NURSE MANAGERS' KNOWLEDGE OF STAFF NURSE BURNOUT

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TABLE OF CONTENTS

LIST OF TABLES

LIST OF FIGURES

ABSTRACT

NURSE MANAGER KNOWLEDGE OF STAFF NURSE BURNOUT

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Nursing burnout affects the nurse's home and work life and can lead to serious physical and emotional symptoms as well as patient dissatisfaction and increased nursing turnover. With a shortage of nurses expected to increase to 30% across the state of North Carolina by the year 2020, it is imperative we prevent further loss to burnout. An educational needs assessment was conducted via a mailed survey to determine the current knowledge of nurse managers employed in hospitals in North Carolina regarding causes of burnout and methods of burnout prevention and reversal for staff nurses. The responses of 214 nurse managers allowed the identification of their level of knowledge about staff nurse burnout. Through comparison with published knowledge about the subject, the educational needs of the managers are apparent. The findings of this research can inform the provision of appropriate education for nurse managers, leading to reduced burnout in staff nurses, a reduction in the nursing shortage, and improved quality of patient care. The burnout information least known by nurse managers is evidence-based knowledge and theoretical knowledge is better known. The findings reveal a positive correlation between nurse manager's total knowledge and age, years as nurse manager, and level of education completed. The greatest knowledge need is in the area of environmental causes of staff nurse burnout.

CHAPTER I: BACKGROUND AND RATIONALE FOR STUDY

Introduction

Nursing is a profession which has existed for centuries. In ancient civilizations, nursing-type care was given by women and men, and, in some cases, slaves who provided physical and comfort care. During the eighteenth and nineteenth centuries, nursing was provided by religious organizations or by women who were either prisoners or prostitutes. During the nineteenth century, nursing changed due to the development of hospital training schools for nurses and Florence Nightingale's influence. The role of the nurse evolved from housekeepers to trained caregivers when schools of nursing were founded. From the late 1800s to the end of World War I, nursing practice was beginning to transition to the hospital setting as education also took place in the hospital. This was followed in the early 1900's by the development of university nursing schools that were independent of hospitals to provide better training. In the 1940's nurses began to develop a need for specialty education as patients were separated within hospitals according to their disease. Advanced education was developed to prepare nurses in other areas as well, such as administration and teaching. During this time, nursing research began and increased through federal funding to study nursing education in the 1950's, the knowledge of nursing practice in the 1960's, and practice related issues in the 1970's. (Kozier, Erb, Blais, & Wilkinson, 1998). Between 1950 and 2000, educational program requirements were being developed and enforced. Private insurance, Medicare and Medicaid, and the development of technology led to an increased demand for nurses

(Keating, 2006). It has not been until recently, in the 1970's, that nursing was finally considered a profession (Tomey & Alligood, 2006). During the 1980's to 2000 the number of advanced education programs grew including master's level education for clinical nurse specialists, nurse practitioners, and doctoral programs focusing on research. Yet, the supply of nurses could not keep up with the demand (Keating, 2006).

Nurses now work in many different areas including outpatient settings, nursing homes, and community health agencies in addition to hospitals (Kozier, et al., 1998). Today, technology with the advanced ways to diagnose, treat, and cure diseases has prolonged life expectancy leading to an increasing number of elderly patients who have greater healthcare and nursing care needs (Shi & Singh, 2005). Nursing has been through many changes; yet the profession has continued to be a necessary part of healthcare and nurses have become the largest segment of healthcare staff (Milliken, Clements, & Tillman, 2007).

Since nursing care affects both nurses and patients, the current nursing shortage is such an important concern for everyone today. North Carolina (NC) is already in a state of registered nurse shortage. The average NC hospital vacancy of registered nurses is 7.7%. It has been suggested by the NC Center for Nursing that a vacancy rate of over 8% leads to further staff turnover (Lacey & McNoldy, 2007c). The nursing shortage is expected to increase over the next several years. By the year 2020, North Carolina is expected to have only 70% of the nurses needed (Lacey & Nooney, 2006). There are many factors which contribute to this shortage.

Poor nurse staffing patterns, such as short-staffing and unbalanced acuity, can have negative consequences for the entire healthcare field. Two results of an insufficient

number of nurses providing care to an increasing patient population are decreased patient and staff satisfaction and decreased quality of patient care (Pendry, 2007). Retirement is another cause of turnover that has contributed to the nursing shortage (Lacey & Nooney, 2006). The loss of a nurse from the job further decreases the staff available leading to more patients per nurse and, thus greater stress (Garrosa, Moreno-Jiménez, Liang, & González, 2008). This process, if left uninterrupted, will worsen the nursing shortage.

Burnout is another cause of loss of nurses which also can lead to decreased patient and staff satisfaction and decreased quality of patient care (Milliken, et al., 2007). Erickson and Grove (2007) found that 43.6% of nurses under 30 years old and 37.5% of nurses over 30 years old had experienced emotional burnout. Burnout is defined as feeling of complete emotional and physical exhaustion resulting from prolonged stress at work that has negative effects on the individual nurse, the patient, the organization, the nurse's family and personal life (Altun, 2002; American Institute of Stress; Billeter-Koponen & Fredén, 2005; Edward & Hercelinsky, 2007; Espeland, 2006; Iacovides, Fountoulakis, Moysidou & Ierodiakonou, 1997; Maslach, 2001; Maslach & Leiter, 1999; Schaufeli & Taris, 2005; Schneider, 2007; Wu, Ahu, Wang, Wang, & Lan, 2007). Burnout is considered to have a negative effect on job and life satisfaction (Demerouti, Bakker, Nachreiner, & Schaufeli, 2000). Burnout can lead to the nurse leaving not only the current job (Milliken, et al.), but also the nursing workforce. Shortage of staff can, in turn, lead to increasing likelihood of burnout. Aiken, Clarke, Sloane, Sochalski, and Silber (2002) found that even the addition of one patient per nurse measurably increased burnout in staff. Methods of burnout prevention and treatment must be in place to lessen the suffering and loss of nursing staff.

The entire organization must be involved to put burnout prevention and burnout treatment or reversal measures into place. Nurse managers are in an excellent position between the staff nurse and upper administration which allows them to serve as an advocate for nursing staff. Managers, unlike administrators, have direct daily contact with nursing staff. Also the managers, unlike nursing staff, have direct contact with administrators. Nurse managers can convey major staff concerns and staffing issues directly with administrators who have the ability to make drastic changes within the environment or organization. Nurse managers are a valuable liaison between upper management and staff nurses and have the opportunity to be an advocate for staff nurses.

There is a lot of available information about staff nurse burnout. There are suggestions available for encouraging work excitement (Sadovich, 2005) or for addressing moral distress (Pendry, 2007). There are many recommendations for basic staff satisfaction measures such as flexible scheduling, increasing participation in decision-making, and reward systems (Demerouti, et al., 2000; Rivers, Tsai, & Munchus, 2005; Lussier, 2006; Cohen, 2006; Lacey & Shaver, 2002b). Other guidance can be found by considering the large array of research suggesting causes of burnout. The causes can be examined under the assumption that their prevention would limit burnout. However, there is a lack of knowledge of what information the nurse manager does and does not know. Considering the plethora of burnout information available it is vital to understand exactly what the manager already knows and what guidance and assistance the nurse manager needs to help staff nurses prevent burnout. Limiting the information to only that which is needed and helping to focus on the knowledge gaps could allow for the design of specific educational interventions for the nurse manager.

Problem Statement

The purpose of this study is to determine the educational needs of nurse managers related to causes of burnout, methods of burnout prevention, and burnout treatment or reversal for staff nurses.

Justification of Study

There is a lack of evidence describing nurse managers' knowledge levels regarding burnout prevention and treatment. This lack of data leaves the nurse educator guessing what the manager needs to know and potentially repeating known suggestions while omitting new information. Knowing the educational needs of the nurse managers can guide further research, as well as guide nurse educators in the provision of continuing education for the nurse manager. One of the main reasons for choosing to attend continuing education classes for the adult learner is to learn what is needed to solve identified problems. Educational needs are determined by identifying knowledge gaps used to guide the planning and implementation of education (Bastable, 2003). Thus, by identifying the information that is needed, the educational offering will be more readily accepted. The loss of nurses to burnout can be decreased by adding more burnout prevention and treatment measures or aides to the nurse manager's skill set. With decreased stress, less staff will be lost to burnout. Sufficient staffing helps to decrease the loss of staff and increase job satisfaction (Aiken, Clarke, Sloane, Sochalski, & Silber, 2002) and gives nurses the ability to provide better patient care (American Association of

Critical-Care Nurses [AACN], 2005; Denney, 2003; Joint Commission on Accreditation of Healthcare Organizations [JCAHO], 2002; Pendry, 2007). Thus the final outcome is that the nursing shortage will be reduced and the quality of patient care will be improved. There is the potential to change the course of healthcare by giving educators the knowledge to design courses for nurse managers that would focus specifically on their identified learning needs. This will give nurse managers the tools to prevent and help reverse burnout in staff nurses and, therefore, lead to a reduction in the loss of nurses due to burnout, and decrease the severity of the nursing shortage.

Conceptual Framework

There are a variety of studies that identify some of the causes of burnout in nurses. Results of the studies vary based on the specific sample studied and the aim of the project; and, they encompass a wide range of possibilities for improvement. The ideas for prevention and treatment of burnout range from simple to incorporate into daily life or daily work life to more complex strategies. For example, recognizing staff for accomplishments is an easy way to increase satisfaction and help prevent progression toward burnout (Denney, 2003; Faron & Poeltler, 2007; Bally, 2007; McGrath, Reid, & Boore, 2003). Others may require more time and work to implement such as Garrosa, Moreno-Jiménez, Liang, & González's (2008) findings that increasing control and commitment will help prevent burnout. Despite the wide array of options for implementing burnout prevention and treatment measures, the number of nurses that report experiencing burnout remains high. Hillhouse and Adler (1997) found 69% of the

nurses studied were experiencing burnout. If we know many of the causes of burnout and how detrimental its effect can be on the individual, patient, and organization, why does burnout remain a problem?

One reason burnout remains a factor in nursing may be due to the lack of implementation of prevention and treatment measures. The possible causes and potential prevention and treatment measures for burnout are well disseminated. Since burnout continues to be a significant problem, it can be assumed that these measures are not being put into practice. Since the significance of burnout is apparent, it may be a lack of knowledge of burnout on the part of the nurse manager that is contributing to the burnout cycle. The nurse manager holds an important role in maintaining staff satisfaction (AACN, 2005). The nurse manager is the administrator most closely in tune with the staff nurses. This position between upper administration and staff nurses gives the nurse manager the most critical role in breaking the burnout cycle. The manager spends enough time with the staff nurses to maintain an assessment of their stress health and is also a part of administration, lending the opportunity to encourage that positive changes be made within the system or at least on his or her unit.

The reason burnout remains such an issue in nursing may be due to the lack of use of the available knowledge. Assessing nurse managers' current knowledge of burnout, burnout prevention and treatment measures and comparing the results to the available guidelines related to burnout will demonstrate the knowledge and knowledge gaps of the nurse manager. Perhaps it is this missing information that will help make a difference in the number of staff nurses experiencing burnout.

