preliminary review panel in an effort to have the

interviewee better understand exactly what was being asked. As a result, this would allow concise and relevant responses to be provided by the interviewee based upon the questions posed.

- *Step 3: Expert review.* Employing an expert faculty committee to view and analyze the final data coding results helps ensure that all data and research questions fall under necessary ethical and moral guidelines (Creswell & Miller, 2000). In addition to the peer review (step 2), the faculty committee provides a last step to address any questions or issues that were left unanswered. All members of the committee were recruited via the approved IRB recruitment script.

Statement of Personal Bias

As with any study, it is critical to avoid bias during the research, data collection, and analysis phases. The Glasserian Grounded Theory is an imperative part of any doctoral study. According to Jones and Alony (2011), the Grounded Theory “provides a detailed, rigorous, and systematic method of analysis, which has the advantage of reserving the need for the PI to conceive preliminary hypotheses” (p. 1). In other words, the Grounded Theory provides the option to explore and analyze findings without worry of producing biased results. This concept is highly valuable especially to researchers who are unfamiliar with the subject (Jones & Alony, 2011).

During the course of this study and especially when conducting interviews with participants, the main principles of the Glasserian Grounded Theory have been called into play in this study’s framework. While Jones and Alony (2011) noted that the Grounded Theory can have its risks, including that “the unorthodox nature of Grounded Theory will alienate the potential recipients from the research findings” (p. 2), the benefits of including the tenets in the

Glasserian Grounded Theory are worthwhile. Use of the theory specifically overcomes problems inherent in research bias by creating a foundation on which research can be done without bias caused by *a priori* assumptions or preconceived theories (Jones & Alony, 2011).

After spending fifteen years in the healthcare field, it is clear that the PI would likely experience some prejudice and bias in this project. Most of his on-the-job experience was spent in ambulatory healthcare as well as in hospitals. He considered the patient care across the different hospital healthcare settings to be the largest factor in terms of bias for this project. Specifically, some institutions are focused on therapeutic care; others are focused on pay-per-service care. Therapeutic hospital settings, for example, focus on the improvement of the patient's health, and seek to determine the causes behind the patient's symptoms. In a pay-per-service hospital, on the other hand, the patient's options are limited based on how much he or she can afford to pay. When pay-per-service hospitals are unable or unwilling to provide services to patients who need them, it can cause a rift between ER nurses and their patients: ER nurses may want to help the patients, but feel unable to due to the patient's inability to pay.

In order to reduce as much as possible the likelihood of bias in the study, it was necessary to rely on a method known as bracketing. According to Creswell (2002), bracketing is the concept of holding judgment in regards to the real world and instead analyzing a situation based on that situation's experience. In other words, in applying the concepts of bracketing, all lived real-world experiences are suppressed in order to avoid tainting the research process.

In regards to creating unbiased interview questions and hosting semi-structured interviews without allowing bias to affect the interviewee's answer, it was necessary to put all bias aside for the type of hospital setting and instead provide unbiased interview questions. This was done by conducting a two-step validity process for the interview questions. The interview

questions were first analyzed by the peer group, then changed if necessary. Then, the interview questions were sent to the committee for review and approval.

Data Analysis

The data analysis was a multiple step process. Upon collecting the participant answers from the one-on-one semi-structured interviews, a range of responses was evaluated, determining how many participants answered “yes,” how many others answered “no,” and how many answered specifically. The responses that were alike were then analyzed, counted for frequency, and rated as “typical” or “non-typical.” All other answers (that are not “yes” or “no”) were considered “independent answers” and evaluated on their own.

The process for all data analysis used coding, in which tags and labels identify the data (Creswell, 2002). These labels easily identify the data and connect themes brought up during the interviewing process. In this study, coding was used to group participant answers into common themes: If Participants 1 and 12 discussed sleep loss due to stress, their file received a purple tag. If Participants 1 and 5 discussed loss of appetite due to stress, their file received an orange tag. Therefore, upon quickly glancing at the participant responses, it would be clear the participants that discussed each topic. Participant 1 would therefore theoretically have purple and orange tags on his or her file; Participant 5 would have orange, and Participant 12 would have purple. These descriptive codes start the analysis process, as color-coded topics are easy to notice and to differentiate (Creswell, 2002).

Following the process where all answers were sorted and analyzed, they were documented on a chart. The range of answers on the chart was examined, then analyzed to find common themes. Several common themes emerged throughout several rounds of bucketing and coding, as will be discussed later.

Interrater Reliability/Validity

In order to determine reliability and validity of the data analysis methods, a three-step process was applied. First, data was coded. As stated above, coding provides an easier analysis process, as was discussed above. Second, the study's results were discussed with two peer reviewers (doctoral students) in order to arrive at a consensus regarding the coding results. The point of this second step is to include outside opinions to help make connections and analyses that may not have been discovered at first. Thirdly, if the peer reviewers cannot find a consensus on the data results, the PI would then take his results to the faculty to review and then arrive at final coding results.

Definition of Analysis Unit

The analysis units in this research are Queen of Angels Emergency Room nurses. The purpose of this grounded theory study sought to describe the ER nurses' behaviors and environmental factors that contribute to burnout. Further, this research study sought to quantify the pervasiveness of job fatigue in the ER nursing community among Queen of Angels Trauma Center Emergency Room nurses.

Definition of Data-Gathering Instruments

The definition of the data gathering instruments used for this study was Random Sampling utilizing Interpretive Explanation. According to Richards and Morse (2013), Interpretive Explanation research is a method that provides access to subjective phenomena or softer data such as perceptions, opinions, values or beliefs. Data from this study was translated using grounded theory (Barroso & Sandelowski, 2003). This grounded theory study aims to explore and describe the ER nurses' behaviors, geographic location, and environmental factors that cause burnout. Additionally, this research study seeks to understand the root cause of job

fatigue in the ER nursing community. The variables that were investigated are participant behaviors such as the social interactions among nurses, contact with patients, as well as the impact upon ER nurses when dealing with victim from acts of violence that arrive in the emergency room.

Conclusion

The literature revealed a need for organizational change in the way that Emergency Rooms are organized. ER administrators have to find ways to keep nurses focused on positive outcomes for patients and engaged in team tasks that promote acts of kindness to fellow coworkers. The goal for administrators is to restructure the environment of care to ensure they are providing all team members appropriate tools to deal with the stress of the Emergency Room environment. The review of literature has noted the need for healthcare organizations with emergency rooms to find ways to better understand the contributing factors that create nurse burnout. It is imperative that organizations understand the paradox that causes structural breakdowns that lead to patient risk and nursing dissatisfaction.

Chapter 4: Findings

Introduction

The purpose of this study was to determine what ER nurses' behaviors and environmental factors contribute to burnout. Further, this research study sought to find the reasons behind job fatigue among ER nurses in Queen of Angels Hospital, a large urban facility in San Jose, California, where ER nurses are exposed to a range of stressors and hectic work conditions. The ER nursing staff is required to make immediate decisions about life and death, and is frequently exposed to traumatizing incidents with their patients. The research questions listed below were answered and the analytic technique was discussed. In this chapter, the findings of the study are presented and analyzed. In particular how data collection actually took place, a description of participants, the coding processes are laid out and the findings of this study are reported.

The research questions seek to determine the common challenges ER nurses face that contribute to nurse burnout, what strategies ER nurses use to successfully overcome burnout, and what recommendations nurses have to hospital administration to reduce the risk of burnout in the future. The research questions are as follows:

1. What common strategies and practices do Queen of Angels hospital ER nurses deploy in mitigating Emergency Room Nurse burnout?
2. What challenges do Queen of Angels hospital ER nurses face in deploying measures to mitigate Emergency Room nurse burnout?
3. How do Queen of Angels ER nurses measure success of measures to mitigate Emergency Room nurse burnout?
4. What recommendations would Queen of Angels hospital ER nurses make to leaders in other healthcare organizations to mitigate Emergency Room nurse burnout?

Participants

The population for this study included ER registered nurses that have four years or more of emergency room experience. To gain maximum variation in participant selection, the researcher considered the nursing population's gender, age, educational level, shift schedule, marital status, and geographic location of their workplace. The nurses for this study had specialized emergency room experience. The study consisted of 15 participants, 7 of whom were men; 8 of whom were women. All 15 participants elected to be anonymous. All 15 participants came from healthcare backgrounds (specifically healthcare with roles in ER departments). Confidentiality of participants will be maintained.

The nursing population consisted of male and female nurses ranging from ages 25 to 75. There are approximately 45 nurse names on the day shift roster; a number was assigned to each of the 45 names on the roster. The numbers were then put into a randomizing software system (Research Randomizer) to choose 15 nurses for the study, ensuring that the selection method was random. Participants were selected randomly after narrowing the participant pool to a group of individuals meeting certain qualifications (e.g., minimum four years' experience in a trauma or emergency department). Following participant selection, the details of the study were provided to participants and they were made aware of the procedures in place to protect participant rights.

Participation in the study was voluntary. Anonymity of participants and the hospital was maintained (the Queen of Angels is a pseudonym for the hospital name). The confidentiality of the research will follow the requirements of the National Institute of Health Office of Research (NIH) protecting human research participants, as well as Pepperdine IRB standards (see Appendix A). The regulations require signed participant authorization informing the participant of the following:

1. Comprehensive explanation of the research
2. Expected duration of the participation by the subject
3. Description of the risks
4. Description of the benefits
5. Statement of confidentiality
6. Contact information for questions
7. A statement that the participation is strictly voluntary and there is no penalty for withdrawing.

The participants were heterogeneous—that is, from a combination of nationalities. Participants signed the informed consent forms. During the semi-structured interviews, audio tape recordings were used during the conversations to allow the moderator to listen to the dialogue and to ask questions or to make notes on nonverbal communication. The semi-structured interviews will be retained from the research study for five years after the date of acceptance of the dissertation.

Data Collection

The original data collection plan was used. The data gathering procedure consisted of several phases. The first phase involved identifying the appropriate participants. The second stage used descriptive statistics that “presents information that helps a researcher describe responses to each question in a database and determine both overall trends and the distribution of the data” (Creswell, 2002, p. 25). The semi-structured interview questions identified variables that describe hospital characteristics linked to job satisfaction, the work environment, and burnout.

The data source for this study was on-the-job observance and semi-structured interviews. Respondents were evaluated during the interview process to better understand their social interactions as well as goal-oriented movements. The data revealed conditions contributing to job fatigue/burnout. The data was extracted by categorizing common topics. This grounded theory study used themes that diagramed into a map to facilitate the analytical process. The 15 interviews were conducted over 22 days to ensure all participants had an opportunity to complete semi-structured conversations with the interviewer. Participants were observed during their semi-structured interviews. Observations and notes were completed while the participants were discussing their roles as ER nurses. Each participant was interviewed individually in a quiet, private environment so as to encourage honest answers. The interview timeline began on February 1, 2016 and ended on February 22, 2016. Follow-up analysis for the study was concluded by February 29, 2016.

A total of 15 participants completed the survey. The data collected from all 15 participants was analyzed for the purpose of answering the following research questions:

1. What common strategies and practices do Queen of Angels hospital ER nurses deploy in mitigating Emergency Room Nurse burnout?
2. What challenges do Queen of Angels hospital ER nurses face in deploying measures to mitigate Emergency Room nurse burnout?
3. How do Queen of Angels ER nurses measure success of measures to mitigate Emergency Room nurse burnout?
4. What recommendations would Queen of Angels hospital ER nurses make to leaders in other healthcare organizations to mitigate Emergency Room nurse burnout?

For each of the interview questions, a group of three to four sub-questions were used. For Research Question 1, four questions were posed to determine the common strategies that ER nurses use to help mitigate stress levels. Questions included the participants' perceived level of stress on a typical workday, what on-the-job resources help the most in helping to mitigate stress levels, what factors contribute to stress the most, and what factors contribute to interpersonal problems. For Research Question 2, questions focused on what things prevented nurses from mitigating their stress, including how participants manage situations that are highly stressful, how they manage their emotions to respond successfully to stress, what practices participants implement outside of work to help relieve stress, and if the participants feel that clinical supervision helps to contribute to managing stress. Research Question 3 questions sought to determine how ER nurses measure success in mitigating burnout by asking what factors contribute to decreasing job stress, if nurse leadership positively influences job stress, if participating in hospital affairs helps to reduce stress, and if nurse leadership can positively affect interpersonal relationships in the ER department (among nurses and physicians). Finally, Research Question 4 asked what recommendations ER nurses would provide to hospital administration in asking how leadership can contribute more to decreasing ER nurses' stress levels, how leadership can help nurses better manage the stressors that accompany the job, and how leadership can create ideal interpersonal relationships in the work environment.

Data Analysis

The data analysis was a multiple step process. Upon collecting the participant answers from the one-on-one semi-structured interviews, the range of responses was evaluated, determining how many participants answered a vague "yes" or "no" to each question, and how many answered specifically with details. The PI then analyzed the responses that were alike,

counted the frequency of the responses, and rated them as “typical” or “nontypical.” All other answers (that are not “yes” or “no”) were considered “independent answers” and evaluated on their own. Data analysis was originally designed to rely on coding, in which tags, names, and labels are used to identify the data (Creswell, 2002).

The study relied on a three-step process in order to verify the reliability and validity of the data analysis process. In the first step, data was coded. Then, the PI discussed the study’s results with two doctoral students who served as peer reviewers. Thirdly, if no consensus was found as to the coding results, the study findings would be taken to a faculty committee, who would assist in determining final coding results. Each step of this process was a highly complex and detailed procedure.

When the principal investigator individually coded the findings, a variety of common responses for each research question and sub-question was collected. A method of bucketing was used to determine the common themes that arose during participant interviews; specifically, bucketing is a mutually exclusive and collectively exhaustive process in which the main themes that participants discuss are noted and later analyzed for the volume of participants referring to such themes. For example, the first cycle of coding showed results such as “good teamwork or management support” for Research Question 2 ($n = 8$ and 14 respectively), and “sick kids/pediatric codes” for Research Question 3 ($n = 3$). There was a precipitous drop between the first bucketing process and the second, thus indicating a much larger problem at play: specifically, that while most participants had minor complaints, most of these complaints were considered petty and unimportant when larger issues (for example, lack of support staff or understaffed ER departments) emerged.

The findings to a second cycle of coding were developed, with which several named themes emerged. In the second level of coding, themes such as “lack of support” ($n = 14$) and “low stress levels” ($n = 9$) emerged in the analysis of different participant answers. The coding results were reviewed with co-reviewers and a validation committee. After coming to a conclusion, the coding process continued to a third cycle coding, in which the themes were more clearly developed. If no consensus can be found among the validation committee, it would have been necessary to call the dissertation committee members to help serve as a tiebreaker.

During the meeting with the validation committee, the PI opted to use the term “proactive” when asking interview questions and/or developing the themes found in the findings. The validation committee preferred the term “reactive” in lieu of “proactive.” Upon initially disagreeing, a faculty member chimed in, after which a decision was made.

The validation committee suggested that the coding incorporate a boundary and accuracy and social pressures—specifically, the bucketing process should be discussed. Each theme was represented in the narrative as to how many participants spoke to that issue. The committee suggested that boundaries, social pressure, and empathy could be a theme. The information on the bucketing was then added into the dissertation.

Establishing Interrater Reliability

The PI decided to individually code the findings and common themes of the interviews after they were formatted to a transcript to develop the rough first cycle coding structure. Then, the PI would review it with two other people (classmates). The group would discuss the coding findings and main themes and arrive at a consensus. If no consensus was found, it would be necessary to reach out to a committee member to serve as a tiebreaker. Once the primary decision on the common themes is made, the coding process would continue to the second cycle.

At the end, the group met once more to discuss the final coding findings and submit them for approval. The two other classmates would examine the common themes and analyses and arrive at a consensus. Again, if no consensus is made, the committee members would be called in.

Data Display

Upon completing the interviews and organizing the participant responses, several prominent themes were immediately visible, including a call for support (via implementing an open-door policy among administrative personnel or via hiring more support staff), communication breakdown, and high levels of stress due to various factors, as will be discussed below. The data was organized by research question. In this study, four research questions were used, each directed to determining the factors causing stress among ER nurses, and each including several sub-questions to develop a rounded understanding of ER nurses' perspectives.

Research Question One

Research question one (RQ1) asks: What common strategies and practices do Queen of Angels hospital nurses deploy in mitigating Emergency Room nurse burnout? In order to answer this question, participants were asked four different questions:

- Interview Question 1: What is your perceived level of stress on a typical day?
- Interview Question 2: What resources related to your job role as an ER staff nurse would be the greatest contribution to reducing your stress?
- Interview Question 3: What factors related to your job demands as a staff nurse contribute to the greatest level of stress?
- Interview Question 4: What factors related to your job demands and role contribute to interpersonal problems in the ER work environment?

These questions were developed to coax participants to open up about their daily stress levels when at work.

Interview question 1: Perceived levels of stress. Interestingly, the interview results showed that most participants had a low level of stress on a typical day on the ER shift. Most participants ($n = 7$) offered an answer of 2 when asked what their stress level was, on a scale of 1-10, when they are at work. Some participants seemed to be more prone to stress. According to Participant 15, work is a stressful endeavor: He stated that when traveling to work, his stress level is a 5, and at work his stress level is an 8. Participant 8, on the other hand, stated that his stress level on the way to work is commonly 0 and at work is a 1.

