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Staff Education to Improve Knowledge on Early Recognition of Staff Burnout in Nurses Working in Long-Term Care

GERALDINE NDENG AKONWAH
Walden University

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Walden University

College of Nursing

This is to certify that the doctoral study by

Geraldine Akonwah

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.

Review Committee

Dr. Melanie Braswell, Committee Chairperson, Nursing Faculty

Chief Academic Officer and Provost
Sue Subocz, Ph.D.

Walden University
2026

Executive Summary: Staff Education Project

Staff Education to Improve Knowledge on Early Recognition of Staff Burnout in Nurses

Working in Long-Term Care

by

Geraldine Akonwah

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Executive Summary Submitted in Partial Fulfillment

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Summary

This doctoral project was a practice-based staff education project aimed at educating nurses concerning early burnout recognition. The educational intervention was chosen to promote awareness and knowledge related to the concept of burnout and self-care among nurses employed in a long-term care facility. The practice problem addressed was the high prevalence of nurse burnout and the limited ability of nurses to recognize early signs of burnout. The problem is significant in nursing practice as burnout is detrimental to the clinical judgment, patient safety, job satisfaction and staff retention. The guiding question of the project was as follows: Does a staff education program on early recognition of staff burnout in nurses working in long term care increase their knowledge? The purpose of the project was to develop, implement, and evaluate evidence based educational intervention to raise awareness of concepts of burnout, early warning signs, and self-care strategies.

Analytical strategies involved the use of pretest and posttest to address the change in knowledge after the educational intervention. The analysis of differences between preintervention and postintervention scores was performed by a paired sample test *t* test. The results revealed the knowledge of nurses improved after the educational program increased from a mean score of 5 to a mean score of 7.53. Every participant had an increase in score from pretest to posttest. A planned burnout education module was the noteworthy outcome. Conclusions supported the staff education as the viable approach to the problem of burnout awareness. The project has implications to nursing practice as it promotes well-being, positive social change, and diversity, equity, and inclusion with culturally responsive burnout education.

Background

Nurse burnout has become a key professional issue of serious occupational consequences on the personal well-being, patient safety, and organizational stability. According to the World Health Organization, burnout is a professional condition brought about by long-term stress in the workplace which has failed to be effectively handled (as cited in Khatatbeh et al., 2021). In nursing practice, burnout is commonly conceptualized as a syndrome involving emotional exhaustion, depersonalization and diminished personal accomplishment.

Long term care settings pose exceptional challenges that increase the risks of burnout. The nurses working in these facilities tend to work in large ratios of nurses to patients, attend to chronically and progressively ill residents, and deliver end of life services to residents on a lasting basis. Poor outcomes may exacerbate grief and moral distress because of emotional attachments to residents and families (Haritos et al., 2025). The second factor that increases stress levels is limited resources, time constraints, and limited organizational support.

A critical gap in practice exists to the nurses' ability to recognize early signs of burnout in themselves and their colleagues. This project was aimed at filling this gap by introducing an evidence based educational intervention targeted at recognizing burnout in nurses working in long term care at an earlier stage. The project's purpose was to determine whether a structured staff education program would increase nurses' knowledge of burnout concepts, symptoms, risk factors, and early recognition strategies. The project question guiding this initiative was as follows: Does a staff education

program on early recognition of staff burnout in nurses working in long term care increase their knowledge?

A literature search rendered five peer-reviewed articles examining staff education effectiveness, burnout in nurses, excessive workloads, emotional pressure, early recognition of staff burnout in nurses using a targeted literature search of the CINAHL, PubMed, and EBSCO databases. The Johns Hopkins evidence-based practice model for nursing and healthcare professionals tool was used to rate the located articles of literature from Levels I experimental studies, Level II Quasi-experimental studies, Level III nonexperimental, including qualitative studies, Level IV clinical practice guidelines or consensus panels, and Level V literature reviews, quality improvement projects, case reports, expert opinions. The articles comprised two Level II quasi-experimental studies, two Level III nonexperimental study, and one Level V expert opinion or literature review. The evidence behind the necessity of the change in practice given was strong. Studies showed the prevalence of burnout among nurses, and the effectiveness of educational and organizational interventions was successful. Nurses are also affected by burnout due to excessive workloads, nonadministrative support, emotional pressure, and inadequate resources to cope. The results indicated the importance of active interventions to equip nurses with knowledge on how to identify burnout in the initial stages and seek the required help.

