

# Challenges and Choices: Insights Derived from a Survey of Nurse Leader Burnout

Minnesota Organization of Leaders in Nursing (MOLN)  
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## Introduction

- Burnout among staff nurses has been well-studied but the prevalence of nurse leader burnout is not as well understood.
- In understanding the experience of burnout we can better assess “the wellbeing of the healthcare workforce [which] is recognized as the fourth component of the Quadruple Aim” (Britt, Korane, & Rockwood, 2017)
- Nurse leaders are responsible for the care of the staff as well as the care of the patients on a specific patient care unit(s). Therefore, the importance of a joyful and refreshed workforce is paramount.

## Purpose

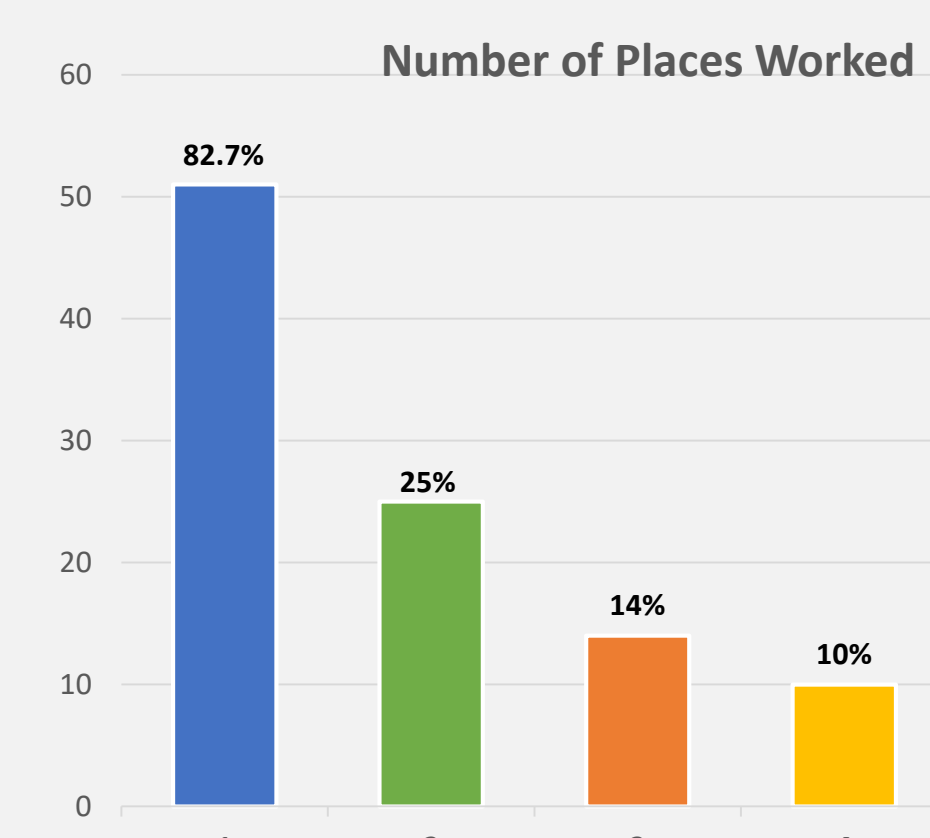
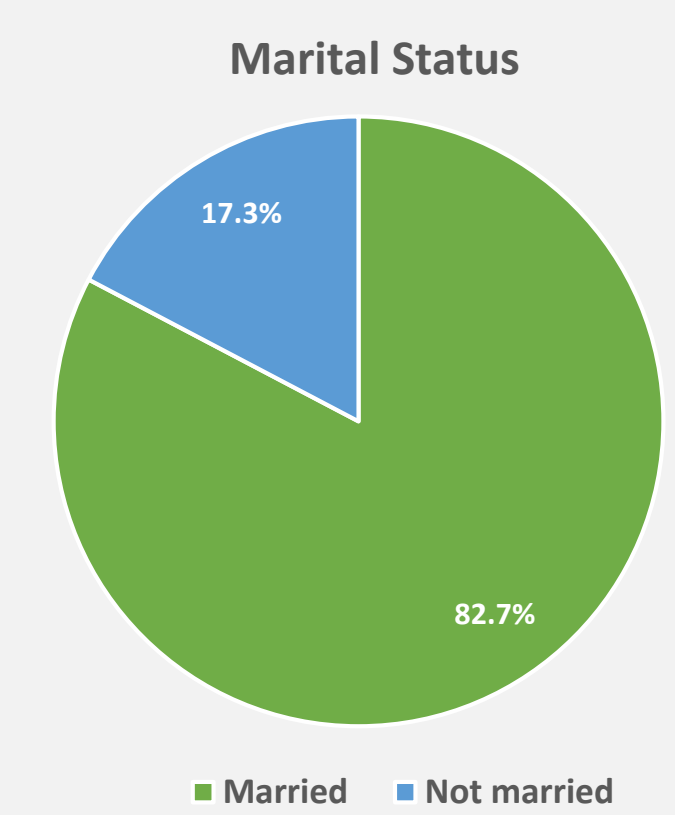
- Identify the prevalence burnout among nurse leaders in Minnesota.
- Describe the factors that are associated with or contribute to nurse leader burnout.
- Develop creative responses for individuals and organizations to prevent and/or support nurse leaders through burnout.