Despite the varying answers, all participants agreed that daily events in the ER have a drastic pull on their daily stress levels. Participant 11 stated that their stress level fluctuates depending on the work environment. She said that unless she experiences a “precursor” from a colleague that it’s “been a terrible day,” her stress level is “usually a 0-2 but I’m usually pretty happy.” She added: “As I come through the door, based on people’s appearance if they looked stress out, their hair is all disheveled then my anxiety will spike. On average it is probably a 3-5” (Participant 11, personal communication, February 22, 2016). Other participants, such as Participant 4, stated that their stress levels rise the deeper they are in their work week: “In the beginning of the work week it will be maybe a 3-4 and the end of my work week it will be like a 8-9.” Figure 4 illustrates the findings of Research Question 1 in regard to typical stress levels among ER nurses.

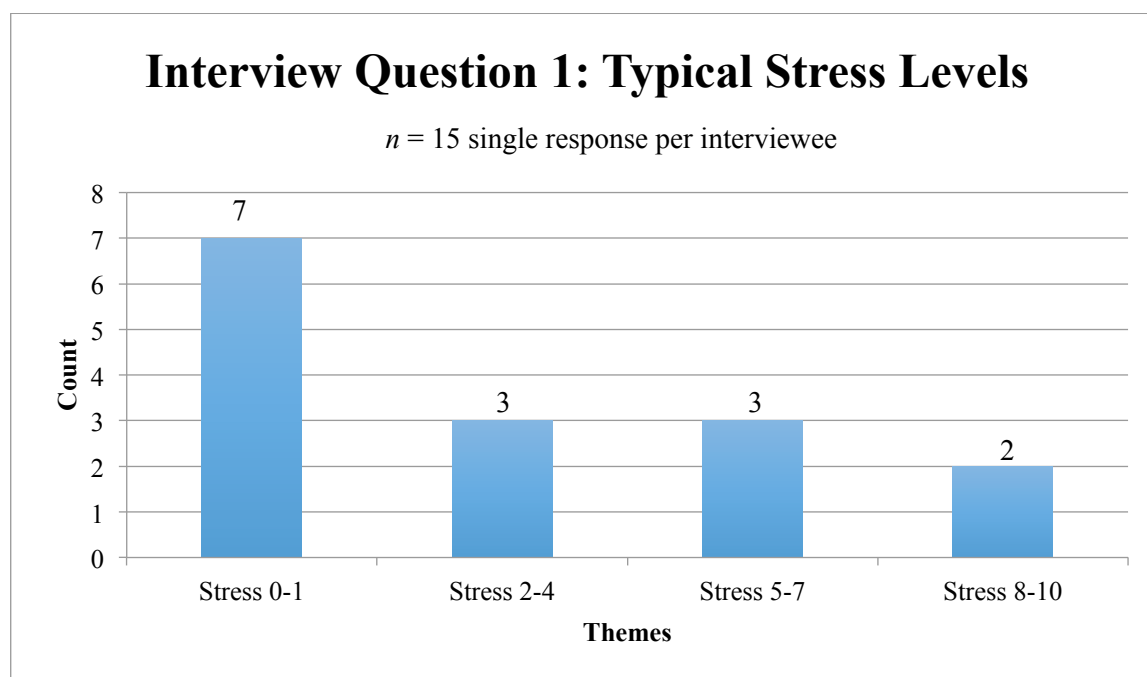


Figure 4. Typical stress levels. This figure demonstrates the themes that emerged from the responses answering the stated interview question, presented here in decreasing order of frequency. The numbers next to each theme indicate the number of times a direct or indirect statement was made by an interview participant that fell into the respective theme category.

Interview question 2: Job-related factors that reduce stress. Participants’ responses when asked how they can best reduce their stress varied greatly, ranging from talking with colleagues about stressful situations to having equipment in its proper place. A common theme that emerged in participant answers included staffing: specifically, that poor staffing is one of the greatest contributors to increasing stress among ER nurses; likewise, bringing more nurses onto the staff is a great stress relief for participants. According to Participant 3:

For me my stress level is mainly related to staffing. So in a day when we are staffed well I maintain my stress level very well down, maybe even at a 2. But I just noticed that the lower the staffing level the more stressed I get, so that’s why my stress will fluctuate.

(Participant 3, personal communication, February 20, 2016)

Participant 10 said:

More staff. A good support system, a charge nurse that knows what's going on, and good communications with the doctors. Good ratios help. Particular resources that you are commonly missing: Emergency Department Techs. Because if you have a shortage of them and you are spending a lot of time doing tech work instead of medication and nursing. That definitely added to the stress of the situation. Resources help: supplies that are easily accessible and staffing. (Participant 10, personal communication, February 22, 2016)

Figure 5 illustrates the findings of Research Question 1 in regard to how ER nurses feel on-the-job resources can be improved to help reduce stress levels.

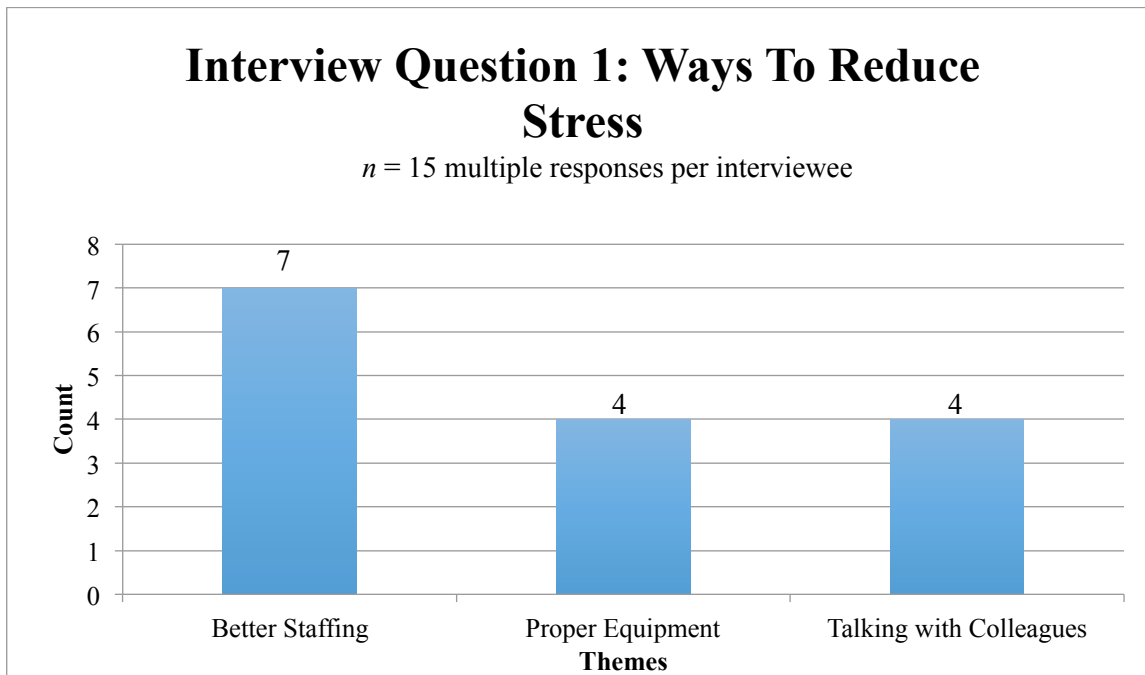


Figure 5. Ways to reduce stress. This figure demonstrates the themes that emerged from the responses answering the stated interview question, presented here in decreasing order of frequency. The numbers next to each theme indicate the number of times a direct or indirect statement was made by an interview participant that fell into the respective theme category.

Interview question 3: Job-related factors that add stress. In the context of this study, “adding stress” alludes to the factors that increase ER nurses’ stress levels when on the job. When asked what factors in the ER department add to their stress, the participants offered a variety of replies: inconsistent work schedules ($n = 1$), lack of staff or room to care for sick patients ($n = 14$), and a lack of resources ($n = 7$). According to Participant 10:

I think adequate staffing is a big stressor because when you are short staff you have more patients and you don’t have anyone to help you. That’s a huge stressor for me. If I have a really sick patient and I have nobody to help me with that patient that’s a huge source of stress because their life is in your hands. They rely on you to survive, if you don’t have the resources that you need that’s a huge stress. Not having enough equipment available, that’s a huge stress. The doctor’s order too many things, that’s a huge stress, I mean the lists goes on and on. (Participant 10, personal communication, February 22, 2016)

As is shown in the graph below, Figure 6 illustrates the findings of Research Question 1 in regard to participants’ noted work-related factors that add stress.

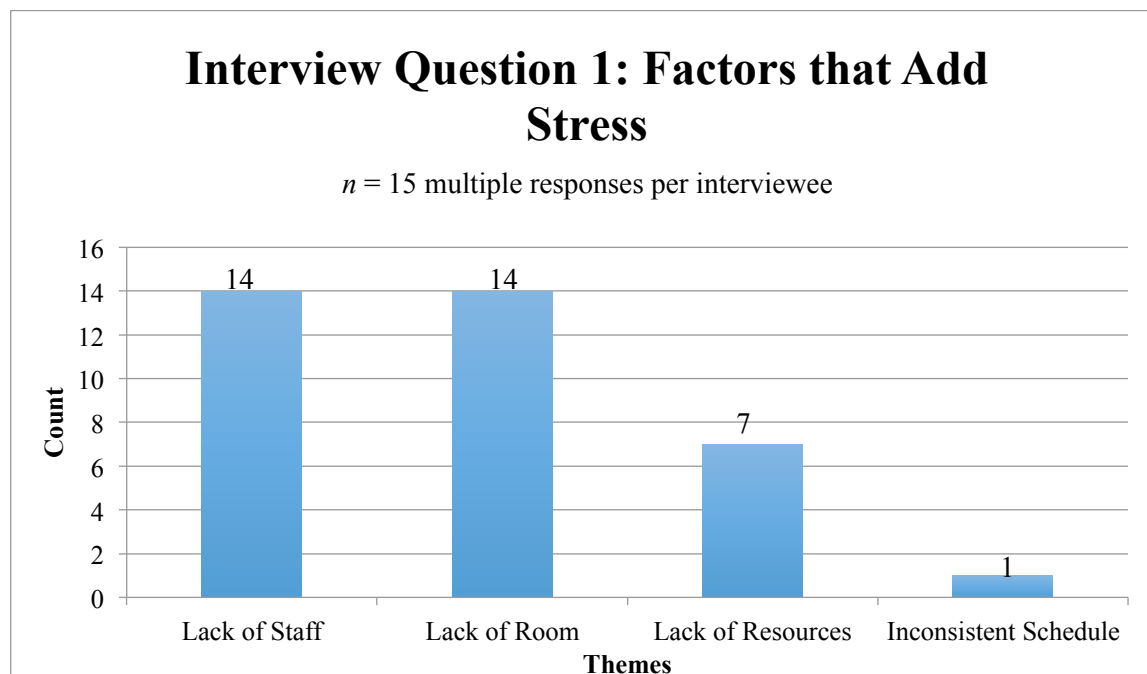


Figure 6. Factors that add stress. This figure demonstrates the themes that emerged from the responses answering the stated interview question, presented here in decreasing order of frequency. The numbers next to each theme indicate the number of times a direct or indirect statement was made by an interview participant that fell into the respective theme category.

Interview question 4: Interpersonal problems. Interpersonal problem was cited as a key factor in increasing stress levels of ER nurses. Of the answers the participants offered when asked about which factors cause interpersonal problems among staff in the ER department, the majority of participants alluded to miscommunication and laziness among other ER nurses ($n = 10$). Especially at the end of a difficult workday, it may be hard for some nurses to find the strength and energy to continue working when their feet are aching and they are desperate for some rest. According to Participant 13, the main issue that causes interpersonal issues among staff at the Queen of Angels hospital is laziness in which the participant stated, “When you are busting balls and they have time to look at their phone, chit-chat and having conversation. I’m not saying that you can’t but when nurses are running around could you look up, could you help. So for me, co-workers that don’t work.” However, Participant 11 provides a solution:

I have noticed that most ER nurses have similar personality problems and seems to happen when the teamwork starts to crumble. It happens most often when we are tired and you may not want to help your co-worker. That happens when maybe you have just caught up and you maybe want a second to sit down. But you notice that your co-worker is struggling so you help even if you don't want to. (Participant 11, personal communication, February 22, 2016)

Figure 7 illustrates the findings of Research Question 1 in regard to interpersonal issues that lead to increased stress levels.

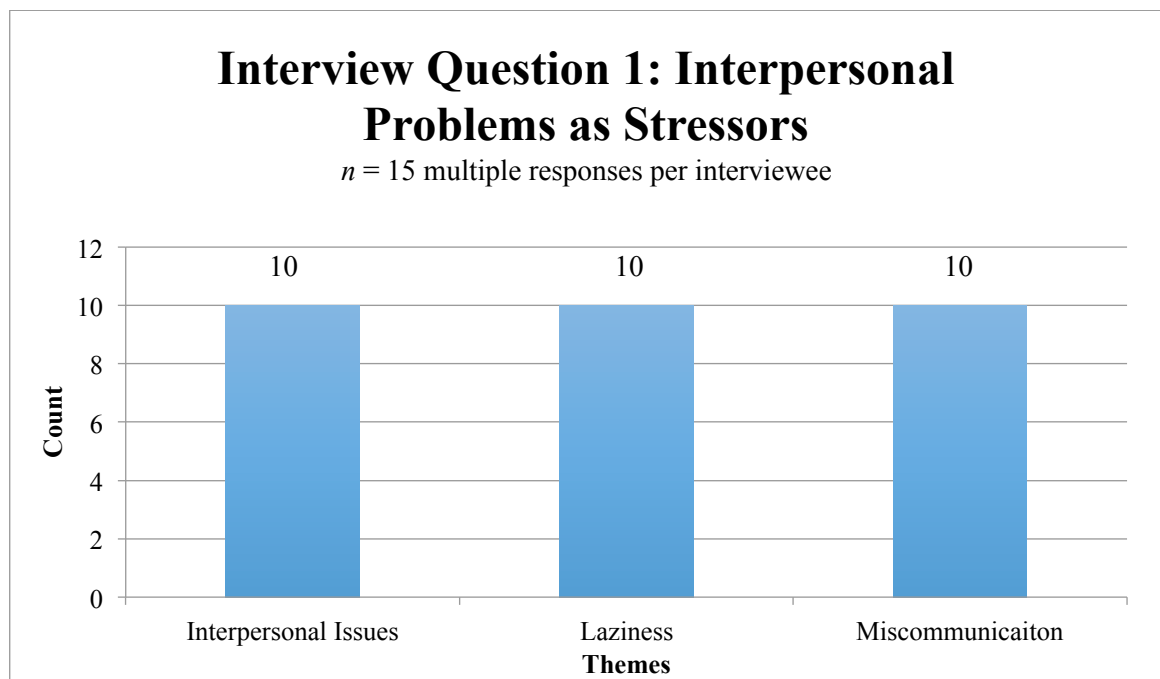


Figure 7. Interpersonal problems as stressors. This figure demonstrates the themes that emerged from the responses answering the stated interview question, presented here in decreasing order of frequency. The numbers next to each theme indicate the number of times a direct or indirect statement was made by an interview participant that fell into the respective theme category.

Research question one summary. For research question 1, the main themes that emerged included stress levels rated at 5 or higher, a lack of support, communication breakdown, and lack of boundaries that all contributed to increased stress levels among ER nurses. These findings

greatly help clarify the issues that ER nurses are currently facing while on the job. Figure 8 illustrates these findings.

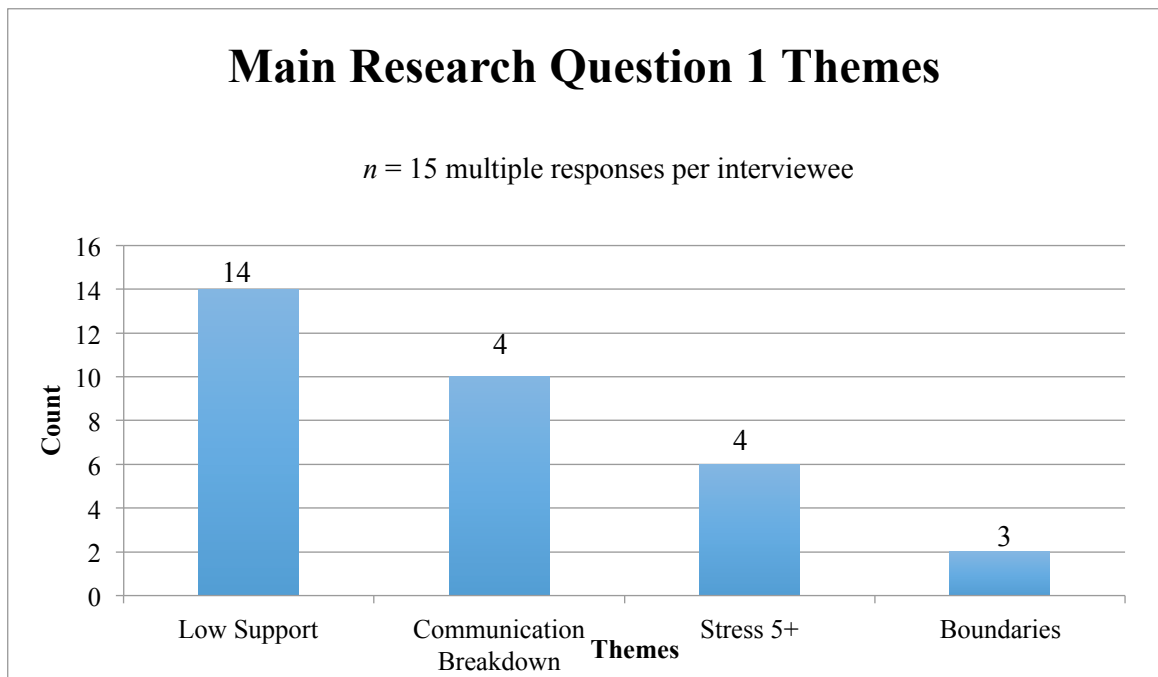


Figure 8. Main Research Question 1 themes. This figure demonstrates the themes that emerged from the responses answering the stated interview question, presented here in decreasing order of frequency. The numbers next to each theme indicate the number of times a direct or indirect statement was made by an interview participant that fell into the respective theme category.

