2-17-2025

Development of an Evidence-Based Program to Increase Burnout Knowledge Among Psychiatric Mental Health Nurse Practitioners in an Inpatient Psychiatric Hospital

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This is to certify that the doctoral study by

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

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Walden University
2025

Executive Summary: Staff Education Project

Development of an Evidence-Based Program to Increase Burnout Knowledge Among Psychiatric Mental Health Nurse Practitioners in an Inpatient Psychiatric Hospital

by

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BSN, Indiana Purdue University, 2017

MS, Walden University, 2022

Executive Summary Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Nursing Practice

Walden University

February 2025

Summary

In this staff education project, I addressed burnout prevention among psychiatric mental health nurse practitioners (PMHNPs) in an inpatient psychiatric hospital. Burnout can cause strain on mental health nurses and reduce patient satisfaction, impair quality of care, and increase medical errors. In this project, I developed and applied an evidence-based program (EBP) on burnout for PMHNPs, educating them about the problem and helping identify, avoid, or at least prevent burnout symptoms.

I addressed how an EBP staff education program could affect knowledge and recognition of burnout for PMHNPs working in an inpatient psychiatric hospital. The purpose of the project was to have a 50% change in knowledge of PMHNPs concerning: (a) healthy work-life balance, (b) burnout sign and symptom recognition, and (c) applying strategic measures to reduce burnout.

The project included a pretest and posttest, and a PowerPoint presentation that included a 52-second video. The project showed percent change improvements in work activities and self-care practices (5%), support seeking (3%), work-life balance (19%), confidence in burnout recognition (37%), and knowledge (51%). Potential implications for burnout include reduced productivity, poor self-care, high turnover rate, increased healthcare costs, worsened health disparities, and malpractice lawsuits. Burnout also impacts diversity, equity, and inclusion, particularly among marginalized groups, and contributes to emotional, mental, and psychological harm. Addressing burnout through diverse, inclusive solutions can mitigate these effects and support individuals and communities.

Background

Psychiatric care entails a great deal of emotional investment and intellectual activity in resource-constrained conditions; similarly, inpatient PMHNPs face complex mental health conditions, heavy workloads, and inadequate institutional support. Burnout in nurses has traditionally been linked to poor psychological and physical health, low job satisfaction, and increased turnover intention. Hudays et al. (2024) established that this condition severely compromises the quality of life since it is a determining factor in the emergence of mental disorders and professional dissatisfaction. Individually outlined consequences extend further to team morale, patient outcomes, and institutional viability.

PMHNPs act as the primary workers in any inpatient mental health-related service. High levels of burnout further put professionals at risk of not providing quality care, which impacts inpatient safety and recovery (Hudays et al., 2024). Chronic workforce shortages further complicate the problem by placing extra burdens on remaining staff. Evidence-based practices to address burnout can create a resilient, competent, and motivated nursing workforce.

In this project, I addressed the following question: How can a structured educational program reduce burnout and strengthen resilience among PMHNPs? My goal was to develop an intervention specifically for PMHNPs, empowering them with pragmatic tools for managing stress and enhancing professional effectiveness.

The existing literature on burnout is vast, which reinforces educational intervention. Burnout negatively impacts physical and mental health well-being among mental health nurses, leading to impairment of the immunological system and other

depressive disorders (Tununu & Martin, 2020). However, mindfulness-based stress reduction (MBSR) programs significantly decrease participants' levels of emotional exhaustion and increase their psychological resources (Kriakous et al., 2021). Strategies for mitigating it include scheduling and setting boundaries between work-related tasks to improve efficiency and reduce pressure. These findings were used in developing an educational program tailored to meet the specific challenges of PMHNPs.

Staff Education Project Development

My goal in this project was to prevent burnout in PMHNPs in an inpatient psychiatric hospital. To address this, I began by identifying the gap in practice and researching available evidence-based practices for burnout prevention. I then focused on PMHNPs' mental health and its relationship to burnout perception. To ensure project success, I assessed the organization's culture and readiness for change, considering input from all stakeholders while applying the strengths, weaknesses, opportunities and threats (SWOT), per APA format. This analysis helped me identify internal factors that might affect project implementation. I also conducted an extensive literature review using quality evidence-based databases. An action plan presentation was conducted to update mentors, stakeholders, and lecturers on the project plan and gather feedback. Participation in the project was strictly voluntary, and the schedule was flexible to accommodate individual needs and ensure privacy. Recruitment materials noted that educational sessions would address stress and resilience management approaches. I obtained site approval after meeting with stakeholders, preceptors, and mentors.

The educational program consisted of three 30- to 45-minute sessions over 4 weeks. Each session was done face-to-face, and participants were informed that they would assess burnout knowledge before and after the presentation. Participants were told to choose a six-digit identification number instead of their names to ensure privacy. Instructions of expectations were reviewed with them, and they were instructed to submit questionnaires to a designated place while holding on to their six-digit identification numbers. Each session allocated 15 minutes for participants to respond to the pretest and posttest questionnaire. Response results were used for analysis.

