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Early Identification and Interventions to Mitigate Burnout in Mental Healthcare Nurses-A Quality Improvement Project.

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Abstract

Burnout is common in mental healthcare nurses because of work-related stress, and thus constitutes major health concerns. Mental health nursing is demanding as well as stressful, which could impact the work performances, and the well-being of the nurses working in mental healthcare settings, thus rendering mental healthcare nurses susceptible to burnout. When mental healthcare nurses deal with acutely psychotic or behavioral health patients, nurses need to be focused, and be ready to make prompt and accurate decisions that will guide the nurses to provide timely, effective, efficient, and cost-effective care for the patients. However, literatures indicate that mental healthcare nurses have limited knowledge on the awareness of the burnout and other work-related stressors. This quality improvement project aims to assess the impact of early identification of the manifestations of burnout in mental healthcare nurses, after a 3-week educational intervention and wellness program to mitigate burnout and work overload. The educational and the wellness program will help nurses improve positive work engagement, enhance job satisfaction, productivity, staff retention, reduce medical errors, promote effective, efficient, and timely health care services to the patients, with subsequent optimal health outcomes. This project is a cross-sectional design that utilized pretest posttest surveys online. Participants were providers recruited via secured email from a hospital in Miami, Florida. Data was collected through pretest and posttest via SurveyMonkey. The pretest and posttest surveys were the same and addressed the PICO questions for the project. Twenty-five participants completed the Pretest, but twenty-three participants completed the Posttest after the educational intervention and Wellness training program. Data collected was analyzed via descriptive statistics and a paired t- test.

Keywords: Job burnout, mental healthcare nurses, educational intervention, wellness programs, organizational support, mental healthcare setting.

Introduction

Burnout is a syndrome defined by emotional exhaustion leading to depersonalization and decreased work productivity, because of the demands and stress experienced by nurses at work (Karimyar & Hojat, 2014). According to Cañadas-De la Fuente et al. (2015) the highest rates of burnout among healthcare providers, are reported to be amongst professional nurses. Nurses are normally the frontline healthcare providers and are responsible for monitoring and responding to urgent needs of their patients as well as family members (Karimyar & Hojat, 2014). However, mental healthcare nurses encounter various challenges due to intense involvement and interactions with their patients who are suicidal, acutely disturbed patients, patients with a history of violence in an unpredictable environment (Cañadas-De la Fuente et al., 2015).

Additionally, contributing to burnout, is the fact that majority of the healthcare facilities still operate the long shift hours, in which the nurses have to deal with the turmoil of rapidly unstable health care environments for long hours during a single shift, including managing critically ill patients, along with increase in the nurse-patient ratios, and increase demands from patients, their families, and the employers, as well as inability to complete assigned tasks within the stipulated shift due to administrative paperwork, and coping with other challenges at the work places in order to maintain professional standards of care, all of which contribute to the high burnout rates among professional mental healthcare nurses (Karimyar & Hojat, 2014).

Cañadas-De la Fuente et al. (2015) reveal that burnout has advert effects on mental healthcare nurses and burnout is still a major contributor to increased sick off days, nurse turnover, and decreased patient satisfaction. Furthermore, each of these consequences impacts

the function of the healthcare team, the overall quality of care provided, and quality of health care delivery of the organization (Manomenidis et al., 2017).

Problem Statement.

Studies have shown that burnout is common amongst healthcare providers, including the mental healthcare providers, thus the impact of burnout on healthcare providers should not be overlooked. Burnout has been a problem in terms of its prevalence in mental healthcare providers, and its impacts on the nursing staff, the organization, the patients, as well as the overall cost-effectiveness on the healthcare delivery systems (Morse et al., 2012). The causes of burnout are mostly preventable. Hence, early identification and interventions will mitigate the impact of burnout on the mental healthcare nurses, and healthcare providers in general, with subsequent optimal patients' health outcomes.

Identification of Burnout

The symptoms of burnout are complex as burnout develops through successive stages. As De Hert (2020) poses, that a 5-stage model can be used in the early identification of the development and measurement of work-related stress. The initial stage is the honeymoon phase, which is characterized by excitement. During initial stage, the development of positive coping skills is needed to combat any form of stress that arises, otherwise, the process of burnout starts. Next, is the stage characterized by the onset of stress. This second stage starts with the perception that some days are more challenging than others. During this stage, in the process of dealing with challenges encountered, life is usually centered around work and daily activities, while neglecting the family, personal as well as social life, thus invariably increasing the effects of stress (De Hert, 2020). Thirdly, is a stage of development of chronic stress, and subsequent

frustration ensures. This third stage is characterized by a sense of incompetence, inadequacy, failure, and powerlessness (De Hert, 2020). The fourth stage is that of apathy, which is marked by disappointment and disenchantment (De Hert, 2020). The final stage is habitual burnout. The symptoms during this stage cause significant distress with the need for one to promptly seek for help and interventions (De Hert, 2020). The symptoms of the early phase of burnout are increased devotion, and then exhaustion. This early phase is followed by decreased devotion (towards work, patients, and others), not accepting responsibilities, and holding other people responsible for their actions, while the final stage can lead to cognitive dysfunction, mood disorders and despair (De Hert, 2020).

Scope of the Problem

Burnout has potential challenges on mental health nurses, and burnout could negatively impact the health of mental health nurses (McTiernan & McDonald, 2015); leading to alcohol abuse, dysfunction of the immune as well as the musculoskeletal systems, mood disorders, insomnia (Konstantinou et al., 2018), abuse of illicit drugs (Ghavidel et al., 2019), presentation with somatic symptoms, and abnormal weight changes (El-Azzab, Abdel-Aziz & Alam, 2019). Burnout could also lead to increased absent sick days (Ghavidel et al. 2019; Konstantinou et al., 2018), job discontentment (Alenezi et al., 2019), increased turnover, poor work productivity (Alenezi et al. 2019; Ghavidel et al. 2019; Konstantinou et al., 2018) and heightened health care spending (Ghavidel et al., 2019).

Burnout is also associated with withdrawal of nurses from performing assigned duties to their patients, which leads to inability to provide therapeutic interventions to the mental health patients. Burnout in mental health nurses can subsequently lead to minimal time being spent with

their patients, resulting to poor quality of care, and decreased mental health outcomes (Alenezi et al., 2019; Ghavidel et al., 2019; Looff et al., 2018).

Karimyar & Hojat (2014) report that staff nurse burnout is also linked with significant financial burden. Workplace stress has been documented as the main cause of burnout. A nurse turnover rate of more than 14% within the first 5 years of employment is attributed to burnout (Collini, Guidroz & Perez, 2015). The high turnover rates of nurses' lead to inadequate job staffing, and continuous hiring of new nurses who are not familiar with the patients in the facility, and thus initially posing potential risk to the patients (Collini, Guidroz & Perez, 2015).

The Consequences of the Problem

Consequences of burnout are increased job discontentment, high sick off days, and increased turnover of nursing staff. The consequences of burnout affect the nurse's personal life such as feeling despondent, apprehensive, depression, detachment, illicit drug use, alcohol abuse, and problems with interpersonal relationships (De Hert, 2020). Burnout is associated with suboptimal patient care, leading to higher patient dissatisfaction. Burnout can lead to medical errors, with potential legal implications, and the staff as well as the health care facility will pay a high cost as the consequence (De Hert, 2020). Burnout in the nursing profession leads to a financial strain on the healthcare system. The American Organization of Nurse Executives notes that the conservative expense to recruit, hire, and train one nurse is approximately $50,000 (American Federation of State, County, and Municipal Employees, 2018). With a national nurse turnover rate of approximately 15%, this cost equates to roughly $9.75 billion per year spent on hiring nurses across the nation (American Federation of State, County, and Municipal Employees, 2018).

Burnout affects a healthcare provider's wellbeing as well as the quality of care rendered, and overall, burnout negatively impacts the health care delivery systems (De Hert, 2020). Thus, the impact of burnout on mental healthcare nurses, the patients, and delivery of health care of the organization can be mitigated by reducing long shift hours, implementing break time policies, providers' self-care, wellness, and time-out, for example, going on vacation as deem necessary before the initial phase of burnout sets in.

Knowledge Gaps

Several studies have reported an exponential growth of providers' burnout amongst mental healthcare nurses, and this has led to further interest in this study. However, few studies have assessed the importance of staff breaks, long shift hours, healthcare providers' well-being on the impact of patients' outcomes. Thus, the author will address the knowledge gap of the importance of staff breaks, long shift hours, and wellness and self-care, on nurses' burnout, the quality of health care delivered, and patients' outcomes. Patients' outcomes can include objective measures such as the proportion of diagnosed patients that receive treatment and subjective assessments include provider perceptions of patient well-being (Rathert, Williams, & Linhart, 2018; Tawfik et al., 2019). Studies of subjective measures find that provider burnout leads to worse patient satisfaction (Argentero et al., 2008), worse self-perceived work performance (Bakker et al., 2014) and provider-reported suboptimal patient care (Williams et al., 2007).

