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A Descriptive Pilot Study on Travel Nurses' Risk of Burnout During The COVID- 19 Pandemic

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A DESCRIPTIVE PILOT STUDY ON TRAVEL NURSES' RISK OF BURNOUT DURING THE COVID- 19 PANDEMIC

By

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Abstract

A DESCRIPTIVE PILOT STUDY ON TRAVEL NURSES' RISK OF BURNOUT DURING THE COVID- 19 PANDEMIC

Burnout is a state of emotional, physical, and mental exhaustion that results from long-term involvement in work situations that are difficult (Schaufeli & Greenglass, 2001). Burnout leads to a significant occupational problem in various professions that involve people who work with others, including nurses who work with COVID- 19 patients. This pilot study aims to determine if travel nurses who have worked or are currently working during the COVID-19 pandemic in acute care hospitals are at increased risk for nurse burnout. A convenience sample (N=9) of travel nurses working at CHRISTUS St Michael Health System were asked to complete the Travel Nurse and Maslach Burnout Inventory (MBI-HSS) Survey. Three core aspects of burnout were assessed: emotional exhaustion, depersonalization, and personal accomplishment. Data from the survey was collected and analyzed. The findings of this pilot study findings indicate that participants experienced feelings of emotional exhaustion a few times a week, but not every day (54.5%). Participants experienced feelings of depersonalization a few times a month (38.2%), and they experienced feelings of personal accomplishment a few times a week (56.6%). Limitations of this study include a small sample size.

Keywords: Burnout; Coronavirus disease (COVID-19); Travel Nurse; Emotional exhaustion Depersonalization; Lack of accomplishment; Pandemic; Acute Care; Compassion fatigue

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Chapter 1: Introduction

Burnout is a state of emotional, physical, and mental exhaustion that results from long-term involvement in work situations that are difficult (Schaufeli & Greenglass, 2001). Burnout leads to a significant occupational problem in various professions that involve people who work with others, including nurses who work with COVID- 19 patients. Healthcare professionals have been identified as the group most likely to experience burnout, with the highest rates of burnout belonging to nurses (Gómez-Urquiza et al., 2017).

In late 2019, an outbreak of coronavirus (COVID- 19) occurred in Wuhan, China. By February four trillion cases of infection were diagnosed nationwide (Sun et al., 2021). COVID- 19 is an infectious disease caused by severe acute respiratory syndrome coronavirus (SARS- CoV2) and spread through respiratory droplets from person to person and has impacted public health globally (Centers for Disease Control and Prevention, 2022). As new variants are identified, the virus continues to spread. With the surge of COVID-19 patients in acute care hospitals, nurses are feeling overwhelmed and overworked. Before the pandemic, nursing shortage was on the rise. Nurses are a vital part of healthcare and account for most health professionals. COVID-19 has only been exacerbated nursing shortage, causing widespread burnout (Villegas, 2021).

Nurses are leaving the bedside due to burnout amid the COVID-19 pandemic. Estimates of upwards of one million additional nurses were needed in 2020 (Haddad et al., 2020). As a result of the current pandemic, nursing shortages due to the surge in COVID- 19 patients in acute care settings have led to greater use of travel nurses for staffing needs, increasing the risk for travel nurse burnout (McLernon, 2020).

According to the American Nurses Association (ANA), complex data does not exist on how many nurses leave the workforce because of COVID- 19. In September 2021, the ANA urged the U.S. Department of Health and Human Services to declare the current and unsustainable nurse staffing shortage a national crisis (American Nurses Associations, 2021). Many patients require one-to-one nursing care due to increased acuity or high-risk status; this has only increased the nursing shortage. Stress and workload increase when caring for high acuity patients, leading to physical and mental exhaustion. Burnout can happen under these conditions, especially for travel nurses who have worked crisis assignments.

Problem Statement

This pilot study aims to determine if travel nurses who have worked or are currently working during the COVID-19 pandemic in acute care hospitals are at increased risk for nurse burnout.

Significance of Study

A recent survey in the United States (U.S.) found that 93% of nurses were experiencing stress, and 76% reported exhaustion and burnout related to caring for COVID-19 patients (International Council of Nurses, 2021). The World Health Organization (2019) defines *burnout* as a syndrome resulting from exhaustion, decreased professional efficiency, feeling of negativism, and decreased personal efficiency due to long-lasting work stress that was not effectively managed. Additionally, nurses experiencing burnout may lead to compassion fatigue, disengagement from patients, and nurse resignation (World Health Organization, 2019). Nurse burnout is a frequent and

severe issue that negatively affects patients, coworkers, and health care organizations. Nurses who work in a high-risk clinical setting without adequate or sufficient material have a higher level of burnout (Galanis, et al., 2021). The surge in COVID- 19 patients in acute care settings has increased the need for travel nurses to fill the shortage of nurses and help reduce the workload for those front-line nurses. As a result, many travel nurses have worked multiple COVID-19 assignments or areas of higher COVID-19 prevalence. Travel nurses are no different from staff nurses; they provide constant care needed by COVID- 19 patients, and work 12-hour shifts; however, they move from one location to the next and may lack having social or emotional support during their assignment. This research is beneficial in determining if travel nurses are at risk for burnout due to COVID-19.

Research Question

Did the COVID-19 pandemic increase the risk for burnout among travel nurses who have worked or are working in acute care hospitals?

Limitations

A limitation of this pilot study is the small sample size. Therefore, it does not represent the entire population well, and limits the generalizability of findings (Polit & Beck, 2021). The sample is from travel nurses working at a hospital in East Texas.

Voluntary response bias is another limitation that comes with a small sample size. Because the sample size is small, those who participate will likely do so because participants feel strongly about the topic; therefore, the survey results may be skewed (Simmons, 2019).

Definition of Terms

For a better understanding of this pilot study, the following terms are defined in the context of this research study

Burnout - is a state of physical, emotional, and mental exhaustion that results from long-term involvement in work situations that are emotionally demanding (Schaufeli & Greenglass, 2001).