All three sessions had a PowerPoint presentation (see Appendix A), including an opportunity to watch a 52-second YouTube video on mindfulness practice. This concept was encouraged and used after each presentation. For some participants, it was a defining event to distinguish between stress and burnout, its causes, and possible consequences. It identified, among other things, the emotional repercussions, cognitive effects, and physical outcomes of burnout and their impact on medical practice and patient care. Other participants felt empowered with identifying the signs of burnout, including emotional exhaustion, detachment, and diminishment of professional accomplishment. Others' knowledge was enhanced by the strategies put into practice to prevent burnout or manage it. According to Pearl et al. (2023), it is necessary to use evidence-based practices through mindfulness, regular physical activity, time management, and professional boundary setting to prevent role overload, and compassion fatigue.

I used a quantitative method to assess the program’s effectiveness. Participants responded to a pretest (see Appendix B) given before the intervention and a posttest (see

Appendix C) after the intervention. Items on each test were the same to promote evaluation of the same concepts and assessment of knowledge using the same items for consistency. Each of five 5-point Likert-type sections addressed a specific area related to perspectives of burnout. Section 1 consisted of six items that addressed how often subjects worked and self-care activities during work hours. Section 2 consisted of five items that addressed seeking support from colleagues, friends, or family. Section 3 consisted of four items that addressed work-life balance and overall satisfaction with balancing professional and personal responsibilities. Section 4 consisted of three items that reflected respondents' confidence in recognizing and managing burnout symptoms. One selection item in this section tracked the frequency of specific burnout symptoms experienced by participants over the past month, including insomnia, digestive problems, headaches/muscle tension, and irritability/mood swings. Section 5 was the multiple-choice knowledge assessment and consisted of 19 items evaluating respondents' understanding of burnout concepts before and after the intervention, covering topics such as causes, signs, consequences, and strategies for prevention.

Descriptive statistics, including means and percent change, were calculated from pretest and posttest data collected using multiple-choice and Likert scale questions to assess the impact of the intervention. Many challenges in the implementation process called for adaptive strategies to make the program successful. Finding a date and time that works well for everyone has not been easy because of the busy schedules that PMHNPs keep. Because of the difficulty in finding convenient times, various sessions were provided, and participants were allowed to choose when it was most feasible to

attend. Participants entered the program with a wide range of prior knowledge about burnout and its management, ranging from having much to little experience with the concepts (Bell, 2023).

Results

The project sample consisted of seven organizational PMHNPs. These nurse practitioners worked at an inpatient psychiatric hospital. All Likert scales used 1 as the highest end score, and 5 as the lowest. This meant that lower scores identified improvement. Microsoft Excel was used for the calculation of the mean and the percent change scores.

Statistical analyses showed overall improvement in all Likert scale dimensions and knowledge following the intervention. Mean scores for all areas were analyzed and the percent change was calculated (see Table 1). The largest area of improvement was in knowledge scores, which increased from a mean pretest score of 58.57 to a mean posttest score of 88.57, representing a 51% improvement. Conversely, seeking support demonstrated the lowest percent change, with a 3% improvement, decreasing slightly from a mean pretest score of 2.64 to a mean posttest score of 2.57. Other notable improvements included a 37% increase in confidence in recognizing burnout (pretest M = 2.71, posttest M = 1.71) and a 19% increase in work-life balance (pretest M = 3.03, posttest M = 2.46). A smaller improvement of 5% was seen in work activities and self-care practices during work hours (pretest M = 2.9, posttest M = 2.7). The outcome of a 51% increase in knowledge was the only objective met.

Table 1

Means and Percent Change for Burnout

Section	Mean Pretest Score	Mean Posttest Score	Percent Change
Section 1: Work activities and self-care practices during work hours.	2.9	2.7	5%
Section 2: Seeking support	2.64	2.57	3%
Section 3: Work-life balance	3.03	2.46	19%
Section 4: Confidence in recognizing burnout	2.71	1.71	37%
Section 5: Knowledge score	58.57	88.57	51%

Participants were asked to identify specific symptoms of burnout. The highest symptom reported was irritability and mood swings (pretest $n = 4$, posttest $n = 4$). The biggest change in symptoms reported from the pretest ($n = 3$) to the posttest ($n = 1$) was insomnia. Symptoms of digestive problems, headaches, and muscle tension were equally reported for the pretest ($n = 2$) and the posttest ($n = 2$). Symptom awareness was demonstrated most in the area of insomnia.

The educational intervention yielded several positive outcomes, underscoring the effectiveness of targeted staff education programs (Hudays et al., 2024). These results revealed the potential of educational interventions to change the knowledge base of participants as individuals and the general organizational environment. The intervention increased participants' awareness of burnout and its symptoms and their ability to manage workplace stress. Notably, participants reported improved understanding and confidence in addressing burnout. Behavioral changes, such as setting boundaries and

engaging in peer support, foster a supportive organizational culture and improved work-life balance (Cohen et al., 2023). This outcome is low because many individuals find it difficult to seek support due to concerns about appearing incompetent. This anxiety is heightened by a lack of trust in their colleagues, which makes them reluctant to share their challenges. Additionally, an unclear support structure within the organization contributes to their feelings of confusion and uncertainty about where to turn for help.

