Summer 2022

The Struggle to Alleviate Nurse Burnout

Shawn Harmon
Gardner-Webb University, sharmon1@gardner-webb.edu

The Struggle to Alleviate Nurse Burnout

by

Shawn Harmon

A project submitted to the faculty of
Gardner-Webb University Hunt School of Nursing
In partial fulfillment of the requirements for the
degree of Master of Science in Nursing

Boiling Springs, North Carolina

2022

Submitted by:	Approved by:
Shawn Harmon	Tina Lewis, DNP, FNP-C, ACHPN, CEN
July 2, 2022	July 2, 2022
Date	Date

Abstract

This project assumes the purpose of defining, reviewing, and performing a three-part activity to alleviate some fraction of a detrimental disorder that has plagued the nursing profession for years identified as nurse burnout. This debilitating stress induced by burnout can lead to decreased job satisfaction. If burnout is left unchecked, it may result in nurses leaving the profession altogether. The meaningful results, if realized, will be presented to the administrative leaders to implement changes as they see fit. The goals are to see positive results translate into interventions by the hospital that will, over time, increase job satisfaction for every employee which then will hold benefits for clients, employees, and administrators, all stakeholders in a successful project. A secondary impact will include an improvement in the hospital's economic situation. A successful project with remarkable results will highlight and illuminate a negative force in the lives of contemporary caregivers that carries with it reactionary effects on the clients that they care for. Under this illumination, the results can be replicated to counteract the referenced negative force. There are three steps to this project. The first is to look at one aspect of the nursing interaction with the EMR, the admission data entry set. The second is to educate the entire facility workforce on policy and procedure and interact with the administration on making those policies and procedures a living document. The third is to use voice-assisted data entry to make bedside care more efficient and effective.

Keywords: nurse burnout**,** burnout related to EMR, voice-activated assistance

Table of Contents

CHAPTER 1

Introduction

According to the 2019 11th revision of the International Classification of Diseases (ICD) the term “burnout” is classified as an occupational phenomenon rather than a medical condition. It is a syndrome that not only affects one in the workplace through unmanaged chronic stress but often affects every aspect of life. The ICD describes three sides of burn-out: a sense of thorough and utter exhaustion, mentally and physically, a negative relationship with the occupation, and a reduction or complete loss of efficacy in actions at work (Shakir & Rajakulendran, 2013). When applied to the health care field and nursing this occupational phenomenon as the World Health Organization and the ICD-11 label it, is an amalgam of various ingredients that at some point will react together and roil. Nurses who are unable to resolve the conflicting issues roil as well and worse may leave the health care field altogether which only compounds the pressures on remaining nurses. By perception, visualization, or imagination, there are many circumstances that are impacting the efficiency of health care employees, and the practitioners in leadership must recognize and create ways to mitigate the negative forces that are encroaching on the care we provide to our clients.

Significance

There is overwhelming evidence that there is a strong wave of dissatisfaction in a substantial percentage of the registered nurses in this country. A survey by McKinsey & Company, a health care system, and services consulting firm reported the results from a survey completed in November 2021 that 32% of registered nurses who are employed in front-line care positions are likely to leave their current job in the next year. This number

is higher by 10 percentage points in one year (Baboolall & Berlin, 2022). This survey is unfortunately very typical when that type of question is asked of nurses as supported through a study and survey by the healthcare data company Vivian, who reported in a 2021 questionnaire of 1,223 nurses from all 50 states that 43% of those nurses were going to leave the profession before the end of the year (Bhatka, 2022). Not all the nurses who profess to be exiting the industry will leave and the momentary bias when answering a survey may lessen over time but, the numbers are staggering, and even if a percentage of the nurses leave it would worsen the immense shortage as it now stands. There has always been a history of nurse burnout as a study by Collins et al. (2000) declared that a quarter of the 452 nurses who took part in the study said that they would leave the industry altogether if they could. The United States Department of Health and Human Services had also determined in the year 2000 that there was a shortfall of 258,000 nurses. The endemic of nurse burnout has only become worse over time. The immense stressors over the last decade have stretched the nursing profession to a length that seems a breaking point is imminent if inaction continues. Those in nursing leadership will be the catalyst for change in this negative trajectory.

Purpose

The purpose of this project is to call to arms all those who care for those who walk through the door of our facilities searching for healing. A call to arms to all those in leadership roles, advanced practice registered nurses (APRNs) who mentor, shape, and support the front-line caregivers. There can only be positive benefits in taking up the cause of helping the bedside nurse care for the patient in the most efficient way possible. Nursing leadership must take an interest in the mental and physical wellbeing of the

direct care nurse for assorted reasons, all vitally important. First, the very lives of the patients that have entrusted others to give them back their vitality, some measure of their quality of life. As important is the health of the bedside nurse who may be struggling to manage the stressors of added responsibilities in less time with fewer resources in what has become the daily routine of increasing numbers of patients, more ill than ever before. A third and different but as problematic is the cost of caregivers leaving their occupations in search of less stressful endeavors which, in turn, will be the cause of further staffing challenges and add more stress to the remaining caregivers.

The focus of this project will attempt to focus on one aspect of patient care and propose small but significant changes to investigate, refine, contract, and condense the information that caregivers must record in the electronic health record (EMR). The project will propose using contemporary technology, survey results, and implementation of approved changes and propose also consider to what extent the regulatory demands placed upon health institutions could evolve and create a less burdensome process. The effects of a successful evidence-based, implementation of the project would result in measurable decreases in dissatisfaction in how nurses feel toward their vocation through quantitative and qualitative surveys.

This project will explore three different avenues to attempt to create a more peaceful, symbiotic relationship between nurses and documentation through the EMR. Using voice recognition applications with the Epic documentation system and the use of essential clinical data sets for admissions are time-saving tools that can help alleviate nursing stressors that may lead to burnout.

Theoretical/Conceptual Framework

The nursing theory that guides this project is Orem's Theory of Self Care (Orem, 2001). The individual nurse must create a delicate balance between one's self-care and the care that is given to the patient. If either of the two becomes deficient the other will unquestionably suffer. The caregiver must guard, nurture, and support all aspects of physical and mental health and learn to recognize the threats that come within their sphere of influence and how to efficiently manage those threats. For the nurse to care for and educate the patient about self-care and wellbeing the nurse must practice the same; the well must be well to advise and receive consent from the unwell.

Definition of Terms

- Nurse burnout- a persistent syndrome found when nurses are unable to manage stressors demanded of them in the workplace that will manifest as a decreased, work-related satisfaction that may or may not also carry over to personal life and relationships outside the work environment. This project will measure burn-out using the Maslach Burnout Inventory-Human Services Survey (MBI-HSS), an intense and extremely reliable survey that measures three aspects of burnout: emotional exhaustion, attitudes toward performance, and the level of depersonalization (Maslach & Jackson, 1986).
- Orem's Theory of Self-Care - A nursing theory that implies that we must take initiative to perform self-care actions that support stable and peaceful homeostasis of mind and body such that we can perform duties that are expected, carry on proper emotional relationships with others and have a feeling of self-worth that allows us to be a living and proper part of the world that was created for us.

- Electronic Medical Record (EMR) is sometimes also referred to as the Electronic Health Record (EHS). The process of capturing all information related to the patient in an electric form, most commonly within a system-wide application such as Epic, Cerner, and Allscripts. Information is commonly entered and used by health care professionals in a caring atmosphere.

CHAPTER II

Literature Review

The bedside nurse in the 1970s wore a white skirt, white hose, a heavily starched white cap, and smoked cigarettes at the nurse's station. This vision has radically changed as has the scope of responsibility of that bedside nurse. There certainly was an acceptable level of anxiety that the first nurse felt as a baseline for caring for those with serious illnesses but the anxiety that the bedside nurse feels today has at times become unacceptable. The nurse that is unable to assuage that anxiety and process it into an inert force will suffer both physically and psychologically. If the caregiver is ill there is little hope for the patient to become well. The three areas of the literature review are nurse burnout, burnout as it is related to the EMR, and voice-activated assistance.

Nurse Burnout

The first group of research articles will focus on the theory of the existence of nurse burnout. The term was first introduced in literature in 1974 by H.J. Freudenberger in the Journal of Social Issues (Freudenberger, 1974). The study expounds on the process of how external factors in one’s employment may encroach upon both the physical and psychological homeostasis if the external factors become constraining to the point that the employee becomes unable to interpret, process, and convert those stressors into oncoming neutral forces that can be mitigated rather than stress-inducing forces. Freudenberger was also interested in which employees would be more susceptible to burnout. It is understandable that the incidence of burnout would be more prevalent in an industry that has profoundly grave consequences if employees cannot run at the highest potential, therefore, increasing the pressure upon them. The theory also came to be

discussed and investigated with vigor in 1981 by Christine Maslach and Susan Jackson, social psychologists associated with the University of California at Berkeley as it could be applied to general occupational burnout. The two psychologists devised a tool that could measure the levels of dissatisfaction called the Maslach Burnout Inventory. This is a five-part scale that asks respondents about emotional exhaustion, personal efficacy, cynicism, and depersonalization. This tool has been a widely used and well-trusted determiner of nurse burnout since its start in 1981 (Maslach & Jackson, 1986). Job dissatisfaction has long been associated with the phenomenon of burnout. Molly Viscardi, a professor of nursing published a study that used a complex data set from several surveys and reports: the Multi-State Nursing Care and Patient Safety Survey, a four-state survey with 95,000 nurse participators, a Healthcare Consumers Assessment of Healthcare Providers and Systems (HCAHPS) and the American Hospital Association's Annual Survey of Hospitals. The author found that 34% of those nurses working in a hospital setting claimed they were burned out and 37% of nurses who worked in a nursing home setting were experiencing burnout (Viscardi et al., 2022).