Staff Education Project Development

This staff education initiative was developed and implemented based on the analysis, design, development, implementation, and evaluation (ADDIE) instructional design model. The project targeted nurses employed in a long term care system and

routinely exposed to the occupational stressors linked to burnout. A total of 15 direct care nurses volunteered to participate in the educational intervention. The criteria used were active employment in the facility and available on the scheduled staff development sessions. Nonclinical staff and nurse leadership were not included, as it was necessary to keep the project focused on nurses who provide direct patient care. The design and development process focused on the development of an education intervention based on the existing evidence and adult learning theory. Two content experts, a clinical nurse educator and a health services administrator, were consulted during the development of learning objectives to make them clear, relevant, and consistent with the needs of the practice. Goals were aimed at improving the understanding of the concept of burnout, awareness of early warning signs, and application of self-care and resilience interventions in clinical practice.

The educational content addressed definitions and elements of burnout, general causes, early warning signs, emotional coping, mindfulness, cognitive re-framing, healthy boundaries and creation of personalized self-care plans. The teaching and learning proceeded using the principles of adult learning. The principle ensured the learning was interactive, problem centered and relevant to real world clinical situations.

The peer review of the two content experts was conducted to make sure the educational materials were accurate and relevant. Each of the two reviewers provided structured feedback on the content clarity, clinical applicability, and conformity to best practices. The feedback confirmed the usefulness of the program to raise awareness of resilience and well-being. Suggestions were made on how to increase the engagement by

defining and providing practical examples. Proposed changes were put in before they were implemented.

Data collection focused on measurement of knowledge related to burnout recognition and self-care strategies. A pretest (Appendix A) was administered immediately before the PowerPoint (Appendix B) educational session to develop baseline knowledge. One week following the session, a posttest with identical assessment tool was conducted to determine the change in knowledge. A handout (Appendix C) was created and provided to the participants. To ensure they were paired in the analysis and the participants remained confidential, data were collected anonymously via unique identifiers provided by each participant. None of the identifying information was noted and the information was kept in a safe place.

The choice of data analysis procedures was related to the project design and analysis objectives. The statistical analysis was performed using Microsoft Excel to prepare quantitative data. A paired sample comparison method was planned to examine differences between pretest and posttest scores. The approach enables assessment of the change across time among the same participants. The total score distributions were summarized using descriptive statistics to aid in the understanding of the results.

The assessment phase was aimed at evaluating the efficiency and viability of educational intervention. The evaluation measures were formulated to ascertain whether the implementation of the intervention was as intended and whether it was sufficient to address the identified practice gap. The assessment system focused on the process evaluation, method of knowledge assessment, and involvement of the participants.

Quantitative evaluation methodologies entail guided contrasting pre intervention and post intervention knowledge tests. The pretests and post tests were carefully reviewed to ensure the content would be clear and relevant to the learning objectives. The time of administering the educational sessions was also chosen so as not to interfere with the clinical workflow but provide enough time to integrate the knowledge. The predetermined data analysis procedures were aimed at consistency and methodological rigor. A paired sample *t* test was performed using the results from the pretest and comparing these with the results from the posttest.

An evaluation was also done on feasibility and sustainability. Delivering the material during the designated staff development time boosted participation while minimizing the impact on patient care. The cooperation with nursing leadership and nurse educator created credibility and positive learning atmosphere. The evaluation process would inform upcoming educational programs aimed at helping nurses to develop well-being and burnout prevention strategies.

Results

Post implementation results showed nursing staff knowledge improved after their participation in the staff education program on recognizing burnout at the initial phases. Fifteen nurses completed the pretest and the posttest assessments. The assessment instrument was made up of 10 knowledge-based questions and had a maximum score of 10 points. The increase in scores indicated an increase in knowledge regarding the concepts of burnout, early warning signs, and self-care strategies.

The level of baseline knowledge was measured regarding the knowledge of burnout among the participants. The individual pretest scores resulted in variation in

familiarity with the approach to the definition of burnout and prevention before the study. Posttest scores resulted in an increase among the respondents after the educational intervention was completed. The posttest scores confirmed an acquisition of knowledge at the end of the training.

The highest score received on the pretest was 6. And the highest score received on the posttest was 9. The average pretest score among the participants was 5. The average posttest score was 7.53 (see Table 1). This rise in scores indicates a significant process of overall increased knowledge after the learning event. It was noted there were improvements in various assessment items which indicated increase in the knowledge of the definition of burnout, emotional exhaustion, depersonalization, low personal accomplishment and the significance of self-care and organizational support.