As the nurse is affected by the causes of burnout, the nurse manager reacts according to his or her knowledge of the available burnout facts. When the nurse manager has little knowledge of burnout, the reaction will be little prevention and little treatment or reversal measures put into practice. The result will be continued loss of nurses to burnout and repeat of the cycle as in Figure 1. A. When the nurse manager has a mid level of knowledge of burnout, the reaction to the effect of causes will be an increased implementation of preventive and treatment measures. Treatment will be the main focus as staff nurses will be experiencing some symptoms of burnout. The manager is not aware of all of the available knowledge so some prevention measures are unknown allowing for the causes to persist leading to a build-up of stressors that can cause burnout as illustrated in Figure 1. B. As the knowledge of the nurse manager approaches all available knowledge of burnout, the reaction to the causes of burnout affecting the nurse will be to increase prevention and treatment measures. Here, prevention measures will be the focus as the manager has the all the tools needed. Symptoms of staff can be reversed and prevention measures can be implemented. With all of the facts known, all of the causes will be addressed by the manager's knowledge leading to the maintenance of prevention as the main method for continuing staff satisfaction and retention as illustrated in Figure 1. C.

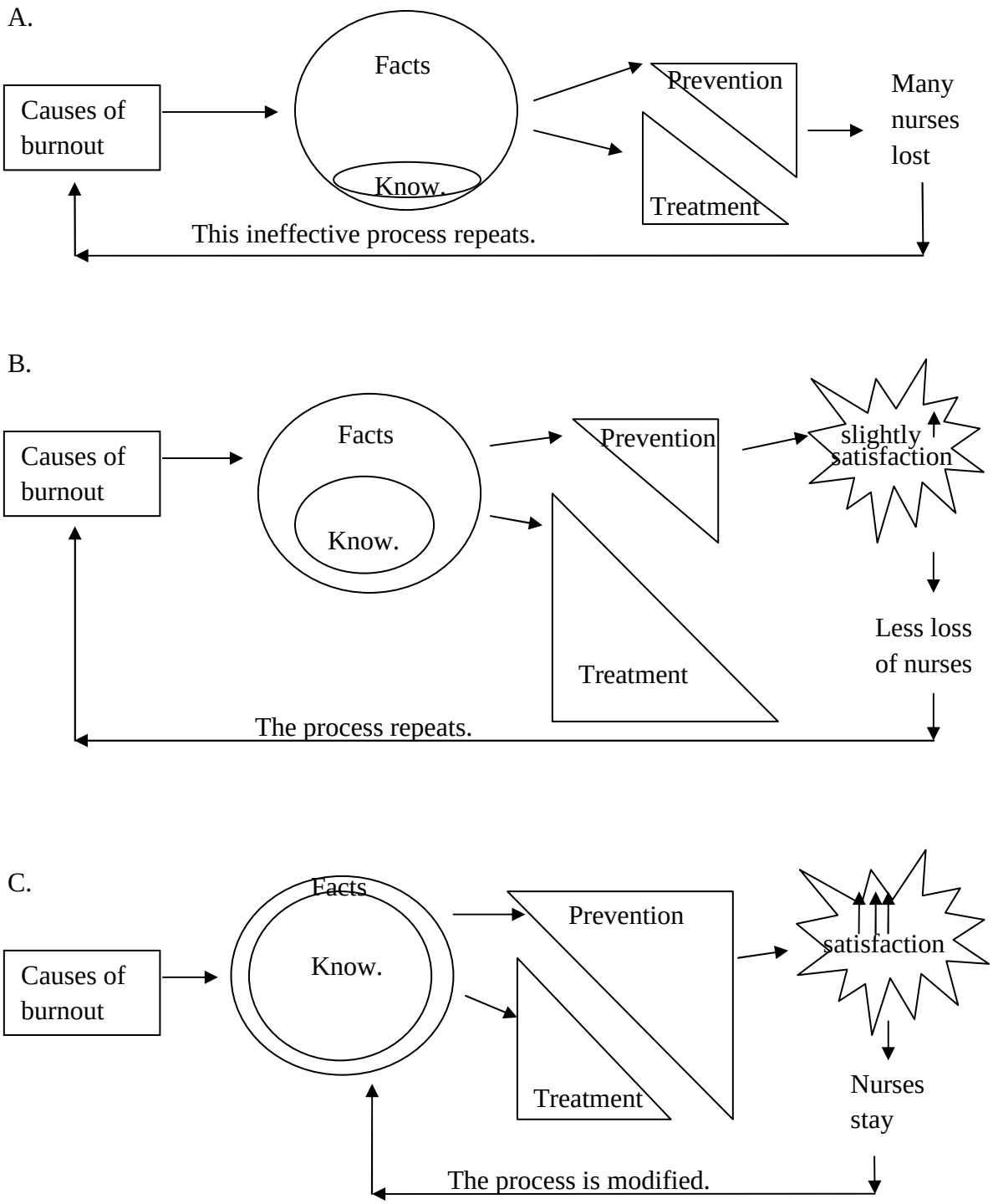

Figure 1. The effects of nurse manager knowledge on nursing burnout. Note: "Know." is nurse manager's knowledge of the facts about burnout causes, prevention, and treatment.

Assumptions

This research takes place under the following assumptions:

1. Nurses in North Carolina are experiencing burnout similarly to other nurses who were assessed in previous research.

2. Nurse managers will complete the survey accurately in order to improve the knowledge of burnout.

3. One cause of burnout is that nurse managers lack knowledge of burnout causes and prevention measures.

4. If nurse managers were knowledgeable about burnout, they would put the knowledge into practice.

5. Nurse managers know what burnout is and that it is not the same as stress.

6. Those nurses registered with the North Carolina Board of Nursing who selected the title of head nurse or assistant are nurse managers.

Research Questions

1. Do nurse managers know all of the potential causes of burnout?

2. Do nurse managers know all of the potential preventative measures of burnout?

3. Do nurse managers know all of the potential treatment measures of burnout?

4. What knowledge gaps do nurse managers exhibit about burnout?

5. Does the number of years working as a nurse manager affect knowledge?

6. Does age affect nurse manager knowledge?

7. Does level of education affect nurse manager knowledge?

Definition of Terms

Nurse manager: registered nurse in charge of a hospital nursing unit in the position between staff nursing and hospital administration and listed with the North Carolina Board of Nursing as head nurse or assistant

Nurse managers' knowledge: the information gathered from the survey.

Staff nurse: registered nurse working in patient care on a hospital nursing unit.

Burnout: feeling of complete emotional and physical exhaustion resulting from prolonged stress at work that has negative effects on the individual nurse, the patient, the organization, and the nurse's family and personal life (Altun, 2002; American Institute of Stress; Billeter-Koponen & Fredén, 2005; Edward & Hercelinsky, 2007; Espeland, 2006; Iacovides, et al., 1997; Maslach, 2001; Maslach & Leiter, 1999; Schaufeli & Taris, 2005; Schneider, 2007; Wu, et al., 2007).

Burnout cause: prolonged stress at work resulting from a variety of stressors that either individually or together lead the nurse to experience burnout.

Burnout prevention measures: actions which inhibit the onset of burnout in the staff nurse. Those actions reported as keeping burnout from occurring.

Burnout treatment or reversal measures: actions which dispel burnout in the staff nurse. Those actions reported as helping to reverse burnout in the nurse.

CHAPTER II: LITERATURE REVIEW

What is Burnout?

We have all heard of burnout. The term can be used to refer to different parts of our lives, but usually is in reference to one's work life. Burnout may be seen by coworkers as the effects of personal conflict or the lack of enjoyment of one's job (Maxfield, Grenny, McMillan, Patterson & Switzler, 2005). Sadovich (2005) has found that work excitement effects burnout. This assessment may be correct; yet, true burnout goes much deeper. Stress in the workplace does affect one's personal stress levels just as stress in one's personal life can affect workplace stress (Hurley, 2007). However, it takes feeling unrelenting stress over a long period of time to finally lead to the result of burnout (Altun, 2002; American Institute of Stress, n.d.; Billeter-Koponen & Fredén, 2005; Demerouti, Bakker, Nachreiner, & Schaufeli, 2000; Iacovides, Fountoulakis, Moysidou, & Ierodiakonou, 1997; Khowaja, Merchant, & Hirani, 2004; Schneider, 2007; Wu, Zhu, Wang, Wang, & Lan, 2007).

Burnout is frequently related to emotional feelings. For example, main components of the burnout syndrome include exhaustion and depersonalization (Iacovides, et al., 1997; Sadovich, 2005; Schaufeli, Bakker, Hoogduin, Schaap, & Kladler, 2001; Schaufeli & Taris, 2005; Taormina & Law, 2000). Another major component of burnout is feelings related to personal achievements (Iacovides, et al.; Taormina & Law; Wu, et al., 2007). Pines (2004) describes burnout as being related to attachment styles. She finds that the more secure, rather than anxious or avoidant, the

adult's attachment style, the more likely the participant would notice causes of burnout and be less likely to experience burnout. Maslach (2001) further defines burnout as a type of mental illness.

Other researchers agree that burnout is related to mental health in addition to its other life effects. There are physical, social, and organizational or environmental as well as mental effects from and on burnout (Wu, et al., 2007). Burnout causes feelings of depression, fatigue, loss of sense of humor, dissatisfaction, and ability to be alert and learn (Altun, 2002; American Institute of Stress, n.d.; Billeter-Koponen & Fredén, 2005). The burned out employee feels as though there is too much work to do and feels unappreciated (Maslach & Leiter, 1999).

Burnout results in poor work performance and severe mental and physical symptoms such as mental and physical exhaustion, feelings of hopelessness, poor health in general, boredom, and low self-esteem (Altun, 2002). In addition, other physical symptoms result such as migraines, eating problems, muscle weakness or pain, loss of sexual desire, high blood pressure, and high blood sugar (Schneider, 2007; Billeter-Koponen & Fredén, 2005). Schneider goes on to suggest possible severe consequences of burnout including coronary disease, heart attack, asthma, hostility, suicidal feelings, and uncontrollable crying. All of these symptoms affect each part of one's life, work and personal. They have the potential to change life such that it may not return to the way it was before the burnout experience. As humans who experience stress we are all subject to these consequences.

Nursing is Stressful

Nursing is a profession that is particularly vulnerable to stress (Hillhouse & Adler, 1997; Augusto Landa, López-Zafra, Martos, & Aguilar-Luzón, 2006; McGrath, Reid, & Boore, 2003; Milliken, Clements, & Tillman, 2007). Augusto Landa, et al. explain that nurses' stress results from the hospital environment itself. The nature of nursing and patient care are identified as stressful by Milliken, et al. Specifically, the emotional work required while working with patients is stressful to the nurse who must be emotionally available and participatory while maintaining control over emotions (Erickson & Grove, 2007). In reflecting on her own experience, Beech (2007) explains that the stress of nursing can be felt at home as well. She reflects on often being asked health-related questions and to provide nursing care even while off duty and trying to rejuvenate. Nursing is a stressful career and that stress definitely spills over from work life into home life.

Stress is Related to Burnout

This frequent stress along with the lack of effectively dealing with stress can lead to burnout (Altun, 2002; American Institute of Stress, n.d.; Billeter-Koponen & Fredén, 2005; Demerouti, et al., 2000; Iacovides, et al., 1997; Khowaja, et al., 2004; Schneider, 2007; Wu, et al., 2007). Specifically, Garrosa, Moreno-Jiménez, Liang, and González (2008) found that an increase in nursing job stressors can increase the tendency toward burnout. Increasing burnout led to greater job stress, less satisfaction, and poorer

performance according to Sadovich, (2005). Nursing is stressful and this stress can lead to burnout. Burnout starts with one nurse feeling stressed, and without proper interventions the stress builds and can lead to burnout. The burnout of one nurse, and thus the loss of one nurse from the team, leads to more work for the remaining nurses. This extra workload can cause stress on the remaining nurses which may build and lead to another nurse's burnout. This spiraling effect of burnout is illustrated in Figure 1 beginning in the center of the figure with a single nurse experiencing stress. In this manner, stress and burnout can feed upon one another and have catastrophic effects on the nursing workforce.

