

BEYOND BURNOUT: INTEGRATING NURSE COACHING TO IMPROVE RETENTION IN THE PICU

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ABSTRACT

High-acuity environments like the Pediatric Intensive Care Unit (PICU) can face elevated levels of caregiver burnout and turnover due to amplified emotional and clinical demands. This project implemented a dedicated nurse coach role to provide non-clinical emotional support and professional guidance to nurses in the PICU. The primary goal was to transition from reactive burnout management to a proactive, resilience-building model. Quantitative turnover data was collected as well as qualitative data through semi-structured interviews and focus groups with PICU staff. Participants reported significant improvements in emotional resilience and a newfound ability to process traumatic clinical events. The coaching intervention helped nurses reconnect with their professional values while reducing feelings of depersonalization. Enhanced team cohesion and psychological safety emerged as vital secondary benefits for the unit. Data also suggests a stabilizing effect on unit retention rates compared to previous years. Ultimately, integrating a nurse coach role offers a human-centric solution to the systemic issue of clinician exhaustion. This model provides a replicable framework for other units seeking to preserve their workforce.

BACKGROUND

- Annualized nursing turnover in the PICU reached nearly 40% and almost half of that turnover was related to self-reported moral distress or burnout.
- A decreasing number of PICU nurses were completing their residency program and staying with the organization after one year of employment.
- The average cost of one RN turnover in the system equals \$52,656. Based on PICU turnover this was equivalent to a loss of \$1,263,744.
- Nurses were reporting significant levels of moral distress and anxiety.
- Traditional retention efforts were not addressing the underlying struggles and something new was needed to mitigate turnover and promote wellness in the staff.

PURPOSE



This initiative explores the impact of integrating a dedicated nurse coach into a PICU setting to address professional burnout and improve nurse retention. The objective was to investigate how a specialized coaching role focused on emotional support, stress management, and professional development can serve as a preventative measure against the factors that lead to nurse attrition. By having a peer who understands the clinical language but operates outside the management hierarchy, this project aimed to provide a safe space for nurses to decompress, find meaning in their work, and develop the mental tools necessary to survive the rigors of pediatric critical care without losing their empathy or connection to purpose.

METHOD/DESIGN

This project utilized a full-time nurse coach embedded within a 22-bed Pediatric ICU. Quantitative turnover data was collected as well as qualitative interview data from those who participated in individual and group coaching sessions.

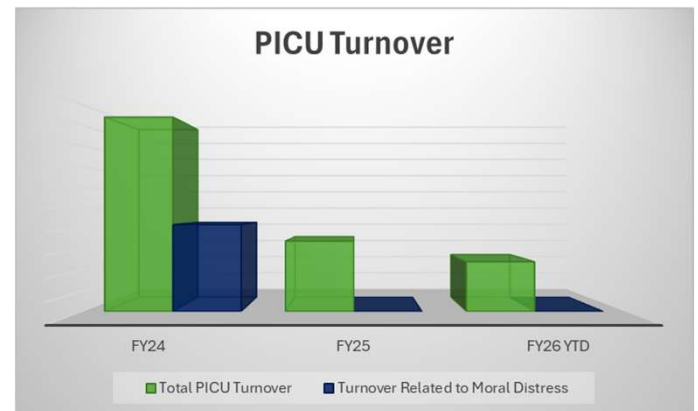
The nurse coach role focused on:

1. One-on-one check-ins: Formal and informal coaching sessions centering on professional goals and emotional processing. These sessions could be scheduled directly with the nurse coach or could occur during daily unit rounds conducted by the nurse coach.
2. Group debriefs: These could be pre-scheduled on a cadence or done as needed when distressing situations arose.
3. Serving as a bridge to other resources: Many resources are available through a system employee assistance program. Maintaining awareness of these programs within the staff can be challenging. The nurse coach helped guide staff to available programs and provided them with the information needed to make use of these programs.

RESULTS

The presence of a nurse coach was found to create a supportive environment that helped counter the isolating effects of a high-stress work environment. Key themes that emerged from this project include:

- Enhanced emotional resilience: Nurses reported feeling better equipped to process difficult outcomes and manage the emotional toll of their work, attributing this to the coach's guidance
- Reconnection with purpose: The coaching process helped nurses to reconnect with their initial motivations for entering the profession, mitigating feelings of depersonalization and cynicism
- Improved retention: Turnover in the PICU dropped by almost 25% within the first year of implementing the nurse coach.



PRACTICE IMPLICATIONS

The integration of a nurse coach role offers a promising and innovative strategy to combat burnout and improve nurse retention in the PICU. This proactive approach shifts the focus from managing the symptoms of burnout to addressing its root causes, ultimately leading to a more resilient, satisfied, and stable nursing workforce. These findings support the need for further research and the potential for a new model of support within other healthcare settings. This model also suggests that retention is an emotional investment and not just financial. Implementing a nurse coach can potentially lead to:

- Reduced Turnover Costs: Decreasing the frequency of costly orientations for new hires.
- Improved Patient Safety: There is a correlation with the improvement of quality metrics and hospital acquired conditions in the PICU after the implementation of the nurse coach role.
- Cultural Transformation: Shifting the unit culture from "survival of the toughest" to a community of supported professionals.

LESSONS LEARNED

1. Vulnerability is a skill not a weakness, initially, many nurses were skeptical of sharing their feelings and struggles. However, once the nurse coach established trust and psychological safety, staff became more open to share.
2. The nurse coach also requires their own debriefings to help prevent secondary trauma showing that even the helpers need a help desk.
3. Many disciplines outside of nursing were also in need of this resource and have utilized the nurse coach.



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