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Staff Education to Increase Health Care Practitioners' Knowledge on the Symptomology of Burnout

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has been found to be complete and satisfactory in all respects,
and that any and all revisions required by
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Executive Summary: Staff Education Project

Staff Education to Increase Health Care Practitioners' Knowledge on the Symptomology of Burnout

by

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Summary

The aim of this staff education project was to educate health care practitioners about the early recognition of symptoms of burnout. Burnout is a syndrome resulting from chronic stress that has not been successfully managed. Symptoms of burnout appear as energy depletion, increased mental distance from one's job, and reduced professional efficacy (World Health Organization 2019). Through a review of existing literature and analysis of qualitative data I gathered from practitioners, I identified key indicators of burnout and its implications for practitioner efficacy and patient outcomes. The findings underscore the urgent need for a proactive approach to address burnout in mental health settings. The practice-focused question centered on whether a staff education program focusing on symptomatology of burnout provides an increase in knowledge for the health care practitioners. The identified practice gap was a lack of knowledge and skills among practitioners on strategies for identifying and controlling symptoms of burnout. An educational program consisting of a pretest, a PowerPoint presentation, and a posttest was given to six practitioners in a mental health outpatient setting. The average pretest score was 90% and the average posttest score, 100%. I used Microsoft Excel to perform a two-sample *t* test, $t = 1.4056$, $p = 0.1934$. The increase in the number of correct answers from the pre- to the posttest suggests that the participants gained knowledge about burnout symptoms; however, results approached but did not reach statistically significance at $p < .05$. If implemented, the staff education may enable health care practitioners to identify symptoms of burnout much earlier. The implications for positive social change include potentially enhancing the overall well-being of providers and also the quality of care they deliver.

Background

Burnout among health care practitioners has emerged as a pressing concern, affecting not only the well-being of practitioners but also the quality of care they deliver to clients. As the demand for mental health services continues to rise, understanding the factors contributing to burnout is critical for ensuring sustainable health care systems and effective therapeutic interventions. I began this project in Winter 2023. At this time, the leaders of the project organization did not appropriately measure practitioner turnover and burnout. They also did not offer education to practitioners for reducing burnout. Over the last 2 years, the organization has had four practitioners—two certified registered nurse practitioners and two medical doctors—leave. According to a recent patient satisfaction survey, there is a decrease of patient engagement at the facility since the loss of providers, this increase in turnover has led to poor patient continuity of care and therefore poor patient outcomes. These outcomes include clinical decline for patients who at baseline had low to moderate anxiety, increased patient activation, and decreased physical health functioning (see Johnson-Kwochka et al., 2020). The practice-focused question underlying this doctoral project was the following: Will a staff education program focusing on symptomatology of burnout provide an increase in knowledge for the community mental health provider staff? At a local and organizational level, practitioner turnover in the mental health setting is a continuing concern affecting mental health care.

The purpose of this doctoral project was to increase education for practitioners by providing an education session on the signs and symptoms of burnout. Burnout is reaching higher rates in the community mental health setting due to increased clinical

responsibility, increased patient load and decreased downtime (Bottini et al., 2020). This problem can lead to poor patient outcomes, decreased continuity of care, and further loss of quality providers. Continuity of care is a multidimensional construct that can be defined as the delivery of long-term care that is coordinated among services. A lack of continuity of care can lead to increased hospitalizations, symptom severity, impaired social functioning, and decreased service satisfaction (Puntis et al., 2015). Many time burnout results from navigating work and life with high job demands and low resources to meet those demands (Salyers et al., 2019). Understanding the factors that increase the risk of burnout has implications for the development of targeted interventions (Summers et al., 2020).

Previous research shows clear consistency in the level of burnout and therefore turnover in the mental health practitioner setting. I based the design and implementation of this staff education project on Levels I, II, and III research. John's Hopkins defines level I evidence-based research as true experimental research, level II as quasi-experimental research, and level III as nonexperimental research. The evidence is consistent with other research showing that burnout results in low quality of care and leads to possible depression in practitioners (Tavella et al., 2021). Another main consistent point is that disengaged practitioners with high turnover intention may experience dissatisfaction with their job, burnout, and a loss of motivation to provide quality services (Summers et al., 2020). Furthermore, Level I and Level II evidence-based research findings highlight the need for improved staff education to improve practitioners' understanding and importance of symptoms of burnout. My hope in conducting this project was to ascertain mental health practitioners' knowledge regarding

burnout, its symptoms, and its ramifications on both personal health and client outcomes. I sought to assess their awareness of the signs of burnout and the coping strategies available to address this issue.

