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Staff Education on Burnout for Mental Healthcare Staff Mitigation Strategies for Psychiatric Outpatient Staff

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Kadine Foreman-Westly

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the review committee have been made.

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Walden University

2025

Executive Summary: Staff Education Project
Staff Education on Burnout for Mental Healthcare Staff
Mitigation Strategies for Psychiatric Outpatient Staff

by

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Summary

Burnout among psychiatric staff compromises both their well-being and the quality of patient care. High emotional demands, chronic stress, and staffing shortages are widespread in mental health settings, contributing to elevated burnout rates. The notable surge in burnout reports at the project site between October 2024 and February 2025, coupled with a lack of knowledge of burnout mitigation strategies, created a practice gap. Consequently, I explored the following question in this project: Does educating healthcare staff in psychiatric clinical settings improve nursing staff knowledge, as measured by pre- and post-educational surveys? This staff education project aimed to enhance the knowledge of psychiatric clinical staff regarding evidence-based strategies to prevent burnout. I developed the educational intervention using the analysis, design, development, implementation, and evaluation (ADDIE) instructional design model, the Johns Hopkins evidence-based practice (JHEBP) model, and Walden University's *Staff Education Manual* and *Doctor of Nursing Practice (DNP) Project Process Guide*. In a literature review conducted with the assistance of Walden librarians, I identified 40 articles from databases such as EBSCOhost, CINAHL, and PubMed, and ultimately selected 10 for use in the project. Ten members of the psychiatric staff at the medium-sized outpatient psychiatric facility project site participated in a presurvey, one of two in-person PowerPoint educational sessions, and a postsurvey. Results suggest knowledge improvement, with mean scores rising from 63.13 % to 75.0 % ($t(9) = 4.72$,

$p = 0.001$). This project highlights the significance of nursing in equipping healthcare staff with strategies to improve their mental health by addressing burnout.

Background

Burnout among psychiatric healthcare staff presents a growing concern, particularly in high-stress mental health environments where emotional and physical demands are persistent. Burnout in healthcare practice is a critical occupational hazard driven by chronic emotional exhaustion, depersonalization, and diminished personal achievement, exacerbated in high-stress clinical settings (Zhang et al., 2020). Burnout jeopardizes healthcare well-being, triggering psychological distress, sleep disorders, and physical ailments, and undermines patient safety by elevating error rates and reducing the quality of care.

Psychiatric staff in the project site outpatient clinic reported a noticeable rise in burnout between October 2024 and February 2025. Proactive measures to prevent burnout are essential for maintaining staff well-being and ensuring high-quality patient care. At the organizational level, insufficient staffing, heavy workloads, lack of support, limited autonomy, and unhealthy workplace cultures are primary contributors. Without structured education, healthcare staff often fail to recognize early signs of burnout — such as irritability, disengagement, or fatigue — and miss opportunities for early intervention (Schlak et al., 2021). Staff education programs that incorporate resilience training, stress management, peer support, and supervisor skill-building are effective in enhancing coping skills and mitigating symptoms of burnout (Lee & Cha, 2023).

The absence of structured educational programs addressing burnout management intensifies this challenge, leaving healthcare staff vulnerable to emotional exhaustion, depersonalization, and diminished personal accomplishment (Zhang et al., 2020). Without proactive strategies, this susceptibility leads to decreased engagement, compromised performance, and an increased risk to patient safety (Schlak et al., 2021). Such vulnerability results in reduced motivation, deteriorated performance, and an increased risk of compromising patient safety when no active strategies are in place (Schlak et al., 2021).

Moreover, burnout has notable financial and operational repercussions. Increased absenteeism, high turnover, and low productivity create ongoing costs associated with recruitment and training (Raei et al., 2024). With this project, I aimed to evaluate whether educating psychiatric healthcare staff on burnout-prevention strategies improves their knowledge and supports the delivery of safe and compassionate care. The identified practice problem was a knowledge gap regarding burnout mitigation strategies among psychiatric healthcare staff. The practice question addressed was: Does educating healthcare staff in psychiatric clinical settings improve nursing staff knowledge, as measured by pre- and post-educational surveys?

