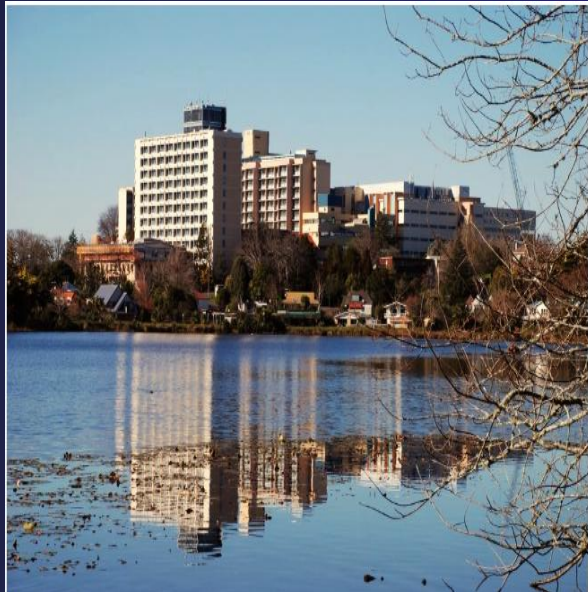




Navigating Staff Burnout amid Prolonged VRE Outbreak

Koratika Tiban & Amanda Singh

IPC CNS – Waikato Infection Prevention and Control



Karakia Timatanga

Whakataka te hau ki te uru,
Whakataka te hau ki te tonga.
Kia mākinakina ki uta,
Kia mātaratara ki tai.
E hī ake ana te atakura
He tio, he huka, he hauhunga.
Haumi ē! Hui ē! Tāiki ē!

English Translation

Cease the winds from the west, Cease the winds from the south. Let the breeze blow over the land, Let the breeze blow over the ocean. Let the red-tipped dawn come with a sharpened air, A touch of frost, a promise of a glorious day. Join together! Gather together! Unite as one!

Waikato Catchment – Infection Prevention and Control (IPC) Service

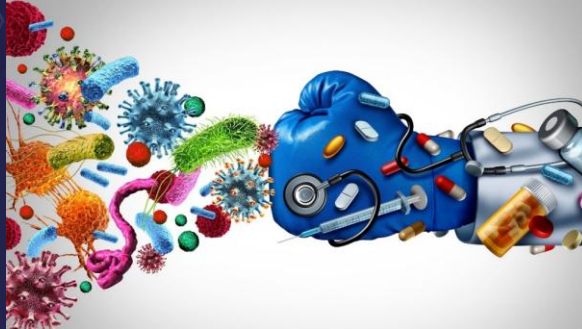
Covers 8 sites with over 130 wards/units
across:

- ❑ Waikato Hospital
- ❑ Te Kuiti Hospital
- ❑ Taumarunui Hospital
- ❑ Tokoroa Hospital
- ❑ Thames Hospital
- ❑ Matariki and Rhonda Read
- ❑ Community Family Health Teams



VRE Outbreak Impact

- IPC burden
- Resource pressure
- Transmission risk
- Geographical spread
- Policy/infection-prevention implications



Rationale for choosing this topic:

By exploring this topic, we aimed to understand how burnout influences adherence to IPC practices, teamwork, and overall morale. Addressing staff wellbeing is essential not only for compassionate care but also for sustaining effective outbreak control.



What Can We Learn From It?

- Recognise burnout as a real IPC risk
- Value the workforce as part of the outbreak response
- Communication and feedback matter
- Promote shared ownership
- Integrate wellbeing into response plans



Timeline for Research

TIMELINE TITLE: Study Research - Navigating Staff Burnout amid Prolonged VRE Outbreaks: Integrating Evidence-Based Practice and Practice-Based Evidence to Support Healthcare Workers in Waikato Hospital



