

2-6-2026

Staff Education to Improve Burnout Awareness and Mental Health Resources Knowledge Among Acute Care Nurses

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Walden University

College of Nursing

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Saharnaz Haei-Stransky

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
2026

Executive Summary: Staff Education Project

Staff Education to Improve Burnout Awareness and Mental Health Resources Knowledge

Among Acute Care Nurses

by

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MS, Walden University, 2025

BS, University of Texas at Arlington, 2022

Executive Summary Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Nursing Practice

Walden University

February 2026

Summary

Burnout is a significant concern in nursing practice as it is linked to emotional exhaustion, decreased job satisfaction, compromised patient safety, and increased nurse turnover—especially in high-acuity settings. Targeted education is essential to supporting nurse well-being and sustaining high-quality care. This doctoral project entailed the implementation of a structured, practice-focused educational intervention to address nurse burnout and limited awareness of mental health resources in an acute care setting. The guiding question was, among acute care nurses, does participation in a one-day educational workshop on burnout and available mental health resources improve knowledge and awareness of burnout prevention compared to before the workshop? The purpose was to evaluate the workshop's effectiveness in increasing nurses' knowledge of burnout prevention strategies and organizational mental health supports.

A synthesis of 16 peer-reviewed studies demonstrated that brief, structured interventions are effective in improving nurses' burnout-related awareness. Descriptive analysis of pretest and posttest knowledge scores showed an average increase of 12.3 points (from 15.7 to 28.0 out of 30). Evaluation surveys reflected high satisfaction, with Likert-scale means ranging from 4.5 to 4.8, indicating strong agreement on clarity, relevance, and applicability to both personal and patient care outcomes. This project may promote positive social change by enhancing access to mental health information, reducing stigma around help-seeking, and fostering an inclusive workplace culture rooted in diversity, equity, and inclusion.

Background

Burnout among acute care nurses remains a persistent and well-documented problem that negatively affects nurse well-being, workforce stability, and patient outcomes. High-acuity clinical environments expose nurses to sustained workload demands, emotional stress, time pressures, and staffing challenges, all of which contribute to emotional exhaustion and disengagement (Profit et al., 2021). Despite increasing recognition of burnout as a professional and organizational concern, gaps remain in nurses' awareness of burnout prevention strategies and available mental health resources within health care systems. This gap in knowledge and resource awareness represents a modifiable practice issue that can be addressed through targeted education.

The practice-focused question underpinning this doctoral project was, among acute care nurses, does participation in a one-day educational workshop on burnout and available mental health resources improve knowledge and awareness of burnout prevention compared to before the workshop? The purpose of the project was to evaluate whether a brief, structured educational intervention could effectively address this identified gap in practice by increasing nurses' understanding of burnout, early warning signs, coping strategies, and accessible mental health support services.

To obtain the evidence supporting the need for this practice change, I synthesized the findings from 16 peer-reviewed studies. The body of evidence consistently demonstrates that brief, structured educational, mindfulness-based, resilience-building, and coping-focused interventions are effective in improving burnout-related outcomes, stress management, and engagement with support resources among nurses and health care workers (Lee & Cha, 2023; Zakaria et al., 2022). Several high-quality systematic reviews

and randomized controlled trials indicated that even short-duration interventions can positively influence burnout awareness, coping behaviors, and well-being when appropriately designed and delivered.

The strength of the evidence supporting this project was good and consistent, with most studies representing Level I and Level II evidence according to the Johns Hopkins Nursing Evidence-Based Practice (JHNEBP) framework (Bagheri et al., 2019). These levels of evidence include systematic reviews, randomized controlled trials, and quasi-experimental studies and are considered the strongest sources for informing practice change. Collectively, this evidence supported the feasibility and appropriateness of implementing a one-day educational workshop as a practice change aimed at improving nurses' knowledge and awareness of burnout prevention and mental health resources in acute care settings.

Staff Education Project Development

I developed and implemented the staff education project as a practice-focused educational intervention targeting acute care nurses within an acute care clinical setting. Participants included RNs who voluntarily attended a one-day educational workshop focused on burnout awareness, burnout prevention strategies, and available mental health resources. A total of 43 nurses participated in the project and completed the pre- and postintervention assessments and the education evaluation survey.