Scores associated with the recognition of emotional fatigue, burnout towards the patients, and diminished work interest were improved from pretests to posttest. Increased scores were also associated with items related to practical measures to use in emotional regulation, resilience building, and boundary setting. These results displayed the educational program was effective in meeting the established learning objectives as well as the practice gap about burnout recognition.

Table 1*Pretest and Posttest Burnout Knowledge Scores Among Nursing Staff*

Participant	Pretest score	Posttest score	Change
1	4	7	+ 3
2	5	8	+ 3
3	5	7	+ 2
4	5	8	+ 3
5	5	7	+ 2
6	6	9	+ 3
7	4	7	+ 3
8	5	7	+ 2
9	6	8	+ 2
10	4	7	+ 3
11	5	7	+ 2
12	6	9	+ 3
13	4	7	+ 3
14	6	8	+ 2
15	5	7	+ 2
Total scores	75	113	+ 38
Mean	5	7.53	+ 2.53

A paired sample *t* test was used to compare pretest and posttest results in order to ascertain whether the observed rise in scores reflected a statistically significant change.

This statistical method was chosen to assess how the same participants' knowledge changed after the intervention (see Table 2).

Table 2

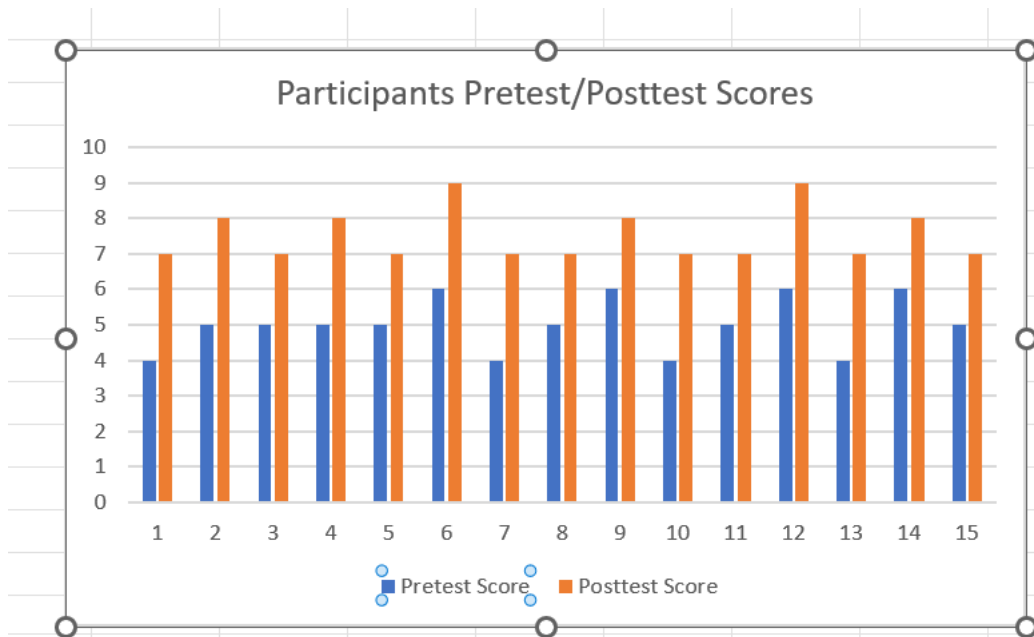
Paired Sample T Test Results Comparing Pretest and Posttest Burnout Knowledge Scores

Mean difference	Standard deviation	<i>t</i>	Degrees of freedom	Significance two tailed
2.53	0.542	18.07	14	0.0001

The pretest and posttest scores were statistically significant according to the analysis. The findings showed involvement in the staff education program was linked to a significant increase in understanding of self-care techniques and burnout recognition (see Figure 1).

Figure 1

Participants Pre/Post Test



The results of this project positively affected the organization by increasing the level of awareness about burnout as one of the most severe occupational problems. The impact within the organizational context is better-informed knowledge about burnout helps to create a healthier working environment. Healthier work environment also aligns with the objectives associated with staff retention, quality of care, and patient safety. Despite the absence of long-term organizational outcomes, the education program has provided a platform to the future well-being initiatives and staff support strategies. The project indicated burnout education can be effectively incorporated into the current staff development frameworks.

The sample size of 15 is a limitation. And these results may not be generalizable to other settings or the nursing population. The results can be affected by personal differences and might not be applicable to more diverse populations. Interval of time between the intervention and the posttest evaluation might be another limitation. These results of the current project are significant beyond the local site because they demonstrate a brief, structured educational intervention can produce measurable improvements in nurse knowledge using minimal resources.

