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Staff Education Program to Reduce Burnout Among Health Care Professionals on a Long-Term Care Unit

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This is to certify that the doctoral study by

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has been found to be complete and satisfactory in all respects,
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Abstract

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MS, Walden University, 2020

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Project Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Nursing Practice

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Abstract

Burnout negatively impacts the performance of health care providers, decreasing the quality of care provided to patients and affecting patients' experience. This problem is evident in health care staff on long-term care units (LTCUs) as they strive to meet their patients' chronic and acute care needs. Health care professionals often lack adequate knowledge on how to manage work-related stress and reduce the issue of burnout in this work environment. The health care professionals working on the LTCU at the local continuing care retirement facility were identified as lacking knowledge to manage work-related stress and burnout. Addressing this problem is essential to managing high turnover rates, decreased job satisfaction, and decreased patient and staff experiences. The purpose of this project was to develop an education program to increase staff's knowledge of and ability to recognize burnout and implement strategies to mitigate this problem. Kirkpatrick's evaluation model was used to guide the project. The education program was presented to 17 nurses and two primary care physicians who completed a pre- and posteducation questionnaire. Results of descriptive analysis indicated an increase in the aggregate mean score from 54 to 82, indicating a positive change in knowledge from the program. With increased knowledge, the staff may provide better care for their patients, minimize errors in care, improve nurse–patient relationships, improve patient outcomes, and increase job satisfaction through their work.

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Dedication

I dedicate the completion of this project first to God Almighty without whom I am nonexistent. I am thankful for the daily desire to improve and make a difference in the lives of others. Also, I dedicate this project to my mother, Anna Che; my siblings, Matilda and Raymond; and my nieces and nephew, Maegan, Qianna, and Tyler. Thank you for your relentless support throughout this journey.

With love and gratitude, Emelda.

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Section 1: Nature of the Project

Stress management has become a global issue affecting health care professionals, especially those on long-term care units (LTCUs) where nurses often work overtime and under challenging conditions. LTCU nurses are tasked with providing care for both acute and chronic cases. This subjects them to considerable occupational stress and high levels of burnout, yet little is known about how stress and social support are associated with burnout in this population (Woodhead et al., 2016). The stress and burnout that health care workers experience is related to the increased level and demand of health care services, which sometimes does not correspond to the available professionals (De Hert, 2020). Most LTCUs lack enough health care professionals to offer services to patients. Burnout has negative impacts on the performance of professionals in the health care sector, especially on their quality of services; thus, there is a need to establish a staff education program to reduce such cases within health care facilities (De Hert, 2020). Most health care professionals in LTCUs do not have the knowledge and practical strategies that would help them manage the stress related to work; thus, there is a need for education programs that would allow them to not only create time for relaxation but also organize themselves to avoid experiencing burnout regardless of the heavy workload (De Hert, 2020).

Minimal staff and increased workload within health care facilities have increased stress and burnout among health care professionals. The current project focused on evaluating the impact of a staff education program on preventing burnout and managing stress and its impact among health care professionals in an LTCU. The project addressed

the gap in practice at the project site. Preventing burnout in the nursing staff on this unit could improve work relationships among the nurses and other members of the health team, improve nurse–patient interactions and care provision, improve nursing staff work satisfaction, and promote a healthy work environment that could positively influence personal lives outside of the work setting.

Problem Statement

Stress and burnouts are a challenge to health care professionals, especially nurses and physicians working in LTCUs. The major challenge has been a lack of nurses who serve diverse patients, thereby increasing nurses' workload despite having limited time to rest (Parola et al., 2017). There have been increased cases of burnout and stress among health care workers due to the challenge of balancing work time, a smaller workforce, increased workload, and sometimes stress in personal lives.

At the project site, high levels of stress and burnout were made evident through verbal reports by the nursing staff on the unit, patient reports of staff stating being tired or burned out during care, managerial reports of increased LTCU nurse call-offs and high turnover rates, and recurring nursing staff shortages on the unit. These issues have resulted in a noticeable decline in the quality of patient care provided as indicted in patient experience scores shown on the recent Consumer Assessment of Healthcare Providers and Systems (CAHPS) survey. Burnout and stress impact health care professionals psychologically, which leaves them exhausted and possibly developing negative attitudes and performance (Dallacosta, 2019). According to the Centers for Disease Control and Prevention, increased burnout and stress results in decreased

performance of health care professionals by 20% (De Hert, 2020). This decreased performance could influence staff levels of job satisfaction. As a result, there may be an increase in absenteeism rates, affecting operations within health care facilities (Lifeso et al., 2020).

The burnout and stress levels among health care professionals in the United States have increased over the years, indicating a high prevalence that is riskier to the population (De Hert, 2020). Stress and burnout have become significant issues in the health care sector, needing urgent attention because they impact health care professionals negatively. Notably, increased burnout negatively impacts personal relations within the health care setting and society (Lifeso et al., 2020). Most health care professionals facing stress and burnout within their workplaces tend to conflict with their partners due to poor communication propagated by work stress (Dallacosta, 2019). These health care professionals often need education to increase their awareness of strategies they could use to reduce the impact of stress and prevent burnout in their lives. Implementing a staff education program is one measure that could enhance the awareness of health care workers and reduce stress and burnout among the LTCU nursing staff. Addressing the problem of stress and burnout among nurses on LTCUs through education may enable them to develop resilience and better cope with the ongoing challenges of nursing. The amount of stress and burnout experienced by nurses appears to be a function of work environment and nurses' coping resources (Hersh et al., 2016).

Implementing stress management and resiliency training among health care professionals would help them with information and critical strategies on managing and

reducing burnout. These professionals do not need short-term solutions but lasting strategies that would shape their daily operations, increase their stress response, and balance their working conditions (Dallacosta, 2019). This is critical when working in an LTCU where patient care could change from acute to chronic and back. Stress and burnout in such settings expose staff to medical errors, negative attitudes, and low turnouts due to exhaustion and sickness, negligent behaviors, and more. Clinicians with burnout are more likely to rate patient safety lower and admit to having made mistakes or delivered substandard care at work; therefore, a number of influential organizations including the American Medical Association and the Mayo Clinic have addressed burnout as a priority (Lyndon, 2015). Implementing the education program at the project site may help have the same outcome.

Purpose Statement

The leading cause of burnout and stress among health care professionals in LTCUs is the small number of employees who encounter an increased workload. The negative impact on health care professionals is also reflected in patients' lives because they suffer due to a lack of medical attention. Understaffing and the increased workload that health care professionals experience have huge impacts on the health sector and the economy (Koinis et al., 2015). Burned out clinicians become cynically detached from their work and may develop negative attitudes toward patients that promote a lack of investment in the clinician–patient interaction, poor communication, and loss of pertinent information for decision making (Lyndon, 2015). Preventing these cases should be a priority to every stakeholder in the health care sector because of their impact. The

challenge demands robust measures such as implementing staff education programs that will enable health care professionals to increase their knowledge of managing stress despite working under challenging circumstances. The current Doctor of Nursing Practice (DNP) project addressed this gap in knowledge. The practice-focused question that guide the project was the following: For long-term care unit staff, will education on stress management result in increased knowledge of stress and burnout prevention? The purpose of the project was to expand the knowledge of health care professionals on an LTCU regarding strategic measures of managing stress and mitigating the risks associated with stress.