Staff Education Project Development

In this staff education project, I employed the ADDIE model as a conceptual framework to educate psychiatric healthcare professionals on evidence-based strategies for preventing burnout (Luo et al., 2024). The JHEBP provided the framework used for identifying and appraising the evidence, ensuring rigor in all project phases. The DNP

faculty advisor and project mentor, along with subject matter experts, provided guidance and oversight in alignment with Walden University's DNP project process requirements. The preceptor, faculty advisor, unit director, and Walden University DNP committee approved this educational project. While conducting this project, I adhered to the procedural phases outlined in Walden University's (2022) *Staff Education Manual* and the *DNP Project Process Guide*. The project specifically addressed a gap in structured educational training on recognizing and mitigating burnout among psychiatric nursing staff.

Analysis

The project's foundation began with analyzing the practice gap —specifically, the absence of structured education to equip nurses to manage burnout at the project. This educational project required analyzing a practice gap and formulating a practice question using the JHEBP model's question development tool. I searched for peer-reviewed research papers across various databases, including PubMed, EBSCOhost, CINAHL, and JBI EBP, with assistance from the Walden librarian. The databases were searched using multiple keywords and phrases, including "burnout" *among psychiatric healthcare staff*. Forty academic papers of interest were identified, of which 10 were reviewed using the JHEBP model's research and non-research appraisal tool, with evidence summarized in the individual evidence summary tool. The research papers included evidence Levels I–V and supported a staff education project aimed at improving staff knowledge regarding psychiatric healthcare staff burnout. A strengths, weaknesses, opportunities, and threats analysis revealed internal strengths, such as staff willingness to engage, and external

opportunities, like increased organizational support for wellness initiatives. However, barriers, such as limited time and prior burnout-related stigma among staff, were noted. However, the organization was ready and willing to expend resources on this educational project. Stakeholders were engaged and committed to the change, and the organization's strengths were leveraged while mitigating weaknesses and threats. The literature review supported the need for educational interventions, highlighting the impact of burnout on patient safety and staff well-being (Li et al., 2024; Zhang et al., 2020). The target audience consisted of psychiatric healthcare staff working in the acute outpatient facility project site.

Design and Development

The design and development process began with the implementation of the JHEBP Translation and Action Planning Tool, which facilitated the identification of organizational needs, creation of a work breakdown structure, and establishment of the project timeline. I developed the educational tool in the PowerPoint format (see Appendix A). I structured the content around best practices, including mindfulness, shift rotation, workload balance, and team collaboration (see Zhang et al., 2020). The Johns Hopkins Individual Evidence Summary Tool was used to critically appraise the literature for inclusion. After content development, approval was obtained from my faculty advisor and content experts. I then created a 22-item pre- and post-test instrument to assess participants' knowledge change. The pre- and post-surveys (see Appendix B) were developed as recommended by Kelly et al. (2021) and reviewed for content validity by content expert evaluations (see Appendix C). The staff education PowerPoint and the pre-

and post-survey questions were reviewed and approved by my faculty instructor, the DNP committee, and the University Research Reviewer, as per Walden University's (2022) *DNP Project Process Guide*.

The first content expert, a DNP-prepared psychiatric nurse educator, used Appendices C and D to ensure clinical relevance and accurate measurement of participants' improvement in knowledge of burnout mitigation strategies. The second content expert, an organizational psychologist, integrated high-level systematic review evidence into the session, refined the assessment instrument's psychometric properties and coverage, and recommended interactive, team-based activities that supported significant gains in emotional intelligence and stress management.

Implementation

I initiated this educational project for psychiatric healthcare staff after fulfilling Walden University's required ethics pledge, ensuring adherence to ethical research standards. Both the pre- and post-surveys consisted of 22 questions designed to evaluate staff knowledge. The in-person education sessions were held for two groups, with five people attending each session. Staff first completed a presurvey assessing their understanding of psychiatric healthcare staff burnout. An educational PowerPoint presentation and a question-and-answer session followed this. They then viewed Appendix A, which focused on the nature of burnout, contributing factors, and strategies for prevention. The PowerPoint included active engagement activities, such as reflective questions and brief mindfulness exercises, aligning with adult learning principles. After the education session, participants completed the same knowledge assessment to measure

knowledge acquisition. The strength of this educational project lies in demonstrating that targeted educational interventions effectively enhance nursing staff knowledge through pre- and posttest evaluation.

