# Decreasing Burnout & Turnover through Early Leadership Involvement in the Emergency Department

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Background/Introduction

An in-depth literature review and research has shown that burnout amongst Registered Nurses, especially in the emergency department (ED), has been a critical component in their intent to leave an organization. High turnover rates increases costs for the organization due to RN vacancy rates.

High intent to Leave
ED RN Burnout
Nursing Turnover

Increased costs for organization due to vacant position
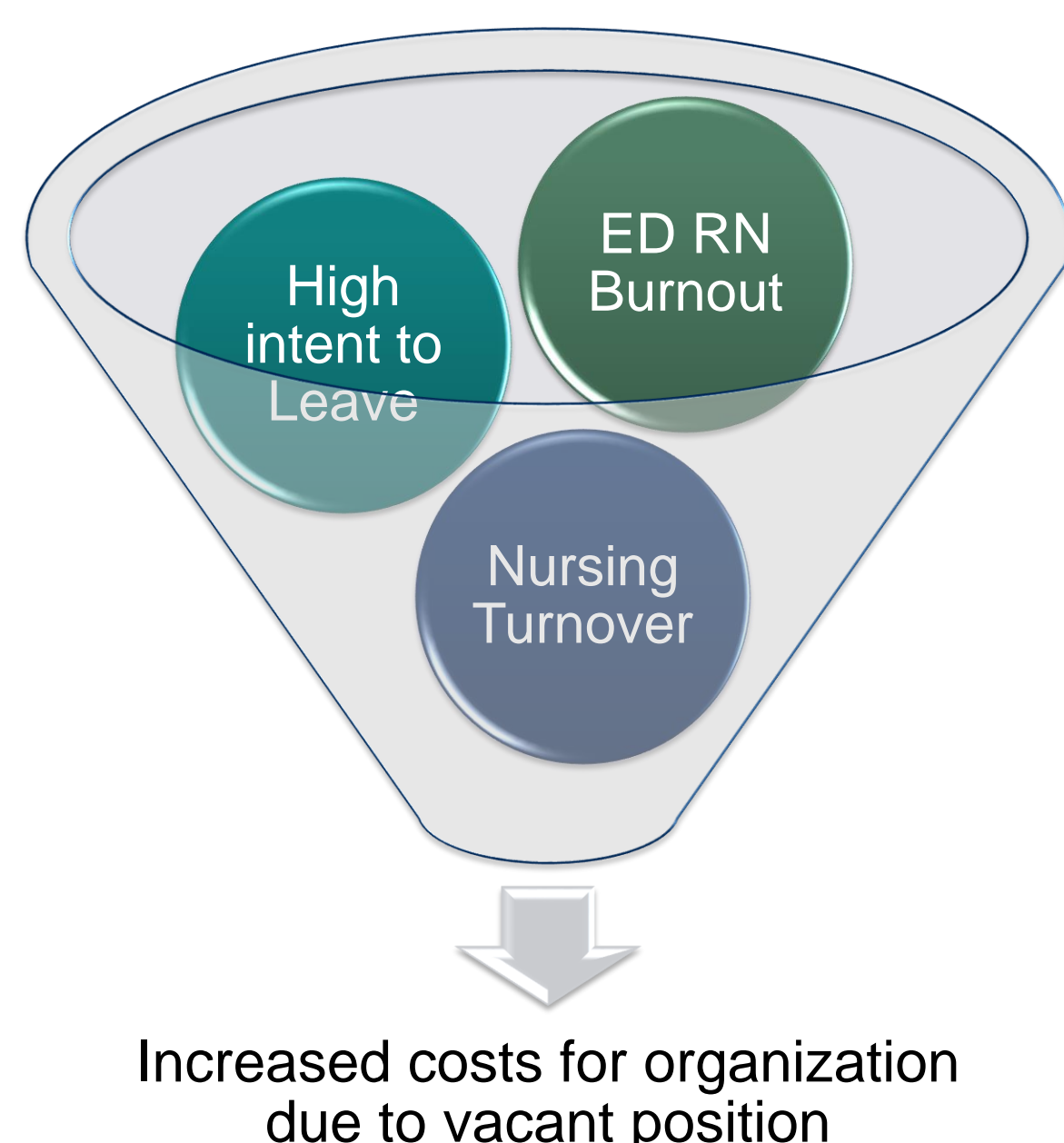
Burnout: "degree of emotional exhaustion, depersonalization & low sense of personal accomplishment" (Lee et al., 2021)

- Highly prevalent amongst ED RNs due to emotional and physical demands of the dept
- Negatively impacts quality of care, patient satisfaction, and job turnover (Hockaday, 2017; Lee et al., 2021; Phillips et al., 2022)
- "1 in 5 RNs leave within 1 year & one third leaves within 2 years due to burnout" (Phillips et al., 2022)

Causes:
- Lack of leadership involvement
- Lack of formal orientation process
- Nursing shortages
- High patient acuity

Purpose/Objectives/Hypothesis

The purpose of this Quality Improvement project is to determine if implementation of early leadership involvement within an Emergency Department setting will help decease Registered Nurse (RN) intent to leave, decrease and recognize signs of burnout, and increase RN retention.