In developing the project, I drew from the JHNEBP framework. Project development was also supported by a synthesis of current evidence demonstrating the effectiveness of brief, structured educational interventions in addressing burnout-related outcomes among nurses (Bagheri et al., 2019; Iwanowicz-Palus et al., 2022). The

educational content was designed to address identified gaps in practice by increasing awareness of burnout signs and symptoms, introducing practical coping and resilience strategies, and promoting awareness and utilization of organizational mental health resources. Educational materials included a structured presentation, participant handouts, and resource information to support continued engagement beyond the workshop. The educational approach was consistent with evidence demonstrating that structured educational interventions can effectively improve burnout-related knowledge, coping strategies, and engagement among nurses (Safaeian et al., 2022).

Data collection procedures included the administration of a preintervention knowledge assessment prior to the workshop and a postintervention knowledge assessment immediately following completion of the educational session. These assessments measured participants' knowledge and awareness related to burnout and available mental health resources. In addition, participants completed an education evaluation survey using a Likert-scale format to assess perceived clarity of objectives, relevance of content, applicability to practice, and perceived impact on well-being and patient outcomes.

Data analysis consisted of descriptive statistical analysis. I compared pre- and post-intervention knowledge scores to evaluate changes, if any, in participant knowledge following the educational intervention. Mean scores were calculated for both assessments to determine overall knowledge gain. Education evaluation survey responses were analyzed by calculating mean Likert scores for each survey item to assess participant satisfaction and perceived effectiveness of the workshop.

The evaluation process focused on determining whether the educational intervention achieved its intended outcomes of improving knowledge and awareness of burnout prevention and mental health resources. Evaluation findings demonstrated measurable improvements in participant knowledge and high levels of satisfaction with the educational content, supporting the effectiveness and feasibility of the staff education project as a strategy to address the identified practice gap, consistent with prior burnout education and resilience intervention studies (Kawashima et al., 2025). The educational materials and evaluation instruments used for project implementation and data collection are provided in Appendix A.

Results

Postimplementation results demonstrated that the staff education project achieved its intended outcomes of improving participating acute care nurses' knowledge and awareness of burnout prevention strategies and available mental health resources. Analysis of pre- and postintervention knowledge assessments ($N = 43$) revealed a substantial increase in participant knowledge following the 1-day educational workshop (see Appendix B, Table B1). Mean pretest knowledge scores increased from 15.7 to 28.0 out of 30 on the posttest, representing an average knowledge gain of 12.3 points. These findings indicate a meaningful improvement in participants' understanding of burnout, early warning signs, coping strategies, and organizational mental health resources as a result of the educational intervention.

Education evaluation survey results further supported the effectiveness of the project (see Appendix B, Table B2). Mean Likert-scale scores ranged from 4.5 to 4.8 across evaluation items, reflecting strong agreement that the workshop objectives were

clearly communicated and achieved, the content was relevant to participants' roles, and the information would be applied to support both personal well-being and patient outcomes. These results suggest high levels of participant satisfaction and perceived value of the educational content.

The project is potentially beneficial to the organization because it addresses an identified practice gap related to burnout awareness and resource utilization. By equipping nurses with knowledge of burnout prevention strategies and available mental health supports, the project may promote a culture of wellness, proactive coping, and help-seeking behaviors. Increased awareness of resources has the potential to support nurse resilience, improve staff engagement, and contribute to workforce retention and patient safety efforts within the organization.

Several limitations should be considered when interpreting the results. The project was implemented at a single acute care site with a voluntary convenience sample, which may limit generalizability. The use of self-reported knowledge assessments and evaluation surveys may introduce response bias (Iwanowicz-Palus et al., 2022). Additionally, postintervention data were collected immediately following the workshop, limiting the ability to assess long-term knowledge retention or behavioral change. Despite these limitations, the consistency and magnitude of the observed knowledge gains support the effectiveness of the intervention in addressing the targeted practice gap.

Although the project was implemented within a single organization, its importance extends beyond the local site. Nurse burnout is a widespread issue across health care settings, and the findings demonstrate that a brief, scalable educational intervention can produce meaningful improvements in awareness and knowledge. The

project provides a practical, evidence-based model that can potentially be adapted and implemented in other acute care settings to support nurse well-being, promote mental health resource utilization, and contribute to broader organizational and societal efforts to address burnout in the nursing workforce.