## Study Design

The Research Committee at MOLN conducted a cross-sectional survey using a modified Mini Z Burnout tool. The survey included 23 questions related to burnout, work title, setting, years of experiences, and demographics. The survey also included 2 open-ended questions. 212 participated of 501 invited for a 39% response rate.

## Demographics of Participants

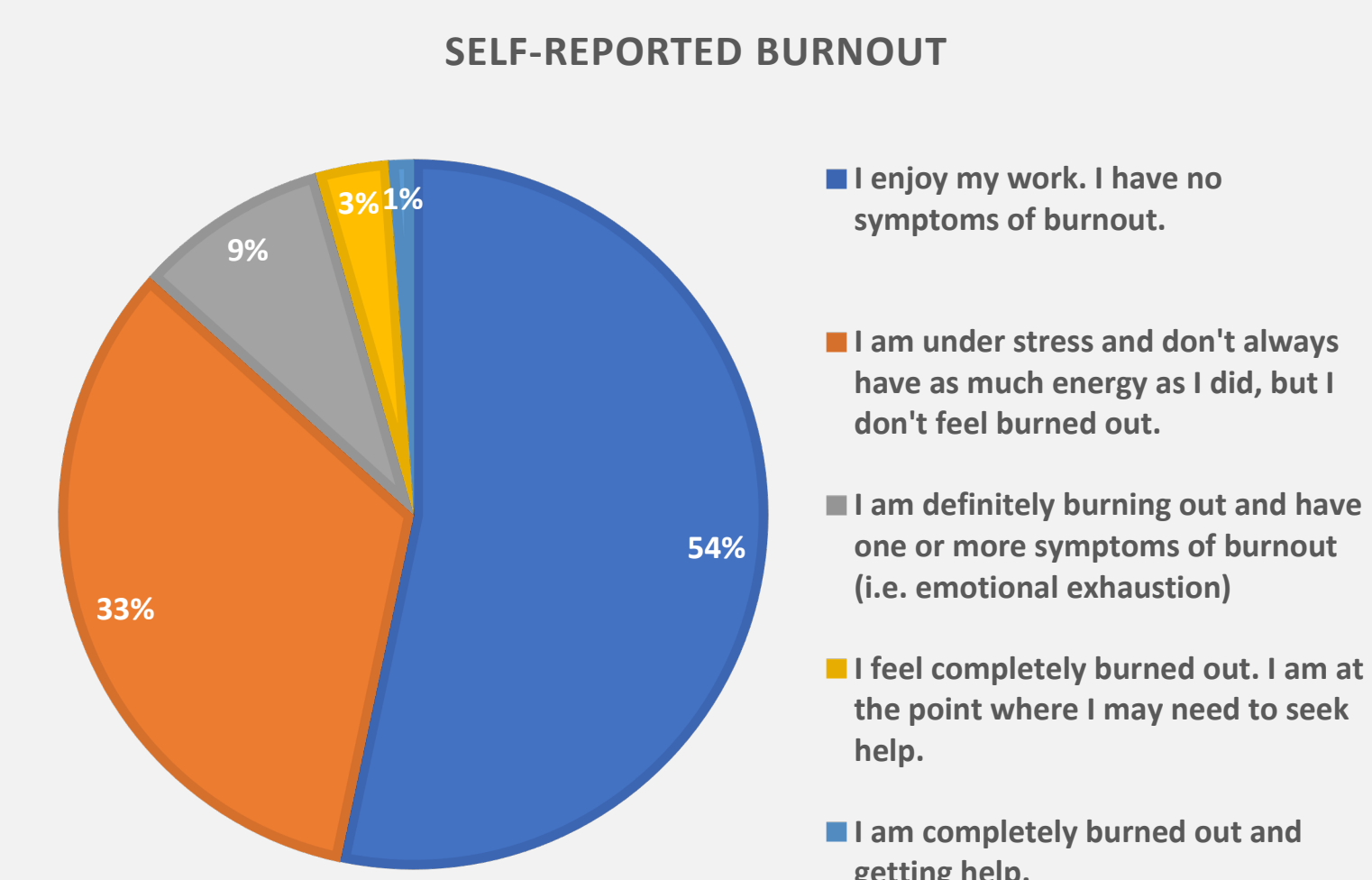
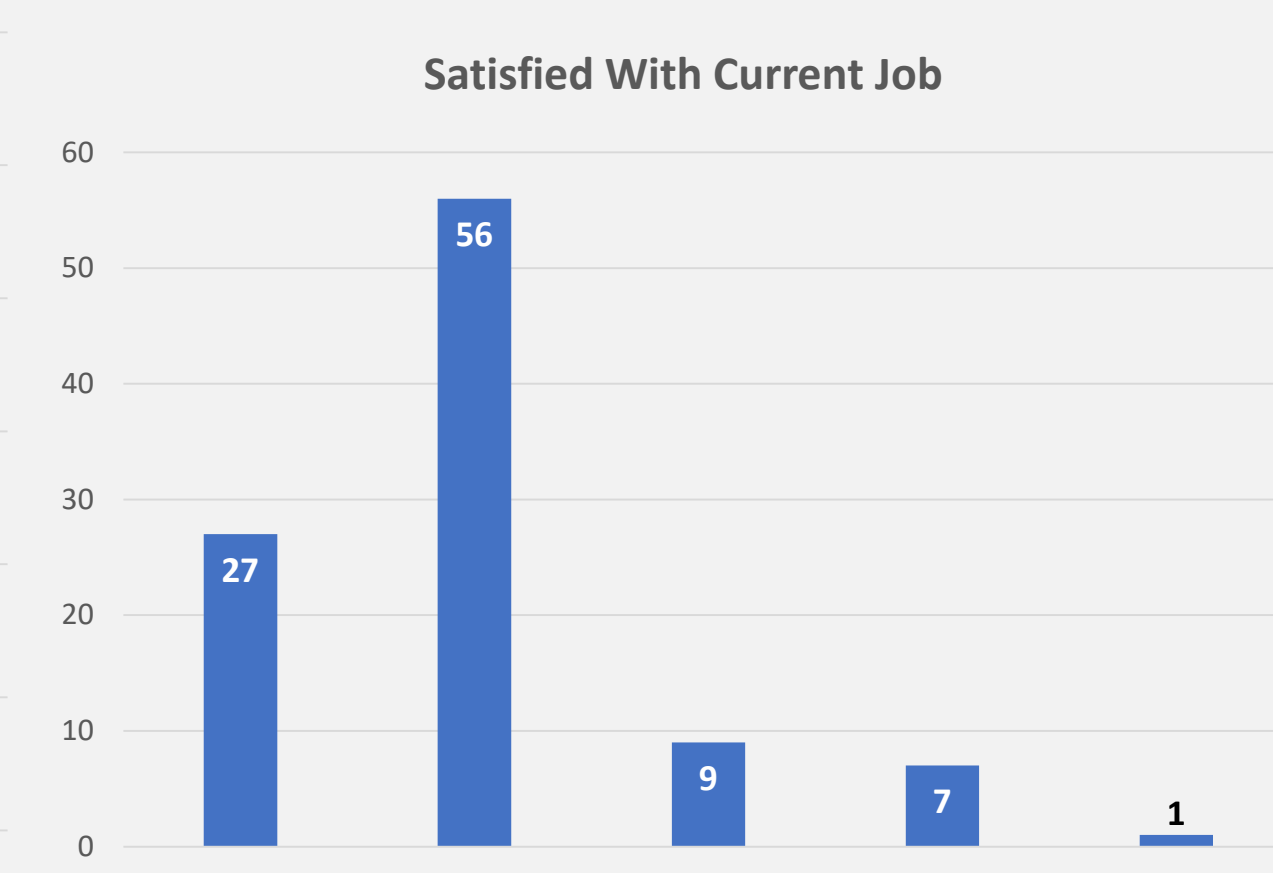
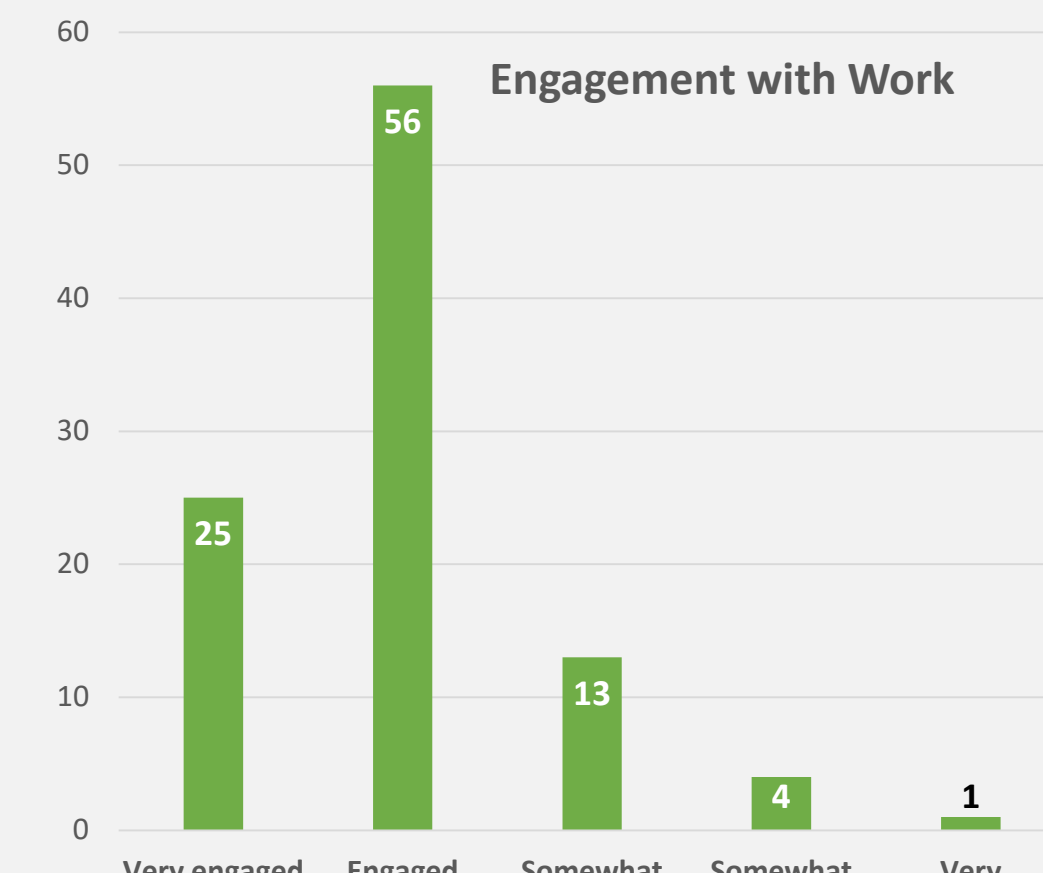
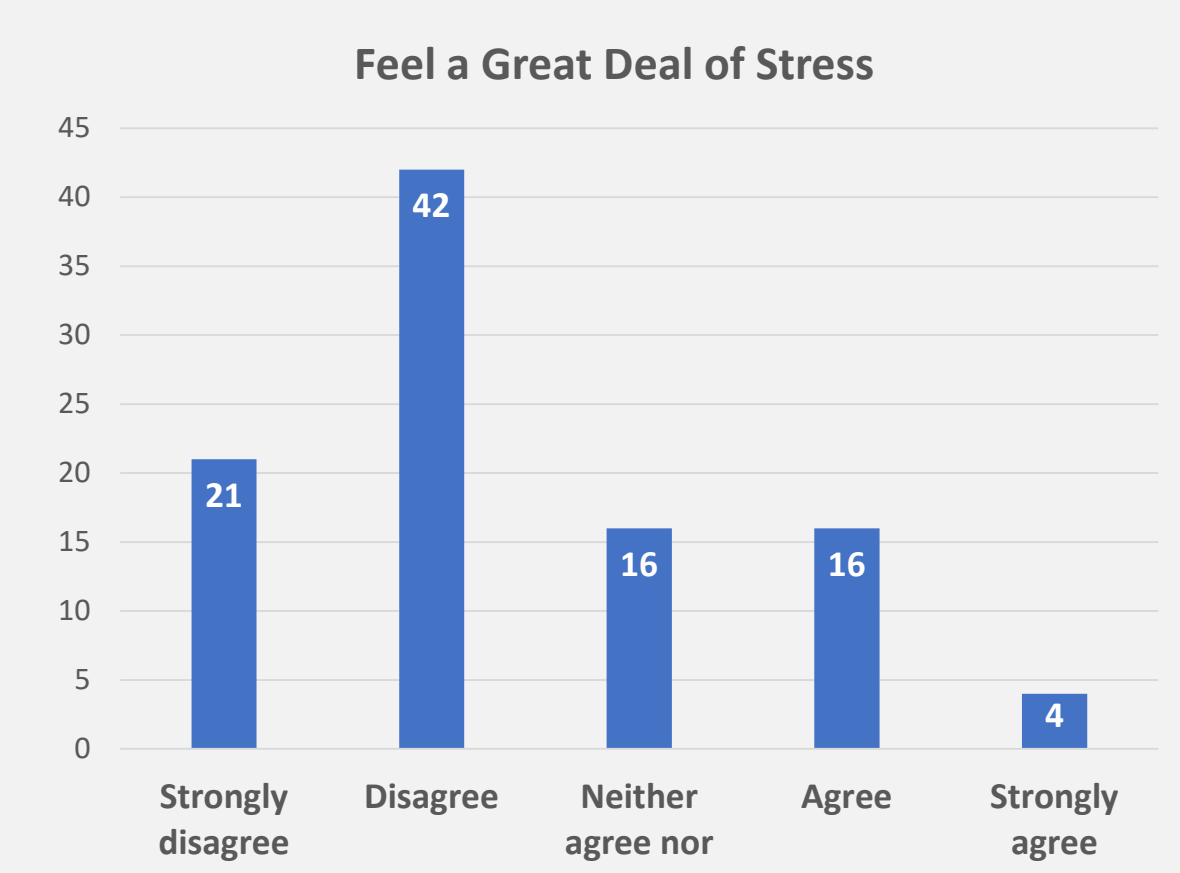
Type of Nurse Leader: Average years of experience = 12 years	Where Spend Leadership Time (Place of Employment)
Nurse Manager 35%	Hospital (>25 beds) 58%
Nursing Director 25%	Critical Access Hospital (<25 beds) 16%
Chief Nursing Officer 11%	Ambulatory Care 11%
Nursing Supervisor 8%	Psychiatry/Mental Health 4%
Charge RN/Lead RN 8%	Other 4%
Other 12%	Quality & Safety 3%
	Higher Education 2%
	Community Health 2%