Method

Maslach Burnout Inventory Human Services Survey (MBI-HSS) for medical professionals:
- Convenience sample pre intervention
- Newly onboarded RNs post intervention
- Measured ED RN burnout levels

Weekly Leadership Meetings:
- Weekly meetings with the newly onboarded RN and their preceptor involving leadership
- Reviewed weekly barriers during the onboarding for the newly hired RN
- Gauged progression of onboarding process

Turnover Intention Scale 6, version 4 (TIS-6, v.4):
- Measures an employee's intent to leave an organization
- Distributed post intervention to newly onboarded RNs and to a convenience sampling of RNs within the department

Post-Onboarding Survey:
- Measured if the RN felt their onboarding prepared them for their role and if leadership involvement contributed
- Provided to the newly onboarded RNs at the conclusion of their onboarding
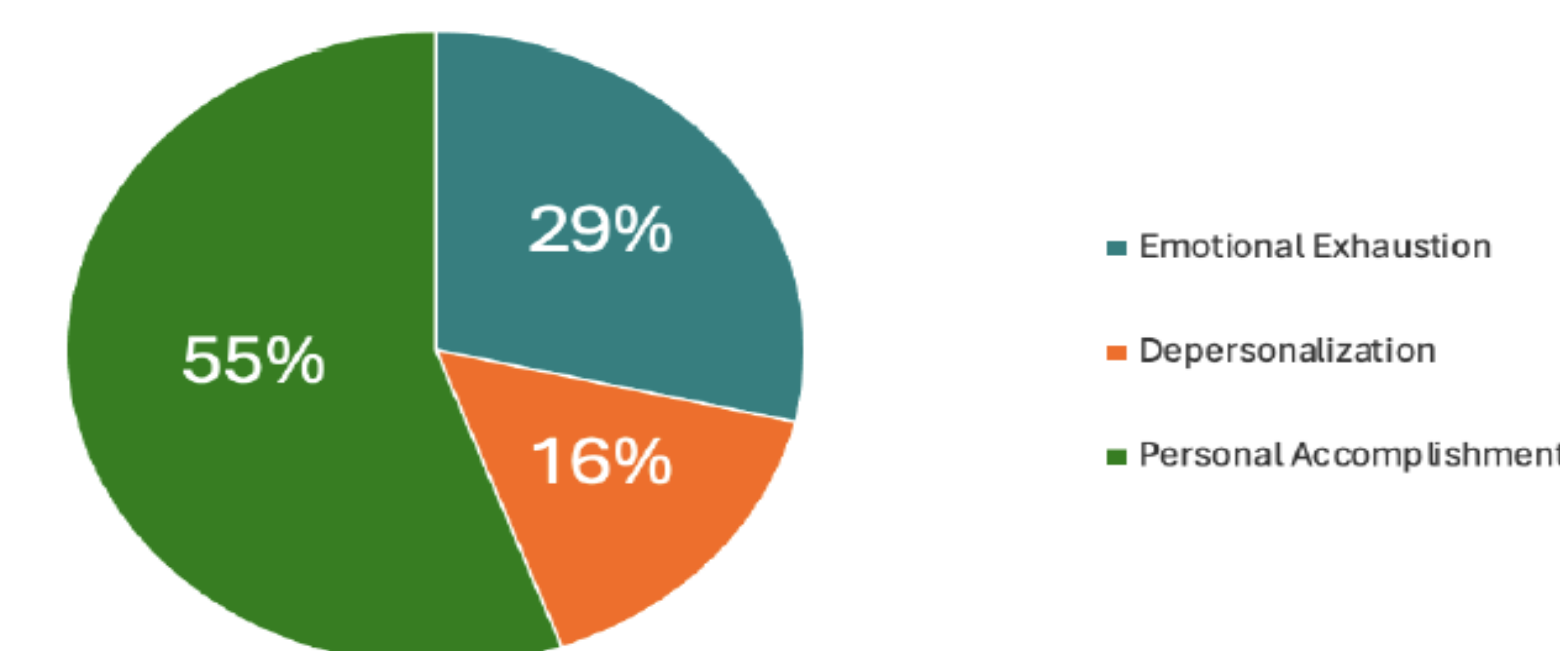