A 2020 American Journal of Nursing linked nursing burnout with nurse-to-patient ratios, concluding that higher ratios led to an increase in anxiety and stress in nurses (19). The study went on to declare that the solution to this problem might be Safe Staffing laws that have started to gain a foothold in certain areas of the country. According to the American Nurses Association, there are currently 15 states that have "safe staffing" legislation (Blankenhorne, 2018). The association also states that these staffing regulations and laws are demanded and proper because health care employers do not understand the relationship between nurse-to-patient ratios, and they then must be forced

to acquiesce. On the surface, and in the absence of critical thinking, these forced staffing ratios would appear to be a satisfactory answer to a critically important problem. There is ample evidence that these staffing laws do just the opposite of what they intend to do. The American Nurse Journal, the clinical journal of the fore mentioned American Nurse Association that advocated for staffing laws, in a 2018 article admits that staffing ratio laws cannot guarantee safe staffing levels (Blankenhorne, 2018). The arguments against legislated staffing ratios are numerous according to the District of Columbia Hospital Association and include significant increases in labor costs and budget cuts and bankruptcies, decrease levels of ancillary staff, and an increased number of patients waiting longer in emergency rooms, among others (Gamble, 2013). Nurse-to-patient staffing ratios certainly can add to the level of dissatisfaction that nurses have but the advocation of creating staffing ratios legislatively may not be the correct antidote to nurse burnout.

A recent study published in 2020, by J. Ross, Ph.D. RN investigated the relationship between suicide among nurses and nurse burnout in the contemporary time of global pandemic and the breakdown of psychological and sociological norms. Ms. Ross found that the rate of suicide among female nurses was more than 50% higher than the general population and among male nurses, the suicide rate was 40% higher. She found that even retired nurses and nurse anesthetists had a higher incidence of suicide than the general population. This study not only gives credence to the theory of nurses becoming so emotionally, physically, and psychologically affected by the stress related to the care that they are giving that they feel they must leave the profession, but it also reveals an even more troubling effect of this stressful occupation (Ross, 2020). The

revelation of these results should spur nursing leaders and hospital administrators to take an aggressive stance against these alarming statistics. There are only indisputable positives in not only caring for the patients but also in caring for the caregivers. The Joint Commission published an advisory in 2019 that alleged only 5% of nurses that took part said that health care organizations were acting against nurse burnout (The Joint Commission, 2019) The fact that those that have chosen a profession with the overwhelming element of caring for others and may do so at the detriment of their own health, even to the point of hopelessness leading to suicide should righteously enrage those within the profession itself and those that they care for.

Had the pandemic not assaulted humanity en masse this decimation of the country's nursing corps would have been in a critical situation and yet the disease unleashed with purpose or not has been like watching a critically ill patient lose all signs of life. A September 2021 article in Becker's Hospital Review has uncovered some extremely troubling claims. A survey of 6,000 nurses found that 66% of acute care nurses are now considering leaving the profession and 90% of nurses said that their careers will be shorter because of the pandemic (Gooch, 2021). These numbers are influenced by the 67% of nurses who believe that taking care of Covid patients puts them and their families' lives in danger. If even a portion of these respondents carried out their rash, impulsive threats, the future of healthcare could be at stake. If only to add salt to this festering wound a Bloomberg piece from December 2021 reports the increased number of hospitals declaring bankruptcy related to increased labor costs (Coleman-Lauchner, 2021). Not unlike a small pebble being tossed into a pond, the original splash is uninspiring but the ripples with exponentially enlarging circumferences expand such that

the small pebble can upset the calm of the entire pond, the bedside nurse, an integral part of the health care team, and her job satisfaction begins the outward motion. When the nurse is unable to remain because of job-related stress then the vacancies mount, creating the need for the hospital to employ contract nurses at an exceedingly high rate of pay. For small and medium-sized hospital systems these labor costs are unsustainable for any length of time, thus the bankruptcies grow.

According to the American Association of the Colleges of Nursing reported in 2019 that there are several troubling factors that could have a significant impact on the quality of healthcare in the United States. The average age of a nurse today is 50 years old (American Association of Colleges of Nursing, 2020). This fact combined with the fact that the median age of Americans has been rising from 28 in 1970 to 35 in the year 2000 and almost 39 today, and the life expectancy steadily rising, from 70 years in 1970 to 80 years expectancy today creates the perfect storm. The future of health care will be made more tenuous by the number of nurses who will retire, the graying of America, and the fact that Americans are living longer lives. The connection between these figures and a more stressful environment for nursing is unavoidable. Increased nurse-to-patient ratios can only increase nurse burnout, pointing again to the need to find some way to assist nurses to cope with the ever-increasing stress that they are immersed in every day.

Nurse Burnout in Relation to EMR

The next group of articles and studies will examine the interaction between nursing burnout and the electronic health record. While researching information for this report, this author reviewed the report from the Scottsdale Institute 2020 Chief Nursing Information Officers Virtual Summit with the summit focus on nursing innovations,

which coincidentally, was sponsored by Nuance, a voice application to assist in the EMR documentation process (Scottsdale Institute, 2020). Becky Fox, Vice President and Chief Nursing Informatics Officer at Atrium Health, was one of the featured speakers. This author conducted a telephone interview with Ms. Fox and discussed the inefficiency of aspects of the nursing documentation process, particularly the admission data that is needed for the EHR (B. Fox, personal communication, March 12, 2022). She gave examples of over-documentation in the admission process and suggested the elimination or heavily paring down many aspects of the lengthy admitting data such as fall risk, brain scale, skin assessment, wound assessment, and others. “There are far too many details even about the color of urine in the admission process, what does cantaloupe-colored urine indicate, and is it necessary for a nurse to indicate this in the EMR?” She surmised the fact that the regulatory bodies that drive and require the amount of data that needs to be recorded can be viewed as a burden for those that must record the data. She voiced her thought that the relationship between the hospital systems, the insuring institutions, and the regulatory bodies needs to be reimagined in that the insurance industry is dictating much of the over-documentary issues. The governmental policy-making and policy-enforcing entities have immense control and dominance over everything in their shadow. The facility had proposed a 30-bed, two-operating room facility in a major suburban town adjacent to a major metropolitan center but the state of North Carolina denied the proposal, even as the beginning of the pandemic was raging across the globe. Shortly after that denial, six health facilities in an academic medical center and health system requested permission from the state for MRI machines, and five of six were denied because there was only the need for one MRI machine (Byers, 2020). The Carolina

Journal interviewed anonymously one of the members of the State Health Coordinating Council about the decision who replied essentially that the issue was not the CON (certificate of need) but time. There would be no hospital system that would build a "massive hospital for a spike." (Havlak, 2021) The thought went on that there would be no way to build it quick enough and no ability to staff it, and in a year, it may not be needed. An argument for this response may be that the biggest reason that it could not be built quickly is the mountain of state and federal regulatory demands that a hospital must go through from start to completion. The staffing issue should not be part of the state's purview and must be primarily managed by the hiring institution. The requested CON was not being sought because of the pandemic but because Atrium looked at the community and saw the need for additional beds. Ms. Fox stressed that there must be a dialogue that needs to happen at a legislative level that can begin to find a balance between the health care industry, the insurance industry, and the state regulatory boards. Negotiations with state and federal stakeholders could benefit all involved.

The priorities of the workflow and EHR documentation discussion were trifold: the reduction of nursing documentation by the implementation of essential datasets for induction into the EHR, using voice-activated computer applications like Nuance to assist the nurse in documentation, thus contracting the time for data input, and finally the pursuit of encouraging the nursing staff to become more efficient by using mobile data entry. One example of this was an initiative within Centura Health called Project Simplify, which looks at all aspects of nursing documentation (Nuance Communications, Inc., 2018). It investigated what documentation was unique and what documentation could be found within other datasets. This dilemma prompted this author to reflect on a

personal and meaningful story that could reflect directly on this problem (Siwiki, 2021). In a telephone interview with Ms. Fox, she voiced the need to streamline some parts of the documentation that is needed from nurses. She specifically spoke of the admission process and the excessive, duplicate, and non-essential data that is needed for simple and complex admissions alike (B. Fox, personal communication, March 12, 2022).

Doing the same thing more than once without needing to repeat results in inefficiency and inefficiency in health care can cost patients their lives. Documentation into the EHR is time-consuming but a necessary need. Doing the same documentation twice is unnecessary. Many reports that are essential to the administrative supervisor's daily task list have many redundant data points. Documentation of census numbers, patient factors, admissions, discharges, staffing data, and other report information is entered two and three times on separate reports.

A 2018 study that was published in the National Center for Biotechnology Information reports that 19.8% of 371 nurses licensed in Rhode Island using the Mini-z Burnout Survey felt that they experienced at least one symptom of burnout. The three symptoms of burnout were time spent documenting in the EHR while at home, frustration with the EHR, and time spent documenting. A percentage of 50.3% of nurses agreed or strongly agreed that performing tasks related to documentation in the EHR created embittered feelings about their work process, and 32.8% of respondents reported insufficient time to document adding to the frustration. This study took place in 2018, before the increased stress upon the system from the recent pandemic which may lead one to conclude that the percentages may be higher if the study was repeated (Harris et

al., 2018). It is difficult to keep 50% of the workforce that has embittered feelings about coming to work every day.

