



Nursing Burnout Among Oncology Nurses Within the Borough of Manhattan

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Introduction

- Enthusiasm. Motivation. Care. These are the qualities patients want a nurse who is caring for them or for a loved one to have.
- Unfortunately burnout tends to be an unfortunate outcome for many nurses throughout their careers
- “Burnout is a state of emotional, physical, and mental exhaustion that stems from our work” (2)



Community Assessment and Analysis

- 1,632,480 people live in Manhattan (7)
- 115,007 New Yorkers were diagnosed with cancer in 2017 (4)
- 34,956 New Yorkers died of cancer in 2017(4)
- In 2017, 1,068,900 (estimated) living New Yorkers had been diagnosed with cancer in their lifetime, some still living with it while others in remission (4)
- Places for oncology nurses to work are Atlanta, GA and New York, NY (5)
- Patients travel from out of state and come to New York for the best quality patient care for their oncology needs
- Patients also travel internationally for the same reasons

Problem in the Community

- Burnout is “a psychological syndrome of emotional exhaustion, depersonalization, and reduced personal accomplishments that can occur among individuals who work with other people in some capacity.” (3)
- Workers feel they do not have the strength to give the highest care once their emotional resources are depleted. Furthermore, a key aspect is emotional exhaustion along with depersonalization.
- This can be defined as negative feelings that are portrayed onto the nurses clients.
- The problem of nursing burnout overall affects the community. There are many factors that can risk the safety of a patient. Attitudes and performances by the nurse can have outcomes that will threaten the quality of patient care.
- In table 1, you can see the Nursing Worklife Model. To start off the figure, leadership leads to collaboration and staffing adequacy. The staffing adequacy can lead to emotional exhaustion if not carried out correctly which ultimately leads to depersonalization. Depersonalization will reduce the feeling of personal accomplishments the nurse can feel. In conclusion, more adverse events can emerge leading to burnout. (6)