Conclusions

This doctoral project demonstrated that a brief, 1-day educational workshop can effectively improve acute care nurses' knowledge and awareness of burnout prevention strategies and available mental health resources. The project addressed an identified practice gap at the organization related to burnout awareness and resource utilization. By providing nurses with targeted education and practical tools, the project may support a culture of wellness, proactive coping, and help-seeking behaviors, which are essential to sustaining a healthy nursing workforce and maintaining high-quality patient care.

Based on the project outcomes, I propose several recommendations to support continued organizational improvement. Incorporating the educational workshop into ongoing staff development or orientation programs may help reinforce burnout awareness and normalize engagement with mental health resources. Periodic refresher sessions or follow-up educational offerings could support knowledge retention and encourage sustained behavior change. Future project leaders may also explore long-term outcomes, such as changes in burnout levels, resource utilization rates, staff retention, or patient safety indicators, to further evaluate the impact of educational interventions over time.

The implications for nursing practice extend beyond the local organization. This project supports the use of scalable, evidence-based educational interventions as a feasible strategy to enhance nurse well-being, resilience, and professional sustainability

in acute care settings. By improving nurses' awareness of burnout and available support resources, organizations may better support workforce engagement, reduce stigma associated with help-seeking, and promote safer patient care environments.

This project may also contribute to positive social change by promoting equitable access to mental health information and support for nurses across diverse backgrounds and roles. Normalizing conversations around burnout and mental health may foster an inclusive and supportive workplace culture that values psychological safety and well-being. The project encourages culturally responsive support systems and reduces barriers to resource utilization, ultimately supporting healthier nurses, stronger organizations, and more equitable health care delivery.

References

- Bagheri, T., Fatemi, M., Payandan, H., Skandari, A., & Momeni, M. (2019). The effects of stress-coping strategies and group cognitive-behavioral therapy on nurse burnout. *Annals of Burns and Fire Disasters*, 32(3), 184–189.
http://www.medbc.com/annals/review/vol_32/num_3/text/vol32n3p184.htm
- Iwanowicz-Palus, G., Mróz, M., Kowalczyk, K., Szlendak, B., Biń, A., & Cybulski, M. (2022). Nurses coping with stressful situations—A cross-sectional study. *International Journal of Environmental Research and Public Health*, 19(17), Article 10924. <https://doi.org/10.3390/ijerph191710924>
- Kawashima, T., Ota, Y., Aikawa, G., Watanabe, M., Ashida, K., & Sakuramoto, H. (2025). Effectiveness of emotional intelligence training on nurses' and nursing students' emotional intelligence, resilience, stress, and communication skills: A systematic review and meta-analysis. *Nurse Education Today*, 151, Article 106743. <https://doi.org/10.1016/j.nedt.2025.106743>
- Lee, M., & Cha, C. (2023). Interventions to reduce burnout among clinical nurses: Systematic review and meta-analysis. *Scientific reports*, 13, Article 10971. <https://doi.org/10.1038/s41598-023-38169-8>
- Profit, J., Adair, K. C., Cui, X., Mitchell, B., Brandon, D., Tawfik, D. S., Rigdon, J., Gould, J. B., Lee, H. C., Timpson, W. L., McCaffrey, M. J., Davis, A. S., Pammi, M., Matthews, M., Stark, A. R., Papile, L. A., Thomas, E., Cotten, M., Khan, A., & Sexton, J. B. (2021). Randomized controlled trial of the "WISER" intervention to reduce healthcare worker burnout. *Journal of Perinatology*, 41, 2225–2234. <https://doi.org/10.1038/s41372-021-01100-y>

Safaeian, A., Tavakolifard, N., & Roohi, A. (2022). Investigating the effectiveness of innovative intervention based on compassion, awareness, resilience, and empowerment on burnout in nurses of two educational hospitals in Isfahan. *Journal of Education and Health Promotion, 11*(1), Article 65.

https://doi.org/10.4103/jehp.jehp_411_21

Zakaria, N., Zakaria, N. H., Bin Abdul Rassip, M. N. A., & Lee, K. Y. (2022). Burnout and Coping Strategies Among Nurses in Malaysia: A national-level cross-sectional study. *BMJ Open, 12*(10), Article e064687.