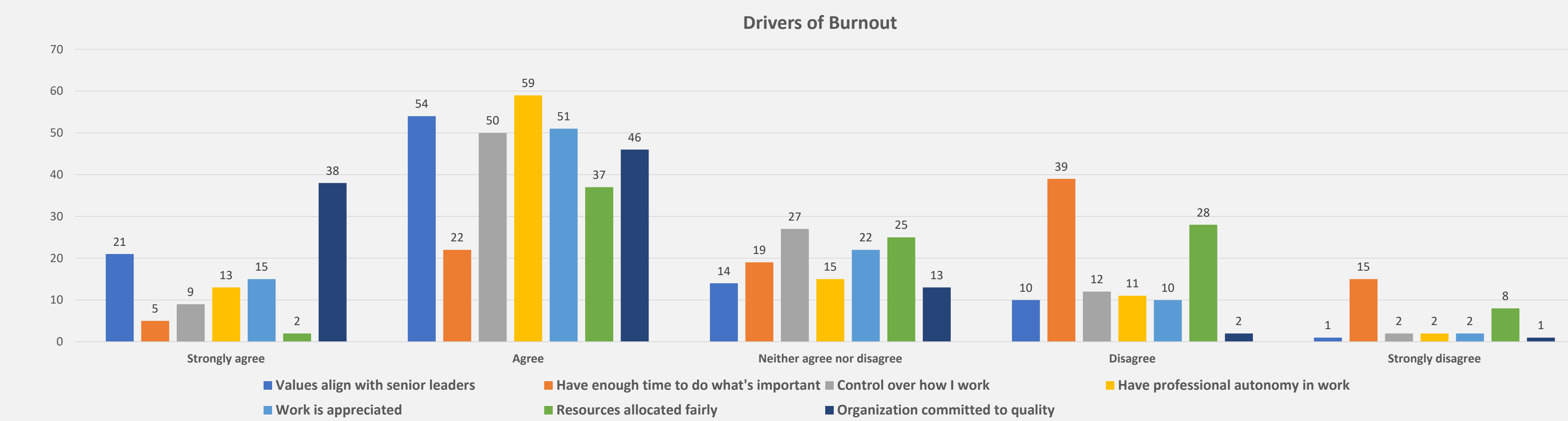
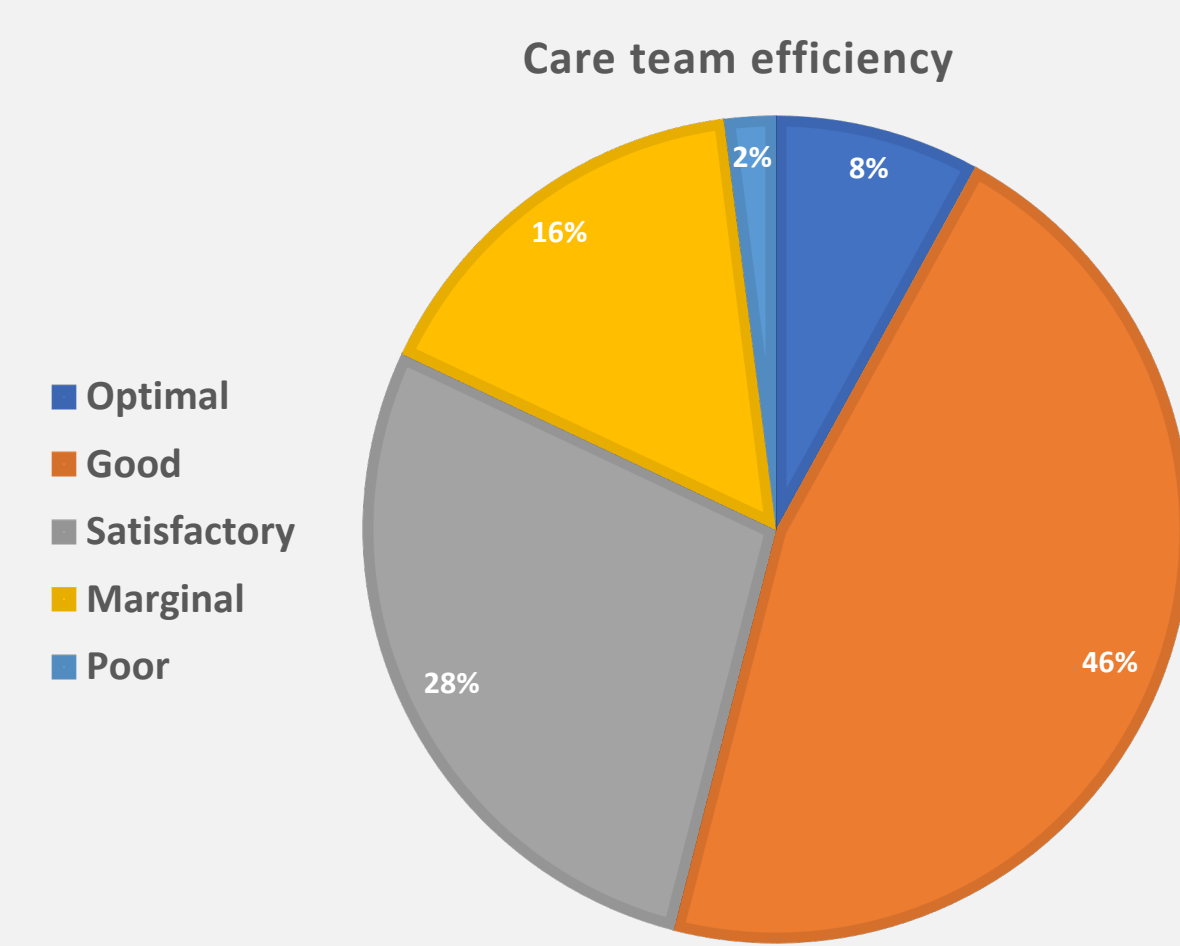
Race & Ethnicity	Percentage
White	93.8%
All others (Black, American Indian, Asian, etc.)	6.2%

