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Nursing Leadership Panel: Achieving Nurse Leader Respite Through Implementation of a Nurse Leader Cross-Coverage Program

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Achieving Nurse Leader Respite Through Implementation of a Nurse Leader Cross- Coverage Program

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Background

- Nurse leaders oversee and manage multiple, complex and competing priorities.
- The COVID-19 pandemic has also created an increased need for nurse leaders to be accessible and visible in order to support clinical care teams.
- Much has been written about how changes in the healthcare system and the COVID-19 pandemic have contributed to frontline nurse burnout and attrition, but much less has been published in the literature about the stress and burnout experienced by nurse leaders.
- In a healthcare system already fraught with issues and now facing an even more uncertain future, how can organizations and nurse leaders better support each other to reduce burnout and increase resilience?

Literature Review

In-Text Citation	Scholarly Source Title	Type of Scholarly Source	Relevance
Chunta (2020)	New Nurse Leaders: Creating a Work-Life Balance and Finding Joy in Work	Peer-reviewed academic journal	This article addresses the challenges faced by new nurse leaders and the struggle to find work-life balance in order to prevent burnout. The author describes joy in work as the opposite of burnout and explains the Institute for Healthcare Improvement's four-step model for addressing barriers to joy in the workplace. Change strategies are offered to deal with common workplace challenges that prevent joy and work-life balance.
Kelly and Adams (2018)	Nurse Leader Burnout: How to Find Your Joy	Peer-reviewed academic journal	This article specifically addresses nurse leader burnout. The authors state that although nurse leaders often experience similar stressors as frontline nurses, they also carry the burden of disciplinary, organization, and operational stress. Therefore, the joy that a nurse leader derives from their work may present differently than a frontline nurse who interacts with patients and families daily.

Literature Review

In-Text Citation	Scholarly Source Title	Type of Scholarly Source	Relevance
Kelly et al. (2019)	Nurse Leader Burnout, Satisfaction, and Work-Life Balance	Peer-reviewed academic journal	This article reports the results of a large mixed-methods research study conducted regarding burnout, secondary trauma, and compassion satisfaction among acute care nurse leaders. The study found that due to persistent challenges in the work environment that contribute to professional burnout, nurse leaders must seek and obtain compassion satisfaction from a variety of sources including peer and staff interactions.
Prochnow et al. (2021)	Challenges and choices: Insights derived from a survey of nurse leader burnout	Peer-reviewed academic journal	This article presents the results of a quantitative, cross-sectional survey conducted by the Minnesota Organization of Leaders in Nursing, a state affiliate of the American Organization for Nursing Leadership. The study explored burnout among nurse leaders and found that organizational culture and context are more important than ever and that nurse leaders in all settings must practice self-care through peer support, time and space for reflection, time away from email, exercise, or other stress-reducing strategies.

Literature Review

In-Text Citation	Scholarly Source Title	Type of Scholarly Source	Relevance
Raso (2021)	Nurse leader wellness: What's changed in 3 years? Results of the second <i>Nursing Management</i> Wellness Survey	Peer-reviewed academic journal	<i>Nursing Management</i> repeated their Wellness Survey of nurse leaders in the first half of 2020. This article presents the survey results and describes how the 2020 results compare to the results of the 2017 study. Key findings from the 2020 Wellness Survey demonstrated that while work-life balance is slightly better, nurse leaders are not disengaging or taking much time off. The message being that to lead others, nurse leaders need to role model healthy behaviors and self-care.

Purpose/Aim

- This healthcare improvement project aims to decrease the levels of nurse leader burnout through development of a nurse leader handoff tool.
- This tool will be utilized as part of a formalized nurse leader cross-coverage program to encourage and support nurse leader resiliency by prioritizing the need for nurse leader respite.
- Providing an opportunity for nurse leaders to rest through implementation of a formalized nurse leader cross-coverage program is one intervention designed to decrease nurse leader burnout and increase resilience.

