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An Education Project for Training Nurses on Self-Care Strategies to Prevent Work-Related Burnout

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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
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Executive Summary: Staff Education Project

An Education Project for Training Nurses on Self-Care Strategies to Prevent Work-Related Burnout

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Summary

Burnout among nurses is a significant issue in health care, resulting in decreased job satisfaction, increased turnover, and compromised patient care. This doctoral project addressed the practice gap of a lack of knowledge in using evidence-based self-care and resilience strategies among nursing staff in a high-stress living care environment. The purpose of the project was to develop, implement, and evaluate a staff education program designed to enhance nurses' knowledge of burnout prevention and management. The problem question was the following: Does educational intervention on self-care and resilience strategies improve nurses' knowledge as measured by pre- and posttest scores? The ADDIE and Johns Hopkins model was used to develop and design this project. A comprehensive literature search focused on mindfulness, cognitive reframing, and personalized self-care planning yielded a total of 85 articles, from which 20 peer-reviewed articles were selected based on relevance and quality. The articles were obtained through the CINAHL and MEDLINE databases and used in the development of the education curriculum. The selected systematic reviews and meta-analyses provided evidence supporting the effectiveness of mindfulness-based and resilience-focused interventions. I created and delivered an educational session, with the help of experts, to 15 nursing staff members. A presurvey and postsurvey were administered, with the postsurvey conducted 1 week after the educational session. Statistical analysis revealed a statistically significant increase in knowledge scores from 75% to 100%, demonstrating the effectiveness of the intervention, $t(9) = 2.77$, $p < .05$. The social significance of the project lies in its support for positive social change by fostering a culture of emotional wellness and resilience among nurses regardless of their race or gender.

Background

Burnout is a chronic condition characterized by emotional, physical, and mental exhaustion resulting from prolonged exposure to workplace stressors (Khammissa et al., 2022). Burnout's core dimensions include emotional exhaustion, depersonalization, and a reduced sense of personal accomplishment (Kellmann, 2016). Among health care professionals, particularly nurses, burnout has reached epidemic levels. A 2023 survey conducted by the American Nurses Foundation revealed that over 56% of nurses reported significant symptoms of burnout, with nearly two thirds experiencing extreme stress due to job demands and inadequate support systems (Berlin et al., 2023). In high-acuity settings, such as psychiatric, critical care, and long-term care units, burnout rates can exceed 60%, reflecting the intense emotional labor and high patient complexity that these environments demand (Qing Zhang et al., 2025).

In nursing practice, burnout undermines competencies. Emotionally exhausted nurses struggle to maintain therapeutic communication, and cognitively fatigued staff are prone to lapses in clinical judgment (Khatatbeh et al., 2021). The consequences manifest as increased medical errors, higher rates of absenteeism, elevated turnover, and lower patient satisfaction scores. Moreover, the human toll of burnout, manifested in anxiety, depression, and substance misuse, extends beyond the workplace, affecting personal relationships and overall quality of life for health care professionals (Garcia et al., 2019).

Given the progressive nature of burnout, timely intervention is critical. Early-stage burnout is reversible, whereas advanced burnout often leads to long-term psychological sequelae and sustained job dissatisfaction (Lastovkova et al., 2018).

Proactive programs that identify stress indicators and introduce coping strategies can arrest the descent into chronic exhaustion and cynicism (Montero-Marin et al., 2014).

Several studies of the literature, including Lee and Cha's (2023) meta-analysis of interventions in clinical nursing populations, demonstrated that units implementing resilience training within 3 to 6 months of rising stress metrics experienced a 30% reduction in turnover and a significant decline in reported emotional exhaustion. Similarly, quasi-experimental studies in psychiatric settings have shown that introducing mindfulness-based stress reduction at the first signs of increased sick leave usage or near-miss events can lower depersonalization scores by up to 25% within 8 weeks (Othman et al., 2023).

Education focused on self-care constitutes a fundamental component in the prevention and management of burnout. Self-care encompasses practices that enhance physical, emotional, and mental well-being, including mindfulness, physical activity, reflective journaling, and boundary setting (Ehsan et al., 2024). Sulosaari et al. (2022) conducted a systematic review of mindfulness interventions among nursing staff, concluding that mindfulness-based stress reduction results in moderate to significant improvements in emotional resilience, with effect sizes (Cohen's *d*) exceeding 0.60 for reductions in emotional exhaustion and depersonalization.