The Literature Review

Search Strategies

The groundwork of the literature search began with use of the keywords associated with the PICO questions for the research topic, "Amongst the mental healthcare nurses (P) will early

identification and interventions (I), Pretest and Posttest (C), mitigate burnout in (O), within a 6-week interventional program (T)?" The following search engines as well as research databases were used to conduct the literature review: CINAHL, Cochrane, MEDLINE, and PubMed. Search strategies using Boolean operator, keywords, phrases, and abbreviations were used to scrutinize the databanks. The research articles were limited to journals published between January 1998 and December 2023. The initial search in CINHAL database retrieved 253 articles.

The number of articles decreased to 17 articles using Booleans and truncation. The search strategies continued using the following words: burnout in mental healthcare nurses, mental health of staff, long shift work hours, well-being of nurses, wellness, patients' outcomes, healthcare providers' stress, and impact on the organizational and the health care delivery systems on patients' outcomes. In PubMed, the initial search strategies generated 24 articles, using key words such as, burnout among healthcare nurses, interventions, mental breakdown, job satisfaction, shortages, and patient outcomes. A total of 11 articles was chosen, and five will be fully scrutinized. When the fully securitized journals are chosen, the remaining journals as well as other scholarly peered viewed articles will be used as additional evidence for the project.

Inclusion Criteria

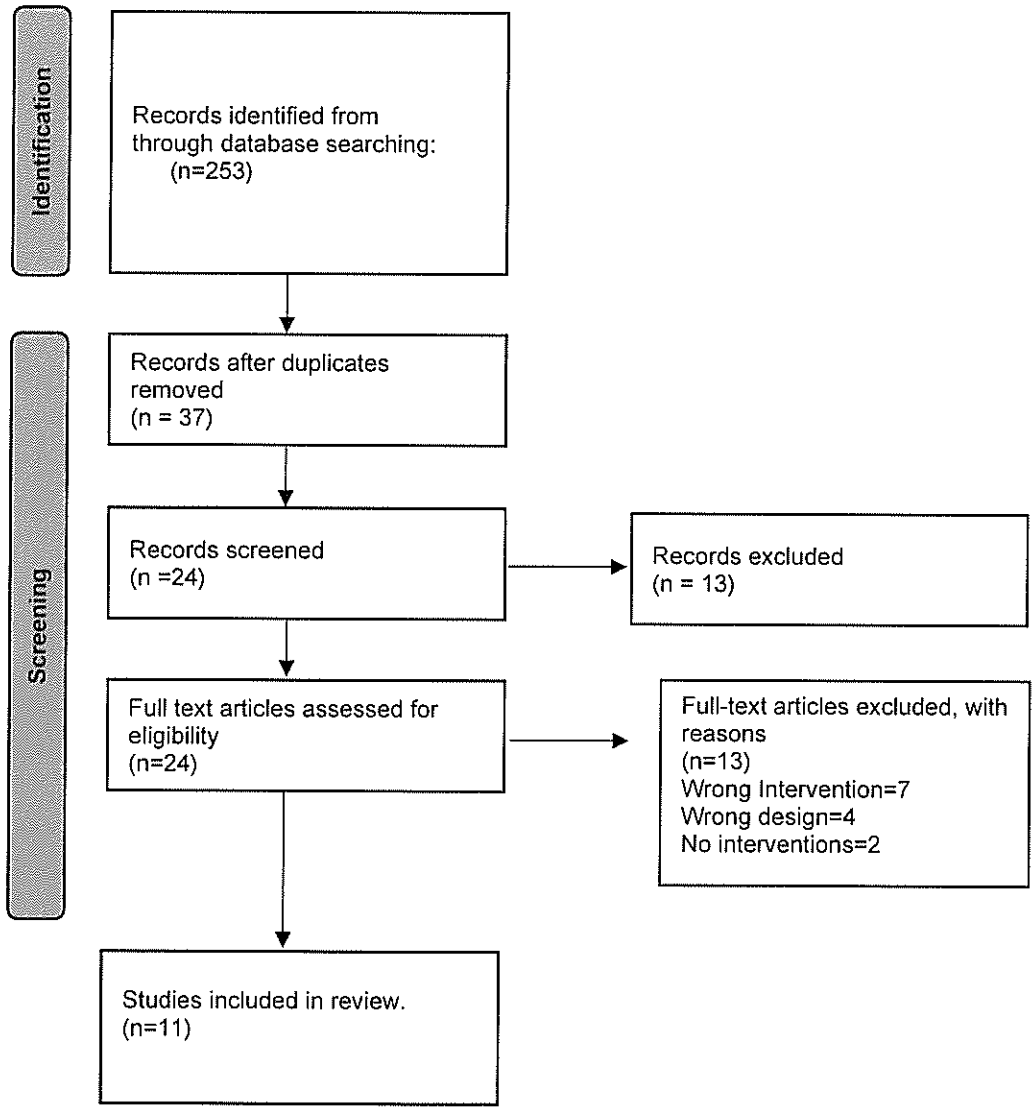
Literature was included in this review if it was available in full text in the domains used for the search, written in English language, published between January 1998 and December 2023, and was relevant to the topic of the research study. Research articles included in this review were primary research studies, systematic review, and meta-analysis. Also, healthcare professional nurses over 18 years old who work in mental health care setting in Miami, Florida were the audience for this study. Only healthcare providers who are RN and APRN were allowed

to participate in the research study. Solicitation to participate was sent via email. The purpose and an overview of the project was provided to potential participants in the email. Subsequently, potential participants who accepted the online invitation joined in the project, and the participants voluntarily completed the researcher-developed online survey using SurveyMonkey.

Exclusion Criteria

Literature was excluded if it did not have full text, was not written in English language, and was published before January 1998. Also, participants less than 18 years were excluded, and participants not relevant to the objectives of the study were excluded from the project.

Figure 1: PRISMA Flow Diagram



Literature Review

Problem of Burnout and its Remediation

Generally, staff burnout is increasingly viewed as a health concern in the nursing industry, most especially with mental health nurses, locally, nationally, and globally (Morse et al., 2012). The impact of burnout on the mental health nurses can be viewed from the standpoints of its prevalence as well as its association with various objectionable outcomes for the staff, organizations, and consumers. Burnout can lead to emotional exhaustion, depersonalization, and reduced personal accomplishment in the healthcare providers (Stalker and Harvey 2002). Emotional exhaustion implies the feelings of being depleted, overextended, and fatigued, while Depersonalization relates to negative and cynical attitudes towards the clients or work in general (Stalker and Harvey 2002). A reduced sense of personal accomplishment involves negative self-evaluation of one's work with clients or overall job performance (Stalker and Harvey 2002).

Also, studies have shown that burnout is associated with other mental health conditions, such as insomnia, anxiety and depression, however research also supports that burnout is a construct distinct from other causes of mental disorders (Awa et al. 2010; Maslach et al., 2001). Additionally, burnout in mental health care nurses can result in less empathy, as well as negative staff attitudes towards their patients, by rejecting and distancing themselves from their patients, decreased performance levels, diminished patient-nurse collaborative relationship, lack of attention, as well as communication gap created by nurses with their patients and patients' families, and subsequent poor patient satisfaction.

There are various interventional programs available to mitigate burnout in mental healthcare providers, including nurses that work in a mental healthcare setting. In a study, a staff

needs assessment and program development committee were embarked upon to identify awareness of burnout by the staff, as well as the training needs, and the training process was then evaluated by behavioral rehabilitation team for the outcomes. After 8 months of meetings and trainings, the program reduced emotional exhaustion at the post-test among "direct care staff", but not for "clinical staff" working in psychiatric rehabilitation programs (Morse et al., 2012).

According to Morse et al. (2012) stipulate the use of cognitive behavioral interventions such as; cognitive restructuring as well as relaxation training for individual staff. Supervisors were also trained in communication and social skills. The study subsequently reported reduced burnout and absenteeism.

Ewers et al. (2002) also provided psychosocial interventional training to improve nurses' coping skills and attitudes, and found significant reductions in all three components of burnout at posttest for inpatient forensic psychiatric nurses. Their training program included, awareness of burnout in mental healthcare nurses, educational information about severe mental health disorders and intervention strategies (e.g., coping skills, relaxation techniques, Yoga, meditations, healthy eating, adequate sleep, exercise, and having strong support systems from work, families, as well as friends). This intervention is a training program that helps healthcare professionals use an emphatic framework model to address their patients' problems. Thus, the nurses' perceptions of their self-efficacy may increase, and they may begin to see their jobs more rewarding and less stressful (Ewers et al., 2002).

A Study of assertiveness training to mental health staff in Italy was conducted, in which direct care staff were provided with additional cognitive restructuring training for managing emotions while working with clients with severe mental illness. Furthermore, the managers also

received training on task planning, leadership styles, and supporting staff. This study reported decreased depersonalization at post-test and 18 months after baseline (Scarnera et al., 2009).

The organizational and environmental factors are predecessors to individual burnout; hence they should be the appropriate subjects for intervention. Various variables have been linked to burnout, such as; excessive workload, time pressure to complete assigned tasks, role conflict, role ambiguity, an absence of job resources, limited job feedback, limited participation in decision-making in matters affecting the employee, a lack of autonomy, unfairness or inequity in the workplace, and insufficient rewards (Maslach et al. 2001; Paris and Hoge 2010; Van Dierendonck et al. 2001). Thus, organizational, and environmental factors tend to be the primary and more potent predictors of burnout than individual characteristics (Maslach et al. 2001; Paris and Hoge 2010; Van Dierendonck et al. 2001). Thus, the changes in organizational practices that may help mitigate or prevent burnout, include increase in social support for employees, especially by teaching communication and social skills to supervisors, who can interact with employees and get employees involve in decision-making capacities, thus reducing role ambiguity and conflicts for employees, providing regular supervision, including peer supervision and decreasing workloads and promoting self-care as a value within the organizational culture (Stalker and Harvey 2002).

