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## Implementing a System- Wide Program to Reduce Burnout Among Healthcare Providers

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# Walden University

College of Nursing

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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: Executive Leadership System Improvement  
Implementing a System-Wide Program to Reduce Burnout Among Healthcare Providers

by

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Executive Summary Submitted in Partial Fulfillment  
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## **Introductory Summary**

This Doctor of Nursing Practice (DNP) project addresses the pervasive health issue of burnout among healthcare providers, focusing on a community mental health clinic where internal data revealed high levels of staff turnover, absenteeism, medication errors, financial constraints, poor patient outcomes, and low staff satisfaction. Characterized by low personal accomplishments, depersonalization, and emotional exhaustion, provider burnout negatively affects organizational sustainability, patient safety, and workforce morale (Arnsten & Shanafelt, 2021). Shortage of healthcare providers, exposure to patient trauma, high emotional demands, and administrative burdens are the systemic stressors of burnout at the project site mental health facility. These factors collectively underscored the need for a system-wide burnout reduction program to safeguard provider well-being and ensure the delivery of high-quality patient care and safety.

The evidence-based practice question guiding this DNP project is: Among healthcare providers at risk of burnout (P), does the implementation of a proactive system-wide program on resilience-building and stress management (I) compared with reactive strategies (C) reduce burnout levels and improve job satisfaction (O) over a 12-month period (T)? Kotter's change model and logic model framework guides this project. Analytical strategies will include pre- and postintervention surveys, focus groups, anonymous feedback surveys, turnover rates, Maslach Burnout Inventory, and patient safety metrics (see Edú-Valsania et al., 2022). Baseline, interim formative, and summative evaluations will be conducted, and outcomes documented through return on investment (ROI), trend analysis, and descriptive statistics.

In addition to personal coping strategies, system-based interventions that integrate evidence-based stress management and resilience-building approaches significantly reduce staff burnout (McMullen, 2023). The primary products of this DNP project will be staff and leadership training modules, a structured burnout reduction program, a wellness culture adoption initiative, and a sustainability plan, all aimed at improving organizational reputation, financial performance, patient safety, and provider resilience.

The nursing implications of this project will extend beyond the clinical benefits in the targeted mental health facility to position nursing leaders as change agents for quality project implementation advocating for the inclusion of staff wellness into the organizational culture and strategy (Dulko & Kohal, 2022). By promoting access to mental health services among underserved populations and targeting all care providers, regardless of their job roles, the project positively contributes to social change by promoting diversity, equity, and inclusion (Mulder et al., 2024).

### **Problem Statement**

Provider burnout at the project site mental health facility is not only a personal issue but also an organizational adverse event that needs urgent intervention (Ahmed & Shah, 2023). Using anonymous surveys, staff reported inadequate organizational support, excessive emotional exhaustion, and workloads that have resulted in compromised care quality, high turnover and absenteeism rates, provider disengagement, and a rise in near-miss incidents. Without a system-level intervention, burnout poses a significant risk of compromising patient safety, care quality, organizational sustainability, and workforce stability.

### **Supportive Data**

Internal organizational data from the project site mental health clinic's human resource department revealed that staff turnover increased by 23% and absenteeism by 27% between 2022 and 2024. Community-level data from the Centers for Disease Control and Prevention indicate that 55% of healthcare providers in the United States experience burnout issues due to a nursing shortage (Meredith et al., 2022). The Centers for Disease Control and Prevention report further shows that annual turnover rates in community hospitals average between 30%–40%, signaling a worrying trend in retaining skilled nurses and thus compromising healthcare quality outcomes (Shah et al., 2021).

### **Summary of Key Evidence**

Evidence indicates that proactive organizational interventions are more effective in reducing provider burnout than reactive individual coping interventions. According to Ahmed and Shah (2023), structural interventions reduce burnout by 20%–35% within the first year of implementation, whereas individual coping strategies yield insignificant burnout reduction outcomes. Systemic interventions, such as stress management and mindfulness training, leadership coaching, continuous access to mental health resources and facilities, workflow redesign to minimize administrative burdens, structured peer support groups, and flattening organizational hierarchies and culture to reflect staff wellness, are effective interventions (Rehder et al., 2021). Post incident debriefing, stress huddles, quiet corners, chaplain counseling, and mental health days were also identified as effective in reducing provider burnout (Musker & Othman, 2024). Technologically, the provider resilience app was considered adequate in terms of cost-effectiveness and its

ability to reduce burnout; thus, there is the opportunity for technology scalability to other healthcare organizations characterized by high burnout levels (Golden et al., 2021).