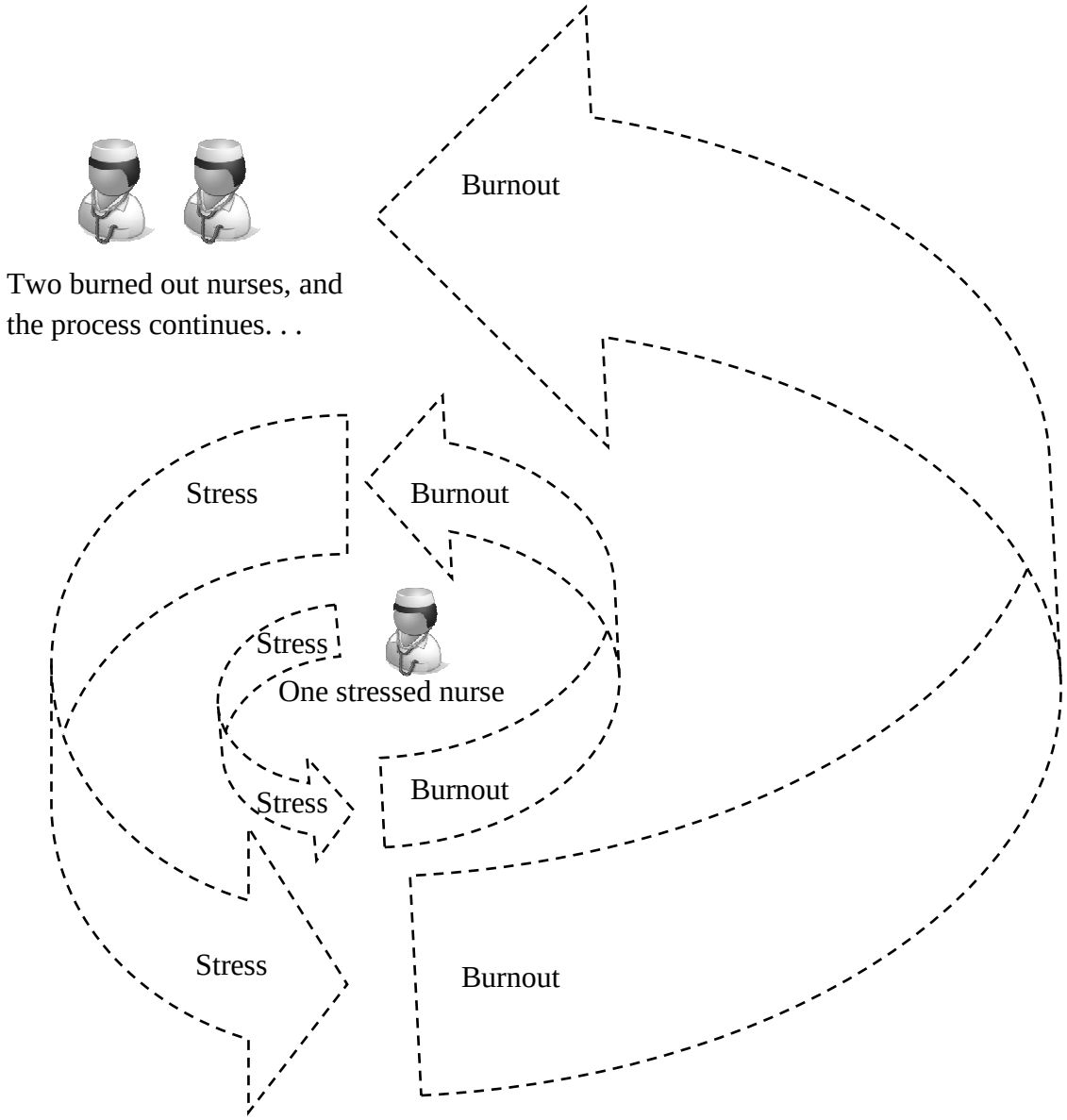

Figure 2. The spiraling effect of nursing stress and burnout. The process starts with one stressed nurse and can lead to many being burned out.

Nursing is Related to Burnout

The nursing profession has been identified to be at a great risk for burnout (Altun, 2002; Demerouti, et al., 2000; Edward & Hercelinskyj, 2007; Garrosa, et al., 2008; İlhan, Durukan, Taner, Maral, & Bumin, 2007; Milliken, et al., 2007; Wu, et al., 2007). Demerouti, et al. has identified that a great cause of stress and emotional taxing is experienced when caring for people and dealing with patient's concerns and feelings. This describes a specific stress in nursing that leads to the general link to increased risk for burnout. Aiken, Clarke, Sloane, Sochalski, & Silber, (2002) found that over 40% of the nurses studied were experiencing burnout. Burnout is obviously a well identified problem considering all of the research that is available.

Cost of Burnout

Part of the significance of burnout on nurses is reflected in the great cost we all pay as patients and as nurses. First, patients pay in terms of decreased satisfaction with care and poorer outcomes from nursing care (AACN, 2005; Denney, 2003; JCAHO, 2002; Pendry, 2007). Additionally, the organizations pay in terms of increased cost since burnout in general is financially costly (Flinkman, Laine, Kilpi, Hasselhorn, & Salanterä, 2008; Hillhouse & Adler, 1997; Maslach & Leiter, 1999). Recruitment of new employees (Lacey & McNoldy, 2007b) and training new nurses (Rivers, et al., 2005) are expensive tasks for the organization. Also, when nurses are burned out they do poor work which can

also cause increased costs to the facility (Maslach & Leiter, 1999). Poor patient care (American Institute of Stress, n.d.; Rivers, et al., 2005) and poor staffing levels (AACN, 2005) ultimately lead to a decrease in profit for the organization. In addition, for the facility that tries to combat burnout, there is also the cost of forming a committee to address the issue (Oddie & Ousley, 2007).

Furthermore, there is also the cost to nurses themselves. Burnout affects the nurse's personal life (Augusto Landa, et al., 2008). Decreased job satisfaction is an effect on one's work life from burnout (Billeter-Koponen, Fredén, 2005; Demerouti, et al., 2000; Milliken, et al., 2007). Exhaustion and disengagement from work and all the conditions of the work environment that cause burnout lead to worsening health for the nurse and increase the feeling of dissatisfaction with one's life in general (Demerouti, et al.). Burnout causes nurses to leave their job and leads to a greater nursing shortage (Aiken, et al., 2002; Milliken, et al.; Sadovich, 2005). Moreover, this leads to short staffing and increased work per nurse, which itself increases turnover (Lacey & McNoldy, 2007c). The result is the beginning of a sinister circle in which the result of burnout leads to an increase in the nurses who experience burnout (Aiken, et al.).

Significance of Nursing Burnout

Burnout is related to several different factors and varies depending on the nurse and environmental factors. As the age of the nurse increases, the amount of experience of emotional exhaustion and depersonalization decreases (Patrick & Lavery, 2007). The risk for burnout decreases with increasing age and experience (Erickson & Grove, 2007;

İlhan, et al., 2007; Patrick & Lavery). Overtime work has been found to lead to burnout with mandatory overtime and unpaid overtime causing more severe burnout results (Patrick & Lavery). The risk of experiencing burnout increases quickly as the number of patients per nurse increases. When a nurse is responsible for zero to four patients the chance of burnout is greater than 50%. If the number of patients increases to five to eight, the risk for burnout increases to about a two-thirds chance. If the number of patients increases to nine to twelve and to greater than thirteen, the risk for burnout increases to 80% and 100%, respectively (Sheward, Hunt, Hagen, Macleod, & Ball, 2005). Billeter-Koponen and Fredén (2005) found that nurses with the most patients were twice as likely to be burned out as those with the least patients, confirming the significance of staffing levels on nurse satisfaction.

There are conflicting findings on the overall satisfaction of nurses. On the one hand, Patrick and Lavery (2007) found about 89% of nurses were happy with nursing as their career choice. Buerhaus, Donelan, Ulrich, Kirby, Norman, and Dittus (2005) found similar results with 87% of nurses were satisfied being a nurse. On the other hand, only one-half of nurses in North Carolina are happy with their jobs, and 20% are definitely unhappy (Lacey & Shaver, 2002a). Flinkman, et al. (2008) found that one-quarter of nurses frequently think of quitting nursing and only one-quarter never think of giving up their nursing career. Ulrich, Lavandero, Hart, Woods, Leggett, and Taylor (2006) found similar results with one-quarter of the nurses feeling unhappy with their job. Flinkman, et al. specify that burnout can cause the nurse to want to leave nursing.

Along with the differing findings for nurse satisfaction, are differing findings regarding nurses planning to leave their jobs. Some research shows a largely unhappy

nursing profession. Within the next year, 20% of nurses plan to leave their jobs and about 50% plan to leave within the next three years (Ulrich, et al., 2006). Sheward, et al. (2005) found that over 33% of nurses were planning to leave their job in the next year. Although the dissatisfaction remains evident in North Carolina, the research shows fewer nurses wanting to leave their jobs. The North Carolina Center for Nursing (2002) reports that 25% of nurses plan to leave their jobs within three years. Main reasons nurses want to leave nursing are because they don't feel they make enough money, the job is too demanding, inconvenient shift work hours, and high nurse to patient ratios (Sheward, et al.). The average registered nurse vacancy rate in North Carolina is 7.7%, where any rate above 8% increases the likelihood of turnover (Lacey & McNoldy, 2007c). The average registered nurse turnover rate in North Carolina in 2006 was almost 18%, the lowest it has been in two years (Lacey & McNoldy, 2007b). The number of nurses has not kept up with the increase in acuity of patients (Lacey & Shaver, 2002a). The demand for nurses in North Carolina is expected to continue to increase during the next couple of years (Lacey & McNoldy, 2007a). By 2020, this state is expected to have only 70% of the nurses needed. Without a major intervention, North Carolina is entering into a severe and long nursing shortage (Lacey & Nooney, 2006).

Patient care is becoming more difficult as the length of stay shortens. Since patients are not in the hospital as long, the time they do spend in acute care is while they are quite ill. (Lacey & Shaver, 2002a). With the nursing shortage, patient safety is threatened and the quality of care is decreased (JCAHO, 2002). Billeter-Koponen and Fredén (2005) found that patient mortality increased by 7% for every patient in the average nurse's workload. The Joint Commission on Accreditation of Healthcare

Organizations found 24% of the sentinel events reported are related to staffing issues. Improving nurse staffing levels can reduce turnover rates by decreasing job dissatisfaction and burnout (Aiken, et al., 2002).

Causes of Burnout

There are many different things that contribute to the onset of burnout. Some are related to individual characteristics or values. Emotional intelligence can lower stress and burnout (Augusto Landa, et al., 2008). Moral distress or the pains that come from not being able to do what the nurse thinks is right can lead to burnout (Pendry, 2007). Other causes of burnout can include dealing with emotions of patients and families (Erickson & Grove, 2007; Wong, Leung, So, & Lam, 2001) and a lack of effective coping strategies (Wong, et al.). Nurses have different preferences as to what they need to feel fulfilled professionally (Takase, Maude, & Manias, 2005). Some of the differences in needs are related to generational differences in nurses (Rivers, et al., 2005). Having a lot of responsibilities in the nurse's social and private life can create added stressors that can lead to burnout in this professional nurse (Glasberg, Norberg, & Söderberg, 2007).

