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# Educating Nursing Staff on Code Lavendar

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College of Nursing

This is to certify that the doctoral study by

Melanie Gumapas Webb

has been found to be complete and satisfactory in all respects,
and that any and all revisions required by
the review committee have been made.

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Walden University
2023

Abstract

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by

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MS, University of Phoenix, 2009

BS, Clemson University, 2004


Project Submitted in Fulfillment

of the Requirements for the Degree of

Doctor of Nursing Practice

Walden University

December 2022

Abstract

The role of the nurse has changed considerably over the past decade. Nurses are facing alarming rates of burnout that is causing them to leave the profession prematurely. The practice-focused question was to determine if a nurse staff education program on Code Lavender that focused on wellness and resiliency strategies helped to decrease nurse burnout. The purpose of this doctor of nursing practice project was to educate nurses on an 11-bed inpatient oncology unit at a hospital located in Maryland. A comprehensive literature review was conducted utilizing several databases and using inclusive terms such as nurse burnout, wellness, patient safety and work environment, use of technology as it relates to burnout. After further dissection, a total of 18 articles were included for synthesis for this project. The analyze, design, develop, implement, and evaluate model guided this project. A two week in-person education program focused on educating nurses. A pre-post test was conducted using the Maslach Burnout Inventory Instrument. Fourteen nurses voluntarily participated in the project. The results revealed that of the 14 nurses, 100% of participants had a decrease on the depression dimension, 85% had a decrease on emotional exhaustion dimension, and 14% had a decrease in personal accomplishment score. By launching this specific training, this contributed to social change within the profession as it allowed an employee to make social connections holistically through integration of one's physical, mental, and spiritual well-being.

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Dedication

I dedicate this work to my family. A special thank you to my husband, Laurence. Your constant words of encouragement and tenacity is what drives me to be the best version of myself. You are truly my biggest fan and the best cheerleader. Thank you for always believing in me at times when I do not always believe in myself, I am forever grateful. To my children, Isaiah, Micah, and Annelyn, the three of you are my life and joy, which gives me a sense of purpose. I hope to always be an example that each of you look up too. Through this journey, I want you to always strive to be the best that you can be and to always push yourself harder when you feel like giving up. Always know that nothing is impossible, and we will always be there to support each of you. To my loving parents, Mr. Angelito and Mrs. Teofila Gumapas, you two are the best role models anyone could ever hope for. I would not be the person I am today without your reassurance, inspiration, unconditional, and unwavering support. To my brothers, Leo, and Jordan, thank you for always be there for me and not passing judgement when I needed a shoulder to cry on or an ear to vent too. There are no words to express how grateful I am for each of you, and I thank God each day for blessing me with such a loving and supportive family.

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Section 1: Nature of the Project

**Introduction**

Nurse burnout is a prevalent phenomenon that is described as a lack of

motivation, emotional exhaustion, and frustration that can cause a lack of efficiency, poor

patient outcomes, and nurse turnover (Mudallal, 2017). According to Kelly et. al. (2021),

nurses experiencing burnout not only causes deleterious and consequential effects on the

individual, but also has direct effects on the care delivered to the patient. Nurse burnout

can be caused by several work-related issues, as a direct result of a resource imbalance

related to the nursing shortage, an increased pressure to highly perform due to societal

expectations, and a lack of policies that do not support our professional values and best

practices (Dall'Ora et. al. 2020). In a recent systematic review conducted by Jun et. al.

(2021), out of 4 million nurses in the United States more than half have reported

experiencing burnout; and one in 10 nurses around the world have reported experiencing

burnout.

The purpose of this doctor of nursing practice (DNP) project was to educate

nurses on an 11-bed inpatient oncology unit at a hospital located in Maryland (MD) on

the importance of a Code Lavender focused on wellness program to promote a healthier

lifestyle and reduce burnout. Code Lavender is a defined as a holistic rapid response

program that helps front line providers in need of a calming influence after a stressful

situation. The administration noticed an increase in nurses absent from work for illness or

personal reasons and turnover which are classic symptoms of nurse burnout (B. Jordan,

Personal Communication, March 19, 2021). The gap in practice that was identified within

the department has led to an overall direct care provider vacancy rate at the organization of 24%, and an average of 3 call ins a day (National Institutes of Health, 2022). There is no existing intervention or program designed to address nurse burnout within a 11-bed inpatient oncology unit at a hospital located in MD.

This DNP project had a direct impact on social change. Following education, an employee was able to make social connections holistically through the integration of one's physical, mental, and spiritual well-being. This project created a unique opportunity for employees to make these specific social connections, which transformed the culture within the unit/department.

## Problem Statement

Nurse burnout can be depicted as the physical, mental, and emotional state of a nurse who is chronically overworked leading to a lack of job fulfillment and satisfaction, which leads to a decrease in a nurses' quality of life, performance level, and increases intention to leave the profession (Van del Heijden et al. 2019). Nurses embody the largest group of direct care providers in the healthcare field, representing more than 3.8 million professionals across the United States (American Association of Colleges of Nurses [AACN], 2020). Nurses are challenged to meet the physical, emotional, and knowledge-based skills that the healthcare field demands resulting in them suffering from burnout. The role of a nurse has changed dramatically over the past decade. Due to the transformative changes in healthcare, nurses have a dynamic role given their ability to shape change and create organizational success to improve quality outcomes. To ensure longevity within the profession, healthcare organization across the United States must

gain a perspective of the nurse's experiences to prevent burnout syndrome. Clinicians frequently do not seek support prompting them to suffer in silence, which ultimately has led to a compromise in patient safety.

The purpose of this doctor of nursing practice (DNP) project was to educate nurses on an 11-bed inpatient oncology unit at a hospital located in MD on the importance of a Code Lavender focused on wellness program to promote a healthier lifestyle and reduce burnout.

The role of a nurse has changed dramatically over the past decade. As an organization it is important to recognize that nurse burnout is an occupational stress that has a direct impact on patient care. Burnout must be understood to prevent nurses from leaving the profession prematurely and optimizing patient care outcomes. This DNP project held significance to the field of nursing practice because it addressed burnout experienced by nurses, optimized patient outcomes, improved job satisfaction, and created longevity within the organization.

## Purpose

The meaningful gap in practice that this DNP project addressed is that staff nurses reported/displayed symptoms associated with nurse burnout at this project site. The administration identified that on this specific unit, there was an increased number of call outs and a high nursing turnover, which are all classic symptoms linked to nurse burnout. There is no existing intervention or program designed to address nurse burnout within a 11-bed inpatient oncology unit at a hospital located in MD. The purpose of this DNP project was to develop an education module on Code Lavender with specific strategies

focused on wellness and resiliency for staff to utilize in periods in periods of high stress. Staff learned specific techniques that had the potential to impact and decreased their actual nurse burnout score experienced.

The practice-focused question that this project attempted to answer is: Can a nurse staff education program on the Code Lavender focused on wellness and resiliency strategies decrease nurse burnout? This DNP project attempted to address a gap in practice in an 11-bed inpatient oncology unit at a hospital located in MD. Education programs can create a culture to improve staff morale creating positivity, motivation, and competency. As an organization, it was vital to tailor the staff education program to identify signs and symptoms associated with burnout. By tailoring the program, the organization did see a decrease in turnover and callouts, therefore, improving employee satisfaction.

## Nature of the Doctoral Project

An extensive review of nursing literature review was conducted to obtain sources of evidence for this DNP Project and data associated with the dissemination and development of staff education programs along with academic nursing journals, certified websites of government and professional entities. Specific website sources included information from The Joint Commission, American Nursing Association (ANA) Enterprise, and American Nurses Foundation.  Explicit medical sources will include the *Joint Commission Journal on Quality and Safety, American Medicine, BMJ Open*, and *National Academy of Medicine*; nursing journal sources include *Journal of Issues in Nursing, Online Journal of Issues in Nursing, Journal of Patient Safety, and the Journal*

*of Pediatric Nursing*. Databases such as CINAHL, Medline, PubMed Central, Cochrane Library, and EMBASE was utilized.