<https://doi.org/10.1136/bmjopen-2022-064687>

Appendix A: Educational Material

Invitation Flyer



BURNOUT PREVENTION & MENTAL HEALTH RESOURCES WORKSHOP

Join us for a 60-minute educational workshop designed to support acute-care nurses by increasing awareness of burnout, strengthening coping strategies, and highlighting available mental health and wellness resources.

Register via email:

What You'll Learn

What nurse burnout is and how it presents in acute-care settings

Early warning signs and evidence-informed prevention strategies

Brief, practical stress-management techniques

Mental health and wellness resources available to nurses

How to access support confidentially and without stigma

Conference Room B
1/14/2026
7:30 a.m.
1230 p.m.
1630 p.m.

Handout

<p>Burnout Prevention & Mental Health Resources for Acute-Care Nurses</p>	<p>Burnout prevention begins with awareness, early action, and knowing how and where to access support. Prioritizing mental health is essential for sustaining both professional excellence and personal well-being.</p>	<p>Mental Health Wellness Support Contact Information</p>
<p>Nurse burnout is a significant occupational concern in acute-care environments and has implications for staff well-being, patient safety, and organizational outcomes.</p> <p>Increasing awareness of burnout, recognizing early warning signs, and understanding available support resources are essential steps toward prevention and resilience.</p>	<p>What Is Burnout?</p> <p>Burnout is a work-related syndrome characterized by emotional exhaustion, depersonalization or emotional detachment, and a reduced sense of personal accomplishment.</p> <p>Burnout develops gradually and often goes unrecognized in its early stages. Early identification is critical to preventing progression and promoting long-term well-being.</p> <p>Common Signs & Early Warning Indicators</p> <ul style="list-style-type: none"> • Persistent fatigue, sleep disturbances, or decreased energy. • Increased irritability, emotional numbness, or social withdrawal. • Reduced motivation, decreased engagement, or diminished sense of professional fulfillment. 	<p>Practical Burnout Prevention Strategies</p> <ul style="list-style-type: none"> ✓ Brief resets (1–2 minutes): intentional breathing, grounding techniques, hydration, or stretching. ✓ Peer support: regular check-ins with colleagues and fostering a culture of mutual support. ✓ Professional mindset shift: normalizing help-seeking as a sign of strength and professional responsibility <p>Methodist Mental Health & Wellness Resources</p> <p>Calm Health App – Mindfulness, stress management, emotional regulation, and sleep support. member.uhc.com</p> <p>Talkspace – Confidential virtual counseling and mental health support. www.talkspace.com/connect</p> <p>Mental Health First Aid Training – Education to recognize and respond to mental health challenges. MHSCares@mhd.com</p> <p>Critical Incident Stress Management (CISM) Program – Structured support following critical or traumatic events. Call 214-947-2470, Email MHSCares@mhd.com</p>

Educational PowerPoint



Reducing Nurse Burnout Through a One-Day Educational Workshop on Mental Health Resources

Saharnaz Haei-Stransky RN,BSN



Nurse Burnout Definition

Burnout syndrome is a psychological syndrome that emerges as a long-lasting response to **chronic stress** in the workplace” (Soosova,2020).

Burnout is characterized by **emotional exhaustion, depersonalization, and a reduced sense of personal accomplishment** (Koutsimani et al., 2019).

Why Burnout Happens



High emotional and cognitive demands



Staffing shortages and workload pressures



Exposure to trauma and critical incidents



Limited time for recovery and self-care

Signs & Early Warning Signals

CHRONIC
FATIGUE OR
SLEEP
DISTURBANCES

IRRITABILITY
OR EMOTIONAL
NUMBNESS

WITHDRAWAL
FROM
COWORKERS
OR PATIENTS

DECREASED
MOTIVATION
OR SENSE OF
PURPOSE

“The Role of Education and Support in Preventing Nurse Burnout”

- Without adequate training on stress management, nurses may struggle to employ healthy coping mechanisms, leading to increased burnout levels (Iwanowicz-Palus et al.,2022).
- Nurses who feel unsupported by their peers or lack access to mentorship are more likely to experience emotional exhaustion and depersonalization (Hines-Stellisch et al.,2024).