Methods/Approach

- **Design:**
 - Pre- and post-intervention assessments
- **Sample:**
 - Nurse Leaders
- **Where was the setting?**
 - Providence Little Company of Mary Medical Center San Pedro
- **Intervention:**
 - Implementation of a nurse leader handoff tool that will be utilized as part of a formalized nurse leader cross-coverage program
- **Time Frame:**
 - 6/2/2022 – 12/31/2022

Methods/Approach

- **Data:**

- Pre-Intervention (2021 Nurse Leader Attrition Rate, Maslach Burnout Inventory, Resilience Scale)

- Pre- and post-assessment knowledge of how to utilize the handoff tool

- 3-Months and 6-Months Post-Intervention (2022 Nurse Leader Attrition Rate, Maslach Burnout Inventory, Resilience Scale)

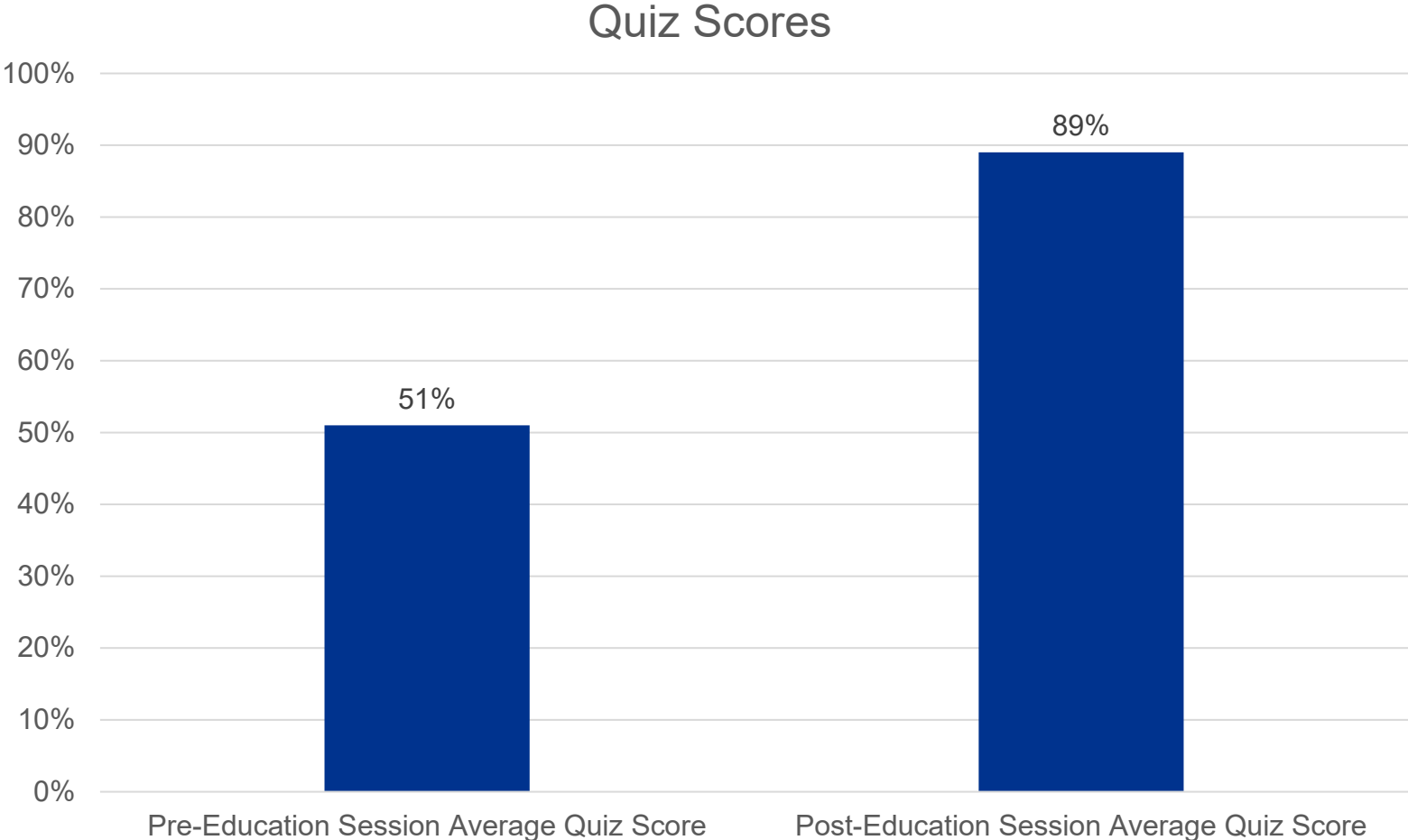
- **Analysis:**

- Nurse Leader attrition rate will be calculated and presented as a percentage

- The Maslach Burnout Inventory and the Resilience Scale provide Likert item data and will be analyzed with a paired t-test for continuous variables at 3-months post-intervention and a one-way ANOVA at 6-months post-intervention