Coronavirus disease (COVID-19) - is an infectious viral respiratory disease caused by the severe acute respiratory syndrome coronavirus (SARS-CoV-2) (Centers for Disease Control and Prevention).

Travel Nurse- registered nurses (RNs) who work in an acute hospital or other healthcare setting and are employed by a staffing agency rather than a single hospital (Walker, 2020).

Emotional exhaustion - the lack of emotional energy to provide care and emotionally drained (Leiter & Maslach, 2009; Maslach, 1993; Maslach & Leiter, 2017; Higgins et al., 2020; Epp, 2012).

Depersonalization - detachment from the job is a state where nurses have mentally distanced themselves from their work, including other staff (Leiter & Maslach, 2009; Maslach, 1993; Maslach & Leiter, 2017; Higgins et al., 2020; Epp, 2012).

Lack of accomplishment – feelings of ineffectiveness; can be described as the perception of not making a difference no matter what you do (Leiter & Maslach, 2009; Maslach, 1993; Maslach & Leiter, 2017; Higgins et al., 2020; Epp, 2012).

Surge– a sudden and great increase (Cambridge Dictionary, 2022).

Pandemic – global outbreak of a disease (Centers for Disease Control and Prevention, 2022).

Acute Care– providing short-term usually immediate medical care for serious illness or traumatic injury (Merriam-Webster, 2022).

Compassion fatigue– Indifference toward the suffering of others as the result of overexposure to caring for sick or traumatized people over an extended period (Merriam-Webster, 2022).

Summary

Healthcare professionals have been identified as the group most likely to experience burnout, and the highest rates belong to nurses (Gómez-Urquiza et al., 2017). This study aims to determine if travel nurses who have worked or are working during the COVID-19 pandemic in acute care hospitals are at increased risk for nurse burnout. It is important to determine if travel nurses are experiencing burnout because they are being utilized to fill the gap in existing nursing shortages. Subsequent chapters will include literature review, methodology, findings, and conclusion.

Chapter 2: Literature Review

As result of the current pandemic, a surge of coronavirus (COVID-19) patients in acute care settings have increased the demand of travel nurses to help fill the shortage of nurses and reduce the workload for those frontline nurses (McLernon, 2020). The purpose of this study was to determine if travel nurses working with COVID-19 patients in acute care hospitals are at increased risk for nurse burnout.

This literature review aims to identify the risk of burnout for travel nurses due to the COVID- 19 pandemic in acute care hospitals. Topics addressed in this review include nurse burnout, COVID- 19 burnout, and travel nurse burnout. It is crucial to identify and determine the risk associated with burnout. The method used for this study is descriptive research. Search terms for this quantitative descriptive research include burnout, nurse burnout, COVID-19, COVID- 19 burnout, travel nurse burnout, and compassion fatigue. Database search includes peer-reviewed articles between 2017 and 2021 from Pro-Quest, Google Scholar, CINHAL, and Medline.

Nurse Burnout

Burnout is a psychological, multidimensional syndrome centered on interpersonal stressors experienced in the job setting. The hallmarks of burnout phenomena are emotional exhaustion, depersonalization, or detachment from the job, and feeling of ineffectiveness or lack of accomplishment at work. Emotional exhaustion is feeling emotionally drained from others and the lack of emotional energy to provide care. Depersonalization or detachment from the job is a state where nurses have mentally distanced themselves from their work, including other staff. Feelings of ineffectiveness or

lack of accomplishment at work can be described as the perception of not making a difference no matter what you do (Epp, 2012; Higgins et al., 2020; Leiter & Maslach, 2009; Maslach, 1993; Maslach & Leiter, 2017). In the healthcare setting, burnout syndrome is considered one of the most important occupational health problems due to the impact on patient outcomes and quality of care. Burnout can influence different areas of nursing care. For example, a nurse experiencing burnout may present with insomnia, physical weakness, irritability, hostility, and depression. Patients of the nurse experiencing burnout can also be affected because of a decrease in the quality of nursing care provided. Healthcare facilities are also affected by burn-out-related issues such as increased absenteeism and reduced work performance (Gómez-Urquiza et al., 2017).

Shah et al. (2021) conducted an analysis using a cross-sectional survey from the National Sample Survey of Registered Nurses in the United States from April 30 to October 12, 2018. The sample size included 50,273 nurses. This study revealed nurses as one of the highest risk groups for burnout, making up nearly 30% of hospital employees, and are the most significant part of the healthcare workforce. This study is vital to address burnout among nurses.

Higgins et al. (2020) conducted a data analysis of a cross-sectional survey that was distributed to health care workers at a Level I trauma center caring for critically ill patients from November 2018 to April 2019. At the time of survey collection, the study institution employed more than 3,000 nurses and 12% responded to the survey. The survey showed 37% of nurses reported high levels of burnout.

Burnout Risk: COVID- 19

During a disease outbreak, nurses are given new roles and are asked to carry out additional tasks, which may be beyond the scope of their usual nursing role (Gebbie & Qureshi, 2002; Labrague & Santos, 2021). As the virus continued to spread, the influx of sick COVID- 19 patients on an already strained healthcare system has created a challenging working environment for nurses. A web-based survey during the first wave of the COVID-19 Pandemic found that 68% of ICU nurses who responded were at risk of burnout; the study had a sample size of 1,135 COVID Intensive Care Unit (ICU) nurses (Bruyneel et al., 2021). The Maslach Burnout Inventory (MBI) tool was used in this study assessing three dimensions of burnout: emotional exhaustion (EE), Depolarization (DP), and personal accomplishment (PA). The study revealed 29% of ICU nurses were at risk of depersonalization, 31% reduced personal accomplishment, and 38% emotional exhaustion (Bruyneel et al., 2021). This study is significant because patients in the ICU have life-threatening disease or injury that requires constant monitoring. COVID-19 patients are critically ill with mortality rates in the ICU ranging from 50–65% and requiring high-quality supportive care (Oliveira et al., 2020). Critical care nurses are vulnerable to developing burnout due to daily occupational stressors such as high patient acuity, patient responsibility, working with families in crisis, and dealing with the death of their patients.