A specific literature review was conducted from the database search using inclusive terms related to nurse burnout, wellness, Code Lavender, nurse staff education, and Maslach Burnout Inventory (MBI). The years will include from 2012 to 2022. Articles that were excluded was any literature review articles found related to physician burnout, non-English articles, and studies that used data not related to MBI scales.

The summarized approach was utilized to answer if a nurse staff education program on the Code Lavender Program focused on wellness and resiliency strategies to decrease nurse burnout would require several steps. The first step was to obtain site approval from the facility and the Institutional Review Board (IRB). Upon IRB approval, the second step was to gain approval through Walden University IRB. The third step was to develop the curriculum with input from experts utilizing the analyze, design, develop, implement, and evaluate (ADDIE) model. Participation in this project was completely voluntary and a participant could withdraw from the project at any time without penalty. If the participant desired to join once more, they could join without consequence for the duration of the pilot. The fourth step to the project was to conduct a pretest on the MBI. After completion of the pretest, the fifth step was to conduct one-hour in person education on Code Lavender and the importance of resiliency and wellness. Following education, the sixth step was to conduct a posttest utilizing the same MBI. After the results were received, the final steps were to evaluate the data using a descriptive statistics approach.

**Significance to Nursing Practice**

The key to successful implementation of a project within an organization was to gain the buy-in from fundamental key individuals within the organization. As a DNP student, it was vital to be collaborative and involve key stakeholders. The necessity to identify key stakeholders who potentially had the greatest potential to influence change was essential with implementing change within the organization. In a healthcare organization, change requires a specific type of leader with a certain personality, time, and embeddedness in the process. The stakeholders that were identified to successfully implement this DNP project included support of the chief nursing officer (CNO), clinical nurse specialist, nurse manager, and unit nurses. The CNO involvement was to review, approve practicum experience, and support a culture that promotes EBP. The clinical nurse specialist role helped to develop the education material centered on Code Lavender focused on wellness and resiliency. The nurse manager role was to help serve as a change agent with assisting to spearhead and promote the EBP project, and the nurse's role was to participate. Stakeholders committed a great amount of time to the actual design of the project, which had an impact their current schedule and placed a constraint on their prior commitments/projects. Despite EBP requiring a time commitment, it was essential to gain stakeholder buy-in to successfully implement and create sustainability with any project implementation in healthcare (Pollack et. al. 2018).

This DNP project had the potential to impact nursing practice by decreasing nurse burnout scores experienced by nurses on a 11-bed inpatient oncology unit. Classic symptoms associated with burnout are exhaustion and frustration experienced by front

line providers leading to high vacancy rates and increased nurse call-ins (Mudullal et al. 2017). Current vacancy rate on a 11-bed inpatient oncology hospice unit is 24%, and averages three call ins a day (NIH Vacancy Rate, 2022). By implementing an education plan on Code Lavender focused on specific wellness and resiliency program this may provide nurses with the necessary resources to decrease burnout which could improve their wellness scores and promote job satisfaction and lead to a decrease in nurses leaving the unit and the number of call-ins each week.

This DNP project had unique characteristic that defined transferability because the project caused a decrease in nurse burnout scores, and this same education can be implemented to other units within the organization. Nurse burnout is relevant throughout the organization. The overall nursing departmental vacancy rate is 16% (National Institutes of Health, 2022). By implementing an education program related to addressing nurse burnout, this could potentially result to a healthy work environment in which staff feel supported, which would lead to a decrease in staff leaving the organization and an increase job satisfaction.

This DNP project had a positive social change because this specific education on Code Lavender focused on wellness and resiliency strategies, which allowed the employees who participated to make social connections holistically by integrating the dimensions of an individual's physical, mental, and spiritual well-being leading to a healthier lifestyle. Nurses represent the largest sector in healthcare responsible for the delivery of care at the bedside, but as a direct result of the nursing shortage, increase demand to deliver high quality care, and lack of standardization, nurses suffer from

burnout. By improving the health and wellness of our frontline providers through this specific education program, this not only improve the quality of life experienced by the nurses within the organization, but it can also eventually lead to a decrease in nursing turnover and increase in job satisfaction.

## Summary

In Section 1, we briefly introduced the nature of the DNP project, defined the problem status, describe the purpose, nature of the doctoral project, and significance of the of the DNP project to nursing practice. In Section 2, the concepts to this project will be addressed. In addition, this section will discuss the relevance to nursing practice, local background and context, role of the DNP student, and the role of the project team. The Analysis, Design, Development, Implementation, and Evaluation (ADDIE) model will be discussed in further detail and how this specific model is relevant to creating an education program to meet the needs to addressing nurse burnout.

Section 2: Background and Context

**Introduction**

At the project site, nurses experienced symptoms of burnout. According to the NIH (2022), it was reported that currently has an overall nurse vacancy rate at 24%, and averages at least three registered nurse call-ins a day. There is no existing intervention or program designed to address nurse burnout at the project site.

The practice-focused question of this project is: Can a nurse staff education program on the Code Lavender focused on wellness and resiliency strategies decrease nurse burnout?

The purpose of this doctor of nursing practice (DNP) project was to educate nurses on an 11-bed inpatient oncology unit at a hospital located in MD on the importance of a Code Lavender program focused on wellness to promote a healthier lifestyle and reduce burnout.

In Section 2, the concepts to this project will be addressed. In addition, this section covers the relevance to nursing practice, local background and context, role of the DNP student, and the role of the project team.

**Concept – The Addie Model**

The concept of this evidence-based practice (EBP) project was to design a key intervention-based on knowledge or fundamental research to address a gap in nursing practice. Nurse burnout is complex issue that is a direct result of their current work environment. To improve nurse burnout rates, it was important to develop an in-person education module using Microsoft PowerPoint may create a unique learning experience

that may meet the needs of our frontline staff to decrease nurse burnout. The ADDIE

model was selected as the EBP model due to its ability to interconnect and interrelate in

the healthcare environment utilizing a unique teaching design.

According to Bamrara (2018), the ADDIE model was commonly used because it

provides a way to effectively develop efficient education programs. As a result of this

specific model being seen as highly reliable, corporations highly rely on this specific

model because of its ability to create specific programs to teach in complex and large-

scale organizations (Bamrara, 2018).

**Phases of the ADDIE Model**

The materials designed to address nurse burnout was based on instructional

methodology, which enabled a learner to achieve the desired outcomes, which is a

decrease in their individual nurse burnout score. For this DNP project, the ADDIE

instructional model was used due to its ability to provide a standard approach using five

key phases, which are analysis, design, development, implementation, and evaluation

(International Society of Education Technology, 2021). The benefit of utilizing this

model is that each phase is accommodating and adaptable to developing a unique and

efficient educational model to address nurse burnout (Mclever et al., 2015).

*Analysis*

Analysis was the first phase of the ADDIE model, and is vital to accomplish the

following (Dick & Carey, 200):

1. Identifying any instructional issues

2. Defining the instructional objectives

3. Establish the learning environment

4. Evaluate the skill set of the learner.

During this step, one examined any behavioral concerns, impending learning constraints, and evaluated delivery options. For this specific point of the project, it was fundamental to define any deliverables and create a realistic timeline for completion.

*Design*

Following the analysis phase, the next step was known as design, which is a planned approach to address any performance-based challenges (International Society of Education Technology, 2021). This phase involved several key steps, which are (Shelton & Saltsman, 2006):

1. Learning Objectives

2. Evaluation Tools

3. Education and Exercises

4. Content Development

5. Examination of the Subject Matter

6. Lesson Schedules

7. Media Selection.

During this step, it was important to be systematic and logical, and recognize key strategies that was used to address nurse burnout. Instructional design needs to have emphasis on specific components related to addressing burnout and pay specific detail to current interventions that are being utilized. It was important to recognize that it is during this stage that visual and technical design strategies are established, application of

instructional policies is developed based on the intended outcome, create the actual user interface, and experience, and apply any visual enhancements (Bamara, 2018).