The purpose of the current project was to develop, implement, and evaluate a staff education program aimed at improving knowledge about nurse burnout and its prevention. The program aimed to enhance participants' understanding of burnout risk factors, promote practical mindfulness techniques, and strengthen confidence in applying self-care practices within daily clinical routines. The practice-focused question was the

following: Does educating nurses in a long-term care center on job burnout improve their knowledge, as measured by pre- and postsurveys?

Staff Education Project Development

This project followed the analysis, design, development, implementation, and evaluation (ADDIE) instructional design model as described by Djojo et al. (2021) to guide the creation and deployment of an educational intervention for health care staff. The goal was to address an identified practice gap: limited knowledge and inconsistent use of evidence-based strategies for self-care and resilience among nurses and clinical staff working in high-stress environments. The ADDIE model, as described by Djojo et al., provided a methodical, iterative process to ensure that each phase of the intervention was grounded in theory and practical feasibility, aligning with the goals of clinical excellence and workforce sustainability (see Spatioti et al., 2022).

Analysis

The analysis phase involved a thorough assessment of the educational needs of nursing staff at the practice site. Informal interviews with staff members and discussions with nursing leadership revealed concerns about burnout, emotional fatigue, and the lack of structured education on managing psychological stress. A short, anonymous presurvey further confirmed these concerns, with most staff members reporting feeling overwhelmed but lacking the knowledge to manage their stress effectively. Through stakeholder meetings and situational observation, it became clear that a focused educational program on self-care and emotional resilience would be beneficial. A strengths, weaknesses, opportunities, and threats analysis was conducted to assess internal readiness for change and identify any potential barriers to implementation (see

Antoniadou & Kanellopoulou, 2024). Organizational readiness was evaluated in terms of leadership commitment, cultural alignment, and structural capacity to support the educational intervention. Key strengths included administrative support, a strong culture of teamwork, and a recognized need for staff wellness. Opportunities included aligning the program with ongoing wellness initiatives and integrating the training into existing in-service education structures.

However, weaknesses such as a lack of dedicated time for staff education and limited prior training on burnout prevention were noted. Threats included competing clinical priorities, time constraints, and staffing shortages, which could have limited participation and engagement. Despite these challenges, the organization demonstrated a readiness for change, supported by leadership endorsement and staff willingness to engage in interventions that promote well-being.

Design and Development

Based on the needs assessment, I designed, with the help of two content experts, the intervention to equip staff with practical, evidence-based techniques to support self-care and emotional resilience. Moreover, I created the learning objectives (see Appendix B) to ensure clarity of outcomes, focusing on knowledge acquisition, behavioral awareness, and application of stress management skills in clinical contexts. The content covered core concepts such as emotional regulation, cognitive reframing, mindfulness, healthy boundary setting, and the development of personal self-care plans. Adult learning principles guided the instructional approach, ensuring materials were interactive, problem-centered, and relevant to real-life clinical scenarios. The educational format consisted solely of a PowerPoint presentation (see Appendix B), which included visual

aids and practical resources such as stress-reduction tips and wellness checklists to reinforce learning. A presurvey was administered before the session, and a postsurvey (see Appendix A) was conducted 1 week after to assess changes in knowledge.

To ensure content accuracy and relevance, two content experts, a clinical nurse educator and a health services administrator, peer-reviewed the materials. Each completed a survey on the contents of the educational PowerPoint. Their feedback emphasized the program's strengths in promoting a culture of well-being. Their feedback recommended minor adjustments to enhance engagement, such as incorporating case-based discussions and ensuring clarity in definitions. These revisions were incorporated into the final educational materials.