The small sample size and reliance on self-reported data limit project generalizability. Projects with a larger sample size are needed to assess the sustainability of these outcomes over time (March et al., 2022). Objective metrics, such as staff turnover, patient satisfaction, and healthcare costs related to burnout, could also strengthen future evaluations (Engel et al., 2023).

These findings highlight the value of educational programs for burnout prevention and suggest their potential for broader implementation in diverse healthcare settings. Implementing such programs can lead to improvements in staff well-being, potentially reducing turnover, absenteeism, and medical errors, ultimately contributing to cost savings for healthcare organizations. Moreover, addressing burnout can positively impact patient care by increasing patient satisfaction and improving safety outcomes. These programs could be adapted for various healthcare settings, including hospitals, clinics, and community health centers, and future research could explore tailoring content to specific professional roles or incorporating organizational-level interventions to maximize effectiveness.

Conclusion

In this project, I focused on the significant contribution EBP staff education can make in mitigating burnout among PMHNPs. Participants completed pretest and posttest assessments to evaluate the impact of an educational intervention consisting of a PowerPoint presentation for education on burnout. The intervention aimed to enhance participants' awareness, resiliency, and professional efficiency in various work-related and personal domains by addressing mechanisms to detect and avoid burnout. A person must feel confident about identifying signs of burnout and capable of caring for oneself. Participants reported an increased awareness and identification of early signs of burnout and the adoption of active self-care practices. In the presentation, participants were able to acquire clarity about the emotional, cognitive, and physical manifestations that take the form of three components in burnout: feeling exhausted, depersonalization, and reduced personal accomplishment.

Burnout at the organizational level can negatively impact the bottom line and overall performance, hence, organizations must strive for change. They must encourage a supportive workplace culture and increased employee cooperation. Organizations must institutionalize burnout prevention training and make it routine in the professional development of PMHNPs. Changes at the policy level include allowing flexible scheduling, providing access to mental health services, or initiating initiatives that aid balance in work-life matters. Organization-wide interventions of this type should support those made at the individual levels and result in systemic burnout prevention. Other recommendations for maintaining these results include further education programs,

changing workplace policy to support resilience, and additional research to assess the longer-term impacts. The intervention highlights the appropriateness of the specific approaches to reduce burnout and establish a better working context.

Further program development must extend to all healthcare professionals in various settings, which could enhance the intervention's effect and build resilience among healthcare professionals. Addressing both individual and organizational levels of burnout, this project will contribute to creating positive social change: that promotes equity, well-being, and sustainability within health. This is a model to combat nurse burnout and increase nurse retention, hence enhancing the quality of the patient's care.

Potential implications of burnout on nursing practice can lead to a high prevalence of burnout, reduced productivity, poor patient satisfaction, poor self-care, high turnover rate, increased healthcare costs, worsened health disparities, and malpractice lawsuits (Kriakous et al., 2021). Burnout's emotionally draining nature and association with decreased engagement may limit nurses' capacity to participate in or advocate for societal change. Organizations must address burnout from the grassroots, especially with people of color or marginalized groups. Burnout affects diversity, equity, and inclusion especially with minority and marginalized groups. This impact includes increased seclusion, injustice, unfair pay rates, and victimization. Most PMHNPs verbalized emotional, mental, and psychological issues which they identified as a feeling of exclusion, alienation (feeling invisible), bias, unfair treatment, lack of support, and so on. The healthcare system needs to address professional inequality issues to promote a culture of wellness, health equity, and structural changes that prevent burnout.