### **Alignment With Organization Mission, Vision, Values**

The targeted mental health facility's mission focuses on improving mental wellness and health of the surrounding community through compassionate, evidence-based and comprehensive care provision. Its vision is centered on being a dependable care provider in behavioral health and create healthy communities where both patients and care providers are supported and valued. The organization's core values include compassion, excellence, collaboration, integrity, and innovation. Therefore, the proposed system-wide burnout reduction program aligns with the mission, vision, and value statements of the mental health facility by focusing on improved patient outcomes, building a resilient workforce, and promoting sustainable operations (Young et al., 2022).

### **Risks and Benefits**

The implementation of this DNP project may face potential resistance from staff, additional costs not budgeted initially for, implementation fatigue, and organizational leadership turnover (see Endalamaw et al., 2024). These factors may be barriers to the successful implementation of the program, thus requiring adequate consideration and a contingency plan. The benefits resulting from this program implementation will include improved patient safety outcomes, workforce stability/staff retention, staff satisfaction, a strengthened organizational reputation, and reduced costs, thereby enhancing financial sustainability.

### **Potential Outcomes for the Organization**

Based on the existing evidence and projected outcomes, the potential program's organizational impact is enormous. There is a potential for a positive ROI, a 29% improvement in staff job satisfaction, a 55% reduction in burnout rates, and a 60% reduction in turnover and absenteeism rates within 12 months of program implementation.

#### **Positive Impacts for the Organization, Nursing, and the Population of Interest**

The program will enhance workforce stability within the organization by reducing absenteeism and turnover levels, which on average, costs the mental health facility \$7,500 per physician per year. Improved provider morale and engagement will also lead to fewer adverse events, enhance accreditation readiness, and improve patient safety ratings.

The program will emphasize the role of nurse leaders in leading organizational culture change and addressing staff wellness professionally. The integration of wellness and resilience-building strategies into the work routine will advance nursing's contribution to sustainable, high-quality, and safe care delivery (Razai et al., 2023).

For the population of mental health patients in the community, the program will enhance the accessibility and continuity of mental health services and facilities through a stabilized workforce. The program promotes addressing urgent mental health needs in rural areas by providing access to a motivated and skilled workforce, thereby promoting equity in care access (see Cunningham & Gonzalez-Guarda, 2023).

## **Project Development**

The key stakeholders include the DNP project leader, clinical nurse leaders, data analysts, and preceptor. Stakeholders will be engaged through ongoing feedback and in-person meetings to receive updates on project implementation and report on outcomes in real-time (see Wark et al., 2022). A team charter outlines the roles and responsibilities of these stakeholders.

### **Accreditation Standards**

The Joint Commission emphasized the integral role of provider well-being in achieving patient safety and quality care provision, advocating for proactive interventions that highlight and address psychological hazards to comply with quality, staffing, and leadership standards (Arnetz, 2022). The American Nurses Credentialing Center Magnet Recognition standards mandate healthcare organizations to create a safe working environment and prioritize programs that promote nurse satisfaction, thus resulting in a high retention rate of skilled care providers. (Chiu et al., 2021). The American Nurses Association also advocates for provider resilience and safe staffing as a professional consideration. Full compliance with these standards enhances the targeted mental health facility's accreditation standing.

### **New Technology or Software**

A wellness application system integrated into the project site's current electronic health record system will be required to enhance staff access to stress reduction strategies, mindfulness exercises, and prompt self-assessment surveys. Moreover, to correctly capture data on staff retention trends, engagement levels, and burnout scores, a dashboard software will be required (see Bhashitha, 2024). The use of these technologies and software will enhance program efficacy evaluation and staff participation as well as recommend actionable insights to the organizational leadership for sustaining the program.

### **Training Issues**

Healthcare providers will be trained on engaging in structured activities, such as life stress education sessions, team huddles, utilizing quiet places, accessing human resource mental health counseling, utilizing available chaplain counseling services, and using wellness applications (see Underdahl et al., 2024). Leaders will also undergo advanced training in human resource policies related to mental health personal days, communication strategies, wellness culture policy review, role-modeling, and post incident debriefing as well as learning how to recognize the early signs of burnout among staff (see Alqahtani et al., 2023).