The project was vital in enhancing positive changes to health care institutions. The education program was designed to provide nurses with strategies to reduce burnout and stress. According to Joshi and Sharma (2020), the existing gap in health care practice is the lack of strategies that management should use in helping their employees manage burnout and stress. The current project's education program was designed to provide a framework that health care facilities can use to reduce burnout and stress among staff.

Nature of the Doctoral Project

The nature of this doctoral project was implementing a staff education program for an LTCU involving a retirement community that offers continuing care in the northeastern part of the United States. The facility was appropriate for implementing the program due to its performance on the CAHPS despite being one of the best performing in the deficiency-free state surveys over the years. According to the Agency for Healthcare Research and Quality (2020), CAHPS surveys help to monitor essential

programs that are designed to improving the experiences of residents in nursing homes. Most health care workers, such as nurses, experience depression but lack strategies that would help them mitigate the stress (Lifeso et al., 2020). The current education program was designed to provide strategies and skills to reduce burnout and stress among health care professionals.

The program was designed to provide the most effective strategies to help health care professionals identify and engage in practical training approaches that increase the mechanisms of managing their performance. Also, the staff education program was intended to provide strategies that enhance health care workers' relationships with their family members, which may be disturbed by a lack of effective communication due to stress-related causes (Lifeso et al., 2020). During a quality control meeting, the leadership of the project site confirmed that there were elevated levels of burnout and stress among staff, who would benefit from implementing the training program. The local problem was evident through several concurrent staff requests for time off, multiple sick call-offs, recent high staff turnover rates, and several staff complaints of workload. This program may help the facility equip health care professionals with advanced skills and knowledge to combat stress and burnout as they provide long-term care.

Sources of Evidence

Several studies showed that health care professionals continue to experience stress and burnout as a significant challenge. A recent survey showed that since the beginning of the COVID-19 pandemic and the end of 2020, at least 38% of the 20,947 health care workers who participated showed cases of anxiety, 49% experienced burnout, and 43%

incurred stress due to overload work (Prasad et al., 2021). To review the literature, I used databases such as CINAHL, MEDLINE, and PubMed, as well as the Centers for Disease Control and Prevention and the World Health Organization. To further collect data, I conducted a preintervention questionnaire to understand the stress of the staff and contributing factors. Staff feedback was obtained about the education program's ability to assist in the management of stress and reduce burnout, and a determination of staff's willingness to participate in the program was obtained.

I implemented the program under the guidance of Walden University Doctor of Nursing Practice Manual for Staff Education Project. The program's development was based on practical and evidence-based practices on stress management for health care staff, especially those on LTCUs. The procedural steps included reviewing the underlying professional literature and then performing a preeducation assessment using a questionnaire to determine the extent of problem, identify knowledge gaps among the staff, and determine their willingness to participate in the education program. The next step was to conduct a detailed review of the facility's data on the problem and an analysis of the preeducation assessment results.

After the development of the program, I asked the chief operating officer with the compliance unit to evaluate the appropriateness and accuracy of the organizational data prior to execution of the program. Then, the health care professionals had an opportunity to encounter the program's initiation process, and participation was voluntary. The next step was to implement the developed education program using handouts and PowerPoint presentations to improve staff's knowledge and skills on how to reduce burnout. Lastly, I

evaluated the changes that occurred from participation in the education program through the use of posteducation questionnaires, role play, and oral feedback from the staff. This analysis would help me measure the education program's effectiveness in enhancing the participants' knowledge regarding burnout reduction strategies and stress management.

These steps would reveal the effects of this problem in practice, the need for change, and evidence-based solutions for the problem. Analysis of the data gathered would be used to generate recommendations for stakeholders for implementation. Knowledge from this education program may close the gap that exists due to staff's inadequate knowledge on reducing burnout while working on LTUs, and may provide guidance for stakeholders for long-term implementation.

<center>**Significance**</center>

The issue of burnout remains significant among several health care staff on LTUs, warranting an intervention. The stakeholders in the health care facility who will play a significant role in implementing the staff education program long term include physicians, nurses, medical students, patients, and hospital management. The participants included 17 licensed practical nurses and registered nurses and two primary care physicians. These nurses were male and female ranging in age from 29 to 55 years. The physicians were female between the ages of 38 and 48 years. Physicians and nurses play a significant role because they are most affected by stress and burnout; therefore, their participation in the testing process of the program was appropriate (see Tiwari & Bhagat, 2020). Implementing this staff education program in the health care facility may enhance performance and help professionals understand the strategies for mitigating burnout and

stress. Also, through this program, managers and the top leadership team may generate policies and procedures that promote the long-term reduction of burnout among staff on LTCUs.

Burnouts and stress have a considerable influence on negative attitudes and increased absenteeism levels, resulting in poor performance of healthcare professionals and delivery of services (Tiwari & Bhagat, 2021). There is a need to enhance better quality of services by ensuring that the working conditions of healthcare professionals are well planned and effective to avoid increasing cases of burnout and stress. The management of healthcare organizations needs to understand and incorporate mechanisms that would help reduce stress and burnouts within the organization for staff and patient wellbeing. The project provides knowledge on stress and burnout reduction which will eventually improve staff wellbeing and impact their overall performance in patient care. Research shows that wellness programs and other stress reduction programs have positive impacts on influencing living habits for healthcare professionals, thus decreasing work absenteeism, increasing job satisfaction, and enhancing workers' health through reducing stress (Prasad et al., 2021). The educational program will also provide professionals with the education that would help enhance compassion, thus building better relationships in society. Overall, the program would also apply to other professionals in society as it helps in increasing productivity and personal wellbeing.

This project has the potential for a positive social change. The social changes associated with such a staff education program include enhancing resiliency and better self-care, which helps healthcare professionals to manage stress and prevent burnouts

(Prasad et al., 2021). This program has the potential to improve patient outcomes in a long run. It will help to identify and analyze the factors influencing the social settings of healthcare professionals in preventing burnout cases and stress-related issues.

Summary

Long-term care staff are subject to considerable occupational stress and report high levels of burnout, yet little is known about how stress and social support are associated with burnout in this population (Woodhead, Northrop, & Edelstein, 2016). Stress and burnout have proved to be the leading causes of absenteeism, poor service delivery, negative attitudes, and lack of morale amongst healthcare workers. The impacts of burnouts and stress resulted in challenges to healthcare workers thus propagating urgency in implementing changes. The staff education program is likely to enhance and shape healthcare workers towards managing burnouts and reducing stress in this healthcare sector. Solving this menace in the healthcare sector requires intervention and collaboration of all stakeholders, which includes nurses, physicians, medical students, patients, and hospital management. Implementing a staff education program intends to enhance patient safety by solving the stress and burnout challenges facing healthcare professionals within the healthcare environment and possibly similar practice areas. Overall, understanding the impacts of stress and burnout amongst healthcare professions is vital in implementing effective programs and strategies that would safeguard the interests and wellbeing of everyone in society.