There can be a dichotomy of fealty within the nursing leadership. The need for loyalty to the front-line nursing staff is inherent and unquestionable, but there is also a contractual obligation to adhere to the mission statement of the facility they represent, to provide the best patient care in the most efficient, cost-effective, and safest way possible, to be responsible to all stakeholders and the funds that are provided for the care of the community. Nursing leadership must precariously balance the two camps that sometimes have opposing requests. Paul Coyne, chief nursing informatics officer for the Hospital for Special Surgery, referenced this thought in a November 2020 journal article from HealthcareITNews. He states that hospital administrations seek metrics to measure patient care and more data is needed to determine the measurements (Siwiki, 2021). That data primarily comes from nursing input, more metrics, more data more clicks needed from the bedside nurse. The increased need for metrics creates a compounding problem with no genuine answer. Increasing the workload for nursing will increase the chance that they will more likely be unable to mitigate the stress brought about by the increased demands. Increasing the unresolved stress that nurses experience will then cause an increased attrition rate causing the hospital to have both a higher nurse-to-patient ratio and increased labor cost when travel contract nurses are relied on.

A study of this literature shows that there is a correlation between increased data collection via the EMR and nurses feeling dissatisfied in their current roles. The technological evolution that healthcare has experienced transformed a simple paper chart into an extensive, data-rich, intricate, electronic story of the patient's life. There are many

positive aspects of this change. More information and knowledge that the healthcare team has about a patient can only make the care better. Nursing needs to be as sufficient as possible in entering this data into the EMR and there are tools to make this less difficult. The following reviews will focus on refining the admission data set, conducting an interactive survey and investigation driven by the healthcare teammates of data that may or may not be essential to the care team, and the use of voice-activated tools that may assist the bedside nurse to enter data into the EMR.

A study conducted in 2019 by Karp et al. incorporated data from 12 different healthcare organizations representing 46,000 beds in 120 hospitals compared to the time needed to enter data in two admission data sets (Karp et al., 2019). The first was the current nursing admission patient history (APH) data set and the second was the adult APH essential clinical data set (APHECD). A board of 20 chief nursing officers and chief nursing informatics officers, including a Doctor of Nursing Practice and a Ph.D. as well, researched the standard APH and from it developed the essential data set, the APHECD. The number of data elements in the APH was 215 and the investigators were able to decrease that number to 58 data elements representing a decrease of 73%. The study then measured both times to enter the data and the number of clicks as well in both admission sets. The decrease in both time and clicks was significant for the APHECD compared to the APH. The time decrease was 72% which represents 6.76 minutes and the decrease in clicks was 115.6 (Karp et al., 2019). For 30 admissions a day this translates to over 3 hours a day and 3,500 fewer clicks. For a medium-sized emergency department with six staff nurses, this means that every nurse gets a half an hour lunch break rather than not being able to eat during a 12-hour shift. This study reflects the theory that the patient data

sets that need to be entered can be refined to more essential levels. There is a great benefit to paring down these data entry tasks to improve nursing job satisfaction.

A continuation of theorizing that the industry can condense data into only indispensable information and allow nurses and other clinicians to forgo patient data that is either duplicated in another area or is not pertinent to the patient. An interesting example of over-produced data taken from a 2020 article in ST*A*T about reimagining the EMR discusses the Systemized Nomenclature of Medicine (SNOMED) part of the admission questions concerning a patient's smoking history and habits. Once it is established that the patient has a history of smoking there are eight different possibilities of smoking habits, some descriptors include heavy, light, some day, and every day. There are also 14 separate ways to describe the color of urine, among them, pale straw, light yellow, transparent yellow, cantaloupe, amber, and so on. Regulations on the development of EHR require them to communicate with other entities with complex protocols (Alahmar & Benlamri, 2020). For example, when creating a record related to influenza immunizations the user, through the EHR, must submit the data to the Department of Health and Human Services and must include the patient's next of kin and the patient's mother's maiden name.

A congruent study by McIlreevy et al. (2020) titled Interdisciplinary Optimization of Admission Documentation produced in May of 2021 concluded similar findings (McIlreevy et al., 2020). An investigative team of 60 clinicians reviewed all data that an adult admission history held and found that they could reduce the number of data fields could be reduced from 251 to 124 that were essential fields. This streamlining is a 31% reduction. The evaluators conducted a pre- and post-test to gather time and click data and

found that the time difference between the two tests was almost 3 minutes and a reduction of 37% of the use of free text. The study was performed with the inclusion of 14,600 registered nurses in 37 acute care facilities. If each nurse could use the essential data set in a 12-hour shift that included just two admissions using the time saved according to this study could save 700 employee hours a day over the entire 37 hospital system. The study found that one significant issue was that an overwhelming majority of the nurses used only a part of the fields. Many nurses are completing EMR fields with data that will not assist them in their care for the patient. The nurse is spending valuable time answering field questions that are irrelevant to both the nurse and the patient. This valuable time could be spent more efficiently performing physical and emotional care directly to the client.

The reimagination of the admission order set data will be paired with the attempt to condense other information to only essential information. Hawaiian Pacific Health (HPH) found themselves with the same problem that plagues every other hospital in the country, clinicians feel that they are spending too much time documenting in the EMR and too little time at the bedside. The Chief Quality Officer at HPH, Dr. Melinda Ashton realized that the organization was requiring an extensive amount of information to be entered into the EMR that was not requisite and convinced the executive team to partner with her and begin a campaign to remodel some aspects of the clinician's documentation using feedback from those clinicians who are entering unneeded or duplicate data. The project that Dr. Ashton created was entitled “Get Rid of the Stupid Stuff” (G.R.O.S.S.) and had the premise that there is always room for improvement and to improve documenting into a patient chart would mean becoming more efficient by condensing the

time spent documenting with no detrimental effects in the care of the patient (Ashton, 2018). The G.R.O.S.S. team began the process with a survey that would be sent hospital system-wide to all health care teammates that would ask teammates to provide answers to the question asked for examples of EMR data requests that they thought were poorly designed, unnecessary, or "stupid." The team got returned surveys and placed the examples into one of three categories. The first was data that was not needed for any purpose related to the patient's care. The second group was data that was needed but was captured in more than one place in the EMR and the duplicate data line could be eliminated, and the third group was patient data that was essential, and explanation or education could be provided to the clinicians to give them a better understanding of why the data is needed. Some of the more interesting examples were pediatric nurses who were taking care of adolescents up to age 18 and having to document cord care and most patients over the age of a month are not needed. Another example was the documentation for incontinence. The adult nurses would have to describe the incontinence in detail, but the maternal child and pediatric nurses would have to document the same for every diaper they changed, an extremely common occurrence. Dr. Ashton discovered that 1,700 hours could be saved by cutting the "hourly rounding" section that the investigators found was being checked at the end of the shift by rote procedure and was not measuring actions effectively. When the hospital began with the expectation that each patient would be checked each hour, the unit managers would watch this by checking floor behaviors and patient interviews. The leadership addressed the teammates announcing the expectations of hourly rounding care and agreed with the study team that the time spent by this

ineffectual clicking should be eliminated. This project will borrow this imaginative experiment and create a team to investigate examples produced by frontline teammates.

Voice-Activated Assistance

The final focus of this project will be the education and implication of the Nuance Virtual Assistant voice-activated application to allow the bedside nurse to add data to the patient chart by using a voice-activated headset that enters the data into the EMR automatically. Although, in relative infancy, voice-activated assistance as it relates to nursing documentation in the EMR can bring some relief to bedside nursing. According to Tim Cook, CEO of Apple, "Apple's greatest contribution to the world will be healthcare." (Spitzer, 2019). Having been witness to the changes in IT and how it affects and contributes to the betterment and ease of life over the last two generations it is hard to deny that Mr. Cooks' statement will not only become true but be a tremendous understatement. As an early generation X adult that was able to see the overwhelming, room-sized NASA computers and the current far superior computers that humans carry in their front pockets, it is not difficult to imagine what experts in the technology sector claim will be commonplace. A nurse will enter a patient's room with Apple contact lenses that can see multiple visions at a time. The patient's EMR and the actual patient will be visible at the same time. The minute microphone attached to her collar will capture every data item that needs to be placed in the EMR and the computer on wheels will go the way of the 8-track tape player. There will be a screen embedded in the wall that will be gazed upon, if necessary, as the team of caregivers round. This descriptive tale is a generation away from contemporary healthcare but there is still help that nursing can get by using the Nuance Dragon application embedded in Epic Rover, in their care.

This can assist them to document data, all vital signs for example, directly into the flowsheets and free text other patient care like progress notes. If a bedside nurse saves just 5 minutes every 4 hours by speaking results in real-time as tasks are being performed instead of clicking results the nurse will save 15 minutes a shift, 45 minutes a week, and 40 hours a year. The time saved in a year would be all the time spent at work for a week. If a hospital employs 300 nurses that would save nurses 12,000 hours a year. To correctly assess the effectiveness and the value of these time-saving measures of minimizing clicks in the EMR to vital and essential actions, the time saved grows exponentially when looked at from an overall facility and even more so from a hospital system point of view.

The strength of the preceding study review is the comprehensive volume of data on the subject matter of nurse burnout. A review of the topic of burnout brought forth studies from as far back as 1974, almost 50 years ago. This topic has been studied many times in that period of 50 years. There may be some questions as to the theory of burnout if it was a recently coined term and idea. The genesis of the theory was decades ago, and the data continues to show that it is a valid theory through significant evidence from studies that are continuing even today. There is strength in that the studies have been done by a wide range of entities from nursing publications, medical publications, scientific journals, and government publications. The term burnout has not only been studied and driven by evidence-based investigation in nursing but in many other fields of vocation.

A potential limitation is that there may be an unconscious bias among nurses who have performed studies. The number of studies would cause the percentage of biased studies to be exceedingly small because of the volume of studies on the topic.