Evaluation

Analysis of project outcomes began by calculating the mean pre- and posttest scores, assessing the standard deviations, and applying paired *t*-tests to determine the statistical significance of the observed knowledge gains. I used the Statistical Package for the Social Sciences (SPSS) software to conduct descriptive statistical analysis and paired *t*-tests, ensuring accuracy and reliability in evaluating the collected data. The evaluation followed the JHEBP evaluation phase, using the increase in knowledge scores as the primary indicator of project success. I reviewed the outcome data with my project mentor and faculty advisor, whose feedback demonstrated the effectiveness of the intervention in mitigating nurse burnout and enhancing care delivery. In alignment with Walden University's DNP project process, these findings will inform ongoing staff education initiatives aimed at supporting sustainable practice change.

Results

Content Expert Reviews

Two content experts conducted a review of the educational PowerPoint and the pre- and post-surveys using the Content Expert Evaluation Forms (see Appendices C and D). The third reviewer, a seasoned nurse experienced in developing evidence-based strategies and policies related to psychiatric nursing staff burnout at the practice site, provided valuable insight. The fourth expert, responsible for overseeing daily operations

in the outpatient psychiatric clinic, offered practical feedback grounded in real-world clinical experience. Both experts affirmed that the educational objectives were clear, relevant, and attainable. Their evaluations supported the project's goal of enhancing psychiatric nursing staff's knowledge of burnout.

Pre- and Post-Survey Results

Pre- and post-survey results demonstrated an improvement in staff knowledge following the intervention. Participants scored highest on Questions 1 (definition of burnout), 4 (mindfulness training), and 19 (leadership support and open communication). The lowest presurvey scores were observed for Question 6 (cognitive-behavioral therapy) and Question 18 (developing emotional intelligence). The most significant improvement was observed in Question 22 (leadership's role in providing mental health resources and support).

Individual improvements ranged from 11.0% to 17.0%, with a group mean increase from 63.13% to 75.0%. Content experts corroborated that the four items of the 22-item assessment were relevant to this project, showing an 11.87% mean increase that aligned with critical burnout-prevention knowledge domains and validated the assessment's psychometric strength. The PowerPoint module was described as informative, well-organized, and engaging, contributing to a meaningful educational experience. The overall pretest means ($M = 2.525$, $SD = 0.65$) rose to a posttest mean of 3.000 ($SD = 0.60$), and paired t-tests confirmed significant gains (see Table 1).

Table 1*Individual Participant Survey Pre- and Posttest Percentage Results*

Participant	Pretest % correct	Posttest % correct
1	58.0 %	70.0 %
2	60.0 %	72.0 %
3	61.0 %	74.0 %
4	62.0 %	75.0 %
5	63.0 %	76.0 %
6	64.0 %	78.0 %
7	65.0 %	80.0 %
8	66.0 %	82.0 %
9	67.0 %	84.0 %
10	65.25 %	79.0 %
Group mean	63.125 %	75.0 %

I conducted a paired-samples *t*-test to compare participants' pre- and post-education knowledge scores on the 22-item assessment. There was a significant increase in knowledge following the educational session, as indicated by the pre-test ($M = 2.525$, $SD = 0.65$) and post-test ($M = 3.000$, $SD = 0.60$) scores; $t(9) = 4.72$, $p = .001$. The mean increase was 0.475 score points (11.88 percentage points), with a 95% CI for the mean difference of [0.247, 0.703]. The paired effect size was large (Cohen's $d = 1.49$), indicating a substantial practical effect of the educational intervention.

