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## **Executive Summary: Multi-Departmental Resilience and Stress Reduction Program**

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# Walden University

College of Nursing

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Joy Oluwakemi Adeyemi

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: Executive Leadership System Improvement  
Executive Summary: Multi-Departmental Resilience and Stress Reduction Program

by

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MS, Walden University, 2023

BS, Grand Canyon University, 2020

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## **Introduction to the Project**

### **Impetus for New Program/Change in the Organization**

Primary care nursing faces escalating burnout threatening patient safety, organizational sustainability, and healthcare quality. Internal data reveals 68% of primary care nurses report high emotional exhaustion scores (MBI), significantly exceeding the national average of 45%. Annual voluntary turnover of 28% results in direct replacement costs exceeding \$750,000, with 15% higher absenteeism and 22% increased overtime costs compared to regional benchmarks.

### **Supportive Data**

Regional workforce data demonstrates broader crisis: Texas faces a projected shortage of 15,800 RNs by 2030, with Central Texas experiencing 16% primary care vacancy rates versus 12% state average. Counties with turnover exceeding 25% experience 18% longer ED wait times, 14% lower preventive care visits, and 23% higher hospital readmissions. For this organization's 42,000 patients served annually, sustained turnover threatens care continuity, particularly affecting elderly patients with chronic conditions, uninsured families, and rural residents with limited healthcare alternatives.

Without intervention, projected turnover will reach 35% within two years, resulting in cumulative costs exceeding \$2 million. Patient safety incidents related to nurse fatigue increased 18% over the past year.

### **Summary of Key Literature**

Comprehensive literature review using PubMed, CINAHL, and PsycINFO (peer-reviewed within 5 years, full-text, English language) identified robust evidence supporting multi-component interventions. MBSR produces statistically significant burnout reductions (Cohen's  $d = 0.56$ ) with sustained 12-month effects. Peer support programs reduce emotional exhaustion by

32%. Leadership development correlates with 28% improved retention. Multi-component interventions combining individual skill-building with organizational culture change demonstrate superior effectiveness.

### **Organizational Mission, Vision, and Value Alignment**

The program directly aligns with organizational mission to "provide compassionate, high-quality healthcare" by preserving nurses' capacity for patient engagement and reducing medical errors. Vision alignment advances "leading healthcare provider" status through workforce innovation and "thriving workforce" commitment. Core values integration includes compassion (supporting caregivers), excellence (evidence-based design), collaboration (multi-departmental approach), innovation (systemic intervention), integrity (transparent evaluation), and equity (culturally adapted resources).

### **Risks and Values to the Organization**

Primary risks include technology integration challenges, training effectiveness variability, and supply chain disruptions, mitigated through fixed-price contracts, dual sourcing, and 15% cost contingencies. Benefits significantly outweigh risks with 260% Year 1 ROI, enhanced patient safety, improved recruitment positioning, and cultural transformation supporting long-term organizational health.

### **Key Stakeholders and Roles**

Executive sponsor team includes chief nursing officer (primary sponsor), and chief HR officer (co-sponsor), providing cross-functional leadership. Multi-departmental steering committee convenes monthly with representatives from Quality Improvement, Medical Staff, Frontline Nursing, HR, IT, and Facilities Management. Implementation teams include MBSR

instructors (2 certified professionals), peer support specialists (20 trained), HR policy specialists, IT support, and external evaluators.

## **Operations**

### **Implementation and Evaluation Plan**

**Inputs:** \$187,275 Year 1 investment, technology infrastructure (8 platforms), comprehensive training programs (320+ hours), multi-departmental expertise, physical infrastructure (Serenity Lounges), external consultation services.

**Activities:** MBSR training (8-week structured program for 20 nurses), RISE peer support network establishment (20 trained specialists), leadership development training, technology platform deployment, physical wellness infrastructure creation.

**Outputs:** 400+ hours MBSR training delivered, 80% technology adoption rate, 100% leadership training completion, 20 active peer supporters 24/7, 125+ weekly Serenity Lounge utilization instances.

**Short-term Outcomes (0-6 months):** Increased perceived organizational support, enhanced stress management skills, improved multi-departmental communication, greater resource awareness, strengthened peer relationships.

**Long-term Outcomes (6-18 months):** 25% burnout score reduction, 30% decreased voluntary turnover, 20% improved job satisfaction, sustainable cultural transformation, enhanced patient safety and quality outcomes.

