

11-12-2025

Mitigation Strategies for Burnout Prevention

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Walden University

College of Nursing

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Walden University
2025

Executive Summary: Staff Education Project

Mitigation Strategies for Burnout Prevention

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Executive Summary Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Nursing Practice

Walden University

November 2025

Summary

This doctoral project is a staff education initiative aimed at increasing staff knowledge on burnout mitigation strategies. The project describes the practice challenge and why staff practice must address it. Psychiatric burnout leads to emotional exhaustion, professional dissatisfaction, and patient safety concerns. The work aims to answer the practice-focused question and the purpose of the doctoral project, specifically asking: Will a structured educational session on evidence-based burnout mitigation strategies increase staff knowledge? Staff knowledge was measured using pre- and post-education surveys. The pre-survey results showed mean score of 60%, while the post-survey results showed a mean score of 80%, reflecting a mean 20-percentage point increase in knowledge score. The project's evaluation revealed greater staff confidence in applying mindfulness, peer support, and time-management strategies, underscoring its strong impact on nursing practice. To sustain project benefits, the organization should provide quarterly refresher sessions, use the Maslach Burnout Inventory (MBI) to monitor staff well-being, and expand the program to interdisciplinary teams. Leadership should integrate mindfulness, peer support, and workload management into daily routines and policies. These efforts will promote an inclusive, resilient, and supportive workplace that enhances both staff and patient well-being. By embedding these practices into daily routines, the project supports sustained professional development and consistent nursing practice. It promotes equitable mental health support, ensuring all staff benefit equally from wellness resources and fostering a healthier, more inclusive workplace.

Background

Psychiatric workers are constantly faced with high levels of patient acuity, unpredictable crises, and high levels of emotional demand altogether, all factors that have led to a long-standing practice gap concerning burnout prevention and the well-being of the staff. The psychiatric environment is particularly problematic as patients can be very volatile, with complicated treatment requirements and the necessity of staff to strike a balance between safety and therapeutic interaction. These stressors typically manifest emotional exhaustion, depersonalization, and reduced professional performance, eventually posing a risk to patients and the overall quality of care (Vlassi et al., 2023). This aspect of burnout is not limited to personal suffering, as its overall impact on workforce well-being, organizational culture, and patient outcomes can be substantial. The lack of support or specifically designed interventions can lead to staff disconnecting from their work, compassion fatigue, or leaving the field altogether, resulting in higher turnover rates, decreased workforce sustainability, and exacerbating the financial burden on any organization.

This practice issue is thus crucial for maintaining an effective and robust psychiatric nursing workforce. Continued burnout not only endangers the health of the individual provider but also harms the ability of the organization to provide safe, therapeutic, and consistent psychiatric care. Consequently, to address this gap, the following guiding project question was formulated: Will a systematic educational intervention about evidence-based stress-reduction strategies enhance the knowledge and willingness of psychiatric staff to utilize these strategies? The objective of the project was to develop, implement, and test a one-hour educational intervention that presents realistic

and practical strategies for reducing burnout. Those educational aspects, which focused on mindfulness, peer support, time and workload management, and personal system self-care planning, were identified as the main approach and means to improve staff awareness, self-confidence, and proactive involvement. By fostering knowledge and readiness, the project aimed to promote workforce resilience, reduce the risk of burnout, and enhance the overall quality of psychiatric mental health care delivery.

The evidence supporting this change initiative is both substantial and growing. Person-directed interventions, such as mindfulness, relaxation training, and resilience-building practices, have been shown to effectively reduce burnout and enhance well-being among healthcare providers. Randomized controlled trials indicate moderate to significant reductions in emotional exhaustion when brief mindfulness-based practices are integrated into daily routines (Vernmark et al., 2024). Similarly, systematic reviews have highlighted that even short, structured interventions can improve coping, promote self-regulation, and enhance professional quality of life. Beyond individual-level benefits, organizational reports highlight that staff education programs are associated with measurable improvements in coping skills, increased job satisfaction, and reduced turnover rates. These findings suggest that educational interventions can provide sustainable benefits when consistently implemented in psychiatric settings.

The strength of this evidence is considered moderate to high, given its foundation in multiple randomized controlled trials and rigorous systematic reviews, aligning with Level I and II evidence in evidence-based practice hierarchies. The literature search utilized CINAHL, PubMed, PsycINFO, and the Cochrane Library, with filters applied to peer-reviewed studies published between 2018 and 2024. The search yielded 22 Level I

studies (12 systematic reviews/meta-analyses, and 10 randomized controlled trials), 15 Level II studies (quasi-experimental and cohort designs), and 9 Level III studies (qualitative, descriptive, and organizational reports). This distribution ensured a strong foundation of high-level evidence supported by contextual and practice-based findings. It is worth noting that the literature identifies individual and organizational advantages, which support the dual effects of this type of intervention on staff resilience and patient outcomes. This body of evidence is strong enough to support the logic behind the introduction of a structured educational program that targets psychiatric staff explicitly. The project will help fill the identified practice gap by providing an evidence-based program with a concise strategy to equip staff with practical tools to manage stress, decrease the likelihood of burnout, and enhance the overall effectiveness and sustainability of psychiatric care delivery.