Stress levels at 5 or higher (on a scale of 10) indicates a higher level of on-the-job stress for ER nurses at Queen of Angels hospital. Most participants in this survey alluded to a low level of support, meaning more job responsibilities fell on their shoulders and therefore increased their on-the-job stress levels. A communication breakdown between different hospital employees (e.g., administrative staff and ER nurses) as well as a failure to set personal boundaries are also attributed in part to increased stress levels.

Research Question Two

Research question two (RQ2) asks: What challenges do Queen of Angels hospital nurses face in deploying measures to mitigate Emergency Room nurse burnout? Participants were asked

four different questions:

- Interview Question 1: As an ER nurse, how do you manage situations that are highly stressful?
- Interview Question 2: How do you manage your emotions in order to respond successfully to stressful situations?
- Interview Question 3: What practices do you implement outside of the workplace to maintain work/life balance?
- Interview Question 4: Does clinical supervision contribute to managing stress? How?

Of the four sub-questions to answer Research Question 2, there were several themes that emerged: nurses rely on colleagues during stressful situations, learn how to manage their emotions, exercise to burn off stress associated with the ER department, and do not feel that supervisors help to manage stress, all of which are expanded on below. Each of these factors plays a critical role in how ER nurses currently self-manage their high stress levels during or after their shifts in the Emergency Room.

Interview question 1: Reliance on colleagues during stressful situations. In order to help mitigate their stress levels, participants frequently alluded to relying on colleagues during the workday. Eight participants stated that they rely on colleagues during stressful situations, most notably because the colleagues understand the stressful situation and environment implicitly and are able to provide someone to “rant” to. According to Participant 2, a reasonable way to alleviate stress and manage stressful situations is to “ask for help...especially from our charge nurse.” Participant 2 states that she will rely on others to share the workload because it’s others’ jobs. Furthermore, Participant 4 stated:

Having a good partner helped me to manage highly stressful situations. If I cannot really rely on my team and I don't have supportive management that really adds to my stress level. (Participant 4, personal communication, February 19, 2016)

While other participants noted different methods used to deal with stressful situations (such as Participant 5's answer: "I cry after the event is over"), the majority ($n = 8$) cited colleagues or coworkers as being able to provide a measurable amount of stress relief on the job (Participant 5, personal communication, February 19, 2016). Figure 9 illustrates the findings of Research Question 2 in regard to how ER nurses manage stress by relying on colleagues.

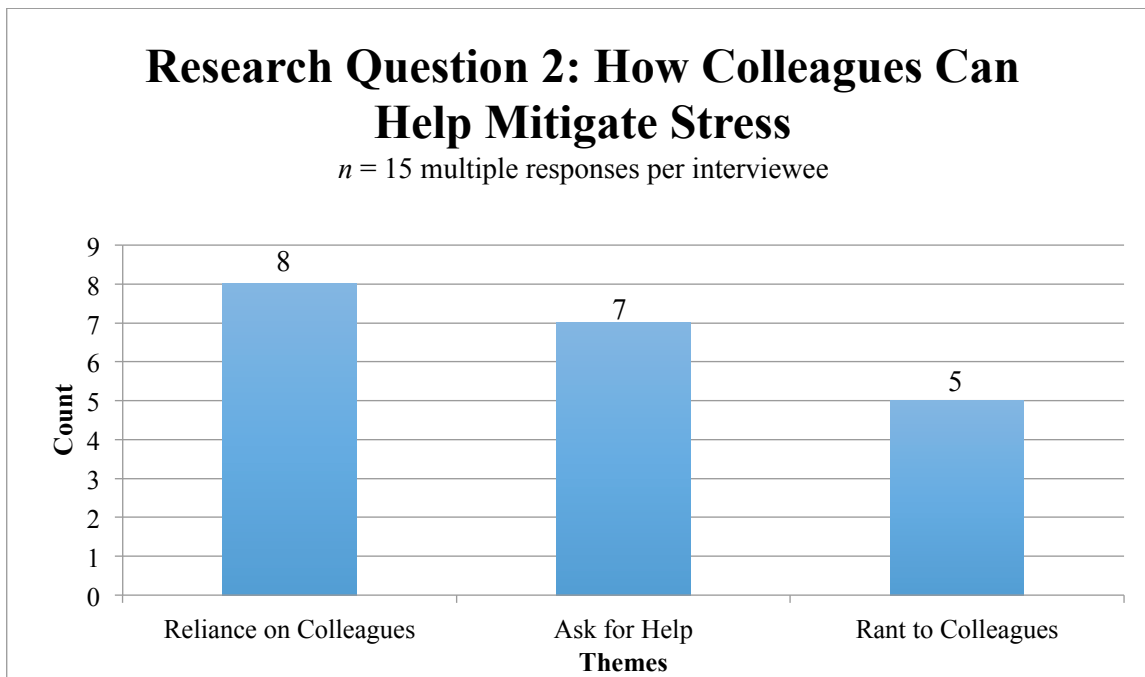


Figure 9. Reliance on colleagues to mitigate stress. This figure demonstrates the themes that emerged from the responses answering the stated interview question, presented here in decreasing order of frequency. The numbers next to each theme indicate the number of times a direct or indirect statement was made by an interview participant that fell into the respective theme category.

Interview question 2: Managing emotions. In regard to this study, managing emotion is an important key skill for ER nurses to have in order to help regulate their stress levels. When asked how they manage their emotions, four participants stated that in order to respond

successfully to stressful situations in the ER, they manage their emotions by “keeping it to the side” (according to Participant 1), “taking it home with you” (according to Participant 2), or “going on autopilot” (according to Participant 14) (Participant 1, personal communication, February 21, 2016; Participant 2, personal communication, February 20, 2016; Participant 14, personal communication, February 29, 2016).

Interestingly, there was no main theme for how ER nurses manage their emotions when faced with on-the-job stress; all participants had their own method of managing emotion. Some participants, like Participant 15, stated that it is necessary to “cry with patients.” Participant 15 said that although the tragic things that nurses see are a daily occurrence, it’s still necessary to sometimes let the emotion out (Participant 15, personal communication, February 22, 2016).

Figure 10 illustrates the findings of Research Question 2 in regard to how participants manage their emotions.

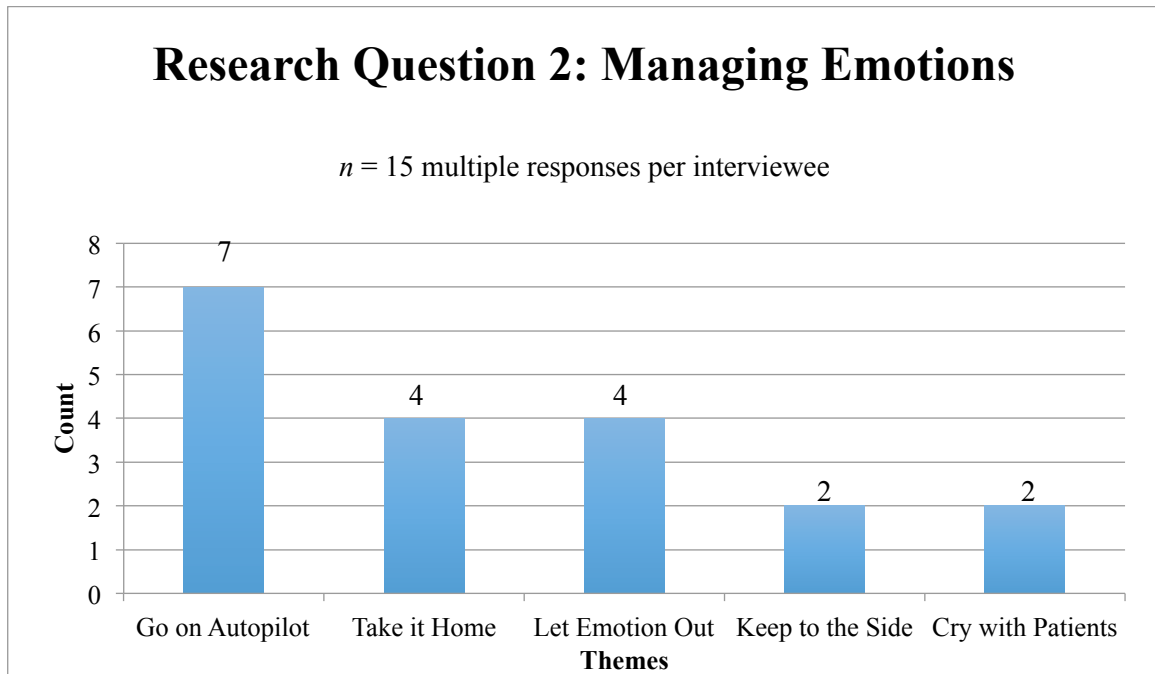


Figure 10. Managing emotions. This figure demonstrates the themes that emerged from the responses answering the stated interview question, presented here in decreasing order of frequency. The numbers next to each theme indicate the number of times a direct or indirect statement was made by an interview participant that fell into the respective theme category.

Interview question 3: Exercising. Exercising has been a well-known and common way for ER nurses to manage their stress levels due to their work life. Interestingly, while participants all have different ways to manage their emotions due to the high-stress ER environment, all participants ($n = 15$) have a tried-and-true method for managing their work-life balance, especially due to the amount of stress they experience on the job: almost all participants cited exercise or some form of physical activity as a way to balance their work-life priorities. Examples of exercise range from walking, to yoga, to fishing, to riding horses. As stated by Participant 5: “I ride horses, that’s my therapy. That is something that I do to mitigate the stress that is inherent in my job” (Participant 5, personal communication, February 19, 2016). Figure 11 illustrates the findings of Research Question 2 in regard to how participants exercise to find stress relief.

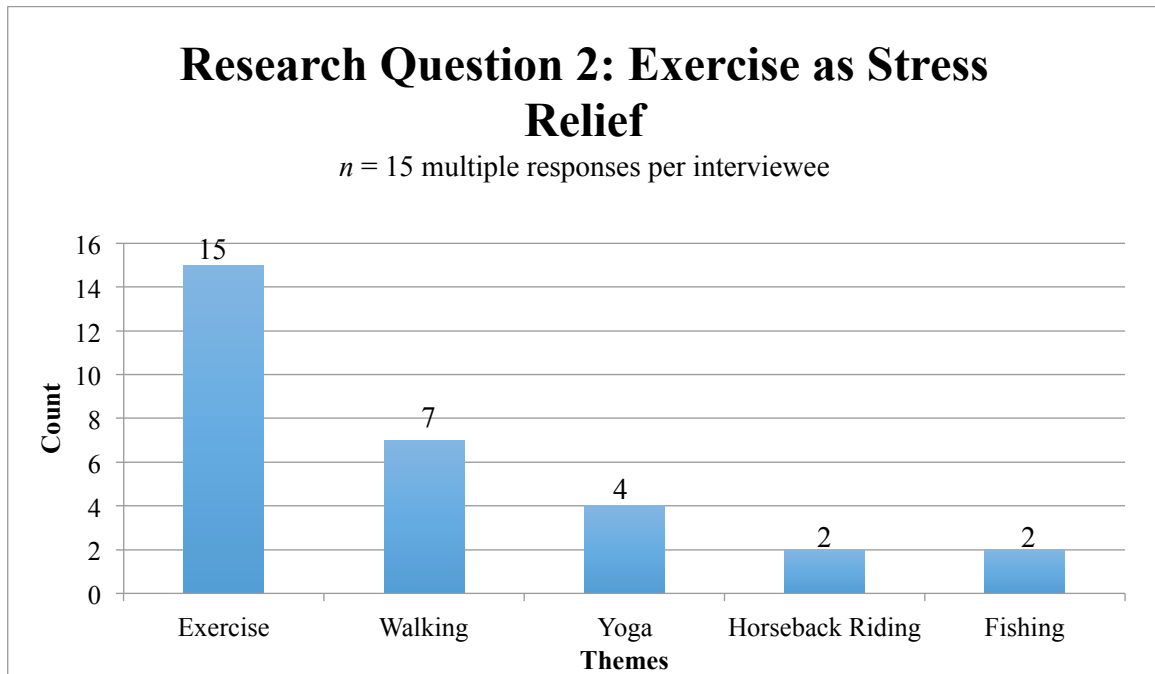


Figure 11. Exercise as stress relief. This figure demonstrates the themes that emerged from the responses answering the stated interview question, presented here in decreasing order of frequency. The numbers next to each theme indicate the number of times a direct or indirect statement was made by an interview participant that fell into the respective theme category.

Interview question 4: Supervisors do not help. The final theme that emerged from asking Research Question 2 was that as a rule, ER nurses feel that supervisors do not help with mitigating the workload (and stress levels) found within the ER department. Unhelpful supervisors are cited as a major cause for increased stress levels among the ER nurses who participated in this study. Instead of being able to depend on their supervisors for help and support, ER nurses state that they have to rely on colleagues and other resources (as noted above) to help even out their workload and reduce stress levels.

An interesting sub-theme that emerged was that clinical supervisors and managers, although “part of the team,” often do not involve themselves with the team. Participant 2 stated that “Some of the managers sit in the back and direct without getting involved. They will say go do this or go do that and they can see that the ER is sinking but they do nothing” (Participant 2,

personal communication, February 20, 2016). Participant 3 added, “Clinical supervisors are part of the team. But...for every single hospital I have worked for including this one, for some reason they separate themselves away from us” (Participant 3, personal communication, February 20, 2016). The issues that came up in this sub-question are indicative of a need of training for hospital supervisors. Peer-to-peer, leadership, and supervisor training leadership are all areas of training that could potentially help reduce the likelihood of this problem. Figure 12 illustrates the findings of Research Question 2 in regard to how ER nurses perceive a lack of help from supervisors.

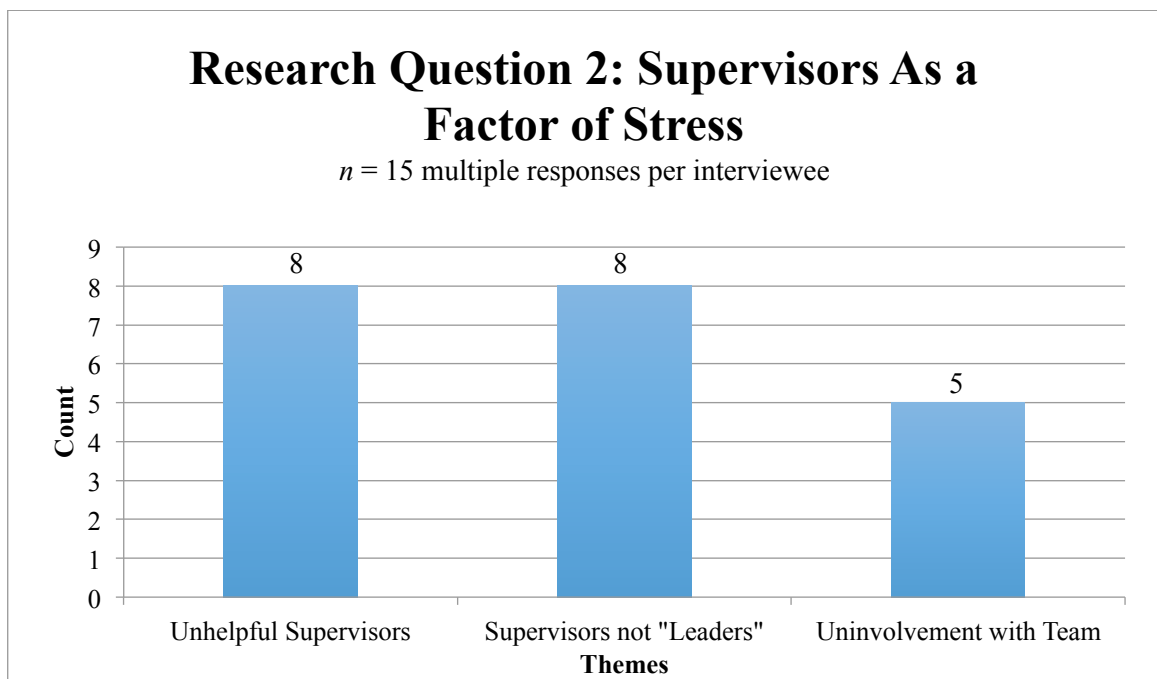


Figure 12. Supervisors as factor of stress. This figure demonstrates the themes that emerged from the responses answering the stated interview question, presented here in decreasing order of frequency. The numbers next to each theme indicate the number of times a direct or indirect statement was made by an interview participant that fell into the respective theme category.