Gender	Percentage
Female	91.7%
Male	6.3%
Other	2%

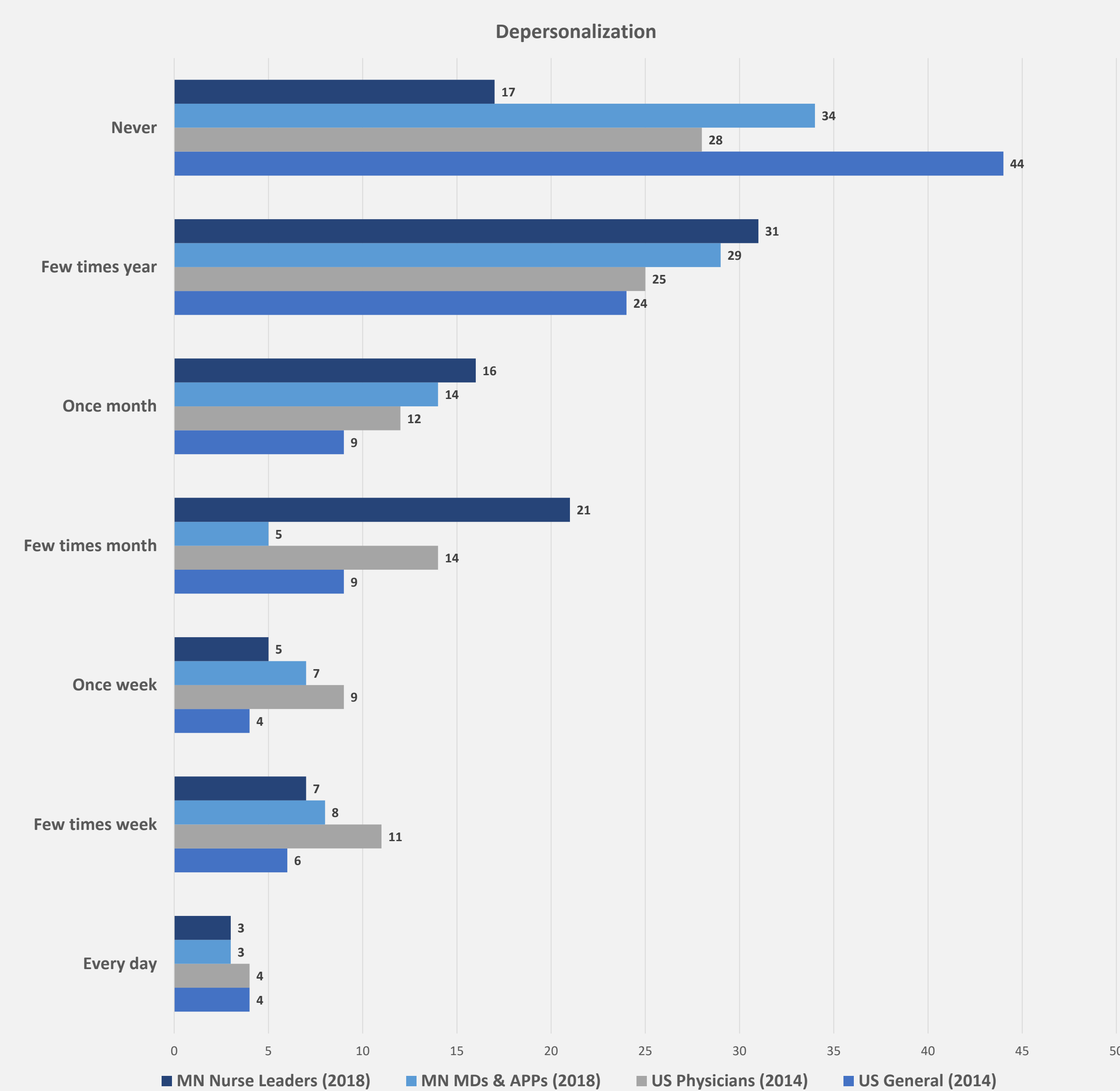