Many other causes of burnout are related to the work environment (Oddie & Ousley, 2007; AACN, 2006). Working long hours and unfairness in working conditions can lead to burnout in staff (American Institute of Stress, n.d.). Not being shown appreciation is a commonly mentioned cause of burnout in staff nurses (AACN, 2005; American Institute of Stress; Khowaja, Merchant, & Hirani, 2005). Similarly, being shown a lack of respect from staff and management (Khowaja, et al., 2005; Glasberg, et

al., 2007) and a poor relationship between nursing staff and doctors (Wong, et al., 2001; Hillhouse & Adler, 1997) can lead to burnout. Nursing staff also can be affected by burnout when they do not feel they are a part of the decision-making process (American Institute of Stress) or feel they lack power to have an effect (Manojlovich, 2007). Signs of a lack of respect from patients and families such as expressions of violence can also be causes for burnout (Andrews & Dziegielewski, 2005).

A major cause of stress among nurses is staffing that does not allow for enough staff to adequately care for the number of patients (AACN, 2005; Glasberg, et al., 2007; Gunnarsdóttir, Clarke, Rafferty, & Nutbeam, in press; Aiken, et al., 2002). Aiken, et al. found that an increase of one patient per nurse in a hospital increased burnout in nurses by 23%. Burnout can be caused by heavy workload (Khowaja, et al., 2005; Bally, 2007; Gunnarsdóttir, et al., in press; Garrosa, et al., 2008; JCAHO, 2002), high patient acuity (Bally, 2007; Glasberg, et al.), lack of autonomy (Pendry, 2007; McGrath, et al., 2003), and feeling insufficiently trained for the job (McGrath et al.). Some nurses feel as though there is not enough time to provide the nursing care that meets the standard the nurse desires (McGrath, et al.). This lack of time can lead to going through the day task by task rather than by holistically caring for the patient (Wong, et al., 2001). Some nurses may have a difficult time prioritizing due to a high workload and patient acuity (Glasberg, et al.). Adding to stresses that can cause burnout are low morale, reduced resources (Bally), and being required to perform administrative duties (Wong, et al.; JCAHO, 2002). Nurses find completing paper work stressful too, because it takes time away from the patients and patient care (Rivers, et al., 2005; Wong, et al.). Along with all of these stresses is the stress of society's demands, which, not unlike the nurses' desires, seem to be different

from what is possible (Glasberg, et al.). Nurses have anxiety about possibly making a mistake and do not feel they have the social support needed to prevent or recover from a mistake (Wong, et al.).

Some organizational influences add to the stressors for the staff nurse. Different issues, such as leadership changes and organizational culture changes, that the organization may be going through can add stress to the nurse (Oddie & Ousley, 2007). Office politics, lack of job security (American Institute of Stress, n.d.), and changes that occur because of financial cutbacks (Glasberg, et al., 2007) increase stress and burnout. Nurses find that not getting enough useful feedback on their performance from management is stressful (McGrath, et al., 2003; Wong, et al., 2001; İlhan, et al., 2008). Lack of opportunities for professional development is another cause of burnout (Flinkman, et al., 2008). However, burnout does not seem to vary from nursing unit to unit. Davis, Ward, Woodall, Shultz, and Davis (2007) found similar burnout levels between critical care nurses and medical-surgical nurses. The culture of the organization can be a cause of burnout in staff nurses (Takase, et al., 2005). Hillhouse and Adler (1997) point out that it does not seem to be just any one stressor that causes burnout; rather, it is a combination of stressors that causes the nurse to burn out.

Burnout Prevention Measures for the Nurse

Since there are so many causes of burnout, there are also many ways the nurse can help prevent and treat burnout for his or her self. A lack of clinical knowledge can cause stress that leads to burnout, so being up to date with clinical knowledge is important to

prevent burnout. The nurse can be certain to learn and practice how to use all equipment needed for the job (Augusto Landa, et al., 2008), take advantage of continuing education opportunities to keep knowledge up to date (American Nurses Credentialing Center [ANCC], 2004; Espeland, 2006), and practice autonomy in nursing care (ANCC).

Staff nurses should have social support, whether it is from coworkers or from individuals outside the profession, nurses need someone who will listen and be supportive (Espeland, 2006; Augusto Landa, et al., 2008; Schneider, 2007; Wong, et al., 2001). The nurse may benefit by addressing any issues with coworkers to maintain a low stress environment (Augusto Landa, et al.). Nurses need their coworkers to share their frustrations and receive the support and encouragement needed to help combat burnout. Negative relationships with coworkers make nurses feel lonely and lead to burnout (İlhan, et al, 2008.). Lateral violence in nursing is a negative response of the nurse to the stressful environment although it is directed toward an innocent coworker. This leads to the spread of the feeling of powerlessness (Sheridan-Leos, 2008). Nurses can help by working on being assertive. Assertive communication includes positive and constructive communication between staff, rather than threatening, or abusive (Espeland). According to Garrosa, et al. (2008), conflictive interaction is a major predictor of burnout. Lacey and Shaver (2002b) agree that maintaining good relations with coworkers is one of the most important factors in nurse retention. Yet, only 10 out of 170 hospitals surveyed were employing the strategy of improving the coworker environment to retain registered nurses. Similarly, Maxfield, et al. (2005) found that 77% of staff are concerned with the disrespect they receive; but, only 7% have actually addressed the problem with the problem coworker. This is a problem that has been identified, but is not yet being given

its due attention. Nurses need to give respect to coworkers as well as expect respect in return (Maslach & Leiter, 1999). The nurse may consider talking to coworkers about burnout and trying to get others involved in preventing nursing burnout in the organization (Maslach & Leiter).

Each nurse can work on self-improvements to help protect him or herself from burnout. The nurse can work on maintaining a steady emotional level by learning to control his or her emotions (Augusto Landa, et al., 2008). Also, furthering education has been shown to help prevent burnout. Wong, et al. (2001) found that nurses with tertiary level education have better coping skills. Increasing the knowledge of coping skills will itself help maintain a healthy mental status (Wong, et al.). Every nurse should be aware of signs and symptoms of burnout and be able to identify it and get help early in the process (Espeland, 2006; Schneider, 2007; Hillhouse & Adler, 1997).

Personality traits can also be a risk for burnout. A hardy personality can diminish one's risk. The nurse needs to work on being open to change and being resilient to help prevent burnout (Garrosa, et al., 2008). Hodges, Keeley, and Troyan (2008) found that nurses who were able to continue learning and growing into a professional nurse despite the discrepancies and discouragements they face showed self-efficacy, wisdom, and professionalism. New nurses find differences between what they learn in school and what they had believed nursing to be, and with real nursing. They find discouragements as they continue through the learning process and as they learn which coworkers can and cannot be turned to for support and questions. Those nurses who focus on the positive experiences through which they have come and continue in the field will develop better coping strategies along with self-efficacy, wisdom, and professionalism. These nurses

will become resilient and will likely stay in the profession as they have developed their fit within nursing (Hodges, et al.).

The nurse can prevent burnout by noticing and changing how he or she treats him or herself. Nurses should consider setting realistic goals and prioritizing work. The nurse may work to develop a positive attitude and work to maintain it; controlling one's own thoughts can help decrease stress. The nurse may consider learning to not be too hard on him or herself (Espeland, 2006) and helping to keep the spirit light by adding humor into life (Beech, 2007; Espeland). The nurse can reduce burnout by learning how to be assertive and practicing this skill (Espeland).The nurse may choose to practice communication while being aware of values and biases to ensure effective communication (Altun, 2002). A nurse may be often asked to help family and friends. Each nurse can set boundaries and know when to stop and put oneself first (Beech). The nurse may choose to be sure to get enough rest and to eat well and exercise since a healthy body and mind can best deal with stress (Beech; Schneider, 2007).

The nurse can help prevent burnout in oneself by helping to create an overall healthy work environment (AACN, 2005). If possible, the nurse may try to always work the same shift to reduce stress (Winwood, Winefield, & Lushington, 2006). If nothing seems to reduce the stress and progression toward burnout, the nurse may need to change jobs in order to maintain his or her health (Espeland, 2006).

Burnout Treatment Measures for the Nurse

In addition to the preventative measures discussed, there are also some treatment measures the nurse can apply if burnout is already in process. Improving coping skills may help reverse burnout (Browning, Ryan, Thomas, Greenberg, & Rolniak, 2007; Maslach & Leiter, 1999; Wong, et al., 2001). Changing one's thoughts to be more positive can help maintain health (Wong, et al.). The nurse can also change his or her self-expectations to help relieve burnout. Other ways to reduce stress are to practice delegation skills and use them, and to say "No" when the nurse feels overloaded (American Institute of Stress, n.d.). The nurse may consider joining committees or teams to become a part of the decision-making process and to have a voice and feel some sense of power (Bally, 2007).

Burnout Prevention Measures for the Nurse Manager to Implement

These methods of preventing and treating burnout for the individual can be helpful. However, burnout needs to be addressed both at the individual and organizational level to be most effective (Taornima & Law, 2000). The nurse manager needs to be involved to help prevent burnout in the unit and encourage its knowledge as a problem in the organization. There are a lot of measures that can be applied by the nurse manager to help prevent staff burnout. The manager can help support and create a healthy work environment in general (Lacey & Shaver, 2002a; North Carolina Nurses Association [NCNA], 2008). Lacey and Shaver (2002a) found that only less than half of staff were

happy with the work environment. This establishes the environment as a real concern for organizations. Ways to help create a healthy work environment are to advocate for adequate pay and benefits for staff nurses (Andrews & Dziegielewski, 2005; Lacey & Shaver, 2002b; Rivers, et al., 2005; NCNA). This will help staff to feel adequately compensated for work which will reduce stress and burnout risk. The manager may also focus on ensuring staffing levels and workloads are appropriate; these are frequently identified as important indicators of burnout (Altun, 2002; Buerhaus, et al., 2005; Demerouti, et al., 2000; Garrosa, et al., 2008; Gunnarsdóttir, et al., in press; Hillhouse & Adler, 1997; JCAHO, 2002; Lacey & Shaver, 2002b; Rivers et al.; Wu, et al., 2007). The manager can try to ensure staff are working on the shift that is desired to help increase satisfaction (Burke, 2004; Demerouti, et al.). The manager might attempt to notice and limit tasks that nurses complete which can be done by ancillary staff to reduce workload (Buerhaus, et al.). Even simply encouraging humor in the workplace can help relieve stress and lighten the mood (Geedey, 2006).

The manager may want to consider becoming familiar with AACN's Healthy Work Environment (HWE) Initiative (2006). The initiative provides some guidelines to help create a healthy environment which can prevent burnout. HWE is aimed at critical care nurses; however, it seems easy to apply to all nurses. It teaches to encourage staff participation in decision-making, encourage interdisciplinary team work, and continuing education (AACN's Healthy Work Environment Initiative Backgrounder, 2006). The AACN maintains that all six standards of the HWE Initiative must be implemented for best results. The standards include encourage communication skills, collaboration,

participation in decision-making, adequate staffing, recognition, and effective leadership (AACN, 2005).

The nurse manager may choose to encourage the organization to achieve Magnet status (JCAHO, 2002; Manojlovich, 2007; Rivers, et al., 2005). The Magnet program was established to increase recruitment and retention and to help prevent burnout. The forces of Magnetism include encouraging qualities such as strengthening leadership, encouraging a supportive environment, competitive pay and benefits, flexible scheduling, provision of quality patient care, autonomy in nursing care, continuing education and involvement in decision-making, respectful relationships, and professional development (ANCC, 2004). The program addresses many of the concerns of nursing staff.

North Carolina managers may benefit by also being knowledgeable of Hallmarks of a Healthy Workplace. This state program has three main parts: support for nursing professional development, support for nursing provision of quality care, and involving nursing in governance (NCNA, 2008). These three parts help to establish an environment that prevents burnout in nursing staff. Knowledge of each of these programs will help the nurse manager to foster a healthy work environment.