Research question two summary. For research question 2, the main themes that emerged included a reliance on colleagues during stressful situations, difficulty managing emotions, exercising as a form of stress relief, and feeling that supervisors do not help that all contributed

to increased stress levels among ER nurses. These findings, especially when placed on a graph, help to illustrate the factors that help to mitigate stress levels among ER nurses. Figure 13 illustrates these findings.

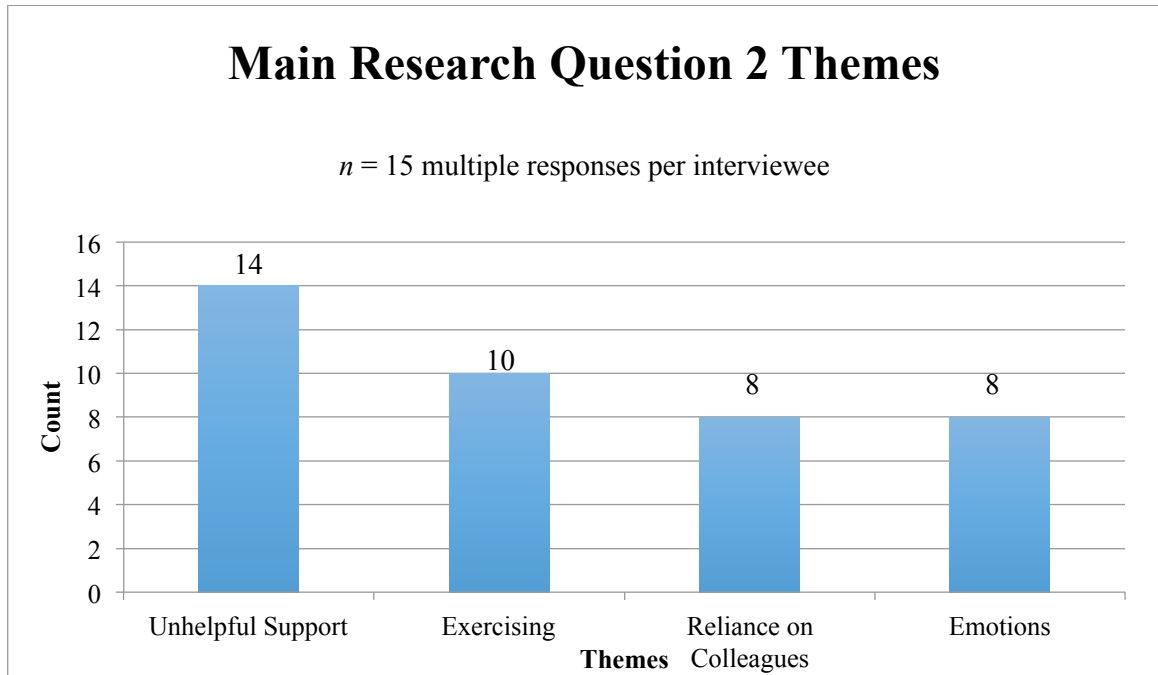


Figure 13. Main Research Question 2 themes. This figure demonstrates the themes that emerged from the responses answering the stated interview question, presented here in decreasing order of frequency. The numbers next to each theme indicate the number of times a direct or indirect statement was made by an interview participant that fell into the respective theme category.

Participants noted that reliance on colleagues during tough work situations helped relieve their stress. A handful of participants shared difficulty in managing their emotions while at work; two-thirds stated that they relied on exercise to help manage the stress and emotions they felt following hard days at work. When asked the number-one reasons for their on-the-job stressors, the majority ($n = 14$) participants stated that unhelpful sources of support was the cause.

Research Question Three

Research question three (RQ3) asks: How do Queen of Angels ER nurses measure success of measures to mitigate Emergency Room nurse burnout? To answer this question, participants were asked four questions:

- Interview Question 1: What contributes to decreasing your job stress?
- Interview Question 2: Does nurse leadership positively influence your job stress? If so, how. If not, why not?
- Interview Question 3: Does participating in hospital affairs contribute to decreasing your job stress? If so, how. If not, why not?
- Interview Question 4: Does nurse leadership positively influence the physician/nurse relationship? If so, how. If not, why not?

During the interview process for Research Question 3, several themes emerged, including an inability to alleviate stress that others are experiencing, a perceived lack of support, and issues with the hospital policy and procedures. Each of these uncovered themes helps to illustrate the factors that help to decrease the amount of stress they face while on the job. Each factor will be explained and expanded on below.

Interview question 1: Inability to alleviate stress. An inability to alleviate stress was cited as another main reason for the high stress levels among ER nurses. Specifically, when nurses find themselves unable to reduce their stress levels on their own, they continue to experience high stress levels until they suffer from burnout. Five of this study's participants alluded to an inability to reduce stress loads due specifically to sick kids, offloading the stress others are experiencing, meeting the high demands of patients, families, and staff, dealing with miscommunications, and dealing with a high workload. Several participants ($n = 3$) noted that

sick children increases work stress load dramatically. Furthermore, when nurses feel stressed due to high expectations from patients or staff, they feel an inability to alleviate stress; according to Participant 10: “The charge nurse should be aware of what their staff is going through” (Participant 10, personal communication, February 22, 2016). Participant 11 adds: “The expectation thing again” is a major cause of an inability to alleviate high stress levels (Participant 11, personal communication, February 22, 2016). Figure 14 illustrates the findings of Research Question 3 in regard to participants’ inability to alleviate stress.

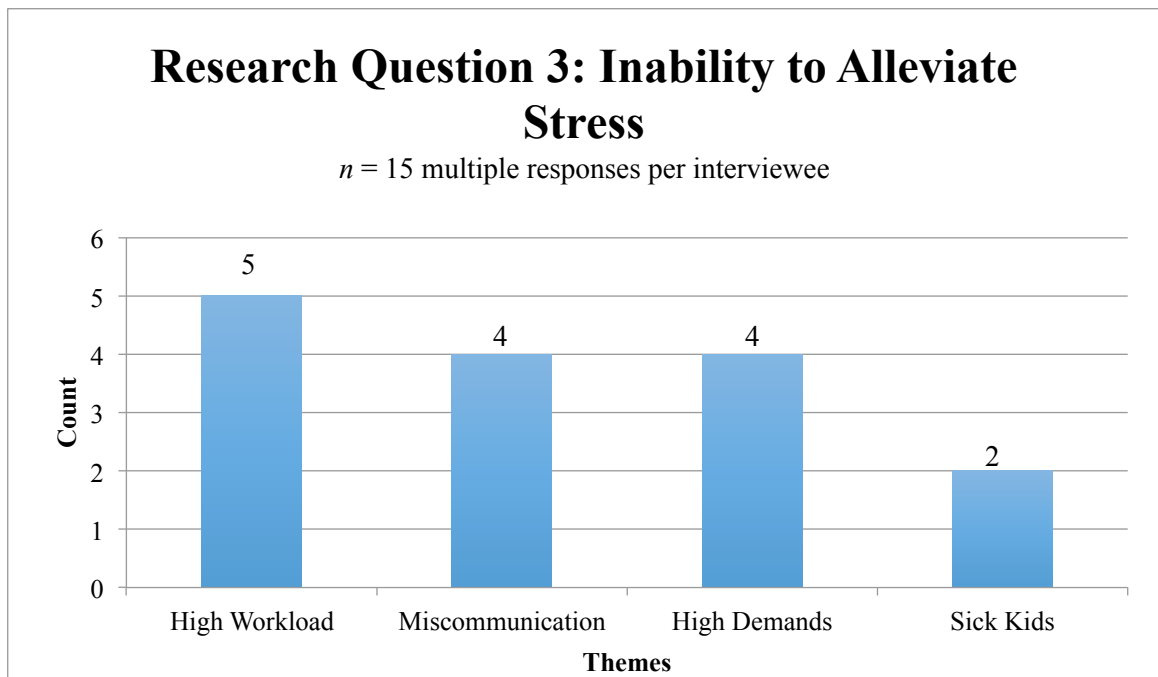


Figure 14. Inability to alleviate stress. This figure demonstrates the themes that emerged from the responses answering the stated interview question, presented here in decreasing order of frequency. The numbers next to each theme indicate the number of times a direct or indirect statement was made by an interview participant that fell into the respective theme category.

Interview question 2: Perceived lack of support. There appeared to be a disconnect between ER nurse staff and clinical supervisors, yet another key factor that contributes to increased stress levels among nurses. Many nurse participants (*n* = 14) stated that there are current issues in hospital management styles; specifically, many personnel on hospital

management subscribe to an “us versus them” mentality; they rarely involve themselves with the ER nurses (as discussed above). This leads ER nurses to perceive a lack of support from higher-up administrative personnel. According to Participant 15: “It makes a huge difference when you have a charge nurse who is a good manager and who will try to get you help when you need it. Instead of just sitting there barking orders. The camaraderie is very important” (Participant 15, personal communication, February 25, 2016). Figure 15 illustrates the findings of Research Question 3 in regard to how participants experience a perceived lack of support.

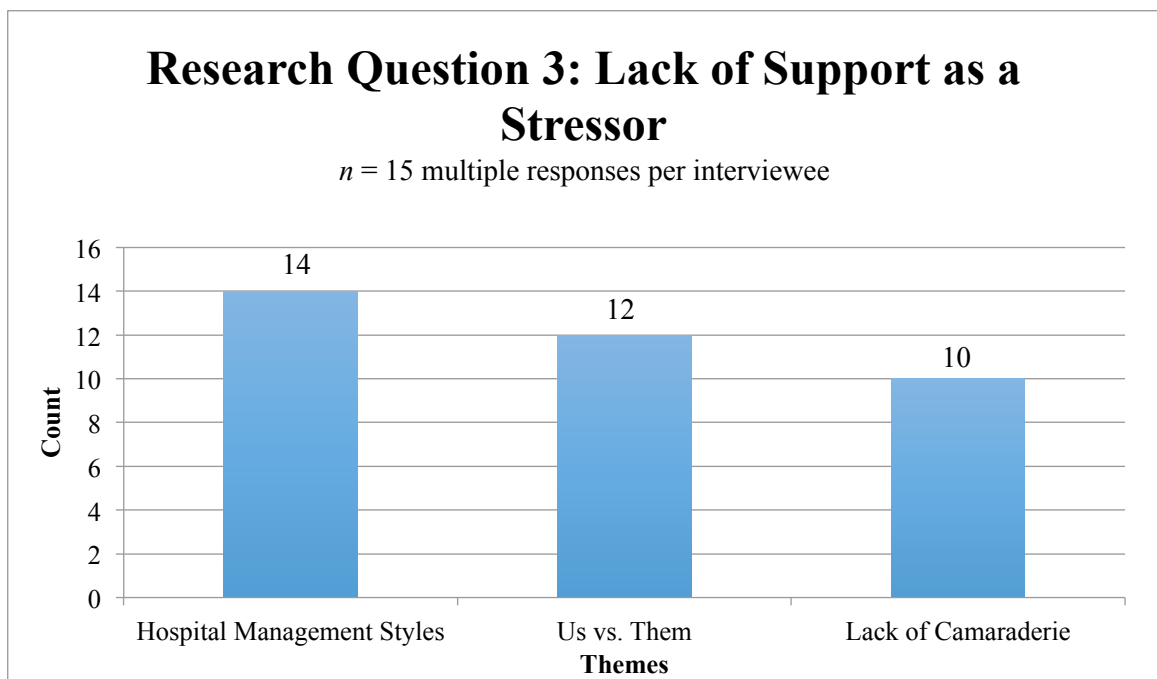


Figure 15. Lack of support as stressor. This figure demonstrates the themes that emerged from the responses answering the stated interview question, presented here in decreasing order of frequency. The numbers next to each theme indicate the number of times a direct or indirect statement was made by an interview participant that fell into the respective theme category.

Interview question 3: Hospital policy & procedures. In order to reduce ER nurses’ stress, more involvement in hospital affairs or a change on the administrative level of hospital procedures was suggested. Fourteen participants stated that they voluntarily do not participate in hospital affairs; most ER nurse participants shared that they leave the hospital as soon as they

complete their shift and do not return for extracurricular hospital affairs. Although some participants stated that they think participating in hospital affairs would help to “build camaraderie,” according to Participant 15, the vast majority stated that they have not and would not ever participate in extracurricular affairs on their day off (Participant 11, personal communication, February 25, 2016).

Nine participants noted that the constantly evolving business model, policy changes to delivering patient care, Obamacare and new healthcare laws, and excessive charting of irrelevant things all contributed to the amount of stress they felt on the job due to the hospital’s policy and procedures. According to Participant 5, Obamacare was a major source of a stressor because “I see the way we treat patients changing and not for the better, either” (Participant 5, personal communication, February 19, 2016). Figure 16 illustrates the findings of Research Question 3 in regard to the types of hospital policies that prove to be stressors.

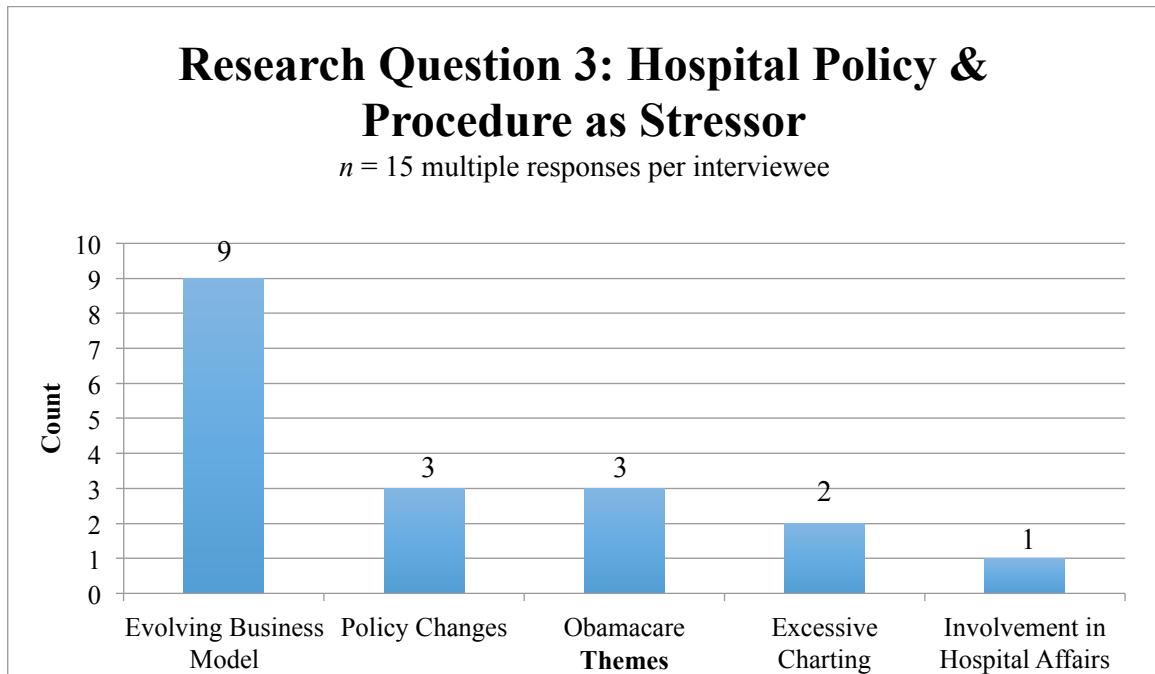


Figure 16. Hospital policy & procedure as stressor. This figure demonstrates the themes that emerged from the responses answering the stated interview question, presented here in decreasing order of frequency. The numbers next to each theme indicate the number of times a direct or indirect statement was made by an interview participant that fell into the respective theme category.

Research question three summary. For research question 3, the main themes that emerged included an inability to alleviate stress, a perceived lack of support, and hospital policies and procedures that all contributed to increased stress levels among ER nurses. The findings for research question 3 help to pinpoint the main issues ER nurses face when dealing with increased stress levels in the ER department. Figure 17 illustrates these findings.