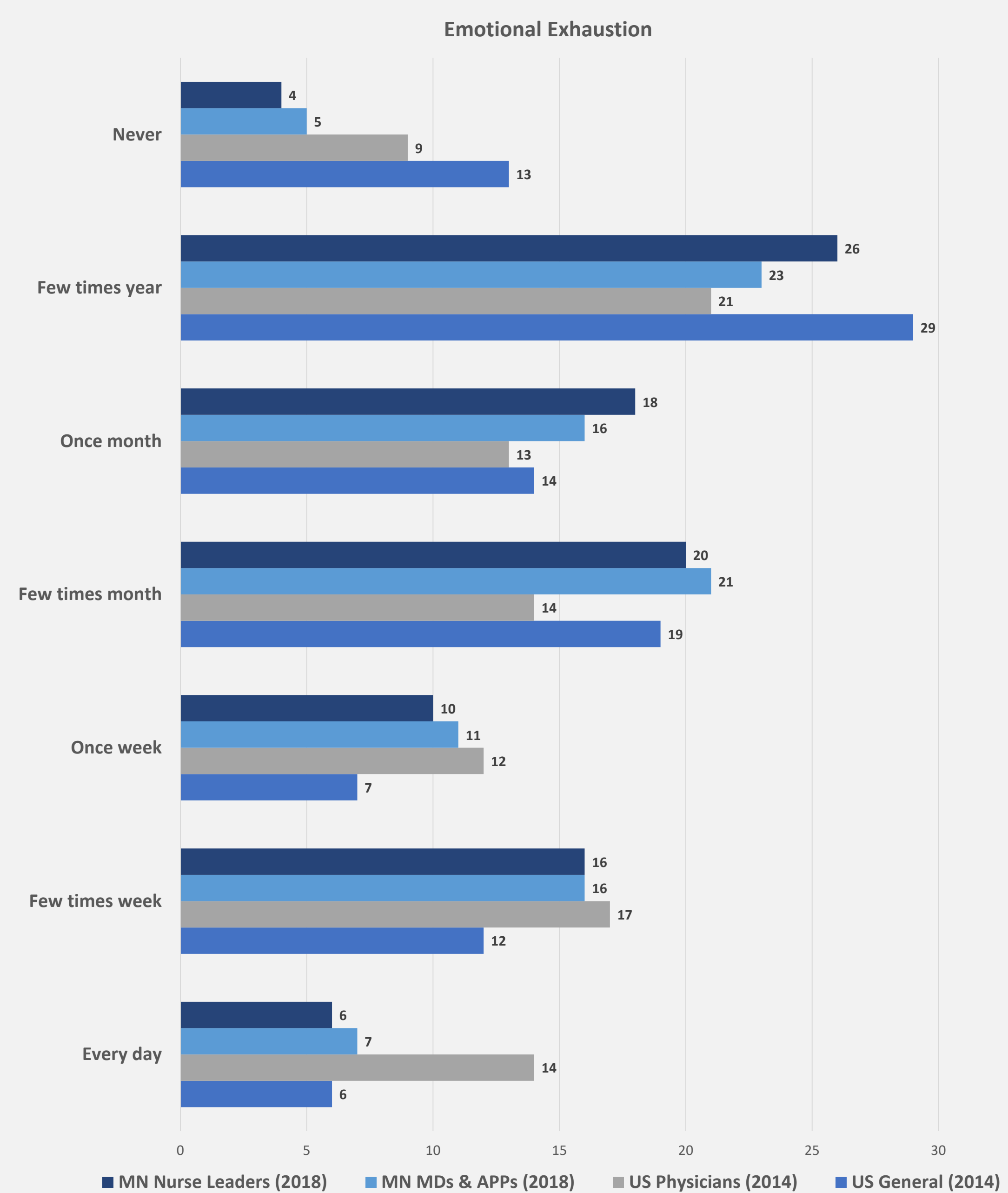
## OUTCOMES