The next section of this proposal will further explore the concept and models that inform the issue at hand. The relevance of this program at the local level and to the

nursing practice as a whole will be explored. The role of the DNP student in the project

including the motivations for the project will be revealed.

Section 2: Background and Context

The purpose of this project was to evaluate the impact of implementing a staff education program on preventing burnout and managing stress and its implications for healthcare professionals in LTCUs. Nurses working in understaffed environments face an increased amount of stress due to the work they engage in daily. Some health care professionals lack practical strategies and knowledge that would increase their efficiency in LTCUs, and require an education program to reduce stress-related burnout. The practice-focused question for this project addressed whether implementing a staff education program would increase knowledge among nurses regarding managing stress and decreasing burnouts in LTCUs. Section 2 includes a description of the model applied in the project, the relevance to nursing practice, the local background and context, the role of the DNP student, the role of the project team, and a summary.

Concepts, Models, and Theories

The health care industry is in a constant state of change. With the increasing demand for health care professionals, burnout and stress are becoming more prevalent (Akbari et al., 2016). Implementing a staff education program may reduce the risk of burnout and stress among long-term staff members by increasing knowledge about healthy work–life balance and providing opportunities for personal growth. The applicable model in this project was Kirkpatrick's evaluation model. The Kirkpatrick evaluation model is a framework for understanding the complexity of an idea or situation (Cahapy, 2021). The Kirkpatrick evaluation model breaks down concepts into binary oppositions that are evaluated based on their level of complexity. The four levels of this

model are reaction, learning, behavior, and results. The Kirkpatrick evaluation model reaction level is a rating scale that helps organizations evaluate their employees. The Kirkpatrick evaluation model can also help determine employees' satisfaction levels in different workplace areas (Cahapy, 2021). In addition, the Kirkpatrick evaluation model can be useful for determining how well an employee performs on a unit.

Evaluating reactions is achievable through inquiring about the worthiness of the training or program and identifying the strengths and weaknesses of participants. This model considers performance, attitude, and effort (Cahapy, 2021). The performance factor includes task completion, productivity, quality of work, and interpersonal relations with others. The attitude factor provides job satisfaction and commitment to company goals. The effort factor includes energy levels and willingness to go beyond what is expected on the job (Cahapy, 2021). In the current project, the aim was to identify the reaction nurses portray at the beginning of the education program. Usually, the success of a program relies on the positive or negative reactions provided by the participants. In this case, the project involved talking with the nursing staff to ensure they understood every aspect of the project. Positive reactions tend to encourage while adverse reactions discourage and require immediate actions.

The next level of the Kirkpatrick evaluation model involves learning. It is easier to identify and evaluate the measurement from the skills that individuals gain from a specific program at this level. According to Kirkpatrick, learning entails the methods participants use to change their attitudes and enhance their knowledge of a program (Heydari et al., 2019). A learning evaluation was necessary for the current project

because it helped to justify the implementation process among nurses. For instance, it was easy to identify whether the nurses showed a change in reacting to the stress management education program through their feedback and the level of productivity. The learning level is the most important among all the levels because it provides the best understanding of the appropriate ways of achieving the objectives (Heydari et al., 2019). In the current project, the strategy would encompass measuring the nurse's knowledge before implementing the program and afterward through questionnaires to provide a clear direction for the project and to determine success.

The behavior level, which is the third level, tends to play a critical role in implementing the project. The behavior level is essential because it helps measure the process of gaining knowledge by observing participants' behaviors (Akbari et al., 2016). At this stage, an individual's behavior is vital in influencing their performance. The appropriate way of implementing this level within an education program for nurses is by ensuring that only caregivers with positive results advance to the next level. Evaluating behavior is difficult, especially in identifying the stress and burnout nurses face in their daily activities (Akbari et al., 2016). The program would ensure that all the participants showed a positive change in behaviors.

The last stage of Kirkpatrick's evaluation model is the outcomes or results. This level is the most difficult to conduct in an evaluation process. The data obtained from this level tend to impact the clinical setting, especially in decision making (Cahapy, 2021). The training process involves engaging organizational changes to influence and achieve the objectives. The target population is the primary factor for consideration in any study

that seeks to create change. Results provide the best means to understand the program's progress (Cahapy, 2021). In the current project, nurses would demonstrate positive changes, primarily in stress reduction, to attest to the effectiveness of the education program. Identifying the program's efficiency would be done through surveys or questionnaires to the nurses and the patients.

Various terms were used for this education program on the nursing staff in LTCUs because the program was designed to reduce the level of stress and burnout. Participants reported that health care professionals who face anxiety and burnout are suitable for undergoing the education program to change their lives. The nursing staff comprised all medical assistants and practical nurses with legal certification and licenses to practice nursing. Patients involved members of the LTCU, especially older patients, who require attention from nurses and other care providers in the nursing facilities. The care staff includes medical team members who seek to provide direct help, such as contacting patients and linking them with care providers. Also, an educator is an individual who helps nurses by providing the training that reduces stress and burnout levels. My role in this project was that of an educator.

Relevance to Nursing Practice

Stress is an inevitable part of nursing. Stress can result from many factors including workload, patient care, lack of resources, and lack of support from the hospital or medical staff. Nursing professionals are exposed to elevated levels of stress because they are in charge of caring for patients and providing them with the best possible care (Can et al., 2020). Nursing professionals have to make sure that they are well rested, have

good sleep patterns, eat healthy food, and maintain good relationships with their patients.

There are many ways that nurses can manage their stress levels, such as exercise,

meditation, yoga, and taking time off work. There are also some stress management tools

that nurses can use, such as mindfulness apps or wearable devices such as Fitbit or Apple

Watch. LTCUs are the most vulnerable and inpatient care settings (Herr et al., 2018). It is

not uncommon for LTCU patients to have extensive care needs due to their condition.

This could be stressful for the nurses who provide care for them. That is why it is

essential to have a stress management education program for these nurses. Stress

management in LTCUs can be challenging because it involves different stakeholders

such as nurses, doctors, social workers, and family members.

Nursing facilities, especially LTCUs, are known for being stressful and chaotic.

This chaos is why staff members in these facilities must implement strategies to manage

their stress levels and prevent burnout. Nurses in nursing homes and hospitals often

experience elevated levels of stress. Stress is linked to an increased risk of physical,

emotional, and cognitive problems (Herr et al., 2018). These problems can be devastating

to the health of the individual. Implementing a staff education program has proven to be

effective in managing stress levels, reducing levels of burnout, and improving the overall

quality of life for employees (Herr et al., 2018). The staff education program is an

integral part of the work environment in LTCUs. The program is a set of strategies to

reduce stress and burnout levels in the LTCU. The staff education program is a set of

processes that minimize stress and burnout levels in LTCUs (Cooper et al., 2021). The

program consists of three main components: an interactive training session, a feedback session, and a debriefing session.