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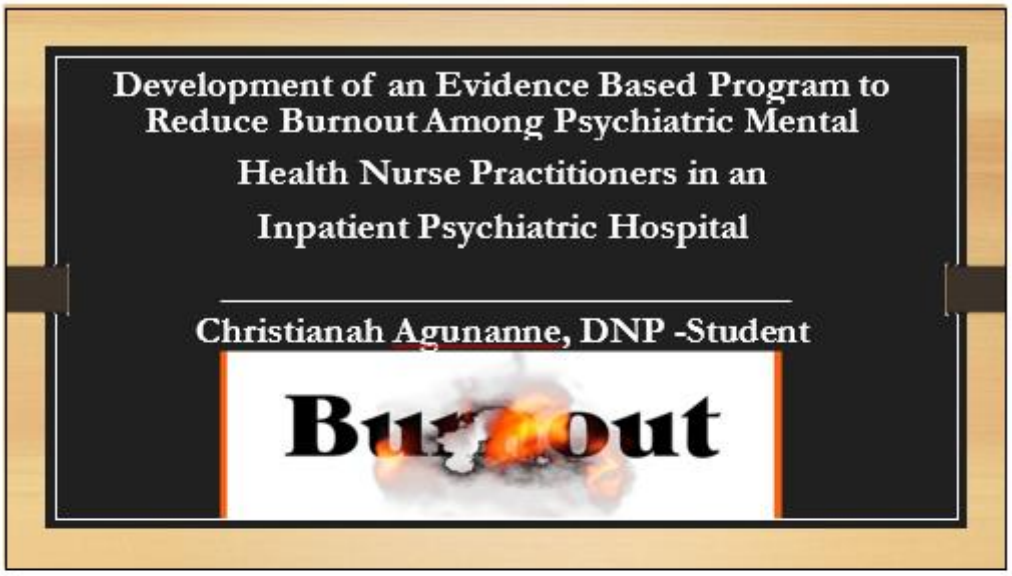
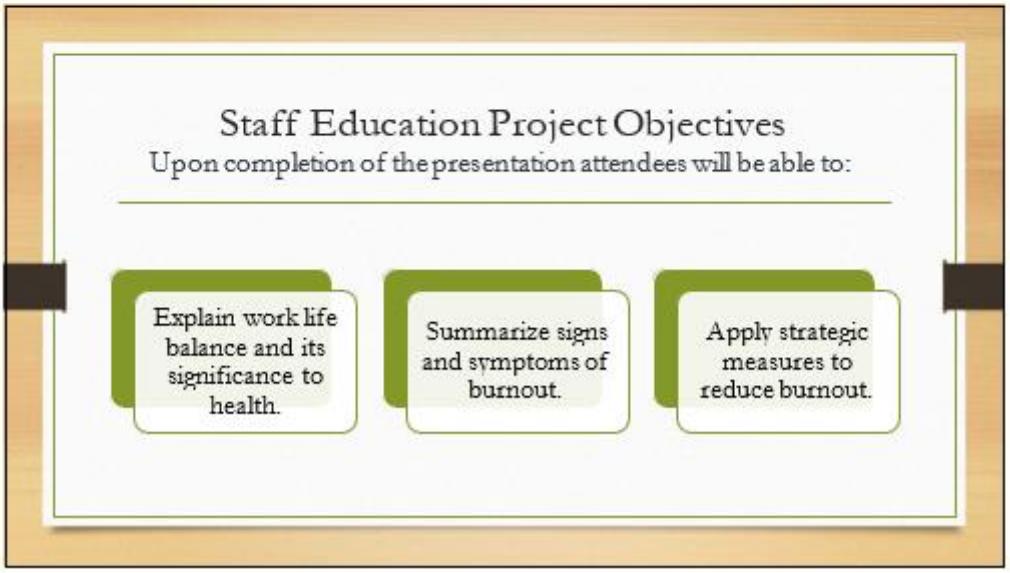
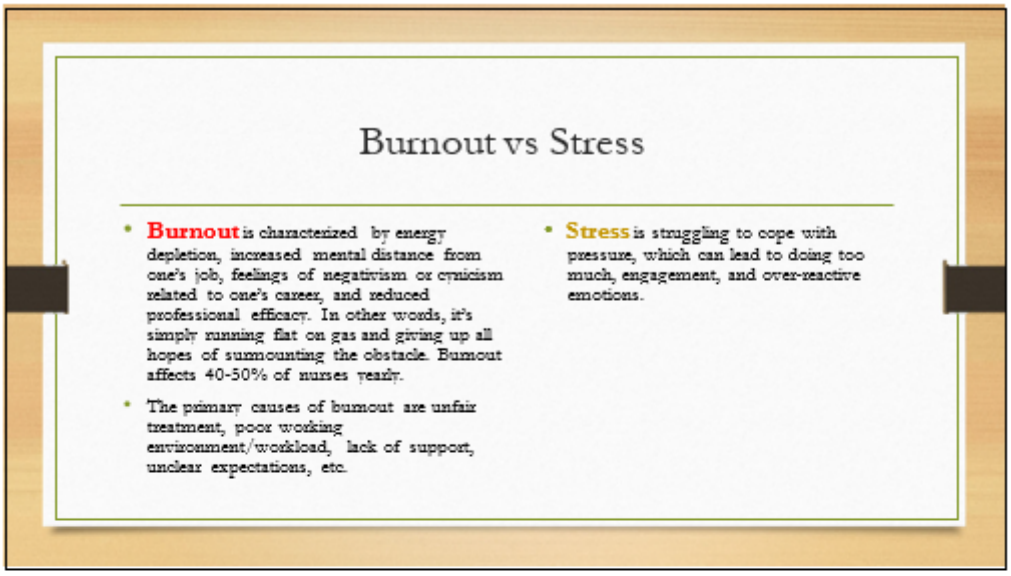
Appendix A: PowerPoint Presentation on Burnout