Implementation

After receiving committee and supervisor approval and taking the ethics pledge, I delivered the finalized educational session over 1 week during scheduled staff development hours. Sessions were held in a designated training room within the clinical unit, ensuring easy access for all participants. Informed consent was obtained from each of the 15 nursing staff members, and confidentiality was maintained throughout. The educational training featured a structured sequence of learning activities, including an icebreaker to foster engagement, a pretest to establish a baseline of knowledge, and a concise didactic segment on self-care and resilience strategies. Participants then created individualized self-care action plans to implement in their daily practice. One week later, I administered the posttest. As the project lead, I cofacilitated the session with a nurse educator, which promoted a collegial atmosphere and enriched the learning experience.

Evaluation

The final phase of the ADDIE model, as described by Spatioti et al. (2022), focused on evaluating the effectiveness of the educational program by analyzing the data collected from the pre- and postintervention assessments. I used Microsoft Excel to conduct a paired-sample *t* test comparing pre- and posttest scores to evaluate the effectiveness of the intervention. This statistical method was chosen to determine whether there was a significant improvement in participants' knowledge following the educational session. In addition to quantitative results, qualitative feedback was collected informally.

Results

Pre/Post Surveys

The results from the presurvey and postsurvey showed an increase in provider knowledge after the educational intervention, with an overall average increase of 25% in correct answers (see Table 1). The most significant improvements were noted in Questions 1 and 8, which showed a 40% increase, indicating a better understanding of burnout and the importance of organizational support. Questions 3, 7, and 9 showed gains of 33%, 20%, and 20%, respectively, highlighting an understanding of self-care strategies such as building emotional resilience and coping with burnout. These advancements suggest that the training met its goals of educating nurses on the causes of burnout and strategies to address them. The results demonstrate the value of ongoing educational programs in equipping nurses with the essential knowledge and techniques necessary for managing burnout, which can lead to improved care delivery and enhanced treatment outcomes. A total of 15 staff members completed the pre- and postsurveys.

Table 1

Pre and Postintervention Survey Scores on Burnout Knowledge Among Nursing Staff

Question number	Presurvey %	Postsurvey %	Change
1	60	100	+40
2	100	100	+0
3	67	100	+33
4	100	100	+0
5	100	100	+0
6	100	100	+0
7	80	100	+20
8	60	100	+40
9	80	100	+20
10	100	100	+0
M	75	100	+25

A two-tailed *p* value of .022 indicated that there was only a 2.2% probability of observing such a mean difference if the intervention had no effect (see Table 2). Because the *p* value was less than .05, a statistically significant improvement in staff knowledge is noted.

Table 2

T-Test Results Comparing Pre- and Posteducation Survey Scores on Burnout Knowledge Among Nursing Staff

M	*SD*	*t*	*df*	Sig. (2-tailed)
15.3	14.47	2.77	9	.022

The 95% confidence interval for the mean difference [12.5, 37.5] percentage points further suggests that the actual average gain in knowledge lay well above zero, reinforcing the robustness of the finding. Taken together, these results provide quantitative evidence that the self-care and resilience training enhances nursing staff's

understanding of burnout prevention strategies. These findings indicated that the burnout educational intervention resulted in a statistically significant increase in knowledge.

Content Expert Feedback

I engaged the expertise of two specialists to validate and enhance the educational program centered on self-care and resilience strategies for nursing personnel (see Appendix C). The first expert, a clinical authority in nursing education, provided insights on the structure of the educational PowerPoint. The second expert, an organizational leader with extensive experience in health care management, offered essential feedback on aligning the training with facility policies and optimizing staff engagement through effective scheduling.

Both experts evaluated the educational materials and completed structured evaluation forms, affirming that the content was explicit, evidence-based, and practical for implementation in the practice environment. The experts' feedback ensured that the training was clinically relevant and administratively feasible. The experts also noted that the PowerPoint module was engaging, well-paced, and effectively organized, contributing to a meaningful learning experience for the nursing staff.

Limitations and Strengths

Two key limitations that may have affected the outcomes of this project are the small sample size and time constraints. With only 15 participants, the study lacked the statistical power to detect more minor but meaningful changes, and the results may not be generalizable to larger or more diverse nursing populations. The small sample size also increased the likelihood that random variation influenced the results, potentially exaggerating the observed effect size.