Identifying sources and effects of burnout

The sources of work-related problems for mental health nurses that contribute towards their experiences of carer fatigue and burnout were: employment insecurity and casualization of the workforce; issues with management and the system; difficulties with the nature of the work; inadequate resources and services; working relationships of nurses with doctors; aggressive and

mental health consumers; undervaluing consumers and nurses; physical and emotional constraints of the work setting; and nurse–nurse relationships and horizontal violence (Taylor & Barling, 2004).

Moral Distress and Nurse Burnout

Moral Distress is a common experience among nurses and if it is not recognized and treated, it may lead to serious consequences on nurses' health and quality of care. Moral distress can lead to compromises in the value of nurses as moral agents, because they feel unable to take actions according to their conscience and ethical principles, although they are able to identify ethically appropriate behaviors. Moral distress is a feeling of psychological suffering, typical of healthcare professionals who are aware of the morally appropriate action for a certain situation, but cannot perform it. This can be due to institutional constraints, such as lack of time or support, the excessive use of physicians' power or institutional policies and legal restrictions or to personal constraints. The causes of moral distress might be organizational and psychological, for example imbalanced power distribution, lack of communication in the multidisciplinary team, insufficient education of the professionals, nurses having to work with inappropriate security standards or under pressure to minimize costs, lack of assertiveness or autonomy, and pressure to follow others.

Management of Burnout

Project Proposal Recommendations

- Administration's review of the scheduling practices for the staff to accomplish assigned tasks within the shift

- Administration's review of the scheduling practices of working hours
- Implementation of break time policies
- Quarterly staff wellness week
- Quarterly staff meetings with organization administrators
- Supportive systems
- Time-off on early identification of burnout symptoms
- Observe yearly vacation times
- Adequate staffing to prevent work overload.
- Provision of resources for workflow and safety
- Promote open communication to allow for teamwork and growth.
- Rotate nursing staff to work in other units for professional development.
- Leadership and Organizational management team should support, supervise, appreciate, and value nursing staff to prevent burnout.
- Managers and Supervisors training to improve communication skills and teamwork.
- Provision of in-service training programs that deal with stress management and resilience to acquire the necessary skills to cope with work stress
- Provide regular in-service training to staff nurses to update their knowledge to be competent health care providers.
- Wellness, self-care, healthy eating, adequate sleep, exercise, mindfulness, Yoga, and meditation.

Managers and Supervisors training to improve communication skills and team work

Managers and Supervisors can play a big role to reduce and prevent burnout. Public health workers experiencing burnout often feel exhausted and cynical. Working in a distressing environment can strain a person's physical, emotional, and psychological well-being. Nurses with burnout are more likely to experience mental health conditions like anxiety and depression. Burnout can also influence employee retention. Mental healthcare nurses, and nurses in general experiencing burnout may be less engaged at work and choose to leave their job or public health together. Thus, improving workplace policies and practices is the best way to address burnout. While individual-level solutions like self-care and resilience training may help, making organizational changes are also necessary. Therefore, it is important that managers and supervisors learn strategies to prioritize employee health and well-being and prevent burnout.

Implementation of break time policies

Studies have shown that due to the level of care needed by patients and the high demands by the patients' families, nurses experience increase burnout and act in a manner that lacks compassion because of emotional detachment (Russell, 2016). Furthermore, nurses reported that they experience emotional exhaustion and depersonalization because of missed, interrupted, shortened, or skipped breaks and launches. This perception can affect the nurse's ability to perform physically and mentally, resulting in negative effects on nurse-patient relationships. Also, nurses are usually exposed to many stressors, such as coping with their patients' complex diseases processes and treatments while providing physical, mental, and emotional support. Because of the complexity of patient and family care, stress is a common symptom related to the responsibilities surrounding hospital-based care of patients (Russell, 2016).

Administration's review of the scheduling practices and work hours for the staff to accomplish assigned tasks within the shift

Studies indicated that long shift hours for hospital nurses are associated with more reports of burnout, job dissatisfaction, dissatisfaction with work schedule flexibility and intention to leave (Dall'Ora et al., 2015). Additionally, longer shift hours appeared to be detrimental to nurses' job satisfaction. Also, working overtime on a shift is associated with poor nurse outcomes independent of the total hours worked on that shift (Dall'Ora et al., 2015). However, nurses may prefer working only three shifts of longer work hours per week, but the long working hours appears to be at the expense of their psychological well-being. Therefore, employers should be aware of the multiple consequences of burnout, including higher risks of medical error, decreased quality of care, reduced well-being, and economic loss through increased absenteeism and higher turnover rates (Dall'Ora et al., 2015).

Leadership and Organizational management team should support, supervise, appreciate, and value nursing staff to prevent burnout.

When individuals believe they are not receiving the results they deserve, such as equal treatment and respect, they develop a perception of being entitled to preferential treatment; that is, psychological entitlement. Employees with psychological entitlement tend to have inflated self-perceptions; they focus on getting and neglect giving and are more likely to see assigned tasks as an excessive job requirement. Thus, good leadership as well as strong organizational support can resolve the perception by the nurses (Ouyang et al., 2022).

Leadership becomes crucial during major crisis in which one could expect high levels of burnout and decrease in patient quality of care. The Covid-19 pandemic was a major healthcare crisis where healthcare professional and infrastructure had to cope with unprecedented levels of

workload and stressful working conditions. Hence, empirical models for estimating the mitigating role of authentic leadership on nurses' burnout during the pandemic can contribute to the utilization of evidence-based best practices in managing effectively the scarce nursing personnel resources (Dimitrios et al., 2023).

Authentic leadership refers to leaders that know and act upon their true values, beliefs, and strengths, while helping others to do the same. Authentic leadership has been shown to build trust and healthier work environments thus promoting employee engagement, motivation, commitment, and job satisfaction. Trust and identification with the team leader enhances performance by generating positive psychological capacities, emotions and optimism thus resulting in improved quality of care, patient outcome and satisfaction. If authentic leadership is important under normal working conditions, it becomes crucial during major crisis such as the Covid-19 pandemic in which one could expect high levels of burnout, job dissatisfaction and decrease in the level of patient's quality of care (Dimitrios et al., 2023).

Table 1: Summary of Literature Review

Author/Date	Design/sample size/setting	Theoretical Framework/Conceptual Framework	Research Question (s)/Hypotheses	Methodology	Analysis & Results	Conclusions	Implications for Future Research	Implications for practice
Alenezi et al., 2019	Quasi-experimental (pretest/ posttest and follow-up)	Cognitive restructuring model	What are the levels of burnout per se. and in the subscales of emotional	Non-equivalent control group pre-	There was a significant increase in the EE score in the intervention	Mental health nurses would benefit from having opportunity to	future research studies exploring and implementing burnout	Nurses have a responsibility to ensure they are fit for practice and this includes

	Sample size=154 nurses Two mental hospitals in Saudi Arabi		exhaustion, depersonalization , and personal accomplishments , among mental health nurses in Saudi Arabia?	test and post-test design	group compared to the control group(P=0.008 2), but there was no significant difference in scores on the DP and PA subscales between the two groups. The total burnout score was significantly higher for the intervention group compared to the control (P=0.0001	use some of the cognitive restructuring strategies on a regular basis	reduction or prevention pro-grammes in healthcare settings, and perhaps more importantly, develop and evaluate programmes and/or strategies for continued support that could bolster coping mechanisms to alleviated work-related stress	taking care of self to ensure they are in a position to deliver quality care to those in need of their help.
Cañadas-De la Fuente et al. (2015)	Qualitative Sample size= 676 nurses Setting: public health centers in Spain.	Five Factor Theory or the so-called "big five".	(1) To estimate the prevalence of burnout syndrome; (2) to study the association between burnout levels and variables	The sample consisted of 676 nursing professionals from public health centers. Dependent variables were the	The nurses manifested average to high burnout levels. There were statistically significant differences in burnout levels associated with	The prevalence of burnout among nursing professionals is high. Also, personality factors should be considered	More studies are needed to look into the Five Factor Theory and its "big five" personality factors in the managing	The models indicate that four personality traits (neuroticism, agreeableness, extraversion and conscientiousnes s) are significant. The first two are predictors of all