Week 1 – 2: 11th – 24th August
Study Setup & Plan



Week 6 – 7: 8th – 21st September
Data Analysis

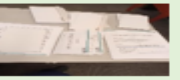


Week 10 – 11: 6th – 19th Oct
Report writing and dissemination

| | |
|---------------|--|
| Room | Federation Concert Hall |
| Stream | Abstract Presentations – Leadership |
| Session Chair | Karen Turnbull |
| 14:15 – 14:35 | Navigating Staff Burnout Amid Prolonged VRE Outbreaks: Integrating Evidence-Based Practice and Practice-Based Evidence to Support Healthcare Workers in Waikato Hospital |
| | Koratika Tiban |

12th Nov – Upload presentation
18th Nov – Presentation

Week 3 – 5: 5th Aug – 7th September
Data Collection (Surveys & Interviews & literature review



Week 8 – 9: 22nd – 5th Oct
Integration of findings and development of recommendations

3) Role-Targeted Recommendations

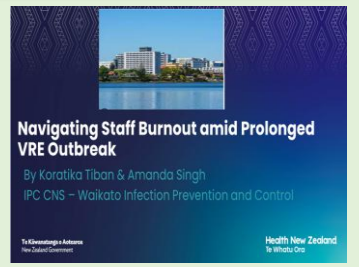
- RNs – Minimize rotations and surge relief during screening peaks; structured debriefs after trading days; negotiation schemes for high burden shifts.
- HCAs – Focused coaching and inclusion in outbreak huddles to enhance perceived efficacy; access to quick-reference IPC checklists; buddy support.
- CNMs – Visible progress dashboards and feedback loops to counter staff perceptions of fatigue; allocate protected time for staff check-ins and reflective practice.
- Whole Teams – Maintain stable preventative workflows; brief resilience drills; celebrate containment milestones to reinforce morale.

2) Narrative Interpretation

Section A (Decreased screening) shows elevated strain across roles, with RNs demonstrating higher mean scores than HCAs and CNMs on fatigue and stress items. Section B (Outbreak huddles/teaching/education) drops notably in mean scores, indicating disengagement and frustration. HCAs often report slightly lower mean than RNs, while CNMs generally remain lowest—consistent with managerial distance from direct care burdens but potentially increased administrative load. Section C (Preventative processes in place) shows the highest overall means—especially for the item “handle emotional problems calmly”—reflecting improved confidence once processes stabilized.

Across items, the strongest resilience signal is the consistently high mean for calm emotional handling and positive influence on patients, especially for RNs. Depersonalisation (“impersonal care”) remains low across all roles, a favourable safety culture indicator.