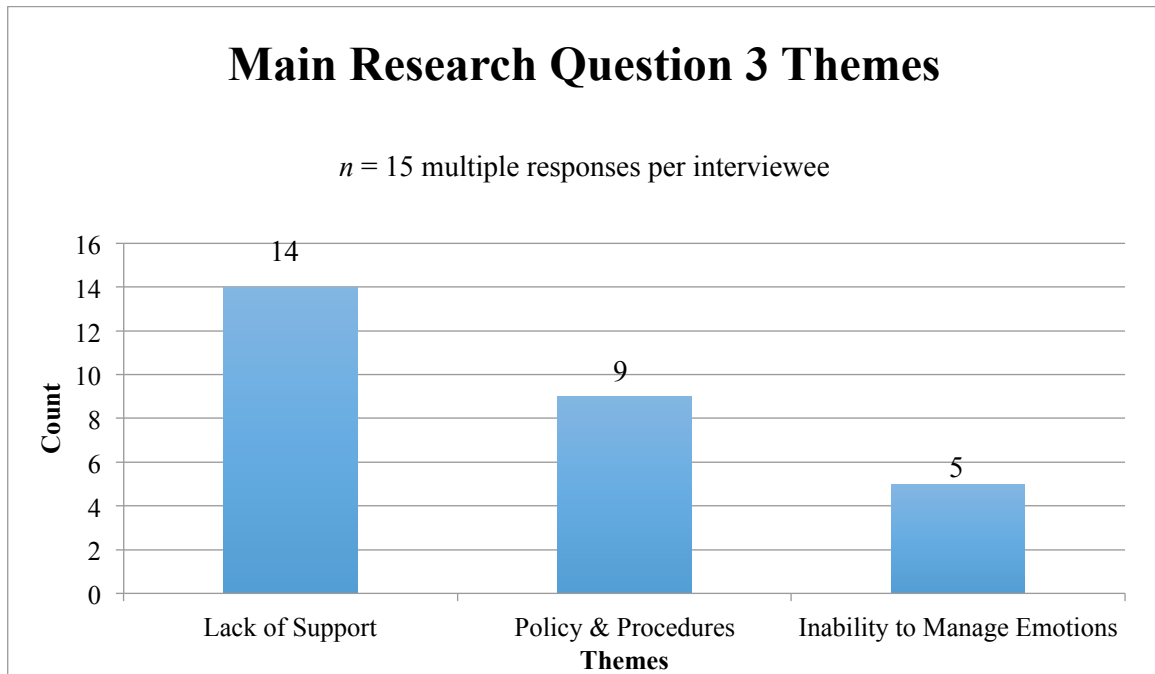


Figure 17. Main Research Question 3 Themes. This figure demonstrates the themes that emerged from the responses answering the stated interview question, presented here in decreasing order of frequency. The numbers next to each theme indicate the number of times a direct or indirect statement was made by an interview participant that fell into the respective theme category.

Participants noted an inability to alleviate the stress accumulated during their on-the-job duties, a perceived lack of support, and hospital policies and procedures as more of the key factors behind their stress levels. Of the sub-questions asked for Research Question 3, the lack of support was the highest noted as a contributing factor for stress levels among ER nurses. A lack of support was commonly the umbrella term for a variety of issues including low staffing levels and a difficulty to communicate with superiors.

Research Question Four

Research question four (RQ4) asks: What recommendations would Queen of Angels hospital ER nurses make to leaders in other healthcare organizations to mitigate Emergency Room nurse burnout? Participants were asked several questions:

- Interview Question 1: How can leadership contribute more to decreasing the job demands that increase your level of job stress?
- Interview Question 2: How can leadership help you better manage the stressors that influence your job role?
- Interview Question 3: What can leadership do to create ideal interpersonal relationships in the work environment?

Upon answering these questions, several main key themes emerged: participants discussed how management responds to the ER nurse workload, ER nurses hope that hospital administration will be proactive and anticipate staff needs, it is necessary for supervisors to examine the administrative policy and role definitions, an increased level of collaboration is needed, and it would be beneficial for ER nurses to be acknowledged for their efforts.

Interview question 1: Management response to workload. Management response to workload is critical to helping manage the levels of stress put on ER nurses. Many participants ($n = 11$) stated that in order for leadership to contribute more to decreasing the job demands that increase ER nurses job-related stress levels, it would be helpful for supervisors to increase the number of specialists (e.g., neurologists) available to the ER department, increase staff in general, and partake in better planning/forecasting to reduce possible stressors before they arise. According to Participant 9: “We need more staff; there is always a staffing issue in the ED. More staff, especially on the triage area” (Participant 9, personal communication, February 20, 2016). Figure 18 illustrates the findings of Research Question 4 in regard to how participants view that management should help to mitigate ER nurses’ stress.

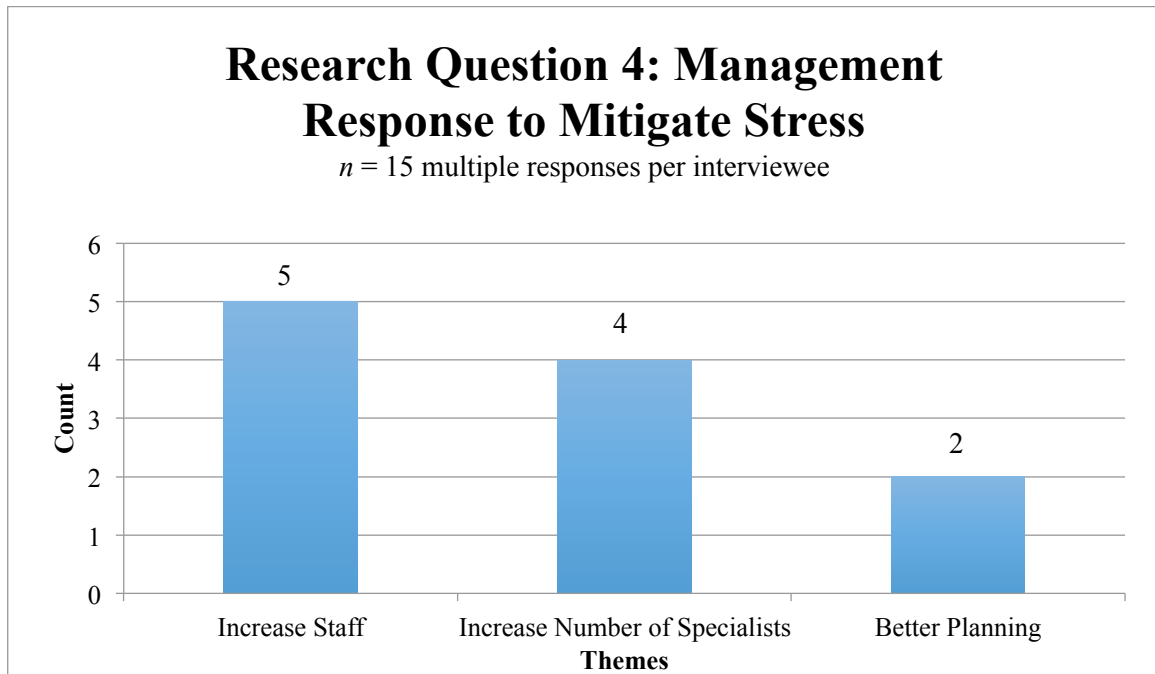


Figure 18. Management response to mitigate stress. This figure demonstrates the themes that emerged from the responses answering the stated interview question, presented here in decreasing order of frequency. The numbers next to each theme indicate the number of times a direct or indirect statement was made by an interview participant that fell into the respective theme category.

Interview question 2: Proactively anticipate staff needs. To help mitigate stress levels, it was suggested that hospital administrative personnel should proactively anticipate staff needs. Another main issue in regards to management actions to decrease stressors that came up was the desire for management to be proactive and to anticipate staff needs, as addressed by all 15 participants. However, as Participant 1 stated, it’s not always easy to forecast for what will be needed in the future: “In the ER that’s so difficult to do. Everything happens so quickly there” (Participant 1, personal communication, February 19, 2016). Other participants alluded to the accessibility to be able to talk to hospital management (*n* = 5), for hospital management to be more approachable (*n* = 4), including a suggestion box (*n* = 1), and/or using huddles to ask staff

about their needs ($n = 4$). Figure 19 illustrates the findings of Research Question 4 in regard to participants' opinions on how supervisors can best anticipate staff needs.

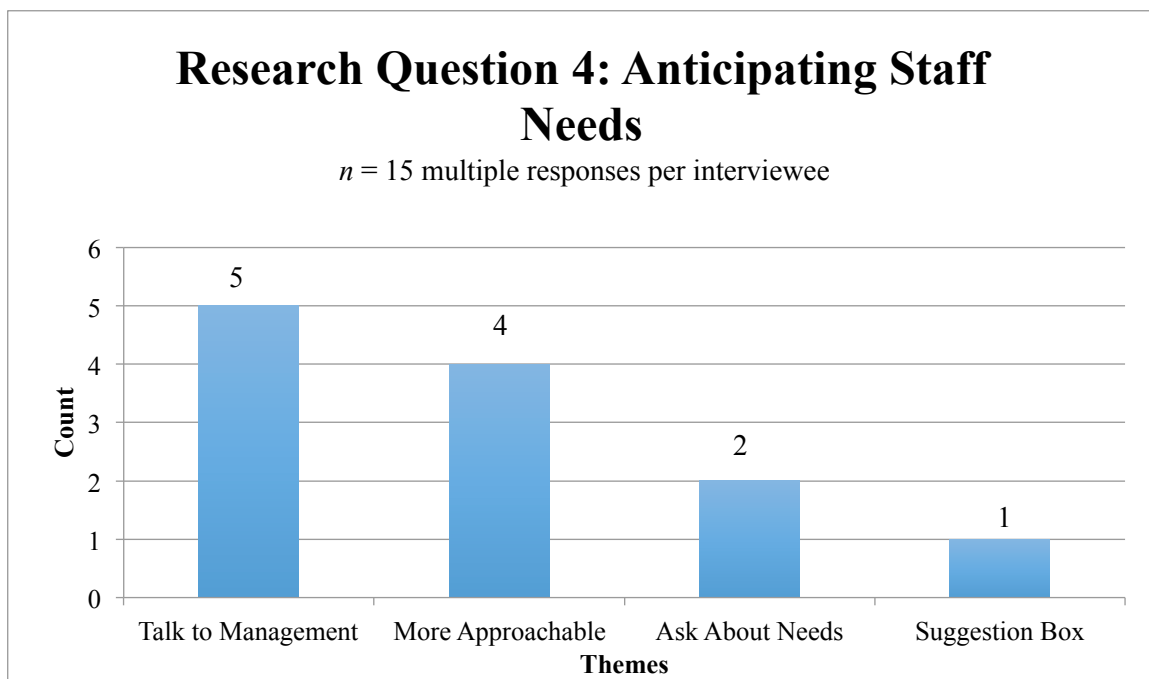


Figure 19. Anticipating staff needs. This figure demonstrates the themes that emerged from the responses answering the stated interview question, presented here in decreasing order of frequency. The numbers next to each theme indicate the number of times a direct or indirect statement was made by an interview participant that fell into the respective theme category.

Interview question 3: Administrative policy/role definition. Administrative policies and a change in role definition may help to reduce the stress loads placed on ER nurses. Participants often stated ($n = 7$) that leadership can manage ER nurse stressors by reprioritizing goals, increasing latitude for decision-making to increase efficiency, and assisting with the transitioning of policy changes. Participant 9 stated:

Management can listen to what our issues are and have an open-door policy with the Manager and the Assistant Managers. Also an acknowledgment that they are going to work on stuff. Hearing our voices. (Participant 9, personal communication, February 21, 2016)

Figure 20 illustrates the findings of Research Question 4 in regard to how administrative policies can help to reduce stress.

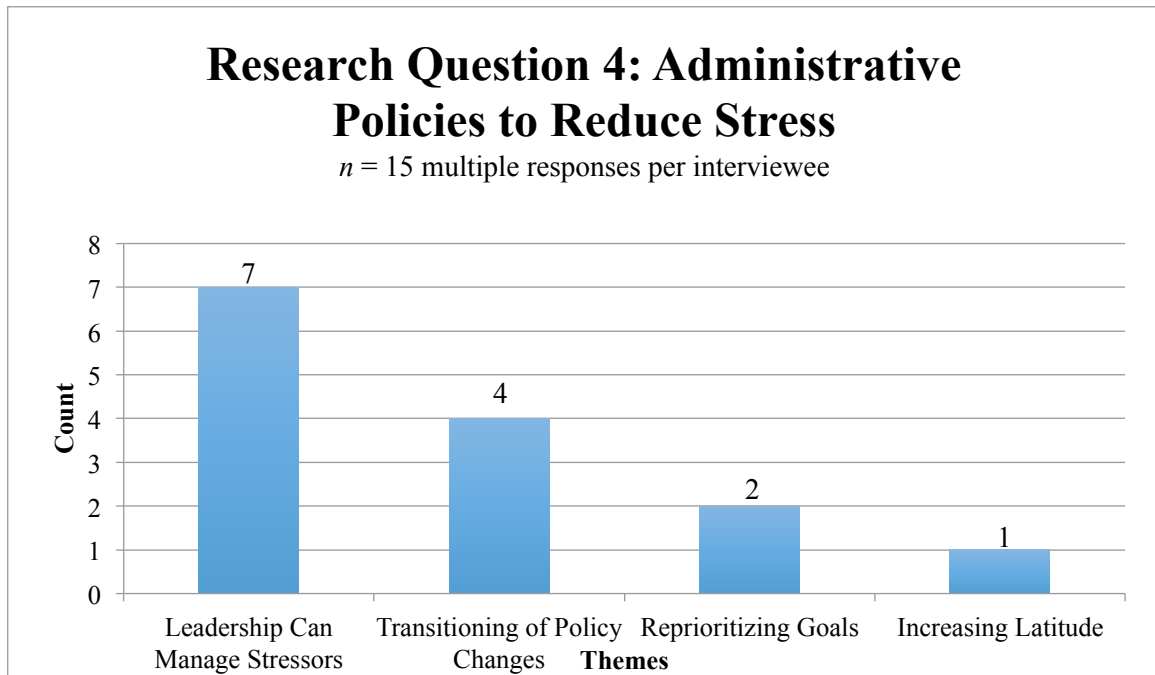


Figure 20. Administrative policies to reduce stress. This figure demonstrates the themes that emerged from the responses answering the stated interview question, presented here in decreasing order of frequency. The numbers next to each theme indicate the number of times a direct or indirect statement was made by an interview participant that fell into the respective theme category.

Interview question 4: Increased levels of collaboration. A concern among the participants of this study (*n* = 10) outlined that ER nurses want hospital leaders to create interpersonal relationships by regrouping and collectively establishing, implementing short- and long-term department goals, increasing teamwork and communication among staff, increasing trust, and listening to staff concerns. Participant 2 states, “Having a good working relationship makes everything easier.” When asked what suggestions he would provide to hospital leadership, he said, “Developing a team environment for the staff, nurses, doctors, techs, everyone” (Participant 2, personal communication, February 20, 2016). Figure 21 illustrates the findings of

Research Question 4 in regard to how increased levels of collaboration can help to reduce stress among ER nurses.

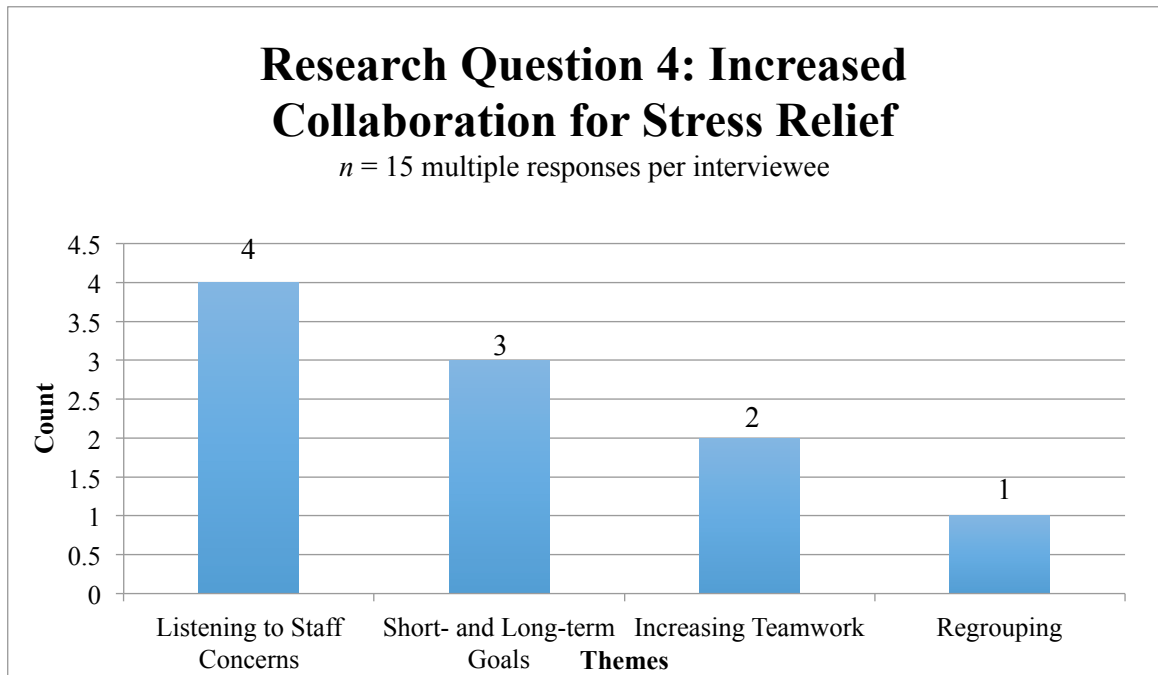


Figure 21. Increased collaboration for stress relief. This figure demonstrates the themes that emerged from the responses answering the stated interview question, presented here in decreasing order of frequency. The numbers next to each theme indicate the number of times a direct or indirect statement was made by an interview participant that fell into the respective theme category.

Interview question 5: Acknowledgment of efforts. During the course of the study, it was found that hospital management’s part in acknowledging ER nurses’ efforts was a key in helping to reduce the stress placed on ER nurses. In regard to hospital administrators helping to reduce stress levels by acknowledging ER nurses’ efforts, six participants stated that rewards for good behavior, organizing group activities outside work, and openly appreciating and recognizing staff efforts would go a long way in making ER nurses happier and reducing their on-the-job stress levels. Participant 11 shared, “I think when they are able to recognize and verbalize how hard our work is. I know it’s in our job description but it still is a nice feeling when you are verbally

recognized or when they identify that you are putting forth 110%” (Participant 11, personal communication, February 22, 2016). Figure 22 illustrates the findings of Research Question 4 in regard to how acknowledging staff efforts can help to reduce stress experienced by ER nurses.