There are many other suggestions available that the manager may consider to increase his or her knowledge and staff's involvement to prevent burnout. The manager can first be sure that his or her own environment is adequate to prevent his or her burnout (Andrews & Dziegielewski, 2005). The manager must be knowledgeable of burnout and staff satisfaction principles (AACN, 2005; Bethune, Sherrod, & Youngblood, 2005; İlhan, et al., 2008; Schneider, 2007; Ulrich, et al., 2006). The manager can help prevent burnout by encouraging class attendance that helps staff become more self-aware

(Hurley, 2007), helping to ensure availability of classes to teach coping skills (İlhan, et al.; Augusto Landa, et al., 2008; Milliken, et al., 2007; Wong, et al., 2001; Wu,et al., 2007), and encourage continuing education classes (Bethune, et al.; Lacey & Shaver, 2002b; Lussier, 2006; Rivers, et al., 2005; Sadovich, 2005). The nurse manager can help ensure the existence of a mentoring program for new graduate nurses to help ensure their mental health throughout the orientation process (Espeland, 2006; Faron & Poeltler, 2007; Lacey & Shaver, 2002b). Erickson and Grove (2007) specifically recommend an emotional mentorship program for younger nurses led by experienced nurses to help the new staff recognize and cope with emotions. Additionally, staff must have adequate training for the job to reduce the feelings of stress (Taornima & Law, 2000).

The nurse manager must be available to staff (Geedey, 2006), encourage empowerment in nursing (Manojlovich, 2007), and encourage staff to make their concerns known to management (Maxfield, et al., 2005). Staff nurses should have the option to be involved in staff decision-making to help give them a sense of control over the environment (Buerhaus, et al., 2005; Bethune, et al., 2005; Lussier, 2006; Maslach & Leiter, 1999; NCNA, 2008; Ulrich, et al., 2006). The nurse manager can discuss the unit's environmental change needs with staff (Takase, et al., 2005) but try to limit changes in the work environment to only those necessary (Verhaeghe, Vlerick, De Backer, Van Maele, & Gemmel, 2008).

The manager can help prevent burnout by recognizing staff for jobs well done (Altun, 2002; Cohen, 2006; Denney, 2003; Khowaja, et al., 2005; Lussier, 2006; Maslach & Leiter, 1999; NCNA, 2008; Taornima & Law, 2000; Ulrich, et al., 2006) and by being creative with recognition activities (Bethune, et al., 2005; Rivers, et al., 2005). Only

about 39% of inpatient hospital staff feel their work is appreciated by their employer (Lacey & Shaver, 2002a). This is an area managers may choose to work on improving. Managers can show appreciation and respect by being flexible and helping staff with work-life conflicts (Khowaja, et al., 2005; Milliken, et al., 2007; Winwood, et al., 2006) and being flexible with scheduling specifically (Lacey & Shaver, 2002b; Sadovich, 2005). The manager needs to limit or ban shift rotation (Winwood, et al.) and overtime (Bekker, Croon, & Bressers, 2005; Rivers, et al.) to help prevent burnout. Being knowledgeable of the Magnet program can be helpful, even if the organization is not pursuing Magnet status because the program helps organizations to attain qualities that help recruit and retain nurses; thus, helping to prevent and treat burnout (ANCC, 2004). Continuing to improve management style for employee satisfaction will help reduce burnout (Bethune, et al., 2005). The manager can really help set the tone for the unit. Promoting work excitement and making the environment more enjoyable is a stress reliever (Sadovich, 2005).

Generational differences can be considered in order to improve the working environment. The newer generation has different motivators and ideals than does the previous, and most prevalent, generation. The lack of attention to the different needs of the new generation leads to dissatisfaction and turnover (Rivers, et al., 2005).

There are some prevention measures specifically related to social relations of which the manager may choose to be aware. Encouraging a supportive environment in general helps to prevent burnout (İlhan, et al., 2008; Lacey & Shaver, 2002b; Schneider, 2007; Taornima & Law, 2000; Verhaeghe, et al., 2008). Special attention needs to be given to supporting younger nurses (Winwood, et al., 2006). Any conflicts that occur

need to be addressed as soon as possible and care taken to prevent their reoccurrence (Garrosa, et al., 2008; Lussier, 2006). The manager can attempt to limit negative communication such as gossip on the unit to help maintain positive relations (Espeland, 2006) and help to promote and encourage positive relations between nurses and physicians (AACN, 2005; Gunnarsdóttir, et al., in press; Hillhouse & Adler, 1997; JCAHO, 2002; Lacey & Shaver, 2002b). Altun (2002) found that having the values of justice, human dignity, freedom, and truth help the nurse to be more resistant to burnout. The manager may encourage teamwork (İlhan, et al.; Maslach & Leiter, 1999; Maxfield, et al., 2005; Milliken, et al., 2007; Taornima & Law) and encourage the supervisor to be supportive of staff (Verhaeghe).

North Carolina is dealing with the nursing shortage and retention and recruitment. The top four workplace qualities important in registered nurse retention in North Carolina are good benefits, good nurse-physician relations, good coworker relations, and adequate staffing levels (Lacey & Shaver, 2002b). Hospitals in North Carolina are reacting to the shortage mostly by increasing their recruitment strategies. The state hospitals are also making staff adjustments. But few of the strategies used to deal with the shortage reported by North Carolina hospitals included working on retention (Lacey & McNoldy, 2008a). The state is also reacting to the aging of the nursing workforce by decreasing the physical requirements of nursing with safe lifting programs, adding flexible scheduling, making staff adjustments, and decreasing workloads. One of the least implemented strategies for coping with the aging workforce is decreasing nursing workloads (Lacey & McNoldy, 2008a).

Burnout Treatment Measures for the Nurse Manager to Implement

There are ways the manager can help to relieve the symptoms and return health to the nurse who is already experiencing burnout. The manager can start by analyzing the nurses' daily tasks and work to improve the ergonomic, workload, and shift work conditions (Demerouti, et al., 2000) and discuss with staff what are considered stressors (Hurley, 2007). Seeking staff input in decision-making (Ulrich, et al., 2006) and increasing the nurses' involvement in decision making (Demerouti, et al.) will help reduce burnout. The manager may choose to really ensure and encourage open communication between management and staff (Oddie & Ousley, 2007). If staff do decide to leave the unit, it is helpful to perform exit interviews to identify areas for improvement to prevent further turnover (Flinkman, et al., 2008).

The manager may also select to give feedback to staff. Specifically, the manager may want to consider giving performance feedback to staff to allow the chance for improvement. Positive performance feedback in the form of rewards may be given frequently also (Demerouti, et al., 2000). Staff may be encouraged to attend courses that educate about coping skills (Wong, et al., 2001). The manager can learn about burnout and assess his or her staff frequently for signs and symptoms so timely treatment may be encouraged for those in need (AACN, 2005; Andrews & Dziegielewski, 2005). Moral distress is an issue for staff also. Staff and managers should all be educated about this type of distress and immediate discussion opportunities need to be made available for nurses experiencing a moral conflict (Pendry, 2007).

The manager can help to create a safe and secure environment for nurses (Denney, 2003). Showing recognition and respect for staff (Ulrich, et al., 2006) and encouraging senior management to be visible and show support and respect for staff (Gunnarsdóttir, et al., in press; McGrath, et al., 2003) will both help reduce burnout. Encouraging the frontline management, the supervisor, to be knowledgeable and effective in ways to lead staff into a healthy career will help reduce staff burnout (Oddie & Ousley, 2007). Managers can advocate for the development of long-term mentoring and burnout prevention programs to encourage nurse satisfaction (Bally, 2007; Oddie & Ousley).

Gaps in Research

Despite all of the knowledge available about burnout and prevention and treatment measures, there is little to no identification of actual uses of these measures and their effectiveness. Long-term studies that would identify nurses with signs and symptoms of burnout and then administer some treatment measures and reevaluate the staff's burnout level would be helpful in demonstrating the real effectiveness of the implemented strategies and possibly those which work most and least effectively. Studies that would assess an organization's burnout level as a whole and apply prevention measures and assess their effectiveness would be beneficial to burnout research.

There is little to no identification of the knowledge of causes of burnout and prevention and reversal measures by managers. Seeing the amount of available guidelines for burnout along with the still high turnover rates leads one to question the actual application of this knowledge. Why is burnout still a problem? Perhaps it is because we

are not applying the wealth of knowledge available. North Carolina hospitals are using very few of the possible prevention and treatment measures (Lacey & McNoldy, 2008a; Lacey & Shaver, 2002b). These hospitals should be using many of those available for the best results. The reason the guidelines are not be applied may be because of a lack of awareness of the information. Since the nurse manager is at that level between the staff nurse and upper management, the manager is well positioned to affect both staff nurses and senior administration. Because of the continuing problem of burnout, it seems the manager may not be aware of available knowledge of burnout to help create a more positive work environment.

CHAPTER III: METHODOLOGY

Research Design

The aim of this study was to find out what information nurse managers need to limit burnout in staff nurses. The best way to assess this fact was by surveying each nurse manager to determine the current knowledge of managers. There was an assessment of general demographic data including: age range, years in management, and educational level completed. The nurse managers' knowledge of burnout causes and prevention and reversal measures was assessed by having each one complete a checklist selecting the options of which the manager knows. Using a checklist format allowed each manager to answer quickly and identify those actions he or she knows that cause, prevent, or treat or reverse burnout. A lack of comprehensive knowledge of burnout may help explain why the nursing shortage is continuing to be such an issue. When the managers' knowledge is determined, this information can be compared with the guidelines available to determine what knowledge the nurse managers are missing.

Setting

The survey process took place during the months of January and February of 2009 in North Carolina. Surveys were sent out in January via mail along with a cover letter explaining the purpose and requesting participation. A stamped, addressed return envelope was included for responders' convenience. All surveys to be analyzed were

received within three weeks of initial mailing. Mailed surveys are cost effective and maintain the participant's privacy. One limitation of a mailed survey is that it commonly receives a low response rate. This low number of responses may make obtaining a truly representative random sample difficult. Also, some participants may have changed addresses or may use the internet for the main mail source thus miss inclusion in the survey process.

Population and Sample

The population of focus is North Carolina nurse managers. The North Carolina Board of Nursing does not list the title of nurse manager as an option for a nurse to select as his or her title. The option that is closest to nurse manager and should include nurse managers is head nurse or assistant. So it is this group of head nurses or assistants who also work in a hospital from which participants were randomly selected. A random sample of 700 of this group was requested from the North Carolina Board of Nursing to eliminate possibility of surveyor bias in participant selection. A broad sample of nurse managers from this state was attempted to be gained. One limitation is that over-representation of those most interested in burnout is achieved, which would likely give results showing greater knowledge than actually exists in the population. Another limitation is the limited number of participants of the group due to cost reasons. To encourage the greatest responses and most representative sample, a simple checklist survey was used for its ease of completion and low time-consuming quality.

Protection of Human Subjects

The survey method will help ensure the protection of the research participants. The research will maintain beneficence. The survey results remained anonymous. There were no links between the data received and the participant. Each participant received a cover letter along with the survey explaining the purpose of the research and requesting his or her participation. This cover letter stated that the survey is completely voluntary and that one's participation and return of the survey will be the consent given for inclusion in the research.

University approval was obtained by submitting the research proposal to Western Carolina University's Institutional Review Board (IRB) for review. Only once this approval was received, the survey process and any contact with prospective participants began. IRB approval was received on December 19, 2008. No other agency approvals are needed since there is no particular facility or organization targeted.