Week 12 – 13: 20th Oct – 2nd Nov
Presentation preparation



Study Design

- **Mixed-methods approach**
- Use the “**Circles of Influence**” framework

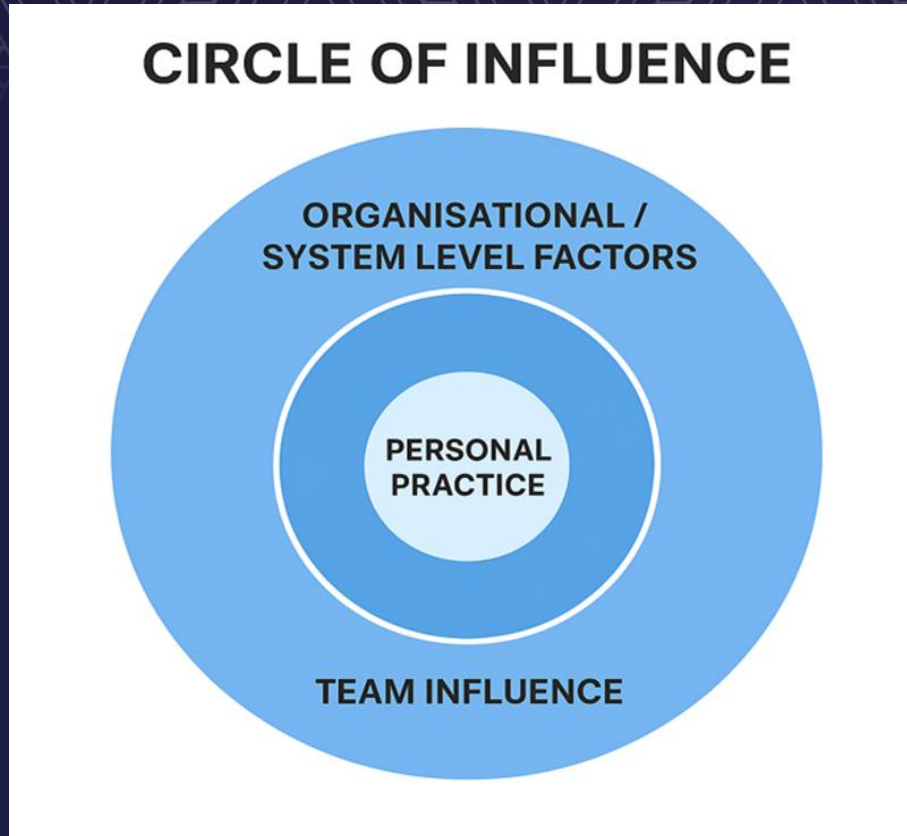
Study Setting & Participants

Healthcare facilities experiencing or recently recovering from prolonged VRE outbreaks.

Participants:

- Nurses, HCAs and Clinical Nurse Managers, and other frontline healthcare workers involved in outbreak response.