Staff Education Project Development

The project's target audience included certified registered nurse practitioners and medical doctors who work on the front lines in outpatient mental health clinics. Each participant was either master's or doctoral prepared, and all were board certified in psychiatry. A pretest was given to the participants, followed by a 30-min PowerPoint presentation. After the 30-min PowerPoint training session, all participants completed the posttest. It was rated as 10 points for each correct answer in the 10-item test, with a maximum score of 100%. The first question asked participants to select all applicable physical symptoms of burnout from a list. The second and third questions were true/false ones and concerned, respectively, whether weight gain was a symptom of burnout and whether increased alcohol intake was associated with higher levels of burnout. The fourth question asked whether avoidance of responsibilities at work and home was a sign of burnout. For the fifth question, which was multiple choice, participants indicated the percentage levels that the use of mindfulness techniques have been shown to lower burnout. The sixth question was a select all one that concerned recognizing techniques used to lower burnout. Symptoms of burnout were the topic of the seventh and eighth questions. These asked, respectively, whether (a) increased irritability regarding patient communication (b) increased frustration related to lack of focus were symptoms of burnout. The ninth question asked if ignoring burnout symptoms led to issues at work and

at home. The last question asked whether eating, mindfulness, yoga, and sleeping were positive activities for targeting burnout.

To statistically analyze the results, I used Microsoft Excel. A two-sample *t* test was performed to compare pretest and posttest scores. Participants did not include any identifiers, such as their name or title, on the pretest or posttest. Through this inquiry, I aspired to raise awareness about the importance of self-care and resilience among practitioners, ultimately fostering a supportive environment that prioritizes mental health for the practitioners and those they serve. I used the analyze, design, develop, implement, and evaluate model for the project. Through close analysis of evidence-based data, I identified a gap in practice contributing to practitioner burnout. Design of the project included engaging community mental health practitioners in an educational session to improve their knowledge of burnout. The project was developed, implemented, and evaluated on a broad level.

Results

The participating practitioners' willingness to engage and expand their knowledge was crucial to the project's success. If the stakeholders accept my suggestion, I recommend incorporating this project into the onboarding training of newly hired mental health practitioners. Participants completed the pretest. After the educational intervention, participants completed the same test. On the pretest, the average score was 90%. On the posttest, it was 100%, indicating an improvement in knowledge (see Table 1 and Figure 1). Using Microsoft Excel, I performed a two-sample *t* test to statistically compare the pretest and posttest results. The results approached a statistically significant difference in

test scores between pretest (M = 5.40, SD = 1.35) and posttest (M = 6.00, SD = 0.00); $t(df) = 9$, $t = 1.4056$, $p = 0.1934$. Items 1 and 5 contributed to the noted difference.