### **Phase 1: Preparation & Design (Months 1-4)**

Stakeholder engagement, steering committee formation, literature review completion, HR policy review, resource procurement, IRB approval. Technology platform selection and vendor contracting. Long-lead-time supply orders placement.

**Phase 2: Pilot Implementation (Months 5-8)**

Small-group pilot (15 nurses), 8-week MBSR pilot, leadership training pilot, Serenity Lounge setup, RISE peer support pilot, technology platform go-live, mobile application deployment, real-time feedback collection and rapid cycle improvements.

**Phase 3: Full Implementation (Months 9-15)**

Program expansion to all 20 nurses with staggered MBSR cohorts, comprehensive leadership training across all management levels, peer support network 24/7 activation, technology platform scaling, monthly steering committee monitoring with data-driven adjustments.

**Phase 4: Evaluation & Sustainability (Months 16-18)**

Comprehensive outcome evaluation across individual, organizational, and cultural dimensions, cost-benefit analysis, sustainability planning with policy integration, results dissemination through presentations and publications, development of replicable model for organizational expansion.

**Evaluation Framework:** Mixed-methods design assessing individual, organizational, cultural, and operational dimensions through 35 distinct measures (15 formative process measures, 20 summative outcome measures).

**Key Outcome Measures:***Individual Outcomes (Primary):*

- Burnout scores (MBI): 25% reduction target, measured baseline, 6m, 12m, 18m
- Professional Quality of Life (ProQOL): 20% improvement target
- Job satisfaction: 20% increase target
- Perceived stress (PSS-10): 25% reduction target

- Resilience scale: 15% improvement target
- Work-life balance: 20% improvement target

*Organizational Outcomes (Secondary):*

- Voluntary turnover: 30% reduction target (28% to 19.6%)
- Absenteeism: 20% reduction target
- Overtime hours: 25% reduction target
- Time-to-fill positions: 25% improvement target
- Employee engagement: 25% improvement target

*Patient Outcomes (Tertiary):*

- Patient safety incidents: 15% reduction target
- HCAHPS nursing scores: 10% improvement target
- Nursing-sensitive quality indicators: maintain or improve
- Medication error rates: 20% reduction target

*Technology and Training Effectiveness:*

- Platform adoption rate:  $\geq 80\%$  active users
- User satisfaction:  $\geq 4.0/5.0$  rating
- Training completion: 100% all levels
- Competency assessment:  $\geq 85\%$  proficiency
- Knowledge retention at 6 months:  $\geq 80\%$

**Data Collection:** Comprehensive baseline assessment (Month 0-1) with 90% response rate target, early implementation assessment (Month 3), mid-point comprehensive assessment (Month 6), annual comprehensive assessment (Month 12), sustainability assessment (Month 15), final comprehensive evaluation (Month 18).

### **Technology Needs**

Eight integrated technology platforms create comprehensive digital ecosystem with total Year 1 investment of \$59,650. Technology training includes basic user training (2 hours), advanced coordinator training (8 hours), monthly cybersecurity awareness communications via email (\$100/month), and 24/7 technical support contracts (\$5,000 annually), totaling \$11,125 for training investments.

### **Supply Chain Issues**

Critical considerations include healthcare-grade furniture requiring 16-week lead times, technology hardware procurement challenges, educational materials requiring 6-8 weeks' printing, and MBSR instructor availability requiring 6-month advance booking. Mitigation strategies include dual sourcing for all critical components, 20% cost contingency, early procurement in Phase 1, and alternative supplier pre-qualification. Quarterly vendor performance reviews and regular market analysis ensure supply chain stability.

### **Alignment with Accreditation Standards**

Program supports Joint Commission standards for leadership commitment to staff wellbeing (LD.03.01.01), adequate resources (HR.01.06.01), and competent workforce maintenance (HR.01.02.01). For organizations pursuing Magnet designation, addresses Transformational Leadership, Structural Empowerment, Exemplary Professional Practice, and Empirical Outcomes components. Alignment with DNV GL Healthcare ISO 9001 principles through systematic implementation and continual improvement. Supports CMS quality measures including HCAHPS nursing communication scores and patient safety indicators.