A cross-sectional study collected data using a convenience sample of 1,004 nurses. The study revealed that due to burnout during the COVID- 19 pandemic, 72.7% of nurses reported making mistakes without negative consequences to patients, and 33.5% reported that patients had adverse effects to mistakes made by nurses. Fifty one

percent reported not having enough time to pay attention to their patients, 44.7% reported performing procedures without appropriate training, and 26.2% reported falling short regarding the quality of care provided to their patients (Kakemam et al., 2021). According to these findings, nurses were unable to provide competent and safe care. The risk of poor patient outcomes was greater in nurses experiencing high levels of burnout. The main risk factors associated with burnout during COVID-19 were high nurse-to-patient ratios, perceived increased workload related to patient acuity, experiencing COVID-19 symptoms, and not being tested, and a shortage of personal protective equipment (Bruyneel et al., 2021). In addition, many nurses are developing compassion fatigue and struggling to sympathize with those who refuse to protect themselves.

In conjunction with the severity of the symptoms, uncertainty about the disease, fear of death for the sick, and death and dying due to COVID- 19 is also impacting nurse burnout. These nurses are exposed to a high level of patient suffering due to COVID-19 (Ruiz-Fernández et al., 2020). Nurses are expected to provide quality nursing care while making ethical and moral decisions surrounding withdrawal and end of life care. This can lead to unresolved discomfort and compassion fatigue. As of October 2021, the number of confirmed and presumptive positive cases of COVID-19 reported in the United States had reached 44.2 million with 711,000 deaths (Elflein, 2021). Many nurses working the frontline~~s~~ have taken care of dying patients before the pandemic, but not at this rate. Nurses are experiencing high levels of burnout during the COVID-19 pandemic due to acute workplace stressors and caring for high acuity patients in crisis (Sharifi, 2020).

Burnout Risk: Travel Nurse

There are over 1,696,386 traveling nurses currently employed in the U. S. (Traveling nurse demographics and statistics in the US, 2021). Due to the high demand of COVID- 19 hot spots, healthcare facilities are turning to travel nurses for staffing needs (Longyear et al., 2020). Travel nurses are registered nurses (RNs) who work in an acute hospital or other healthcare setting and are employed by a staffing agency rather than a single hospital (Walker, 2020). Travel nurses constitute a small portion of the hospital workforce and supplement nursing staff in acute care hospitals in times of shortage to help reduce the workload for those frontline nurses. Unfortunately, as a result, many travel nurses have worked multiple COVID-19 assignments or in COVID- 19 hot spots during the pandemic place them at risk for nurse burnout. In addition to the three critical dimensions of burnout; emotional exhaustion, depersonalization, and lack of accomplishment at work. Travel nurses have unique risk, which include:

- assimilation or fitting into a new unit,
- learning to use new equipment and charting systems,
- logistics, such as moving from one location to another or finding housing,
- decreased social support because travel nurses are away from their family and friends,
- working in understaffed areas,
- assigned to unstable environments with unsafe staffing ratios,
- heavy workloads,
- minimal support,
- high tensions, and

- low morale (Poikus et al., 2020).

Some facilities may have negative feelings towards travel nurses; therefore, travelers are given unfair assignments, have no support from fellow nurses, or staff may have a bad attitude towards travel nurses (Poikus et al., 2020). Risk and fear of infection due to repeated exposure as frontline workers to COVID-19 is another risk for travel nurse burnout. Travel nursing comes with many "unknowns," thus creating stressors that can lead to a risk of burnout.

Theoretical Framework

The Maslach Theory on Burnout as the theoretical framework for this study. According to the theory, burnout is represented by three dimensions: emotional exhaustion, depersonalization, and reduced personal accomplishment (Dall'Ora C, 2021). The Maslach Theory on Burnout addresses three dimensions of burnout. Emotional exhaustion (EE), depersonalization (DP), and personal accomplishment (PA). Emotional exhaustion evaluates the emotional response caused by excessive work pressure. It also examines feelings of being physically and emotionally overtasked, and a loss of work enthusiasm. Depersonalization evaluates the pressure caused by one's attitude toward work. For example, callouses, decreased empathy, increased cynicism, and decreased personalness toward patient care. Personal accomplishment evaluates the pressure caused by the person's view of his/her work. It also shows how the person feels about the meaningfulness of his/her work, and feelings of competence and achievement. The MBI-HSS instrument was used to assess the frequency and intensity of perceived burnout among participants in the survey (Maslach et al., 2018).

The Maslach Burnout Inventory (MBI) is the most common instrument used to measure burnout. In 1981, Maslach and Jackson developed a Maslach Burnout Inventory-Human Service Survey (MBI-HSS) focusing on health and community service. The MBI-HSS is the most popular and effective measurement tool used to measure burnout in the health profession and has been validated through extensive research conducted over 25 years (Erwan et al., 2020).

This theory was selected due to its relevance to this study related to burnout. MBI is being used because it focuses on burnout for individuals working with people and gives information related to the cause of burnout and risk factors. The MBI captures three dimensions of burnout: emotional exhaustion, depersonalization, and personal accomplishment (Maslach & Jackson, 1981; Maslach, 1993). Maslach theorized that these factors cause burnout and placed deterioration in employees' job performance (Dall'Ora et al., 2020).

Summary

Before the Pandemic, nursing burnout was a problem, and COVID-19 has exacerbated this issue. Travel nurses are being utilized to fill the gap in nursing care due to COVID- 19 patients. This literature review identifies the risk of burnout for travel nurses due to the COVID- 19 pandemic in acute care hospitals. The reviewed literature identifies that travel nurses have unique variables that lead to burnout: assimilation, logistics, lack of social support, working in understaffed areas, unsafe staffing ratios, and heavy workloads. In addition, they are at risk for emotional exhaustion, depersonalization, and reduced personal achievement.