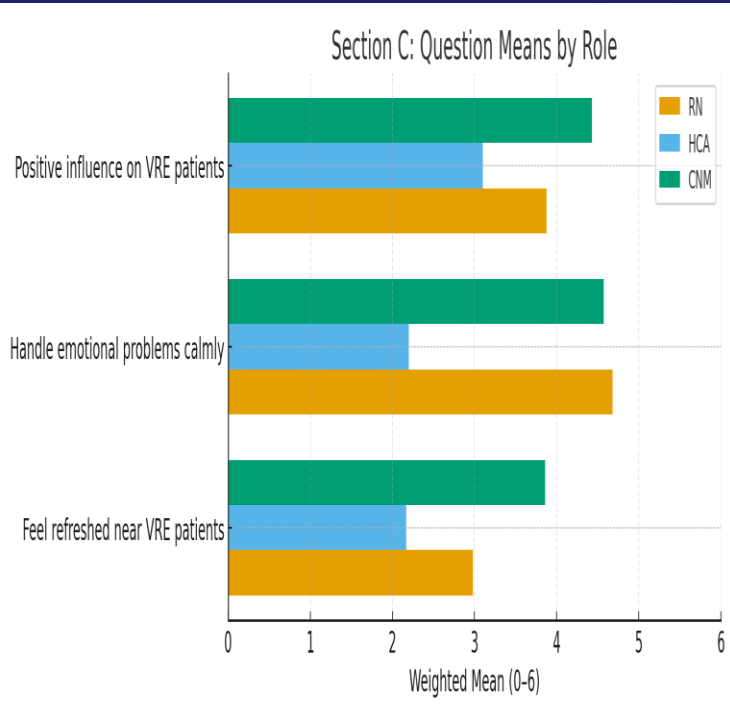
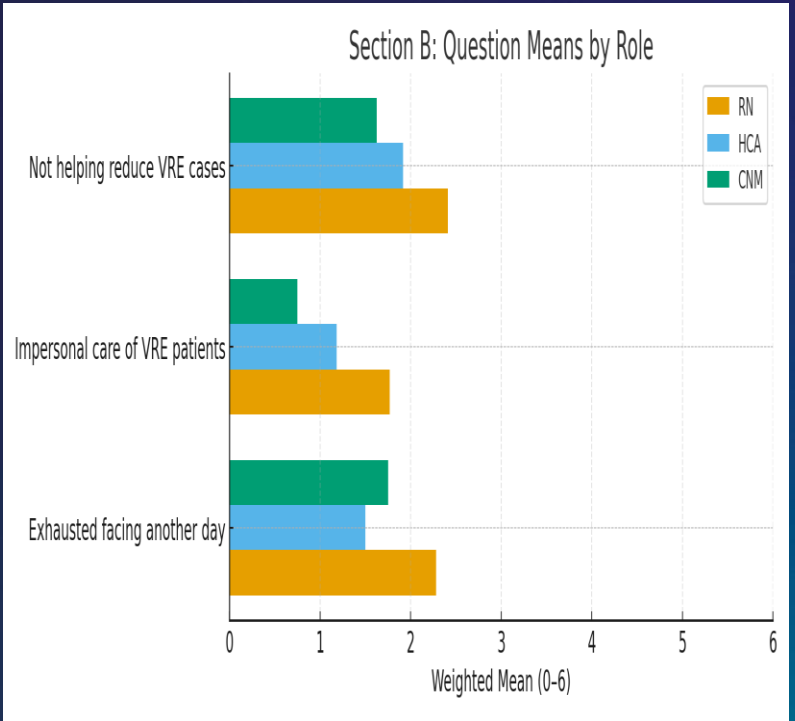
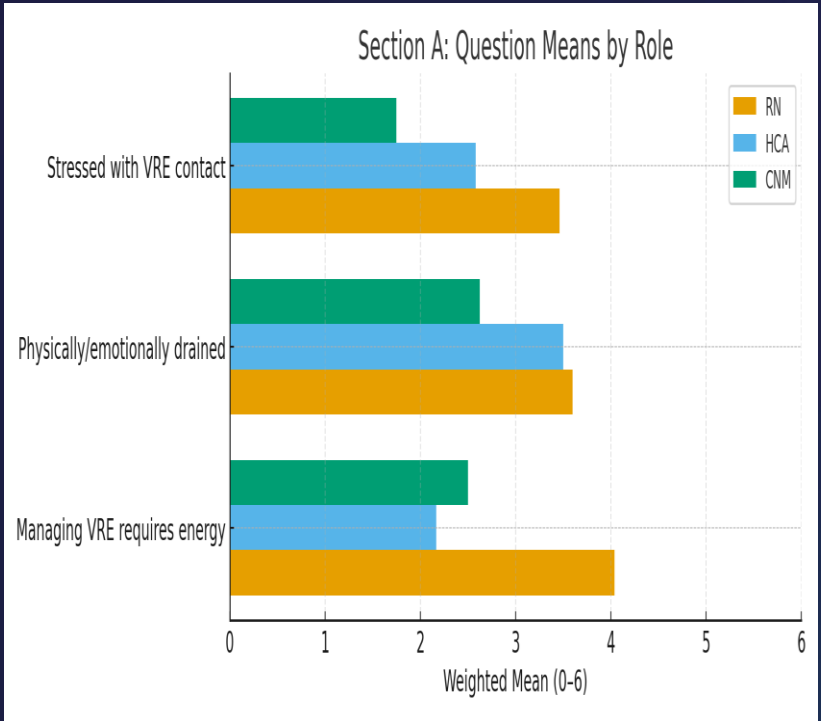
Circles of Influence framework