### *Development*

The third stage of the ADDIE model is known as the development, which is centered on developing and assembling the design content for the PowerPoint presentation. At this step, it was important to identify any issues to improve the learning process. Feedback was used to revise the project to meet the end users need and would then be discussed with key stakeholders prior to implementation. This phase was beneficial to the success of the project in that it identified any weaknesses and provided a unique opportunity to enhance the teaching experience prior to implementation to achieve the goal, which is a decrease with nurse burnout.

### *Implementation*

Implementation phase is the fourth step of the ADDIE Model and is also known as the transformation stage (International Society of Education Technology, 2021). This part of the project involved ensuring proper education for the educator, arranging learning time for the end user, and ensuring dedicated learning time for learning suitability. By ensuring that the educator was trained prior to implementation allowed them to increase their knowledge, understanding, and awareness, which was vital to the end user having access to the all the materials, tools, and knowledge. This part of the project added value to any group discussions and activities, and provided an organized learning environment, which guided the necessary educational module to address nurse burnout free of any learning challenges.

*Evaluation*

The final stage of the ADDIE model was known as evaluation. There are two types of evaluation which are formative and summative. The formative evaluation was used for internal purposes only, which is used to assess each step of the ADDIE model and determine the team's continued progress with successful implementation of an instructional learning educational program used to address nurse burnout on a 11-bed hospice oncology unit. During this time ongoing revisions were used to determine to an individual's improve scores and compliance with the program. The second type of evaluation was summative, which was a true evaluation of the design, focused on the actual outcome of the presentation. During this time, one can gain the perspective from the learner, and the actual effectiveness of the design components that were utilized once the pilot is completed.

Definitions that apply to this project are:

*Nurse burnout*: A state of mental, physical, and emotional exhaustion caused by sustained work stressors such as long hours, the pressure of quick decision-making and strain of caring for patients who may have poor outcomes (University of St. Augustine 2020).

*Code Lavender*: A crisis prevention intervention program that was developed that provides immediate support for caregivers or healthcare workers who are overstressed or mentally/emotionally exhausted (Stone, 2018).

*Maslach Burnout Inventory*: The most used instrument for measuring burnout. It captures three dimensions of burnout to include emotional exhaustion (EE), depersonalization (DP), and personal accomplishment (PA) (Poghosyan et al., 2009).

## Relevance to Nursing Practice

Nurse burnout is a prevalent phenomenon that is described as a lack of motivation, emotional exhaustion, and frustration that can cause a lack of efficiency, poor patient outcomes, and nurse turnover (Mudallal, 2017). According to Kelly et al. (2021), nurses experiencing burnout not only causes deleterious and consequential effects on the individual, but also has direct effects on the care delivered to the patient. Nurse burnout can be caused by several work-related issues, as a direct result of a resource imbalance related to the nursing shortage, an increased pressure to highly perform due to societal expectations, and a lack of policies that do not support our professional values and best practices (Dall'Ora et al., 2020).

The relevance of this project to nursing practice was that it is a conventional intervention that has an overall goal to support frontline providers to prevent burnout within the nursing profession. This project aligns overall, and the literature supports the need to address this gap. By creating a reputable education program to resuscitate nurses' mind, body, and spirit, this created a healing environment not only for the patient but for the healthcare organization, which will lead to transformational change in culture. The impact and understanding the current knowledge and gap associated with nurse burnout, is vital to guaranteeing the longevity of nurses staying within the profession, decreasing nursing turnover and guaranteeing the delivery of patient care outcomes. Understanding

nurse burnout is relevant due to the actual shortage of healthcare professionals needed to provide care to baby boomers who continue to age and Americans who continue to need services related to the current pandemic.

## Maslach Burnout Inventory

The MBI is the most used instrument utilized to measure burnout. The MBI is noted to have relatively high consistency and test retest reliability, which is needed to address the gaps associated with burnout (Lee & Ashforth, 1990). Burnout is a complex issue that undermines the care and professional attention provided to patients, and although there are various issues that contribute to burnout, MBI utilizes a three-dimensionality approach that has good psychometric properties that validate burnout score that is currently experienced by nurses (Poghosyan, Aiken & Sloane, 2009).

MBI has a well-established convergent validity scale that correlates with the individual MBI Scores by measuring obvious outcomes relate to job dissatisfaction, job characteristics that contribute to the development of burnout to include increased workload and societal expectations to delivery high quality care, and behavioral ratings. These specific scales are all evident to validating an individual's burnout score and all its various dimensions to understanding the factorial structure related to why frontline providers are experiencing burnout (Poghosyan et al., 2009).

The use of MBI with nurse burnout research has paved the way to expand its utilization to healthcare, and the actual concept is seen with the introduction of MBI from a psychological perspective to target education methodologies (Wickremasinghe et al., 2018). By utilizing MBI with addressing nurse burnout, one would see a substantial

improvement with the work environment, which would ultimately avert patient safety events, enhance patient care outcomes, reduce hospital length of stay, and cut healthcare spending therefore addressing gaps related to anxiety and stress that front line providers experience. Addressing these gaps, this may allow for improvement in nurse well-being and longevity within the profession.

## Local Background and Context

For this project, the organization that was chosen is in Bethesda, MD and consists of two facilities that make one establishment. This establishment is unique in that it is the only medical research hospital that is a federal agency that is purely dedicated to conducting and supporting medical research. It is the home to over 1,300 credentialed physicians, dentists, and doctoral researchers, 830 nurses, and 730 allied healthcare professionals who are all committed to discovering new approaches to diagnosing, treating, and preventing disease.

As an organization dedicated to research, this setting was optimal for achieving the goals of this project as its primary mission is committed to improving practice and outcomes. The unit that was selected for this project implementation is a 11-bed inpatient oncology unit with the ability to transition to hospice for patients who continuously fail treatment. Due to the unit being small, with only 20 nurses all of whom are responsible for providing direct care this specific patient population, the organization felt this unique environment was beneficial to understanding burnout due to the emotional demand that this specific population places on staff.

The location of the project site was incredibly unique in that it was the only hospital found in the United States purely dedicated to clinical research. This unique organization consists of two facilities that form one organization. The original building consists of fifteen outpatient clinics where nurses are committed to leading the way and assisting scientist on innovative ways to prevent disease as well as the evaluating causes, treatments, and even cures for common and rare diseases. The second facility consists of 200 inpatient beds and 93-day hospital stations, which is home to over 830 nurses dedicated to discovering new approaches to diagnoses, treating, and preventing disease.

This project does not directly impact state or federal regulations. However, this project held significance to nursing practice due to the factors causally related to nurse burnout. Nurses who care for individuals and their families during the end -of life often suffered from emotional distress and ultimately burnout. Burnout leads to turnover and nurses to leave the profession prematurely. According to Vaughn (2020), the national average of nursing turnover is approximately 17% annually, which creates organizational gaps to keep up with staffing ratios. With each nurse that leaves the organization, it costs an organization approximately $37,700 and can range to up to $58,400 if a nurse holds any unique trainings, which if you factor in the average 17% turnover rate, it suggests that an organization can lost up to $8.1 million dollars annually (Vaughn, 2020). Reducing nurse burnout is a necessary to prevent nurse turnover and retain new graduates from leaving after their first year of practice. By utilizing MBI, and understanding the needs of the staff, this allowed leaders to address issues, prioritize the needs of frontline

staff, and promote the overall well-being of their staff, which would promote retention and longevity within the organization.

## Role of the DNP Student

The professional context for this project took place in a hospital purely dedicated to clinical research. My professional relationship to this organization was that I worked full time as a system administrator responsible for all onboarding and credentialing for all full time and contract staff within the department of nursing. My professional relationship to this project was to identify a gap within the organization and identify an appropriate intervention that could lead to optimal outcomes. My professional relationship to the topic is that I am a DNP student that identified that there was a gap associated with burnout and longevity with within the profession. My professional relationship to the participants is that we used to work in the same profession as colleagues serving a common mission to advance the health of our nation through clinical research.