Instrument

The survey measures burnout knowledge. The nurse managers' knowledge of causes of burnout was assessed using the selection of those options of which the manager is aware. The options were those available based on the current literature. The knowledge of burnout prevention measures was assessed by the managers' selection of the prevention measures he or she is aware are prevention measures. The options will be those available based on the current literature. The knowledge of burnout treatment

measures was assessed by the managers' selection of treatment measures he or she is aware are burnout treatment measures. The options will be those available based on the current literature. The tool's validity and reliability have not previously been determined as it is a newly developed survey. No previously developed survey has been found to measure nurse managers' knowledge of burnout. However, since it is a written survey, each participant will receive the exact same information. The format of the checklist and the instructions directing the participant to select only what is known will help ensure reliability. The length of the list of options may increase the chances of options being missed by the managers. The checklist survey is valid as well as it will measure the managers' knowledge. Due to the format of a list of options, falsely completing a survey would be an easy task whether done intentionally or not. It was suspected that the level of knowledge of these measures would be less than half due to the continuing frequency of burnout. The reliability was reinforced by the receipt of fairly similar survey results across the participants including the ability to identify common knowledge. The validity of the survey was clear. The information obtained in response to the direct question as selections from the checklist kept the participant focused directly on the topic at hand. Via triangulation with data from previous studies on nurses identification of what is causing burnout, confirmation of the information managers are missing may be obtained. This will help to confirm the validity and reliability of the survey.

Data collection

A survey was mailed to each prospective participant. This method helps to ensure privacy while allowing reach of a wide range and most representative sample of nurse managers in North Carolina. Each completed survey was returned via a pre-stamped and addressed envelope. Since all surveys were not returned within about two weeks, a reminder was mailed to all potential participants to complete the survey if they had not yet done so. Each participant was assessed only once.

Data Analysis

A table was used to calculate and display the number of times each survey option was selected by the managers. This will help display the knowledge that is most known and least known. Any other congruencies were assessed also, in terms of age of manager, years as manager, and education level. The data was described in terms of the frequency of selection of options. The mean and median number of items known from each category was calculated. The standard deviation and variance were calculated also to determine the similarity of survey results between participants. Correlations were calculated between the demographic data of age, years of experience, and level of education and knowledge of causes, prevention, and treatment measures to determine the strength of the relationship. The total percentage of overall knowledge, the mean, and the median of the selected options of burnout causes were determined in order to respond to research question one. The total percentage of overall knowledge, the mean, and the

median of the selected options of measures to prevent burnout were determined in order to respond to research question two. The total percentage of overall knowledge, the mean, and the median of the selected options of measures to treat burnout were determined in order to respond to research question three. The options that are not selected, therefore, are unknown options to the participants, and were traced to determine the percentage of participants unaware of these options in order to respond to research question four. Correlations were used to respond to research questions five, six, and seven to determine the relationship between demographics and knowledge.

When the knowledge the managers know and do not know is determined, it was compared with the information widely known that causes, prevents, and treats burnout in nurses and used to determine if the managers lack of knowledge matches what staff nurses are lacking to prevent and treat burnout.

Limitations

It is impossible to ensure that the participants are honest in the completion of the survey. It is easy to be unintentionally dishonest in a checklist survey where the possibilities are all written out. However, it is hoped that the privacy and anonymity of data will encourage honesty leaving no reason for embarrassment or worry of consequences. It is also possible that a person other than the intended nurse manager completes the survey, giving results not applicable to this study. This fact would not be known and the inaccurate data would be measured in with the other data, possibly skewing the results. It is hoped that the simple design and short time needed to complete

the survey along with the anonymity will encourage honest results thus increasing the internal validity and the usefulness of the results.

The sample for this study is drawn randomly from the state of North Carolina. So the results can only be applied to nurse managers in this state. However, the results will identify information lacking by nurse managers in this state and can give an idea of general knowledge lacked by managers throughout the profession. The state of North Carolina contains a variety of healthcare settings which would be one of the greatest variations in burnout measures. The organization as a whole may be supportive or non-supportive. The inclusion of a random sample covering participants from a variety of organizations will increase the external validity and help make the results useful and applicable to a wide range of nurse managers.

CHAPTER IV: RESULTS

Sample Characteristics

The final sample size of this survey was 214, a 31% response rate. There were 461 people who did not respond, an additional 14 surveys that were returned unopened due to having been sent to the wrong address, and 11 more that were received too late to be included in the results. The sample was representative of a wide range of nurse managers. Responders were between the ages of less than thirty years to over 51 years, had been in the nurse manager position for 1 to over 16 years, and had completed education from the diploma to the master's level. Despite these ranges, it is important to note that over 75% of respondents were 41 years of age and over. This leaves the younger population of nurse managers to be less represented in this data. Please see Table 1 for details of the demographic characteristics of participants.

Major Findings

This survey resulted in three major findings. First, the results show that the managers were more aware of theoretical knowledge then they were of evidence-based knowledge. Second, the findings indicate a positive relationship between nurse manager age, experience, education and his or her knowledge of burnout. Third, nurse managers lack knowledge of environmental causes of burnout. These findings have the potential to shape the future of nurse manager education.

The survey options were based on published findings of burnout factors. Approximately one-half of the survey options were evidence-based and one-half theoretically-based. The options that were least known by mangers were mostly evidence-based burnout factors.

Some of the factors nurse managers are less knowledgeable about were drawn from studies where nurses identified the factors as issues related to burnout as opposed to being theoretically-based knowledge. For example, dealing with the emotions of patients and families, covering up true feelings (Erickson & Grove, 2007), ability to handle emotions (Augusto Landa, López-Zafra, Martos, & Aguilar-Luzón, 2006), and lack of effective coping strategies (Wong, Leung, So, & Lam, 2001) are factors previously identified by nurses as causes of burnout and were found in this study to be factors less known by managers as causes of burnout. Additionally, causes related to the environment have been found in nursing studies also. Lack of respect from management (Khowaja, Merchant, & Hirani, 2005), violence from patients and families (Maslach, 2001), lack of autonomy, feeling insufficiently trained for the job, lack of constructive feedback (McGrath & Boore, 2003), and poor opportunities for development (Flinkman, Laine, Leino-Kilpi, Hasselhorn, & Salanterä, 2008) have been identified as causes of burnout. These causes of burnout have been identified as manager needs strengthening the need to increase awareness of these factors.

Some of the things the nurse and the nurse manager can do to prevent nurse burnout also come from evidence-based nursing studies. Factors identified as needs were knowing how to use equipment, regulate emotions (Augusto Landa, et al., 2008), and further education (Wong, et al., 2001). Other manager knowledge needs are working the

same shift versus different shifts, having adequate pay and benefits (Flinkman, et al., 2008), the facility achieving Magnet status (JCAHO, 2002), and limiting organizational changes to those necessary (Verhaeghe, Vlerick, De Backer, Van Maele, Gemmel, 2008). These factors have previously been identified as causes of burnout and now have been identified as knowledge needs by managers.

Conversely, other factors have been identified as ones theoretically related to burnout. These include some of the causes of burnout. Societal demands (Glasberg, Norberg, & Söderberg, 2007), lack of power in decision-making processes (Manojlovich, 2007), reduced resources available to the nurse (Bally, 2007), office politics (American Institute of Stress), lack of social support, having to perform administrative duties (Wong, et al., 2001), negative organizational culture (Takase, Maude, & Manias, 2005), and difficulty prioritizing (Glasberg, et al.) are all educational needs of the manager that are theoretically related to reducing burnout.

There are factors identified as theoretical prevention and reversal measures that the manager can incorporate for burnout. Providing self-awareness classes for nurses (Hurley, 2007), encouraging burnout education for nurses (Taormina & Law, 2000), and improving workplace ergonomics (Demerouti, Bakker, Nachreiner, & Schaufeli, 2000) are identified as theoretical measures to reduce burnout and are not as well known by nurse managers.

Overall, there are more evidence-based factors which are less known. The 29 burnout factors that were selected by less than half of the participants are the least known factors. Of these, 18 (62%) were evidence-based and 11 (38%) were theoretical factors. So the theoretical factors are better known by nurse managers.

There is also a relationship between participants' demographic information and knowledge level. Age, education, and experience as manager do have a positive effect on the nurse manager's amount of knowledge about nursing burnout.

There appears to be a relationship between age and knowledge of burnout as seen in Table 2. The nurse managers between the ages of 41 years to 50 years have a have a three to six point difference in their average knowledge from the lowest average in three different sections. The areas of causes of burnout related to the work environment, things the nurse can do for himself or herself, things the manager can do to prevent burnout, and things the manager can do to reverse burnout are known most by this age group of nurses based on the mean of the selections.

Based on the mean number of responses in each section of the survey, there also appears to be a reverse correlation between having a baccalaureate degree in a field other than nursing and knowledge of burnout. Compared with the managers who have any degree in nursing or a master's degree in any field, the managers with a baccalaureate degree in another field have two to four points lower in the mean knowledge in almost every section. Only the section about things the nurse can do for himself or herself to prevent burnout shows little difference in the mean knowledge.

Based on the data in Tables 3, 4, and 5, using the critical value for $\alpha = 0.01$, there is a significant correlation between the total amount of knowledge known in each section and the age, years as manager, and educational level achieved. There is a correlation between the total amount of knowledge had at different ages in the survey. According to overall knowledge in each area of burnout factors, the greatest difference between

knowledge occurs at the ages of 51 and over and 30 and under. The least difference in knowledge is between those aged 31 to 40 and 41 to 50 years old. See Table 3.

Table 3

Correlation of Knowledge at Different Ages

Age	31 to 40	41 to 50	51 and over
30 and under	0.993	0.983	0.973
31 to 40		0.998	0.988
41 to 50			0.993

The correlation between years as manager and total knowledge known is significant also as seen in Table 4. The strongest correlation of knowledge between different years as manager is for managers who have been in the position for 6 to 10 and 11 to 15 years. The smallest correlation of knowledge known occurs between those who have been a manager for 1 to 5 years and those who have been a manager for 16 and over years. The average knowledge know is very similar among all ages but is the most similar and greatest between those who have been a manager for 6 or more years.

Table 4

Correlation of Knowledge at Different Years as Manager

Years as Manager	6 to 10	11 to 15	16 and over
1 to 5	0.995	0.996	0.987
6 to 10		0.999	0.99
11 to 15			0.994

Table 5 shows the correlation between level of education and amount of total knowledge known is weakest where the total knowledge of each section known by those with an associate's degree is compared with that of those with a master's degree in another field, baccalaureate in nursing is compared with a baccalaureate in another field and master's in another field, and where master's in nursing is compared with master's in another field. The weakest link is between those with a baccalaureate and master's in another field. Overall, each correlation is statistically significant. So the knowledge level is similar between managers of different educational backgrounds. According to the mean knowledge displayed in Table 2, those with a baccalaureate in another area have the least burnout knowledge. The mean knowledge in each area of burnout knowledge is the least for this group.

Table 5

Correlation of Knowledge at Different Educational Degrees

Education	ADN	BSN	MSN	Bachelor's	Master's
Diploma	0.998	0.994	0.996	0.981	0.971
ADN		0.989	0.995	0.983	0.96
BSN			0.995	0.962	0.996
MSN				0.972	0.969
Bachelor's					0.944

The survey results make nurse managers' strengths and weakness in the area of burnout knowledge evident. Nurse managers tend to be strongest in the area of knowledge of burnout reversal measures the staff nurse can implement and weakest in the knowledge of staff nurse burnout related to the work environment.