The educational system and evaluation system are applicable to diverse clinical environments. This project contributed to the wider implementation of burnout education as one of the key elements of professional development by proving statistically significant improvement in knowledge to be gained after a brief training session. Dissemination of these findings can inform the policies in organizations, promote the workforce wellbeing programs, and lead to sustainable nursing practice in healthcare systems.

Conclusions

The project reported a beneficial influence on the organization through enhancing the knowledge of nursing staff associated with early burnout identification and self-care interventions. Enhancing burnout awareness helps healthy working environment through promoting early detection of symptoms characteristic of stress and participation in self-care and peer support. Organizationally wise, this initiative will cover objectives associated with staff well-being, retention, and quality of patient care. Another finding of the project was specific training on burnout is possible and can be incorporated into the everyday work of the staff without causing havoc in the clinical process.

Recommendations include suggestions to an enlargement of the educational program to aspects such as follow up programs which can help strengthen the learning process and help maintain the knowledge over the long run. Periodic refresher training, support groups of peers, and involvement of leaders could be added to increase wellness sustainability and promote a wellness culture. An additional recommendation is to include the education in staff onboarding. Another assessment to be made in future projects is how burnout education affects behavioral results in the form of absenteeism, job satisfaction, and staff turnover.

The clinical implication of the findings is also high because more knowledge will enable nurses to learn how to identify burnout at the early stages and pursue prompt assistance. Being a proponent of awareness leads to positive social change by facilitating normalization of mental health discussions at the workplace and reducing stigma. By focusing on diversity, equity and inclusion, the burnout interventions must be culturally sensitive and accessible among all staff. The well-being of nurses will ultimately be

effective at supporting equitable care delivery and creating more inclusive healthcare environments that are healthier.

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Appendix A

Pretest

Please provide a 4-digit de-identifying number: _____

1. Which of the following best defines nurse burnout?

- A. A short period of physical tiredness after a long shift
- B. A state of emotional exhaustion, depersonalization, and reduced personal accomplishment
- C. A temporary lack of motivation that resolves with rest
- D. A reaction to poor management decisions

Answer: B

2. What is one of the earliest emotional signs of burnout among nurses?

- A. Increased empathy toward patients
- B. Heightened enthusiasm for extra shifts
- C. Irritability and emotional withdrawal
- D. Improved concentration at work

Answer: C

3. Which workplace factor most increases the risk of burnout in long-term care nurses?

- A. Adequate staffing ratios
- B. Supportive management and teamwork
- C. Chronic understaffing and heavy workload
- D. Frequent staff recognition programs

Answer: C

4. What is a potential consequence of ignoring early burnout symptoms?

- A. Increased job satisfaction
- B. Improved care quality
- C. Higher absenteeism and turnover
- D. Reduced stress and fatigue

Answer: C

5. Which evidence-based tool is commonly used to measure burnout in healthcare workers?

- A. Beck Depression Inventory
- B. Maslach Burnout Inventory (MBI)
- C. State-Trait Anxiety Inventory
- D. Minnesota Satisfaction Questionnaire

Answer: B

6. What is an effective self-care strategy for preventing burnout?

- A. Working longer hours to stay busy
- B. Ignoring stress until it passes
- C. Practicing mindfulness and relaxation techniques
- D. Avoiding communication with colleagues

Answer: C

7. Which organizational intervention helps reduce burnout?

- A. Limiting breaks to increase productivity
- B. Providing leadership support and wellness programs
- C. Assigning more patients per nurse
- D. Avoiding discussion about stress at work

Answer: B

8. Which coping technique builds resilience among nurses?

- A. Self-criticism for mistakes
- B. Cognitive reframing and positive thinking
- C. Ignoring personal feelings
- D. Suppressing emotions at work

Answer: B

9. What is one key purpose of early recognition of burnout symptoms?

- A. To increase staff workload
- B. To provide timely intervention and prevent escalation
- C. To encourage nurses to ignore mild stress
- D. To document disciplinary action

Answer: B

10. Which of the following resources can support nurses experiencing burnout?

- A. Employee Assistance Programs (EAPs)

B. Internet blogs on unrelated topics

C. Personal isolation

D. Social media venting

Answer: A

Appendix B

Nurse Burnout Educational Presentation

What Is Nurse Burnout?



- Emotional, mental, and physical exhaustion from prolonged stress
- Affects 38–62% of nurses annually (WHO recognizes as medical diagnosis)
- Leads to reduced empathy, fatigue, and dissatisfaction
- Caused by unmanaged workplace stress and moral injury
- Impacts personal well-being, patient care, and healthcare organizations.