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

- **Year 1:** \$187,275 investment, \$400,000 savings, \$212,725 net benefit, 114% ROI

- **Year 2:** \$142,150 investment, \$675,000 savings, \$532,850 net benefit, 375% ROI
- **Year 3:** \$134,600 investment, \$750,000 savings, \$615,400 net benefit, 457% ROI
- **Three-Year Cumulative:** \$463,025 investment, \$1,825,000 savings, \$1,361,975 net benefit, 294% ROI

#### **Cost-Effectiveness Metrics:**

- Cost per nurse served: \$3,746 (vs. industry benchmark \$5,000-\$8,000)
- Cost per retained nurse: \$6,243 (vs. \$15,000-\$25,000 replacement cost)
- Payback period: 11.2 months

**Direct Savings Sources:** Reduced turnover costs (\$150,000-\$300,000 annually), decreased overtime expenses (\$75,000-\$150,000), reduced absenteeism costs (\$50,000-\$100,000), lower recruitment expenses (\$75,000-\$125,000), RISE program benefits (\$50,000-\$125,000).

**Indirect Benefits (\$95,000 annually):** Improved patient satisfaction with enhanced reimbursement (\$25,000), enhanced safety outcomes reducing liability (\$35,000), organizational reputation advantages (\$15,000), quality indicator improvements enabling performance bonuses (\$20,000).

### **Professional Considerations**

#### **Regulatory and Legal Issues**

HIPAA compliance ensured through encrypted platforms, Business Associate Agreements, and staff training. Professional liability coverage (\$1,500 annually) covers peer support, MBSR instruction. Informed consent processes ensure voluntary participation without employment consequences. Confidentiality protections maintain strict boundaries with clear mandatory reporting obligations. For unionized staff, implementation collaborates with union

leadership ensuring collective bargaining agreement compliance, equitable benefit distribution, and FLSA wage and hour compliance. State Nursing Practice Act alignment addresses scope of practice boundaries, continuing education credit approval, and professional boundary maintenance.

### **Potential Project Outcomes**

#### **Organization**

This comprehensive multi-departmental resilience and stress reduction program addresses the critical burnout crisis threatening primary care nursing workforce sustainability, patient safety, and organizational effectiveness. The evidence-based intervention combines MBSR training, peer support networks, leadership development, and physical wellness infrastructure supported by advanced technology platforms and comprehensive training systems.

#### **Community**

The program contributes to cascading positive social impacts including strengthened healthcare access for underserved communities, improved care continuity for vulnerable populations (elderly with chronic conditions, uninsured families, rural residents), enhanced patient safety particularly benefiting those with limited health literacy, reduced preventable adverse events, preserved community health infrastructure, and modeling of sustainable healthcare employment practices supporting health equity.

#### **Potential Implications for the Organization**

The program creates sustainable competitive advantage in nurse recruitment and retention, enhances regional reputation for workforce innovation, supports accreditation standards (Joint Commission, Magnet), improves patient safety and quality outcomes, generates

potential consultation revenue, and establishes replicable model for organizational expansion to additional units and departments.

### **Potential Implications for Nursing Practice**

The program advances nursing profession through workforce sustainability modeling, evidence generation for peer-reviewed publication, professional development opportunities (MBSR certification, leadership training, peer support specialist credentials), demonstration of systemic burnout solutions challenging individual-focused approaches, and contribution to national discourse on healthcare workforce wellbeing.

### **Potential Implications for Diversity, Equity, and Inclusion**

The program advances equity through culturally adapted MBSR training recognizing diverse meditation traditions, multilingual resources reflecting workforce diversity, equitable access for all shifts including night workers, demographically diverse peer support network providing culturally concordant support, inclusive leadership development addressing unconscious bias, and systemic barrier reduction targeting inflexible policies disproportionately affecting single parents and limited career pathways affecting first-generation professionals. Outcome measurement disaggregates data by demographic characteristics ensuring equity in program benefits rather than assuming uniform impact.

### **Summary**

Executive leadership should approve immediate implementation commencing in Month 1 (October 2025) with baseline data collection, steering committee formation, and procurement initiation. The compelling evidence base, rigorous planning, favorable cost-benefit analysis, and alignment with organizational mission create optimal conditions for transformative success. The

modest investment generates substantial returns while fundamentally improving nurse wellbeing, patient care quality, and organizational sustainability.

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