Additionally, the study's short duration, with data collected 1 week after the intervention, limited the ability to assess whether knowledge gains translated into long-term behavioral changes or reduced burnout symptoms. The immediate posttest results likely reflect short-term recall rather than sustained application of self-care strategies. Together, these limitations suggest that although the intervention showed a substantial short-term impact, the actual effect may be more negligible and less durable over time without continued support or follow-up training.

Burnout among nurses is a widespread issue that undermines patient safety and workforce stability. By demonstrating that a 2-hour self-care module yields significant knowledge improvements, this project provides a blueprint for institutions with limited resources. The curriculum's modular design (guided mindfulness breaks, reframing worksheets, and shift-embedded exercises) can be adapted across care settings. Aligning with meta-analytic findings on resilience training (Lee & Cha, 2023) and mindfulness interventions (Sulosaari et al., 2022), the approach suggests that brief programs yield measurable returns in staff well-being and organizational performance. The dissemination of the study's materials may inform policy recommendations and foster system-wide burnout prevention.

Conclusions

The educational program had a significant impact on the organization, resulting in increased staff knowledge about burnout prevention and self-care techniques. This outcome suggests that brief, targeted training can equip nursing staff with the necessary tools to manage workplace stress effectively, thereby improving patient care. By

increasing awareness of emotional resilience, organizational support, and mindfulness practices, the program may foster a more informed and knowledgeable nursing culture.

The implications for nursing practice are essential. By integrating self-care into daily routines, nurses are better equipped to manage stress, sustain performance, and decrease burnout-related turnover. This approach benefits the workforce while enhancing patient safety and continuity of care. Such initiatives encourage social change by proactively addressing mental health and reducing the stigma associated with emotional exhaustion in health care. The intervention's inclusive design, which emphasized personalized self-care and acknowledges obstacles such as time constraints and stigma, aligned with diversity, equity, and inclusion principles.

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Appendix A: Pre/Post Survey Burnout Knowledge Assessment Questionnaire

Is the education of nurses in a long-term care facility regarding job burnout improved based on a pre- and post-survey determination?

Instructions

This survey will assess your knowledge of burnout, its causes, and effective prevention techniques. For each question, select the best answer.

1. Which one best defines burnout in nursing?

   ☐ A) A temporary state of fatigue that vanishes after resting

   ☐ B) A persistent condition of emotional, physical, and mental exhaustion developed due to prolonged and excessive stress

   ☐ C) A personality characteristic leading to excessive job dissatisfaction

   ☐ D) A sickness developed due to overworking

2. Which of the following is NOT a significant cause of burnout among nurses?

   ☐ A) Long work hours and workload overload

   ☐ B) Uncertainty about their job security

   ☐ C) Good work environment and friendly colleagues

   ☐ D) Compassion fatigue and emotional stress

3. Which self-care practice is MOST frequently reported by nurses to decrease burnout?

☐ A) Deep breathing and mindfulness exercises

☐ B) Suppressing the stress and pushing on

☐ C) Caffeine used to avoid sleep

☐ D) Working overtime more frequently to be satisfied at work

4. What is the emotional component of burnout most accurately described?

☐ A) Repeated eagerness for tasks

☐ B) Chronic emotional exhaustion and irritability

☐ C) A desire for continued learning

☐ D) Physical injury due to workload

5. Which of the following is a key sign of burnout in a nurse?

☐ A) Increased enthusiasm and energy for work

☐ B) Improved patient care quality

☐ C) Withdrawal from colleagues and decreased job satisfaction

☐ D) Higher levels of work engagement

6. Which of the following is a possible impact of nurse burnout on patient care?

☐ A) Enhanced communication and quicker decision-making

☐ B) Decreased patient care quality and higher risk of mistakes

☐ C) Enhanced patient satisfaction

☐ D) Increased patient recovery rates

7. What is one of the best strategies for coping with work-related stress?

☐ A) Completing work faster over lunch breaks

☐ B) Applying work boundaries and time management

☐ C) Taking extra shifts to earn higher pay

☐ D) Reducing commitment to personal life to focus on work

8. Which of the following best describes organizational support as applied to prevent burnout?

☐ A) It involves providing flexible scheduling and proper staffing

☐ B) It simply involves the provision of financial rewards for better performance

☐ C) It involves reducing the number of breaks taken by employees

☐ D) It involves improving workloads for greater productivity

9. One way to guarantee emotional resilience and prevent burnout in nurses is:

☐ A) Relying solely on peers for emotional support

☐ B) Engaging in regular physical exercise and self-care habits

☐ C) Avoiding personal relationships to prevent emotional vulnerability

☐ D) Repressing personal stressors to stay focused on work activities

10. Which of the following is one of the primary reasons nurses are likely to feel they cannot receive mental health assistance at work?