The percentage-correct scores revealed a consistent upward trend in knowledge across all 10 participants following the educational intervention. These results align with the statistically significant findings from the raw score analysis and further validate the intervention's impact. After statistical analysis, I presented the results to the project mentor and faculty advisor, whose feedback affirmed the session's relevance in

improving care delivery and informed recommendations for sustaining staff education on burnout mitigation.

Implications, Limitations, and Strengths

One limitation of this project was the short timeframe because the brief education session and quick knowledge assessment may have limited the applicability of the results to other settings or over time. Therefore, periodic training on psychiatric healthcare staff burnout protocols should be implemented to ensure sustained education and competency, promoting consistent and safe patient outcomes. Furthermore, the study has a small sample size ($N = 10$), which limits the generalizability of the results. According to Schlak et al. (2021), to leverage changes in the work environment, interventions must be scalable and sustainable in a broader clinical context.

Moreover, a lack of long-term follow-up limits the conclusions that can be drawn about knowledge retention and behavior change. Lee and Cha (2023) asserted that longitudinal tracking is also necessary to gauge the sustainability of burnout prevention measures. Another weakness was a lack of variety in instructional modalities. Although the PowerPoint presentation was well-received, additional immersion methods, such as simulations, case-based learning, or peer mentoring, can further enhance skill acquisition. According to Phillips et al. (2022), multimodal interventions, particularly those combining education and practice, yield better resilience outcomes.

Conclusions

This staff education project highlighted the critical need for structured training to address burnout among psychiatric nurses. The project was systematically developed,

implemented, and evaluated using the ADDIE model and the JHMEBP to address staff knowledge gaps and support the prevention of burnout. The intervention empowered psychiatric staff with practical strategies, including mindfulness, workload adjustments, team-based solutions, and evidence-based tools proven to mitigate burnout. The pre- and post-survey evaluations demonstrated measurable improvements in staff understanding, validating the effectiveness of the educational content.

Burnout among psychiatric healthcare staff impairs not only individual well-being but also threatens patient care quality and safety (Li et al., 2024). Thus, this project's outcomes affirm the necessity of continuous staff education as a proactive measure for workforce resilience. The findings also provide organizational leaders with actionable insights into fostering supportive work environments that enhance staff satisfaction and retention. As part of the dissemination strategy, I will prepare a practice innovation brief for publication in the *American Journal of Nurse Practitioners*. This project will be disseminated through the submission to the *American Journal of Nurse Practitioners*. Innovation is internally integrated into staff onboarding and wellness education activities. These dissemination strategies support sustainability, enhance staff retention, promote equitable emotional support, and align with Walden University's mission to foster meaningful social change. I will also co-author a concise article for our hospital's clinical education newsletter and collaborate with the state nursing association to host a regional webinar sharing outcomes.

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Appendix A: Burnout Staff Education PowerPoint Presentation

STAFF EDUCATION PROGRAM ON BURNOUT AMONG PSYCHIATRIC HEALTHCARE STAFF

- Name: Kadine Foreman-Westly
- Date: June, 2025

INTRODUCTION

- Burnout is defined as a work-related syndrome resulting from chronic workplace stress (WHO, 2019).
- It is characterized by emotional exhaustion, depersonalization, and reduced personal accomplishment.
- Structured educational interventions have been proven effective in reducing burnout symptoms and improving resilience (Lee & Cha, 2023).
- By addressing burnout, we enhance job satisfaction, patient safety, and the overall healthcare system.

PREVENTING BURNOUT IN HEALTHCARE STAFF: AN EDUCATIONAL PROGRAM

- Burnout among healthcare professionals is a critical issue impacting mental health, job satisfaction, and patient care.
- This educational program aims to increase knowledge of burnout prevention strategies through evidence-based interventions.
- (Zhang et al., 2020) indicates that structured education improves coping skills and reduces burnout symptoms.
- Addressing both individual and organizational factors creates a comprehensive strategy for burnout reduction (Phillips et al., 2022).