The survey results illustrate some areas of strengths in the knowledge of nurse managers. There are 22 factors related to burnout of which over 75% of nurse managers are aware. The nurse managers are strongest in their knowledge of burnout reversal measures the staff nurse can implement for himself or herself. The standard deviation is 1.52, less than 2, so it is statistically significant and the manager's knowledge of these options is similar. There are four specific factors that approximately 90% of nurse managers know are related to burnout or its prevention or reversal: adequate staffing, open communication, and the manager showing appreciation and respect to staff (see Table 6). Based on the mean responses in each section, the managers know more than

half of the things the manager can do to prevent staff nurse burnout and things the manager can do to reverse staff nurse burnout. Although over half of these options are known, the standard deviation is greater than 2 for both indicating that the managers' knowledge varies greatly within these areas. Please see Table 7 for statistical measures.

The weaknesses of nurse managers include 29 burnout factors of which over 50% of nurse managers are unaware (see Table 6). The section of burnout factors least known by nurse managers are causes of staff nurse burnout related to the work environment; for which the standard deviation is greater than 5 indicating a wide variation of nurse managers' knowledge. Based on the mean of responses in each section, the manager knows only approximately half of the causes of nurse burnout and things the staff nurse can do for himself or herself to prevent or reverse burnout. The standard deviations for these two burnout areas are just over 2 and less than 2, respectively, showing there is similarity between the manager's knowledge of these areas of burnout.

Table 7

Statistical Measures

Section of Survey	Mean	Median	Standard Deviation	Variance
Causes of burnout	4.04	4	2.22	4.93
Environmental causes	10.52	9	5.93	35.12
Prevent burnout for self	12.94	12	5.83	34
Prevent burnout by manager	12.81	13	5.04	25.35
Reverse burnout for self	4.09	4	1.52	2.3
Reverse burnout by manager	10.12	10	3.82	14.6

Several comments were added on the returned surveys by nurse managers. Managers feel that other issues including frequent or continuous changes in the workplace, system problems, patient acuity, floating to another unit, not having enough paid time off, and high patient-to-nurse staffing ratios contribute to burnout in staff nurses. One manager commented, "The many demands placed on nurses related to public opinion, transparency, family centered care have caused the nurse to focus on everything but the patient. They feel they are being pulled in so many directions especially being pulled away from the patient". Another manager indicated that trust issues with families who try to tell nurses how to do their job are very stressful for the staff nurse also.

Managers have some further suggestions of what can help prevent burnout. It was suggested that learning to balance the showing of compassion and expectations of accountability is important in achieving satisfied nurses. One manager feels there is a difference between the generations of nurses, writing that older nurses are more patient and team focused and younger nurses are less team-oriented. Another manager commented that civility is necessary. This manager feels that "some of the biggest issues are personality conflicts, jealousy, insecurity, and selfishness" and that teamwork would help prevent burnout. In addition, managers feel that reduced patient-to-nurse staffing ratios, flexibility, establishing good relationships with staff, good communication, and letting staff have as much control as possible are important factors in preventing burnout. The need to separate work from personal life and learn good coping skills was stressed by a few managers. One manager points out the necessity of preventing burnout since it leads to high turnover.

Managers commented that there are some things they cannot control in regard to burnout prevention. Some managers feel that controlling staff pay and benefits and appropriate workload are out of their reach. Consistency by managers with staff is necessary to encourage staff satisfaction. Some managers feel that his or her satisfaction with the management job is necessary for staff nurse satisfaction, "if managers aren't happy, it travels downward, trickling all the way down to the care provided to the patients." Managers pointed out that they can feel burnout also. They deal "with the same issues as staff." Managers feel they do have some control over helping to prevent staff nurse burnout, but also point out that they cannot control everything and that they also are at risk for burnout.

Overall, the survey resulted in three major findings. First, nurse managers are more aware of theoretical burnout knowledge than of evidence-based burnout knowledge. Second, there is a positive relationship between age, experience, education and nurse manager knowledge. Third, the greatest educational need for nurse managers is in the area of causes of burnout related to the environment. The least need for knowledge attainment by nurse managers is in the area of things the nurse can do for himself or herself to reverse burnout. Those specific factors best known by nurse managers include adequate staffing, open communication, and the manager showing appreciation and respect to staff. Those specific factors least known by nurse managers are related to environmental causes of burnout and include lack of autonomy, office politics, lack of social support, and having to perform administrative duties. Knowing nurse managers' knowledge needs is necessary to help prevent staff nurse burnout.

Table 1

Demographic Characteristics

Characteristic	Number	Percent
Age in years		
30 or less	8	3.74
31 to 40	43	20.09
41 to 50	71	33.18
51 and over	92	42.99
Years as Manager		
1 to 5	73	34.11
6 to 10	63	29.44
11 to 15	17	7.94
16 and over	61	28.5
Education Completed		
Diploma	23	10.75
Associate's in Nursing	52	24.3
Baccalaureate in Nursing	89	41.59
Master's in Nursing	24	11.21
Baccalaureate in other field	7	3.27
Master's in other field	12	5.61
No response	7	3.27

Table 2

Total Selection of Survey Options Related to Demographics

Demographics	Cause	Env. Cause	Prev. Self	Prev. Mgr.	Rev. Self	Rev. Mgr.
Age						
30 or less	27(3.38)	67(8.38)	77(9.63)	68(8.5)	24(3)	62(7.75)
31 to 40	175(4.07)	454(10.56)	535(12.44)	507(11.79)	171(3.98)	8(9.49)
41 to 50	315(4.44)	847(11.93)	1028(14.48)	1014(14.28)	318(4.48)	70(10.85)
51 or over	347(3.78)	883(9.6)	1130(12.28)	1153(12.53)	362(3.93)	926(10.07)
Years as Mgr.						
1 to 5	291(3.99)	787(10.78)	925(12.67)	892(12.22)	287(3.93)	700(9.59)
6 to 10	262(4.16)	678(10.76)	798(12.67)	814(12.93)	260(4.13)	669(10.62)
11 to 15	71(4.18)	184(10.82)	224(13.18)	223(13.12)	74(4.35)	180(10.59)
16 or over	240(3.93)	602(9.87)	823(13.49)	813(13.32)	254(4.16)	617(10.11)
Education in Nursing						
Diploma	81(3.52)	239(10.39)	312(13.56)	307(13.35)	90(3.91)	245(10.65)
Associate	204(3.92)	486(9.35)	648(12.46)	653(12.56)	201(3.94)	517(9.94)
Bachelor's	392(4.4)	1011(11.36)	1200(13.48)	1165(13.28)	381(4.28)	914(10.27)
Master's	95(3.96)	246(10.25)	316(13.17)	316(13.7)	100(4.17)	232(9.67)
Education in Other Fields						
Bachelor's	17(2.43)	51(7.29)	63(9)	74(10.57)	22(3.14)	59(8.43)
Master's	52(4.33)	154(12.83)	156(13)	157(13.08)	52(4.33)	130(10.83)

Note: "Mgr." is nurse manager. "Env." is environmental. "Prev." is prevent. "Rev." is reverse. The total times selected is displayed followed by mean selected in parenthesis.

Table 6

Survey Options Selected

Survey Option	Frequency of selection	
	Number	Percent
Causes of individual staff nurse burnout:		
Experiencing moral distress on the job	115	53.74
Covering up true feelings when dealing with patient's feelings	75	35.05
Lack of knowledge about coping strategies	105	49.07
Societal demands	72	33.64
Private life demands	149	69.63
Tending to patient's and family's emotional needs	102	47.66
Having less ability to handle emotions	75	35.05
Work and family conflicts	170	79.44
Causes of staff nurse burnout related to the work environment:		
Working long hours	166	77.57
Lack of appreciation from management	143	66.82
Lack of reward for accomplishments	115	53.74
Lack of respect from management	98	45.79
Negative or poor nurse-doctor relationships	119	55.61
Lack of power in decision-making processes	101	47.2
Being left out of decision-making	109	50.93
Violence from patients and families	61	28.5
Inappropriate or insufficient staffing	174	81.31

High patient acuity	151	70.56
Lack of autonomy	57	26.64
Feeling insufficiently trained for the job	80	37.38
Reduced resources available to the nurse	103	48.13
Office politics	87	40.65
Lack of social support	43	20.09
Having to perform administrative duties	55	25.7
Not enough time to do job to the nurse's standard	160	74.77
Negative organizational culture	86	40.19
Poor opportunities for development	59	27.57
Lack of constructive feedback	60	28.04
Difficulty prioritizing	77	35.98
Low morale	130	60.75
Things the staff nurse can do for self to prevent burnout:		
Learn how to use equipment	74	34.58
Attend continuing education classes/opportunities	128	59.81
Establish social support	113	52.8
Address issues with coworkers promptly	162	75.7
Be respectful toward others	146	68.22
Ensure receipt of adequate job training	108	50.47
Practice communication	143	66.82
Regulate his or her emotions	85	39.72
Healthy diet and exercise	157	73.36

Become aware and involved in burnout prevention measures	131	61.21
Further his or her education/degree	66	30.84
Be open to change	163	76.17
Increase knowledge of positive coping strategies	116	54.21
Set realistic goals for self	145	67.76
Be assertive	110	51.4
Maintain a positive attitude	165	77.1
Keep humor in his or her life	162	75.7
Set boundaries	117	54.67
Get enough rest	173	80.84
Change jobs if necessary	122	57.01
Working the same shift versus different shifts	81	37.85
Create a healthy work environment	111	51.87
Things the manager can do to prevent staff nurse burnout:		
Ensure adequate pay and benefits	97	45.33
Ensure adequate staffing	190	88.79
Encourage the nurse to be involved in the interdisciplinary team	130	60.75
Encourage open communication between staff and managers	198	92.52
Help the facility to achieve Magnet status	62	28.97
Provide flexible scheduling	177	82.71
Have necessary resources available	148	69.16
Address conflicts between staff members as soon as possible	176	82.24
Provide self-awareness classes for nurses	72	33.64

Encourage effective communication between staff and patients	126	58.88
Establish mentoring programs for nurses	136	63.55
Ensure effective leadership	152	71.03
Discuss changes with staff before making them	168	78.5
Limit organizational changes to those necessary	69	28.04
Encourage burnout education for nurses	86	40.19
Limit overtime for staff nurses	118	55.14
Keep self healthy	127	59.35
Encourage teamwork between all staff members	178	83.18
Show appreciation to nurses	188	87.85
Encourage the nurse supervisor to be supportive of staff	140	65.42
Things the staff nurse can do for self to treat or reverse burnout:		
Be involved in committees	114	53.27
Improve his or her coping skills	151	70.56
Practice positive thinking	172	80.37
Adjust self-expectations	122	57.01
Improve delegating skills	150	70.09
Say "No" when you cannot accept another task	163	76.17
Things the manager can do to treat or reverse staff nurse burnout:		
Improve workplace ergonomics	83	38.79
Improve workload	140	65.42
Help to develop mentoring programs for nurses	120	56.07
Maintain open communication with staff	193	90.19

Perform exit interviews of nurses to identify needs	142	66.36
Encourage the supervisor to improve his or her knowledge and effectiveness	110	51.4
Give performance feedback	159	74.3
Seek staff input in decisions	181	84.58
Show respect for staff	190	88.79
Encourage senior management to be visible and involved with staff nurses	147	68.69
Help develop burnout prevention and treatment programs	107	50
Reward desired behaviors	166	77.57
Provide the opportunity for staff to immediately discuss morally distressing situations	142	66.36
Help to create a safe and secure environment for nursing	165	77.1
Limit rotating shift work	106	49.53

CHAPTER V: DISCUSSION

Nursing burnout is a term commonly heard and experienced by nurses. Aiken, et al. (2002) found that over 40% of nurses were experiencing burnout. Considering the significant impact burnout has on the nurse's work and home life, it must be examined seriously. Nurse managers are in a unique position to have direct contact with staff nurses as well as with upper management. Therefore, the nurse manager's knowledge of burnout has the potential to affect the staff nurse experience.