			traditionally considered risk factors for the syndrome; and (3) to define the burnout syndrome risk profile in a sample of nurses.	three Burnout dimensions: emotional exhaustion, depersonalization and personal accomplishment. Independent variables were socio-demographic, organizational, personality-related variables.	the following variables: age, gender, marital status, having children, level of healthcare, type of work shift, healthcare service areas and conducting administrative tasks. Burnout was also associated with personality-related variables.	in any theory of risk profiles for developing burnout syndrome in the nursing profession	burnout in nurses.	the dimensions of burnout, and the others are predictors of two of the dimensions
Collini, Guidroz & Perez, 2015	Qualitative Sample size=185 Setting: Hospital in the US (Rural and Urban).	Mediation model	What is the relationship between respectful interpersonal relationships and turnover rates?	Study participants were employees working within 185 departments across ten hospitals within a large healthcare organisation	Engagement fully mediated the relationship between respect and turnover and the relationship between mission fulfilment and turnover. Diversity climate was not	Turnover in health care poses a significant threat to the mission of creating a healing environment for patients and these results demonstrate	Future research should look to understand how more objective and concrete variables may influence that relationship	The findings demonstrated that to increase engagement, and improve turnover rates in health care, it would be beneficial for organizations, and nurse management to focus on improving

				in the USA. Although a total of 5443 employees work in these departments, employee opinion survey responses were aggregated by department before being linked to turnover rates gathered from company records.	related to turnover.	that workplace respect and connection to the mission affect turnover by decreasing engagement.		mission fulfilment and interpersonal relationships
Dall'Ora et al (2015).	Cross-sectional study/n=31 627 registered nurses/488 hospitals	European Union's Seventh Framework programme	Is there an association between 12-hour shifts or more and nurses' job satisfaction, burnout, and intention to leave?	Cross-sectional survey of 31 627 registered nurses in 21 70 general medical-surgical units in 488 hospitals	Descriptive analysis of registered nurses' burnout, job satisfaction, satisfaction with work schedule	Longer working hours for hospital nurses are associated with adverse outcomes for nurses. Some of these adverse outcomes.	It is particularly important for policymakers and managers to have good evidence on which to base decisions on hospital nurse work hours to ensure that the	Managers and nurses alike to question routine implementation of shifts longer than 8 h, and the use of overtime that is associated with poor nurse outcomes under any shift length,

				across 12 European countries.		such as high burnout, may pose safety risks for patients as well as nurses.	well-being of workers and the quality of care is maintained and nurses are retained in practice.	suggesting that overtime may not be a useful strategy to cope with nursing shortages
De Hert (2020)								
Dimitrios, M., Maria, P., & Kloutsiniotis, P. (2023)	Cross-sectional study	A structural model	Will authentic leadership positively influence structural empowerment Additionally, will authentic leadership provide better work -life balance. more, structural empowerment and better work-life balance ameliorate nurses' burnout thus, improving patients' quality of care.	Burnout was measured using the Maslach Burnout General Survey (MBI-GS) 25. The MBI-GS has sixteen items rated on a 7 -point Likert scale ranging from 0 to 6 (0 =never to 6=daily) and comprises three subscales: Exhaustion, Cynicism, and	Authentic Leadership is hypothesized to have a positive influence on Structural Empowerment and a negative effect on Burnout, while Burnout is expected to have a negative effect on patients' quality of care.	During major crises, leadership through structural empowerment measures and better work -life conditions mitigates nurses' burnout and lead them to high levels of professional efficacy, thus preserving patients -quality of care. Moreover, team leaders		A practical implication of our model is that healthcare organizations should focus on employing and promoting the most qualified people for team leading positions. Ability to model the influence of leadership, through measures on structural empowerment and work -life balance, on nurses' burnout

				Professional efficacy.		in healthcare services should be modest and aware of their tendency to overestimate their leadership abilities.		and patients' quality of care, and to measure the nurses' perception of their leadership, and the opinion of the leaders regarding their role during major crises.
Ewers et al. (2002)	Quasi-experimental design	Empathic Framework Model	Does training in psychosocial interventions reduce burnout rates in forensic nurses?			Reduced burnout, absenteeism, and feelings of being deprived among the interventional group within a one-year study period.	Training helps in raising realistic hope for clients, and in enabling staff to identify positive aspects of their clients.	The nurses' perceptions of their self-efficacy may increase and they may begin to see their jobs more rewarding and less stressful
(Karimyar & Hojat, 2014)	Descriptive cross-sectional study Sample size-212 nurses Setting: Jahrom University of							Burnout syndrome should be reduced by adopting appropriate measures and reducing various stresses. Planning and

	Medical Sciences							preventative actions should take place at three levels of reducing stress. These are treating stress and employing appropriate people or conducting occupational counseling according to personal and workplace conditions (Brooks, 2004).
(Morse et al., 2012).	Quasi-exp (pretest, post-test, follow-up)	Cognitive Restructuring Model	To what extent is burnout a problem for mental health staff and the service delivery system? What can and should be done to address burnout among mental health providers?	Six controlled burnout studies were conducted. One of the studies, after the intervention program, did not show any significant improvement . However, two of the		The creation of innovative strategies of supplementing interventions and providing follow-up boosters. The creation of shared decision-making tool that collects information	Future research should include mental health workers and use larger samples, longitudinal designs, and multivariate models to better examine the relationship between burnout and	Implementation of interventional assertive training which incorporates various cognitive behavioral strategies, have been found beneficial in improving coping skills and, thus reducing burnout.

				studies showed improvement in the mental nurses' burnout, because the supervisors were involved in the interventional training, thus improving to improve their ability to communicate and provide support to staff, in addition to direct care staff receiving cognitive behavioral interventions.		about the consumer's goals, current condition, and care, and reports progress over time for the treating provider and consumer.	associated problems.	Also, the use of multiple intervention strategies, can lead to more positive qualities as relates self-care, work, and better patient health outcomes.

Purpose of the Project

The Primary DNP Project Goals and Outcomes

Burnout constitutes a major healthcare challenge. Burnout is defined as a syndrome of emotional exhaustion leading to depersonalization and reduction in personal accomplishment at work (López-López et al., 2019). Burnout has been found to be associated with job dissatisfaction, low organizational commitment, absenteeism, intention to leave the job, and turnover. Furthermore, there is considerable evidence that burnout has negative impacts on the physical and mental well-being of the individual worker, the welfare and functioning of the team and organization in which they work. Moreover, nurse burnout is associated with lower productivity and impaired quality of care provided to patients. Various factors have been proposed to make healthcare professionals in mental healthcare sector more vulnerable to burnout. These factors include stigma of the profession demanding therapeutic relationships and threats of violence from patients and patient suicide (López-López et al., 2019).

Healthcare personnel, especially nurses, are often affected by burnout (Canadas-De la Fuente et al., 2015), which appears as a response to long-term exposure to work stressors. Burnout affects nurses' physical and mental health provoking headache, insomnia, irritability, impaired concentration, and long-term fatigue (Potteret al., 2010). Thus, burnout also influence nurses' reported quality of care, increases mistakes in the healthcare delivery, decreases patient satisfaction which can affect patients' health outcomes, or increases mortality rates (Poghosyanet al.2010). Burnout in nurses can also increase sick leave and nurses' absenteeism and, in some countries, is considered an occupational disease (Gasparino, 2014; Schaufeliet al. 2009).

The principal objectives of managing burnout in mental health care nurses is to prevent burnout, most importantly in mental healthcare nurses by early identification of the symptoms, and for those nurses who are dealing with burnout, implement strategies to alleviate the

symptoms and maintain good quality of life. Awa & Walter (2010) stipulate that intervention programs for preventing burnout in mental health nurses can either be person-directed (individual/groups), organization-directed or a combination of both. Hence, this project aligns with the objectives and the different modalities of managing and mitigating burnout in mental health nurses, and the study aims at the early identification of the symptoms of burnout, which in turn will improve positive work engagement, enhance job satisfaction, productivity, staff retention, reduce medical errors, promote effective, efficient, and timely healthcare services with optimal health outcomes. The Maslach Burnout Inventory tool was used as the assessment tool. The Maslach Burnout Inventory tool is the most used tool to self-assess the risk of burnout. The Maslach Burnout Inventory (MBI) Tool comprises of the MBI instrument and the Area of Worklife survey (AWS).

In order to determine the risk of burnout, the MBI explores three components: emotional exhaustion, depersonalization, and personal achievements. High levels of burnout scores of at least 21 for emotional exhaustion, depersonalization is at least 18, and personal accomplishment is a score of 28 or below. While this tool may be beneficial, it must not be used as a scientific diagnostic technique, regardless of the results. The objective is simply to make an individual aware of the risk of burnout (Maslach et al., 2001). The Areas of Worklife Survey (AWS) is scored by calculating six scores; one for each subscale. The AWS is a short questionnaire with demonstrated reliability and validity across a variety of occupational settings. It produces a profile of scores that permit users to identify key areas of strength or weakness in their organizational settings.

Project Questions (PICOT)

PICO Clinical Questions

P-Health care professionals (Mental healthcare nurses)

I- Educational and wellness programs

C-Pretest and Posttest

O-Improve burnout in nurses through the implementation of educational as well as wellness programs.

T- Project in progress

Research Question No. 1

Do you feel you experience burnout based on your current work schedule?

Ho: There is no statistically significant relationship between the domains of current work schedule and burnout amongst mental healthcare nurses

Ha: There is a statistically significant relationship between the domains of current work schedule and burnout amongst mental healthcare nurses.

Research Question No. 2

Is lack of implementation of break time policies associated with nurses' burnout in mental healthcare nurses?

Ho: There is no statistically significant relationship between the lack of implementation of break time policies and burnout amongst mental healthcare nurses.