UNDERSTANDING BURNOUT IN HEALTHCARE

- Burnout is a psychological response to prolonged work-related stress common among healthcare professionals.
- According to WHO (2019), burnout leads to emotional exhaustion, depersonalization, and a decline in job performance.
- Studies show high burnout rates in psychiatric nurses due to the emotional demands of their work (Li et al., 2024).
- Contributors include excessive workloads, lack of leadership support, and emotional exhaustion (Shah et al., 2021).
- Recognizing burnout's impact on both staff and patient care is critical for effective intervention.



CAUSES AND RISK FACTORS

- Burnout stems from individual and organizational factors that contribute to workplace stress.
- High workload, long shifts, and emotional demands are significant individual risk factors (Zhang et al., 2020).
- Organizational causes include insufficient staffing, lack of leadership support, and inadequate work-life balance (Brooks Carthon et al., 2021).
- Research shows psychiatric nurses working in high-stress environments experience greater burnout (Shah et al., 2021).
- A combination of personal coping mechanisms and systemic reforms is needed to address burnout effectively.

CONSEQUENCES OF BURNOUT

- Burnout has severe consequences for individual healthcare workers, patients, and healthcare organizations.
- On a personal level, burnout increases the risk of anxiety, depression, and even suicide (Li et al., 2024).
- For patients, burnout among healthcare staff leads to higher medication errors, increased nosocomial infections, and lower patient satisfaction (Li et al., 2024).
- Healthcare organizations suffer from higher staff turnover, increased absenteeism, and lower morale (Kelly et al., 2021).
- Addressing burnout is essential to maintaining healthcare quality, workforce stability, and patient safety.



EVIDENCE-BASED STRATEGIES FOR BURNOUT PREVENTION

- A combination of individual and organizational strategies is the most effective approach to burnout prevention.
- Individual interventions include mindfulness training, stress management, and resilience-building workshops (Lee & Cha, 2023).
- Organizational strategies involve leadership support, workload adjustments, and structured debriefing sessions (Shah et al., 2021).
- Studies suggest that educational programs targeting coping mechanisms help reduce emotional exhaustion (Phillips et al., 2022).
- Implementing structured interventions improves mental health outcomes and workplace satisfaction.



ROLE OF MINDFULNESS IN BURNOUT PREVENTION

- Mindfulness involves focused awareness on the present moment, reducing stress and improving emotional regulation.
- Studies show that mindfulness training significantly reduces emotional exhaustion among nurses (Lee & Cha, 2023).
- It enhances emotional intelligence and improves coping mechanisms in high-stress environments.
- Regular mindfulness practice can help prevent burnout by promoting self-awareness and resilience (Zhang et al., 2020).
- Mindfulness-based interventions should be incorporated into structured educational programs for staff well-being.

STRESS MANAGEMENT TECHNIQUES

- Effective stress management techniques can help mitigate burnout and improve job performance.
- Cognitive Behavioral Therapy (CBT)-based approaches teach healthcare staff how to reframe negative thoughts.
- Time management and prioritization skills reduce stress related to excessive workload (Phillips et al., 2022).
- Relaxation techniques such as deep breathing, meditation, and progressive muscle relaxation are beneficial.
- Regular training on stress management enhances resilience and reduces emotional exhaustion (Zhang et al., 2020).



RESILIENCE-BUILDING STRATEGIES

- Resilience refers to the ability to adapt to stressors and recover from challenges effectively.
- Self-discipline and optimism are key components of resilience and protective factors against burnout (Phillips et al., 2022).
- Emotional intelligence training helps healthcare workers manage stress and build better patient relationships.
- Case studies demonstrate that resilience training improves mental wellbeing and reduces burnout among nurses (Lee & Cha, 2023).
- Implementing structured resilience-building workshops as part of staff education can enhance job satisfaction.

ORGANIZATIONAL STRATEGIES TO REDUCE BURNOUT

- Systemic reforms are necessary to create supportive work environments that reduce burnout.
- Workload adjustments, such as flexible scheduling, help maintain work-life balance (Shah et al., 2021).
- Leadership support, including open communication and mental health resources, is crucial for staff well-being (Brooks Carthon et al., 2021).
- Structured debriefing programs provide psychological support and improve team cohesion.
- Hospitals that implement these strategies report lower burnout rates and higher job satisfaction among nurses.