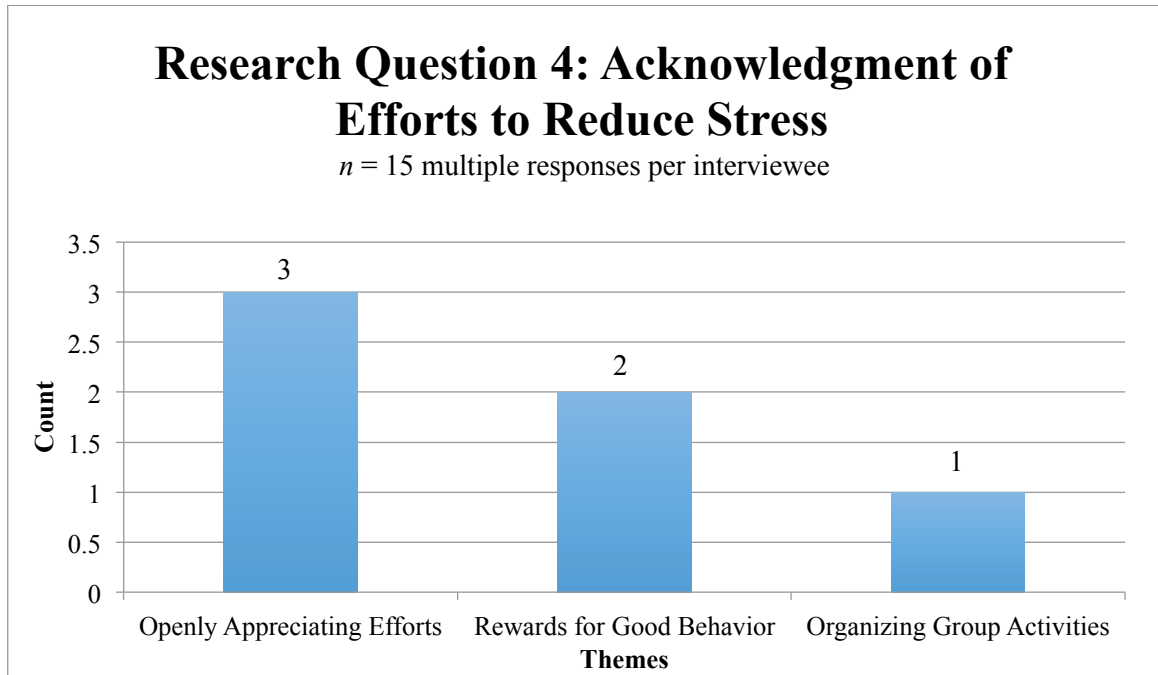


Figure 22. Acknowledgment of efforts to reduce stress. This figure demonstrates the themes that emerged from the responses answering the stated interview question, presented here in decreasing order of frequency. The numbers next to each theme indicate the number of times a direct or indirect statement was made by an interview participant that fell into the respective theme category.

Research question four summary. For research question 4, the main themes that emerged included management response to workload, proactively evaluating and addressing staff needs, changing administrative policies, and increasing on-the-job collaboration that all contributed to decreasing stress levels among ER nurses. These themes help to illustrate which key factors played a large role in increasing stress among ER nurses while on the job. Figure 23 illustrates these findings.

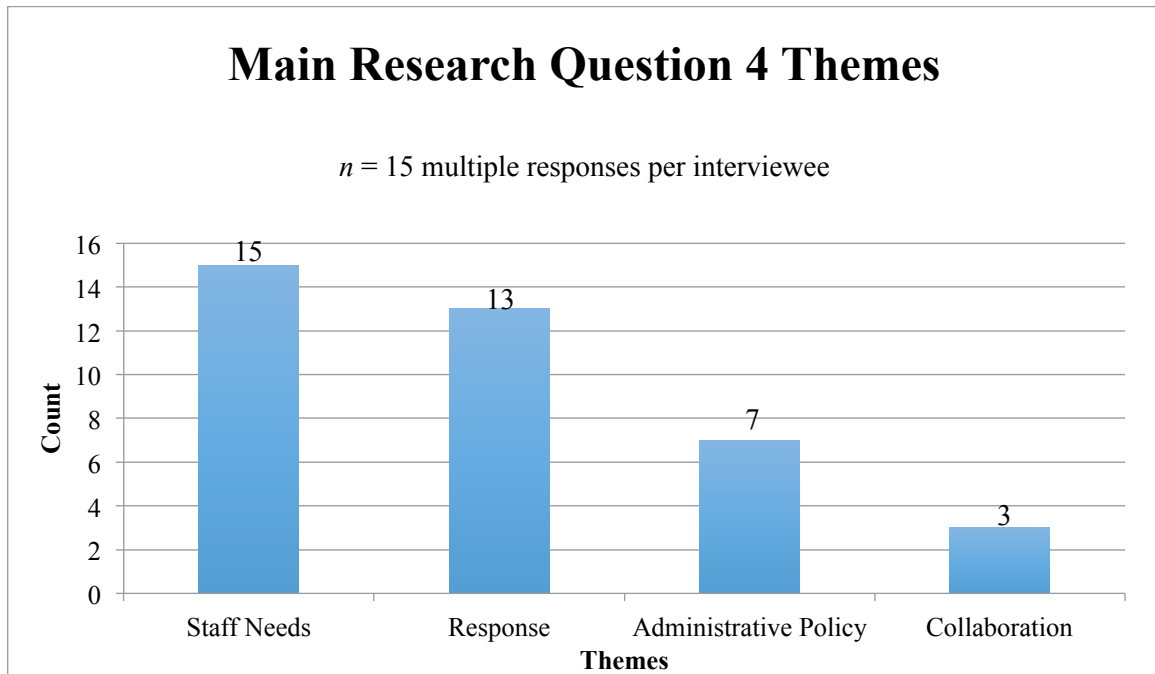


Figure 23. Main Research Question 4 themes. This figure demonstrates the themes that emerged from the responses answering the stated interview question, presented here in decreasing order of frequency. The numbers next to each theme indicate the number of times a direct or indirect statement was made by an interview participant that fell into the respective theme category.

Management response to workload can be defined as supervisors failing to adequately respond to work situations or staff needs. Participants noted that addressing staff needs via hiring more staff and lessening the workload would greatly decrease their stress levels. Other factors noted included changing the administration policies and working toward better collaboration between hospital employees.

Summary

Fifteen nurses in the Queen of Angels Emergency Department were studied to determine the factors that contribute to the levels of their job-related stress, which factors were considered to be stressors, and how hospital management and administrative personnel could help mitigate and reduce the levels of stress experienced. The findings illustrated that the likelihood of ER nurse burnout relies mostly on several factors including a perceived lack of support, lack of

adequate staff, unhelpful superiors, and failure to meet staff needs. These findings may help create a clear path to the things that need to be changed in ER environments to help nurses reduce their on-the-job stress levels and, therefore, reduce the likelihood of nurse burnout.

There were several themes that emerged during the interviewing, coding, and analysis process. Research question one (RQ1) examined the common strategies and practices that Queen of Angels hospital ER nurses deploy in mitigating ER nurse burnout. Research question 2 explored the challenges ER nurses face in deploying measures to mitigate nurse burnout. Research question 3 sought to determine how ER nurses measure the success of measures to mitigate ER nurse burnout, and research question 4 explored the recommendations the ER nurses would provide to hospital administrative personnel to mitigate ER nurse burnout. The main themes that were uncovered after research questions were examined were a need for more support staff in the Emergency Room and making supervisory staff members more approachable. Combined, the questions posed to the study participants determined several important key factors that hold sway in ER nurse stress levels including a need for social support, a need for more support staff, and a breakdown in communication, among others. Chapter 5 will discuss and analyze the findings in more detail.

Chapter 5: Discussion

Introduction

The purpose of this study was to determine what ER nurses' behaviors and environmental stressors are when at work. The literature review has shown that ER nurses in today's hospitals are facing increased levels of stress that are attributed to a variety of factors, which warranted the qualitative, interview-based study. Research has illustrated that the clinical impact of burnout may account for increased medical errors, decreased well-being (insomnia, irritability, eating disorders, and depressive problems), and reduced personal accomplishment (Palmer, 2007). ER nursing differs from other specialties due to exposure to severe stressors such as brutal events and constantly changing frenzied work conditions (Palmer, 2007).

Factors affecting nurse job dissatisfaction have been identified as poor staffing levels, working with incompetent coworkers, and perceived lack of support of an ethical work environment (Watts, Robertson, Winter, & Leeson, 2013). Therefore, this study sought to ask ER nurses directly what they considered to be the top stressors they experienced while on the job. The data collected from all 15 participants was analyzed for the purpose of answering the following research questions:

1. What common strategies and practices do Queen of Angels hospital ER nurses deploy in mitigating Emergency Room Nurse burnout?
2. What challenges do Queen of Angels hospital ER nurses face in deploying measures to mitigate Emergency Room nurse burnout?
3. How do Queen of Angels ER nurses measure success of measures to mitigate Emergency Room nurse burnout?

4. What recommendations would Queen of Angels hospital ER nurses make to leaders in other healthcare organizations to mitigate Emergency Room nurse burnout?

The study only employed semi-structured interviews during a one-on-one interviewing process. The PI also observed participants' social and behavioral interactions during the interview process. If the interviewee crossed his or her arms or indicated a change in body posture during the interview process, it was noted. This helped to determine if ER nurses had any underlying feelings or issues with the levels of stress they experience, or with the certain issues that were currently being discussed. This tactic allowed the researcher to better understand participants' answers.

The study's methods (specifically, one-on-one interviews) were especially helpful in a storytelling aspect—that is, being able to ask questions and get in-depth, detailed answers from real-world ER nurses was highly beneficial. The interviewing process allowed for real conversations to be had about the state of modern ER departments and where they are failing. Being able to ask poignant questions gave ER nurses an opportunity to voice their concerns and discuss the on-the-job factors that they consider the most stressful.

Once the results were analyzed, the focus of the study shifted to a storytelling aspect: specifically, the PI sought to translate the findings of the study into an easy-to-understand narrative that helps outline the problem that ER nurses are currently facing at Queen of Angels hospital, and help shed light on the changes that need to be made.

Research Questions

Upon completing the interviews and organizing the participant responses, several prominent themes were immediately visible, including a call for support (via implementing an open-door policy among administrative personnel or via hiring more support staff),

communication breakdown, and high levels of stress due to various factors. Each of these themes are prominent in the data and findings for each of the research questions. The research questions greatly contributed to asking relevant questions and finding real answers.

Research question one (RQ1) asks: What common strategies and practices do Queen of Angels hospital nurses deploy in mitigating Emergency Room nurse burnout? In order to answer this question, participants were asked four different questions: their perceived level of stress on a typical day; which job resources are the greatest contributors to reducing stress levels, which job-related factors contribute the greatest to increasing stress levels, and which job-related factors contribute to interpersonal problems in the ER work environment.

Research question two (RQ2) asks: What challenges do Queen of Angels hospital nurses face in deploying measures to mitigate Emergency Room nurse burnout? Participants were asked four different questions: the first explored how ER nurses manage highly stressful situations; the second addressed how nurses managed their emotions in order to respond to these stressful situations; the third asked which practices ER nurses implement outside of the workplace to maintain work/life balance; and the fourth question asked if clinical supervisors contribute to managing stress.

Research question three (RQ3) asks: How do Queen of Angels ER nurses measure success of measures to mitigate Emergency Room nurse burnout? To answer this question, participants were asked four questions about the factors that contribute to decreasing their job stress, if nurse leadership positively influences their job stress, if participating in hospital affairs contributes to stress reduction, and if nurse leadership positively influences the physician/nurse relationship.

Research question four (RQ4) asks: What recommendations would Queen of Angels hospital ER nurses make to leaders in other healthcare organizations to mitigate Emergency Room nurse burnout? Participants were asked how leadership can contribute more to decreasing the specific job demands that lead to stress among ER nurses, how leadership can help ER nurses better manage the stressors they experience on a daily basis, and what leadership can do to create ideal interpersonal relationships in the work environment.

Summary of Findings

Several main key themes emerged during the process of interviewing the participants: participants discussed how management responds to the ER nurse workload, ER nurses hope that hospital administration will be proactive and anticipate staff needs, it is necessary for supervisors to examine the administrative policy and role definitions, an increased level of collaboration is needed, and it would be beneficial for ER nurses to be acknowledged for their efforts.

Finding 1: High stress levels. Stress levels at 5 or higher (on a scale of 10) indicates a higher level of on-the-job stress for ER nurses at Queen of Angels hospital. The interview results showed that most participants had a low level of stress on a typical day on the ER shift. According to Crawford and Daniels (2014), higher stress levels were congruent with a higher level of nurse burnout due to feeling underappreciated. As per Crawford and Daniels (2014), 90% of nurses leave the profession due to job burnout. The nursing environment has significant challenges, such as the organizational structures that do not inspire professional development (Crawford & Daniels, 2014). Although the participants in this study did not state that they intended to leave the hospital environment anytime soon due to stress factors, it is clear that the literature backs up the findings in this study. During the course of the study it was determined that ER nurses suffer from a concept known as “episodic stress,” which is distinct from day-to-

day stress. Episodic stress is stress that occurs in episodes, i.e., difficult situations that occur in spurts, such as life-threatening situations that nurses commonly deal with in the Emergency Room department and its patients. This is perhaps why ER nurses define themselves as “adrenaline junkies,” as referenced by Participants 5, 11, and 15.

Finding 2: Lack of support. During the interview process for Research Question 3, several themes emerged, including a perceived lack of support. Most participants in this survey alluded to a low level of support, meaning more job responsibilities fell on their shoulders and therefore increased their on-the-job stress levels. When asked how to mitigate this issue, many participants stated that hiring more staff would greatly help to reduce the level of stress they experience every day at work. Other issues, such as work relationships between ER nurse staff and clinical supervisors, was brought up.

Interestingly, the literature review did not mention a lack of support as a main reason for nurse burnout. While the literature touched on themes such as too many responsibilities and tasks placed on nurses’ shoulders, the literature failed to note that an increased amount of support staff would help to fix this common issue. Main literature sources cited that emotional exhaustion, depersonalization, and working conditions were the three main factors that contributed to ER nurse burnout (Eyesneck et al., 2007). Other research pointed out that lower confidence, low efficiency, and absenteeism were a few of the consequences of nurse burnout (Teng et al., 2010). However, there was no note in any of the literature that alluded to hiring more support staff would help to reduce the problem.

Finding 3: Communication breakdown. Of the answers the participants offered when asked about which factors cause interpersonal problems among staff in the ER department, the majority of participants alluded to miscommunication and laziness among other ER nurses. A

communication breakdown between different hospital employees (e.g., administrative staff and ER nurses) as well as a failure to set personal boundaries are also attributed in part to increased stress levels. This mirrors the results uncovered during the literature review, in which Rosenstein and O'Daniel (2008) found that nurses' bullying behaviors compromised patient care due to a breakdown in communication. In the researchers' study, out of 4,539 healthcare employees, 67% felt there was a connection in disruptive behaviors and adverse events, 71% felt there was a connection to errors in medication, and 27% felt there was a connection to patient mortality (Rosenstein & O'Daniel, 2008). Different literature states that conflicts with colleagues was noted as one of the main factors that causes unresolved job stress (Wallis & Kennedy, 2012).

Finding 4: Reliance on colleagues. Reliance on colleagues during tough work situations helped relieve ER nurses' stress levels. Many participants stated that they rely on colleagues during stressful situations, most notably because the colleagues understand the stressful situation and environment implicitly and are able to provide someone to share their on-the-job stresses with. Although much was uncovered during the literature review, this finding was not one of the topics. The literature review did not uncover any information about ER nurses relying on colleagues to help reduce stress levels.

Finding 5: Exercising as stress relief. A handful of participants shared difficulty in managing their emotions while at work; two-thirds stated that they relied on exercise to help manage the stress and emotions they felt following hard day at work. While participants all have different ways to manage their emotions due to the high-stress ER environment, all participants have a tried-and-true method for managing their work-life balance, especially due to the amount of stress they experience on the job: almost all participants cited exercise or some form of

physical activity as a way to balance their work-life priorities. Examples of exercise range from walking, to yoga, to fishing, to riding horses. These findings were reflected in the literature, which states that typical preventative strategies include exercise (Bush, 2009). At times, some nurses may require psychotherapy to effectively deal with their ongoing concerns (Bush, 2009). However, no extreme methods of stress relief were mentioned during the data gathering process.

Finding 6: Management response to workload. Management response to workload can be defined as supervisors failing to adequately respond to work situations or staff needs. Many participants stated that in order for leadership to contribute more to decreasing the job demands that increase ER nurses job-related stress levels, it would be helpful for supervisors to increase the number of specialists (i.e., neurologists) available to the ER department, increase staff in general, and partake in better planning/forecasting to reduce possible stressors before they arise. Participants alluded to the need for the hospital to hire more staff in order to help better mitigate the workload and decrease the level of responsibilities placed on ER nurses' shoulders.