These sessions aim to provide staff with tools for dealing with stressors and increasing their resilience. An example involves the staff education program that started in 2009 with a pilot project at a nursing home in the United Kingdom (Goyder et al., 2012). The project was intended to be implemented as an experimental study used for future research. However, due to its success, stakeholders decided that it should be implemented as a permanent solution for all LTCUs across the country. In the long-term care industry, burnout is one of the main problems that can cause poor service quality. Stress management is a priority for LTCUs. There are many strategies and standard practices that LTCUs have used to reduce stress levels among their employees. LTCUs need to implement a culture of kindness and compassion among their staff members (Griffin et al., 2019). This can be done through informal or formal mechanisms such as company-wide workshops, team-building events, or encouraging staff members to take care of themselves and others around them. LTCUs should also implement policies based on evidence-based practices such as mindfulness training, meditation programs, and yoga programs that have been shown to reduce stress.

<center>**Local Background and Context**</center>

Stress is not a new phenomenon in the health care field. The health care industry has been facing high levels of stress and burnout for many years. To combat stress and burnout among nurses, LTCUs can implement strategies and standard practices. The traditional techniques in LTCUs are to provide opportunities for physical activity,

socialization, a flexible schedule with breaks throughout the day, and a supportive culture with open communication channels (Verrastro et al., 2020). LTCUs are becoming a popular choice for caregiving. They provide a safe, homelike environment in which residents can receive the care they need while living in a setting similar to home (Verrastro et al., 2020). However, LTCUs have been found to have high levels of stress and burnout among staff who are tasked with managing acute and chronic health conditions of residents. With the pressure to provide quality care daily, it can be difficult for staff to maintain their well-being while fulfilling these responsibilities.

On the unit in question, high levels of stress in the staff were evident given several staff verbal reports of stress and burnout from several contributing factors such as staffing shortages, increased patient ratios, increased workload, and more. Also, through reviews of the facility's recent CAHPS survey scores, staffing exit interviews, recent patient complaints, conversations with the leadership team on increased nurse call-offs, high turnover rates, and recurring nursing staff shortages, it was evident that stress from an increased workload played a significant role. A staff education program for this LTCU was a long-term solution to the problem of burnout and stress levels. The program was intended to increase staff satisfaction, improve work performance, reduce turnover rates, and enhance patient care (see Isba et al., 2020) by increasing staff knowledge on stress prevention.

The success of this project relied on identifying what causes people to experience burnout and stress in the LTCU. Success also depended on understanding how to prevent these issues from occurring in the future (see Isba et al., 2020). The evidence is

overwhelming that a staff education program can reduce stress and burnout. The LTCU is

complex and multifaceted, making staff vulnerable to external factors such as

organizational policies, technological advances, and demographic changes. Tancred et al.

(2018) noted that organizational policies significantly affect an LTCU's success. For

example, if an organization has a policy on outsourcing work to third-party companies, it

will significantly impact how many people they employ. However, the LTCU managers

can mitigate these risks or turn them into opportunities. There is a need for a shift in

thinking from the inside-out approach to the outside-in approach (Tancred et al., 2018).

This means that managers need to consider their organization's external environment

when designing an LTCU strategy instead of focusing only on their internal needs.

The current project facility is equipped with equipment to manage diverse

patients, affording it the opportunity to accept long-term care patients with diverse

critical health conditions. Also, given that this LTCU is part of a continuing care

retirement community with a mission to age in place, patients have the opportunity to

receive diverse care at the same location. This has created an increased workload,

subjecting staff to a considerable amount of stress with elevated levels of burnout.

With the rapid advancements in technology and changes in society, the landscape

of the LTCU industry is changing. The United States has an aging population, and this is

drawing more attention to the issue of how LTCUs can be affected by external factors

such as demographic changes (Cooper et al., 2021). The impact of a demographic change

on LTCUs will depend on how their market responds to the change. It is predicted that

the number of people who will use LTCU services will increase in the next decade

(Cooper et al., 2021). This is due to an increasing number of older people and also younger people living longer with chronic conditions such as diabetes and arthritis. Also, as chronic conditions become more complex, advanced nursing skills are state requirements and nurses are often required to provide care, leaving very few nurses to perform certain tasks. This can sometimes be overwhelming for the few qualified staff, exposing them to considerable occupational stress.

Role of the DNP Student

As a DNP student, I took the responsibility of ensuring that the education program for nurses in the LTCU was a success. The application was in a local LTCU that manages around 100 patients. Due to the education requirement differences that were essential in implementing the program, I integrated a schedule that would guide nurses in applying the strategy. Change usually faces resistance; therefore, it was appropriate to provide preliminary knowledge to the nurses on the program's effectiveness. The education program included a full schedule that began with addressing issues that cause burnout and stress and impact the operations of nursing staff. My role was ensuring that the patient outcomes were under evaluation, thereby enabling the nurses and patients with knowledge through education to decrease stress levels and develop a better working relationship without external factors such as technology and limited resources. This project was essential for streamlining the health care activities in the LTCU. My presence allowed me to advance my experience and knowledge on issues regarding stress management.

Role of the Project Team

The role of the project team in this project is to facilitate the operations of

implementing an educational program to minimize the stress and burnout levels within a

healthcare organization. The team involved stakeholders and the DNP student. The

stakeholders included advanced practitioners, nurses, nursing leadership, and patients.

The doctoral project requires the collaboration and efforts of all stakeholders for its

success. The project's progress also involves feedback to enhance the evaluation of the

project. The art of feedback is vital for the development and implementation of any

program that seeks to improve its performance (Cahapy, 2021). Nurses' responses to

stress management will reflect the improvements experienced in service delivery amongst

the patients. Stress management is not an issue that affects nurses only and the patients;

hence the project would involve all stakeholders within the LTCU. My involvement in

the project aimed to advance nurses' interest, especially the impacts of stress and burnout

on their performance. The information on the ongoing program would be made public to

all members of the LCU; hence anyone can willingly embark on the process through the

provided instructions and provide feedback. Team members will review and provide

feedback on the results in approximately one month. Team members will include facility

leadership, myself, and the nursing unit.

Summary

Overall, the Kirkpatrick evaluation model's application in the project will help to

enhance success through compliance of nursing staff towards this educational program on

stress management. A collaboration of efforts is expected between the nurses and the

DNP student. Reviewing the local background of the LTCU's existence will become an integral part of the intended development and implementation of the decision toward achieving success amongst the nursing staff. The following section aims at reviewing and collection and analysis of the evidence addressing the practice-focused question.

Section 3: Collection and Analysis of Evidence

Health care practitioners are more stressed and burned out due to reduced staffing and increasing workload. Some health care professionals in the LTCU lack the knowledge and practical strategies to manage work-related stress; as a result, they must be educated through programs that allow them to schedule time for relaxation and organize themselves to avoid burnout despite the arduous work they do daily. The current project focused on establishing a staff education program on burnout prevention, stress management, and its impact on health care professionals in LTCUs. Workload, patient care, lack of resources, and hospital or medical personnel support were possible causes. Nursing professionals are under a lot of stress because they are responsible for caring for patients and giving the finest care possible. Nursing professionals must be well rested, have regular sleep habits, eat nutritious foods, and establish positive relationships with their patients. Nurses can manage their stress levels in various ways including exercise, meditation, yoga, and taking time off work. The most fragile and inpatient care settings are LTCUs. Due to patients' needs, they frequently require substantial care. This section focuses on the practice-focused question, sources of evidence, published outcomes, and analysis of operational data including participants and tools for research.

