***Original Topic 1 Assignment Practice Problem***

Clinical Issues Summary

Nurses are the most affected by burn out and job dissatisfaction in the profession. This can be attributed to the nature of their work and the overall demands of the profession. Ultimately, frustration from the patients can elevate the bedside nurse's stress levels leading to burnout. Burn out, and job dissatisfaction is a course for concern, especially in busy health care in the system (Aiken et al., 2002). The issues bring about individual problems that yield widespread problems in the whole organization. For instance, a nurse may develop "neuroendocrine" related responses and, ultimately physiological outcomes that can result in illness. Within the organization, job dissatisfaction and increased burnout can result in the poor turn out and elevated absenteeism impacting health care delivery within the organization. Nurses who deal with patients daily are liable to workplace stress that yields elevated levels of burnout and subsequent job dissatisfaction (Aiken et al., 2002).

The development of creative team building activities can help address the issue among nurses in various hospital settings while enhancing their overall job satisfaction. This is because such activities are meant to enhance nurse's morale, increased communication, and trust that is very crucial in a clinical setting (Clark, 2009). Such activities enhance trust as well as improved morals in a clinic. The move creates a collaborative environment between colleagues as well as cooperation while integrating the team's efforts in problem-solving. The activity can be organized individually, or it can integrate the whole organization. However, the involvement of the organization may limit the activities due to the need for money, but individual nursing cooperation can cut any cost required. They can set a particular day of how they can be a meeting taking into account their particular (Clark, 2009).

Question:

Do creative team building activities among the nurses relieve job dissatisfaction and minimize burn out levels in comparison to the nurses who do not undergo such activities?

P- Bedside nurses

I- Creative team building activities

C-Nurses who do get involved in the building activities

O-Enhanced job satisfaction and minimized burnout

T-Undisclosed

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| **Criteria** | **Article 1** | **Article 2** | **Article 3** |
| **APA-Formatted Article Citation with Permalink** | Hayward, D., Bungay, V., Wolff, A. C., & MacDonald, V. (2016). A qualitative study of experienced nurses' voluntary turnover: Learning from their perspectives. Journal of clinical nursing, 25(9-10), 1336-1345. | Billeter‐Koponen, S., & Fredén, L. (2005). Long‐term stress, burnout, and patient-nurse relations: qualitative interview study about nurses' experiences. Scandinavian Journal of Caring Sciences, 19(1), 20-27. | Khowaja, K., Merchant, R. J., & Hirani, D. (2005). Registered nurse's perception of work satisfaction at a Tertiary Care University Hospital. Journal of nursing management, 13(1), 32-39. |
| **How Does the Article Relate to the PICOT Question?** | By examining the factors that impacted the experienced nursing decided to leave nurse related jobs and seek other employment. | By obtaining a concrete comprehension of nurses experience burnout and accumulative stress in the workplace. | Stressed, frustrated, and demoralized nurses have a big impact on the delivery of health care. |
| **Quantitative, Qualitative (How do you know?)** | Qualitative design – used a descriptive and interpretive approach | Qualitative design – tape-recorded semi-structured interviews. | Descriptive qualitative research |
| **Purpose Statement** | To explore “nurses decision‐making processes and the factors that led to the decision to leave” practice settings | Nurses professionalism and patient-nurse relations and the experience of long-lasting stress and burn out. | Sought to explore burnout and job satisfaction as a leading cause of high turnover rates. |
| **Research Question** | Factors that elevate the burses turnover rate as well as the reasons why they decided to leave practice settings? | Nurses experiences amid burnout and stress | Do nurses feel comfortable and satisfied in the current working environment |
| **Outcome** | Themes identified:   1. Ineffective work relationship 2. Lack of support from the leadership 3. Workloads demands 4. Patient acuity | Themes identified:   1. Burnout experience, 2. Effects on the work, 3. The working situation, and support | Themes identified   1. Burn out 2. Non‐supportive nursing management staff 3. Lack of respect |
| **Setting**  **(Where did the study take place?)** | Participant's choice and convenience | Different care institutions | Tertiary Care University Hospital |
| **Sample** | 12 participants who were female | 10 nurses participated | 45 nurses participated |
| **Method** | Qualitative descriptive study | Qualitative tape-recorded semi-structured interviews | Qualitative descriptive study |
| **Key Findings of the Study** | Identification of themes that relate to burnout and job dissatisfaction such as Workload demands, professional relationships, and patients acuity. | The study identified patient-nurse relations in the process of care delivery. | This study identified different opportunities to offer breastfeeding education. |
| **Recommendations of the Researcher** | Acknowledges that appropriate means have to be integrated to develop working relationships, work demands, burnout, and stress. | Communication in the workplace is significant. Trust is equally significant and contributes to carrier growth | Recognition of nurses, simplifying nursing documentation, and increasing recreational activities for nurses can help reduce the burnout and increase job satisfaction |