- Pre- and post-assessment knowledge of how to utilize the handoff tool will be calculated as a total percentage score

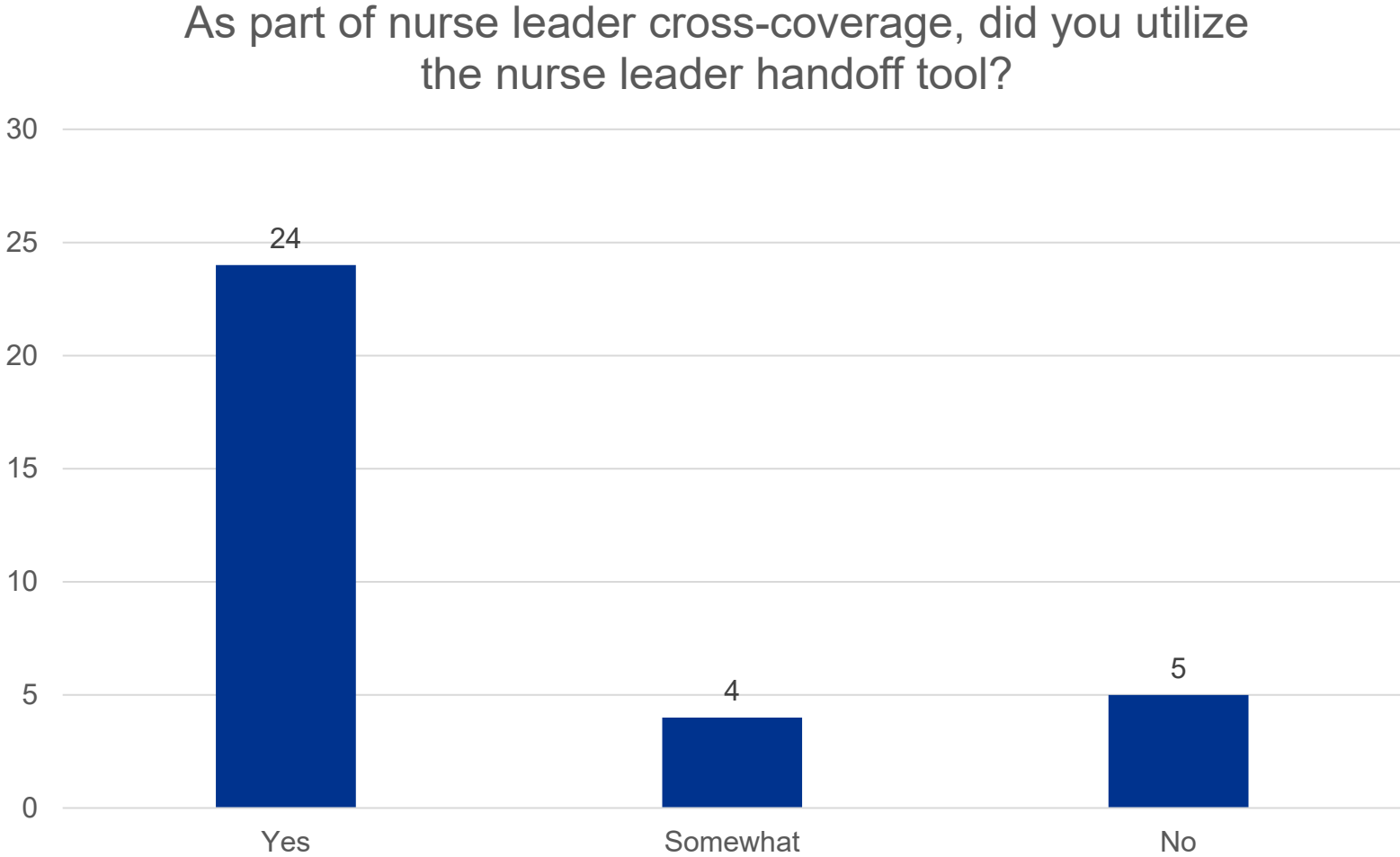
Results – Education Session



Results – Nurse Leader Cross-Coverage Episodes

- **8** Nurse Leader Participants
- **33** cross-coverage episodes between 6/2/2022 and 12/31/2022

Results – Nurse Leader Handoff Tool Utilization



Results – Nurse Leader Feedback (PTO/LTO)