Practice-Focused Question

Stress management is a global concern affecting health care personnel, particularly those working in LTCUs, where nurses frequently work long hours under challenging conditions. Nurses are in charge of treating both acute and chronic illnesses, which exposes them to high levels of professional stress and burnout. However, little is

known about the relationship between stress and social support and burnout in this population. High levels of stress and burnout were evident at the project facility, as evidenced by verbal reports from nursing staff on this unit, patient reports of staff who are tired or burned out, managerial reports with documentary evidence of increased long-term unit patient monitoring, high staff turnover, and frequent nursing staff shortages on this unit. Every operator in the medical field should make preventing these cases a top priority because they affect society. The problem necessitates robust solutions, such as creating a staff education program that enables health care personnel to improve their expertise in dealing with and managing stress while working in difficult situations.

The DNP initiative was intended to address this practice-focused question: In long-term care unit staff, will the education on stress management result in increased knowledge of stress prevention? The project's main goal was to increase health care workers' knowledge of strategic methods for managing stress and mitigating stress-related dangers on an LTCU. The project may be critical in helping health care institutions make significant improvements. The project offered appropriate solutions to address the rising employee burnout and stress rate. The current gap in health care practice is a lack of management solutions for assisting staff in coping with constant burnout and after-job stress (Joshi & Sharma, 2020). This current staff education program may provide a foundation for health care facilities to improve their performance while lowering burnout and stress. The program is designed to deliver the most effective and lasting solutions for assisting LTCU health care professionals in identifying and

implementing practical training techniques that improve their performance management mechanisms.

During a quality management meeting, the project site leader verified increased levels of burnout and stress, making the training program more likely to be implemented. Several other staff reported evidence supporting the need for this project, including time off, numerous sick call-offs, high employee turnover rates, and multiple workload concerns. The staff education program was intended to improve health care workers' connections with their families, which could be harmed by communication problems caused by stress. This curriculum may be highly beneficial to the facility. The program will equip LTCU providers with enhanced knowledge to manage stress and burnout. The LTCU will gather evidence on nurses' burnout and stress. These strategies will include using observational studies that involve qualitative methods to observe the nurses in the unit and document their experiences. The technique will focus on how patients and nurses interact, and what they do.

The program shall incorporate quantitative studies which will use quantitative methods to measure the nurses' work hours and the number of assigned patients to estimate burnout and stress levels among them. The use of experiments shall also encompass quantitative methods to test whether there are differences between treatment options for the problem to determine which option works best for which group of nurses. These strategies will help identify some root causes, assess the impact these factors have on patient outcomes, and develop interventions for nurses' burnout and stress.

Sources of Evidence

Health care staff continue to face severe stress and burnout. According to a recent survey, at least 38% of the 20,947 health care workers polled in the United States had worried between the start of the pandemic and the end of 2020, 49% suffered burnout, and 43% experienced stress due to overwork (Prasad et al., 2021). In a randomized control trial conducted on 65 nurses in an Iranian hospital where samples were done by stratified sampling, an intervention group underwent 10 sessions of a stress management program simultaneously with the control group who underwent placebo sessions (Pahlavanzadeh et al., 2016). Data collected before, immediately after, and 1 month after the intervention from both groups and analyzed using the student's t test, Mann-Whitney, chi-square, and analysis of variance revealed significantly higher mean scores overall and in the quality of care in the intervention group immediately after and 1 month after the intervention compared to the control group ($p < 0.001$). This finding confirmed the notion of stress management being an effective method to improve the quality of care with recommendations for staff to consider for improvement in their nursing care.

The results of this study are similar to another study addressing whether stress management education significantly impacts the psychological well-being of nurses and promotes stress prevention. In this quasi-experimental study using a control group and pre- and posttests, 20 nurses in the experimental and control groups at an Iranian university hospital underwent 10 stress management training sessions (Pahlevani et al., 2015). The control group received no interventions. Both groups were post-tested. Pahlevani et al., used analysis of covariance to analyze the data. Results showed that the

experimental group had an increase in the average scores of the variables (purpose in life, positive relations with others, personal growth, self-acceptance, and psychological well-being) in the posttest stage compared to the control group. Also, results showed a 0.25%, 0.52%, 0.64%, 0.60%, and 0.81% change in the score of the variables due to the independent variable. Therefore, it could be concluded that the stress management skills training increased mental well-being and aided with stress prevention in nurses. Implementing a stress management education program in my study could address the gap of knowledge deficiency and symptom management currently faced by the nurses, the unit, and the facility. With this in mind, the development of the education program was the next step.

The curriculum was implemented using the Walden University Doctor of Nursing Practice Manual for Staff Education Project as a guide. The program was developed using realistic and evidence-based stress management strategies for health care workers, particularly those on LTCUs, from the literature review. I examined the relevant academic journals and conducted a preeducation assessment using a questionnaire to assess participants' readiness to engage in the program. The chief operating officer and nurse leadership team provided an expert review to assess the suitability and correctness of the program before implementation.

Following the expert review of the education program, health care practitioners had the opportunity to participate in the program voluntarily. The next phase was to implement the education program, including handouts and PowerPoint presentations, to improve nurses' knowledge and skills to reduce burnout. Finally, posteducation

questionnaires, role play, and oral input from the staff were used to assess the changes

due to participation in the education program. This assessment allowed for the

effectiveness of the education program to be measured by the participants' knowledge of

burnout mitigation strategies. The education program disclosed the scope and effects of

the practice problem and the necessary changes and evidence-based solutions. After that,

an analysis was undertaken based on the information gathered, with suggestions being

offered to stakeholders for future implementation of the education program. The

knowledge gained from this education program may fill the gap in practice staff's lack of

understanding of how to reduce fatigue while functioning in LTCUs and may provide

recommendations to partners for long-term adoption. Role playing allowed the nurses to

see things from different perspectives and learn from each other.

Published Outcomes and Research

This project's data gathering stage relied on databases such as CINAHL,

MEDLINE, and PubMed and data from online and medical journals, the Centers for

Disease Control and Prevention, and the World Health Organization. A preintervention

questionnaire to understand the staff's stress levels and contributing elements and a

knowledge evaluation on stress management were additional sources of data. Staff

feedback on the planned education program's ability to help with stress management and

burnout reduction was acquired, and a determination of the staff's willingness to engage

in the program was made. Some search terms for the literature review includes *stress* and

burnout, *stress reduction strategies in healthcare*, *effects of stress on long-term care

units*, *lack of stress management in staff nurses*, and *staff education on stress reduction*.

Burnouts and stress significantly impact bad attitudes and absenteeism, resulting in poor performance and service delivery (Tiwari & Bhagat, 2021). It is therefore crucial to minimize increased incidence of burnout and stress and to improve service quality by ensuring that health care workers' working circumstances are well planned and effective. Health care executives must understand and integrate techniques to reduce stress and burnout within the business for worker and patient well-being.