As a DNP student, my role as a student was to be able to identify a gap within the organization and identify an appropriate intervention that would lead to optimal outcomes. As an advanced scholar within the profession, it was identified that there is a gap associated with burnout and longevity within the profession/organization. Acknowledging that there was no single program that can tackle the innumerable factors contributing to nurse burnout in today's current work setting is the basis for focusing on the promotion of developing an in person educational presentation on Code Lavender to tackle the increase incidence of nurse burnout and stress.

My motivation for this project was to improve the health and wellness of the largest group of front-line providers in the healthcare arena. Nurse burnout is plaguing the profession, and by developing an education program on Code Lavender this would have a positive impact to the nursing profession leading to enhance patient care outcomes, reduce hospital length of stay, and cut healthcare spending therefore addressing gaps related to anxiety and stress that front line providers experience. A perspective that may affected this project is that some staff preferred a different approach to address nurse burnout, which may have affected the actual intervention related to this project.

There are two potential biases that may have occurred during this project. The first bias is known as attrition bias in which the participants could have left prior to its completion leading to incomplete data. To overcome this, it is important to motivate staff by gaining stakeholder support on the unit on the importance of the project. The second bias that could have occurred during this project is implicit bias, which is rather than staying neutral, I would have carried a specific attitude to promoting outcomes that may alter the results. To overcome this, it was important to for me to pause and reflect, adjust my perspective, and work consciously to prevent imposing my behaviors on the outcomes of the project (Cherry 2020).

The focus of this experience was to conduct a DNP project based on key scholarly concepts in nursing based on the *Essentials of Doctoral Education for Advance Nursing Practice.* The main objectives as a DNP student are:

1.  One would understand and recognize the contributing factors associated with nurse burnout and analyze specific interventions to decrease the burnout score to improve patient and healthcare outcomes. In a recent review written by Reith (2018), a third of all nurses in the United States report an emotional exhaustion score of 27, which is considered high according to the Maslach Burnout scale. As nurses continue to experience symptoms associated with burnout, this has a direct impact on the quality of care delivered to patients and access to care. The basis for analyzing this topic is to gain a perspective on the emotional and physical demands that nurses experience regularly. By conducting a detailed literature review this will ultimately lead to a specific intervention that would lead to a reduction in one's burnout score, which would promote optimal outcomes for the patient. This objective meets Essential Element II within the *Essentials of Doctoral Education for Advance Nursing Practice*, which focuses on promoting patient care outcomes and superiority in nursing practice (American Association of Colleges of Nurses [AACN], 2006).

2.  Determine whether utilization of an educational program related to wellness and resiliency would decrease the nurse burnout score experienced by nursing as a direct result of resource imbalance, which leads to emotional stress, exhaustion, low self-esteem, and depersonalization. Nurses represent the largest direct care providers in the healthcare field, representing more than 3.8 million professionals within the United States (AACN, 2020). Nurses are the

backbone of any healthcare organization, and it is essential to focus on health promotion and disease prevention to guarantee longevity within the profession. An educational program focused on wellness can serve as a catalyst for strongly shaping the culture, setting, and environment within the organization therefore creating flexibility to accommodate culture differences within a healthcare system promoting coping behaviors and prevention and management strategies (Fisher et. al. 2015). This objective aligns with Essential Element VII within the Essentials *of Doctoral Education for Advance Nursing Practice*, which focuses on clinical prevention through the health promotion (AACN, 2006).

As a DNP scholar, we serve as catalyst to implement change within our profession. By looking at what we can do to improve longevity within the profession, this was a driving force in what motivated me as a student to not only improve patient care outcomes but improve the well-being of my peers.

## Role of the Project Team

For this specific EBP capstone, there are three key stakeholders that are involved in this project who are:

1. Chief nursing officer (CNO) who was mainly responsible for providing a DNP scholar a step-by-step process to obtain site approval. The CNO is crucial because she provided the necessary resources to ensure that DNP project meets organizational requirements, which is a mandatory requirement as a DNP scholar at Walden University.

2. Clinical nurse specialist (CNS) was responsible for facilitating learning and assisting the DNP scholar with meeting personal and goals of the project. The CNS is instrumental to the DNP Student as they will be instrumental in helping develop the educational material as it aligns with key concepts in the *Essentials of Doctoral Education for Advance Nursing Practice.*

3. The nurse manager who was responsible for the performance and delivery of care for the unit that was selected for my project. A nurse manager holds many hats but is responsible for ensuring patient and staff satisfaction while maintaining a safe environment. Due to her knowledge and relationship with her staff and patients, the manager was pivotal to evaluating gaps and understanding trends to developing a successful educational program to meet the needs of the staff.

As a DNP student it was fundamental to involve key individuals to be successful with implementing your EBP project. By involving these key individuals, as a student successful implementation of establishing a education program focused on wellness and resiliency would address issues related to nursing turnover and nurses leaving the profession prematurely.

## Summary

In Section 2, we examined following concepts: the relevance to nursing practice, local background and context, role of the DNP student, and the role of the project team. The ADDIE model was discussed in detail and how this specific model is relevant to creating an education program to meet the needs to addressing nurse burnout. In section

3, the practice focused question will be addressed. In addition, sources of evidence, participants, procedures, and protection of participants, and the method for analysis and synthesis of the data.

Section 3: Collection and Analysis of Evidence

**Introduction**

Nurses at the project site confirmed that they were experiencing symptoms related to burnout. In a recent report by Carol (2022), 44% of nurses cite burnout as a reason for leaving the nursing profession. Currently the organization had an overall nurse vacancy rate of 24% and averages at least three call-ins a day (NIH, 2022). The purpose of this project was to identify if a nurse staff education program on the Code Lavender Program focused on wellness and resiliency strategies decrease nurse burnout to promote a healthier lifestyle and reduce burnout. In Section 3, the practice focused question will be addressed. In addition, sources of evidence, participants, procedures, and protection of participants, and the method for analysis and synthesis of the data.

**Practice Focused Question**

It has been identified by administration at the project site that nurses are displaying symptoms of burnout due to nurses leaving the organization and the average call-in rate of three nurses a day (NIH, 2022). As a result of the overall departmental nurse vacancy rate at 24%, the current gap in practice was to address nurses that is currently experiencing symptoms associated with nurse burnout within a 11-bed oncology unit at a hospital located in MD. This specific unit was identified due to their specific patient population that they serve. The leadership has seen an increased number of call outs and reported high turnover, which are all classic symptoms associated with nurse burnout. The question that this project was attempting to answer is: Can a nurse

staff education program on the Code Lavender focused on wellness and resiliency strategies decrease nurse burnout?

The purpose of this DNP project was to educate nurses on the importance of implementing Code Lavender to promote a healthier lifestyle and reduce nurse burnout experienced on the unit. By creating a specific education program targeting burnout, this promoted wellness within the organization, which led to a culture that improved staff morale and motivation, which caused a decrease in turnover and callouts. Early identification and training interventions was used to prevent nurse burnout and guarantee longevity within the organization. By completing this project, one can determine if this specific intervention was appropriate for addressing nurse burnout experienced within an organization.

Operational definitions that apply to this project are:

1. ADDIE Model: specific acronym that is defined as analysis, design, development, implementation, and evaluation, which is the instructional design framework that will be utilized to design this specific education program for this project.

2. Paired t-test: specific measure that will be used to show the difference between two variables for the same subject.

**Sources of Evidence**

Sources of evidence for this DNP project involved an extensive review of nursing literature and data associated with the dissemination and development of staff education programs along with academic nursing journals, certified websites of government and

professional entities. Specific website sources included information from The Joint

Commission, American Nursing Association (ANA) Enterprise, and American Nurses

Foundation.  Explicit medical sources will include the *Joint Commission Journal on*

*Quality and Safety, American Medicine, BMJ Open*, and *National Academy of Medicine*;

nursing journal sources include *Journal of Issues in Nursing, Online Journal of Issues in*

*Nursing, Journal of Patient Safety, and the Journal of Pediatric Nursing*. Databases such

as CINAHL, Medline, PubMed Central, Cochrane Library, and EMBASE will be

utilized.