CHAPTER III

Needs Assessment

The topic of nurse burnout is widespread in the nursing profession and touches every nurse in some form. This project seeks to put concrete tasks and assists in place to bring relief to the bedside nurse. A troubling issue within the profession of nursing is the friction between the caregiver and some aspects of the care that they give. That friction, in turn, creates the heat of distress. There is a level that this distress reaches when the nurse finds it difficult to convert that stress which affects both personal and professional actions and thoughts. This unabsolved adversity can manifest as burnout and may progress into resignation from the position, even the profession. There are ways to treat this malady, not to the point where the distress will evaporate but to the point where the individual can continue in a position with an acceptable amount of stress.

Target Population

Eminently the target population for this project is the patient who will directly benefit from the improved satisfaction of the bedside nurse who has less burnout. Patient satisfaction will improve because of the perception of better care, which the Vahey study of 2010 proves showing the linkage of nurse burnout to patient dissatisfaction. The authors found that nursing units that had proper staffing ratios and a unit leadership that was both supportive and proactive had patient satisfaction scores that were twice as high as a unit in the same hospital that had staffing challenges and less supportive leadership. There is a potential direct relationship between nurse satisfaction and patient satisfaction (Vahey et al., 2004). The group that is most critically affected would be the healthcare client. The patient can be the most vulnerable of the target population to be affected and

according to this study, they are recipients of a change in the quality of care that they receive.

There is a significant correlation between nurses who report some aspects of burnout and the infection rate of the patients that they care for. A 2012 study American Journal of Infection Control showed the relationship between nurse burnout, urinary tract infection, and surgical site infection. They found that the hospitals were able to reduce nurse burnout by 30% and also reported that there were over 6,000 fewer infections, which translated to a savings of 68 million dollars annually (Cimiotti et al., 2012). This aspect of the study is the second target population. The health facility that has experienced nurse burnout and some percentage of exodus because of this will suffer economically. There have been many studies done that have investigated the costs of nursing attrition and how it relates to the financial responsibilities of the hospital. A study done last October took a unique approach to this topic. It looked at the replacement costs of an individual nurse in a facility that does not have a program in place to decrease nurse burnout and a facility that does take advantage of a nurse-saving program. The cost for the hospital that has the status quo attitude toward nurse burnout was $16,736 per nurse per year of service. For example, for a nurse with 5 years of service the cost of losing that nurse to burnout would be $83,680 (Muir et al., 2021). As a generality, much of the burnout occurs early on in a nursing career, where a new nurse experiences new and distinct workplace pressure that is of different intensity than common daily pressures that may have been present in an earlier career. The other common timeframe that nurse burnout takes place is later in a career with nurses at an advanced age that may look at increased workplace stress and look more closely at retirement rather than continue in

that work atmosphere. This study appears to show that nursing burnout is much more costly for seasoned employees (NJSNA Nurses Weekly, 2021). The nursing turnover costs in a facility that has a burnout prevention protocol in place are lower suggesting that hospitals can moderate their increased labor costs due to attrition.

The Retention and RN Staffing Report produced by NSI Nursing Solutions declared that the growth potential of the nursing profession will continue to grow at 7% until 2029 which further intricates the monetary cost of nurse burnout. Hospitals at a rate of 39.8% will be increasing nursing staffing in the next year which is the beginning of a "perfect storm" of challenging factors presenting themselves to the healthcare industry (NSI Nursing Solutions, Inc, 2020). The nursing market is increasingly saturated with travel contract nurses which can significantly affect labor costs, which, in turn, will raise all nursing wages to the point where hospitals are unable to absorb the increases. These numbers along with the rate of nurses leaving the field related to burnout have a potentially devastating effect on the whole of healthcare. The RN Staffing Report further states the cost of hiring replacement nurses, on average, is $40,038 and can be as high as $51,900 for a specialty nurse. Hospitals are spending between $3.6 to $6.5 million a year to hire nurses each year for those nurses who leave. Hospitals that see a 1% decrease or increase in attrition rates will see an equal change of $270,800, giving credibility to programs that try to decrease nurse burnout (NSI Nursing Solutions, Inc, 2020).

The nursing profession is also a target population for this project which will alleviate stressors that contribute to nursing burnout. The nurse is the integral flywheel that connects the client and the corporation, the key to the proper function of the relationship and if the nurse has low satisfaction, then all three suffer.

Setting

The setting for this project will be a single inpatient hospital that is part of a healthcare corporation in the southeast United States. The work arena that the health care clinical teammate performs in will contribute the data points that may or may not substantiate an evidence-based conclusion. The "Get Rid of Stupid Stuff" questionnaire and the changes that it brings may take place in clinical units, administration offices, operating suites, the kitchen, materials management, and even the morgue. There is potential for saturated policies, procedures, and ritualistic routines in every area of a healthcare organization. The setting will focus on nursing for the admitting process changes and the voice-activated applications that take place in the clinical units.

The anticipation that the health care system in which this project will take place will be one of the best assets of the endeavor. The mission and values of the institution are explicitly related and synonymous with the expected and hopeful outcome of the project itself. The missionary belief states that the facility is there for the health, hope, and healing of all and that the employees are its most valuable asset. These values are synchronous with the aim of creating a more positive work environment, both physically and psychologically for the health care team.

Sponsors and Stakeholders

As the project manager, the author will meet with the administrative leadership of the facility before the project implementation to get full cooperation and encouragement from the project hospital. There will also be a request to have the hospital administration be represented on the project team and to be an active sponsor and promoter of the project which will solidify the hospital as a stakeholder. The healthcare teammates will

all become stakeholders in the project if they choose to actively participate in the project with the rationale that by participating in the questionnaire and responding with examples of how their jobs can be done more efficiently and by asking questions about why action is needed or why certain data need to be recorded, they will be more productive and effective in the care given to their patients. All teammates will receive a formal invitation to become not only aware of the project but active participants. The Nursing staff and the ancillary team's staff that take part in data entry into the EMR will have formal instruction and guidance on the changes in the patient admission data sets and be asked to participate in pre-project and post-project evaluations of time spent in the admission process data entry for time and click-number comparison. The final stakeholders in this project will be healthcare clients. In the 2010 study previously noted by The National Library of Medicine, it stated that patient satisfaction suffers when nurses suffer from burnout (Vahey et al., 2004). It has been summarized in numerous studies that when nurses have low satisfaction in their position the patients that they care for may get less than optimal care from those nurses. A 2010 study documented that those nurses who are feeling burnout tend to give a lower quality of care in nurse-rated questionnaires in a study of more than 50,000 nurses (Poghosyan et al., 2010). Patients suffer when the nurse is not giving optimal care. The client is the final stakeholder.

Desired Outcomes

The desired outcome of this project will be measured upon the study entitled “Interdisciplinary Optimization of Admission Documentation”. This will be the gauge of the desired outcome of the admission data set aspect of the project. This report witnessed the reduction of admission data fields from 251 fields to 124 fields and a time reduction

of almost 3 minutes (McIlreevy et al., 2020). The team of project investigators will attempt to reduce the current adult admission set by the same percentage and after a thorough review and approval by hospital administration, the optimized admission data set will be trialed and evaluated. The evaluation and analysis will be conducted with the same parameters as that study. This project is expected to investigate, identify, and guide the changes to aspects of the EMR so nurses and other clinicians have increased job satisfaction and less burnout. The addition of the voice-activated application to assist the nurses with documentation has the desired outcome of nurses spending less time in data collection and more time being active with the patient. There will be surveys before the implementation of the Nuance Dragon application trial by the nurses and one after. A case study sponsored and published by Nuance Healthcare Solutions conducted a similar trial of the Dragon Medical One and Power Mic applications with a nursing survey before and after the trial. The nurses who began using the application reported, at a rate of 89%, an increase in job satisfaction (Nuance Communications, Inc., 2018). This will be the targeted outcome for this project. The desired outcome of the G.R.O.S.S. survey will be that all aspects of the policies, procedures, standards, rites, and rules could be questioned by any healthcare employee and put under the microscope of evidenced-based practice. If that standard of evidence is not met the example is questioned and evaluated for absolute need. This part of the project will set in motion a core group that will continue to investigate all employee queries to determine if the policy or procedure is of absolute necessity.

SWOT Analysis

Strengths

The strength of the project lies in the fact that the healthcare teammate has an integral role to play in the project itself and a successful project outcome, less nurse burnout will be achieved through the thoughtful input of the nurses themselves. The benefit of the stakeholders being willing and active participants will be a more positive work environment. Another strength of this project is that each aspect of the three parts has evidence-based success in other settings. The G.R.O.S.S. part of the project was tried and succeeded in the Hawaii Pacific Health hospital system under Dr. Melinda Ashton (Ashton, 2018). The program there was popular and had positive effects because it prompted each employee to become an active stakeholder. One example that brought incredible change was a data line in the EHR that checked hourly rounding by healthcare teammates. The policy was to document this in the patient record but was not assessing it effectively. By deleting this one click, which created dropdown boxes from the data line "hourly rounding" saved 1,700 teammate hours per month, over 20,000 nursing hours per year. By mirroring this original program this project will also mirror its success. The effectiveness of implementing the essential admitting data set will also call upon the success it has had when used previously. Dignity Health and its 62,000 employees and more than 14,000 nurses used this data set. This data set was successful in saving 3 minutes of valuable time. If the typical nurse does three admissions a shift and there are 14,000 nurses each saving 10 minutes a day, then throughout the hospital, the system can save 2,333 nurse hours a day. The strength of the Nuance Dragon voice-activated application has evidence-based data showing the time savings when nurses employ that

technology. The reviewed study used in this project reports that nurses who use this application have an increased job satisfaction rate. A further strength for the project will be to use the relationship the hospital has with Nuance to assist with the education piece of the project in preparation for the nurses using this at the bedside.