Staff Education Project Development

The participants in this education project consisted of ten psychiatric nursing staff members, recruited from an inpatient and outpatient behavioral health unit within a single organization. This sample consisted of a heterogeneous group of registered nurses and support staff with varying years of professional experience and differing perspectives on patient care and work stress. Attendance was purely voluntary, and all eligible individuals were welcome. The educational intervention was provided as an hour-long, in-person session designed to be as accessible, interactive, and practice-oriented as possible. Evidence-based preventive measures against burnout were also included in the curriculum, and content was presented using a combination of brief didactic lectures, interactive discussions, and guided self-reflection exercises. Core topics included

mindfulness practices, the value of peer support, effective workload and time management techniques, and the development of individualized care plans that staff could integrate into their daily practice.

Baseline knowledge regarding burnout-mitigation strategies was assessed using an anonymous pre-education survey, followed by the intervention and a post-education survey featuring the same items to ensure consistency in measurement. Responses were compiled and analyzed using descriptive statistics, focusing on mean percentage-correct scores and the percentage-point difference between the pre- and post-intervention results. Additionally-participant feedback was gathered through knowledge and confidence, session usefulness, and open-ended comments to evaluate program value. Program success was defined as both a measurable increase in knowledge scores and anecdotal comments with positive participant satisfaction ratings. Results demonstrated a 20-point improvement in staff knowledge, indicating that the educational session effectively enhanced staff work knowledge of stress-mitigation strategies within psychiatric mental health units.

Results

Before the intervention, the mean score of the pre survey was 60%. Following the session, the mean score of the post survey was 80% demonstrated knowledge of burnout-mitigation strategies, confirming a 20-point increase in staff knowledge. Informal feedback indicated that the one-hour format was convenient, and the content was directly relevant to the daily challenges faced by psychiatric staff.

The organization experienced immediate benefits through heightened staff engagement and the development of a shared language around self-care, resilience, and

burnout prevention. Early indicators suggested improved morale and stronger team cohesion, laying the groundwork for potential reductions in turnover, absenteeism, compassion fatigue, long-standing challenges in psychiatric health care. The educational session provided staff with evidence-based and practical strategies, facilitating an open discussion of stress management, collective responsibility for well-being, and fostering trust, empathy, and collaboration within the team. The results show that even a short, inexpensive educational intervention can improve knowledge, enhance staff confidence, and enhance workforce health in stressful clinical settings, and may be scalable and sustainable within the context of clinical workflows. Ultimately, prioritizing staff-being education, this project will not only enhance the immediate care environment but also cultivate a flexible workforce capable of navigating the increasing complexity of psychiatric care provision.

Although the project had very positive results, constraints had an implication on the scope of the project as well as its generalizability. The sample size of ten participants is small, and the two-site design limits both statistical power and the ability to compare results across the two settings. It was measured using immediate post-session questionnaires, rather than long-term follow-up, which may have provided poorer insight into long-term behavior change. Nevertheless, the project's relevance extends beyond the local sites. Psychiatric and other high-acuity nursing units nationwide face similar risks of burnout. This easily replicable, evidence-based educational model offers a scalable strategy to enhance staff resilience, support workforce retention, and promote positive social change by fostering equitable and inclusive workplace cultures across diverse healthcare environments.