Figure 1 Early Leadership Involvement Process
Flow Process with Early Leadership Involvement
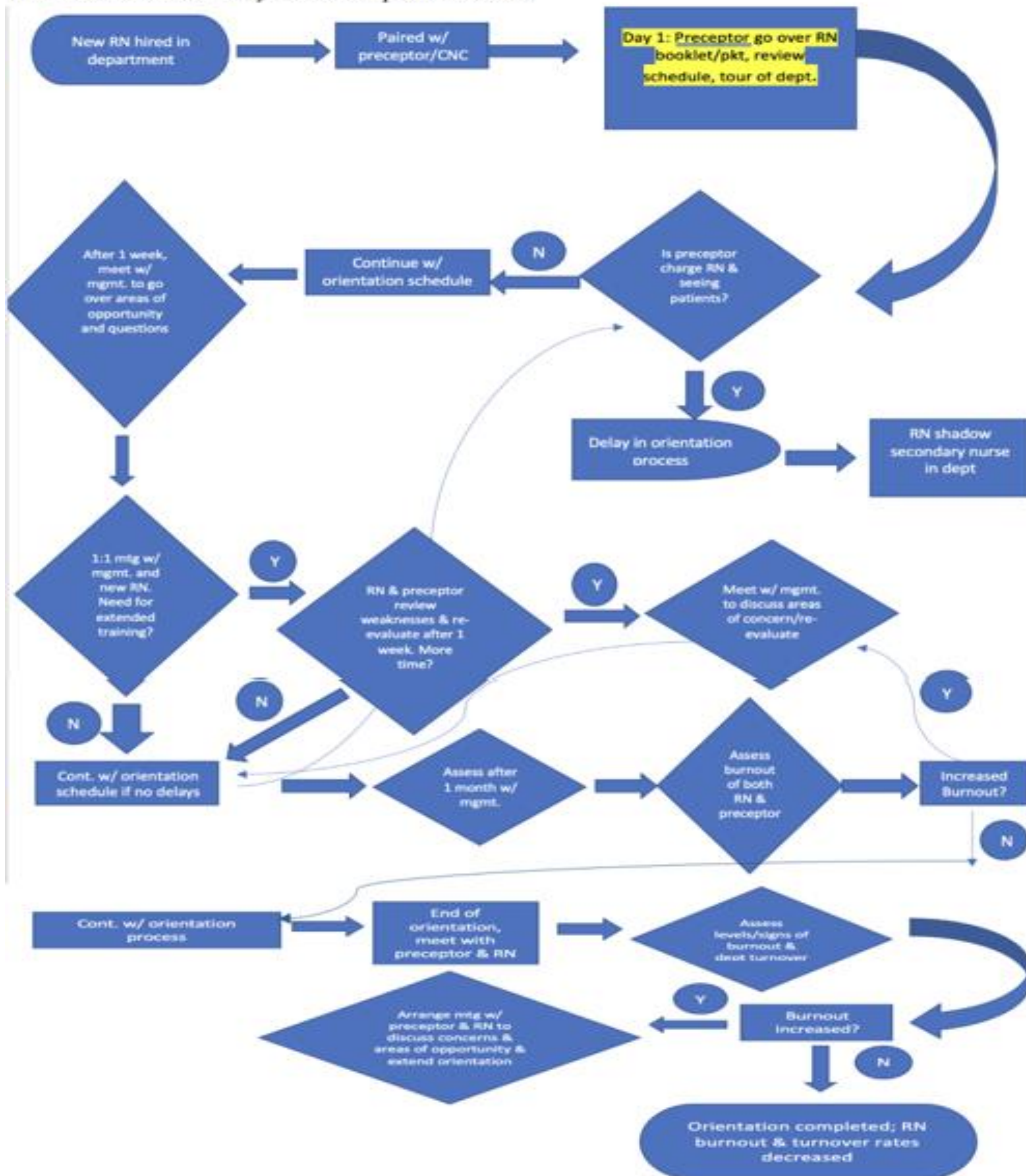
Results