The hospital will also be an expected strength, in the fact that the hospital will benefit in patient satisfaction scores, nursing satisfaction scores, and decreasing the labor cost related to nursing attrition and replacement. As previously noted, in The RN Staffing Report for 2020 the replacement cost can range from $40,000 to $52,000 per nurse (NSI Nursing Solutions, Inc, 2020). The project will give the hospital an opportunity to reduce $3.6 to $6.5 million a year in the cost of losing and replacing an RN. The hospital has a history of being teammate focused. The hospital website proudly boasts that “teammates are the key” and “engaging teammates and helping them grow together.” The strong supportive and encouraging hospital leadership toward the employees will help give the project strength and promotion.

Weaknesses

A plausible weakness lies in the fact that the project will be reliant on the active involvement of the potential stakeholders. The G.R.O.S.S. faction of the project will rely on the participation of the entirety of healthcare employees to answer the survey questions and bring examples to the project team for investigation. For the project to be a success, there must be diverse and plentiful responses from employees. If the healthcare teammates do not buy into their stakeholder position and bring the investigative team time-saving examples this section of the project will not succeed. The same situation must follow in the modified admission data set. The nurses entering the new data will be

the determiners of the success or failure of this part of the project. The evidence will come from the time and click count comparisons between the new and the old sets. The Nuance voice activation data entry assistance applications will only be a success if the bedside nurses attend the education session and participate in the trials. The progress towards alleviating nurse burnout as it is related to excessive documentation will be supported or negated by the surveys of the participating nurses and the evidence they give. Another weakness is the current cost of bringing technological advancements into the hospital setting. The upfront cost of this technology will reap savings in the future but may be unreachable for some healthcare systems that have little room for such big-ticket outlays.

Opportunities

The opportunities are varied if the project ends in evidence-based success. The focus of the project is to aid the nursing staff more efficiently. In turn, giving more and proper care to the patients that are in their charge. The earlier revelations in the review have shown that nurses are progressively feeling overwhelmed by factions of their responsibilities. The success of the project will create a cascade of opportunities. If the nurses have higher satisfaction in their role the patient satisfaction should reflect the same. The healthcare institution should also benefit from both improvements by retaining employees that might otherwise leave in search of greener grass and keeping clients that receive efficient care and by word of mouth bring family and friends for the same. A 2013 study done in competitive markets in Florida reported that increased staffing led to increased market share and stronger financial performance (Zuckerman & Johnson, 2013). The stronger the nursing corps achieved in part by higher job satisfaction the

higher quality of care the clients receive (Vahey et al., 2004). A secondary attribute of a successful study will be a change in organizational culture. Typically, things are done as they have been done. Changes in policies and procedures that have been longstanding are difficult to make, stare decisis, tradition. If the project makes positive changes that really affect the employees, it will be an example that it can be done. This questioning, investigating, and changing longstanding qualities is Step Zero found in the study entitled The Seven Steps of Evidence-Based Practice. This Step Zero is referred to as the cultivation of the spirit of inquiry (Melnyk et al., 2010).

Threats

A constant threat of carrying out projects in the healthcare sphere is a return to some form of global or regional medical emergency that radically changes the day-to-day operation of a healthcare facility. The pandemic has interrupted contemporary healthcare and forced hospitals to focus on immediate problems rather than attempt moderate changes in the way business is carried out. If the area regresses in the battle against the Corona virus the project may have to be postponed or canceled and the workforce focus will be placed elsewhere.

If the project is successful there is the threat that the hospital's competition in the market area will also employ similar projects to decrease nurse burnout and increase patient satisfaction.

Resources

The funding for the revenue costs of the project will be sought from both public and private sources. Grant requests will be sent to The National Institute of Health, The Agency for Health Research and Quality, and The Patient-Centered Outcomes Research

Institute. The private institutions that grant proposals will be sent to are The Robert Wood Johnson Foundation and the American Nurses Foundation. Nuance Telecommunication will also be approached to sponsor the study as the Nuance product will be used and there have been studies that Nuance has partnered with a healthcare facility to gather data on the use of the product (Nuance Communications, Inc., 2018). Funding for capital costs will be requested from the hospital system in which the project will be conducted.

Team Members

This author will act as Project Leader of all three aspects of the project: admission documentation optimization, G.R.O.S.S. survey and EMR investigation, and the Nuance trial with the bedside caregiving team.

The team for the admission EMR optimization and the G.R.O.S.S. study will focus on the paring of the admission data fields within the EMR, this comprehensive team will include:

- A physician clinical informatician
- An RN clinical informatician
- A pharmacist
- A regulatory compliance officer
- IT programming/analyst specialist
- EMR vendor/specialist

The Nuance study will employ 10 Nuance specialists, two for each 12-hour shift for the duration of the study. These specialists will be educators as well as clinical

assistants. The IT programmer/analyst on the above team will also be a part of the Nuance team when needed.

Cost-Benefit Analysis

The benefits of a successful project and then implementation by the healthcare facility of the changes that the project represents would far outweigh the initial costs of the project itself. The costs of the project will be derived from two aspects. The payroll cost of the project will be distributed to the project moderators of the G.R.O.S.S. questionnaires, the essential admission order set application, and the following redesign of the policy and procedures that may be changed from them. There will also be payroll distributed to the Nuance assistants that cover the voice-assisted aspect of the project. There will also be monetary rewards in the form of gift cards for employees who supply suggestions that are successful in changing policies or procedures. The cost for office space, computer access, and office supplies will be either donated by the facility or paid for by the project funds. The payroll fund for the 30 days of the G.R.O.S.S. and essential admission set will be $65,000, an approximation of the cost. The approximate cost for the Nuance voice assistant coaching and Nuance applications will be $50,000. The total cost for these two steps of the project is projected to be $ 115,000, which is less than the cost to hire one nurse. The healthcare teammates participating in the Nuance voice-assisted part of the project will attend a 1-day class by the Nuance corporation at a total cost of $2,500.

There will be small rewards to the participants who offer suggestions in the “Get Rid of the Stupid Stuff” campaign that gets some part of the EMR modified in some

fashion. These rewards will be in the form of gift cards to area retail or food establishments.

In conclusion, this author has seen nurse burnout in various forms and severities in all different healthcare settings. There is a need to alleviate some portions of the physical and emotional stress for the nursing staff to work at optimal levels. The studies clearly show evidence of nurse burnout and these are three ways to combat that.

CHAPTER IV

Project Design

The project design will be taken from other earlier studies and projects that have been proven successful in challenging the norms of entering data into the EMR, inquiries into the rationale of certain policies and procedures that are misunderstood or outdated, and usage of innovative technology that integrates voice-assisted data entry for the bedside nurse. The project design will focus on creating measurable and critical time-saving tools for the nursing staff as well as ancillary teammates by perfecting admission order data entry, eliminating, or restructuring policies and procedures, and by adding voice-activated data entry for the bedside nurse. These time-saving tools will be expected to lower nurse burnout and raise employee satisfaction.

The framework for this project will include several planks. To begin, a campus-wide advertising and promotion will be rolled out to inform the campus employees that their concerns and their well-being are valued by the institution and over the next year a project will be conducted and if successful will alleviate some amount of stress that they feel is caused by some aspects of being a health care teammate. A questionnaire, 'Get Rid of Stupid Stuff' (Ashton, 2018), will be sent via employee email that will set up an employee-guided and directed platform that allows each individual employee to become a stockholder in the project. By taking part in the survey, the employee will buy into the project by creating their own stake, their own intimate input that will also, in turn, create an interest in visualizing an answer to their input by nursing leadership. By adding a response, the employee will feel valued in that they will perceive that their input has been determined to have value. This questionnaire will be collected, evaluated, and those

examples that have been determined to have potential value in modification of inputting data into the EMR will be pursued. This will then be followed by education on the voice-activated applications that will be trialed and evaluated in an attempt to decrease the time that nurses and other members of the health care team spend inputting data into the EMR. The next part of the project will be the commencement of using essential clinical data sets for admissions. The efficiency of this will be measured by click counts and active Epic application involvement time before and after the use of the essential data sets. There will be a team of nurses who are measured using these two properties to compare the time that is spent inputting data before the use of the sets and after the sets are put into use. The last aspect of the project will be the implementation of the Nuance Dragon voice-activated application to aid the caregiver in data input. Education and opportunity will be given to any direct caregiver to use this application to help them with their patient care.

Goals and Objectives

This project has three parts each may be successful based on merit regardless of the other two. The hope for the project is to have three successful parts but any positive results from one or all parts will help decrease clinician burnout. The three sides of the project will be purposefully uncomplicated so the team members will be able to spend the bulk of their time analyzing the data rather than conducting complex procedures. The goal of each segment, fulfilled by the supporting aims, is to allow the bedside clinician to work more efficiently and effectively. The accomplishment of this primary goal will then bring about the two further goals of increased patient satisfaction and a positive effect on the facility's personnel expenses. If there is success in the nurse burnout project, there

will be positive effects on the other two goals according to the studies reviewed. The period of the three-part project will span 1 month, with each part of the project occurring simultaneously.

The goal of perfecting admission orders is to reduce the nursing data entry related to an admission by 25%. The project team will try to pare the field count in the general admission order set from 300 to 225 or less. The time reduction goal will be 3 minutes or more for each nursing admission encounter which will be measured from data surveys taken before and after the optimized orders are used.

The goal for the G.R.O.S.S. activity is to have a 50% response rate for the survey. From the returned questionnaires the goal is to have 50 responses that will change policy or procedure. There will also be a chance to conduct educational episodes from the responses that are necessary but not understood or misunderstood by the employee.

The goal of the voice-activated Nuance Dragon Medical assistant segment of the project is to have 50 nurses complete the pre-segment survey and the post-segment survey and to have at least 50% of the respondents report that they have a recognizable and measurable decrease in burnout according to the Maslach Burnout Inventory Survey.