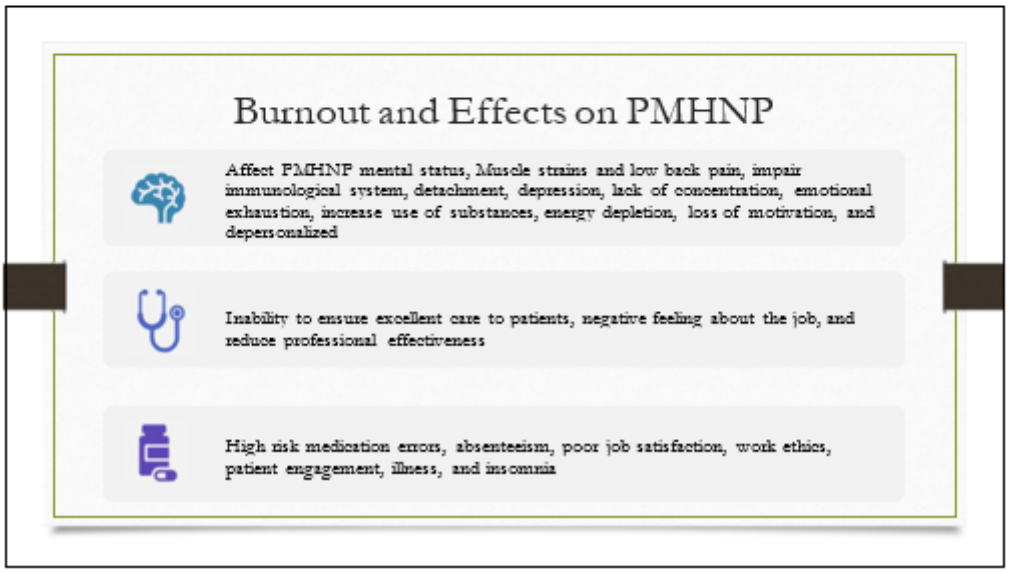
1



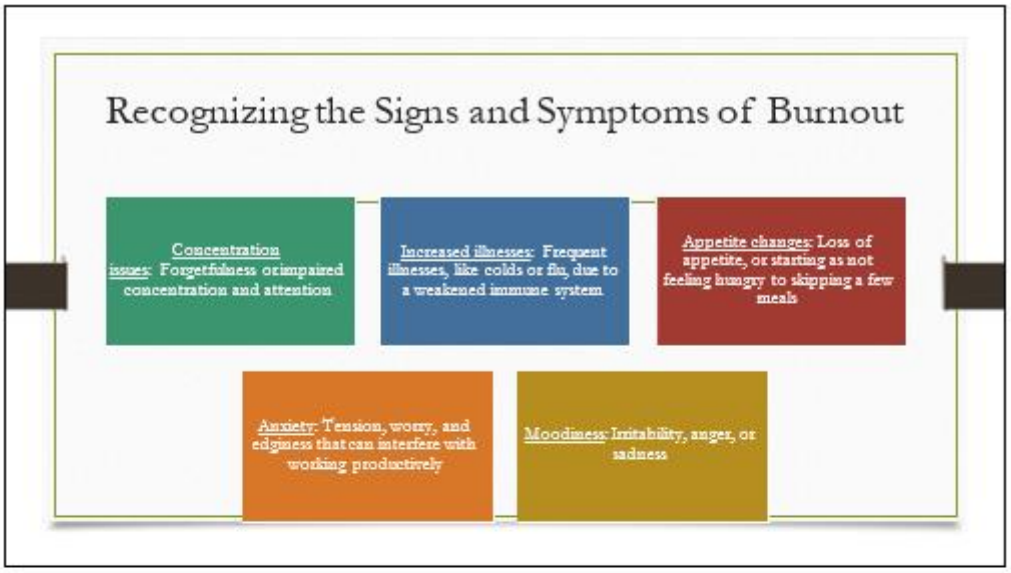
2


Burnout vs Stress
Burnout is characterized by energy depletion, increased mental distance from one's job, feelings of negativism or cynicism related to one's career, and reduced professional efficacy. In other words, it's simply running flat on gas and giving up all hopes of surmounting the obstacle. Burnout affects 40-50% of nurses yearly.
The primary causes of burnout are unfair treatment, poor working environment/workload, lack of support, unclear expectations, etc.
Stress is struggling to cope with pressure, which can lead to doing too much, engagement, and over-reactive emotions.

3


Burnout and Effects on PMHNP
Affect PMHNP mental status, Muscle strains and low back pain, impair immunological system, detachment, depression, lack of concentration, emotional exhaustion, increase use of substances, energy depletion, loss of motivation, and depersonalized
Inability to ensure excellent care to patients, negative feeling about the job, and reduce professional effectiveness
High risk medication errors, absenteeism, poor job satisfaction, work ethics, patient engagement, illness, and insomnia