Nurse burnout is the condition of emotional, mental and physical exhaustion that results from prolonged exposure to stress related to the profession of nursing. RN burnout is beyond the fatigue that follows a long period of employment. RN burnout is the state of deep emotional exhaustion, lack of motivation, and reduced sense of personal accomplishment. Currently, approximately 38% of RNs suffer from burnout each year (American Nurses Association, 2024). The World Health Organization recognizes RN burnout as an actual syndrome of the healthcare work environment stemming from unplanned workplace stress (American Medical Association, 2024).

Nurses may be prone to burning out in situations where they are overwhelmed by the demands of their job without the necessary resources at their disposal. In such situations, the nurse may look forward to coming to work less, may lack compassion for the patient, and may feel distant from an occupation from which they derived meaning and significance.

A survey carried out in the year 2020 indicated that approximately two-thirds of nurses reported experiencing symptoms of burnout during their career, although only about 62% (American Nurses Association, 2024). Youths are the most endangered group, as indicated by approximately 69% of nurses aged under 25 experiencing symptoms of burnout. High patient expectations, pressures, and emotional elements combined result in the nursing profession being among the most stressful vocations.

Signs of Nurse Burnout

Physical Signs:

Constant fatigue and frequent illness

- Headaches, sleep changes, appetite loss

Emotional Signs:

- Feelings of helplessness and detachment
- Lack of motivation and career dissatisfaction

Behavioral Signs:

- Isolation, poor judgment, absenteeism
- Substance use and procrastination

Physical Indicators

Physical symptoms include exhaustion, headaches, muscle tightness, illness, and changes in eating and sleeping habits. The nurse could experience physical fatigue after resting. Fatigue may impair the nurse's attention and reaction time, thus affecting patient care.

Emotional Indicators

Emotionally, the effects of burnout might include feelings of helplessness, lack of confidence, frustration, and a sense of cynicism. A nurse may begin to feel a lack of connection to his or her patients and colleagues (Parola et al., 2022). The sense of joy and pleasure from taking care of others might be replaced by indifference or anger.

Behavioral Indications

Behavioral symptoms such as withdrawal, procrastination, isolating oneself, and lack of work performance might be seen in the nurse. Some might result in the nurse not reporting for duty, poor judgments, and some might practice unhealthy coping behaviors such as the use of drugs. The combination of the symptoms may indicate the deteriorating mental health and job satisfaction levels of the nurse.

Causes of Nurse Burnout

- Long Work Hours: Extended 12-hour shifts increase fatigue and risk of errors
- Poor Work Environments: Weak leadership, poor teamwork, lack of support
- Heavy Workloads: High patient ratios, admin duties, and tech demands
- Death and Sickness: Repeated exposure to trauma and patient loss
- Moral Injury: Witnessing or participating in care that violates moral beliefs

Long Work Hours

Extended hours of work, particularly the 12-hour work schedule, are associated with greater rates of burnout and patient dissatisfaction among nurses. Additionally, the effects of extended hours reduce workers' alertness and the ability to create a work-home balance as nurses are likely to be emotionally drained (Shah et al., 2021). Nonetheless, the longer the hours the nurse works, the greater the risk of committing errors (Shah et al., 2021).

Poor Work Environments

A negative work environment could be the most prevalent cause of burnout among workers. A poor leadership, lack of teamwork, and poor communication between the management could result in a negative work environment. A nurse who lacks support from their superior and colleagues could easily be burnt out at work.

High Workload

Nurses still handle multifaceted responsibilities, such as caring for the patient and administrative work. However, the increased requirements for technology and processes mean the nurse is left with very little time to engage with the patient.

Contact with Death and Illness

Delivering care to sick and dying patients every day may cause emotional drain. Exposure to trauma, pain, and loss may result in compassion fatigue, which contributes to high levels of burnout among healthcare practitioners.

Moral Injury

Moral injury could be another contributing cause since nurses feel unable to offer the level of care their patients deserve within the limitations imposed by the existing

system. Moral injury for the nurses results from witnessing situations at work which go against their personal values, thus triggering pain associated with burnout.

Effects of Nurse Burnout on Patient Care

- Poor Decision-Making: Stress leads to medical errors and lower care quality
- Reduced Empathy: Nurses may appear detached or insensitive
- Higher Infection Rates: Burnout linked to more hospital-acquired infections
- Low Patient Satisfaction: Poor engagement affects trust and recovery
- Higher Mortality Rates: Each added patient per nurse raises mortality risk by 7%

Increased Turnover Costs

High turnover rates contributed by nurse burnout are also money-intensive since hospitals use millions of dollars every year to recruit, retain, and train new employees. Through this, hospitals lose their key human resource wealth since experienced nurses are eliminated from the human resource pool of an institution.