The literature review included studies published no earlier than 5 years from the project's anticipated completion date. Information obtained informed the education plan to address the practice-focused question. The program was intended to reduce stress and burnout, increase staff wellness, and impact their overall effectiveness in patient care. Wellness programs and other stress reduction programs have positively impacted health care professionals' living habits, lowered work absenteeism, boosted job satisfaction, and improved workers' health by reducing stress (Parola et al., 2017). Professionals on the LTCU may also benefit from the education program, which may help them develop compassion and improve societal connections. In addition, the program may benefit other professionals in society by boosting productivity and personal fulfillment. This project's outcomes have the potential to effect positive societal change. Enhancing resiliency and self-care are two societal improvements connected with the staff education program, which may help health care professionals manage stress and avoid burnout (see Prasad et al., 2021). In the long run, this initiative has the potential to enhance patient outcomes. It may also aid in the identification and analysis of elements impacting health care personnel's social environments to reduce burnout and stress-related disorders.

Evidence Generated for the Doctoral Project

Burnout is a problem among health care workers in LTCUs, necessitating action. Some health care workers, such as nurses, encounter depression regularly but lack efficient ways to assist them in coping with the stress and perform poorly in preventing it (Lifeso et al., 2020). According to the Agency for Healthcare Research and Quality (2020), CAHPS surveys aid in the monitoring of critical initiatives aimed at improving the experiences of nursing home residents. The current education program was designed to provide ideas and skills that will assist health care workers in reducing burnout and stress, thereby improving their overall impact in the long run.

Participants

Physicians, nurses, medical students, patients, and hospital management were among the stakeholders in the health care institution who played a vital role in conducting the staff education program. Seventeen nurses, including licensed practical nurses and registered nurses, and two primary care physicians were the participants. The nurses were male and female, ranging from 29 to 55 years of age. The doctors were female and ranged in age from 38 to 48 years. Physicians and nurses play an important role because they are the most affected and can be effective in the program's testing process.

Various phrases are used in the application for this educational program to reduce stress and burnout among nursing personnel at LTCUs. Participants or nursing staff, for example, may imply that individuals, particularly healthcare professionals who are experiencing anxiety and burnout, are suited for participating in an educational program aimed at transforming their life. Furthermore, all medical assistants and practical nurses

with legal qualifications and licenses to practice nursing make up the nursing workforce.

Members of the Long-Term Care Units, particularly the elderly, are patients who require

the attention of nurses and other care professionals in nursing institutions. Medical team

members who aim to give direct assistance, such as contacting patients and connecting

them with care providers, are referred to as care personnel.

Procedures

Following the review, healthcare practitioners will have the opportunity to

participate in the program's initiation procedure voluntarily. This will occur after the staff

have been made aware of the problem at hand and intentions of the educational program.

A preintervention questionnaire will be given to the participants in order to assess their

knowledge of stress management and the prevention of burnout. The next phase will be

to implement the proposed educational program, including providing handouts,

PowerPoint presentations, and the demonstrations of some activities that will improve

knowledge of ways to prevent burnout. The ADDIE model will be used to efficiently

present the program. This model makes use of five phases which include analysis, design,

development, implementation, and evaluation (Alomen et al., 2016). Finally,

posteducation questionnaires, role play, and oral input from the staff will assess the

changes due to participation in and knowledge acquisition from the educational program.

Some of these assessment methods will not measure knowledge attainment. This will

allow the effectiveness of the educational program to be measured by the participants'

knowledge of burnout mitigation strategies. These procedures will disclose the scope and

effects of the problem in practice and the necessary changes with evidence-based

solutions. After that, an analysis will be undertaken based on the information gathered, with suggestions being offered to stakeholders for implementation. The knowledge gained from this educational program will fill the knowledge gap due to the staff's decrease understanding of how to reduce fatigue while functioning in long-term care units and provide recommendations to partners for long-term adoption.

Protections

The program will ensure the ethical protection of the participants in its entity. Maintaining a good relationship with the participants is of ethical essence and is key to success in research (De Hert, 2020). Strategies that can help maintain a good relationship with the participants include keeping them engaged by providing value and relevant information and feedback on their work. Also, trust shall be built by being transparent and giving them autonomy. To ensure that the process is ethical, the team must protect and maintain participants' privacy. They must also provide transparent information about how the data will be used and consent (Griffin et al., 2019). This protects their rights to autonomy. The project team will also offer incentives of refreshments and snacks for participants who participate in studies and make sure that they are not being exploited and ensure their participation is voluntary. The curriculum will be implemented using the Walden University Doctor of Nursing Practice Manual for Staff Education Project as a guide and will need approval. The program will be developed using realistic and evidence-based stress management strategies for healthcare workers, particularly those on the LTCU. Reviewing the underlying professional literature, then conducting a pre-educational assessment with a questionnaire to determine the scope of the problem,

identify knowledge gaps among the personnel, and assess their readiness to engage are all steps in the educational program.

Analysis and Synthesis

The data to be collected was obtained through an anonymous preeducation paper questionnaire that provided the opportunity to identify the presence of any stress in the staff and possible causes of their stress. The staff were given adequate time of one week to complete the questionnaire. Informal conversations and observation prior to the education provided context to strengthen or support the data obtained through the questionnaire. Upon collection, the data were reviewed to identify possible stressors and any existing patterns. This would be used to help modify the training program to address areas of interest or need. A posteducation questionnaire was completed to collect data for comparison and determine the program's effectiveness.

The integrity of the evidence was preserved by ensuring anonymous completion of pre and post-education questionnaires and avoiding sharing individual feedback before the program to prevent any biased responses. Using a descriptive analysis program on Microsoft, the percentage difference between the pre-and post-education results were obtained to identify any changes in knowledge from completing the program.

Summary

To conclude, enhancing the knowledge health care professionals have to manage stress while providing care for patients on long term care units is a critical element, and this program seeks to accomplish that goal. This section revealed the sources of evidence and educational tools to be used, the participants and the strategy for protection

throughout the process including the pre and posteducational assessments. The next part of the research will focus on the findings and recommendations from previously gathered evidence. Ultimately, the project will provide a comprehensive understanding of the research impacts of stress and strategies to mitigate its existence in the health care professionals on the LTCU unit.

Section 4: Findings and Recommendations

Stress management continues to pose challenges to health care professionals due to the conflicting and emerging individuals' interests in the market. The organizational structure's primary focus was the health care sector's ability to enact effective stress management strategies and reduce cases of poor stress management. Health care professionals working in LTCUs face stress management issues, which indicated a need to develop models to enhance professionals' stress management systems. This entailed empowering them with the tools and knowledge to manage work-related stress and efficiently perform their duties. This project addressed the following practice-focused question: For long-term unit staff, will an education program on stress management result in increased knowledge of stress and burnout prevention? To answer this question, I developed an intervention to increase participants' knowledge through education with the hopes of developing a framework for use by the facility long term.