Ha: There is a statistically significant relationship between the lack of implementation of break time policies and burnout in mental healthcare nurses.

Research Question No. 3

Will the implementation of educational and wellness program mitigate burnout in mental healthcare nurses?

Ho: There is no statistically significant relationship between the implementation of educational and wellness program and burnout amongst mental healthcare nurse.

Ha: There is a statistically significant relationship between the implementation of educational and wellness program and burnout amongst mental healthcare nurse.

Definition of Terms

Burnout

Burnout is a syndrome defined by emotional exhaustion leading depersonalization and decreased productivity, resulting from the demands and stress experienced by nurses at work (Karimyar & Hojat, 2014). Since nursing is a helping profession, in which the health care providers, most especially mental health care nurse is exposed to the various factors contributing to nurses' burnout, such as work overload, high mental and physiological pressures, as well as stress from patient with mental health and behavioral issues, in addition to meeting the demanding needs of their patients and families.

Nurse Health

Nurse burnout has been linked to health complaints, and nurses who reported higher levels of burnout also reported ill health effects such as insomnia, headaches, anxiety, depression, and symptoms of other mental distress (Khamisa, Peltzer, & Oldenburg, 2013). Nurse workplace stress is a serious occupational hazard (Jennings, 2008). The nursing role has been perceived as stressful due to the physical labor of the role, the constant exposure to human sufferings, the standard long hour workdays, staffing ratios, interpersonal interactions with patients and families (Jennings, 2007).

According to Bureau of Labor Statistics (2017), there are three million registered nurses in the United States, making nurses the largest group of health professionals in the country. As the largest health care professional group, nurses experience high rates of stress, a key precursor to burnout. Thus, nurse health and wellness are crucial to the proper functioning of the health care delivery system.

Patient Safety

Nurses experience individual physical, mental, and emotional health, and with the presence of burnout, patient satisfaction and safety are also compromised. Burnout in the nursing profession not only adversely affects the physical, mental, and emotional health of the nurse, but it also risks the safety of the patients under nursing care.

When a nurse's physical, mental, and emotional health are affected by burnout, patient satisfaction and safety are also compromised. Nurse burnout can lead to higher frequencies of patient care mistakes under nursing care (Halbesleben et al., 2013).

Wellness

Wellness is defined as "the state or condition of being well or in good health, in contrast to being ill; the absence of sickness; the state of (full or temporary) recovery from illness or injury" (Merriam-Webster, 2019), and professional wellbeing includes concepts specific to the workplace such as burnout or moral distress (National Academies of Sciences Engineering and Medicine, 2019).

Self-care

Weekes (2014) purports that self-care refers to actions that alleviate stressors and improve physical, emotional, and spiritual health. Likewise, Cook-Cottone & Guyker, (2017) claim self-care involves a daily activity of awareness of one's basic physiologic and emotional needs and then acting to fulfill them. Also, positive self-care habits have been shown to target stress, increase job satisfaction, and improve physical health (Manomenidis, 2017).

Emotional exhaustion

Emotional exhaustion implies the feelings of being depleted, overextended, and fatigued.

Depersonalization

Relates to negative and cynical attitudes towards the clients or work in general.

Personal Accomplishment

A reduced sense of personal accomplishment involves negative self-evaluation of one's work with clients or overall job performance.

Identification of Stakeholders/committees

The immersion clinical site for this project is at Hospital, located in Miami, Florida. The institution is a hospital that trains medical residents, while providing a wide range of health care services to the community in an educational environment. The hospital provides general medical and surgical services to the residents of Miami-Dade County area of Florida.

The hospital has an extensive network of acute and chronic care services, with a full range of services such as, inpatient and outpatient services, and partners with home health agencies, skilled nursing facilities, and assisted living facilities in Miami-Dade and Broward Counties. Additionally, the hospital offers more than 40 specialties, including diagnostic radiology, intensive care, arthritis services, an inpatient psychiatric ward, surgery, cardiovascular care, and rehabilitation. The rehabilitation services the hospital include occupational therapy, physical therapy, and speech therapy. The goal of the hospital is to provide access to compassionate care of the highest quality in an educational environment. The hospital also provides academic nursing degrees and certificate programs, where nurses are trained to meet the health care needs of the community. The hospital provides scheduled and urgently needed, culturally competent primary and specialty care services to the residents of Miami-Dade and Broward County residents. The services provided include, orthopedics, neuroscience, mental health, internal medicine, diagnostic imaging, home health services, physician home visits, and surgery.

The practice organization shapes the basis of all primary care settings, it is pivotal to highlight the operational structure of the institution. The stakeholders in the hospital health system comprises of the Chief Executive Officer (CEO), the Vice-President of Care Services and

Chief Nursing Officer, the Program Director for Psychiatry Residency Program, and the Director of the Partial Hospitalization Program, as well as other health care providers including, physician consultants in various medical specialties, registered nurses, pharmacists, pharmacy technicians, medical assistants. Additionally, other employees are the environmental staff, kitchen staff, dietitians, security, and the residents in the community the organization serves. The stakeholders also span at the State and local government levels.

An assessment of the current practice relating to the management of nurses' burnout in this organizational setting, will guide the project leader to fathom the change needed for the project to provide efficient, effective, safe, cost-effective, and quality care with optimal health care outcome. This project aims at early identification and mitigation of burnout in mental health care nurses.

The Immersion Site Current Practice.

The immersion site where the project was conducted currently does not have a standard practice to identify and mitigate burnout in nurses. However, the hospital administration embarks on the implementation of CDC, as well as evidence-based guidelines to alleviate nurses' burnout, and interventions are implemented according to the knowledge and understanding of the guidelines. One of the important policies, is the implementation of break times, even though the nurse's break time could be interrupted by emergency situations, work overload, patient wait times, or completion of a pending task. Therefore, it is crucial for the implementation of uninterrupted break times during a long shift hour, taking one or two short breaks in a very unstable chaotic mental or behavioral health unit could help alleviate burnout, rest the body and mind of the mental health care nurses.

Figure-2: Organizational Chart of immersion clinical site in Miami, Florida.