Decreased Productivity

Burnout lowers levels of motivation and efficiency. Emotional exhaustion among nurses may cause difficulties in the accomplishment of their duties effectively, thus negatively affecting the levels of productivity achieved.

Negative Workplace Culture

Burnout may impair the functioning of the team. Stressed nurses might be impatient, distant, and irritable, thus infecting the team at the health facility with conflicts and poor staff morale.

Poor Organizational Reputation

Hospitals where the staff turnover rate is high and the employees are burnt out may have poor reputations among their healthcare staff categories. Eventually, the hospital's reputation may affect the recruitment process for new nurse staff members since fewer individuals will be interested in the hospital's services.

Effects of Nurse Burnout on an Institution

- Costly Turnover: High recruitment, training, and retention expenses
- Low Staff Morale: Creates tension and weakens team cohesion
- Reduced Productivity: Decreased efficiency and quality of service
- Negative Work Culture: Increased absenteeism and disengagement

The consequences of burnout among nurses affect patient care practice directly. Fatigue and stress affect the nurse's ability to make decisions and concentrate, thus contributing to the risk of medication errors, hospital-acquired infections, and late reaction times among other consequences. Burnout results in depersonalization among nurses, where the emotional detachment from the patient leads to a lack of empathy and thus loss of patient confidence and trust.

A direct relationship between patient death and burnout has been discovered through research. With nurses leaving their profession, the remaining staff are subject to an increased workload, contributing to an intensified level of fatigue and error rate, which may be a result of burnout influencing the lack of proper discharge information and patient education (Kelly et al., 2021). Such effects demonstrate how nurse welfare is interlinked with patient care outcomes.

How to Prevent Nurse Burnout

- Get enough rest and sleep between shifts

- Build a strong support system with peers or counselors
- Engage in exercise and physical wellness
- Eat balanced, nutritious meals before and during shifts
- Take regular breaks and vacations to recharge
- Practice mindfulness and moral resilience
- Seek ongoing training for stress management and self-care

To avoid burnout, care must be taken at both the personal and the organizational level. To avoid lack of alertness and fatigue, adequate rest and limiting overtime are paramount. Nurses are encouraged to take frequent breaks and utilize their holiday time to the fullest. Managers should work towards providing a well-balanced schedule for the staff members.

Building support networks also goes a long way. Having peer support networks, training sessions, and mentorship programs ensures the nurse gets to share ideas on how to cope with stress. Practicing health lifestyles such as exercising, eating healthy, and remaining vigilant about stress systematically reduces stress among health practitioners. Leaders who embrace the aspect of work–life balance and staff development are trusted and strengthen their teams.

How to Address Nurse Burnout

- Leadership Engagement: Authentic, supportive, and open-door management
- Data Collection: Use surveys to assess stress and identify problem areas
- Team Support: Encourage open communication and peer mentorship
- Organizational Policies: Promote fair schedules and adequate staffing

- Professional Counseling: Offer accessible emotional and psychological support
- Recognition Programs: Acknowledge nurse contributions regularly

Prevention of burnout starts with establishing early intervention for systemic change. Surveys and focus group studies should be an ongoing process for organizations to measure the wellness levels of nurses and identify the at-risk departments within the organization to implement wellness strategies at the department levels.

Opening dialogue about stress and mental health issues encourages candor and overcomes stigma. Teaming and networking support the sharing of pressures of workload and emotional stress. Education and reflection on ethics enhance moral resilience, equipping the nurse to handle problematic ethical situations and building the strength for emotional rebound from a situation.

Tools for Early Detection

- Maslach Burnout Inventory (MBI): Measures emotional exhaustion and depersonalization
- Professional Quality of Life Scale (ProQOL): Assesses compassion satisfaction and fatigue
- Copenhagen Burnout Inventory (CBI): Tracks personal and work-related exhaustion
- Surveys and Feedback Tools: Gather regular staff input on stress and workload
- Observation: Leaders and peers monitor signs of fatigue, irritability, and detachment

Surveys & Questionnaires: Tools such as Maslach Burnout Inventory (MBI), Professional Quality of Life Scale (ProQOL), measure emotional exhaustion, depersonalization, & lack of personal accomplishment. These tools may identify the tendency for early burnout developments within the profession (Obregón et al., 2020).

Employee Check-Ins: Having routine one on one sessions between the employee and the supervisors could be an effective means for the nurses to convey their concerns.