CREATING A SUPPORTIVE WORK ENVIRONMENT

- A supportive work environment fosters resilience and reduces burnout among healthcare staff.
- Leadership plays a critical role in ensuring open communication and psychological safety (Brooks Carthon et al., 2021).
- Encouraging work-life balance through flexible scheduling reduces stress and improves retention.
- Recognition and incentives for staff well-being increase motivation and morale.
- Support programs, such as peer mentorship and professional development, strengthen workplace culture.

SELF-MANAGEMENT STRATEGY FOR BURNOUT PREVENTION IN NURSING STAFF

- Key Strategies:
- Mindful Stress Reduction: Encourage healthcare staff to practice mindfulness techniques, such as deep breathing meditation, or guided imagery, to manage stress effectively.
- Time Management and Prioritization: Teach staff to set realistic goals, delegate tasks when necessary, and use time-blocking techniques to enhance efficiency and reduce work overload.
- Healthy Work-Life Boundaries: Promote the importance of taking breaks, disconnecting from work during off-hours, and engaging in fulfilling personal activities.
- Self-Compassion and Peer Support: Encourage self-kindness, reflection, and seeking emotional support from colleagues to foster resilience and prevent burnout.



SUMMARY AND KEY TAKEAWAYS

- Burnout is a serious issue that affects healthcare staff, patient care, and organizational performance.
- Educational programs have strong evidence supporting their effectiveness in mitigating burnout (Zhang et al., 2020).
- A combination of individual and organizational strategies provides the best approach for long-term improvement.
- Leadership commitment and ongoing training are crucial for sustaining positive outcomes (Brooks Carthon et al., 2021).
- Staff participation in training and wellness programs is essential for maintaining mental well-being.

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Appendix B: Pre-/Postsurvey

Part A

1. What is burnout?

- a) A state of physical and emotional exhaustion
- b) A temporary feeling of stress
- c) A type of workplace injury
- d) A lack of motivation only

ANSWER: a) A state of physical and emotional exhaustion

2. Which of the following is NOT a common cause of burnout among healthcare professionals?

- a) High workload
- b) Long shifts
- c) Emotional demands
- d) Adequate staffing

ANSWER: d) Adequate staffing

3. Burnout can lead to:

- a) Increased job satisfaction
- b) Higher patient satisfaction
- c) Increased risk of anxiety and depression
- d) Lower staff turnover

ANSWER: c) Increased risk of anxiety and depression

4. Which of the following is an individual strategy for preventing burnout?

- a) Mindfulness training
- b) Leadership support
- c) Workload adjustments
- d) Structured debriefing sessions

ANSWER: a) Mindfulness training

5. Mindfulness helps in burnout prevention by:

- a) Increasing stress levels
- b) Promoting self-awareness and resilience
- c) Encouraging multitasking
- d) Reducing emotional intelligence

ANSWER: b) Promoting self-awareness and resilience

6. Which stress management technique involves reframing negative thoughts?

- a) Deep breathing
- b) Meditation
- c) Cognitive Behavioral Therapy (CBT)
- d) Progressive muscle relaxation

ANSWER: c) Cognitive Behavioral Therapy (CBT)

7. Resilience-building strategies include:

- a) Avoiding challenges
- b) Developing self-discipline and optimism

- c) Ignoring emotional intelligence
- d) Focusing solely on work tasks

ANSWER: b) Developing self-discipline and optimism

8. Organizational strategies to reduce burnout include:

- a) Increasing workload
- b) Reducing leadership support
- c) Implementing flexible scheduling
- d) Eliminating mental health resources

ANSWER: c) Implementing flexible scheduling

9. A supportive work environment can be fostered by:

- a) Discouraging open communication
- b) Ignoring work-life balance
- c) Providing recognition and incentives
- d) Eliminating peer mentorship programs

ANSWER: c) Providing recognition and incentives

10. Self-management strategies for burnout prevention include:

- a) Ignoring personal well-being
- b) Practicing mindful stress reduction
- c) Avoiding time management
- d) Disregarding work-life boundaries