CHAPTER III: METHODOLOGY

This chapter outlines the research methods used to conduct this pilot study. The research design, setting, and sample will be explained in this chapter. Data collection instruments used in the research and procedures used for data collection and analysis will be presented.

Research Design

A quantitative descriptive design was utilized for this pilot study. Quantitative research collects information using sampling methods such as online surveys depicted in numerical form (QuestionPro, 2021). Descriptive research is quantitative research that contains quantifiable information for statistical analysis of the population sampled. It describes the characteristics of the people or phenomena studied. This methodology focuses on the "what" instead of the "why" (QuestionPro, 2021). This method is best for this pilot study because it draws concrete conclusions about the respondent's attitude or opinion about travel nurse burnout due to COVID- 19. The advantage of descriptive research is that it can be completed using specific data collection methods such as a survey. It provides high-quality data because it allows research to be conducted in the participant's natural environment, allowing them to answer honestly (QuestionPro, 2021). The data will be collected, analyzed, and presented in numbers.

Setting

The setting for this pilot study is a rural acute care hospital in East Texas. The hospital is a non-profit hospital that offers a full range of comprehensive health care services, such as women’s services, emergency services, senior health, cancer care, heart care, rehab, and imaging. The hospital is a 400-bed facility and serves the region of East

Texas. This study focuses specifically on travel nurses contracted at this facility during the COVID – 19 Pandemic.

Sample/Population

The target population for this study are travel nurses working at CHRISTUS St Michael Health System during the COVID- 19 pandemic. No additional criteria needed for participation in the survey. The participants in the study were recruited using a convenience sample of travel nurses working at CHRISTUS St Michael Health System. Convenience sampling is a method of sampling that involves selecting the most readily available persons as participants in a study (Polit & Beck, 2017). The Director of Nursing Relief was contacted to establish this sample, and permission was given for the Director of Nursing Relief to forward an email with a survey link to current working travel nurses at the facility. Participants received an email that consisted of a recruitment script, a link to the online survey via QuestionPro, and informed consent. Participation was voluntary. Informed consent was obtained before completing the study. Informed consent and Travel Nurse & Maslach Burnout Inventory (MBI-HSS) Survey were housed within the Question Pro website. Once the participant agrees to the informed consent, they were then directed to complete the Travel Nurse & Maslach Burnout Inventory (MBI-HSS) Survey. Participation is voluntary and participants have the right to withdrawal at any time during the survey,

Human Subjects

An application for review of human participants was submitted to the Institutional Review Board at Arkansas Tech University. The application consisted of details related to purpose, methodology, risk, and benefits, consenting process, data collection, copy of

permission letter from CHRISTUS St Michael Health System, copy of permission letter to reproduce Maslach Burnout Inventory, and copy of Travel Nurse & Maslach Burnout Inventory (MBI-HSS) Survey. The Institutional Review Board at Arkansas Tech University approved the application on January 26, 2022. Following approval, an email was sent to the Nursing Director of Nursing Relief to be forwarded to travel nurses working CHRISTUS St Michael Health System. The email was distributed on January 28, 2022.

Informed consent was provided through email using the survey link. Participation was voluntary, and participants could withdraw at any point during the survey. The researcher's contact information was provided for participants who may have further questions or concerns. Once the participants agreed to informed consent, they were directed to the Travel Nurse and Maslach Burnout Inventory (MBI-HSS) Survey. Question Pro's website was used because of its simplicity, and it allowed for the confidentiality and anonymity of the participants. Raw data was collected and stored via Question Pro until exported. Only the researcher will have access to the raw data. Data will be secured using password protection on the researcher's computer and kept for at least five years. The electronic files will be placed in an appropriate trash receptacle and shredded or erased within five years. The compiled data will be shared as the research results.

Instrumentation

The travel nurse survey was a self-created based on current literature to assess demographic and COVID-19 specific questions of the participants. The sections of the survey were created using QuestionPro.com online survey database. The travel nurse

section of the survey consists of twelve questions. Included are questions related to the travel nurses age, number of years as a nurse, number of years as a travel nurse, and COVID-19 specific questions. The COVID_19 questions asked participants about the numbers of COVID- 19 assignments they had completed, if they felt hospitals provided appropriate PPE, if they were given unwanted assignments such as COVID-19 holds, if COVID-19 increased feelings of burnout and workload, and if they felt compassion fatigue due to COVID-19.

The Maslach Burnout Inventory (MBI) was initially published in 1981. Since the original MBI, it has been administered to thousands of people working in various settings in many countries and many languages. The MBI is now recognized as the leading measure of burnout. Following the original MBI in 1981, new versions of the MBI were gradually developed to fit different groups and different settings. The MBI-HSS adapted for Medical Personnel, or MBI-HSS (MP), has slightly different wording. Instead of referring to "recipients," the MBI-HSS (MP) uses the term "patients" (Maslach et al., 2018). Permission was obtained to use MBI-HSS (MP) instrument on October 25, 2021.

MBI-HSS (MP) addresses emotional exhaustion (EE), depersonalization (DP), and personal accomplishment (PA). Emotional exhaustion evaluates the emotional response caused by excessive work pressure. It also examines feelings of being physically and emotionally overtasked, and a loss of work enthusiasm. Depersonalization evaluates the pressure caused by one's attitude toward work. For example, callouses, decreased empathy, increased cynicism, and decreased personalness toward patient care. Personal accomplishment evaluates the pressure caused by the person's view of his/her

work. It also shows how the person feels about the meaningfulness of his/her work, and feelings of competence and achievement (Maslach et al., 2018).