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| **Criteria** | **Article 4** | **Article 5** | **Article 6** |
| **APA-Formatted Article Citation with Permalink** | Klopper, H. C., Coetzee, S. K., Pretorius, R., & Bester, P. (2012). Practice environment, job satisfaction, and burnout of critical care nurses in South Africa. Journal of Nursing Management, 20(5), 685-695. | Freeborn, D. K., Hooker, R. S., & Pope, C. R. (2002). Satisfaction and well-being of primary care providers in managed care. Evaluation & the health professions, 25(2), 239-254. | Rafferty, A. M., Ball, J., & Aiken, L. H. (2001). Are teamwork and professional autonomy compatible, and do they result in improved hospital care?. BMJ Quality & Safety, 10(suppl 2), ii32-ii37. |
| **How Does the Article Relate to the PICOT Question?** | By assessing the practice environment, job satisfaction, and burnout | For bedside nurses, common areas that led to their overall dissatisfaction was workload, and the time spent by the patients. | Teamwork in a workplace helps minimize work-related stress and yields improved health care for the patients. |
| **Quantitative, Qualitative (How do you know?)** | Quantitative design using RN4CAST survey. | Quantitative design using a self-administered mail survey | Quantitative design using a postal questionnaire survey |
| **Purpose Statement** | To describe “the practice environment, job satisfaction and burnout of critical‐care nurses.” | To compare various health professional perception concerning the work environment and jo satisfaction in a workplace | To assess and explore the effects of nursing teamwork and its overall effect in the health care sector. |
| **Research Question** | Do the practice environment, job satisfaction, and burnout affect the nurse's service delivery? | Does the work environment, such as stressful patients, affect one perception about their roles in the workplace? | Does teamwork in a workplace ensure improved service delivery? |
| **Outcome** | Opportunities for advancement and study leave are among the major results for job dissatisfaction | Common areas that lead to overall job dissatisfaction include workload and the time spent with the patients and lack of understanding and communication with other health professionals. | Teamwork among the nurses involved resulted in better service delivery and job satisfaction. |
| **Setting**  **(Where did the study take place?)** | The survey incorporated 55 private and 7 national hospitals in South Africa | The study was staged at Northwest region of Kaiser Permanente | 32 health centers in England. |
| **Sample** | 935 nurses participated | 483 health professions participated while 264 clinicians took part in the study | About 10,022 staff nurses took part in the study |
| **Method** | A stratified sample was incorporated in the study and a cross‐sectional design | Incorporated a self-administered survey with a pretested structured questionnaire that contained 32 questions. | A postal questionnaire survey was used and regression analysis of the data |
| **Key Findings of the Study** | Burnout lack of advancement opportunities resulting in career stagnation; hence, job dissatisfaction additionally, lack of nurse participation in hospital matters leads to overall burnout. | Workload and job dissatisfaction was as a result of lack of communication and stagnation in the workplace, offering no room for development and personal growth. | Teamwork steered nurses into being involved in decision making, highlighting the presence of respect and inclusion in the handling of hospital matters hence a decline in the stress levels. |
| **Recommendations of the Researcher** | A better work environment yielded job satisfaction. | Involving the nurse in decision making through team activities will help build trust and subsequently alleviate the emotional outburst that is sometimes directed towards unforgiving patients. | Teamwork can enhance the overall work delivery to the patients if encouraged and developed. It serves to make the workplace as comfortable as possible. |

References

Aiken, L. H., Clarke, S. P., Sloane, D. M., Sochalski, J., & Silber, J. H. (2002). Hospital nurse staffing and patient mortality, nurse burnout, and job dissatisfaction. Jama, 288(16), 1987-1993.

Clark, P. R. (2009). Teamwork: building healthier workplaces and providing safer patient care. Critical care nursing quarterly, 32(3), 221-231.