From the database search, a specific literature review was conducted based on the

inclusive terms related to nurse burnout, wellness, Code Lavender, nurse staff education,

and Maslach Burnout Inventory. The years will include from 2012 to 2022. Articles that

were excluded were any literature review articles found related to physician burnout,

non-English articles, and studies that used data not related to Maslach burnout scales. By

utilizing these medical search engines along with key terms allowed one to narrow the

search to appropriately perform an extensive literature review to address the practice-

focused question.

## Literature Related to Burnout

Burnout can be described as a state of emotional exhaustion, depersonalization, and

decreased personal accomplishment that poses a threat to a nurse's health and mental

wellbeing. According to Heath (2018), burnout has reached staggering levels, which has

a direct impact on patient care quality and care access. In a recent report from NEJM

(New England Journal of Medicine) Catalyst, burnout experienced by nurses was

reported to be at a staggering level of 79%, which has a direct effect on patient safety, employee satisfaction, care quality, and decrease in patient access (Heath, 2018). In a recent systematic review conducted by Jun et al. (2021), they examined and appraised the current literature related to burnout and organizational outcomes. By conducting a meta-analysis using databases such as PubMed, CINAHL, PsychInfo, Scopus, and Embase, they defined specific inclusion criteria to be primary studies examining burnout among nurses in hospitals as the independent variable. They performed a timeframe from literature review was from January to October 2020. After a review of 20 studies, the findings were consistent in that nurse burnout is an occupational hazard that not only affects nurses, but the patient and organization at large. It was concluded that nurse burnout has a direct link to worsening safety and quality of care, decreased patient satisfaction, as well as lack of organizational commitment and productivity.

Clinician burnout is a threat to the United States healthcare system. At more than 6 million nurses representing the largest segment of the healthcare workforce, nurses are a critical group of clinicians with a diverse skill set. Burnout leads to a decrease in a nurses' quality of life, performance level, and increase intention to leave their job (Van et al., 2019). Burnout increases turnover rate and has a negative effect on the quality of care provided to patients.

In recent study conducted by Shah et al. (2021), their main objective was to measure rates of nurse burnout and examine factors associated with nurses leaving the profession prematurely. A secondary analysis using cross-sectional survey data was collected from April 20 to October 12, 2019, in which they had a respondent rate of 50,273 nurses. From

the respondent data that was obtained, the weighted sample was predominately female (90.4%), White (80.7%), with the mean age was 48 years. Among the nurses who responded to this survey, approximately 31.5% reported burnout as the main reason for leaving the profession prematurely, followed by inadequate staffing. From this study, the findings suggest that burnout is an issue in the main reason why nurses are leaving the profession prematurely. Organizations must focus on implementing known strategies to alleviate burnout.

In recent integrative review of literature conducted by Medeiros de Oliveria et al. (2019), their main objective was to identify strategies to prevent nurse burnout. Utilizing search engines such as PubMed, Lilacs, Medline, Scielo, and Science Direct, a total of 553 references were found. From those references, a total of 30 studies were selected for analysis. From their findings, it was noted that, burnout affects 50% under the age of 30, resulting in nurses leaving the bedside prematurely (Medeiros de Oliveria et al., 2019). Although their literature showing evidence regarding organizations attempting to address burnout through systematic nursing supervision, basic nursing care, and psycho-oncological training, the actions did not show improvement to addressing burnout. The shortage has placed nurses in an uncomfortable situation. Due to the lack of personnel, nurses are often required to work overtime forcing them to continue to work in a challenging work environment.

## Literature related to Maslach Burnout Inventory

MBI is a developed research instrument used to assess burnout as a continuum ranging from high to low, looking at three specific dimensions to include emotional

exhaustion (EE), depersonalization (DP), and reduced personal accomplishment (PA). MBI is the most widely used scale used to measure burnout.

In a recent research study conducted by Hilcove et al. 2021, they utilized MBI to measure the effects of mindfulness-based yoga (MB) practice on stress, burnout, and well-being among nurses and healthcare providers. A randomized control trial was performed in which 80 participants were assigned to either the MB group or control group. A total of 41 participants received the MB intervention and 39 did not receive yoga intervention. Participants completed a pre and post intervention questionnaire that included MBI. From the findings it was noted that MB yoga showed to improve burnout scores and should be a considered intervention when implementing specific interventions to decrease perceived stress and burnout.

MBI is used to evaluate burnout and is noted be a well-validated widely used self-survey tool used in healthcare (Dolan et al. 2015). In a recent study, Chen and Meier (2021) noted that nurses work in a stressful and demanding setting and often from burnout and depression. From their study they conducted meta-analysis aimed at defining burnout and associated symptoms with depression among nurses. Using four search databases to include PubMed, CINAHL, PsychINFO, and EMBASE 37 eligible studies were used to examine the relationship between burnout and depression. From the studies it was noted that MBI was noted to measure burnout and noted that there was a slightly higher correlation of emotional exhaustion, which is a subscale of MBI and associated factors related to depression found in nurses. From the review it was confirmed that MBI

is a highly reliable tool that was used to show a direct correlation burnout and depression experienced by nursing in the forefront.

## Literature related to Education/Code Lavender

Providing healthcare can be stressful, and if not addressed this can lead clinicians to experience decrease compassion, fatigue, and burnout. Addressing burnout to create a positive work environment and prevent unhealthy attitudes from surfacing in a daily work must be evaluated.

In a recent pilot program conducted by Davidson et al. (2017), the main objective was to understand and test the feasibility of establishing a Code Lavender Program. A pilot program was designed, tested, and evaluated across four hospitals regarding the availability of a Code Lavender kit that would be used to provide immediate remedy for nurses who are experiencing burnout. The participants for the study included over 500 staff members across the four hospitals that included four target units, which were the emergency department, neonatal intensive care unit, telemetry unit, and intensive care unit. The study was divided into four parts, which included education, presurvey, intervention, and post survey. The staff and physicians participated in the two-hour education session that described how this specific program would be beneficial on counteracting burnout. Following the actual study, the results showed that the program was well received, and the feasibility of establishing a Code Lavender program was vital to the addressing burnout experienced within the organization. It was recommended that this specific intervention with education was 100% helpful and supported further dissemination on educating Code Lavender kit in other areas within the organization.

The nursing shortage is a reality that continues to spiral as there are not enough nurses graduating to compensate for the number of nurses retiring and leaving the profession prematurely. According to Bong (2019), about 30% of the nurses are leaving prematurely with less than a year of experience. In a recent review, she noted that in a study conducted by Vaclavik et. al. 2018, they piloted a study in which the purpose was to conduct a quality improvement initiative to implement a process for staff to cope with stress. The specific participants for this study were oncology nurses due to the various ethical and moral dilemmas that they face subjecting them to experience feelings of burnout. Education was provided to the staff regarding the contents of the bag, and how to monitor for signs of symptoms of distressing factors. Mindfulness sessions were also provided. It was the responsibility of the nurse leaders to provide the bags were available at the nurse's station, and at times when nurses felt triggered and experienced symptoms associated with burnout, nurses were given specific bags utilizing a "Mindfulness Bundle," which consisted of Code Lavender bags and helpful tips to utilize specific coping mechanisms that encouraged decrease burnout. Although the study only pertained to only to oncology nurses, it was concluded that this specific intervention was helpful with tackling burnout experienced by oncology nurses and can be customized to meet other specialties across the nursing continuum.