The MBI-HSS (MP) scale included a total of 22 items: A 7-point scale was used to score items. It ranges from 0= never, 1= a few times a year or less, 2= once a month or less, 3= a few times a month, 4= once a week, 5= a few times a week, to 6= every day. To score the responses, take the mean score of each subcategory and determine where it lands on a 7- point response scale. For example, if the mean score of the emotional exhaustion scale is 3.5. It would be interpreted that the respondent felt emotionally exhausted several times a month (Maslach, Jackson, & Leiter, 2016). The EE scale consists of 9-items, higher scores correspond with higher levels of burnout. The DP scale uses 5 questions from survey to determine the level of burnout, higher score corresponds with greater degree of burnout. The 8 item PA scale measures feelings of success. In the EE and DP areas indicate a higher degree of burnout, and in the PA, area indicate higher experienced burnout (Wang et al., 2020).

Data Collection

Data were collected through QuestionPro.com online survey database between January 2022 and March 2022. Travel Nurse and Maslach Burnout Inventory (MBI-HSS) Survey were used to collect research for this study. The travel nurse portion consists of twelve questions. These are demographic questions related to the travel nurses' age, number of years as a nurse, number of years as a travel nurse, and COVID-19 specific questions. The remaining 22 questions are from the Maslach Burnout Inventory (MBI-HSS).

Once IRB approval was obtained, the survey link was emailed to the Director of Nursing Relief. The Director of Nursing Relief then forwarded an invitation email (See Appendix A) with a link to the survey and informed consent to travel nurses working at the facility. Once participants read the informed consent and agreed to participate, participants completed the 34-question survey. A reminder email was sent in February 2022 to increase participation. No follow-up data was needed. Data were collected and analyzed using Question Pro online database.

Data Analysis

The data from the survey was collected and analyzed using the online website Question Pro. Descriptive statistics were used to identify central tendencies and frequencies among demographic data. Demographic data include the travel nurses' age, number of years as a nurse, number of years as a travel nurse, and COVID-19 specific questions.

Data from the MBI-HSS (MP) survey was calculated using the scoring key provided by mind garden incorporated and analyzed in Excel using the mean and standard deviation. Each subscale was calculated and interpreted separately using a seven-point scale to score items. Scores were obtained by adding the response items and determining where they fell on the scale from 0 (never) to 6 (every day). Emotional exhaustion, depersonalization, and personal accomplishments will be calculated independently. The higher the score for emotional exhaustion, depersonalization, and personal accomplishment indicates higher degree of burnout (Maslach, Jackson, & Leiter, 2018).

Summary

A quantitative descriptive design was utilized for this pilot study. The purpose of this study was to determine if travel nurses who have worked or are currently working during the COVID 19 pandemic in acute care hospitals are at increased risk for nurse burnout. A convenience sample of travel nurses from CHRISTUS St Michael Health System working during the pandemic were used for this pilot study. Participation in the survey was voluntary. Informed consent and IRB approval was obtained prior to data collection. The survey data collected was analyzed using the online website QuestionPro. Demographic data was also obtained through the survey. The MBI-HSS (MP) scale was used to determine the degree of burnout using subscales emotional exhaustion, depersonalization, and personal accomplishment.

Chapter IV: Findings

This chapter presents the findings of the pilot study on travel nurses' risk for burnout during the COVID-19 pandemic. A convenience sample of travel nurses from a rural East Texas hospital was used for this pilot study. A total of 11 participants volunteered to participate in the survey; however, two surveys were incomplete and excluded from data analysis. Data was collected and analyzed via Question Pro. Descriptive statistics were used to analyze a total of N= 9 completed surveys. Demographic data were collected related to nurses' age, years of experience, and years of experience as a travel nurse. Data were also collected on COVID- 19 specific questions, such as proper PPE, COVID-19 assignments, and workload related to COVID-19 pandemic.

The MBI-HSS survey was specifically used to measure burnout among travel nurses during the COVID-19 pandemic. The MBI-HSS survey assessed three categories of burnout: emotional exhaustion, depersonalization, and personal accomplishment. This chapter will present demographic results first, followed by COVID- 19 data, and the MBI-HSS survey results.

Demographic Data

An 11-question survey was used to obtain demographic data and feelings towards burnout among travel nurses during the COVID-19 pandemic. Questions 1 - 6 evaluated demographic data. The demographic questions and results can be seen in Tables 1- 4, shown below entitled age of participants, years worked, specialty, and completed assignments.

Table 1

Age of Participants

N =9		
Age Group	Responses	%
18-30	3	33%
31-40	5	56%
41-50	0	0%
51>	1	11%

Most participants in this pilot study are *between the age of 31-40 years of age (n=5, 56%). Nurses aged 18-30 (n=3, 33%)* made up the second largest age group with only one participant *over the age of 50 years (n=1, 11%).*

Table 2 *Years Worked*

N=9		
Years Worked as a Nurse	Responses	%
<1 Years	0	0%
2-5 Years	1	11%
6-10 Years	6	67%
>10 Years	2	22%

Years Worked as Travel Nurse	Responses	%
<1 Years	2	22%
2-5 Years	6	67%
6-10 Years	0	0%
>10 years	1	11%

The second and third demographic survey questions assessed the years practiced as a nurse and the years practiced as a travel nurse for the participants *(N=9*). The findings indicate that most participants in the pilot study have *6-10 years' experience working as a nurse and 2-5 years of practicing as a travel nurse (n=6, 67%)*. The second largest group in the study have *experience working as a nurse for over 10 years (n=2, 22%), and experience as a travel nurse for less than a year (n=1, 11%)*. Only one participant has *experience working as a travel nurse for over 10 years (n=1,22%).*

Table 3

Specialty

N=9		
Specialty	Responses	%
Emergency Room	6	67%

ICU	0	%
MED SURG/TELE	2	22%
Pediatrics	0	0%
Other	1	11%

The fourth demographic survey question assessed participants specialty (*N=9*). Most participants report their specialty as *an emergency nurse (n=6, 67%). Med Surg and Tele nurses made up the second largest group in this study (n=2, 22%)*. Only one participant reported they worked in *"other" specialty area (n=1, 11%).*