Peer Observation: Peers may be the first to notice changes in behavior compared to supervisors. Employee observation of coworkers encourages a caring culture where interventions could be made.

Absenteeism and Performance: Tracking: Frequent absence from work, lateness, and errors could be possible symptoms of burning out.

Feedback Systems: Anonymous feedback systems are employed to provide the concerns of the nurses without fear. Feedback from the staff can be used to improve the work environment.

Summary Points for Staff Handout

- Burnout is common but preventable with early awareness
- Look for warning signs in yourself and coworkers
- Promote a healthy work-life balance and peer support
- Leadership must model positive wellness behaviors
- Report distress early to avoid severe burnout
- A supportive environment protects nurse well-being and patient safety
- Prevention requires teamwork, empathy, and open communication

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Appendix C

Participant Handouts

Student Name: Geraldine Akonwah

Course: NURS 8512 DNP Project and Practicum

Term: Fall 2025

Project Title Does a staff education program on early recognition of staff burnout in nurses working in long-term care increase their knowledge?"

Early Recognition of Burnout in Long-Term Care Nurses

Project Title: Does a Staff Education Program on Early Recognition of Staff Burnout in Nurses Working in Long-Term Care Increase Their Knowledge?

Burnout among nurses at long-term care (LTC) facilities has become a significant factor in lowered job satisfaction, turnover intention, absenteeism, and patient safety. Due to the frequent chronic understaffing, excessive physical workload, and emotional stress, the nurses might experience cumulative and unnoticed burnout indicators (Prasad et al., 2021). Early identification is very crucial since it facilitates self-care, organizational, and peer intervention in time. The knowledge of burnout signs and their consequences will enable nurses to maintain their health and deliver safe and caring care to the elderly population.

The handout will facilitate the current learning lesson by overseeing the key information, securing the concept memorization, and getting you ready for the pre-and post-knowledge assessment. The information will reflect the education slides and will

contain real-world methods to detect, prevent, as well as control burnout in LTC settings. It is recommended that you look over this handout prior to, during, and after the session since assessment builds awareness and contributes to resilience.

What Is Burnout?

Burnout is a conceptualized syndrome that is attributed to the chronic stress in the workplace that has failed to be effectively coped with. It is described to have three dimensions:

- Emotional Fatigue: Constant fatigue, frustrations, or energy drainage due to constant stress and insufficient time to rest.
- Depersonalization: Lack of feeling or disaffection regarding residents, families, or colleagues; numbness or cynicism.
- Decreased Personal Accomplishment: Minimizing feelings of competence, performance, or worth in one's work (World Health Organization , 2020).

This definition corresponds to the widely used Maslach Burnout Inventory (MBI), that was been proven in clinical contexts and discussed in the current lesson.

LTC nurses stand particularly at a high risk because they face excessive workloads, the complexity of patients, short staffing, and the emotional requirements of providing support to the aging population. Burnout is endangering the emotional well-being of nurses, and it also has a direct impact on the quality of care and thus, it must be identified early.

The importance of Early Recognition.

Burnout can also have its first signs, which are mild and can be managed before they become serious. Early recognition helps:

- Be emotionally healthy.
- Enhance employment job satisfaction and dedication.
- Reduce turnover
- Promote safer patient care
- Enhance group interaction and spirit.
- Encourage a psychological safety culture.

Burnout can cause anxiety, depression, conflict at work, low productivity, absenteeism, or departure from the profession without early intervention. Turnover exacerbates staffing shortages in LTC facilities, causes more care to the remaining nurses, and breaks continuity between resident care (Kelly et al., 2021). Early identification of burnout helps in staff and patient protection.

Burnout symptoms and signs at an early stage.

Burnout may be emotional, physical, behavioral, and even professional. The awareness of the symptoms enables one to introspect and seek assistance on time.

Emotional Signs

- Irritability
- Mood swings
- Emotional withdrawal
- Low motivation
- Feeling overwhelmed
- Increased detachment from patients and peers

Physical Signs

- Headaches

- Insomnia
- Fatigue
- Gastrointestinal discomfort
- Frequent illness due to lowered immunity

Behavioral Signs

- Avoiding tasks or emotional interactions
- Decline in performance
- Decreased empathy
- Increased sick days
- Social isolation

Professional Signs

- Reduced sense of accomplishment
- Increased errors
- Difficulty concentrating
- Negative attitude toward workplace culture (Khammissa et al., 2022).