## Participants

The participants that were selected for this DNP project are registered nurses. The reason for picking nurses for this specific project is due their susceptibility to experience symptoms of burnout due to their multifaceted role within the department. Most of the

nurses in this department are full time employees who work rotating shifts, meaning that they do two weeks of nights in a six-week schedule. Currently the department has seen an overall direct provider vacancy rate at the organization of 24%, with an average of three call-ins a day (NIH, 2022). It is important to recognize that there is not one single intervention that can address burnout, but as an organization one must understand the basis for why nurses are leaving the organization prematurely. By understanding these issues, the leadership can gain the necessary perspective of the nurse's experiences to prevent burnout syndrome.

## Procedure

Following an extensive literature review, this project involved utilizing a specific instrument known as MBI, which is an evidence-based tool used to measure burnout. This specific scale is an introspective psychological inventory that is made up of three subscales that is used to assess exhaustion (EE), depersonalization (DP), and personal accomplishment (PA). It is important to note that each subscale is 22 questions, all geared specifically to evaluate individual burnout (Poghosyan, Aiken, & Sloane, 2009). The survey takes approximately 15 minutes to complete, and once this has been completed, all items will be scored using a 7 level "never" to "daily," which was used to measure a unique dimension related to burnout. The subscale was added, and depending on the score, a nurse can be categorized as having a low (0-16), moderate (17-26), or high levels (27 or over) of burnout. Once the pre-implementation assessment scores have been obtained, scores were tallied, and the participants underwent an education session on Code Lavender. To reach each nurse on the unit who are rotating shifts, a total of six one-

hour education sessions were held consisting of three sessions on days and three sessions on nights. Once the education session was completed, the next step was to evaluate if the educational training helped decrease nurse burnout scores on the unit.

Following a 2-week education session utilizing the specific components of Code Lavender with strategies focused on wellness and resiliency, a post assessment survey utilizing the same scale, MBI-HSS, was conducted again to evaluate if this specific program was effective with decreasing actual nurse burnout scores. The same survey monkey tool utilizing the 22 MBI questions would be sent to each nurse on the unit, and once completed the data was received to evaluate if there was actual change in their overall burnout scores for the entire group. Regardless of the results, this information was provided to leadership to determine if this specific education training would be used on other units on the organization or if restructuring of the training would be needed to decrease nurse burnout experienced on the unit.

Prior to the study, informed consent process took place, which ensured that the participant was fully aware of the purpose of the project, how the results would be used, and who would access the project. Prior to joining the educational session, approval by the internal review board (IRB) at Walden University and from the institution would be a prerequisite prior to launching the project. Following IRB approval, consent from every participant was required to provide the employee an in-depth overview of the purpose of the project, risk, and benefits.  During the consenting portion of the project, the benefit for joining involves a participant to engage in specific interventions tailored to the individual to improve one's health and reduce burnout. The risk for taking part in the

educational session included a psychological stress or inconvenience related to ensuring

compliance with wellness initiatives. Participation to this project was completely

voluntarily, therefore a participant can withdraw from the project at any time.

Potential barriers for safeguarding the right ethical considerations were lack of

knowledge, high expectations, and fear of disapproval or buy in from the organization.

Within the healthcare field things are constantly changing, especially with guidelines and

policies. As a DNP scholar it was vital to stay fluent with these changes and tailor your

capstone to not only meet the needs of the organization but maintains the right of the

patients and employees.

**Protection**

As an employee within the organization, it was essential to uphold anonymity.

Anonymity is rigorous compared to confidentiality because it allows the participant

participating in the project to remain unidentified, guaranteeing the privacy and

confidentiality of the employee sensitive information. Documents related to this project

will be stored on an encrypted folder database, and any files that need to be discarded

would be done through the secure file management system. By properly managing the

participants data, we can ensure that identity of the participants remain anonymous.

**Analysis and Synthesis**

Once the data has been received from the MBI-HSS, the data was ran utilizing a

specific computer system known as Statistical Package for Social Science (SPSS). The

goal of utilizing this type of program is that it allows one to understand and interpret the

results found within MBI-HSS. One of the main benefits of using this type of software

system is that it was established behavioral science which can analyze specific trends and evaluate if implementing specific education on Code Lavender focused on resiliency and wellness would decrease nurse burnout.

The integrity of the data would be locked and the participants in the educational session would be deidentified. A pre and posttest was defined to measure the expected changes that took place with the participants prior to the education and after. When analyzing the results, a paired t-test was used to compare the means of the two variables at two separate times. With successful implementation of this education program, one would want to see a decrease in overall nurse burnout experienced on the unit.

**Summary**

In Section 3, the practice focused question was addressed. In addition, sources of evidence, participants, procedures, and protection of participants, and the method for analysis and synthesis of the data. In Section 4, the findings and recommendations will be discussed to include implications, and strengths and limitations to the project.

Section 4: Findings and Recommendations

**Introduction**

Nurse burnout is a widespread phenomenon that can be described as feelings of frustration, emotional exhaustion, and lack of motivation that leads to reduction in work efficacy and increased nursing turnover. The current gap in practice is at the project site. The departmental vacancy rate is 24%, and it is essential to address nurses that are experiencing symptoms related to burnout within a 11-bed oncology unit to ensure longevity within the department, which can create a culture that leads to improved staff morale promoting positivity, motivation, and competency. The purpose of this project was to educate nurses on the importance of Code Lavender focused on wellness and resiliency strategies that can promote a healthier lifestyle and reduce burnout. By tailoring a staff education program to identify symptoms associated with burnout, an organization could see a decrease in nurses leaving the department prematurely and callouts leading to improved employee satisfaction.

Sources of evidence for this DNP project involved a thorough review of nursing literature using all-encompassing terms related to nurse burnout, wellness, Code Lavender, nurse staff education, and Maslach Burnout Inventory. Exclusive websites and databases to include certified website of the government and professional entities such as CINAHL PubMed Central, the *American Medicine, BMJ Open, and Online Journal of Issues in Nursing* with publication date range from 2012 to 2022. Articles excluded from this specific literature review were editorials related to physician burnout, non-English articles, and studies that used data not related to MBI scales.

To analyze nurse burnout, MBI Scale was used, and it is the most widely used instrument for measuring burnout. This specific scale measures burnout incorporating dimensions, which are emotional exhaustion (EE), depersonalization (DP), and personal accomplishment (PA). This specific scale is 22 questions and is specifically geared to evaluate individual burnout. In section 4, the findings and implications, recommendations, strengths, and limitations will be discussed.

## Findings and Implications

This project focused on implementing a two-week education session on Code Lavender focused on wellness and resiliency strategies on a 11-bed inpatient oncology unit. A total of six education sessions were held during this two-week period to yield a total of 14 participants. Prior to education, a pre-implementation assessment score was obtained utilizing Maslach Burnout Inventory. From the initial results, burnout was assessed analyzing three dimensions which were depersonalization (DP), personal accomplishment (PA) and emotional exhaustion (EE).

## Analyzing Burnout utilizing a Sum Approach

In utilizing MBI to measure burnout, it is important to recognize that this scale is conceptualized, and it is a response to a participant's response to excessive stress (Maslach et al., 1997). Interpretation of results below is analyzing the total sum, which is the total score of each participant, evaluating burnout from three specific dimensions, which are PA, EE, and DP. With interpreting the sum score of the participants, dependent on the participant score, a nurse can be categorized as having a low (0-16), moderate (17-

26), or high levels (27 or over) of burnout. Refer to Figure 1 shows the sum scores of all

14 participants prior to implementation.