Positive Comments	Opportunities/Recommendations
The “To Do List” was helpful	I think there could be an additional element of the handoff tool that includes issues that are currently happening. For example: ____ RN is COVID positive, expected RTW date is X if negative antigen test; ____ CNA is TB Test non-compliant and is aware that due date for Q-Gold test and questionnaire was X.
Great tool. Told me what I needed to know. Kept me informed about the unit while I was gone.	Remove leaders who are out from the group text messages. Limit the "reply all" e-mails. What to do with the accident investigation reports.
Having the "While You Were Away" was very helpful when coming back and reviewing with the covering leader.	If email can also be forwarded to the covering leader.
“All elements were useful” “Good tool” “Good program”	KRONOS access for timecard approval
“I enjoy the tool ... It helps to keep things organized and in one place.”	“I did not text staff or the HS I would be gone so it was to be expected that they contact me.”

Results – Nurse Leader Feedback (Covering)

Positive Comments	Opportunities/Recommendations
What to do and who to contact was very helpful	I think email needs to be forwarded to the person covering to ensure timely response/action.
Worked Well: The “Schedule,” “Phone List” and "While You Were Away" tabs; Updating our "Phone List" to reflect those whose are on LOA.	“Now That You're Back” page ... I think it's more intuitive to add these steps to the "To Do List"
It was useful. Leader included items to follow-up on as well as a list of caregivers who were out with COVID (complete with expected return to work dates).	Really need to have KRONOS access for other areas. Concern if covering leader does not typically do KRONOS. How would KRONOS/scheduling issues be resolved?
I like the "While you Were Away" portion ... it helps to keep things organized while the leader is out.	Challenges around covering multiple leaders and/or House Supervisor at one time
“I thought it was a good point of reference for a department I did not know much about – good learning experience!”	Suggest that a message/text is sent to all caregivers that fall under a leader instructing them to contact another leader until told otherwise. Suggest that KRONOS schedule changes be managed by an Admin Assist while leader is out.
“Helpful” “All elements are useful. I like the To-Do List.” “The staff roster was helpful, as well as, the schedule”	“At times it is overwhelming and unable to round on the unit you are covering.”

Results – Maslach Burnout Inventory (MBI)

- 22 Questions
 - Emotional Exhaustion
 - Depersonalization
 - Personal Accomplishment
- Likert Scale

0	1	2	3	4	5	6
Never	A few times a year or less	Once a month or less	A few times a month	Once a week	A few times a week	Every day

- Independent T-Test for Continuous Variables at 3-Months Post-Intervention
- One-way ANOVA at 6-Months Post-Intervention

Results – MBI Average Scale Score Comparison

Pre-Intervention		3-Months Post-Intervention		6-Months Post-Intervention	
Emotional Exhaustion	Score	Emotional Exhaustion	Score	Emotional Exhaustion	Score
This Group	2.5	This Group	2.2	This Group	1.6
General Population	2.3	General Population	2.3	General Population	2.3
Depersonalization	Score	Depersonalization	Score	Depersonalization	Score
This Group	1.3	This Group	0.9	This Group	0.5
General Population	1.7	General Population	1.7	General Population	1.7
Personal Accomplishment	Score	Personal Accomplishment	Score	Personal Accomplishment	Score
This Group	5	This Group	5	This Group	5.3
General Population	4.3	General Population	4.3	General Population	4.3

Results – MBI Standard Deviation Comparison

Pre-Intervention		3-Months Post-Intervention		6-Months Post-Intervention	
Emotional Exhaustion	Score	Emotional Exhaustion	Score	Emotional Exhaustion	Score
This Group	1.3	This Group	1.4	This Group	0.9
General Population	1.2	General Population	1.2	General Population	1.2
Depersonalization	Score	Depersonalization	Score	Depersonalization	Score
This Group	1.1	This Group	0.7	This Group	0.5
General Population	1.2	General Population	1.2	General Population	1.2
Personal Accomplishment	Score	Personal Accomplishment	Score	Personal Accomplishment	Score
This Group	0.9	This Group	0.8	This Group	0.5
General Population	0.9	General Population	0.9	General Population	0.9

Results – MBI One-Way ANOVA Analysis (6-Months Post-Intervention)

SUMMARY						
<i>Groups</i>	<i>Count</i>	<i>Sum</i>	<i>Average</i>	<i>Variance</i>		
Column 1	8	551	68.875	142.125		
Column 2	8	512	64	123.1428571		
Column 3	8	470	58.75	72.5		
ANOVA						
<i>Source of Variation</i>	<i>SS</i>	<i>df</i>	<i>MS</i>	<i>F</i>	<i>P-value</i>	<i>F crit</i>
Between Groups	410.25	2	205.125	1.821887391	0.186370284	3.466800112
Within Groups	2364.375	21	112.5892857			
Total	2774.625	23				