Furthermore, participants noted that addressing staff needs via hiring more staff and lessening the workload would greatly decrease their stress levels. Another main issue in regards to management actions to decrease stressors that came up was the desire for management to be proactive and to anticipate staff needs. However, as one participant stated, it's not always easy to forecast for what will be needed in the future. Other participants alluded to the accessibility to be able to talk to hospital management, for hospital management to be more approachable, including a suggestion box, and/or using huddles to ask staff what their needs are. As stated above, interestingly, there was nothing in the literature review that suggested hiring more support staff as a method for helping to reduce ER nurses' stress levels.

Finding 7: Increasing on-the-job collaboration. Other factors noted included changing the administration policies and working toward better collaboration between hospital employees. A main concern among the participants of this study outlined that ER nurses want hospital leaders to create interpersonal relationships by regrouping and collectively establishing, implementing short- and long-term department goals, increasing teamwork and communication among staff, increasing trust, and listening to staff concerns. The literature reflected this finding: the NWI suggested that hospital administrators should look for organizational model structures that improve team collaboration efforts (Leiter & Laschinger, 2006). However, this theme in the literature was only discussed lightly and was not considered to be a major factor for stress reduction. The findings of this study suggest that a greater focus on collaboration awareness is needed to be a topic of focus in the future.

Key Findings

Of all the themes that emerged during the data collection and analysis processes, there were three topics that were addressed time and again by the majority of participants: low support (which emerged in responses for research questions 1, 2, and 3), a need for proactively anticipating staff needs, and improving management/administrative response to ER nurse workload. Interestingly, all three of these themes are interconnected to low staffing and the need for more support.

The literature suggests that nurses who social support one another can prevent negative work stressors from affecting them as easily (Lazarus & Folkman, 1984). Another source from the literature state that the better an organization's support structure, the more decreased ER nurses stress levels are (Watts et al., 2013). While this study focused on the results and consequences of nurse burnout, however, it failed to spend adequate time on finding solutions

(i.e., more support) for ER nurses. This shows a clear need for a shift in focus in order to find better solutions in terms of support staff in hospital organizational structures.

The literature has focused on the negative impacts of nurse burnout; therefore, the literature should make a shift toward finding solutions in order to fill the current gap. While some of the literature reviewed stated that low support was a key cause of ER nurse burnout, none of the studies addressed anticipating and meeting staff needs as a key factor in helping to reduce the rate of nurse burnout. This is a clear indication that future studies should be focused on finding solutions, not more literature supporting the wide variety of findings on this subject.

Implications

As the study came to its conclusion, some implications associated with the findings came into view. The research questions sought to determine the common challenges ER nurses face that contribute to nurse burnout, what strategies ER nurses use to successfully overcome burnout, and what recommendations nurses have to hospital administration to reduce the risk of burnout in the future. Based on the overwhelming response from participants, it's clear that there are several changes that need to be made to the Queen of Angels hospital ER department, most notably in hiring more staff, providing more support, and anticipating staff needs—all of which have common themes that will be discussed below.

Furthermore, during the course of the study it was determined that ER nurses suffer from a concept known as “episodic stress,” which is distinct from day-to-day stress. Episodic stress is a new term defined in this study as stress that occurs in episodes, i.e., difficult situations that occur in spurts, such as life-threatening situations that nurses commonly deal with in the Emergency Room department and its patients. This is perhaps why ER nurses define themselves as “adrenaline junkies,” as referenced by Participants 5, 11, and 15. Specifically, Participant 5

stated: “I ride horses, that’s my therapy. That is something that I do to mitigate the stress that is inherent in my job. That’s why we are here (in the ER) because we are adrenaline junkies.”

Likewise, according to Participant 11, “Most of us who go into Nursing and those of us who go into ER nursing in particular, love and strive and thrive off of chaos. We like the adrenaline.”

Hiring More Staff

From the conclusions and analyses of the study, one of the main themes in helping to improve the stress levels is to hire more staff. Participants noted that addressing staff needs via hiring more staff and lessening the workload would greatly decrease their stress levels. For example, Participant 9 stated that more staff is needed, especially in the triage area. Currently, there is a high staffing turnover trend present in many ER departments, including the Queen of Angels hospital’s ER department. A study by Crawford and Daniels (2014) determined that 89% of nurses are choosing to leave the profession due to burnout caused in large part to too much responsibility (brought on by not enough staff). This creates more staffing turnover, which, in turn, creates more stress on remaining ER nurses. ER nurses are faced with more pressure and more patients to care for, which increases their odds of making a mistake, failing at tasks, or feeling inadequate about their jobs, further increasing their odds on becoming burned out.

Because of a lack of adequate staff, nurses are highly prone to experience some form of emotional exhaustion (Teng et al., 2010). The stress nurses face when burnout occurs causes insomnia, lower morale, low productivity, absenteeism, turnover, and substance abuse (Eyesneck et al., 2007). Eyesneck et al. (2007) noted that in a Portugal nursing study, 27% of the nurses surveyed showed low levels of burnout, 16% presented higher levels of burnout, and 2% were at severe levels of burnout and exhibiting work inefficiency. This can lead to serious implications including lower quality of care and higher stress levels on ER nurses.

Providing More Support

The issue of nurse retention has been a problem that has plagued US healthcare facilities for over a decade. Therefore, it is no surprise that the study's participants stated time and again that a lack of support is a major cause of their rising stress levels. The United States is experiencing a critical shortage of nurses due to an aging population (in 2003, a third of all nurses were nearing retirement age), and because enrollment and graduation rates in nursing schools are not high enough (Atencio et al., 2003). Due to these factors, it is imperative to determine ways to retain experienced nurses. The nursing environment requires a cooperative atmosphere among other medical professionals, and when nurses are not supported and entrenched in their role, they may fail to promote effective patient outcomes (Sauerland, Jeanie, Marotta, Peinemann, Berndt, & Robichaux, 2014).

Lazarus and Folkman's (1984) study indicated that when nurses support one another through assisting each other with tasks or emotionally supporting one another, the rate of burnout declines. However, when asked directly, many participants stated that the majority of their stress relief comes from when they experience support via their superiors. When nurses perceived themselves to be diminished by their organization's support structure, the rate of burnout increased to a high level and the rate of job satisfaction declined. According to participants, ER nurse managers can improve the perception of support in an acute hospital environment by offering temporary supplemental staffing, increased supplies, and updated equipment. According to Participant 15: "It makes a huge difference when you have a charge nurse who is a good manager and who will try to get you help when you need it. Instead of just sitting there barking orders. The camaraderie is very important" (Participant 15, personal communication, February 25, 2016).

Anticipating Staff Needs

A main issue in regards to management actions to decrease stressors that came up was the desire for management to be proactive and to anticipate staff needs. Participants stressed that administrative staff could greatly decrease stress levels by ensuring ER nurses have the materials they need in order to adequately do their job. However, it's not always easy to forecast for what will be needed in the future, as the ER department can sometimes be an overwhelming and surprising environment.

The likelihood of ER nurse burnout relies partly on failure to meet staff needs, which many participants stated was attributed to providing better support and hiring more staff. Specifically, participants noted that addressing staff needs via hiring more staff and lessening the workload would greatly decrease their stress levels. Interestingly, of the three main themes brought up by participants—hiring more staff, providing more support, and anticipating staff needs—all three themes revolved around lessening the ER nurse workload via mitigating responsibilities elsewhere (as opposed to the current method of overloading ER nurses with a plethora of duties).

From the research findings, it is clear that there is a need for supervisory staff to anticipate ER nurse staff needs. This can be done by implementing training programs for supervisory staff as well as creating peer support programs for ER nurses. These types of programs will educate nurse supervisors what the ER nurse staff needs, and it will train ER nurses how to rely on each other in order to prevent increased stress levels from causing burnout.

Author's Observations

During the course of the study and analysis of the findings, there were several byproducts of the study that the PI did not plan. The author came up with several observations that were not

expected as a product of the study. All of the research pointed to hiring more staff as way of reducing the main stress factors among ER nurses. However, the PI was able to make personal connections with each of the participants and, as a member of hospital staff in his real life, came to real conclusions that he would not have otherwise made. Specifically, the PI was able to connect with ER nurses and understand the causes behind their on-the-job stress, and apply it to his personal experience and current job.

During the process of researching, creating interview questions, interviewing the study's participants, and analyzing their answers to find common themes, the PI found the weight of ER nurses' responsibilities, though only hearing about it secondhand, to be a heavy weight on his shoulders. He was not anticipating the heavy emotional burden shared by the ER nurses and found it sobering to truly take the time to listen to and understand the high levels of stress that ER nurses face, as well as hear the stress factors. This sobering sense of empathy was certainly not an anticipated result during the clinical, detached process of writing the research questions and planning the study.

Other observations include:

- ER nurses consider themselves to be adrenaline junkies who naturally enjoy the rush of stressful situations. This was not an expected outcome or observation during the course of the study.
- ER nurses do not always feel connected to operational or organizational imperatives. Interestingly, the participants in this study felt that this is not a necessary step of doing their jobs correctly: they feel that they are able to provide quality care without feeling connected to the organization's values.

- ER nurses would like help in developing approaches to their job that would allow them to recharge emotionally and physically. While the topic of developing approaches was addressed in the study, it was not clear that nurses would be willing to implement their own approaches to reducing stress while working on their shift. It was not known to the author/researcher that nurses would be willing to take this initiative themselves.
- ER nurses are fighters by nature; therefore, they are willing to do everything possible to save a patient's life. However, the author observed that sometimes this fighting occasionally attributed to and caused conflict with other team members.

Recommendations for Future Research

Based on the outcomes of this study, it is clear that there are several definite areas that need to be addressed in future research. This study incorporated research from studies conducted in the past 15 years in the United States. This can lead to a dearth of information concerning nurse burnout causes or rates elsewhere in the world. For future studies, the literature accepted for the study be expanded to include research that is beyond 15 years of the study's date. This may lead to broader, more rounded conclusions.

The majority of current literature available on burnout in the healthcare industry is reflective of nurses in general; there does not appear to be any literature that addresses more specific emergency room nurses. This may limit the amount and quality of research pertaining to this study. In the future, more literature may be available that specifically addresses ER nurses, their stress levels, and their likelihood of being affected by burnout. Furthermore, it is recommended that future studies should focus on developing, testing, and validating an instrument or protocol to assess emergency room nurse burnout. This would greatly help with

determining the likelihood of ER nurses being affected by burnout.

It is recommended that future quantitative studies focus on a larger number of participants in order to get a broader perspective and developed understanding of the issues as are faced by nurses in emergency rooms. Findings of this study can be used to design the items on a questionnaire that can be used to measure the degree of severity or commonality of the approaches outlined in this study. This would help to increase the reliability and roundedness of the study. In addition, the PI would also recommend that future studies are designed with the intent that in-depth investigation is made out of similar participant's personal stories regarding the experiences of similar nurses and to allow participants more time to tell their stories. It is the PI's belief that storytelling is a great medium to allow for problems to be understood and, as a result, necessary changes to be made.

Conclusion

Nursing burnout is a major problem that has long affected professionals in the medical community and beyond. Studies have illustrated that burned-out nurses are much likelier to make mistakes, which directly affects patients, as well as feel poorly about their work performance or choices and experience depersonalization with their patients. The rising number of today's ER patients, when paired with unsafe trends in staffing, has led to overburdened staff in the ER, which is a direct factor to burnout among nurses. Today's ER nurses are very likely to be exposed to high levels of work-related stress and other factors that lead to burnout. Because of the research completed on this study, a new definition of nurse burnout is proposed to be defined as: Factors mainly including overburdened staff, inadequate support staff, and a breakdown in communication that directly contribute to a never-ending cycle of stress that causes ER nurses to become apathetic, overwhelmed, and exhausted, increasing the likelihood of

on-the-job errors sacrificing patient safety and mortality rates.

The Queen of Angels ER department suffers from nurse burnout, which leads to feelings of apathy and a decreased job performance. In order to address these problems, a change in the organizational structure of the Queen of Angels ER department is necessary. In order to help take the first steps to address this problem, fifteen nurses in the Queen of Angels Emergency Department were studied to determine the factors that contribute to the levels of their job-related stress, which factors were considered to be stressors, and how hospital management and administrative personnel could help mitigate and reduce the levels of stress experienced. The findings illustrated that the likelihood of ER nurse burnout relies mostly on several factors including a perceived lack of support, lack of adequate staff, unhelpful superiors, and failure to meet staff needs. Combined, the research questions determined several important key factors that hold sway in ER nurse stress levels including a need for social support, a need for more support staff, and a breakdown in communication, among others. The findings of the study imply that several major changes need to be made in ER departments, including the Queen of Angels hospital ER department. It is necessary to make these changes in order to help mitigate and reduce stress levels that ER nurses currently face, which lead to burnout.

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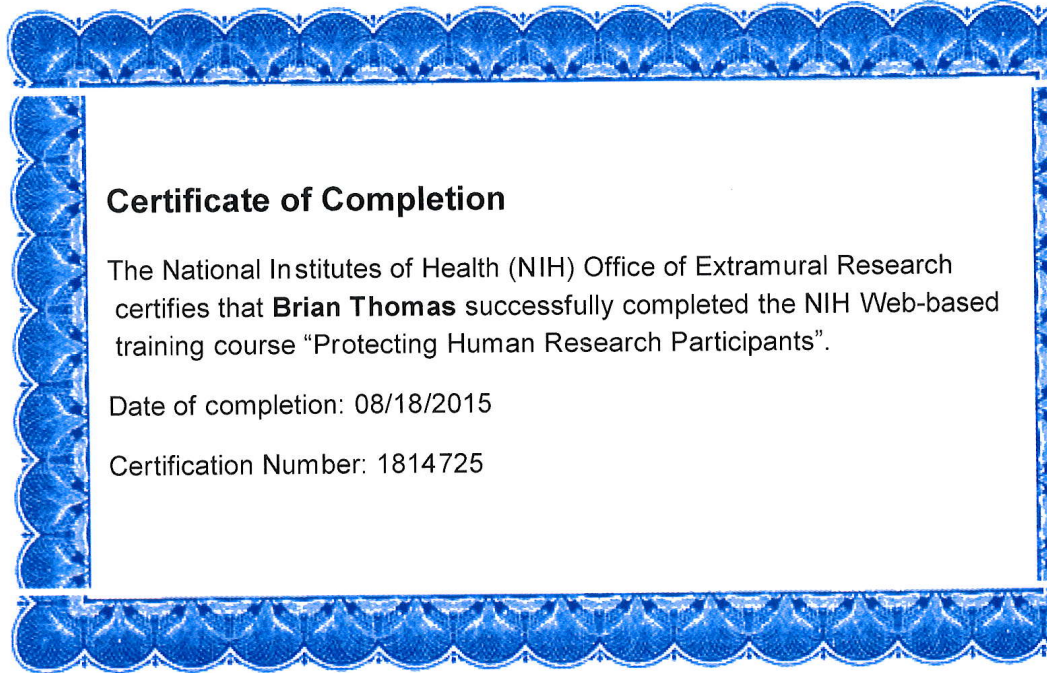
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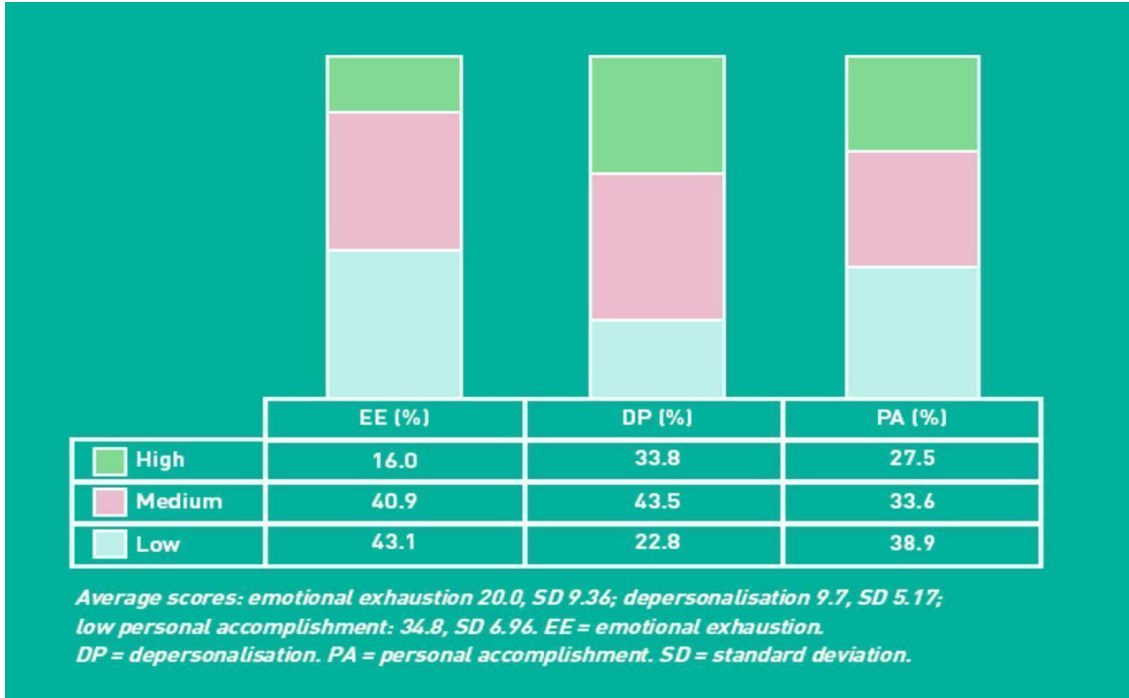
APPENDIX A

Protecting Human Research Participants Certificate



APPENDIX B

Sample Table



Note. Adapted from “Nursing on empty: Compassion fatigue signs, symptoms, and system interventions,” by C. Harris and M. Griffin, 2015, *Journal of Christian Nursing*, 32,(2), p. 140. Copyright 2015 by Harris & Griffin. Reprinted with permission.

