

Psychiatric Mental Health Nurse Practitioner (PMHNP) Burnout: Differences Between Acute/Inpatient PMHNPs and Outpatient PMHNPs

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Background

- Burnout has been shown to be problematic for those who care for patients with mental illness causing emotional exhaustion, depersonalization, and lack of accomplishment
- It is important for mental health professionals to understand the symptoms associated with burnout
- Little is known with regard to factors that specifically influence PMHNP burnout.

Sample and Methods

- The study utilized a causal comparative design to examine differences in burnout between 50 PMHNPs working in acute/inpatient and 33 PMHNPs working in outpatient behavioral health
- A database of PMHNPs was utilized to locate participants
- An anonymous, one time online self-report survey comprised of Demographics, Areas of Work Life Scale (AWS), and Maslach Burnout Inventory (MBI)

Differences in the levels of burnout between acute/inpatient PMHNPs and outpatient PMHNPs

Measure/ Subcomponent	Inpatient/ acute group (n=50)		Outpatient group (n=33)		Independent t test (between groups)
	M	SD	M	SD	
Maslach Burnout Inventory					
Emotional Exhaustion	24.63	14.284	26.35	12.058	t = -0.79 p = .364
Depersonalization	7.20	6.419	7.02	6.644	t = -0.121 p = .304
Personal Accomplishment	39.60	5.632	43.06	4.281	t = 1.323 p = .180
Areas of Work Life Scale					
Work Load	2.76	.904	2.56	.793	t = 1.089 p = .279
Control	3.67	.844	3.70	.979	t = -1.34 p = .184
Reward	3.71	.948	3.51	.944	t = .966 p = .337
Community	3.72	.860	3.58	.882	t = -1.714 p = .077
Fairness	2.92	.903	3.12	.876	t = -0.75 p = .312
Values	3.71	.878	3.67	.920	t = -0.79 p = .364

Results

- The average AWS scores for the PMHNPs showed a strong mismatch between workload and assigned work time (n = 49; 56.3%)
- Other components of the AWS, namely, fairness, reward, values, community, and control, revealed a strong match among the PMHNPs and place of employment
- MBI scores for the PMHNPs indicated that half of the participants in the combined group endorsed high levels of emotional exhaustion (n = 43; 51.8%)
- Overall majority indicated low depersonalization level and high personal accomplishment score, indicating low to moderate levels of burnout
- No significant differences amongst outpatient and acute/inpatient PMHNPs

Perceived factors contributing to burnout in PHMNP

Primary Work Stressor	Inpatient/acute group (n=31)		Outpatient group (n=27)		Total (N=90)	
	f	%	f	%	f	%
Lack Admin Support	3	9.1	12	21.1	15	16.9
Staff/Shortage	2	6.1	2	3.5	4	4.5
Documentation	3	9.1	3	5.3	6	6.7
Client Demand	5	15.2	7	12.3	12	13.5
Clinical Decision Making	4	12.1	2	3.5	6	6.7
Care Load	10	30.3	17	29.8	27	30.3
New NP	1	3.0	0	0	1	1.1
Staff/Politics	4	12.1	9	15.8	13	14.6
Personal Issues	1	3.0	4	7.0	5	5.6

Implications

- This study examines PMHNP burnout, a phenomenon that has not yet been explored in this group
- With this knowledge, employers, policy makers, and practitioners can develop strategies to prevent burnout and improve job satisfaction, retention rates, and quality of life for PMHNPs

References

- Leiter, M. P. & Maslach, C. (2011). Areas of Worklife Survey Manual (5th ed.). Mind Garden, Inc., California.
- Maslach, C., Jackson, S. E., & Leiter, M. P. (1996). Burnout inventory manual (3rd ed.). Palo Alto, CA: Consulting Psychologist Press.

Purpose

The purpose of this study is to examine the phenomenon of burnout in PMHNPs, and to determine the differences between PMHNPs working in inpatient and outpatient settings