Plan and Material Development

The optimization of the nursing admission orders will begin with the six-member team looking at each data/click entry point that currently makes up the adult admission. Together the team will look at each data entry point, the frequency of usage, decide the relevance of the information, and decide if each individual data point is repeated anywhere else within the EMR, is necessary and relevant for treatment for all patients, and if not for all patients can the request be triggered only by relevant patients, and

finally, is nursing the best collector of the data. The results will be broken down into either one of the above categories or placed in the necessary category and added into the optimized adult admission data set and shared with the hospital administration for final determination of inclusion or exclusion. After the hospital leaders give their assent the optimized admission data set will be implemented in the nursing units. The data entry then will be measured in time to complete and compared with the time to complete pre-implementation. This completion time will consist of 100 admission data sets to be compared both pre-and post-implementation. The participating nurses will be invited to complete both pre-and post-surveys that will use a 5-point Likert scale on usability, timeliness, meaningfulness, and the structure of the admission data set.

Before implementation of the physical part of the project a background and planning survey will be sent to every clinician in the hospital system after an advertising campaign to allow the staff to become aware and interested in the upcoming survey. This will promote ideation, imagination, and communication among the staff to bring more attention to the perceived problem. This campaign time will also reinforce to the hospital staff that the hospital leadership has recognized that caregivers are coming under stressors from many different areas while they are at work and that the leadership is interested in the well-being of the hospital staff. This survey will incorporate an idea first used by Hawaii Pacific Health under the direction of Dr. Melinda Ashton, Chief Quality Officer of the hospital system based in Honolulu. The project was titled “Get Rid of the Stupid Stuff” (G.R.O.S.S.).

The planned development for the G.R.O.S.S. part of the project will then begin with a survey questionnaire that every employee will be invited to participate in. Every

area of the hospital works within current policy and procedure and each employee will have the chance to nominate a policy or procedure that they believe is unneeded, excessive, or misunderstood. The six-member team will take all surveys and place the entries into one of three categories: data entry that is needed but may be presented in a more efficient manner, data entry that is needed as is and employee education may give the user a better understanding of the policy or procedure, and data entry that can be eliminated. If the policy or procedure is categorized as a possible educational challenge it will be sent back to the hospital administration for further instruction. If the policy or procedure is in the other two categories, the specific policy or procedure will then be presented to the hospital administration for approved modification or dismissal. After the process has been completed and the hospital has finished the approval of policy or procedure change there will be a 3-day project celebration to promote the changes and reward the employee suggestions that were accepted.

The voice-assisted part of the project will be concentrated on a medical-surgical floor for a period of 1 month. The nurses on the floor will be invited to participate in the project and those that agree to take part will attend a 1-day Nuance Dragon Medical Voice Assisted instructional and demonstration class and were assigned a phone with the Nuance Dragon Medical embedded in Epic voice activation application. The nurses will be assisted in each shift for 1 month and two Nuance coaches will be assigned for each shift to educate and help the participating nurses become proficient in interacting with the application.

The participating nurses will be asked to complete a Maslach Burnout Inventory Survey before they begin using the application and after a month of use. The two surveys will be compared to decide if this area of the project was successful.

Timeline

The duration of the project from beginning to completion will be 30 days, after approval by an IRB and final approval by the facility administration. There will also be pre-project advertising which will consist of flyers and posters (Appendix A) placed in the facility promoting the upcoming project and the project's purpose of challenging healthcare employee burnout. The three aspects of the project will run simultaneously other than a preliminary meeting between the project manager and the hospital administration to present the project and allow the hospital to join the project as a stakeholder. The project in written form will be delivered to the hospital administration on August 1 for approval. The initial in-person meeting will take place 2 weeks before the project begins on August 15.

The admission optimization part of the project will begin on September 1. For the first week, the team will review all aspects of the current inpatient admission data entry points for categorization and recommendation of changes. There will also be 100 samples of current data entry times recorded to be compared to the optimized data entry times. The nurses will also fill out the surveys in the first week of September. The administration will receive the changes on September 8 and will review and give assent for changes on September 11. On September 12, the EMR specialist will input all changes into the admission data set, and for the duration of the month, the newly

optimized data set will be used and evaluated by the nurses with 100-time samples taken to compare with the per-optimization times.

The G.R.O.S.S. part of the project will begin on September 1 with a daylong presentation (Appendix B) in the campus cafeteria. The survey will be handed out as well as emailed to every facility employee. The collection of the survey will take place until September 7. The project team will categorize the returned surveys and document all potential changes to policy and procedure and give them to hospital administration on September 12. The team will receive the approved changes on September 19 and will announce the changes and the survey winners at a daylong function in the cafeteria on September 23. All changes in policy and procedure will be in place on September 30.

The timeline for the Nuance voice-aided data entry part of the project will begin on September 1 with the Maslach Nurse Burnout Survey delivery to the selected nursing unit. The Nuance educators will be on campus on September 2 for continuous 2-hour presentations and the distribution of phones holding the Nuance Dragon voice-activated application. The Nuance coaching team will arrive on September 3 and remain until September 30 when the participating nurses will be invited to complete another Maslach Burnout Survey.

Evaluation Plan

The evaluation plan for the admission data set optimization will rely on a measurement of the time it takes for the nurse to enter all the relevant data points for current admission data entry and optimized data entry points and how they compare. The target time savings is 3 minutes, and the target reduction is 25% of the total data entry points. There will be 100 surveys given ~~out~~ to gauge nurse satisfaction with both versions

of the admission data set. There will be a four-question Likert Scale-type survey offered to the participants before and after the optimized admission set. The four questions will ask for responses on the data set describing the visibility, timeliness, meaningfulness, and structure of the data set.

The evaluation of the G.R.O.S.S. part of the project will rely on the number of respondents that answer the G.R.O.S.S. survey which will be an open-ended questionnaire that will ask for examples of policies or procedures that the employee feels may be unneeded or misunderstood. The target will be a 50% response rate and the target for changes to policies and procedures will be 50 responses that change policy or procedure in some form.

The evaluation for the Nuance voice activation part of the project will be based on the pre-project survey and the post-project survey. The nurses will be invited to complete the Maslach Burnout Survey. A successful outcome will be 50% of participating nurses who claim an increase in job satisfaction according to the survey. The project will use the Maslach Survey with permission from Mind Garden and have the results evaluated by the same group.

Summary

The success of this project will rely heavily upon the active participation of all stakeholders in all aspects. The pre-project advertising and the celebratory atmosphere that the kick-off informational gatherings will promote excitement in the project. The project is primarily being conducted to make the work lives of the employees more satisfying, meaningful, and rewarding with less anxiety. If the healthcare teammates understand and buy into this reasoning, they will realize that participation in the project is

essential for their mental health and that the institution that employs them cares enough about them that they are becoming proactive in bringing improved health to not only the families they care for but also the family that does the caring. The three factions of this project are designed to alleviate stress enduring activities by making the EMR a more efficient tool for the care that they give. The project will perfect the data collection by fine-tuning and focusing on the tasks and ending those that create inefficiency. The design of the project was created in simplicity so it could be easily understood by every stakeholder to bring them into the project. The success of the project will only be seen if the employees believe in it.

CHAPTER V

Dissemination

The purpose of this project is to allow healthcare teammates to consciously experience a significant alleviation of stress and anxiety that seems incorporated with the everyday tasks that they must perform to give care to those that seek it. These stressors have been found by numerous studies to have increased throughout the years after medical charting progressed from black ink and paper to data entry into a patient's EMR. Within the three portions of this project, all related to EMR and policy and procedure, the stakeholders will become part of the project team in molding an evolution in the way caregivers record and understand the history of their clients and at the same time learn how to manage workplace stress that has been shown cause healthcare burnout.

Dissemination Activity

The initial project meeting took place with the , Chief Executive Officer, Chief Information Officer, and Chief Nursing Officer of Atrium Charlotte, and the author in attendance. The project overview was presented as a handout with a summary by the project manager (Appendix B). This summary began with a simple purpose to create improved health for the teammates, and the community that surrounds the campus by inviting the hospital workforce to join with the hospital administration in becoming active participatory stakeholders in the project. The project then was explained in summary in three parts, one being the optimization of the admission data set, the second being the G.R.O.S.S. aspect of the proposal, and the third being the voice-activated Nuance Dragon application for data entry assistance. The documented studies, previously discussed in this project paper, that supply summary evidence of the theory of nursing

burnout will be referenced. The administration may give written requests to change or modify this project proposal.

Limitations

This project was developed with a singular focus on nursing burnout and the proposal that EMR assistants paired with bedside nurses could relieve a part of the time that was spent on nursing documentation in the EMR. This singular focus could have had a limited impact on the overall sense of campus-wide anxiety and stress related to job performance. The decision was made to fine-tune the assistant approach to the Nuance Dragon application for the bedside nurse and focus on the admission documentation into the EMR to have a dual impact on alleviating burnout as well as the G.R.O.S.S. part of the project to create a comprehensive project that affected every employee. The stakeholder relationship with the hospital administration was strengthened with the addition of the G.R.O.S.S. aspect to show all teammates that the administration cares about all its employees and not only nurses. The project with a three-part focus proves the intent of the inclusiveness that was imagined.

Implications for Nursing

The implications for the nursing profession if this project is multiplied and duplicated in various forms will be a decrease in nurse burnout and an increase in job satisfaction. The situation in nursing is such that there is a concerning percentage of bedside nurses that are entertaining either the thought of leaving their present position or worse, the profession altogether. If we assess the status of nursing currently in the history, there are factors that are stressing the industry to the point of dire consequences. The past years have seen a worldwide pandemic that has swelled healthcare facilities

beyond safe capacity, forcing nurses to work far more hours than proper, creating shortages of multitudes of related healthcare items, and pushing once-thriving hospitals to the brink of bankruptcy. The precipitate of a successful project with measurable, positive results that can be replicated will improve the health, psychological as well as physical, of those that care for our family and friends. This project and similar projects like it, if widely used, will improve healthcare.