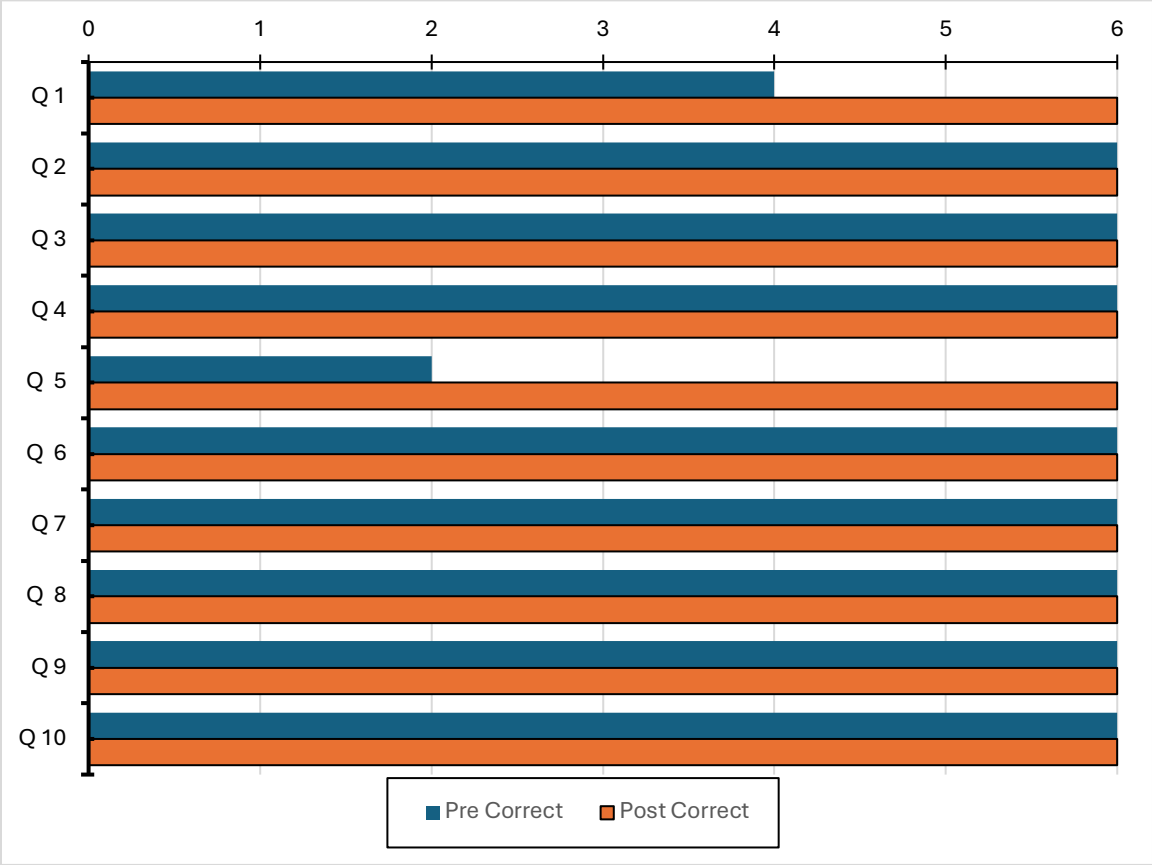
Table 1

Pretest and Posttest Results

	Question	No. with correct answer on pretest by question (N = 6)	No. with correct answer on posttest by question (N = 6)	Difference
1.	What are some physical symptoms of burnout? Select all that apply: headaches, pain, insomnia, lowered immunity, all of the above.	4	6	+ 2
2.	Weight gain is a symptom of burnout. True or False	6	6	+ 0
3.	Increased alcohol intake is associated with higher levels of burnout. True or False	6	6	+ 0
4.	Avoidance of responsibilities both at work and at home are associated with burnout. True or False	6	6	+0
5.	What percentage has the use of mindfulness techniques been shown to lower burnout? 10%, 50%, up to 86%, not at all.	2	6	+ 4
6.	What are techniques to lower burnout? Select all that apply. Meditation, eating, yoga, mindfulness/grounding, alcohol use.	6	6	+0
7.	Increased irritability regarding patient communication is a symptom of burnout. True or False	6	6	+0
8.	Increased frustration related to a lack of focus is a symptom of burnout. True or False	6	6	+0
9.	Ignoring symptoms of burnout leads to issues at home and at work. True or False	6	6	+0
10.	Eating, mindfulness, yoga, and sleeping were positive activities for targeting burnout. True or False	6	6	+0
Total average score		90	100	

Figure 1

Number of Participants With Correct Answers on the Pre- and Posttests by Question (N = 6)



This staff education program highlighted key aspects of burnout, including its impact on personal well-being and patient care and provided evidence-based strategies for prevention and management. The primary limitation of the project was the sample size. I explained the doctoral project to more than 10 prospective participants but ultimately recruited only six participants. Further consideration may also benefit from measuring practitioners' current burnout state. There are several inventory scales that

may be utilized to accomplish this for future project implications. The most commonly used burnout scale is the Maslach Burnout Inventory (Soares et al., 2023).

The impact this project has on the community health organization includes improved practitioner knowledge surrounding burnout. Through this educational session, practitioners gained an understanding of how to identify symptoms of burnout in themselves. This knowledge may lead to decreased practitioner turnover for the organization. The project may also have implications for the direction of mental health care beyond the organizational level. At a national and global level, incorporation of this education may lead to improved continuity of care secondary to reduced burnout and early recognition/treatment of burnout.

Conclusions

The increase in response scores show that participants' knowledge increased after attending the educational session. The findings demonstrate that the educational intervention effectively enhanced knowledge about burnout among participating mental health practitioners. This improvement can potentially lead to better recognition of burnout symptoms and risk factors, facilitating early intervention strategies. There continues to remain an increase in burnout and turnover in the psychiatric setting for practitioners. Furthermore, the positive change in understanding coping mechanisms may empower mental health practitioners to adopt healthier practices, ultimately contributing to improved personal and organizational well-being.

Future scholars who conduct evidence-based projects should explore the long-term retention of knowledge and the impact of increased awareness on burnout incidence and overall job satisfaction. Based on test scores and the improvement from presession to

postsession, I recommend that the leaders of the organization in question continue to implement education for providers regarding recognizing the symptoms of burnout. In addition, organizational leaders should incorporate educational sessions on methods to tackle burnout when it is recognized including mindfulness and meditation.

Addressing the meaningful gap in practice related to burnout education in mental health practitioners is crucial for several reasons. First, it can increase early recognition of symptoms and early treatment leading to improved job satisfaction and enhanced energy levels. Second, addressing this gap can potentially improve patient care by increasing practitioners' adherence to appropriate continuity of care guidelines. These potential outcomes align with Walden University's mission, which aims to empower leaders to effect positive social change (Walden University, 2024). Using the project findings, organizational leaders may be able to significantly decrease practitioner turnover in a facility with high turnover rates. The facility may benefit because as practitioners are retained, the organization will spend less money on recruitment and onboarding.

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