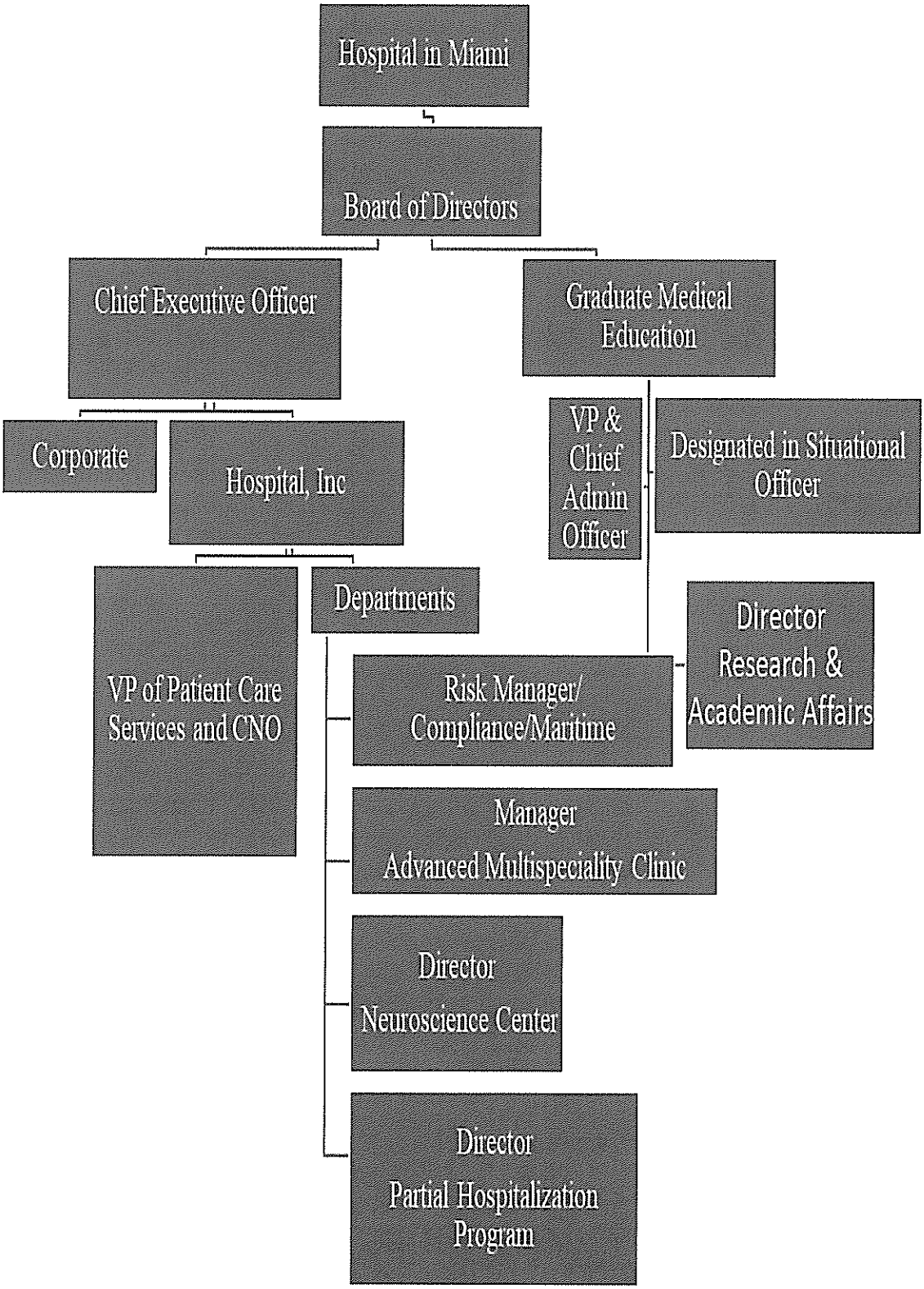
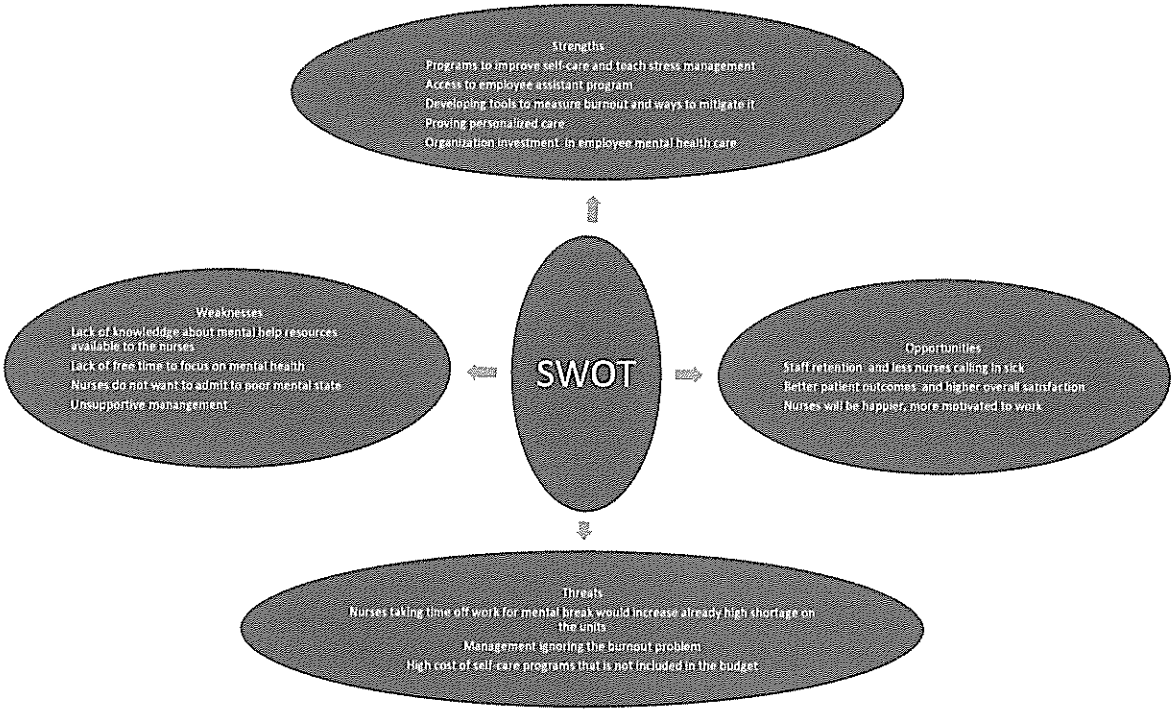


Figure 3: SWOT Analysis



Conceptual Underpinning and Theoretical Framework

Theoretical Framework

Theory, in scientific contest allows understanding of the real meaning based on the observed patterns of behavior or the environment. Furthermore, theory discusses the basic elements or the causes of a concept. Hence, health care professionals including the mental health care nurses need to understand a given theory associated with the concept that can be of interest to them. Therefore, the Bandura's Self Efficacy Theory is the hallmark of this study. The anticipations of an individual's effectiveness go a long way to determine if change can be established through behavioral changes of an individual, when the change will commence, the how much energy and time will be dedicated, and how long can the change be maintained, and how an individual can endure when faced with obstacles and unpleasant experience (Bandura,

1977). The persistence in activities that are subjectively threatening but in fact relatively safe, produces through experiences of mastery, further enhancement of self-efficacy (Bandura, 1977).

The early identification of the symptoms of burnout in nurses and ways to mitigate the impacts of burnout and improve the physical and well-being of mental health nurses is the focus for behavioral change for this project. A strong awareness of efficacy improves individual achievements and personal welfare (Bandura,1994). People who are confident in their aptitude are more likely to stay resilient after facing obstacles (Bandura, 1994). According to Bandura (1994), self-assured people envision high expectations and remain devoted to them. They increase and sustain their determinations in case of disappointment and associate defeat with inadequate information and dexterities which they can acquire.

In order to implement Bandura's "expectations of self-efficacy's the author of this study involved the participants in an education interventional and wellness program that address stress management and resilience skills to help improve nurses' burnout. According to Bandura (1994), people's beliefs in their efficacy into four principal foundations: "mastery experience, vicarious experience, verbal or social persuasion, and somatic and emotional states". People tend to be motivated when they acquire the skills needed, when other people have previously succeeded the same experience, when influenced or encouraged by others, and finally their feelings about the experience, which will define their senses of power or weakness.

Conceptual Framework

Burnout in nurses inflicts a heavy load on patients, families and healthcare providers, policymakers, and the organizations (Zhang et al., 2013). Since burnout in mental healthcare nurses persists even after COVID-19 Pandemic, strategies to manage burnout in nurses, its early

identification, and ways to mitigate nurses' burnout are top priorities. Studies have indicated that a self-management program can assist mitigate burnout in mental healthcare nurses. Zhang et al (2013) have identified five domains of burnout in nurses': "symptom management, daily life management, emotion management, information management, self-efficacy".

Thus, this project aims to improve quality of life in mental health care nurses and other health care providers in general. Since self-efficacy can empower nurses to take control of their health status, this study will be beneficial to the nurses 'physical and mental wellbeing, the healthcare organizations, quality healthcare delivery, and optimal patient health outcomes.

Methodology

Setting

The author conducted a cross-sectional study with the use of nurses' data from a Hospital in Miami, Florida. The participants were initially contacted via the email, with an introductory message regarding the purpose of the project. The potential participants who were nurses voluntarily responded to an online survey to explore their baseline knowledge on the early identification and mitigation of burnout in professional nurses. The participant nurses were then recruited to voluntarily participate in this quality improvement project with the assistance of the hospital administration.

Sample/Participants

The sample size of participants was twenty-five, and the participants were recruited from a hospital in Miami, Florida. The intervention was centered to address the PICO questions. Twenty-five participants completed a Pretest online survey, attended a 30 minute online

educational intervention and wellness training program, which was be followed by a posttest to access the knowledge of the participants, regarding early identification and the management of burnout in mental healthcare professionals. The materials for the educational intervention and wellness training program were a recorded voice over/video PowerPoint presentation. Participants had access to the intervention once they demonstrated completion of the pretest survey. The educational intervention and wellness training program were online PowerPoint presentation, which took approximately 20-30 minutes to complete, and after completion of the online presentation, participants had access to the Posttest survey.

Project Design

The project was a cross-sectional pretest/posttest study design. In this type of study, participants completed the pretest, an educational intervention, and then the participants were directed to complete the posttest survey/questionnaire. Initially, the pretest was sent to participants via SurveyMonkey link before the educational intervention to gather the baseline data set. An educational intervention and wellness training program in the form of an online PowerPoint presentation was administered to the participants. Then a posttest was administered via SurveyMonkey to identify any changes in knowledge after the intervention. This design study would help measure the effectiveness of the educational intervention and wellness program. The pretest and posttest, as well as the educational intervention and wellness program are created by the researcher. The author administered the intervention and was supervised by the project mentor and clinical faculty.

The MBI-HSS is a 22-item survey that covers 3 areas: emotional exhaustion (MBI-EE, 9 items), depersonalization (MBI-DP, 5 items), and personal accomplishment (MBI-PA, 8 items).

Each question had a 7-point Likert scale response option ranging from 0, "never" to 6, "everyday" which study participants will select from. The scores of the questions in each subscale will be added and can also be considered separately. When using the symptoms of MBI, (Emotional exhaustion and Depersonalization-high values indicate burnout, while Personal accomplishment-low values indicate burnout).

The Areas of Worklife survey encompasses six areas of work environment (workload, control, reward, community, fairness, and values). When scored low, it means the level of burnout is high. Whenever there is a mismatch in any of these areas, the capacity of the employee for energy involvement and effectiveness goes down. This is important because the values correlate with the symptoms of the MBI (Emotional exhaustion and Depersonalization-high values indicate burnout, while Personal accomplishment-low values indicate burnout).

The permission to use the MBI-HSS and AWS was obtained from Mind Garden Incorporation on June 14, 2024. Maslach Burnout Inventory – Human Services Survey for Medical Professionals and Areas of Worklife Survey were included in the electronic survey but will be excluded from the appendix due to copyright.

Reliability and Validity of the Measuring Tools (MBI) for the Project

The Reliability of the MBI-HSS Reliability coefficients were examined during the development of the MBI, as has been reported elsewhere (Maslach & Jackson, 1981). Samples that were not used in the item selections were reported to avoid any improper inflation of the reliability estimates.