Table 4

Completed Assignments

N= 9		
Completed Travel Assignments	Responses	%
1-2	2	22%
3-5	0	0%
6-10	5	56%
>10	2	22%

Completed COVID-19 / Crisis Travel Assignments	Responses	%
1-2	6	67%
3-5	2	22%
6-10	1	11%
>10	0	0%

The fifth and six question demographic survey question assessed completed travel assignments and completed COVID- 19 or crisis assignments of participants *(N=9).* The findings indicate that most participants in this study have completed 6-10 assignments as a travel nurse (n=5, 56%), and completed 1-2 COVID-19 or crisis assignments (n=6,67%). Only on travel nurse completing 6-10 COVID-19 or crisis assignments (n=1,11%).

COVID- 19 Data

The survey was used to obtain COVID- 19 data among travel nurses working in an acute care hospital during the COVID-19 pandemic. Questions 7- 11 evaluated COVID-19 data. The COVID-19 data questions and results can be seen in Table 5, shown below.

Table 5

COVID-19 Data: Items 7-11

7. Do you feel hospitals provide you with appropriate resources, for example PPE?		
	Responses	%
Not at All (1)	0	0%
Rarely (2)	3	33%
Sometimes (3)	2	22%
Often (4)	3	33%
Very Often (5)	1	11%
	N=9	100%

8. Do you feel as a trave nurse you get unwanted assignments such as COVID holds?		
	Responses	%
Not at All (1)	1	11%
Rarely (2)	2	22%
Sometimes (3)	4	44%
Often (4)	0	0%
Very Often (5)	2	22%
	N=9	100%

9. Do you feel COVID-19 has increased feelings of burnout?		
	Response	%
Not at All (1)	0	0%
Rarely (2)	1	11%
Sometimes (3)	1	11%

Often (4)	3	33%
Very Often (5)	4	44%
	N=9	100%

10. Do you feel COVID-19 has increased your workload?

	Response	%
Not at All (1)	0	0%
Rarely (2)	0	0%
Sometimes (3)	1	11%
Often (4)	1	11%
Very Often (5)	7	78%
	N=9	100%

11. Do you feel your experiencing compassion fatigue due to COVID-19?

	Response	%
Not at All (1)	1	11%
Rarely (2)	2	22%
Sometimes (3)	2	22%
Often (4)	1	11%
Very Often (5)	3	33%
	N=9	100%

Questions 7-11 of the survey assess COVID- 19 data of the participants (*N*=9). The findings of question seven indicate that most travel nurses felt that *hospitals provided appropriate PPE rarely and others, often (n=3, 33%). One participant felt that hospitals provided appropriate PPE very often (n=1, 11%).* Questions eight addresses unwanted

assignments as a travel nurse, such as COVID-19 holds. Findings indicate that most travel nurses felt they were *given unwanted assignments "sometimes" (n=4,44%).* Travel nurses felt they were given *unwanted assignments "very often" (n=2,22%).* One participant felt they were *given unwanted assignments "not at all" (n=1, 11%).* Question nine addresses feelings that COVID-19 has increased feelings of burnout. The findings indicate that most of the participants felt that COVID-19 increased feelings of burnout (*n*=4,44%). Travel nurses feeling that COVID- 19 increased feelings of burnout often (*n*=3,33%) made up the second largest group. With no travel nurses feeling that COVID-19 increased feelings of burnout "not at all". Question ten addresses if participants feel that COVID-19 has increased their workload. *Most of the participants felt that COVID-19 increased their workload (n=7, 78%).* The two second largest groups felt that *COVID-19 increased their workload either sometimes or often (n=1, 11%).* Question eleven addresses feelings of experiencing compassion fatigue due to COVID-19. Findings indicate that most participants felt they experienced compassion fatigue due to COVID-19, "very often" (*n*=3,33%). Travel nurses felt that they experienced compassion fatigue due to COVID-19 "sometimes" and "rarely" (*n*=2,22%). Only one participant felt they experienced compassion fatigue due to COVID-19, "often" and "not at all" (*n*=1,11%).

MBI-HSS Data

The MBI-HSS survey measures emotional exhaustion, depersonalization, and personal accomplishment. Each subcategory is calculated and measured on a separate scale. and identified using a 7-point Likert scale. The scale ranges from never= 0 to everyday= 6 (Maslach, Jackson, & Leiter, 2016). The scores were summed, and the mean score was taken from each subcategory. Scores can be interpreted as absolute values.

Interpreting the scores are straightforward, use the mean scale score and determine where it falls in the 7-point Likert scale. For example, an Emotional Exhaustion mean score of 3.5 would be interpreted as indicating the respondent felt emotionally exhausted several times a month on average, but not every week. Results of the MBI-HSS can be seen in Table 6, shown below (Maslach, Jackson, & Leiter, 2018).

Table 6

MBI-HSS Scores

Questions	Emotional Exhaustion
1	5.89
2	6
3	5.3
6	4.3
8	5.2
13	5.3
14	5.2
16	2.5
29	4.5
N	9
MEAN	4.91
Standard Deviation	1.05884371

Questions	Depersonalization
5	2.6
10	4.3
11	4.4
15	1.6
22	4.3
N	5
MEAN	3.44
Standard Deviation	1.27397017