Human resources and information technology staff will be trained on data privacy and protection protocols to align with the Health Insurance Portability and Accountability Act (HIPAA) guidelines ensuring the confidentiality of staff wellness information (Edemekong et al., 2024). To promote sustainability, training sessions will be designed to

minimize disruptions to the clinical schedule, complemented by digital modules and refresher courses.

### **Regulatory, Legal, and Union Issues**

The Occupational Safety and Health Administration protocols emphasize the role of employers in mitigating workplace hazards, including psychological risks like emotional strain and chronic stress (Adamopoulos et al., 2023). Maryland state regulations also advocate for safe working environments and staff practices, requiring conformance to provider wellbeing programs that do not undermine patient care provision. (Williams et al., 2024). Strict adherence to HIPAA is mandatory to ensure confidentiality in data collection and program evaluation, particularly when wellness surveys and assessments require sensitive information about staff experiences (Edemekong et al., 2024).

### **Implementation Plan Summary**

The program will be implemented in three phases: Phase 1 (Months 1–3) will involve engaging stakeholders, training leadership, and collecting baseline data. Phase 2 (Months 4–8) will entail developing peer support groups, rolling out training workshops, and deploying the wellness application system. Phase 3 (Months 9–12) will involve sustainability planning, program evaluation, and dissemination of outcomes. The goal of the program will be to reduce staff burnout, redesign workflows, enhance staff resilience, and promote a culture of wellness.

The program objectives include scheduled burnout assessments, adjusting work schedules and reducing overtime, launching mindfulness and resilience workshops, and establishment of peer support systems. The program deliverables will involve burnout

survey scores, reviewed staffing models, program attendance or engagement statistics, and peer mentor groups (see Edú-Valsania et al., 2022).

### **Budget Summary and Return on Investment**

The estimated budget amount will total \$48,500, covering costs for educational materials, training workshops and trainer fees, improvement of the online learning system, workflow redesign costs, facilitation of peer support programs, development of pre- and postintervention evaluation tools, resilience mobile app licensing fees, and miscellaneous expenses.

Although the additional expenses present upfront costs to the budget, the long-term cost savings associated with enhanced patient outcomes, improved staff retention, reduced recruitment costs, reduced turnover, and medication errors justify the need for consideration. The estimated ROI of 68.04% in the first year of program implementation is expected to outweigh these initial costs. Cost savings will include approximately six fewer provider losses per year with a replacement cost of \$3,000 per staff member, equivalent to \$18,000. Additionally, cost savings on improved provider productivity and reduced absenteeism levels amount to \$15,000. Therefore, the ROI:

$$\text{Net ROI} = \frac{(18,000+15,000)}{48,500} * 100\% = 68.04\% \text{ in the first year.}$$

### **Evaluation Plan**

The evaluation methods will involve pre- and postintervention surveys, focus group discussions, and anonymous feedback (see Dulko & Kohal, 2022). The success indicators for the program will be an increase in staff organizational and program engagement, a 60% reduction in staff and absenteeism levels, a 55% decrease in turnover,

and a 29% increase in job satisfaction. Baseline data will involve staff burnout scores, staff turnover rates, sick days and productivity loss records, overtime hours, and patient safety and experience data (Edú-Valsania et al., 2022). Interim formative data will include interim burnout scores, clinical nurse leader feedback, staffing ratios, pulse surveys, and participation data. Summative data will be characterized by postintervention surveys, Maslach Burnout Inventory scores, financial cost-benefit analysis, turnover or retention rates, absenteeism level, and patient safety and experience metrics.

### **Conclusions**

Burnout among healthcare providers ranks highly as a pervasive and costly issue that undermines organizational performance, patient safety, and the well-being of the workforce. The proposed program's integration of leadership engagement, technology, and resilience-building presents the potential for significant improvements in patient outcomes, staff well-being, and financial sustainability at the targeted mental health clinic. For the targeted mental health organization, the program would result in improved accreditation readiness, reduced costs, and improved staff retention. For nursing practice, the program will enhance patient safety, workforce resilience and stability, and promote the integration of a wellness culture into professional standards. The program further integrates the principles of diversity, equity, and inclusion as follows. Resilience strategies and wellness initiatives will be culturally sensitive and adaptable, addressing the diverse needs of healthcare staff across all professional backgrounds, generations, and ethnicities. There will be equitable access to the support programs, fair scheduling procedures, and balanced workload distribution to lower stress burden disparities across provider groups. By developing feedback mechanisms and peer-support networks, the

system-wide burnout reduction program promotes an inclusive environment where all staff feel valued and empowered to contribute to evidence-based solutions.

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