☐ A) They do not want to overburden their managers

☐ B) They feel that their work would become more for them to handle if they get help

☐ C) There is a stigma regarding getting mental health help

☐ D) They do not believe mental health services are required

Appendix B: Staff Education PowerPoint

OBJECTIVES

- Develop and implement an educational program on burnout prevention strategies for long-term care nurses.
- Increase nurses' knowledge of burnout prevention strategies as measured by pre- and post-education surveys.
- Evaluate nurses' confidence in applying self-care and burnout prevention techniques after the education program.
- Assess nurse satisfaction with the burnout prevention education program.
- Recommend integrating burnout prevention education into organizational policies and ongoing staff development.

Educational Curriculum for Training Nurses on Self-Care Strategies to Prevent Work-Related Burnout

Presentation By: Nsemboowo Effiong Enyong

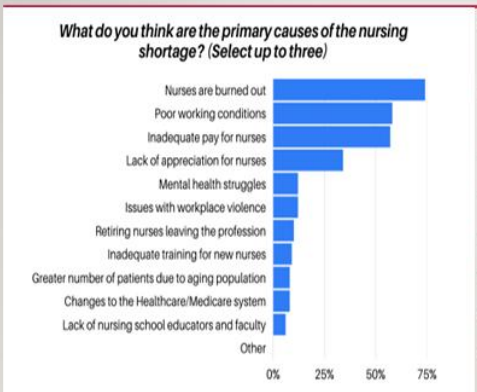
TARGET AUDIENCE

- The program is designed for registered nursing professionals.
- Focus on nurses working in high-stress environments.
- Long-term care and acute care nurses benefit significantly.
- Includes newly hired nurses and experienced professionals.
- Target staff experiencing burnout symptoms and stress.
- Mental health nurses also benefit from this curriculum.
- Training is adaptable to diverse healthcare settings.
- Audience engagement enhances learning outcome.

INTRODUCTION TO BURNOUT PREVENTION

- Burnout affects mental health and job performance (Kong et al., 2024).
- It results from chronic workplace stress and exhaustion.
- Nurses experience high emotional and physical job demands.
- Long-term burnout decreases productivity and job satisfaction.
- Preventing burnout improves well-being and patient care quality.
- Self-care strategies help maintain emotional resilience daily.
- Institutional support is crucial in reducing burnout risks.
- Education fosters awareness and promotes proactive coping skills.

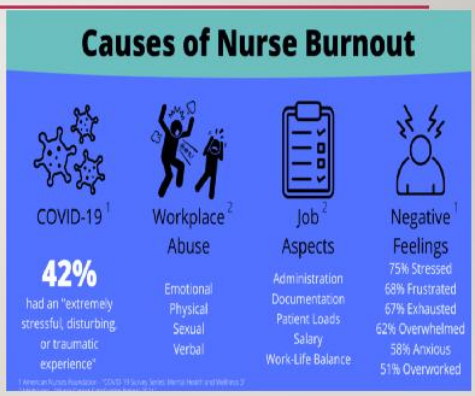
CRITICAL NURSING BURNOUT STATISTICS



- 56% of nurses report experiencing burnout symptoms.
- 64% feel extreme stress due to job demands (American Nurses Foundation, 2023).
- 20% changed positions within the past six months.
- 39% plan to leave their job in six months.
- 41% of direct care nurses consider leaving soon.
- 40% report feeling no control over workload.
- Two-thirds lack access to mental health support.
- $100 million invested to grow the nursing workforce.