To better understand the extent of the problem, I provided an anonymous preintervention questionnaire for completion by the staff. This was meant to identify the environmental contributing factors and effects on stress levels and assess staff's knowledge of stress management. Staff opinion and agreement on the proposed intervention was elicited before the education session started to assess their willingness to participate. The education program was developed using supporting evidence from a literature review using CINAHL, MEDLINE, and PubMed databases. Public health resources such as the Centers for Disease Control and Prevention and the World Health Organization provided strategies that had been proven effective. After the program, the

staff completed a posteducation questionnaire that focused on the information provided during the program. The staff were asked questions on the content provided in the program. An analysis of the pre- and postintervention results was completed using the Kirkpatrick model to evaluate the program's effectiveness in improving stress management knowledge while working in LTCUs. The evidence supported the need for further education of the staff through this education program.

Findings and Implications

The program participants were 19 long-term unit staff: 17 nurses and two physicians. The participants completed a pretest questionnaire before the program and a posttest questionnaire after the program, which comprised the same questions. These pre- and postquestionnaires were completed on paper, anonymously, and offered in the English language (see Appendix A). After the program, I analyzed the data using descriptive statistics and placed them on a spreadsheet (see Appendix B).

As shown in Appendix B, the questionnaire responses changed after the education program. This was evidenced by a change in the number of nurses' correct answers from preeducation to posteducation. Responses to Question 1 on the questionnaire revealed the stress level experienced by the staff. Responses to Questions 2–8 showed changes with each response from pre- to posteducation. For instance, in Question 2, three nurses had Option A as their response before the education program, but 17 nurses had Option A after the program. This indicated that 14 nurses changed their responses to the posteducation questionnaire. This could mean that completing the education program brought about a change in knowledge of stress prevention.

The data analysis using descriptive statistics with Microsoft Excel (see Appendix B) revealed an increase in the aggregate mean score from 54 to 82, indicating a positive change in knowledge from the program. The standard error dropped from 5.5 to 2.1, meaning that the average of the sample of nurses represented the true mean of the nurses, though a slight deviation of 9.3 from the mean was noted. Also, the data showed that only three participating nurses knew about stress management strategies before the program began, as evidenced by a score of 100% on the preintervention questionnaires. In comparison, five had the lowest overall scores of 30%. The postintervention findings revealed that out of 19 participants in the education program, 16 improved their scores after the education session. At the same time, two nurses had their scores drop by 10%, and one nurse maintained their score at 100%. These findings show an improvement in knowledge in 84% of the staff after the education program.

Unanticipated Limitations

Unanticipated limitations are often bound to occur with programs such as this one, creating potential issues with the project. The first identified limitation was that fewer than anticipated nurses participated in the program. Out of 30 staff who were anticipated to attend the program, only 19 participated, reducing the sample size and potentially impacting validity and reliability. Second, some of the nurses had to participate in the program and quickly return to their work routine, which could have impacted their ability to focus on the program and retain information asked on the questionnaires, thereby possibly affecting the scores on the posttest, which could have

been higher. Also, the short duration of the project possibly affected the scores as more nurses who were absent could have participated on the days they were present at work.

Implications From Findings

The findings of this project have the potential to impact not only the staff but also the organization as a whole. The education program reinforced certain strategies and introduced new ones. Though some of the nurses appeared knowledgeable of certain stress management techniques, it is conceivable that based on the leadership team's reported findings, the nurses do not practice these techniques in their daily care routines.

Given that nurses are primarily frontline in the acute, chronic, and complex care for long-term care patients, nurses tend to experience high levels of stress while providing care, leaving them vulnerable to its short- and long-term effects. It is crucial to increase their knowledge of recognizing work-related stressors or triggers and implementing strategies to avoid impacting the quality of care they provide. With increased knowledge, the staff may provide better care for their patients, minimize errors in care, improve nurse–patient relationships, improve patient outcomes, and increase job satisfaction through their work. Through this, the facility could obtain improvements in their patient experience scores, which could make them the preferred choice among their competitors in the community and possibly minimize unexpected costs from regulatory fines or lawsuits. The current project also offers a framework for future research and integrated systems of developing sustainable models for addressing burnout and occupational stress in the health care sector. Through the findings of the project, community members and stakeholders in the LTCU can formulate a sustainable program

to solve emerging issues. Lastly, the measures may also reflect on the community's

perception of the ability of the organizations and governmental institutions to foster

nurses' interests and improve working environments.

Social Change

The empowerment of the nursing staff through education on work-related stress

and burnout prevention has the potential to increase their work control, commitment to

their work, and job satisfaction. These changes may improve nurses' quality of care and

their drive to seek the best outcomes for their patients. As a result of these changes, errors

in care may be minimized, patients' needs may be met in a timely manner, and patients

may benefit from a better relationship with their nurses, which could impact their

recovery process. When leaders empower these behaviors through education, nurses are

driven to use their full potential in the profession, which could increase their longevity in

the workspace. This longevity could minimize turnover rates, decrease exits from the

profession, and increase entry and diversification in the profession. Also, success in this

program could direct systemic, local, and national attention to the creation and sustenance

of innovations that empower nurses and other health care professionals with the ability to

improve their well-being in the workplace.

<div align="center">

Recommendations

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The analysis of the data obtained from the pre- and postintervention

questionnaires revealed an improvement in the knowledge of stress management, even

with those who had prior knowledge of the problem. This was evident in an increase in

the minimum scores on the postintervention questionnaires from 30% to 70%. These led

to several recommendations. The first is educating the nursing management system to increase their advocacy for recognizing and managing nursing stress and burnout. The platform enables the management team to design programs that outline the leading causes of nurse burnout and develop systematic approaches to solving emerging issues (see Ruotsalainen et al., 2015). Strategic planning entails creating education programs for nurse leaders that familiarize them with the early signs and symptoms of nurses' exhaustion (Mudallal et al., 2017). In addition, the education program may help the leadership department identify the burnout issues early enough among nurses by observing early symptoms, thereby addressing the emerging problems before the stress levels become uncontainable among the nurses in LTCUs.

The second recommendation is including this training program or one on stress prevention strategies in the orientation phase of new hires to equip them with the knowledge they need to manage stress before working on the unit and ensuring this program is completed by all on a routine basis. The last recommendation is to encourage nurses' involvement in the policymaking programs, thereby allowing them to highlight the top causes of burnout and increased stress levels among themselves and their colleagues in the work environment. Involving the nurses in the policymaking programs is one of the critical strategic recommendations that will help address the issue of nurse stress levels and occupational burnout (Schlak et al., 2021).

Strengths and Limitations of the Project

This project had several strengths and some limitations. A significant strength of this project was its content. The project revealed the challenges faced by staff and

highlighted the causes of nurses' work-related stress and burnout. The content helped the

stakeholders understand the leading causes of the problems and provided a foundation for

solving emerging issues. The recommendations highlighted in the project also provided a

straightforward way of handling the issues and promote nurses' interest in their work.

The project also provided platforms for the future handling of the nursing career in the

changing patient-care world. Another strength was that most of the staff on the unit

showed up voluntarily and fully participated throughout the program. They were

receptive to the information provided and engaged with each other, sharing ideas based

on the information received at the program. Also, a strength of the project was obtaining

the full support of the nursing leadership team and other facility stakeholders who trusted

that implementing this program could bring about the change they desired in the long

run.