Recommendations

This project welcomed and encouraged the hospital administration to become a primary stakeholder because it is integral that the employees and the administration work together to reduce employee burnout. It is important that the healthcare teammates know the hospital administration is an active force in creating better health and a more conducive work environment for them rather than being detached from the lives of their employees. This project only focused on one aspect of perfecting the EMR. Further projects could look at other data sets to perfect the entirety of the EMR. There also will be improvements and advancements in voice-activated technology soon which could be employed in a wider variety of data entry by nurses and ancillary staff. The quickly evolving applications of technology can and should be used, not to make the work lives of healthcare employees more complicated but less so. The G.R.O.S.S. aspect of the project could and should be replicated in every hospital in the country as policy and procedure often have additions but few removals for any policy or procedure that falls into disuse. A hospital's policies and procedures are often like a state's set of laws. In North Carolina, it is illegal to plow a cotton field with an elephant. The state of North Carolina should be encouraged to begin a G.R.O.S.S. project to alleviate obtuse laws and

hospitals should do the same with outdated policies and procedures. The primary rationale for projects like this is to realize that an employee has either 8 or 12 hours to complete care for a client and if we categorize time into different columns, we will find that there is a significant amount of time in the data collection column as well as the patient care. The time limit is finite and unchanging and if more time is needed for one task it must be removed from another task. This project will try to take time away from the data documentation column and place it into the patient care column. Data collection is essential and mandatory but patient care is our primary mission.

Conclusion

The goal of the author is to create the overall impression that the recognition of a dilemma in contemporary nursing. The issue that is successfully attacking the profession is the theft and destruction of nursing job satisfaction by nurse burnout. This destructive force has been codified in many studies over the years and it is more relevant and prevalent in current times because of many negative factors that may or may not be alleviated in the short term such as the worldwide pandemic and the multitude of effects, the constricted state of current economies both within the healthcare field itself and the general economy, which is an added, unrelated stressor on so many, so this must be considered a permanent situation that needs to be resolved. The urgency of a solution to this situation must be a primary task of the industry and healthcare leaders must partner enthusiastically with employees to slow the rate of nurse burnout and reverse its devastating effects.

References

Alahmar, A., & Benlamri, R. (2020). SNOMED CT-Based Standardized e-Clinical Pathways for Enabling Big Data Analytics in Healthcare. *IEEE Access*, 1–1. https://doi.org/10.1109/access.2020.2994286

American Association of Colleges of Nursing. (2020). *Nursing Shortage*. https://www.aacnnursing.org/News-Information/Fact-Sheets/Nursing-Shortage

Ashton, M. (2018). Getting Rid of Stupid Stuff. *New England Journal of Medicine*, *379*(19), 1789–1791. https://doi.org/10.1056/nejmp1809698

Baboolall, D., & Berlin, G. (2022, February 24). Nurses and the great attrition. McKinsey & Company. Retrieved July 11, 2022, https://www.mckinsey.com/industries/healthcare-systems-and-services/our-insights/nurses-and-the-great-attrition

Bhatka, P. (2022, September 2). O*ne year in what's next for Americas healthcare bhakta - Search*. Www.bing.com. https://www.bing.com/search?q=one+year+in+whats+next+for+americas+healthcare+bhakta&cvid=436df4a1a6ed457d84fca6528a942c1c&aqs=edge..69i57j69i60.19340j0j1&FORM=ANAB01&PC=U531

Blankenhorne, A. (2018, March 22). *American Nurse: The official Journal of the American Nurses Association (ANA)*. American Nurse. https://www.myamericannurse.com/safe-staffing-solution-engagement/

Byers, L. (2020, July 15). *Pandemic exposes harms of burdensome CON laws*. Civitas Institute. https://www.nccivitas.org/2020/pandemic-exposes-harms-burdensome-con-laws/

Cimiotti, J. P., Aiken, L. H., Sloane, D. M., & Wu, E. S. (2012). Nurse staffing, burnout, and health care-associated infection. *American Journal of Infection Control*, *40*(6), 486–490. https://doi.org/10.1016/j.ajic.2012.02.029

Coleman-Lauchner, L. (2021, December 21). *Bloomberg - Are you a robot?* Www.bloomberg.com. https://www.bloomberg.com/news/articles/2021-12-21/u-s-hospitals-pushed-to-financial-ruin-as-nurses-quit-en-masse

Collins, K., Jones, M. L., Mcdonnell, A., Read, S., Jones, R., & Cameron, A. (2000). Do new roles contribute to job satisfaction and retention of staff in nursing and professions allied to medicine? *Journal of Nursing Management*, *8*(1), 3–12. https://doi.org/10.1046/j.1365-2834.2000.00149_8_1.x

Freudenberger, H. J. (1974). Staff Burn-Out. *Journal of Social Issues*, *30*(1), 159–165. https://doi.org/10.1111/j.1540-4560.1974.tb00706.x

Gamble, M. (2013, November 17). *Bill for Nurse Staffing Ratios in D.C. Unlikely to Pass*. Www.beckershospitalreview.com. https://www.beckershospitalreview.com/hr/bill-for-nurse-staffing-ratios-in-d-c-unlikely-to-pass.html?oly_enc_id=8920I2642290I4M

Gooch, K. (2021, September 20). *66% of nurses say pandemic has made them consider leaving profession*. Www.beckershospitalreview.com. https://www.beckershospitalreview.com/workforce/66-of-nurses-say-pandemic-has-made-them-consider-leaving-profession.html

Harris, D. A., Haskell, J., Cooper, E., Crouse, N., & Gardner, R. (2018). Estimating the association between burnout and electronic health record-related stress among advanced practice registered nurses. *Applied Nursing Research*, *43*, 36–41. https://doi.org/10.1016/j.apnr.2018.06.014

Havlak, J. (2021, March 8). *Certificate of Need CON: A tangled web of bureaucracy, clout, and backroom deals*. Carolina Journal -. https://www.carolinajournal.com/certificate-of-need-con-a-tangled-web-of-bureaucracy-clout-and-backroom-deals-can-crush-competition-hurt-smaller-providers-and-endanger-patients/

Karp, E. L., Freeman, R., Simpson, K. N., & Simpson, A. N. (2019). Changes in Efficiency and Quality of Nursing Electronic Health Record Documentation After Implementation of an Admission Patient History Essential Data Set. *CIN: Computers, Informatics, Nursing*, *37*(5), 260–265. https://doi.org/10.1097/cin.0000000000000516

Maslach, C., & Jackson, S. (1986). *Maslach Burnout Inventory (MBI) - Assessments, Tests | Mind Garden - Mind Garden*. Www.mindgarden.com. https://www.mindgarden.com/117-maslach-burnout-inventory-mbi

McIlreevy, J., Rylee, T. L., Shields-Tettamanti, T., & Gee, P. M. (2020). Interdisciplinary optimization of admission documentation. *CIN: Computers, Informatics, Nursing*, *39*(5), 248–256. https://doi.org/10.1097/cin.0000000000000695

Melnyk, B. M., Fineout-Overholt, E., Stillwell, S. B., & Williamson, K. M. (2010). Evidence-based practice: step by step: The seven steps of evidence-based practice. *AJN, American Journal of Nursing*, *110*(1), 51–53. https://doi.org/10.1097/01.naj.0000366056.06605.d2

Muir, K. J., Wanchek, T. N., Lobo, J. M., & Keim-Malpass, J. (2021). Evaluating the costs of nurse burnout-attributed turnover. *Journal of Patient Safety*, *Publish Ahead of Print*. https://doi.org/10.1097/pts.0000000000000920

NJSNA Nurses Weekly. (2021). *The cost of nurse turnover.* https://njsna.org/the-cost-of-nurse-turnover/

NSI Nursing Solutions, Inc. (2020). *2020 NSI National Health Care Retention & RN Staffing Report*. https://www.nsinursingsolutions.com/Documents/Library/NSI_National_Health_Care_Retention_Report.pdf

Nuance Communications, Inc. (2018). *Concord hospital improves nurses satisfaction and documentation quality. Expanding the role of speech recognition.* https://www.nuance.com/content/dam/nuance/en_us/collateral/healthcare/case-study/cs-dragon-medical-one-concord-hospital-en-us.pdf

Orem, D. E. (2001). *Nursing: concepts of practice* (6th ed.). Mosby.