CAUSES OF NURSE BURNOUT

- Excessive workload increases emotional and physical strain (Low et al., 2025).
- Long shifts reduce recovery time between workdays.
- Compassion fatigue develops from constant patient care.
- Poor work-life balance affects mental health stability.
- Insufficient staffing leads to overwhelming job demands.
- Lack of support fosters frustration and workplace dissatisfaction.
- Unclear job expectations create additional emotional stress.
- Workplace conflicts contribute to stress and exhaustion.



WORK ENVIRONMENT AND MENTAL HEALTH IMPACT

- Nurses report feeling overwhelmed by daily workload (American Nurses Foundation, 2023).
- 40% feel they lack control over work demands.
- Unsafe environments increase stress and emotional strain.
- Two-thirds experience mental anguish but lack support.
- Many nurses avoid seeking help due to stigma.
- Stress levels remain high since the COVID-19 pandemic.
- Younger nurses face heightened mental health challenges.
- Improving workplace conditions can reduce mental distress.

EMOTIONAL TOLL ON NURSES

- 64% of nurses experience high job-related stress. Compassion fatigue reduces nurses' emotional resilience levels.
- Negative emotions outweigh positive experiences for nurses.
- Feeling undervalued contributes to increased emotional exhaustion.
- Workplace culture impacts overall nursing job satisfaction.
- Many nurses struggle with work-life balance challenges.
- Increased workloads contribute to physical health problems.
- Organizations must prioritize nurse emotional well-being support.

BURNOUT AND NURSING PIPELINE CONCERNS

- Younger nurses experience higher burnout rates today (American Nurses Foundation, 2023).
- New nurses feel unsupported in their work environments.
- High stress discourages students from entering nursing careers.
- Pipeline challenges threaten future healthcare workforce stability.
- Retention strategies are essential for long-term sustainability.
- Workforce investments are necessary to strengthen recruitment.
- Nurse burnout worsens overall staffing shortage problems.
- Retaining experienced nurses requires systemic organizational change.

EFFECTS OF BURNOUT ON PATIENT CARE

- Nurse burnout reduces overall quality of care (Sawyer et al., 2023).
- Exhausted nurses make more medication administration errors.
- Decreased attentiveness increases the risks of patient harm.
- Emotional detachment affects compassionate nursing interactions.
- Burnout leads to communication breakdowns with patients.
- Increased nurse stress decreases patient satisfaction scores.
- High turnover affects the continuity of patient treatment.
- Patient safety improves when burnout is prevented.

INSTITUTIONAL FACTORS CONTRIBUTING TO BURNOUT

- Poor staffing levels increase individual nurse workloads (Selič-Zupančič et al., 2023).
- Lack of emotional support reduces job satisfaction.
- Inflexible scheduling disrupts work-life balance stability.
- Limited resources cause frustration and added stress.
- Leadership support improves workplace mental health initiatives.
- Organizational culture affects overall nurse well-being.
- Workplace relationships impact emotional resilience significantly.
- Encouraging teamwork fosters supportive work environments.

THE ROLE OF SELF-CARE IN BURNOUT PREVENTION

- Self-care practices enhance emotional and mental resilience (Sulosaari et al., 2022).
- Exercise improves mood and reduces workplace stress.
- Mindfulness techniques enhance emotional self-regulation skills.
- Adequate sleep supports cognitive function and recovery.
- Work-life balance prevents excessive professional exhaustion.
- Healthy eating habits improve energy and well-being.
- Seeking peer support fosters emotional coping strategies.
- Self-reflection encourages personal and professional growth.

STRATEGIES FOR MANAGING WORK-RELATED STRESS

- Deep breathing techniques help regulate emotional responses (Kong et al., 2024).
- Time management reduces workload-related anxiety effectively.
- Setting boundaries prevents professional overcommitment stress.
- Social support networks enhance emotional stability.
- Workplace relaxation spaces encourage mental decompression.
- Professional counseling services provide coping mechanisms.
- Regular physical activity decreases accumulated workplace tension.
- Mental health days promote overall well-being awareness.

ORGANIZATIONAL STRATEGIES FOR BURNOUT PREVENTION

- Staff training promotes burnout awareness and management (Lee & Cha, 2023).
- Encouraging peer mentorship fosters emotional workplace support.
- Flexible scheduling reduces prolonged work-related stress.
- Leadership involvement strengthens mental health programs.
- Recognizing nurse contributions increases job satisfaction.
- Promoting teamwork enhances collaborative care environments.
- Addressing workload concerns improves employee retention.
- Investing in mental health resources benefits overall well-being.