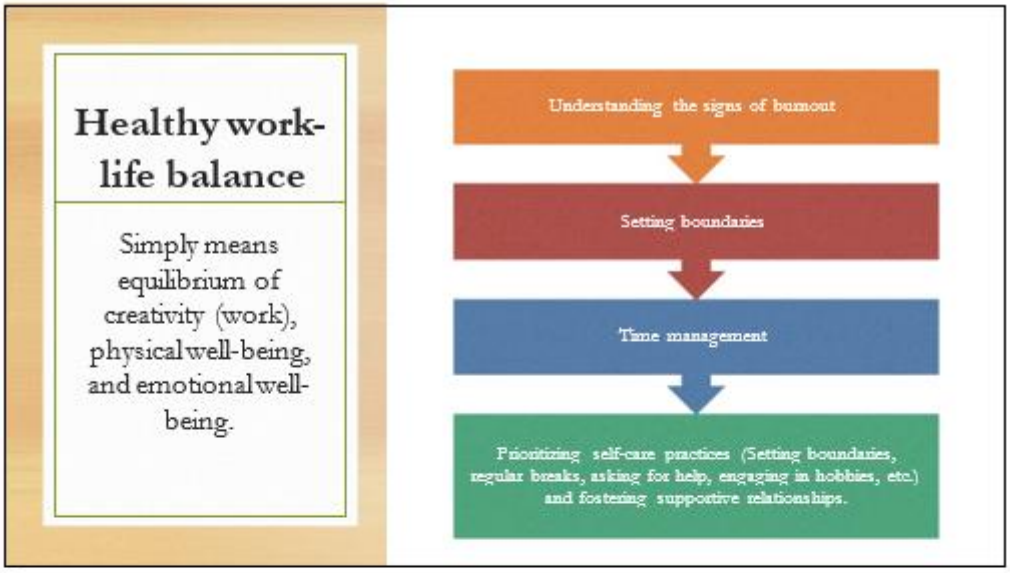
4


Recognizing the Signs and Symptoms of Burnout
Concentration issues: Forgetfulness or impaired concentration and attention
Increased illnesses: Frequent illnesses, like colds or flu, due to a weakened immune system
Appetite changes: Loss of appetite, or starting as not feeling hungry to skipping a few meals
Anxiety: Tension, worry, and edginess that can interfere with working productively
Moodiness: Irritability, anger, or sadness

5


Recognizing the Signs and Symptoms of Burnout, cont.
Physical symptoms: Fatigue, headaches, heart palpitations, dizziness.
Emotional symptoms: Helplessness, cynicism, decreased satisfaction, loss of motivation
Behavioral symptoms: Reduced performance, withdrawal or isolation, procrastination, outbursts.
Sleep issues: Insomnia & Lack of concentration.

6


Healthy work-life balance
Simply means equilibrium of creativity (work), physical well-being, and emotional well-being.
Understanding the signs of burnout
Setting boundaries
Time management
Prioritizing self-care practices (Setting boundaries, regular breaks, asking for help, engaging in hobbies, etc.) and fostering supportive relationships.

7


Strategic Measures to Reduce the Event of Burnout
Regular exercise
Mindfulness practices
Seeking social support
Time management
Boundary setting
Self-care practices

8

Regular Exercise for Managing Stress and Burnout

- Exercise increases production of endorphins
- It reduces negative effects of stress
- It fosters meditation
- It improves mood (Mayo Clinic, 2024).

- Examples of exercises to perform:
  - Aerobic exercise (running, cycling)
  - Mindful walking
  - Yoga and tai chi
  - Swimming
  - Dance
- Exercises to avoid: High-intensity exercises, competitive sports, exercises you don't enjoy

9

Examples of Mindfulness Practices for Managing Burnout

- Sitting meditation
- Yoga
- Mindful walking
- Body scan
- Focused attention
- Cognitive restructuring
- Adaptive learning techniques (Kriakous et al., 2021).

10

Effective Time Management Practices

- Start the day with a plan
- Prioritize tasks
- Divide large projects into smaller tasks
- Avoid distractions
- Batch your tasks
- Avoid multitasking
- Create boundaries between work and home life (Cope, 2024)

11

12

Summary

- Burnout negatively impacts physical and mental health well-being among mental health nurses, leading to impairment of the immunological system and other depressive disorders.
- Mindfulness practices or interventions improve mindfulness self-care, state of mindfulness, influence affect, reducing emotional exhaustion, psychological distress, stress levels, and compassion fatigue
- Mindfulness-based intervention programs or training courses target intrapsychic psychological factors and address various factors that lead to burnout, causing improved burnout levels, resilience, self-compassion, psychological empowerment, and compassion satisfaction.
- Set realistic expectations, prioritize self-care, delegate, time management, set boundaries, seek support, take breaks, recognize early signs of burnout. (Tununu & Martin, 2020)

13

14

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Appendix B: Pretest Questionnaire

Pre-Questionnaire for Development of an Evidence-Based Program to Reduce Burnout Among Psychiatric Mental Health Nurse Practitioners in an Inpatient Psychiatric Hospital

1. *Purpose*: This questionnaire aims to assess your current level of burnout and knowledge about burnout.
2. *Confidentiality*: Your responses will be kept confidential and anonymous.
3. *Time*: The questionnaire should take approximately **15 minutes** to complete.
4. ***Identification Number*:** Please place a six-digit identification number on this test that you will remember as you will need to use it again following the presentation. Do not use consecutive numbers. Use a unique string of numbers (e.g., 357834). Only place the number on the test – not your name or any other personal information.

   Six Digit Identification Number: _____
5. *Instructions*:
   - Read each item carefully.
   - Select the response that best reflects your current experience or answers the question.
   - Answer all the items honestly.
   - Do not leave any items blank.
6. *Submission*: After completing the pre-questionnaire, submit your form to the designated collection point. Remember to keep your six-digit number safe, as you will need it following the presentation.

Please place an X in the box of the number that corresponds to your selection.