Results – MBI Burnout Profile Comparison

Pre-Intervention		3-Months Post-Intervention		6-Months Post-Intervention	
Number of Participants	8	Number of Participants	8	Number of Participants	8
Engaged	4	Engaged	5	Engaged	6
Ineffective	0	Ineffective	0	Ineffective	2
Overextended	3	Overextended	3	Overextended	0
Disengaged	1	Disengaged	0	Disengaged	0
Burnout	0	Burnout	0	Burnout	0

Results – Resilience Scale (RS)

- 25 Questions
- Likert Scale

Strongly Disagree						Strongly Agree
1	2	3	4	5	6	7

- Independent T-Test for Continuous Variables at 3-Months Post-Intervention
- One-way ANOVA at 6-Months Post-Intervention

Results – RS Scoring Comparison

Pre-Intervention		3-Months Post-Intervention		6-Months Post-Intervention	
*Respondent	Score	*Respondent	Score	*Respondent	Score
1	123	1	167	1	169
2	127	2	119	2	158
3	174	3	139	3	156
4	171	4	172	4	149
5	123	5	155	5	123
6	141	6	146	6	126
7	106	7	115	7	164
8	134	8	134	8	145

Results – RS One-Way ANOVA Analysis (6-Months Post-Intervention)

SUMMARY						
<i>Groups</i>	<i>Count</i>	<i>Sum</i>	<i>Average</i>	<i>Variance</i>		
Column 1	8	1099	137.375	571.6964286		
Column 2	8	1147	143.375	432.2678571		
Column 3	8	1190	148.75	282.2142857		
ANOVA						
<i>Source of Variation</i>	<i>SS</i>	<i>df</i>	<i>MS</i>	<i>F</i>	<i>P-value</i>	<i>F crit</i>
Between Groups	518.0833333	2	259.0416667	0.604212368	0.555732979	3.466800112
Within Groups	9003.25	21	428.7261905			
Total	9521.333333	23				

Results – RS Scoring Interpretation Comparison

	Scoring					
	Very Low	Low	On the Low End	Moderate	Moderately High	High
Pre-Intervention	0	1	3	2	0	2
3-Months Post-Intervention	0	1	1	2	2	2
6-Months Post-Intervention	0	0	2	1	3	2

Results – Nurse Leader Attrition

	Total Hired Nurse Leaders (ANM – Director)	Number of Nurse Leaders that Left the Organization	Attrition Rate	National Hospital Turnover Rate
Providence Little Company of Mary Medical Center San Pedro – 2021	16	5	31.25%	25.9% (NSI Nursing Solutions, Inc., n.d.)
Providence Little Company of Mary Medical Center San Pedro – 2022	14	*3	21.43%	22.7% (NSI Nursing Solutions, Inc., n.d.)

*No nurse leader attrition since project implementation on 6/2/2022

Conclusion

- Although there was no statistical significance, there was clinical difference in the MBI and RS groups at 3-months and 6-months post-intervention
 - MBI: ↓ Emotional Exhaustion, ↓ Depersonalization, ↑ Personal Accomplishment
 - RS: Average RS score improved from 137.375 (Moderate) to 148.75 (Moderately High)
- Nurse leader attrition also decreased from 31.25% pre-intervention to 21.43% post-intervention AND there was no nurse leader attrition following project implementation on 6/2/2022
- Prioritizing nurse leader respite through implementation of a formalized nurse leader cross-coverage program is one strategy to support nurse leaders in decreasing burnout and increasing resilience.

Implications for Practice

- Although the results of this healthcare improvement project demonstrated a clinical difference in the MBI and RS groups at 3-months and 6-months post-intervention, the number of nurse leader participants was small (n = 8).
 - Expanding the project to include a larger sample size may help increase generalizability and, therefore, support for implementing formalized nurse leader cross-coverage programs in other organizations.
- This healthcare improvement project is significant to the role of a nurse leader.
 - A healthy nurse leader is a better role model, educator, and advocate. They are more effective in decision-making and foster positive work environments where frontline nurses are engaged and empowered to drive outcomes related to safety, quality, and the experience of care.
 - Addressing the issue of nurse leader burnout is important not only for nurse leaders themselves, but also for organizations, the nursing profession as a whole, as well as patients and populations.

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Questions?



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