Figure 2 Pre-intervention MBI-HSS

MBI-HSS Scoring %

- Emotional Exhaustion
- Depersonalization
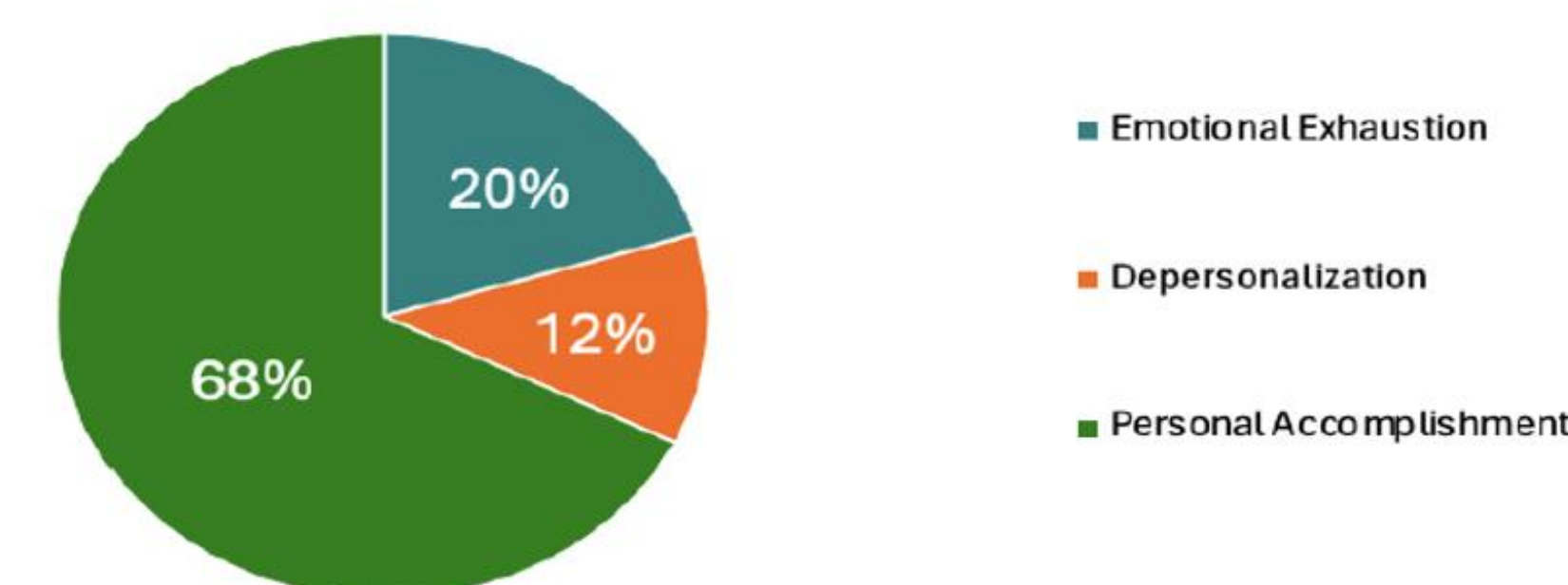- Personal Accomplishment

55% of participants had a high level of personal accomplishment (PA)
29% experienced some degree of emotional exhaustion (EE)
16% experienced some degree of depersonalization (DP)

Weekly Meetings with Leadership
- Only 63% of meetings occurred on a weekly basis
- 37% of meetings did not occur on a weekly basis with leadership

Figure 3 Post-Intervention MBI-HSS

MBI-HSS MP Scoring %
(Post-Intervention)

- Emotional Exhaustion
- Depersonalization
- Personal Accomplishment

20% experienced some degree of emotional exhaustion
68% experienced some degree of personal accomplishment
12% experienced some degree of depersonalization

- Post Onboarding Survey
- 60% felt the onboarding process with leadership involvement helped prepared them for their role in the dept
- 60% also felt leadership involvement kept them engaged and helped within their onboarding process

Figure 4 Post-Intervention Turnover Intent

Turnover Intent

- 43% of participants had the intention to leave (including 1 newly onboarded RN)
- 57% of participants had a desire to stay in the department

Results/Implications

- Use of implemented tools allows ED nurse leaders to determine burnout and intent to leave amongst ED RNs.

- Formal onboarding practices can help decrease symptoms associated with burnout and thoroughly prepare newly onboarded RNs for practice and can increase retention.

- Leadership involvement early in the onboarding period of ED RNs is imperative to maintain high retention rates and decrease overall intent to leave.

- Collection of data on a larger sample size would be beneficial for better data analyzation and to determine the degree of burnout and success of leader involvement.

Future Actions

The need for additional leadership support to conduct 1:1 meetings so that meetings can take place on a consistent basis is a crucial component of this quality improvement project. The ability to have a leader within the department schedule weekly meetings with the newly onboarded RN and their preceptor in advance would decrease instances of meetings being cancelled last minute or having RNs leave before the meeting can take place. The duration of project implementation should extend to 6 months or more to capture burnout and intent to leave after newly onboarded RNs has been working independently on their units.

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