This study aims to identify the knowledge deficits of nurse managers on burnout as well as identify any relationship between knowledge and the age, experience, education of nurse managers. The research data was gathered via the survey method. Surveys were mailed via post-mail to 700 nurse managers randomly selected by the North Carolina Board of Nursing. 214 anonymous surveys were received back and the survey data was compiled to reveal patterns in knowledge.

The survey results have revealed what knowledge is needed by nurse managers and what knowledge nurse managers are most aware of in regards to burnout causes, prevention, and reversal measures. The indicators identified as least known my managers are largely those which were identified from evidence-based research as opposed to theoretically based burnout factors. Additionally, the findings have indicated a positive relationship between the nurse manager's age, years as manager, level of education and amount of burnout knowledge. The greatest difference in total knowledge occurs between managers aged less than 30 years and those over 51 years and the average knowledge is greatest for those between the ages of 41 to 50 years. The knowledge known depending

on years as manager is similar for managers with 6 and more years of experience. On average, those with less than 6 years of experience know the least about burnout. Managers with a degree in nursing or a master's degree in any field have greater knowledge in almost every area of burnout based on the mean. The greatest knowledge need is in the area of environmental causes related to staff nurse burnout. The least need is in the area of what the nurse can do for himself or herself to reverse burnout. The findings could be used to determine the most appropriate education for nurse managers so they can help reduce burnout in staff nurses and thus help prevent the worsening of the nursing shortage.

It may seem that the managers would pay more attention to the evidence based burnout factors and be more likely to be expected to know those evidence based factors. Surprisingly, the manager has shown that they, in fact, know less of the evidence-based burnout factors and more of the theoretical factors. In the future, the manager may choose to focus his or her education on those burnout related factors that are evidence based rather than including those theoretical factors. Either way, there are many opportunities to improve the manager's knowledge.

The nurse manager's knowledge does vary based on the characteristics of the manager. The strongest demographic indicator of knowledge was age. It is evident that the greatest burnout knowledge was found in those managers aged 41 and over and the least knowledge was in those under 30 years of age. Looking at years of experience as nurse manager results in very little differences; although, those with 6 or more years have slightly greater overall knowledge than the others. According to education, it is evident that having a nursing degree or a master's degree makes the manager more likely to have

a greater knowledge of nursing burnout factors. Overall, the manager who is over 41, has a nursing degree or a master's degree, and who has at least 6 years of nurse manager experience is the most knowledgeable of nursing burnout factors.

We now can identify the information that nurse managers need to know. Nurse managers need to learn more about the environmental causes of burnout. These factors including lack of autonomy, social support, constructive feedback, workplace violence, poor opportunities for development, and having to perform administrative duties can be added to continuing education for nurse managers. Additionally, all of the information known by less than half of the participants is knowledge that can be included in future educational efforts. This information shows nurse educators and managers what should be focused on and what information can be less of a focus as they are already areas of managers' strengths. The comments from the nurse managers help to strengthen the importance of some of the factors related to burnout such as the importance of schedule flexibility, open communication, and staff nurse control. The managers also bring forth another point; that is, the necessity of their satisfaction and the fact that they too, are at risk for burnout. Also, managers have pointed out that they do not feel they have control over some issues such as workload and pay and benefits.

This research study has addressed all of the research questions. Nurse managers do not know all of the potential causes, preventive measures, or reversal measures of burnout as evidenced by the fact that no factor was known by every participant and the participant's knowledge varied. The number of years as manager, age, and level of education do positively affect the nurse manager's knowledge of staff nurse burnout. Because this was a random sample of nurse managers, this may reflect the shape of the

knowledge of nurse managers in North Carolina. This research can be considered for use with all nurse managers as increasing knowledge of burnout is helpful, although it may not be representative of the specific needs of different populations of nurse managers.

Implications for Future Research

Future research could expand upon this research. Further research could strive to identify nurse's knowledge of burnout factors. There are many things the nurse can do for himself or herself to prevent or relieve burnout. Through determining nurse's knowledge of burnout, the specific needs can be clarified, thus making clear the educational needs of nurses. Other research could evaluate the use of evidence-based practice in nursing practice and leadership. This could point out if nurses and nurse managers are getting enough exposure to evidence-based practice and determine if the deficit lies in the nurse's use of the knowledge, the availability of the knowledge, or other factors. Another study could evaluate the effectiveness of the implementation of burnout education for all nursing staff. This may clarify whether burnout education can be effective and what type and how much education would be required to diminish burnout's effect on nurses.

Implications for Nursing Education

Prelicensure nursing education can benefit from this research by incorporating the identified knowledge needs into the curriculum. The burnout factors less known by nurse managers can be adopted into nursing education to give nurses the tools to better prevent

and handle burnout symptoms. The research could be assessed to determine that knowledge which is learned through nursing and manager experience. This information especially can be added to nursing education to give younger nurses the benefit of this knowledge which is eventually learned and thus necessary.

Additionally, staff development can benefit from this research. Staff development in facilities can offer leadership classes that educate nursing leaders about nursing burnout. Leaders may consider only hiring nurse managers who are nurses. The fact that the manager's burnout knowledge is greater when the manager has a nursing degree or a master's degree suggests that nursing staff leaders should be nurses or have a graduate degree in order to best understand those issues that nurses face. Staff development classes can help to disseminate evidence-based research to leaders so they have the tools to help improve the workplace environment.

Conclusion

In conclusion, this research strongly indicates that nurse managers have a need for education on staff nurse burnout. Nurse managers are in a position to both have contact with the bedside nursing staff and to affect change in the overall organization. This position requires the knowledge of how to best help staff be successful and satisfied with the nursing position. Differences exist in manager knowledge based on the manager's age, experience, and education; yet, the fact remains that only 22 (24%) of the 93 factors related to burnout are known by at least 75% of the nurse managers. This makes it very clear that nurse managers have a lot to learn about burnout. The manager cannot help

affect change in the organization if the needed changes are unknown. Increasing nurse managers' knowledge of burnout can result in decreased burnout and turnover leading to increased staff and patient satisfaction.

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APPENDIX A

Staff Nurse Burnout: A Survey For Nurse Managers

Dear Nurse Manager,

My name is Kristy Stewart and I am a graduate student in the school of nursing at Western Carolina University. I am doing a study to determine nurse managers' knowledge of staff nurse burnout and to identify any educational needs related to burnout. For the purpose of this study, burnout is defined as "*a feeling of complete exhaustion resulting from prolonged stress at work that has negative effects on all aspects of the person*".

You were randomly selected to participate in this study and your participation is voluntary. By returning the survey you will be granting your consent to participate in the study. Data are confidential and will be reported as aggregate data only. Your input is essential to the study and the survey will take less than 15 minutes to complete.

Please answer the items in each table and return the survey in the enclosed, self-addressed, stamped envelope by December 30, 2008. If you have any questions, you may contact me at klstewart4@catamount.wcu.edu or Western Carolina University Institutional Review Board (IRB) at 828-227-3177.

Please place a check mark beside the items *you know* cause, prevent, or treat/reverse nurse burnout:

Causes of individual staff nurse burnout:

□ Experiencing moral distress on the job	□ Private life demands
□ Covering up true feelings when dealing with patient's feelings	□ Tending to patient's and family's emotional needs
□ Lack of knowledge about coping strategies	□ Having less ability to handle emotions
□ Societal demands	□ Work and family conflicts

Causes of staff nurse burnout related to the work environment:

□ Working long hours	□ Feeling insufficiently trained for the job
□ Lack of appreciation from management	□ Having to perform administrative duties
□ Lack of reward for accomplishments	□ Office politics
□ Lack of respect from management	□ Lack of social support
□ Negative or poor nurse-doctor relationships	□ Reduced resources available to the nurse
□ Lack of power in decision-making process	□ Not enough time to do the job to the nurse's standard
□ Being left out of decision-making	□ Negative organizational culture
□ Violence from patients and families	□ Poor opportunities for development

□ Inappropriate or insufficient staffing	□ Lack of constructive feedback
□ High patient acuity	□ Difficulty prioritizing
□ Lack of autonomy	□ Low morale

Things the staff nurse can do for self to prevent burnout:

□ Learn how to use equipment	□ Be open to change
□ Attend continuing education classes / opportunities	□ Increase knowledge of positive coping strategies
□ Establish social support	□ Set realistic goals for self
□ Address issues with coworkers promptly	□ Be assertive
□ Be respectful toward others	□ Maintain a positive attitude
□ Ensure receipt of adequate job training	□ Keep humor in his or her life
□ Practice communication	□ Set boundaries
□ Regulate his or her emotions	□ Get enough rest
□ Healthy diet and exercise	□ Change jobs if necessary
□ Become aware and involved in burnout prevention measures	□ Working the same shift versus different shifts
□ Further his or her education / degree	□ Create a healthy work environment

Things the manager can do to prevent staff nurse burnout:

□ Ensure adequate pay and benefits	□ Establish mentoring programs for nurses
□ Ensure adequate staffing	□ Ensure effective leadership
□ Encourage the nurse to be involved in the interdisciplinary team	□ Discuss changes with staff before making them
□ Encourage open communication between staff and managers	□ Limit organizational changes to those necessary
□ Help the facility to achieve Magnet status	□ Provide self-awareness classes for nurses
□ Provide flexible scheduling	□ Limit overtime for staff nurses
□ Have necessary resources available	□ Keep self healthy
□ Address conflicts between staff members as soon as possible	□ Encourage teamwork between all staff members
□ Encourage burnout education for nurses	□ Show appreciation to nurses
□ Encourage effective communication between staff and with patients	□ Encourage the nurse supervisor to be supportive of staff

Things the staff nurse can do for self to treat or reverse burnout:

□ Be involved in committees	□ Adjust self-expectations
□ Improve his or her coping skills	□ Improve delegating skills
□ Practice positive thinking	□ Say "No" when you cannot accept a task

Things the manager can do to treat or reverse staff nurse burnout:

□ Improve workplace ergonomics	□ Show respect for staff
□ Improve workload	□ Encourage senior management to be visible and involved with staff nurses
□ Help to develop mentoring programs for nurses	□ Help develop burnout prevention and treatment programs
□ Maintain open communication with staff	□ Reward desired behaviors
□ Perform exit interviews of nurses to identify needs	□ Provide the opportunity for staff to immediately discuss morally distressing situations
□ Encourage the supervisor to improve his or her knowledge and effectiveness	□ Help to create a safe and secure environment for nursing
□ Give performance feedback	□ Limit rotating shift work
□ Seek staff input in decisions	

Demographic Information

The following demographic information will enable the researcher to describe the population sample that participated in this survey. Please check the answer that best describes you.

How many years have you worked as a nurse manager?

□ 1 to 5	□ 6 to 10
□ 11 to 15	□ 16 or more

What is your age?

□ 30 years or under	□ 31 to 40 years old
□ 41 to 50 years old	□ 51 years old and over

What is your highest level of education completed?

□ Associate Degree in Nursing	□ Baccalaureate Degree in Nursing
□ Master's Degree in Nursing	□ Other (please specify) _____

Comments:

Thank you for completing and returning the survey. If you have any questions, please contact me at klstewart4@catamount.wcu.edu

APPENDIX B

Reminder Letter

Dear Nurse Manager,

I want to remind you to please complete and return the Staff Nurse Burnout survey if you have not already. Please disregard this message if you have already done so.

If you have any questions, you may contact me at klstewart4@catamount.wcu.edu or Western Carolina University Institutional Review Board (IRB) at 828-227-3177.

Thank you for your assistance.

Kristy Stewart
Western Carolina University