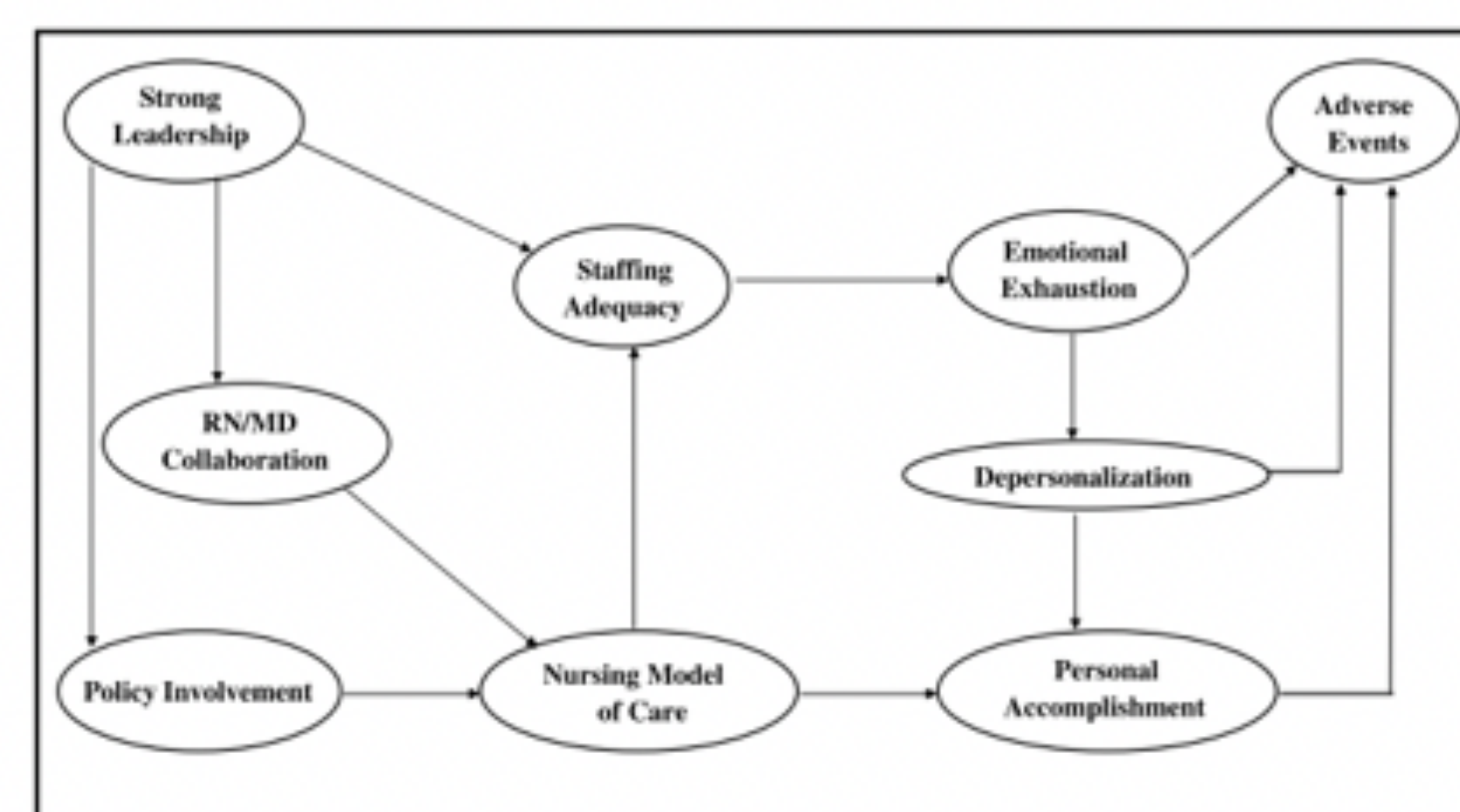


Figure 1. Hypothesized model.

Table 1

Problem in the Community

- The results shown in table 2 show a high correlation between emotional exhaustion and depersonalization.
- The adverse events are strongly correlated with staffing which is the reasoning behind patient falls and infections suggesting not enough help.
- The results show that the quality of a workplace can lead to burnout in a strict path.
- Nurses feel a greater sense of personal accomplishment when in their work when their hospitals show a supported nursing model.
- Although nurses adjust and respond positively to a downsize in staffing, coping resources are strained and result in higher levels of burnout. (6)

Variable	Mean	SD	Alpha	Correlation
Emotional Exhaustion	3.78	0.82	0.91	0.74
Depersonalization	3.21	0.76	0.88	0.71
Personal Accomplishment	3.45	0.79	0.85	0.68

Table 2

Proposed Solution

- The solution proposed is called the Burnout Bar. A space provided by the hospital where these practices can be accessed by the nurses, both on days off and on meal breaks. This proposed solution has the ability to decrease nursing burnout greatly, and in turn, “When Burnout Syndrome is decreased, nurses will have a renewed passion and devotion to their job, eliminating the nationwide nursing shortage, allowing hospitals to save money and increasing the overall quality of patient care” (1)
- By focusing on and supporting the emotional wellbeing of the nurses, hospitals and any healthcare field will see a direct impact through increasing patient satisfaction.
- By providing the proper tools for nurses to utilize in maintaining their mental and emotional health, nurses will be in a win-win situation that additionally benefits any supporting staff they work with, and of course their patients as well.

What else can nurses do?

1. Oncology nurses will demonstrate how to perform mind/body/spirit exercises to decrease stress, burnout, compassion fatigue, and depression.
2. Oncology unit nurse managers will utilize effective scheduling techniques to allow time off between shifts to decrease fatigue, stress, and depression amongst nurses throughout the time of the placement.
3. Oncology nurses will identify how to protest an assignment that will put their well-being and mental health at risk while the floors are short staffed.

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