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Staff Education on Understanding Nurse Burnout

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College of Nursing

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Executive Summary: Staff Education Project
Staff Education on Understanding Nurse Burnout

by

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Summary

This Doctor of Nursing Practice (DNP) project was a staff education program on nurse burnout, which remains a pressing issue in healthcare. Burnout is marked by emotional exhaustion, depersonalization, and a diminished sense of personal achievement. Addressing burnout within the nursing profession is important because burnout leads to job dissatisfaction, absenteeism, and turnover. The project was guided by two practice-focused questions: Will there be a change in knowledge from pre- to posttest after participating in an educational program on nurse burnout? Will the objectives of the educational program be met relative to the curriculum presented? Therefore, the purpose of this DNP project was to plan, implement, and evaluate a staff education program focused on nurse burnout. Six nurses participated in the educational program and completed both a pre- and posttest. Descriptive statistics indicated that the pretest range of scores was 4–7 with a mean of 5.3 (53%). The posttest range was 9–10 with a mean of 9.3 (93%). The group had a mean 4-point (40 percentage point) increase in scores. The results demonstrated a positive increase in participants' knowledge following the education, indicating the program's effectiveness. The findings suggest that education can enhance nurses' ability to recognize and manage burnout, which has important implications for nursing practice by promoting well-being, job satisfaction, and retention. Additionally, such programs support positive social change by fostering healthier work environments and advancing diversity, equity, and inclusion. I would recommend future programs examine the role of diversity, equity, and inclusion in nurse burnout because it was not prevalent in the literature reviewed for this project.

Background

Nurse burnout is a critical factor contributing to the ongoing nursing shortage, which directly impacts patient safety and care quality. Retaining skilled nurses is essential to reducing patient harm and maintaining safe healthcare environments; however, burnout—driven by low job satisfaction, chronic stress, anxiety, and sleep disturbances—is increasingly prevalent among nurses (Grochowska et al., 2022). Observable signs include emotional exhaustion, depersonalization, loss of interest in work, and feelings of helplessness (Serafin et al., 2022). Additionally, nurses who are subjected to bullying are more likely to experience burnout, and those experiencing burnout are, in turn, more likely to consider leaving their jobs (Lambert et al., 2024). Systemic issues, such as understaffing and extended shifts, further exacerbate the problem (Butler, 2025). The consequences of burnout are diminished productivity and deteriorating mental and physical health (Gherman et al., 2022). If left unaddressed, burnout will continue to fuel the nursing shortage, placing financial strain on healthcare organizations and compromising patient outcomes (Muir et al., 2022). The practice-focused questions for this project were:

1. Will nurses demonstrate increased knowledge from pre- to posttest following the educational program on nurse burnout?
2. Will nurses evaluate the program objectives as successfully met in relation to the curriculum presented?

Therefore, the purpose of this project was to plan, implement, and evaluate a staff education project on nurse burnout.

Research has highlighted the urgent need for interventions targeting nurse burnout. Studies have emphasized that burnout stems from both personal and organizational factors, and the effects that ripple across healthcare systems (Butler, 2025). Gherman et al. (2022) advocated for preventive strategies, such as:

- Education on coping mechanisms
- Promoting autonomy
- Encouraging open communication
- Recognizing nurses' contributions to the care team

These interventions not only support nurse well-being but also contribute to retention and improved patient care. Literature strongly supports educational initiatives as a viable method to reduce burnout and address the nursing shortage (Xiang-Zi & Jia-yuan, 2022). To support this project, I chose 13 peer-reviewed articles to include in the evidence-based literature review. Based on Johns Hopkin's appraisal of evidence tool, there are three Level I articles, two Level II articles, and eight Level III articles, and I determined them all to be strong and good quality. Across these articles, there was consensus on how burnout is defined and on the effectiveness of strategies, such as mindfulness workshops and nurse-led interventions, to alleviate burnout.

Staff Education Project Development

I used the *Johns Hopkins Evidence-Based Practice for Nurses and Healthcare Professionals Model and Guidelines* (4th ed.; Dang et al., 2022) and the *Walden University DNP Project Process Guide – Project Management Approach* to help develop and implement this staff education project. The project team consisted of my faculty advisor, mentor, and myself. I conducted a thorough search of evidence to inform the

initiative. Planning involved developing the curriculum, creating pre- and posttests, designing evaluation tools, and preparing a presentation (see Appendix). The program was then implemented, followed by an analysis of test results and evaluation data. Upon completion of these steps, I held a final close-out meeting to review outcomes and disseminate findings to the project site organization.