Internal Reliability

Using data from early samples that completed the original MBI, the internal reliability using Cronbach's coefficient alpha (Cronbach, 1976), yielded estimates for the MBI-HSS scales as .90 for Emotional Exhaustion, .79 for Depersonalization, and .71 for Personal Accomplishment (Maslach & Jackson, 2016). The standard error of measurement for each scale is estimated as follows: 3.80 for Emotional Exhaustion, 3.16 for Depersonalization, and 3.73 for Personal Accomplishment. Additional evidence concerning reliability of the MBI-HSS comes from dozens of subsequent published studies conducted by other scholars. Across a wide range of samples, reliability coefficients have generally shown adequate internal consistency for each of the three MBI-HSS scales. However, it should be noted that a few studies reported somewhat lower reliabilities for the Depersonalization scale. For example, in a study of 1,849 intensive care nurses, the Cronbach alpha estimates for both Emotional Exhaustion (.79) and Personal Accomplishment (.73) had adequate reliabilities, but Depersonalization had a value (.61) lower than the traditionally recommended cutoff of .70 (Bakker, Le Blanc & Schaufeli, 2005). In a study of 705 Spanish professionals a similar pattern emerged, in which the Cronbach alpha estimates for Personal Accomplishment (.71) and Emotional Exhaustion (.85) both showed good internal reliability, while Depersonalization had a lower Cronbach's alpha of .58 (Gil-Monte, 2005). Similarly, a three-wave study of 258 Dutch nurses found that while Emotional Exhaustion had alpha coefficients ranging from .86 - .90, Depersonalization had coefficients ranging from .62 to .68 (Demerouti, Le Blanc, Bakker, Schaufeli & Hox, 2009).

Test-Retest Reliability.

Data on test-retest reliability of the MBI-HSS have been reported for at least seven samples. For a sample of 53 graduate students in social welfare and administrators in a health

agency, the two test sessions were separated by an interval of two to four weeks. The test-retest reliability coefficients for the scales were the following: .82 for Emotional Exhaustion, .60 for Depersonalization, and .80 for Personal Accomplishment. Although these coefficients range from low to moderately high, all are significant beyond the .001 level. Several other studies found test-retest correlations of .74, .72, and .65, respectively, for an eight-month interval (Lee & Ashforth, 1993); .59, .50, and .63 for a six-month interval (Leiter, 1990); .75, .64, and .62 for a three-month interval (Leiter & Durup, 1996). In more recent research, test stability was examined for a sample of 316 staff nurses with a t-test to assess whether mean scale scores differed significantly between the first and second test administrations conducted one year apart. A significant ($p < .001$) difference in means at the two times was found for the Emotional Exhaustion scale only. Neither the Personal Accomplishment scale nor the Depersonalization scale had significantly different means at the first and second test administration (Grau-Alberola, Gil-Monte, García-Juesas & FigueiredoFerraz, 2010). Finally, a three-wave study of 258 Dutch nurses found coefficients for the scales as follows: .66 - .71 for Emotional Exhaustion, and .55 - .64 for Depersonalization (Demerouti et al., 2009). Overall, longitudinal studies of the MBI-HSS have found a high degree of stability; MBI-HSS scale scores do not vary markedly from a period of one month to a year. This stability is consistent with the MBI's purpose of measuring an enduring state. Validity of the MBI-HSS Convergent validity for the MBI-HSS has been demonstrated in several ways, including correlating scale scores with the observations of others, with job conditions that were hypothesized to be associated with burnout, and by relating burnout to other personal attitudes and reactions, and various longer-term outcomes.

Reliability and Validity of the Measuring Tools (AWS) for the Project

Reliability

The test re-test correlations indicate a strong level of consistency in all AWS scales over time, but leave room for variation over time. The correlations are of a similar size in the .51 to .62 range, confirming that the six AWS scales are equally responsive to their respective qualities of the work setting. Ideally, the test-retest correlations will be very high if nothing changes in employees' fit with their worklife from one assessment to the next but will differ if those relationships change.

Table 2. Test-retest Consistency Over One Year for the AWS Scales

Variable	Test-Rest Correlation
Workload	.62
Control	.54
Reward	.51
Community	.53
Fairness	.59
Values	.56

Validity

Evidence for the validity of the items was provided by examining the correspondence of scores on the AWS measure with written comments provided by participants in a hospital study (Leiter & Maslach, 2003). The overwhelming proportion of comments from the 1,443 participants who commented contained complaints. A qualitative analysis of the comments

assigned comments from individuals to nodes, many of which were relevant to the six AWS scales

Protection of Human Rights

The approval to implement the project was granted by the FIU Institutional Review Board (IRB), as well as the IRB Team at the clinical site after a meticulous review of the IRB protocol. Throughout the implementation of the quality improvement project, the author of the study ensured that research ethics and human subjects' protection were maintained. The researcher additionally obtained the Collaborative Institutional Training Initiative (CITI) ethics accreditation for human subject protection in social and behavioral research. Participation in this study was voluntary, and individuals were free to leave at any time. There were no anticipated problems associated with this study. Data collected was saved on a password protected flash drive, and housed in a closed file folder so that only the researcher had access to the file folder.

Data Collection:

In order to identify the knowledge gaps and areas where mental healthcare nurses may need additional educational intervention for early identification and mitigation of burnout, data were collected and analysis done from the information gathered with the use of pretest and posttest surveys.

Participants were nurses recruited from a community hospital in Miami, with the help of the hospital administrators. Nurses who provide care in a mental healthcare setting participated in this quality improvement project. First, a recruitment email was sent to all participants, and this was followed by the informed consent form for participants who voluntarily wish to partake in this quality improvement project. The nurses who responded to the informed consent, and

voluntarily want to participate were sent the pretest survey to assess their baseline knowledge on how to early identify the symptoms of burnout and ways to mitigate burnout.

The recruitment email was sent to participants via a link in SurveyMonkey. The recruitment letter was followed by the informed consent to potential participants who voluntarily wanted to participate. A Pretest survey was emailed and administered to each participant via SurveyMonkey link in order to establish the baseline knowledge of the participants on how to early identify burnout and ways to mitigate the impact of burnout in mental healthcare nurses. The pretest was followed by the educational intervention and wellness program, and on completion, each participant took the posttest, in order to establish the knowledge gaps, and implement strategic measures to mitigate burnout.

The surveys collected demographic information of age, gender, level of education, roles, years of clinical experience, and perceived knowledge of topic as well. The survey utilized the MBI and AWS tools in this study. The pretest and posttest surveys were both valid and reliable. Validity is measured through the results showing an increase in knowledge after an educational competency. Reliability is measured through consistency of the measurement. To ensure reliability, the pretest and posttest were the same questions to elicit repetitive responses and avoid eliciting different responses.

Results:

The researcher sought to accomplish the following goals: to measure the effectiveness of educational intervention and well training programs to mitigate burnout in mental healthcare nurses utilizing the MBI and AWS tools. The effectiveness of the interventional program will result in the better well-being of the nurses in order to deliver safe and optimal healthcare for the clients they serve.

Participant Demographics

Descriptive data (frequencies and percentages) were computed for demographic variables for the pre- and post-intervention participants. There were 25 participants that completed the pre-survey and 23 participants that completed the post survey (Table 3). The most common level of nursing education was a baccalaureate with 12 (48%) in pre and 11 (47.8%) in post. The majority were females (64% in pre and 65.2% in post) and the most common race reported was White, with 18 (72%) in pre and 17 (73.9%) in post. Years of nursing was most often reported to be between two and five years, with 60% (n = 15) in pre and 52.2% (n = 12) in post.

Table 3

Participant Demographics

	Pre (n = 25)		Post (n = 23)	
Variable	*n*	%	*n*	%
Highest level of nursing education				
Hospital diploma	0	0.0%	1	4.3%
LPN/LVN training program	3	12.0%	3	13.0%
Associate degree program	5	20.0%	3	13.0%
Baccalaureate degree program	12	48.0%	11	47.8%
Graduate degree (master's/doctoral)	5	20.0%	5	21.7%
Gender				
Female	16	64.0%	15	65.2%
Male	9	36.0%	8	34.8%
Age				
18-24	4	16.0%	5	21.7%
25-34	8	32.0%	6	26.1%
35-44	8	32.0%	8	34.8%
45-54	2	8.0%	2	8.7%
55+	3	12.0%	2	8.7%
Race				
American Indian or Alaskan Nature	1	4.0%	1	4.3%
Black or African American	5	20.0%	5	21.7%