Closing the Gap

- Awareness of burnout signs
- Education on coping strategies
- Clear access to mental health resources
- Normalizing help-seeking as professional strength



Burnout Prevention Strategies



1-2 MINUTES
RESETS (DEEP
BREATHING,
GROUNDING)



HYDRATION AND
MICRO-BREAKS



PEER CHECK-INS



SETTING
REALISTIC
BOUNDARIES
WHEN POSSIBLE

Wellness Resources



Calm Health App



Mindfulness and relaxation exercises




Stress reduction tools



Sleep support



Available anytime, anywhere



CISM Program

Support after critical or traumatic events

Confidential and peer-supported

Focused on emotional processing and recovery

Talkspace

Confidential, flexible counseling

Accessible outside of work hours

Supports stress, anxiety, and emotional health

Mental Health First Aid Training

Recognize signs of mental health distress

Learn how to respond and support peers

Promote early intervention

How to register

Calm App

Download the app or visit <https://www.calm.com/b2b/ews/subscribe> for registration and enter the code Methodist123

Mental Health First Aid Training (MHFA)

Email: MHSCares@mhd.com

Critical Incident Stress Management Program (CISM)

Call 214-947-2470

Email MHSCares@mhd.com

Talkspace

Call 1-855-567-1374 to activate prior to registering (first visit only), choose a provider and message anywhere.

Website: www.talkspace.com/connect

Wrap-Up & Evaluation

Burnout is common
and preventable

Awareness is the first
step

Education and support
improve resilience

Resources are available
and accessible



Reference

Hines-Stellisch, K., Gawlik, K. S., Teall, A. M., & Tucker, S. (2024). Implementation of coaching to address burnout in emergency clinicians. *Journal of Emergency Nursing*, *50*(5), 601–609. <https://doi.org/10.1016/j.jen.2024.06.007>.

Iwanowicz-Palus, G., Mróz, M., Kowalczyk, K., Szlendak, B., Bień, A., & Cybulski, M. (2022). Nurses coping with stressful situations-A cross-sectional study. *International Journal of Environmental Research and Public Health*, *19*(17), 10924. <https://doi.org/10.3390/ijerph191710924>.

Sovářiová Soósová, M. (2021). Association between nurses' burnout, hospital patient safety climate and quality of nursing care. *Central European Journal of Nursing and Midwifery*, *12*(1), 245–256. <https://doi.org/10.15452/cejnm.2020.11.0039>.

Koutsimani, P., Montgomery, A., & Georganta, K. (2019). The relationship between burnout, depression, and anxiety: A systematic review and meta-analysis. *Frontiers in Psychology*, *10*. <https://doi.org/10.3389/fpsyg.2019.00284>.

Nurse Burnout Education Workshop Surveys

Pre-Workshop Survey

Instructions: Please answer the following questions honestly. Your responses are anonymous and will help us improve support for staff wellbeing.

Section A: Knowledge and Awareness

I am familiar with the signs and symptoms of nurse burnout.

Strongly Disagree Disagree Neutral Agree Strongly Agree

I know how to recognize early warning signs of burnout in myself.

Strongly Disagree Disagree Neutral Agree Strongly Agree

I am aware of the mental health and wellness resources available to me in this hospital.

Strongly Disagree Disagree Neutral Agree Strongly Agree

I know how to access Employee Assistance Programs (EAP) or other mental health services.

Strongly Disagree Disagree Neutral Agree Strongly Agree

Section B: Attitudes and Perceptions

Talking about stress or burnout is welcomed on my unit.

Strongly Disagree Disagree Neutral Agree Strongly Agree

I feel psychologically safe seeking help when I'm overwhelmed.

Strongly Disagree Disagree Neutral Agree Strongly Agree

Leadership at my facility supports staff mental wellbeing.

Strongly Disagree Disagree Neutral Agree Strongly Agree

Section C: Behavior and Intentions

In the past 3 months, I have used any hospital-provided mental health or wellness resources.

Yes No

I intend to utilize the mental health resources available to me in the near future.

Strongly Disagree Disagree Neutral Agree Strongly Agree

What do you hope to gain from today's workshop? (Open-ended)

Post-Workshop Survey

Instructions: Please complete this survey immediately after the workshop.

Section A: Knowledge Gained

I now feel confident recognizing signs and symptoms of nurse burnout.

Strongly Disagree Disagree Neutral Agree Strongly Agree

I know at least two self-care strategies I can apply immediately.

Strongly Disagree Disagree Neutral Agree Strongly Agree

I can identify at least one resource available through the hospital to support my mental health.