**Figure 1**

*Preimplimantation Burnout Scores*
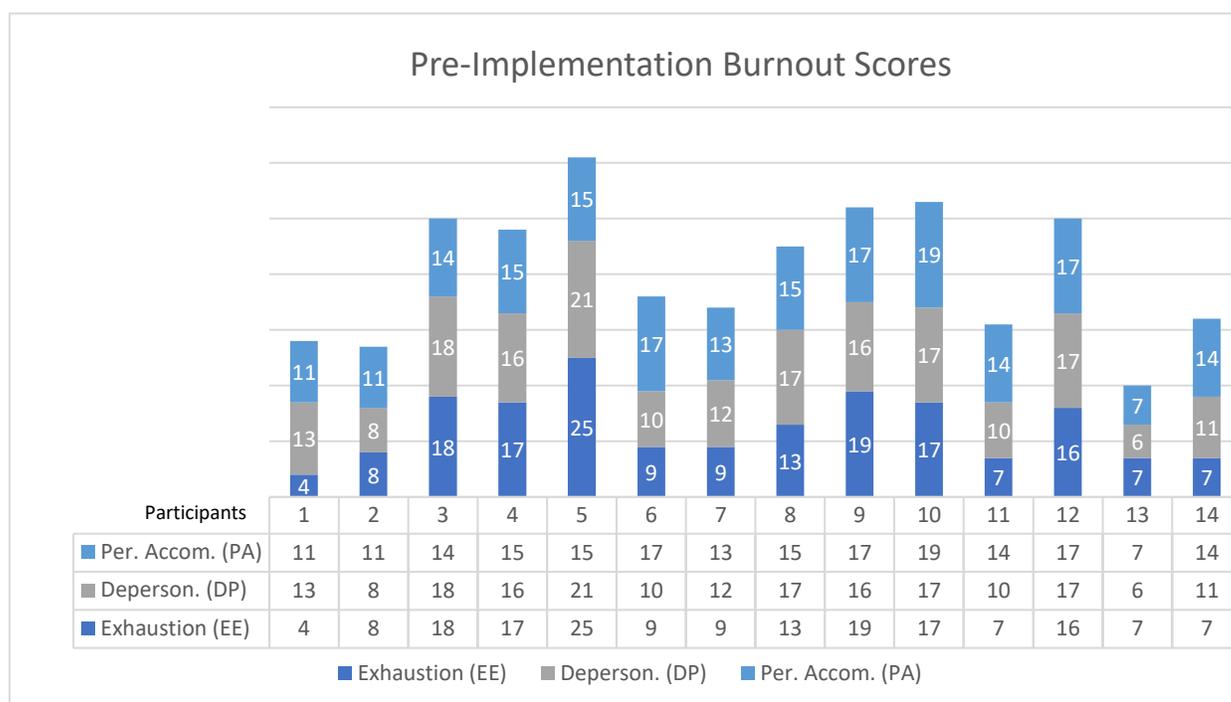


Pre-Implementation Burnout Scores

| Participants | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Per. Accom. (PA) | 11 | 11 | 14 | 15 | 15 | 17 | 13 | 15 | 17 | 19 | 14 | 17 | 7 | 14 |
| Deperson. (DP) | 13 | 8 | 18 | 16 | 21 | 10 | 12 | 17 | 16 | 17 | 10 | 17 | 6 | 11 |
| Exhaustion (EE) | 4 | 8 | 18 | 17 | 25 | 9 | 9 | 13 | 19 | 17 | 7 | 16 | 7 | 7 |

*Note*. From "Maslach Burnout Inventory," by C. Maslach, S.E. Jackson, & M.P. Leiter, 1997, *Maslach Burnout Inventory: Third Edition*, Copyright 1997 by Mind Garden, Inc. Reprinted with permission.

From the initial findings, for the depersonalization (DP) dimension a total of

seven participants had a score of 16 or over, which is indicative that half of the

employees on the unit have a distant attitude towards work. This specific dimension can

be interpreted as an employee having a negative or cynical behavior towards work; and

this can be seen when an employee interacts with their colleagues and their patients. DP

can often be expressed by unprofessional comments, blaming patients for their own

medical conditions, and inability to express empathy or grief when patient is grieving or even when a patient dies (American Thoracic Society 2016). For the exhaustion (EE) dimension a total of six participants had a score of 16 or over, which accounts for 43% of the staff reporting generalized fatigue related to excessive time or effort for caring for a patient. For personal accomplishment (PA), this specific dimension only had four participants who scored at least 16 or over, which accounts for only 25% of staff feeling negatively towards evaluating one's worth at work. The feelings of an employee feeling insufficient regarding their ability to perform their job is low, but should not be excluding of feelings of frustration, anger, or feeing fearful/anxious (American Thoracic Society 2016).

Once the preassessment MBI Scores were obtained, each participant attended a thirty-five-minute education session on Code Lavender focused on wellness and resiliency. For two weeks, each participant utilized specific strategies centered on wellness and resiliency to evaluate if it this had a positive effect on their individualized nurse burnout score. The specific strategies that were used for this project were meditation exercises, coloring, Healthy Nurse Healthy Nation pamphlet, meal planner, stress ball, playdough, LED candle, essential oils, aromatherapy teas, fidget bracelet, journal book, chocolate, resiliency messaging, and employee assistance program focused on ergonomics and stress relief strategies. Following two-week implementation, refer to Figure 2 regarding sum post implementation scores.

**Figure 2**

*Postimplementation Scores*
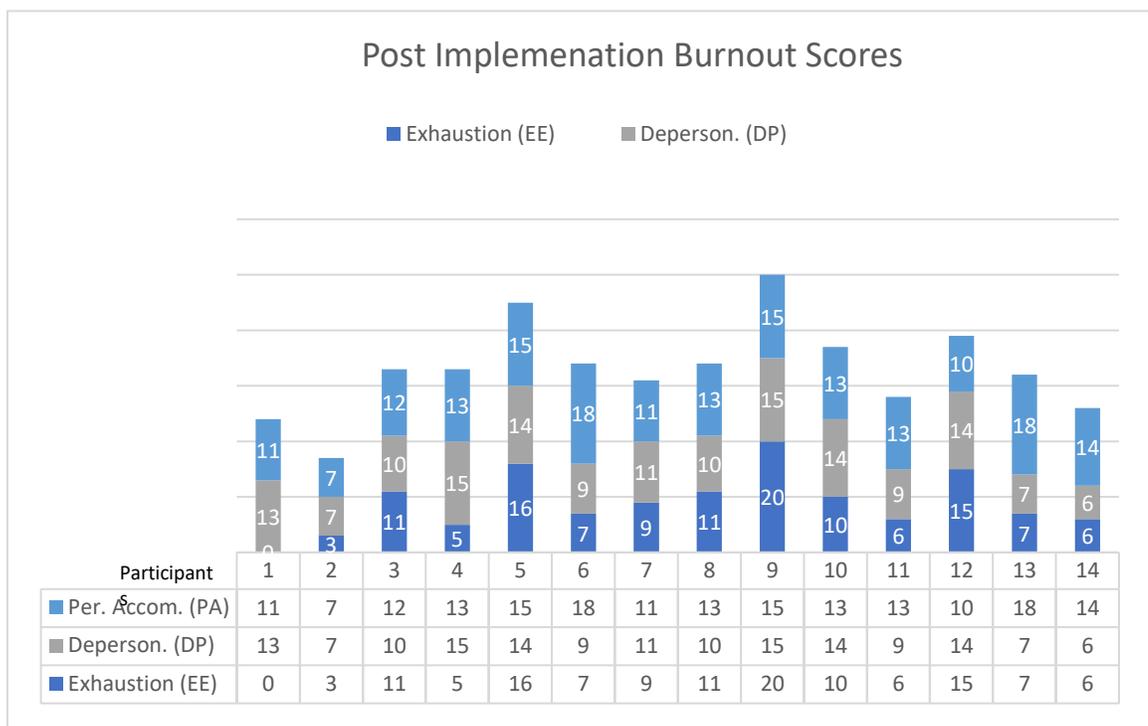
Post Implemenation Burnout Scores

■ Exhaustion (EE)   ■ Deperson. (DP)

| Participant | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| ■ Per. Accom. (PA) | 11 | 7 | 12 | 13 | 15 | 18 | 11 | 13 | 15 | 13 | 13 | 10 | 18 | 14 |
| ■ Deperson. (DP) | 13 | 7 | 10 | 15 | 14 | 9 | 11 | 10 | 15 | 14 | 9 | 14 | 7 | 6 |
| ■ Exhaustion (EE) | 0 | 3 | 11 | 5 | 16 | 7 | 9 | 11 | 20 | 10 | 6 | 15 | 7 | 6 |

*Note*. From "Maslach Burnout Inventory," by C. Maslach, S.E. Jackson, & M.P. Leiter, 1997, *Maslach Burnout Inventory: Third Edition*, Copyright 1997 by Mind Garden, Inc. Reprinted with permission.