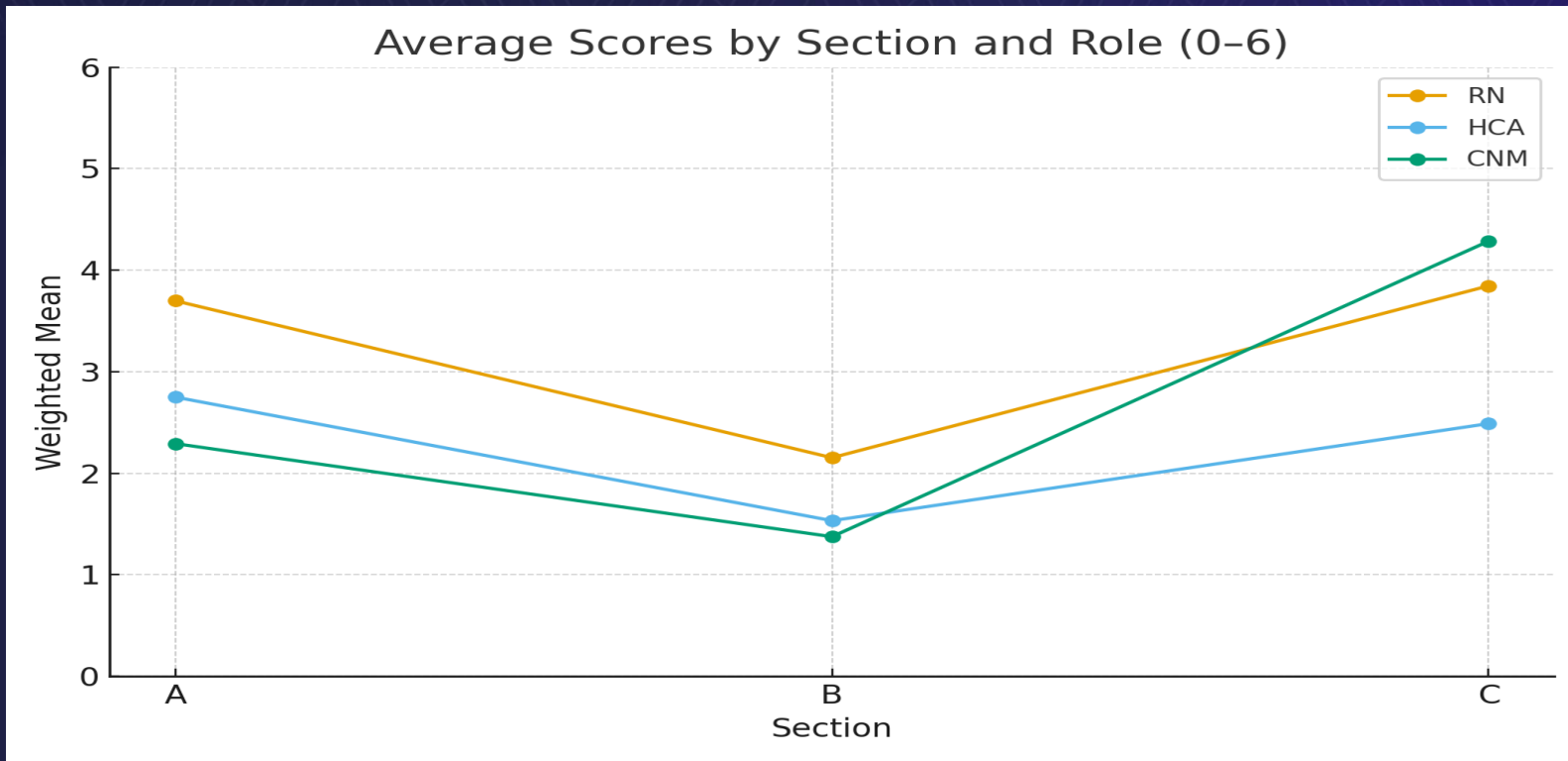
- The model helps structure the survey around the level of impact on staff:
 - Inner circle – Individual factors
 - Middle circle – Interpersonal / team factors
 - Outer circle – Organizational / policy factors
 - Intersections – How these levels interact

(Stephen R Covey, 1989)

Section A: Per – Question Role Comparison



VRE Outbreak Staff Experience



Role – Targeted Recommendation

| Roles | Targeted Recommendations |
|-------------------------|---|
| Registered Nurses | Micro-rotations and surge relief during screening peaks; structured debriefs after tracing days; recognition schemes for high-burden shifts. |
| Health Care Assistants | Focused coaching and inclusion in outbreak briefings to enhance perceived efficacy; access to quick-reference IPC checklists; buddy support. |
| Clinical Nurse Managers | Visible progress dashboards and feedback loops to counter staff perceptions of futility; allocate protected time for staff check-ins and reflective practice. |
| Whole Team | Maintain stable preventative workflows; brief resilience drills; celebrate containment milestones to reinforce morale. |

Evidence-Based Practice and Staff Burnout



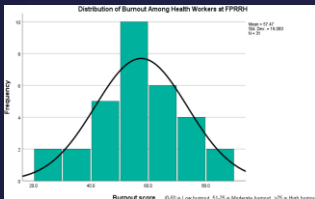
❑ The prolonged **VRE outbreak** placed ongoing pressure on staff, increasing workload and emotional fatigue.