Strongly Disagree Disagree Neutral Agree Strongly Agree

Section B: Workshop Feedback

The workshop content was relevant and useful to my role.

Strongly Disagree Disagree Neutral Agree Strongly Agree

The facilitator(s) created a safe space for discussion.

Strongly Disagree Disagree Neutral Agree Strongly Agree

I feel more supported by my organization in managing stress and burnout.

Strongly Disagree Disagree Neutral Agree Strongly Agree

Section C: Intended Actions

I plan to take specific steps to manage or reduce my burnout.

I am more likely to use mental health and wellness resources after this session.

What was the most valuable takeaway from this workshop? (Open-ended)

Suggestions for improvement? (Optional)

Staff Education Evaluation Survey

Instructions:

Please indicate your level of agreement with each statement below. Responses are anonymous and will be used to evaluate the effectiveness of the educational session.

Section I: Education Objectives

1. The objectives of the staff education session were clearly communicated.
 Strongly disagree Disagree Neutral Agree Strongly agree
2. The objectives of the staff education session were achieved.
 Strongly disagree Disagree Neutral Agree Strongly agree
3. The information presented during the education session was relevant to my role.
 Strongly disagree Disagree Neutral Agree Strongly agree
4. I am likely to apply the information from this education session to support my own well-being and manage work-related stress.
 Strongly disagree Disagree Neutral Agree Strongly agree
5. The information provided will be useful in improving patient outcomes.
 Strongly disagree Disagree Neutral Agree Strongly agree

Section II: Open-Ended Feedback

6. Please provide any suggestions for improving this education for future offerings:

Appendix B: Survey Results

Table B1

Pre- and Postsurvey Results

Participant	Pretest Knowledge Score (out of 30)	Posttest Knowledge Score(out of 30)	Knowledge Gain Score
1	11	30	19
2	14	30	16
3	10	29	19
4	11	26	15
5	14	29	15
6	22	28	6
7	23	30	7
8	23	27	4
9	17	30	13
10	15	28	13
11	20	30	10
12	10	25	15
13	11	25	14
14	15	24	9
15	16	30	14
16	26	30	4
17	12	29	17
18	14	27	13
19	11	25	14
20	1	30	15
21	19	30	11
22	14	29	15
23	19	23	4
24	10	30	20
25	20	29	9
26	22	29	7
27	19	25	6
28	14	29	15
29	13	29	16
30	15	26	11
31	20	29	9
32	15	27	12
33	12	29	17
34	11	30	19
35	10	30	20
36	18	24	6
37	18	29	11
38	16	29	13
39	17	28	11
40	16	29	13
41	19	25	6
42	14	27	13
43	15	29	14
Average score	15.7	28.0	12.3

Table B2*Educational Survey Results*

Participant	The objectives were clearly communicated	The objectives were achieved	The information was relevant to my role	I will apply the information to support my own well-being	The information provided will be useful in improving patient outcomes
1	5	5	5	5	4
2	5	5	5	4	4
3	5	5	5	4	4
4	5	5	5	5	5
5	5	5	5	5	5
6	4	4	4	4	4
7	5	5	5	5	5
8	5	4	5	5	5
9	5	5	5	5	5
10	5	5	4	5	4
11	5	5	5	5	5
12	5	4	5	4	4
13	5	5	5	5	5
14	4	4	4	4	4
15	5	5	5	5	5
16	4	4	4	4	4
17	5	5	5	5	5
18	5	5	5	5	5
19	5	5	4	5	5
20	5	5	5	4	4
21	5	5	5	4	4
22	4	4	4	4	4
23	5	5	5	5	5
24	5	5	5	5	5
25	4	5	5	5	5
26	5	4	4	5	4
27	5	5	5	5	5
28	4	4	4	4	4
29	5	5	4	5	5
30	5	5	5	5	5
31	5	5	5	5	5
32	5	5	4	4	4
33	5	5	5	4	4
34	5	5	5	5	5
35	5	5	5	4	4
36	5	5	4	5	5
37	5	5	4	5	5
38	5	5	5	5	5
39	5	5	5	5	4
40	4	4	4	4	4
41	5	5	5	4	4
42	5	5	5	5	5
43	5	5	4	5	5
Average score	4.8	4.7	4.6	4.6	4.5