Section 1:	**1 Always**	**2 Often**	**3 Sometimes**	**4 Rarely**	**5 Never**
1. How often do you work overtime or extended hours now compared to before?	1	2	3	4	5
2. How often do you feel like you're able to disconnect from work-related tasks outside of work now compared to before?	1	2	3	4	5
3. How often do you experience: - Fatigue or exhaustion, cynicism or detachment from work, and reduced performance or productivity now compared to before?	1	2	3	4	5

Section 1:	**1 Always**	**2 Often**	**3 Sometimes**	**4 Rarely**	**5 Never**
4**.** How often do you take breaks or practice self-care during work hours now compared to before?	1	2	3	4	5
5. How often do you prioritize self-care activities (e.g., exercise, meditation, hobbies) now compared to before?	1	2	3	4	5
6.How often do you set realistic goals and boundaries at work now compared to before?	1	2	3	4	5

Section 2:	**1 Always**	**2 Often**	**3 Sometimes**	**4 Rarely**	**5 Never**
7. How often do you seek support from colleagues, friends, or family now compared to before?	1	2	3	4	5
8.How often do you engage in activities that bring you joy and relaxation outside of work now compared to before?	1	2	3	4	5

Please place an X in the box of the number that corresponds to your selection.

Section 3:	**1 Excellent**	**2 Good**	**3 Fair**	**4 Poor**	**5 Very Poor**
9. How would you rate your current level of work-life balance now compared to before?	1	2	3	4	5
10.How would you rate your overall satisfaction with your work-life balance now compared to before?	1	2	3	4	5
11.How would you rate your current level of knowledge about burnout signs	1	2	3	4	5

Section 3:	**1 Excellent**	**2 Good**	**3 Fair**	**4 Poor**	**5 Very Poor**
and symptoms now compared to before?					
12.How would you rate your current level of time management skills now compared to before?	1	2	3	4	5

Please place an X in the box of the number that corresponds to your <u>level of confidence</u> for the following item.

Section 4:	**1 Strongly Confident**	**2 Confident**	**3 Neutral**	**4 Not Confident**	**5 Strongly Not Confident**
13. How confident are you in recognizing the signs and symptoms of burnout in yourself now compared to before?	1	2	3	4	5

Circle Response: Have you experienced any of the following in the past month?

Yes No

If yes, circle which ones?

- Insomnia or sleep disturbances
- Digestive problems
- Headaches or muscle tension
- Irritability or mood swings

Section 5: Circle the ONE correct answer for the following items.

14. What percentage of healthcare professionals experience burnout?

a) 10-20%
b) 20-30%
c) 30-40%
d) 40-50%

15. Which of the following is a sign of burnout?

a) Increased job satisfaction

b) Improved work-life balance
c) Emotional exhaustion
d) Increased productivity

16. Which of the following does **NOT** characterize burnout?
    a) Energy depletion
    b) Negative feelings about the job
    c) Reduced professional effectiveness
    d) High levels of job motivation

17. Which of the following are common physical symptoms of burnout?
    a) Headaches
    b) Fatigue
    c) Insomnia
    d) Euphoria

18. Is the following statement true or false? “Burnout increases the frequency of illnesses such as the cold and flu”.
    a) True
    b) False

19. Which of the following is **NOT** a psychological effect of burnout?
    a). Anxiety
    b) Happiness
    c) Edginess
    d) Moodiness

20. A peer asks you the primary cause(s) of burnout. You would identify which of the following?
    a) Lack of skills or training
    b) Poor work environment
    c) Excessive workload
    d) All of the above

21. You would expect to see which of the following common consequences in an individual experiencing burnout?
    a) Decreased job satisfaction
    b) Reduced productivity
    c) Increased absenteeism
    d) All of the above

22. Effective strategies for preventing burnout include:
    a) Regular exercise
    b) Mindfulness practices
    c) Seeking social support
    d) All of the above

23. Of the following mindfulness practices, which can be used to manage stress and burnout?
    a) Sitting meditation
    b) Yoga
    c) Mindful walking
    d) All of the above

24. Which of the following is **NOT** a self-care practice?
    a) Setting boundaries
    b) Taking breaks
    c) Participating in hobbies
    d) Engaging in substance use

25. Which statements is **TRUE** regarding the promotion of a healthy medical work environment?
    a) Flexible scheduling is an important element of a healthy work environment
    b) PMHNP can become champions of a healthy work environment by developing or participating in a wellness program.
    c) Programs offering PMHNPs an opportunity to meet with colleagues in a structured format substantially reduced the rate of burnout.
    d) All of the above

26. Interventions to enhance mindfulness in Psychiatric Mental Health Nurse Practitioners have led to:
    a) More patient-centered communication
    b) Increase in indicators of stress and depression
    c) Only very short-term improvements in well-bell
    d) Lower scores on the personal

Section 6: Circle ALL CHOICES that apply for the following items (more than one is correct).

27. What are the common signs of work-related stress?
    a) Energy depletion
    b) Increased mental distance from one's job

c) Elevated feelings of cynicism
d) Enjoy time at work

28. Which of the following items indicate work-life balance?
    a) Setting boundaries between work and home
    b) Engaging in hobbies and activities that enrich and entertain you
    c) Taking regular breaks
    d) Poor time management leading to unwarranted pressures

29. Which of the following exercises are recommended for stress management?
    a) Aerobic exercise
    b) Mindful walking
    c) Competitive sports
    d) Swimming

30. Which of the following is not a benefit of exercise in relation to stress management?
    a) It improves mood
    b) Reduces negative effects of stress
    c) Promotes meditation
    d) Builds muscle

31. Which of the following strategies facilitate time management?
    a) Prioritizing tasks
    b) Limiting distractions
    c) Multitasking
    d) Creating boundaries between work and home life.