❑ **Staff feedback and observations** showed that constant isolation management and infection control demands led to exhaustion and reduced engagement.



❑ **Communication, recognition, and leadership visibility** were identified as key to maintaining staff motivation and adherence to protocols.



❑ **Literature supports** these findings — prolonged infection control requirements negatively affect staff well-being and performance.

❑ Overall, **sustained IPC workload and limited recovery time** heighten the risk of burnout and staff turnover.



Evidence-Based Practice and Staff Burnout

Research shows that feedback, psychological support, and recognition are key to reducing burnout



Strong leadership—through shared decision-making, debriefs, and clear communication—builds team resilience



Integrating wellbeing strategies such as peer support, rotating duties, and celebrating milestones helps maintain morale and compliance



The Waikato experience highlights the need to balance infection control with staff wellbeing to sustain a resilient workforce

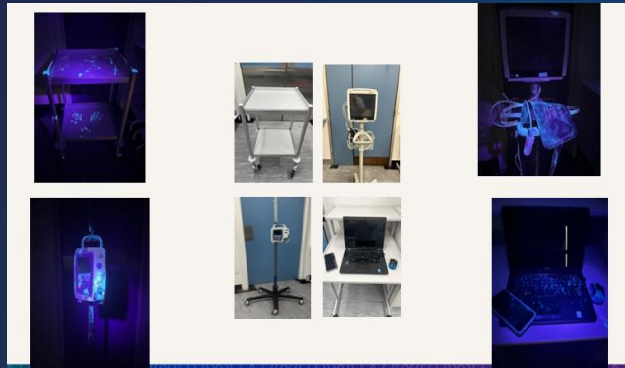


What's been achieved so far:

- ❑ Conveyed Feedback to HCWs (change in IPC service approaches)
- ❑ Governance
- ❑ Changed focus cleaning of equipment
- ❑ Urgency with any new VRE (3 day rapid response) inclusive of teams
- ❑ Hand Hygiene Feedback
- ❑ Refined Environmental audits tool (shorter, user friendly and measure/scoring to target actions)

Germ on surfaces

| Pathogen | Survival Time | Infections they can cause |
|--|-------------------------------------|--|
| <i>S. aureus</i> (including MRSA) | 7 days to >12 months | Local infections (e.g. wounds/skin), Pneumonia, Sepsis, Surgical Site Infections |
| <i>Enterococcus spp.</i> (including VRE) | 5 days to >48 months | |
| <i>Acinetobacter spp.</i> | 3 days to 11 months | Pneumonia, urinary tract infections, bloodstream infections, skin infections, etc. |
| <i>Clostridioides difficile</i> (spore form) | >5 months | Diarhoea, colitis, sepsis |
| Norovirus | 8 hours to 28 days (temp dependent) | Gastroenteritis (diarhoea)- Highly contagious |
| <i>Pseudomonas aeruginosa</i> | 6 hours to 16 months | UTI, pneumonia, skin infections, pneumonia, blood infections |
| <i>Klebsiella spp.</i> | 2 hours to >30 months | Pneumonia, blood stream infections, UTI |
| COVID-19 | > 14 days | Respiratory |



Is the commode clean?



Mrs Jones just had a hip op (she waited 18 months) & need to use the bathroom.

Nurse: you can use the commode it's safer



Acknowledgements

We would like to acknowledge and extend our appreciation to the following for their valuable contributions and support throughout this research project:

- **Ann Whitfield**, IPC Nurse Consultant – for her ongoing guidance and expertise provided during the course of this research.
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- **Clinical Nurse Managers and Staff across all participating clinical areas at Waikato, Te Whatu Ora** – for their engagement and contribution through the research survey questionnaire.



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