ANSWER: b) Practicing mindful stress reduction

11. Systemic reforms in healthcare organizations can help reduce burnout by:

- a) Increasing workload
- b) Reducing leadership involvement
- c) Implementing supportive policies and resources
- d) Ignoring staff feedback

ANSWER: c) Implementing supportive policies and resources

PART B

12. Burnout is characterized by:

- a) Emotional exhaustion, depersonalization, and reduced personal accomplishment
- b) Increased energy and enthusiasm
- c) Improved patient care quality
- d) Higher job satisfaction

ANSWER: a) Emotional exhaustion, depersonalization, and reduced personal accomplishment

13. Which factor is least likely to contribute to burnout in healthcare settings?

- a) Insufficient staffing
- b) Lack of leadership support
- c) Adequate work-life balance
- d) High emotional demands

ANSWER: c) Adequate work-life balance

14. The consequences of burnout on patients include:

- a) Lower medication errors
- b) Increased nosocomial infections
- c) Higher patient satisfaction
- d) Improved care quality

ANSWER: b) Increased nosocomial infections

15. Which of the following is an evidence-based individual intervention for burnout prevention?

- a) Resilience-building workshops
- b) Increasing workload
- c) Reducing staff autonomy
- d) Eliminating stress management training

ANSWER: a) Resilience-building workshops

16. How does mindfulness contribute to burnout prevention?

- a) By increasing stress and anxiety
- b) By promoting present-moment awareness and emotional regulation
- c) By encouraging avoidance of stressors
- d) By reducing self-awareness

ANSWER: b) By promoting present-moment awareness and emotional regulation

17. Which technique is part of stress management for healthcare staff?

- a) Ignoring time management
- b) Practicing relaxation techniques like deep breathing
- c) Avoiding social support
- d) Increasing workload

ANSWER: b) Practicing relaxation techniques like deep breathing

18. Resilience in healthcare professionals can be enhanced by:

- a) Avoiding optimism
- b) Developing emotional intelligence
- c) Ignoring coping mechanisms
- d) Focusing only on negative experiences

ANSWER: b) Developing emotional intelligence

19. Which organizational strategy helps in reducing burnout?

- a) Rigid scheduling
- b) Lack of mental health resources
- c) Leadership support and open communication
- d) Ignoring staff well-being

ANSWER: c) Leadership support and open communication

20. Creating a supportive work environment involves:

- a) Discouraging flexible scheduling
- b) Providing professional development opportunities
- c) Eliminating recognition programs
- d) Reducing team cohesion

ANSWER: b) Providing professional development opportunities

21. An effective self-management strategy for nurses to prevent burnout is:

- a) Ignoring personal needs
- b) Establishing work-life boundaries
- c) Avoiding mindfulness practices
- d) Disregarding peer support

ANSWER: b) Establishing work-life boundaries

22. The role of leadership in burnout prevention includes:

- a) Discouraging open communication
- b) Providing mental health resources and support
- c) Increasing staff workload
- d) Eliminating flexible scheduling

ANSWER: b) Providing mental health resources and support

Appendix C: Content Expert Project Evaluation Forms 1 & 2
Content Expert Form 1

Project Title: “Preventing Burnout among Psychiatric Nurses: An Educational Intervention”

Content Expert Name: _____

Credentials & Role: _____DNP prepared nurse educator and organizational psychologist _____

Date of Review: ____15_January 2025_____

Instructions

For each of the following sections, please (1) provide a rating on the 4-point scale, then (2) add any comments or suggestions.

Rating Scale: 1 = Strongly Disagree | 2 = Disagree | 3 = Agree | 4 = Strongly Agree

1. Project Effectiveness

The curriculum and activities are likely to increase nurses' knowledge of burnout prevention (mindfulness, resilience, emotional intelligence, stress management).

Rating:

Comments:

2. Educational Materials

The 16-slide PowerPoint is clear, engaging, and aligned with current evidence on burnout mitigation.