Despite the strengths of the program, it experienced a few setbacks. Some nurses

had to occasionally leave the educational session to attend to incoming work-related

phone calls and patient needs on the unit. Second, the project failed to highlight a

formidable action plan that the stakeholders of the nurses' union could use at the facility

to assist in combating the issues of nurse burnout and work-related stress in LTCUs,

thereby restricting the ability to foster long-term success.

Section 5: Dissemination Plan

Disseminating this project in the care setting was an important part of the process. Presenting the results to the leadership team and other facility stakeholders will show with evidence the impact of the education program and its potential impact if used long term and on other units. I will submit the abstract and results to the nursing cooperate department for review and display them on their health care websites and bulletin boards to share with other affiliates. I will also conduct a presentation, if needed, at other affiliated facilities or at their nursing conferences.

Analysis of Self

As a practitioner, I am driven by the well-being of my patients and ensuring that they receive the best quality of care. Despite several challenges throughout the process of completing this project, such as balancing my professional, academic, and personal life to achieve the set objectives, working on this project has improved my ability to conduct research on common practice issues and investigate causes and evidence to support my program to bring a change that could impact quality of care and patient outcomes. This project allowed me to grow as a scholar as I delved into evidence-based literature, devised a plan for implementation, and analyzed the results. This project gave me confidence to move forward and expand my knowledge of how projects and research should progress.

From a project manager's perspective, carrying out this project was easier than expected. This was due to building rapport with the staff and allowing them to share their challenges and suggestions for change comfortably. I was able to drive this change by

discussing the plan and results after the execution of the program with the nursing leadership and nursing staff educator and offering recommendations with directions on future implementation or modifications to bring long-term effects. My success in these different roles has propelled me further in my professional journey as a doctorally prepared nurse who can bring change and drive the process in almost any setting to improve patient care.

Summary

Nurses in LTCUs face challenging issues such as burnout and increasing stress levels due to the overwhelming workload in the health care sector. The stakeholders must identify the major causes of nurses' burnout and the occupational stress realized in these settings. Determining the causes of the issues can enable stakeholders to formulate a plan that will help the nurses increase their productivity and offer quality services to the patients at the institution. A major cause affecting nurses' productivity is inadequate knowledge of work-related stress management strategies. Equipping LTCU nurses with the tools through education to manage work-related stress may increase their provision of quality health care services and improve patient satisfaction in health care facilities.

Nurses understand their interests; therefore, formulating systematic programs involving them in decision-making metrics and policymaking models offers opportunities for solving several issues, including work-related stress in the health care sector. Organizations should redirect their efforts to address the issue of burnout and occupational stress in staff to promote the quality of health care services. By doing this, organizations will address the welfare of all their workers, especially the nurses providing

care in LTCUs. Addressing the educational needs of the staff on this LTCU through this

education program may provide an opportunity for the organization to direct more efforts

in creating other programs to manage environmental stressors and preserve the well-

being of their staff, thereby improving the patient experience.

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Appendix A: Preintervention and Postintervention Questionnaire and Responses

Pre-Ed Question #	Pre-Ed Questions	Responses to questions	Post-Ed Question #	Post-Ed questions	Responses to questions
Q1	How often do you feel stressed at work? A- Always B-Sometimes C-Often D-Never	Option A=12 staff B=3 staff C=4 staff D=0 staff	Q1	How often do you feel stressed at work? A- Always B-Sometimes C-Often D-Never	Options A=12 staff B=3 staff C=4 staff D=0 staff
Q2	How confident are you to manage work-related stress? A-Very B-Not very	Option A=3 staff B=16 staff	Q2	How confident are you to manage work-related stress? A-Very B-Not very	Options A=17 staff B=2 staff
Q3	What are some signs of feelings stressed? Choose all that apply. A-Irritability B-Forgetfulness C-Arguments D-Tiredness E-Accuracy F-Energetic	Option A=19 staff B=19 staff C=19 staff D=19 staff E=3 staff F=5 staff	Q3	What are some signs of feelings stressed? Choose all that apply. A-Irritability B-Forgetfulness C-Arguments D-Tiredness E-Accuracy F-Energetic	A=19 staff B=19 staff C=19 staff D=19 staff E=0 staff F=0 staff
Q4	What are some long-term effects of stress? Choose all that apply. A-high morale B-increased motivation C-increased turnover D-mental health issues E-substance abuse F-high absenteeism	Option A=13 staff B=4 staff C=19 staff D=17 staff E=17 staff F=14 staff	Q4	What are some long-term effects of stress? Choose all that apply. A-high morale B-increased motivation C-increased turnover D-mental health issues E-substance abuse F-high absenteeism	Option A=1 staff B=0 staff C=19 staff D=19 staff E=19 staff F=19 staff
Q5	What strategies can I use to decrease my work-related stress levels? Choose all that apply A-Manage time wisely B-Seek assistance as needed	Option A-19 staff B-19 staff C-5 staff D-4 staff	Q5	What strategies can I use to decrease my work-related stress levels? Choose all that apply A-Manage time wisely B-Seek assistance as needed	Option A-19 staff B-19 staff C-0 staff D-0 staff

	C-Taking longer breaks D-Work independently			C-Taking longer breaks D-Work independently	
Q6	What is an unhealthy responses to stress? A-Exercise B-Rest C-Isolation D-Deep breathing	Option A-0 staff B-3 staff C-14 staff D-2 staff	Q6	What are unhealthy responses to stress? A-Exercise B-Rest C-Isolation D-Deep breathing	Option A-0 staff B-0 staff C-19 staff D-0 staff
Q7	What role can I play to minimize the work-related stress among the staff? A-Be part of decision making B-Don't report stressors to leadership C-Work independently D-Avoid stressful situations	Option A-12 staff B-2 staff C-2 staff D-3 staff	Q7	What role can I play to minimize the work-related stress among the staff? A-Be part of decision making B-Don't report stressors to leadership C-Work independently D-Avoid stressful situations	Option A-19 staff B-0 staff C-0 staff D-0 staff
Q8	Minimizing stress in the work place my responsibility? A-True B-False	Option A-7 staff B-12 staff	Q8	Is minimizing stress in the work place my responsibility? A-True B-False	Option A-19 staff B-0 staff

Appendix B: Preintervention and Postintervention Results

50	**Pre-intervention**			70	**Post-intervention**		
30				70			
100	Mean	54.21053		90	Mean	82.63158	
60	Standard E	5.531187		80	Standard E	2.141501	
30	Median	50		90	Median	80	
60	Mode	30		90	Mode	90	
70	Standard L	24.10988		90	Standard L	9.334586	
50	Sample Va	581.2865		80	Sample Va	87.1345	
30	Kurtosis	-0.09216		70	Kurtosis	-1.09849	
40	Skewness	0.958816		80	Skewness	-0.13195	
100	Range	70		100	Range	30	
100	Minimum	30		90	Minimum	70	
50	Maximum	100		70	Maximum	100	
30	Sum	1030		80	Sum	1570	
70	Count	19		90	Count	19	
40	Largest(1)	100		80	Largest(1)	100	
40	Smallest(1	30		70	Smallest(1	70	
30	Confidenc	11.62059		90	Confidenc	4.499127	
50				90			