PICOT Question

Name

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The healthcare system involves the implementation of strategies that are effective in enhancing the delivery of quality health services. The problem of nursing burnout, however, affects the delivery of effective and efficient health services. For example, nurses in critical care units are faced with the challenge of burnout, which tends to affect productivity and patient satisfaction in the essential departments (Baranda, 2017). The PICOT question will help in evaluating the nursing and evidence-based solutions that would be effective in avoiding nursing burnout.

**PICOT Statement**

How do critical care nurses (P) prevent burnout (I) through self-care (C) in enhancing patient satisfaction (O) during clinical practices (T)?

**Evidence-based Solution**

Nursing burnout in critical care units can be prevented through the implementation of evidence-based practices that are considered useful in enhancing clinical operations. The evidence indicates that nursing burnout is caused by emotional exhaustion and depersonalization. An evidence-based approach was used to assess the correlation between nurses’ burnout and the intensity of critical care unit operations (Greives, 2016). For example, the evidence approach indicated that nurses’ burnout is caused mainly by the nurse-to-patient ratios, poor evidence-based clinical practices among the nurses, and incompetence of nursing leadership (Naves, 2016). Therefore, the solutions incorporated the elements of nursing leadership, increased rates of nurse-to-patient ratios, and implementation of evidence-based clinical practices.

**Nursing Intervention**

Moreover, nurses’ burnout in critical care units should be prioritized based on the magnitude and essential operations of the department. Nurses should be keen on preventing the burnout that may affect the quality of service in the critical care units. For example, nursing interventions for nurses’ burnout can involve the prevention of physical and mental health of the nurses (Greives, 2016). Nurses should welcome the elements of self-care, which is vital in protecting one’s mental and physical health. Also, nursing interventions can involve employee assistance programs such as on-site and off-site retreats, break-out sessions, stress-reduction programs, mentoring programs, uses of teamwork to avoid monotonous, rewards and recognition, offering staff support, management education and training programs, and encouraging staff to raise their concerns in the work environment (Baranda, 2017). Nursing interventions are created within the health organization whereby the management and the employees collaborate to promote the work environment that would reduce burnout.

**Patient Care**

Furthermore, nurses’ burnout has portrayed adverse effects on the clinical operations and the outcomes of healthcare service delivery. The results of nurses’ burnout have affected the quality of healthcare services in many ways. For example, nurses with the problem of fatigue are faced with the challenge of physical exhaustion, sleep deprivation, and depression, which will affect the nurses in engaging with the patients (Rios-Risquez & Garcia-Izquierdo, 2016). Patients in the critical care units require extensive care and attention from the nurses, and any form of neglect can attract high rates of mortality. Nurses’ burnout will also affect the patient and family satisfaction, which would cause withdrawals from a healthcare facility or adverse reports raised by the patients’ family members. Nurses’ burnout also jeopardizes patient safety.

**Health Care Agency**

Additionally, nursing practices and the issues of burnout can be prevented by the agencies that represent the healthcare system in policy-making procedures. Agencies such as government health care departments and legislative representing the health system would conduct research and recommend methods that would be deemed competent in burnout prevention. For example, the healthcare system can ensure that the patient-nurse ratio is updated to prevent the fatigue and to overwork of the nursing practitioners (Shenoi et al., 2018). Also, healthcare agencies and decision-makers should avoid the shortage of human resources, enhance the availability of healthcare practice resources, and improve management procedures that are effective in strengthening care provisions and prevention of employee burnout.

**Nursing Practice**

Nurses have the mandate of preventing the problems associated with employee burnout. Nursing practitioners should enhance and improve their work schedules and collaborate with other professionals in strategies that would prevent burnout. For instance, nurses should increase the approaches of engaging with healthy and physical activities, taking notes of the stressors and evaluating procedures of avoiding them, a delegation of tasks where possible, setting boundaries in the work environment, avoidance of frequencies and daily unhealthy activities, setting parameters, practice gratitude and seek support from clinical leaders (Ghavidel et al., 2019). The procedures will be useful in demonstrating the importance of evidence-based approaches to preventing burnout and fatigue.

References

Baranda, M. (2017). Nurse Burnout and the effects of coping and stress management. Senior Research Projects. 190, 1-22.

Ghavidel, F., Fallahi-Khoshknab, M., Molavynejad, S., & Zarea, K. (2019). The role of organizational factors in nurse burnout: Experiences from Iranian nurses working in psychiatric wards. Journal of Family Medicine and Primary Care, 8(12), 3893.

Greives, N. K. (2016). Implementation of a Nursing Workload Tool to Reduce Nurse Burnout. Evidence-Based Practice Project Reports. 80. 17-32.

Naves, S. J. (2016). Evidence-Based Recommendations To Address Nurse Burnout: A Best Practice Approach. *University of Arizona*. 1-72.

Ríos-Risquez, M. I., & García-Izquierdo, M. (2016). Patient satisfaction, stress and burnout in nursing personnel in emergency departments: A cross-sectional study. International journal of nursing studies, 59, 60-67.

Shenoi, A. N., Kalyanaraman, M., Pillai, A., Raghava, P. S., & Day, S. (2018). Burnout and psychological distress among pediatric critical care physicians in the United States. Critical care medicine, 46(1), 116-122.