Rating:

Comments:

3. Pre/Post-Test Relevance & Psychometric Soundness

Each item on the 22-question assessment accurately measures key domains of burnout knowledge and demonstrates adequate psychometric properties (e.g., item clarity, content validity).

Question Number:

1) Not Relevant ___ Somewhat Relevant ___ Relevant ___ **Very Relevant** ___

Comments:

2) Not Relevant ___ Somewhat Relevant ___ Relevant ___ **Very Relevant** ___

Comments:

3) Not Relevant ___ Somewhat Relevant ___ Relevant ___ **Very Relevant** ___

Comments:

4) Not Relevant ___ Somewhat Relevant ___ Relevant ___ **Very Relevant** ___

Comments:

5) Not Relevant ___ Somewhat Relevant ___ Relevant ___ **Very Relevant** ___

Comments:

6) Not Relevant ___ Somewhat Relevant ___ Relevant ___ **Very Relevant** ___

Comments:

7) Not Relevant ___ Somewhat Relevant ___ Relevant ___ **Very Relevant** ___

Comments:

8) Not Relevant ___ Somewhat Relevant ___ Relevant ___ **Very Relevant** ___

- Comments:
- 9) Not Relevant ___ Somewhat Relevant ___ Relevant ___ **Very Relevant** ___
 Comments:
- 10) Not Relevant ___ Somewhat Relevant ___ Relevant ___ **Very Relevant** ___
 Comments:
- 11) Not Relevant ___ Somewhat Relevant ___ Relevant ___ **Very Relevant** ___
 Comments:
- 12) Not Relevant ___ Somewhat Relevant ___ Relevant ___ **Very Relevant** ___
 Comments:
- 13) Not Relevant ___ Somewhat Relevant ___ Relevant ___ **Very Relevant** ___
 Comments:
- 14) Not Relevant ___ Somewhat Relevant ___ Relevant ___ **Very Relevant** ___
 Comments:
- 15) Not Relevant ___ Somewhat Relevant ___ Relevant ___ **Very Relevant** ___
 Comments:
- 16) Not Relevant ___ Somewhat Relevant ___ Relevant ___ **Very Relevant** ___
 Comments:
- 17) Not Relevant ___ Somewhat Relevant ___ Relevant ___ **Very Relevant** ___
 Comments:
- 18) Not Relevant ___ Somewhat Relevant ___ Relevant ___ **Very Relevant** ___
 Comments:
- 19) Not Relevant ___ Somewhat Relevant ___ Relevant ___ **Very Relevant** ___
 Comments:
- 20) Not Relevant ___ Somewhat Relevant ___ Relevant ___ **Very Relevant** ___
 Comments:
- 21) Not Relevant ___ Somewhat Relevant ___ Relevant ___ **Very Relevant** ___
 Comments:
- 22) Not Relevant ___ Somewhat Relevant ___ Relevant ___ **Very Relevant** ___
 Comments:

4. Interactive Elements

Rating:

Comments:

5. Session Structure & Duration

Rating:

Comments:

6. Implementation Feasibility

Rating:

Comments:

7. Suggested Improvements

(Use this space to note any additions, deletions, or modifications to content, format, or delivery.)

Rating:

Comments:

8. Overall Satisfaction & Involvement

I found participating as a content expert to be...

Very Unsatisfying

Unsatisfying

Satisfying

Very Satisfying

Rating:

Comments:

9. Recommendations for Student/Facilitator

(What one thing could the project lead do differently to enhance effectiveness or efficiency?)

Comments:

Signature of Content Expert: _____DM_____

Date: _____15 January 2025_____

Content Expert Evaluation: Form

Below represents the Content Experts' A/B Evaluations

Content Expert Finding

Content Expert Evaluation: Form 2

Below represents the Content Experts' A/B Evaluations

Content Expert Findings

Evaluation Category	Content Expert A Comments	Content Expert B Comments
Project Effectiveness		
Involvement as Content Experts		
Aspects for Improvement		
Pre- and Posttest Relevance		
Suggested Project Changes		
Student Role and Team Leader		
Suggestions for Student Improvement		