32. What resources can help manage burnout?
    a) Employee assistance programs
    b) Mental health services
    c) Peer support groups

33. The root of burnout is in
    a) Personal traits
    b) Demographic variables
    c) The work environment
    d) Interpersonal reactions

Appendix C: Posttest Questionnaire

Post-Questionnaire for Development of an Evidence Based Program to Reduce Burnout Among Psychiatric Mental Health Nurse Practitioners in an Inpatient Psychiatric Hospital

1. *Purpose*: This questionnaire aims to assess your level of burnout after the presentation.
2. *Confidentiality*: Your responses will be kept confidential and anonymous.
3. *Time*: The questionnaire should take approximately **15 minutes** to complete.
4. ***Identification Number*:** Use your six-digit identification number created during pretest as your identification– not your name or any other personal information.
   Six Digit Identification Number: _____
5. *Instructions*:
   - Read each item carefully.
   - Select the response that best reflects your current experience or answers the question.
   - Answer all the items honestly.
   - Do not leave any items blank.
6. *Submission*: After completing this post-questionnaire, submit your form to the designated collection point.

Please place an X in the box of the number that corresponds to your selection.

Section 1:	**1 Always**	**2 Often**	**3 Sometimes**	**4 Rarely**	**5 Never**
1. How often do you work overtime or extended hours now compared to before?	1	2	3	4	5
2. How often do you feel like you're able to disconnect from work-related tasks outside of work now compared to before?	1	2	3	4	5
3. How often do you experience: - Fatigue or exhaustion, cynicism or detachment from work, and reduced performance or productivity now compared to before?	1	2	3	4	5
4. How often do you take breaks or practice self-care during work hours now compared to before?	1	2	3	4	5
5. How often do you prioritize self-care activities (e.g., exercise, meditation, hobbies) now compared to before?	1	2	3	4	5

6.How often do you set realistic goals and boundaries at work now compared to before?	1	2	3	4	5

Section 2:	**1 Always**	**2 Often**	**3 Sometimes**	**4 Rarely**	**5 Never**
7. How often do you seek support from colleagues, friends, or family now compared to before?	1	2	3	4	5
8.How often do you engage in activities that bring you joy and relaxation outside of work now compared to before?	1	2	3	4	5

Please place an X in the box of the number that corresponds to your selection.

Section 3:	**1 Excellent**	**2 Good**	**3 Fair**	**4 Poor**	**5 Very Poor**
9. How would you rate your current level of work-life balance now compared to before?	1	2	3	4	5
10.How would you rate your overall satisfaction with your work-life balance now compared to before?	1	2	3	4	5
11.How would you rate your current level of knowledge about burnout signs and symptoms now compared to before?	1	2	3	4	5
12.How would you rate your current level of time management skills now compared to before?	1	2	3	4	5

Please place an X in the box of the number that corresponds to your <u>level of confidence</u> for the following item.

Section 4:	**1 Strongly Confident**	**2 Confident**	**3 Neutral**	**4 Not Confident**	**5 Strongly Not Confident**
13. How confident are you in recognizing the signs and symptoms of burnout in yourself now compared to before?	1	2	3	4	5

Circle Response: Have you experienced any of the following in the past month?

Yes No

If yes, circle which ones?

- Insomnia or sleep disturbances
- Digestive problems
- Headaches or muscle tension
- Irritability or mood swings

Section 5: Circle the ONE correct answer for the following items.

14. What percentage of healthcare professionals experience burnout?
    a) 10-20%
    b) 20-30%
    c) 30-40%
    d) 40-50%

15. Which of the following is a sign of burnout?
    a) Increased job satisfaction
    b) Improved work-life balance
    c) Emotional exhaustion
    d) Increased productivity

16. Which of the following does **NOT** characterize burnout?
    a) Energy depletion
    b) Negative feelings about the job
    c) Reduced professional effectiveness
    d) High levels of job motivation

17. Which of the following are common physical symptoms of burnout?
    a) Headaches
    b) Fatigue

c) Insomnia
d) Euphoria

18. Is the following statement true or false? “Burnout increases the frequency of illnesses such as the cold and flu”.
a) True
b) False

19. Which of the following is **NOT** a psychological effect of burnout?
a). Anxiety
b) Happiness
c) Edginess
d) Moodiness

20. A peer asks you the primary cause(s) of burnout. You would identify which of the following?
a) Lack of skills or training
b) Poor work environment
c) Excessive workload
d) All of the above

21. You would expect to see which of the following common consequences in an individual experiencing burnout?
a) Decreased job satisfaction
b) Reduced productivity
c) Increased absenteeism
d) All of the above

22. Effective strategies for preventing burnout include:
a) Regular exercise
b) Mindfulness practices
c) Seeking social support
d) All of the above

23. Of the following mindfulness practices, which can be used to manage stress and burnout?
a) Sitting meditation
b) Yoga
c) Mindful walking

d) All of the above

24. Which of the following is **NOT** a self-care practice?
    a) Setting boundaries
    b) Taking breaks
    c) Participating in hobbies
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