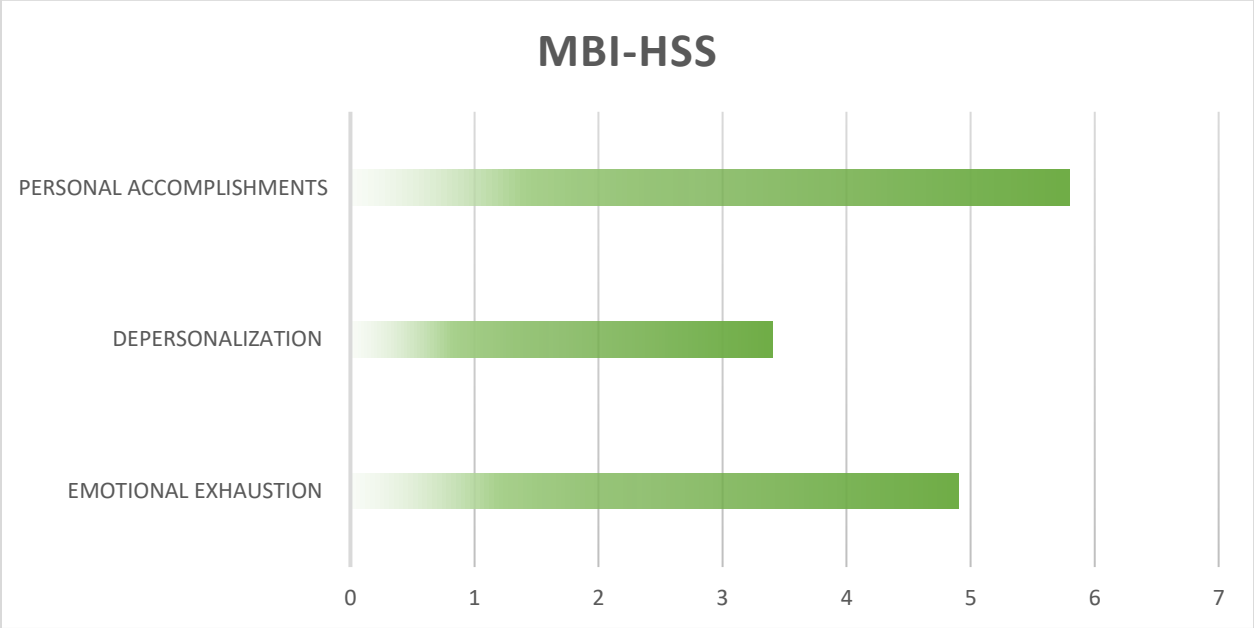
Questions	Professional Accomplishments
4	6.1
7	5.6
9	5.5

12	3.2
17	5.2
18	4.4
19	5
21	5.8
N	8
MEAN	5.1
Standard Deviation	0.92736185

The subscales were calculated separately to get the mean score for each category: emotional exhaustion, depersonalization, and personal accomplishment. Emotional exhaustion (EE) subscale used a total of 9 questions. The mean score of each question was added for a total score and divided by the number of answered EE items for an average EE mean score. Depersonalization (DP) subscale used a total of five questions. The mean score of each DP question was added for a total score and divided by the number of answered DP items for an average DP mean score. Personal Accomplishment (PA) subscale used eight questions. The mean score of each PA question was added for a total score and divided by the number of answered PA items for an average PA mean score.

Table 7

MBI-HSS Mean Score



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

The mean score for emotional exhaustion was identified as *M*= 4.91 and interpreted as indicating the respondents felt on average emotionally exhausted a few times a week, but not every day. Depersonalization was identified as having a mean score of 3.44 and interpreted as feeling detached from their job a few times a month. Last, personal accomplishment was identified to have a mean score of 5.1. It is interpreted as feelings of competence and successful achievements in one's work a few times a week.

Summary

This chapter presented the findings of this pilot study to determine feelings of burnout among travel nurses during the COVID- 19 pandemic. The three core aspects of burnout were assessed: emotional exhaustion, depersonalization, and personal accomplishment. The findings of this pilot study indicates that participants experienced feelings of emotional exhaustion a few times a week, but not every day (54.5%). Participants experienced feelings of depersonalization a few times a month (38.2%), and they experienced feelings of personal accomplishment a few times a week (56.6%).

Chapter V: Conclusion

This study aimed to assess the prevalence of burnout among travel nurses working in acute care hospitals during the COVID- 19 pandemic. The lack of literature related to travel nurse burnout during the pandemic helped lay the foundation for the need for this study. A quantitative, descriptive research design was used for this pilot study. A convenience sample of travel nurses working at a rural hospital in East Texas was invited to participate. Only *N*= 9 travel nurses responded to the survey. Data from the survey was collected and analyzed via Question Pro. This chapter will include a discussion, conclusion, implications, and recommendations related to this pilot study.

Discussion

This descriptive research study identified the prevalence of burnout among travel nurses working in acute care hospitals during the COVID- 19 pandemic. Demographic data collected include travel nurses' age, years of experience, and experience as a travel nurse. Travel nurses working in rural East Texas were invited to participate. Nine (*N*=9) travel nurses completed the survey. The travel nurse survey reports that most participants were between 31-40 *(n*=5, 56%). In addition, most participants were working in the emergency room (*n*=6,67%); they have worked as a nurse for 6-10 years *(n*= 6, 67%), and as a travel nurse for 2-5 years *(n*= 6, 67%). Most participants in this study have completed 6-10 COVID- 19 assignments as a travel nurse (*n*=5, 56%), and felt that hospitals provided appropriate PPE rarely and others, often (*n*=3, 33%). Participants felt they were given unwanted assignments such as COVID-19 holds, “sometimes” (*n*=4,44%). Most participants felt that COVID-19 increased feelings of burnout *(n*=4,44%), and that COVID-19 increased their workload (*n*=7, 78%). Most participants felt they experienced compassion fatigue due to COVID-19, “very often” (*n*=3,33%).