Table 1

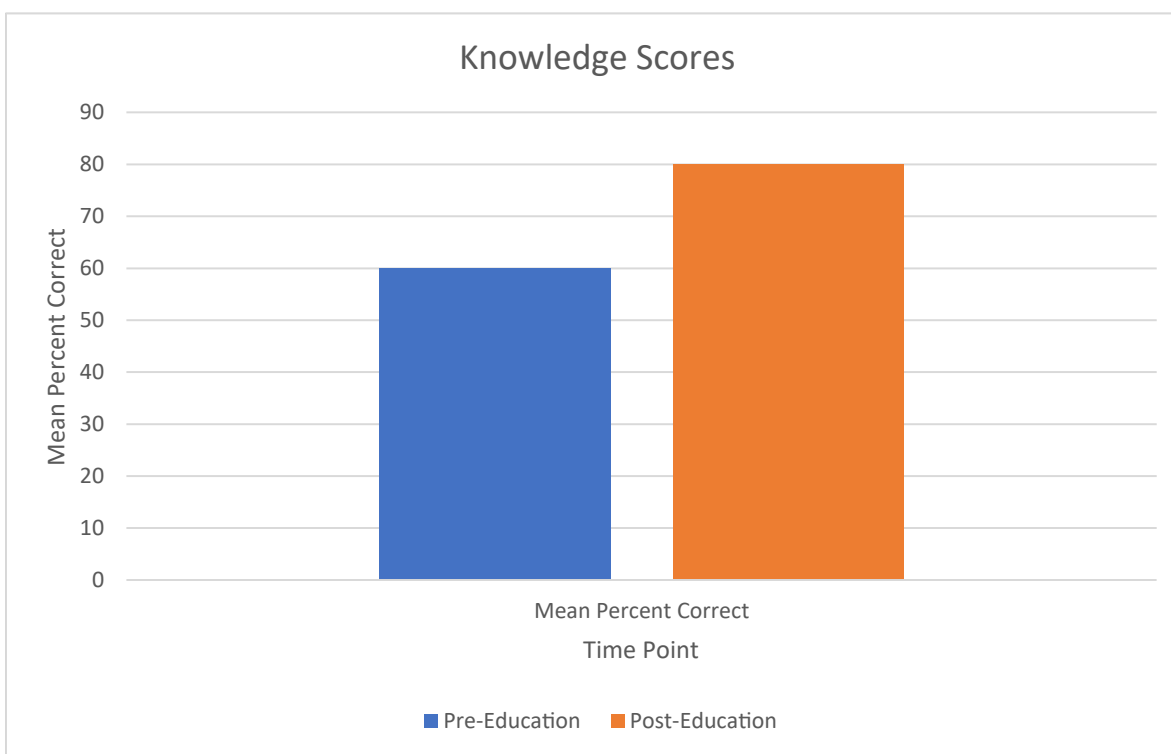
Pre- and Post-Education Knowledge Mean Scores on Burnout-Mitigation Strategies (N = 10)

Measure	Pre-Education Mean (SD)	Post-Education Mean (SD)	Mean Difference
Percent correct on survey	60 (± 10)	80 (± 12)	+20

Note. Scores represent the percentage of correct responses on the anonymous survey administered immediately before and after the educational session.

Figure 1

Comparison of Pre- and Post-Education Knowledge Mean Scores



Conclusions

The staff education project on mitigation strategies for reducing psychiatric staff burnout had a clear and positive organizational impact, increasing knowledge and confidence among participants, fostering a stronger culture of self-care, and laying the foundation for improved staff retention and patient safety. The demonstrated 20- point knowledge gain underscores the effectiveness of even a brief, low-cost intervention in strengthening workforce knowledge about burnout. These findings illustrate the feasibility of embedding concise, evidence-based educational programs into routine practice without placing undue strain on financial or human resources. It is essential to note that the program demonstrated the effectiveness of well-designed interventions in providing immediate benefits to the facility by equipping staff with practical solutions to manage stress and mitigate burnout. The findings also suggest that these initiatives could serve as a model for other psychiatric institutions and health systems in need of scalable, cost-effective solutions to address the issue of workforce well-being.

The success of this program prompted the formulation of several recommendations to continue and enhance the program's benefits. They consist of providing quarterly refresher courses to emphasize the knowledge retention process and implementing proven instruments, including the Maslach Burnout Inventory (Soares et al., 2023). Longitudinal tracking inventory and extending the initiative to other units and other interdisciplinary teams to enhance organizational cooperation. Integrating peer-support huddles into routine work processes would contribute to increased communication, the normalization of stress-related discussions, and the promotion of a sense of wellness and accountability. The implication is not limited to the outcome of

individual staff members, as such an initiative also helps decrease turnover by enhancing professional engagement. The project also enhances diversity, equity, and inclusion (DEI) at an organizational level by promoting equal access to support personnel from all backgrounds and roles. All these activities underscore the importance of recognizing that combating burnout is not merely a personal issue, but also an organizational and societal concern, which is crucial in safeguarding both the workforce and the patients they care for.

To sustain the project's benefits, organizations should align long-term workforce strategies with wellness initiatives by incorporating burnout-reduction education into staff orientation and ongoing professional development. Embedding resilience-building practices into the organizational culture helps make them routine rather than one-time efforts. Introducing wellness education from the start of employment reinforces resilience as a professional responsibility and demonstrates that staff well-being is a core organizational priority, fostering a lasting culture of health and accountability.

Extending these efforts to interdisciplinary teams fosters collaboration, shared responsibility, and stronger support for workplace wellness. Normalizing discussions about burnout reduces stigma, promotes psychological safety, and encourages staff to seek help when needed. These actions enhance morale, retention, and engagement, leading to a healthier, more resilient workforce capable of sustaining high-quality, person-centered psychiatric care. The staff education project positively impacted nursing practice by increasing psychiatric staff's knowledge, confidence, and engagement in

evidence-based reduction strategies, improving self-awareness, resilience, and staff care quality.

The project showed a 20-point increase in knowledge and greater staff confidence in applying mindfulness, peer support, and time-management strategies. This low-cost, replicable education improved resilience, promoted professional growth, and advanced DEI by fostering a supportive, inclusive, and compassionate work environment.

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