IMPORTANCE OF MENTAL HEALTH SUPPORT

- Mental health resources remain inaccessible to many nurses (American Nurses Foundation, 2023).
- Many nurses fear stigma when seeking mental health.
- Psychological distress affects workplace performance significantly.
- Leadership should promote emotional wellness in workplaces.
- Wellness programs improve nurse retention and morale.
- Addressing stress early can prevent further burnout.
- Mental health interventions strengthen professional resilience.
- Investing in self-care improves overall nurse effectiveness.

COMMUNICATION IN BURNOUT PREVENTION

- Effective communication reduces workplace misunderstandings (Low et al., 2025).
- Open discussions help identify burnout risk factors.
- Active listening improves workplace support and engagement.
- Encouraging feedback fosters a healthy work culture.
- Assertiveness skills promote professional boundary setting.
- Empathy strengthens interpersonal workplace relationships.
- Clear job expectations reduce unnecessary workplace stress.
- Supportive communication encourages team collaboration success.

EVALUATING BURNOUT PREVENTION EFFECTIVENESS

- Surveys measure improvements in workplace mental health (Niinihuhta & Häggman-Laitila, 2022)
- Employee feedback helps refine intervention effectiveness.
- Tracking absenteeism rates assesses workplace stress levels.
- Nurse retention rates indicate staff well-being changes.
- Monitoring workload adjustments ensures burnout reduction.
- Regular wellness assessments provide valuable program insights.
- Organizational changes reflect effectiveness in burnout management.
- Continuous evaluation enhances long-term intervention success.

CONCLUSION AND KEY TAKEAWAYS

- Burnout prevention improves nurse well-being and resilience. Self-care strategies are essential in mental health.
- Institutional support fosters a healthier workplace environment.
- Reducing workload prevents excessive emotional exhaustion.
- Effective communication strengthens team collaboration efforts.
- Mental health programs enhance workplace productivity levels.
- Ongoing evaluation ensures sustained burnout intervention success.
- Investing in nurses benefits patients and healthcare organizations.

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Appendix C: Content Expert Evaluation Form

Content Expert Evaluation Form – Expert 1 (Clinical Educator)

EVALUATION

(Rate 1–4: 1 = Poor, 2 = Fair, 3 = Good, 4 = Excellent)

Criteria	Rating
Stress response knowledge	4
Trigger identification	4
Stress techniques	4
Self-care strategies	4
Relevance to practice	4
Evidence-based validity	4
Audience appropriateness	4
Comprehensive coverage	4
PowerPoint presentation quality	4
Knowledge assessment effectiveness	4
Overall curriculum strength	4

RECOMMENDATION

☒ Recommend without changes
☐ Minor changes
☐ Major changes
☐ Do not recommend

Overall Rating: 4 / 4

Strengths:
The content is well-developed, evidence-based, and highly relevant to nursing practice. It effectively addresses core self-care and resilience strategies for clinical personnel. The PowerPoint module is engaging, logically structured, and conducive to learning.

Improvements:
None noted; content is implementation-ready.

Content Expert Evaluation Form – Expert 2 (Organizational Leader)

EVALUATION

(Rate 1–4: 1 = Poor, 2 = Fair, 3 = Good, 4 = Excellent)

Criteria	Rating
Stress response knowledge	4
Trigger identification	4
Stress techniques	4
Self-care strategies	4
Relevance to practice	4
Evidence-based validity	4
Audience appropriateness	4
Comprehensive coverage	4
PowerPoint presentation quality	4
Knowledge assessment effectiveness	4
Overall curriculum strength	4

RECOMMENDATION

☒ Recommend without changes
☐ Minor changes
☐ Major changes
☐ Do not recommend

Overall Rating: 4 / 4

Strengths:
The training content aligns with organizational goals and facility policies. The module supports effective scheduling, encourages staff engagement, and delivers practical, actionable self-care strategies. The PowerPoint presentation enhances clarity and participation.

Improvements:
No changes required; ready for implementation.