The theoretical framework used for this pilot study was the Maslach Theory on Burnout. Maslach's theoretical model outlines that three dimensions represent burnout. One dimension was emotional exhaustion which measures the feeling of being emotionally overextended or drained from one's work. Higher acuity patients increase workload and can cause feelings of stress and over extendedness. Most participants of this pilot study felt that COVID-19 increased their workload. This study revealed 54.5% experienced feelings of emotional exhaustion a few times a week, but not every day. Literature found that workload and emotional exhaustion are apparent, and that the nurse's perception of control over their workload can impact feelings of stress (Whittington et al., 2021). The second dimension was depersonalization which measures a feeling of impersonal response towards patient care or indifference. According to Epp (2012), emotional exhaustion is a contributing factor to depersonalization. The study also found that depersonalization can occur nurses in response to morally distressing situations. For example, in the instance of prolonging life unnecessarily, a common response is detaching themselves from the situation (p. 28). Most participants in this study felt they experienced compassion fatigue due, "very often" (n=3,33%). This study revealed 38.2% experienced feelings of depersonalization a few times a month. The last dimension was personal accomplishment which measures reduced or decreased sense of achievements in one's work (Epp, 2012; Higgins et al., 2020; Leiter & Maslach, 2009; Maslach, 1993; Maslach & Leiter, 2017). According to Epp (2012), nurses can feel a lack of accomplishment and ineffectiveness in morally distressing situations that they are unable to resolve (p.28). Many COVID-19 patients did not survive, despite efforts by nursing and medical staff. Findings from this pilot study revealed 56.6% experienced

personal accomplishment a few times a week. Literature also has shown that, like ICU patients, COVID-19 patients have life-threatening diseases or injuries requiring constant monitoring. Increasing the risk for emotional exhaustion, depersonalization, and reduced personal accomplishments (Bruyneel et al., 2021). Maslach theorized that these factors cause burnout and deteriorate employees' job performance (Dall'Ora et al., 2020).

Conclusion

The findings of this pilot study revealed "feelings of burnout" for travel nurses working in acute care hospitals during the COVID-19 pandemic. Burnout was a significant concern for nurses since before the COVID-19 pandemic. The current global health crisis due to COVID- 19 has added new social and job-related factors that increase the risk of burnout. Nurses are exposed to more physical and mental exhaustion due to difficult decisions, losing patients, and the risk of infection for themselves (Leo et al., 2021). The research into travel nurse burnout due to the COVID-19 pandemic is not without limitations. The MBI-HSS survey (N= 9) small sample size is considered a limitation of this study. The small sample size from one facility may limit the generalizability of the entire sample population.

Implications

The pilot study indicates high burnout among travel nurses working in acute care hospitals during the COVID-19 pandemic. The literature has shown that nurses have been identified as one of the highest risk groups for burnout, with travel nurses having a unique risk for burnout (Shah et al., 2021; Poikus et al., 2020). Research to support travel nurse burnout is essential. Travel nurses, travel agencies, and hospitals employing

travel nurses need to identify and support burnout among them because it can affect their performance level and lead to poor patient outcomes (Kakemam et al., 2021). According to Dall'Ora et al. (2020), studies conducted in diverse settings and samples reported that high emotional exhaustion, depersonalization, and low personal accomplishment were associated with poor quality of care (p. 13).

Recommendations

A larger sample size should be obtained for future studies. In addition, the population should be expanded to include travel nurse agencies and other acute care facilities that employ travel nurses. It is recommended for future studies to include questions related to staffing and nurse-patient ratios as factors in nurse burnout. It is also recommended for future studies to assess how burnout affects the travel nurse's mental health, and coping strategies for feeling of burnout.

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Appendix A

Travel Nurse & Maslach Burnout Inventory (MBI-HSS) Survey

1.What is your age?

18-29

30-39

40-49

50 >

2. Gender Identity?

Female

Male

Other

3. How many years have you worked as a nurse?

<1 year

2- 4 years

5-10years

> 10 years

4. How many years have you worked as a travel nurse?

<1 year

2- 4 years

5-10years

> 10 years

5.What is your specialty?

Emergency Room

ICU

MED SURG/ TELE

Pediatrics

other

6. How many assignments have you completed?

1-2

3-5

6-10

>10

7. How many COVID/ Crisis assignments have you completed?

1-2

3-5

6-10

>10

8. Do you feel hospitals provide you with appropriate resources, for example PPE?

Not At All (1)

Rarely Sometimes (2)

Sometimes (3)

Often (4)

Very Often (5)

9. Do you feel as a travel nurse you get unwanted assignments such as COVID holds?

Not At All (1)

Rarely Sometimes (2)

Sometimes (3)

Often (4)

Very Often (5)

10. Do you feel that COVID has increased feelings of burnout?

Not At All (1)
Rarely Sometimes (2)

Sometimes (3)
Often (4)

Very Often (5)

11. Do you feel COVID has increased your workload?

Not At All (1)

Rarely Sometimes (2)

Sometimes (3)

Often (4)

Very Often (5)

12. Do you feel that your experiencing compassion fatigue due to COVID?

Not At All (1)

Rarely Sometimes (2)

Sometimes (3)
Often (4)

Very Often (5)

Appendix B

MBI - Human Services Survey - MBI-HSS

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

_____I feel emotionally drained from my work.

_____I have accomplished many worthwhile things in this job.

_____I don't really care what happens to some recipients.

Appendix C

IRB Approval Letter

ARKANSAS TECH UNIVERSITY

OFFICE OF RESEARCH AND SPONSORED PROGRAMS

1509 North Boulder Avenue
Administration, Room 207
Russellville, AR 72801

479-880-4327
www.atu.edu

January 24, 2022

To Whom It May Concern:

The Arkansas Tech University Institutional Review Board has deemed the application for Lashanda Head's proposed research, entitled "A Descriptive Study on Travel Nurses' Risk of Burnout during the COVID-19 Pandemic" to be exempt pursuant to federal regulation 45 CFR 46.104 (d)(2)(i).

Please note that in the event that any of the parameters of the study change, the researcher may be required to submit an amended application.

Please proceed with your research. We wish you success with this endeavor.

Sincerely,

Melissa Darnell

Melissa Darnell , Ph.D.
Institutional Review Board
Arkansas Tech University