Poghosyan, L., Clarke, S. P., Finlayson, M., & Aiken, L. H. (2010). Nurse burnout and quality of care: Cross-national investigation in six countries. *Research in Nursing & Health*, *33*(4), 288–298. https://doi.org/10.1002/nur.20383

Ross, J. (2020). The exacerbation of burnout during COVID19: A major concern for nurse safety. *Journal of PeriAnesthesia Nursing*, *35*(4). https://doi.org/10.1016/j.jopan.2020.04.001

Scottsdale Institute. (2020, September 30). *CNIO Summits*. https://scottsdaleinstitute.org/events-in-person/summits/cnio-summits/#:~:text=The%20Scottsdale%20Institute%202020%20CNIO

Shakir, R., & Rajakulendran, S. (2013). The 11th Revision of the International Classification of Diseases (ICD). *JAMA Neurology*, *70*(11), 1353. https://doi.org/10.1001/jamaneurol.2013.4042

Siwiki, B. (2021, March 2). *As DeliverHealth acquires Nuance EHR tools, CEO talks simplification*. Healthcare IT News. https://www.healthcareitnews.com/news/deliverhealth-acquires-nuance-ehr-tools-ceo-talks-simplification

Spitzer, J. (2019, January 19). *Tim Cook: Apple's "greatest contribution to mankind" will be about health*. Www.beckershospitalreview.com. https://www.beckershospitalreview.com/healthcare-information-technology/tim-cook-apple-s-greatest-contribution-to-mankind-will-be-about-health.html

The Joint Commission. (2019, July 15). *Quick safety issue 50*: *Developing resilience to combat nurse burnout.* https://www.jointcommission.org/resources/news-and-multimedia/newsletters/newsletters/quick-safety/quick-safety-50-developing-resilience-to-combat-nurse-burnout/#.YrDW_ajMJPY

Vahey, D. C., Aiken, L. H., Sloane, D. M., Clarke, S. P., & Vargas, D. (2004). Nurse burnout and patient satisfaction. *Medical Care*, *42*(Suppl), II–57II–66. https://doi.org/10.1097/01.mlr.0000109126.50398.5a

Viscardi, M. K., French, R., Brom, H., Lake, E., Ulrich, C., & McHugh, M. D. (2022). Care quality, patient safety, and nurse outcomes at hospitals serving economically disadvantaged patients: A case for investment in nursing. *Policy, Politics, & Nursing Practice*, *23*(1), 5–14. https://doi.org/10.1177/15271544211069554

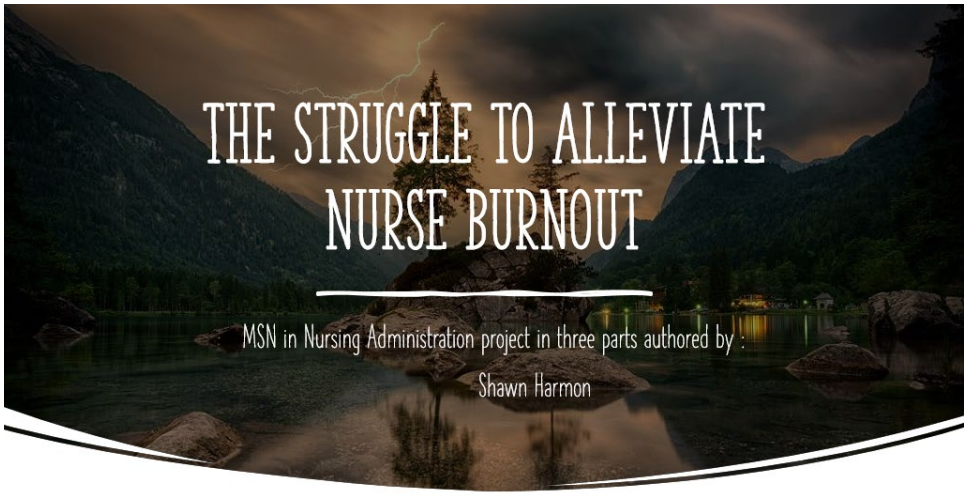
Zuckerman, A., & Johnson, T. (2013). *SECOND IK \ smii-s INCREASING MARKET SHARE Second in a Series Examining Revenue Growth Strategies in a Difficult Health Care Market*. https://www.chausa.org/docs/default-source/health-progress/increasing-market-share-pdf.pdf?sfvrsn=2

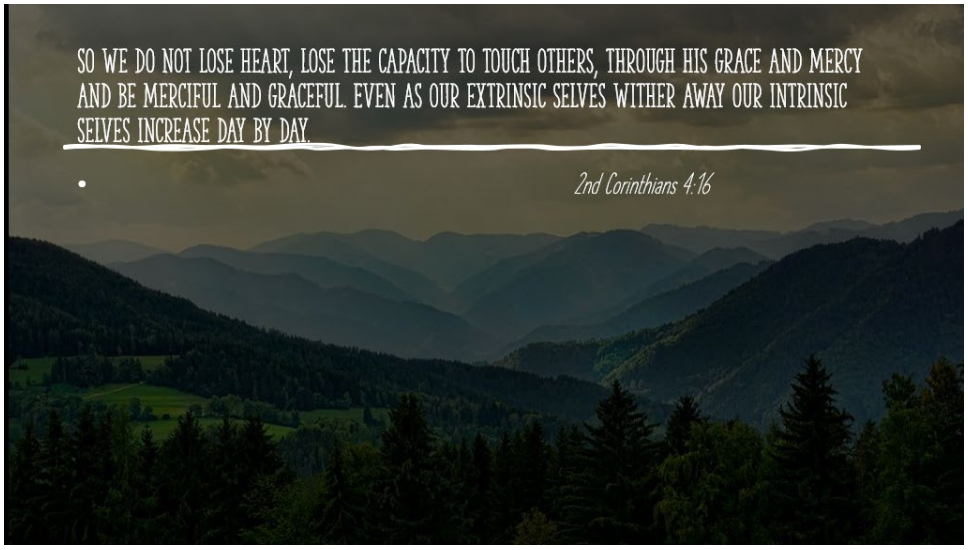
Appendix A

G.R.O.S.S. Poster

Appendix B

Presentation: Slideshow



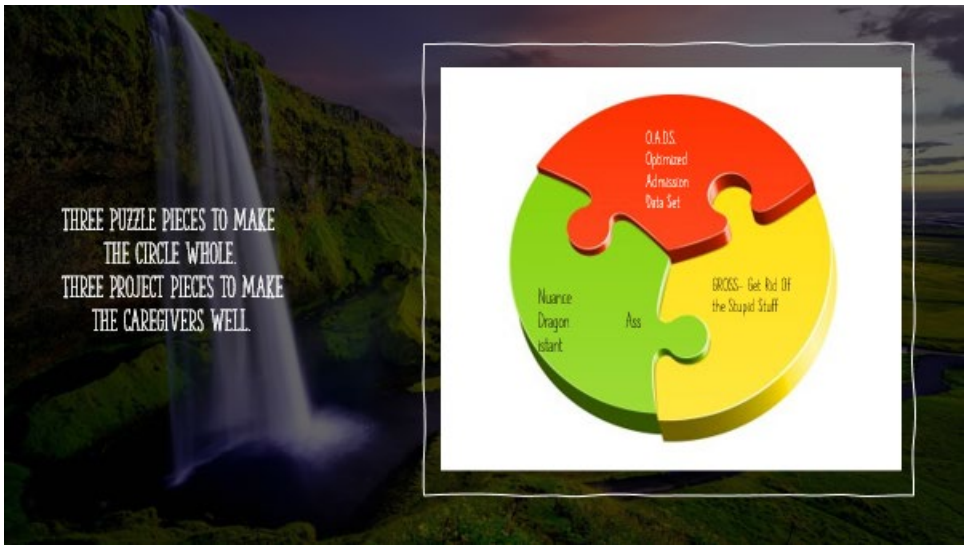


ACCORDING TO A STUDY DONE BY WOMEN IN HEALTH IT:

- 90% of the surveyed nurses were considering leaving the profession in the next year (Siwicki, 2022).


THIS WILL AFFECT YOUR PATIENTS
THIS WILL AFFECT YOUR WORKFORCE
THIS WILL AFFECT YOUR COMMUNITY
THIS WILL AFFECT YOUR MARKET- SHARE


• This project is a multi-focused offensive intervention that unites both employees and administrators as stakeholders to fight the debilitating negative force of burnout affecting caregivers which secondarily affects the hospital and the community as a whole.



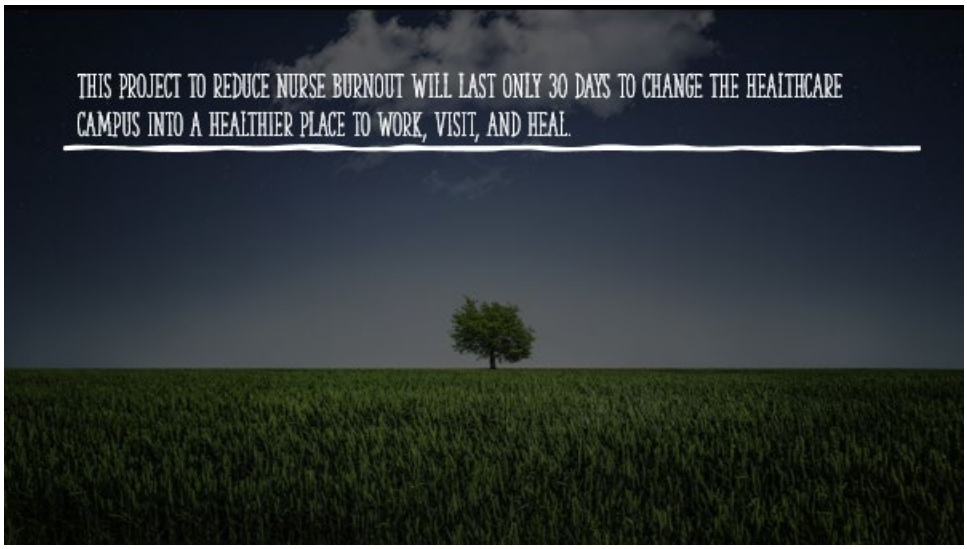
O.A.D.S.

Optimized Admission Data Set

This reimagines one important data set within the client's medical record to evolve into a more efficient nursing task. This optimization will allow nursing to spend less time entering data and more time with their patient and reducing burnout.

NUANCE DRAGON VOICE ACTIVATION ASSISTANT

- This is an interactive technological application that will assist all bedside caregivers in their most important job, caring for their patients.
- Instead of physical data entry into the patient record the nurse will wear a small headset and speak their notes which are automatically entered into the record.


THIS PROJECT TO REDUCE NURSE BURNOUT WILL LAST ONLY 30 DAYS TO CHANGE THE HEALTHCARE CAMPUS INTO A HEALTHIER PLACE TO WORK, VISIT, AND HEAL.