Risk Factors in Long-Term Care

In LTC facilities, nurses are subjected to these high-risk drivers:

- Low staffing
- High staff ratios
- Exempt patients (special populations, pediatrics)
- Physically repetitive workload
- Aging and end-of-life caregiving impacts emotionally
- Limited mental health resources

- Shifts involving rotation or long hours
- Limited autonomy or decision-making

Effects of Overlooking Burnout

If left unrecognized or untreated, burnout can result in:

- Increased absenteeism
- Higher turnover
- Poor teamwork
- Lower patient satisfaction
- Safety concerns—higher medication or care-coordination errors
- Depressive symptoms
- Disengagement from patient care
- Professional dissatisfaction

How Burnout Is Evaluated

One common assessment technique used to measure burnout in people is the Maslach Burnout Inventory (MBI). MBI is designed to measure various dimensions like "emotional exhaustion, depersonalization,

Other validated scales include:

- Copenhagen Burnout Inventory
- ProQOL scale (Professional Quality of Life Index)

These methods allow for informed analysis, but usually, self-analytic discovery marks the early phase.

Strategies for Protection

Preventing burnout requires both individual and organizational efforts.

Self-Care Strategies

- Mindfulness & Meditation
- Relax
- Adequate Sleep & Rest
- Physical exercise
- Healthy diet
- Maintaining good social contacts
- Journaling or Reflective Practice
- Establishing healthy boundaries

Increased self-awareness, self-regulation, or stress reduction are benefits derived from mindfulness. Encourage small mindfulness breaks or grounding exercises around shifts to stem the escalation of stress.

Resilience Building

Resilience refers to recovering from stress without long-term harm.

Strategies include:

- Positive reframing
- Accepting limitations
- Seeking mentorship
- Celebrating small wins
- Maintaining a healthy perspective
- Spiritual wellness or reflective practice

Peer & Team Support

- Maintain strong relationships between staff to boost emotional well-being and resilience.
- Conduct team debriefings to help nurses process difficult events effectively.
- Hold open conversations about stress to encourage honesty and shared support (Browne & Tie, 2024).
- Use buddy system check-ins to promote accountability and consistent mutual care.
- Engage in peer mentoring to strengthen confidence, skills, and workplace collaboration.

Organizational Interventions

- Involving leadership in supporting nurses to enable effective burnout response.
- Obtaining an effective staffing ratio to avoid workload burden.
- Flexibility in terms of working schedules to accommodate a good work-life balance.
- Employee value or worth recognition through implementation of value- or reward-related schemes.
- Encouraging well-being campaigns to create a healthy environment in the workplace.
- Accessibility to counseling services provided by Employee Assistance Programs.
- Professional development to enhance competence, confidence, and job satisfaction.

- Establishing resilience and mentoring activities to improve resilience skills and interpersonal relationships

Seeking Help

Burnout is a response to prolonged workplace stress.

Appropriate help is necessary to regain emotional well-being.

Resources:

- Employee Assistance Program (EAP)
- Mental-health professionals
- Peer support groups
- Pastoral/spiritual services
- Counseling or therapy
- Staff educator, manager

Online Resources

1. **American Nurses Association – Healthy Nurse, Healthy Nation**
(<https://www.healthy.nursingworld.org>)
2. **National Alliance on Mental Illness (NAMI)** (<https://www.nami.org>)
3. **988 Suicide & Crisis Lifeline** (<https://988lifeline.org>)
4. **Mental Health America** (<https://mhanational.org>)

Your Action Toolkit

Try using the following daily checklist:

- ✓ Identify emotional and physical signs
- ✓ Take microbreaks throughout your shift
- ✓ Positive reframing instead of negative self-talk

- ✓ Express needs and wants to leadership
- ✓ Participate in peer discussion
- ✓ Get involved in wellness programs
- ✓ Utilize EAP as needed

Summary Points

- Burnout is a chronic occupational condition characterized by emotional exhaustion, depersonalization, and a reduced sense of accomplishment.
- Early identification promotes nurse well-being and patient safety.
- Long-term care environments develop a higher risk for burnout due to workload and emotional demand.
- The Maslach Burnout Inventory is an evidence-based tool used for measurement.
- EAP programs are a reliable support when symptoms show up.

How today's learning is useful to you:

This session strengthens:

- Self-awareness
- Awareness of early signs of burnout
- Awareness of prevention strategies
- Awareness of resource accessibility
- Your voice in creating an inclusive workplace

Reflection Questions

1. Have you noticed personal early warning signs?
2. Which coping strategies will you implement this week?
3. What workplace change do you think would benefit overall wellness?

References

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