The participants were six registered nurses employed in a private physician, outpatient setting. The evidence was collected by a volunteer staff member who oversaw the distribution and collection of the pretest prior to the education session and the posttest following the presentation. I coded all tests by numbers, so no names were used, and all participants remained anonymous. Upon entering the room, each participant selected a random number from a basket managed by a volunteer staff member. At the beginning of the session, a designated staff person distributed the pretest, instructing participants to write their assigned number in the designated area at the top of the form. Completed pretests were collected and placed in an envelope labeled “pretest” prior to the start of the educational session. At the conclusion of the session, the same staff person distributed the posttest and instructed participants to write the same number at the top. Participants then placed their completed posttests into an envelope marked “posttest.” The staff member also handed out the evaluation of the program for participants to complete and then collected them. There was no coding on the evaluation of the program form. The envelopes were delivered to me for analysis and synthesis of the data. I was not present for either of the tests or the program evaluation.

Test results were analyzed by comparing pre- and posttest responses to assess the participants’ change in knowledge. I used descriptive statistics to determine the range and

mean scores for each participant for the pre- and posttest, the group mean for the pre- and posttest, and the change in knowledge from pre- to posttest. To evaluate the effectiveness of the program, a dichotomous scale was employed, with outcomes coded as *met* (1) or *not met* (2). I calculated the mean of these values and presented them to provide a quantitative summary of program effectiveness by participants.

Results

There were 11 questions on the pre- and posttests. Table 1 indicates a pretest range of 4 (36%) to 7 (64%) with a mean group score of 5.3 (53%). The posttest range of scores was 9 (82%) to 10 (91%) with a group mean of 9.3 (93%). The difference in change in knowledge from pretest to posttest was 4 (40%), showing a positive change in knowledge.

Table 1

Results of the Pre- and Posttest on Staff Education on Understanding Nurse Burnout

	<i>N</i>	Lowest	Highest	Range	<i>M</i>
Pretest mean score	6	4 (36%)	7 (64%)	4-7	5.3 (53%)
Posttest mean score	6	9 (82%)	10 (91%)	9-10	9.3 (93%)
Change in knowledge*					4 (40%)

Note. *The formula source was Brigham and Women's Hospital (n.d.) *Learning Gain Guidelines*. Calculating the learning gain of averages: Posttest score – pretest score x 100.

Additionally, all six participants completed an evaluation of the staff education program, which resulted in a group mean score of 1, showing that all the objectives were

successfully met. One limitation of the project was one of timeliness for completion because the hospital unit that I managed closed, thus my job at the site ended and I needed to find an alternative site. This limitation impacted the number of nurses who were participants in the program. The nurses benefited as indicated by the evaluations but not being able to bring this important project to my hospital site was a disappointment and a limitation on what I had hoped to achieve. Beyond the local site, the topic is important because as the national and global nursing shortage intensifies, scalable and accessible burnout education can play a critical role in supporting nurse well-being, promoting retention, and enhancing patient outcomes across diverse healthcare settings.

Conclusions

This DNP project demonstrated that a staff education program on nurse burnout can have a meaningful impact on both individual nurse knowledge with potential broader organizational outcomes, such as job satisfaction, resulting in nurse retention. As a result, organizations that implement similar educational programs might expect potential improvements in nurse well-being, reduced burnout-related absenteeism, and greater consistency in patient care, which are outcomes that are vital to maintaining a stable and effective healthcare workforce.

To build on these findings, my future recommendations include expanding the program to larger and more diverse nursing settings and consideration of other healthcare providers with editing of the curriculum as needed, which should be minimal. Educational initiatives like this program can contribute to positive social change by improving workplace culture, advancing health equity, and ensuring inclusive environments where all nurses feel supported, valued, and empowered to provide high-

quality care. I would recommend future programs examine the role of diversity, equity, and inclusion in nurse burnout, which was not prevalent in the literature reviewed for this project.

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Appendix: PowerPoint Link



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