Following implementation, for the DP dimension there were no participants who scored a 16 or over, which shows a positive shift on an employee's attitude towards work. One can interpret that from the scores decreasing in this specific dimension, an employee's negative behaviors with interacting with one another and their colleagues has shifted to a more positive attitude, which would improve their ability to express their feelings with displaying empathy towards their peers and patients. For EE, there were only two participants that had a score of 16 or over, which shows a drop from 43% to

only 14% of the participants who continue to experience exhaustion. This decrease is encouraging because it shows that participants are experiencing less feelings of fatigue, therefore allowing them to meet the physical and emotional demands that the healthcare field demands. For PA, this dimension has seen also seen a decrease of only two participants who scored at least 16 or over, which is a drop to only 14%. As decline in this specific element is consistent with staff feeling less undesirable in their work as a patient care provider.

**Analyzing Burnout Comparing Results Utilizing Average**

Nurses who experience burnout can have broad implications on an individual's relationship and mirror essential characteristics of how one can react to the fulfillment and the frustrations to their goals/objectives. Understanding this specific process and consequence of burnout extends to how we understand or staff/employees.  In calculating the mean, for each question, a respondent utilizes a scale from 0 (never) to 6 (daily). From the 22 questions, and average score was determined to get the sum and then dividing the number of items within the scale. Refer to Table 1 to compare the results utilizing average.

**Table 1**

*Comparing the Results utilizing Average*

MBI-HSS Scales

|  | Emotional Exhaustion (EE) | Depersonalization (DP) | Personal Accomplishment (PA) |
|---|---|---|---|
| Preimplementation | 20 | 5 | 34 |
| Postimplementation | 13 | 4 | 35 |

*Note*: From "Maslach Burnout Manual," by C. Maslach, S.E. Jackson, & M.P. Leiter, 1996, *Maslach Burnout Inventory: Third Edition*, Copyright 1996 by Mind Garden, Inc. Reprinted with permission.

With utilizing this specific interpretation, one can interpret the results as absolute values to determine a participant's degree of burnout. It is vital to consider that there is no definitive to consider that they might not a true number that can "define" or "prove" nurse burnout, but by utilizing this specific approach with analyzing absolute values, the mean score is very straightforward. For the EE dimension, pre-implementation score shows that participants averaged a twenty, which can be interpreted those participants experienced burnout multiple times a week. Post implementation, one would want to see a decrease with their burnout scores, which there was a 7-point drop, indicating that participants experienced less periods of exhaustion. For the DP dimension, pre-implementation scores were a five, so that once a week, participants felt distant or negative towards their current work environment. For this specific dimension, we would

want to see a decrease in a participant individualized score, which confirmed that nurses

are able to effectively express empathy not only to their peers but also to their patients.

The final dimension, which is PA, one would want to see an increase from the

preimplementation score. Following a two-week intervention, participants felt relief to

have the ability to perform one's job without feelings of frustration or anxiety.

## Findings and Implications

Following a two-week implementation educations session on Code Lavender,

nurses experienced an overall decrease in burnout experienced in three dimensions

defined by MBI. From the findings, it can be concluded that implementing this similar

program through various units throughout the nursing department can have a positive

impact on decreasing nurse burnout experienced by front line staff.

For the project, a total of 14 out of the 22 employees participated. Despite the

overall participation rate being at 78%, the null number was small which limited the

analysis portion of the data. Despite this limitation, the project determined that by

providing training on Code Lavender focused specifically on wellness and resiliency this

contributed to the participants wellness and resiliency by decreasing their overall burnout

scores; and to social change within the profession as it allowed employees to make social

connections holistically through integration of one's physical, mental, and spiritual well-

being.

## Strengths and Limitations of the Project

In pursuing a doctorate in nursing practice (DNP) degree, it is vital to develop a

project that is focused on implementing a specific strategy that can improve outcomes

whether it is centered on patient care or employee satisfaction. Burnout is a phenomenon that is plaguing the nursing profession. For this project, the goal was to educate nurses regarding the realization of nurse burnout and educate regarding specific strategies that could be used to help drive down an individual's burnout score to not only improve patient care outcomes but decrease nurse turnover.

There were multiple strengths with this specific project. One of the benefits is that MBI was used, which is the most widely used tool to measure burnout and is considered the gold standard for measuring burnout (Shapiro, 2019). As a result of MBI being a highly reliable tool, it provides a true depiction of burnout being experienced on the unit to allow for key strategies to be implemented to drive down burnout scores. Another strength was that there were many nurses who opted to participate in the project, which provided enough data to be analyzed when assessing trends related to burnout. Although there were only 14 participants, there are only a total of 18 government employees, which yielded 78% of the nurses participating in the project. The more people that participate, the better the study is as reduces the risk for accidently having extreme or biased groups (Faber 2014).

The limitation to this study is that although we had a total of 14 participants, the sample size was small with analyzing data when attempting to analyzing frequency. For this specific project, with analyzing the data only two ways could be accurately used to analyze burnout which was the sum and average. Although it provides depth to analyzing initial burnout, a larger sample size could determine other trends related to burnout. Another limitation to the study is that the implementation period was only two weeks.

Although we did see a change in burnout, it would be interesting to see if the results were consistent for a longer period.

## Summary

In Section 4, the findings and implications were discussed. In addition, recommendations, strengths, and limitations were discussed.  In section 5, the dissemination plan, analysis of self, and summary will be findings and recommendations will be examined.

Section 5: Dissemination Plan

The goal of this project is to evaluate if educating nurses on Code Lavender focused on wellness program to promote a healthier lifestyle and reduce burnout. As a result of burnout plaguing the profession, the dissemination plan for this project is report the findings to the nurses on the unit as well as disseminate the findings to the service chief and chief nursing officer. The specific message of the dissemination would be tailored to the findings of the project, which was that after a two-week implementation on Code Lavender, nurses overall experienced a decrease in burnout symptoms centered on depersonalization, exhaustion, and personal accomplishment. The methods of how the data was shared was through Microsoft Teams Meeting, and data charts were provided directly to the nursing leadership for future dissemination to the unit.

**Analysis of Self**

As a reflect on this project, there was a lot of things that I have learned about myself as a DNP student. Some strengths that I can say was that I sticked to the goal, despite all the adversities, I committed to the project, and identifying a program that can potentially help address nurse burnout experienced by my colleagues. Threats to the project were delayed due to my commitments as a public health service officer, constantly being deployed delayed the timeline substantially. An opportunity from this project is to be involve myself in various committees to get the data out for possibly implementing education on Code Lavender in other areas outside the 11-bed hospice oncology unit.

**Summary**

Nurse burnout is a widespread phenomenon that can be described as a reduction in a nurse's energy that causes emotional exhaustion, lack of motivation, and feelings of frustration resulting in a decrease in patient care outcomes, work efficacy, and increase in nurses leaving the profession prematurely (Mudallal et. al. 2017). Addressing nurse burnout is essential to ensuring the longevity within the profession. For this project, the gap in practice is to identify if staff nurses are displaying symptoms associated with nurse burnout. The ADDIE model was used to create a detailed education program centered on Code Lavender focusing on wellness and resiliency strategies to address nurse burnout. MBI instrument was used to measure burnout prior to education and after two-week implementation. From the project, it can be concluded that education on Code Lavender focusing on wellness and resiliency can drive down burnout experienced by nurses. A goal from this project is to implement this similar program to other entities within the organization to evaluate if it would be successful in improving the retention and wellness for all nurses within the organization.

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