## DRIVERS

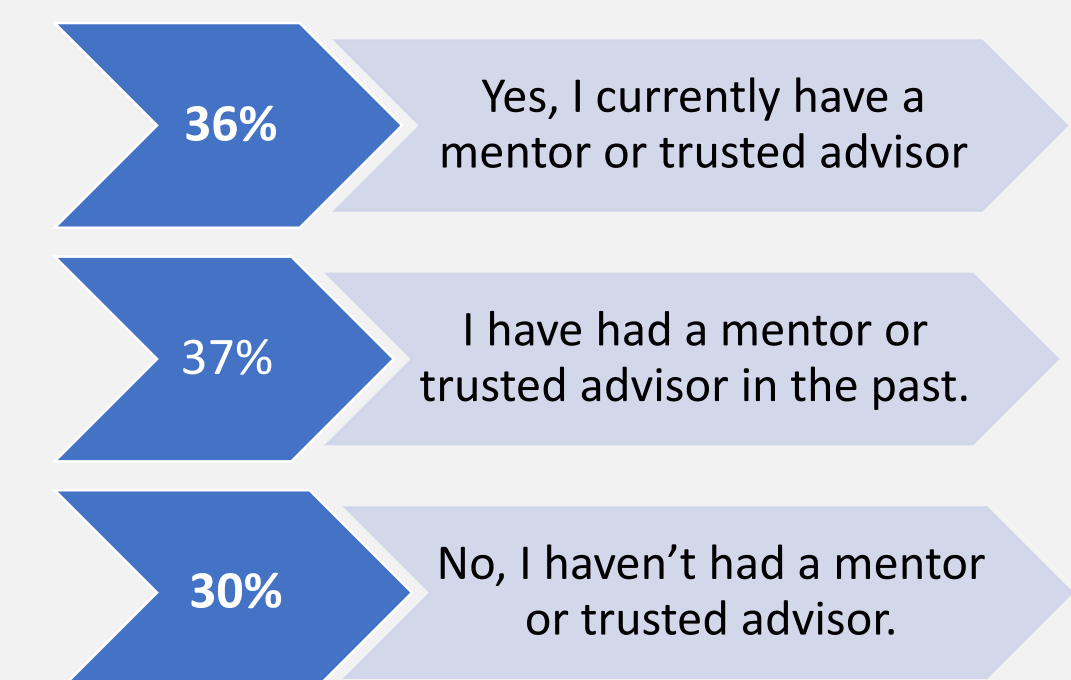


## BURNOUT COMPONENTS



## Results

## Deep Dive: Mentorship/Peer Support



- 8% participate in nursing salons
- 53% have informal social networks that they tap
- 22% get social support from professional associations
- 45% engage in peer support in other ways
- 8% do not have opportunities for peer support

## Implications and Support for Nurse Leaders

In the survey, nurse leaders were provided an opportunity to write in their ideas of support for burnout:

- Nurse leaders consistently mentioned the need for skills training. Soft skills such as communication in crucial conversations and relationship building, and hard skills such as finance and budgeting. Professional organizations and healthcare organizations that employ nurse leaders can work to provide this development.
- Formal and informal mentoring through peer support was identified in the survey as an effective support against burnout.
- From the survey, nurse leaders report that their values align with senior leaders, yet they also report that they do not have enough time to do what's important, which may be a disconnect between the two.
- The comments also reflected a need to help nurse leaders with their staff development/support and succession planning.
- Overall, nurse leaders have a high job satisfaction, yet they report a great deal of stress in their positions.
- MOLN is prioritizing initiatives to address the needs of its membership identified in these results.

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## Reference

Britt, Korane, & Rockwood. (2017) Statewide improvement approach to clinician burnout: Findings from the baseline year. *Burnout Research* 7; 29-35.