APPENDIX C

Self-Reported Characteristics of Participants

Table 1. Self-Reported Characteristics of Participants

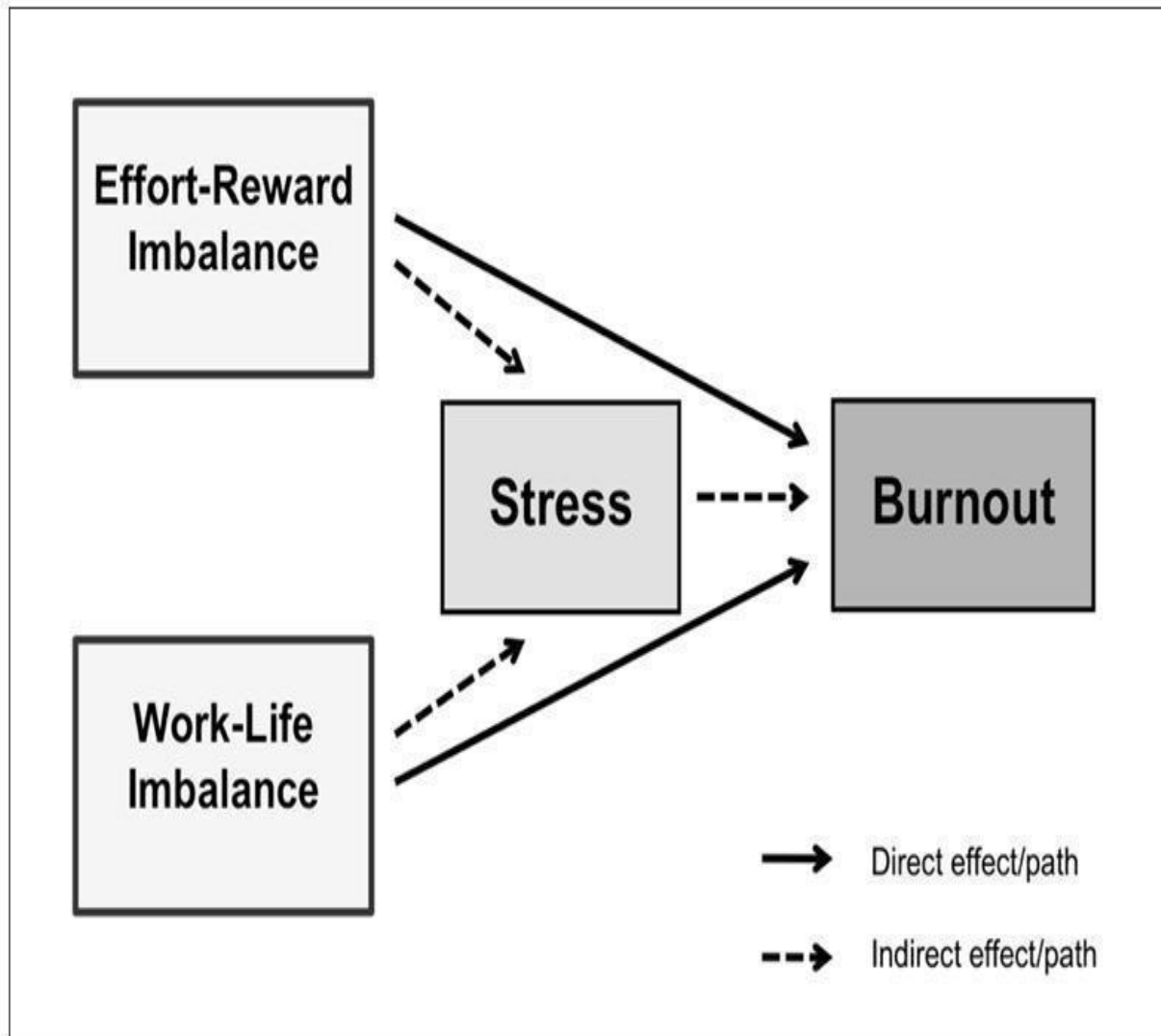
Variable	Participants, n (%)
All respondents	115 (100)
Women	61 (53)
Married or partnered	63 (55)
Children	12 (10)
>1 year between undergraduate and medical school	48 (42)
Year of residency	
1	55 (48)
2	34 (30)
3	26 (23)
Maslach Burnout Index subscales*	
High score for depersonalization	74 (64)
High score for emotional exhaustion	61 (53)
Low score for personal accomplishment	36 (31)
Self-reported suboptimal patient care practiced at least monthly	
"I found myself discharging patients to make the service 'manageable' because the team was so busy."	41 (36)
"I did not fully discuss treatment options or answer a patient's questions."	10 (9)
"I made treatment or medication errors that were not due to a lack of knowledge or inexperience."	10 (9)
"I ordered restraints or medication for an agitated patient without evaluating him or her."	16 (14)
"I did not perform a diagnostic test because of desire to discharge a patient."	16 (14)
Self-reported suboptimal patient care attitudes experienced at least monthly	
"I paid little attention to the social or personal impact of an illness on a patient."	35 (30)
"I had little emotional reaction to the death of one of my patients."	21 (18)
"I felt guilty about how I treated a patient from a humanitarian standpoint."	15 (13)

* High depersonalization for medical professionals is a subscale score of 10 or higher; high emotional exhaustion for medical professionals is a subscale score of 27 or higher; and low personal accomplishment for medical professionals is a subscale score of 40 or higher (source, reference 1).

Note. Adapted from "Nursing on empty: Compassion fatigue signs, symptoms, and system interventions," by C. Harris and M. Griffin, 2015, *Journal of Christian Nursing*, 32(2), p. 177. Copyright 2015 by Harris & Griffin. Reprinted with permission.

APPENDIX D

Maslach Burnout Index (MBI)



Note. Adapted from “Nursing on empty: Compassion fatigue signs, symptoms, and system interventions,” by C. Harris and M. Griffin, 2015, *Journal of Christian Nursing*, 32(2), p. 199. Copyright 2015 by Harris & Griffin. Reprinted with permission.

APPENDIX E

Research Questions

Research Questions	Corresponding Interview Questions
Q1: What common strategies and practices do Queen of Angels hospital nurses deploy in mitigating Emergency Room Nurse burnout?	<ol style="list-style-type: none"> 1. What is your perceived level of stress on a typical day? 2. What resources related to your job role as an ER staff nurse would be the greatest contribution to reducing your stress? 3. What factors related to your job demands as a staff nurse contribute to the greatest level of stress? 4. What factors related to your job demands and role contribute to interpersonal problems in the ER work environment?
Q2: What challenges do Queen of Angels hospital nurses face in deploying measures to mitigate Emergency Room nurse burnout?	<ol style="list-style-type: none"> 1. As an ER nurse, how do you manage situations that are highly stressful? 2. How do you manage your emotions in order to respond successfully to stressful situations? 3. What practices do you implement outside of the workplace to maintain work/life balance? 4. Does clinical supervision contribute to managing stress? How?
Q3: How do Queen of Angels ER nurses measure success of measures to mitigate Emergency Room nurse burnout?	<ol style="list-style-type: none"> 1. What contributes to decreasing your job stress? 2. Does nurse leadership positively influence your job stress? If so, how. If not, why not? 3. Does participating in hospital affairs contribute to decreasing your job stress? If so, how. If not, why not? 4. Does nurse leadership positively influence the physician/nurse relationship? If so, how. If not, why not?
Q4: What recommendations would Queen of Angels hospital ER nurses make to leaders in	<ol style="list-style-type: none"> 1. How can leadership contribute more to decreasing the job demands that increase

<p>other healthcare organizations to mitigate Emergency Room nurse burnout?</p>	<p>your level of job stress?</p> <ol style="list-style-type: none"><li data-bbox="776 233 1344 338">2. How can leadership help you better manage the stressors that influence your job role?<li data-bbox="776 344 1321 449">3. What can leadership do to create ideal interpersonal relationships in the work environment?
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APPENDIX F

Copyright Form

WOLTERS KLUWER HEALTH, INC. LICENSE TERMS AND CONDITIONS

Sep 01, 2015

This Agreement between Brian Thomas ("You") and Wolters Kluwer Health, Inc. ("Wolters Kluwer Health, Inc.") consists of your license details and the terms and conditions provided by Wolters Kluwer Health, Inc. and Copyright Clearance Center.

License Number	3664960132982
License date	Jul 09, 2015
Licensed Content Publisher	Wolters Kluwer Health, Inc.
Licensed Content Publication	Journal of Christian Nursing
Licensed Content Title	Nursing on Empty: Compassion Fatigue Signs, Symptoms, and System Interventions
Licensed Content Author	Chelsia Harris and Mary T. Griffin
Licensed Content Date	Jan 1, 2015
Licensed Content Volume Number	32
Licensed Content Issue Number	2
Type of Use	Dissertation/Thesis
Requestor type	Individual
Portion	Figures/table/illustration
Number of figures/tables/illustrations	1
Figures/tables/illustrations used	Figure 1. Compassion Fatigue Concept Map
Author of this Wolters Kluwer article	No
Title of your thesis / dissertation	The Phenomena of Emergency Room Nurse Burnout
Expected completion date	Jun 2016
Estimated size(pages)	900
Requestor Location	Brian Thomas 77500 United States Attn: Brian Thomas
Billing Type	Invoice
Billing Address	Brian Thomas 77500

APPENDIX G

Recruitment Script

I am researching the pervasiveness of burnout in ER nurses, identifying factors that contribute to nurse burnout, and exploring strategies for assessing and reducing burnout. The research study is being conducted as a requirement of Pepperdine University's Education Doctorate of Organizational Leadership degree.

I am looking for participants that are Emergency Room registered nurses, male or female with four years or more of emergency room experience and are between 25-75 years of age. This is a voluntary study, so no compensation will be awarded. The purpose of this study is to explore and describe ER nurses' behaviors and environmental factors that contribute to burnout. This research study seeks to examine the pervasiveness of job fatigue at Queen of Angels in addition to seeking to help nurses improve patient care.

During this study an interview will be conducted and you will be asked for your response to questions regarding social interactions among nurses, the impact of geographic location upon the nature of injuries cared for in the ER, contact with patients, as well as the effects of the emergency room environment when treating victims of violence. With your permission, the interview will be audiotaped. The audiotapes will only be used for transcription purposes only and will be destroyed upon completion of the study. There will be no identifiers to link you or the data you provide for the study. There will be no identifiers to link you or the data you provide for the study. There will be a signed consent document you will be asked to sign giving permission to use your responses for the study. It will be the only record linking you to the study and your anonymity will be protected and kept under lock and key for the duration of the study and will be destroyed at the end of the study. Your identity will not be revealed in any publication or release of study results. The interviews will take place over a 20 day period and you to ensure all participants have an opportunity to complete semi-structured conversations with the interviewer.

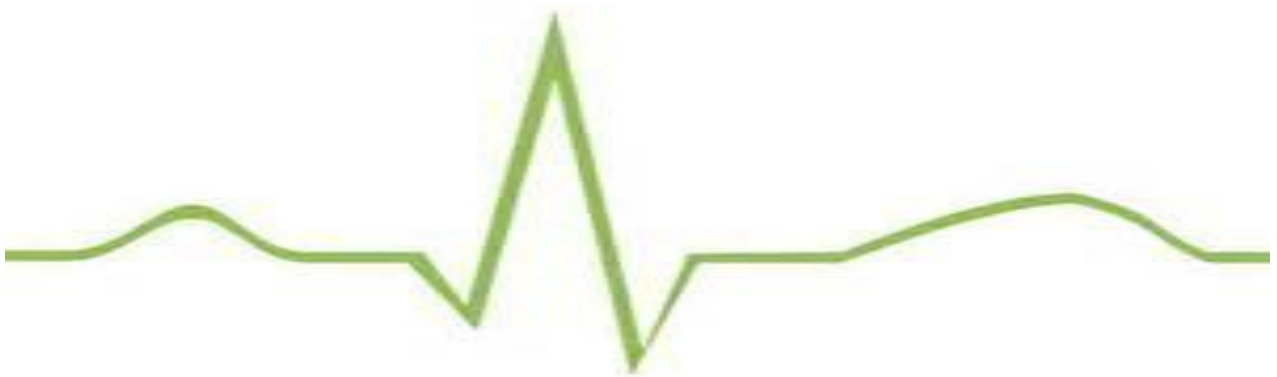
Your participation in the study and the data you provide may reveal central themes that contribute to the phenomena of nurse burnout which will help the Queen of Angels's leadership develop best practice strategies to reduce ER nurse burnout in the workplace. These findings are expected to help organizations such as Queen of Angels to develop strategies and best practices in their organizational methodologies to reduce and/or mitigate stress in the workplace.

APPENDIX H

Recruitment Flyer

Volunteers Needed for Research Study

Participants needed for a research study:
“What behaviors and environmental factors contribute to Emergency Room nurse burnout and how pervasive is it?”



Description of Project: I am researching the pervasiveness of burnout in ER nurses, identifying factors that contribute to nurse burnout, and exploring strategies for assessing and reducing burnout. The research study is being conducted as a requirement of Pepperdine University’s Education Doctorate of Organizational Leadership degree. The research will be extremely valuable to aspiring health care leaders and training experts and other scholars and practitioners in the field.

To participate: You must be a ER registered nurses that have four years or more of emergency room experience between 25-75 years of age.

To learn more, contact the principle investigator of the study.

This research is conducted under the direction of the Emergency Department, and has been reviewed and approved by the Pepperdine University Institutional Review Board.

ER Nurse Burnout Research Study

The purpose of this grounded theory study is to investigate and describe how the ER nurses' behavior, environmental factors, and work relationships contribute to burnout. This research study seeks to examine the pervasiveness of Burnout in the ER at Kaiser San Jose.

- We need 15 RNs among the Kaiser Permanente emergency room nursing staff to participate in a semi-structured interview process to better understand their social interactions as well as goal-oriented movements. The interview responses will be analyzed and the common conditions and causes of burnout will be categorized. The data will be extracted by categorizing common themes and will be diagramed into a map to facilitate the analytical process.
- The study may reveal central themes that contribute to the phenomena of nurse burnout which will help the Kaiser Permanente's leadership develop best practice strategies to reduce ER nurse burnout in the workplace. These findings are expected to help organizations such as Kaiser Permanente to develop strategies and best practices in their organizational methodologies to reduce and/or mitigate stress in the workplace.

The 15 interviews will be conducted over 20 days to ensure all participants have an opportunity to complete semi-structured conversations with the interviewer, as well as, an observation of the participant at work. Recruitment of individual subjects will begin 10 days prior to the interview window; beginning on October 1, 2015- October 10, 2015. Participation entails a no longer than 45 minutes interview.

The interviews will begin on October 11, 2015 and end on November 5, 2015. Follow-up analysis for the study will conclude by November 8, 2015.

This is a voluntary study no compensation will be awarded.

APPENDIX I

IRB Approval Document

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Pepperdine University
24255 Pacific Coast Highway
Malibu, CA 90263
TEL: 310-506-4000

NOTICE OF APPROVAL FOR HUMAN RESEARCH

Date: January 22, 2016

Protocol Investigator Name: Brian Thomas

Protocol #: 15-08-024

Project Title: EMERGENCY ROOM NURSE BURNOUT

School: Graduate School of Education and Psychology

Dear Brian Thomas:

Thank you for submitting your application for exempt review to Pepperdine University's Institutional Review Board (IRB). We appreciate the work you have done on your proposal. The IRB has reviewed your submitted IRB application and all ancillary materials. Upon review, the IRB has determined that the above entitled project meets the requirements for exemption under the federal regulations 45 CFR 46.101 that govern the protections of human subjects.

Your research must be conducted according to the proposal that was submitted to the IRB. If changes to the approved protocol occur, a revised protocol must be reviewed and approved by the IRB before implementation. For any proposed changes in your research protocol, please submit an amendment to the IRB. Since your study falls under exemption, there is no requirement for continuing IRB review of your project. Please be aware that changes to your protocol may prevent the research from qualifying for exemption from 45 CFR 46.101 and require submission of a new IRB application or other materials to the IRB.

A goal of the IRB is to prevent negative occurrences during any research study. However, despite the best intent, unforeseen circumstances or events may arise during the research. If an unexpected situation or adverse event happens during your investigation, please notify the IRB as soon as possible. We will ask for a complete written explanation of the event and your written response. Other actions also may be required depending on the nature of the event. Details regarding the timeframe in which adverse events must be reported to the IRB and documenting the adverse event can be found in the *Pepperdine University Protection of Human Participants in Research: Policies and Procedures Manual* at community.pepperdine.edu/irb.

Please refer to the protocol number denoted above in all communication or correspondence related to your application and this approval. Should you have additional questions or require clarification of the contents of this letter, please contact the IRB Office. On behalf of the IRB, I wish you success in this scholarly pursuit.

Sincerely,

Judy Ho, Ph.D., IRB Chairperson

cc: Dr. Luc Kats, Vice Provost for Research and Strategic Initiatives

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