Other (please specify in the box below)	1	4.0%	0	0.0%
White	18	72.0%	17	73.9%
Length of time in present job				
0-1 year	6	24.0%	6	26.1%
2-5 years	12	48.0%	9	39.1%
6-10 years	4	16.0%	4	17.4%
10+ years	3	12.0%	4	17.4%
Work Status				
Full-time	21	84.0%	18	78.3%
Part-time	3	12.0%	4	17.4%
Pier-diem	1	4.0%	1	4.3%
Hours Worked per Day				
8 hours	9	36.0%	10	43.5%
Greater than 8 hours, but less than 12 hours	6	24.0%	4	17.4%
12 hours	7	28.0%	7	30.4%
Greater than 12 hours	3	12.0%	2	8.7%
Shift				
Continuous shift	5	20.0%	4	17.4%
Day shift (e.g., 7am-7pm)	7	28.0%	6	26.1%
Evening shift (e.g., 3 pm- 10pm)	1	4.0%	2	8.7%
Night shift (e.g., 7pm-7am)	3	12.0%	2	8.7%
Other (please specify)	2	8.0%	1	4.3%
Rotational shift	7	28.0%	8	34.8%
Overtime Shifts				
Not at all	5	20.0%	4	17.4%
Only occasionally	4	16.0%	4	17.4%
Sometimes	6	24.0%	4	17.4%
Often	3	12.0%	5	21.7%
Most or all the time	7	28.0%	6	26.1%
Current Job Status				
Primary (Main job)	24	96.0%	20	87.0%
Secondary (Locum)	1	4.0%	3	13.0%
Years as a Nurse				
0-1 year	6	24.0%	5	21.7%

2-5 years	15	60.0%	12	52.2%
6-10 years	1	4.0%	3	13.0%
10+ years	3	12.0%	3	13.0%

Discussion of AWS (AWS) Survey Results

Data were exported from Excel into IBM SPSS version 29 for statistical testing. The level of significance was set to 0.05. The Areas of Worklife Survey subscales were created according to the author guidelines. The mean score for each subscale was compared at pre and post intervention using independent samples t-tests. The results are displayed in Table 4. As shown, there was improvement across all areas of work life, with statistically significant improvement for two domains: Community and Fairness.

In assessing the workload subscale, the mean improved from pre ($M = 3.18$, $SD = .44$) to post ($M = 3.23$, $SD = .43$), although it was not statistically significant, $t(46) = -.470$, $p = .641$. For control, the mean improved from pre ($M = 3.08$, $SD = 1.22$) to post ($M = 3.32$, $SD = 1.26$), however, it was not statistically significant, $t(46) = -.656$, $p = .515$. For the reward subscale, the mean improved from pre ($M = 3.60$, $SD = .78$) to post ($M = 3.79$, $SD = .89$), and it was not statistically significant, $t(46) = -.802$, $p = .427$. The Community subscale mean improved from pre ($M = 3.10$, $SD = 1.08$) to post ($M = 3.95$, $SD = 1.12$), and it was statistically significant, $t(46) = -2.67$, $p = .010$. Similarly, the Fairness the mean improved from pre ($M = 3.09$, $SD = .76$) to post ($M = 3.71$, $SD = .88$), and it was also statistically significant, $t(46) = -2.60$, $p = .012$. The final subscale, Values, showed that the mean improved from pre ($M = 3.23$, $SD = 1.31$) to post ($M = 3.57$, $SD = 1.43$), but it was not statistically significant, $t(46) = -.849$, $p = .400$.

Overall, the results of the statistical analysis show evidence that the intervention was successful as reflected in the improvement across all six areas of the AWS survey. The

intervention resulted in statistically significant improvement in community and fairness ratings for the participants, as indicated by p-values of less than .05.

Table 4

Independent-samples t-test Results for AWS Subscales

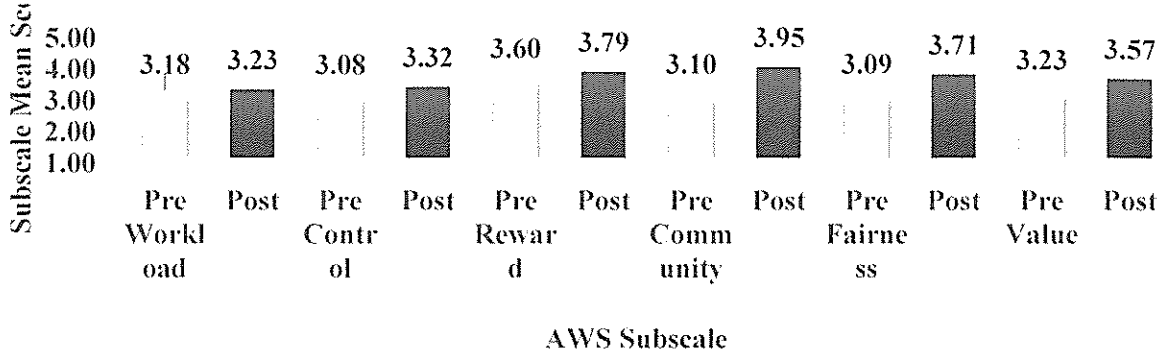
	Pre (n = 25)		Post (n = 23)			
Subscale	*M*	*SD*	*M*	*SD*	*t(46)*	*p*
Workload	3.18	.44	3.23	.43	-.470	.641
Control	3.08	1.22	3.32	1.26	-.656	.515
Reward	3.60	.78	3.79	.89	-.802	.427
Community	3.10	1.08	3.95	1.12	-2.67	.010
Fairness	3.09	.76	3.71	.88	-2.60	.012
Values	3.23	1.31	3.57	1.43	-.849	.400

Note. *M* = mean; *SD* = standard deviation

The AWS subscale mean scores are displayed in Figure 4. All mean scores improved after the intervention, with the largest improvement occurring for community and fairness scales.

Figure 4

Areas of Worklife Survey Mean Subscale Scores at Pre- and Post-Intervention



Discussion of Maslach Burnout Inventory (MBI) Survey Results

Items on the MBI were exported into IBM SPSS version 29 for statistical analysis. A total burnout score was computed for each participant using the mean of the 22-items in the survey. The total burnout score has a possible range from 0 to 6, and coding of items was conducted such that higher scores indicated higher burnout. Thus, lower scores are better and indicate less burnout for participants. The mean scores were compared at pre and post using an independent samples t-test. The results are displayed in Table 5 and showed a statistically significant reduction in total burnout scores from pre ($M = 1.81$, $SD = 1.02$) to post ($M = 1.18$, $SD = .94$), $t\ (46) = 2.22$, $p = .031$. The results support the intervention to reduce burnout, as indicated by a significant reduction in total MBI scores.

Table 5

Independent-samples t-test Results for Maslach Burnout Inventory Total Score

	Pre		Post			
Variable	*M*	*SD*	*M*	*SD*	*t*(46)	*p*
Total MBI Score	1.81	1.02	1.18	.94	2.22	.031

Note. *M* = mean; *SD* = standard deviation; lower scores indicate lower burnout

Limitation and Strength

The project aims to promote the awareness, early identification, and strategies to decrease the frequency of burnout in mental healthcare nurses. This QI project provides data to back-up the interventions selected to reach the project goals. The project strength is its concordance with the findings of previous studies that reveals reduction in burnout in mental healthcare nurses. Another factor that reinforces the strength of the project are the validity of the tools used, such as

The MBI and AWS tools. However, the limitations of the project are; the small sample size of 25 participants, although 20 participants were to participate originally in this study, a sample size of 25 is still small. A sample calculation was not included in the project. For that reason, the results study should be translated with caution. Sample size is crucial for a project reliability since it can modify the outcome in either direction regarding medical decisions (Faber & Fonseca, 2014). Besides, the small sample size, the 6-week timeframe of the project constitutes a debatable factor for the study reliability. The 6-week timeframe was reduced to a 3-week timeframe due to the logistics from data collection. Therefore, it is important to conduct further studies to understand how educational intervention and wellness training program can impact the outcome of the project. Finally, the study was conducted at only 2 sites. Future studies should be conducted in more than 2 locations for better results.

Implications for Advanced Practice Nursing

Burnout in mental healthcare nurses is a public health concern. Although mental healthcare nurses may be aware of burnout, little may be known about the manifestations and ways to reduce burnout. Therefore, nurses should take it upon themselves to make sure they are physically and mentally fit to practice, and this includes taking care of self to ensure they deliver safe and quality care to the clients they serve. Therefore, nurses are encouraged to seek for help, when need be and navigate available resources within their communities. Nurses need to seize such opportunities and fully participate in such programs to enable their needs to be met. When educational interventions and wellness training programs are implemented at different organizations, practice managers and administrators need to ensure that such programs will be meaningful and accessible to their nurses and other healthcare providers.

Additionally, strategic plans should be in place for continuous positive effects of such programs, and how such programs can be sustained through support sessions to manage recurring signs and symptoms of burnout among mental health nurses. Periodic interventions, with consistent support from the organization administrators, may prevent high dropout rates, reduce burnout, and enhance the long-term health outcomes for mental health nurses as well as the clients they serve.

Dissemination and Sustainability

A PowerPoint presentation this educational intervention will be offered to Florida International University (FIU), the faculty, peers, the immersion site where the quality improvement project was conducted, and at clinical and educational conferences. Furthermore, other DNP peers can also have access to this quality improvement project. The results of this project will also be submitted to Florida International University Institutional Repository, and to the Journal for Nurse Practitioners.

The effectiveness and implementation of the educational intervention and wellness programs should be evaluated continuously for sustained high quality care delivery. Mental healthcare nurses can also benefit from continuous education on nurse burnout, and by utilizing evidence-based guidelines along with the Maslach Burnout Inventory too (MBI tool) and the Areas of Worklife Survey (AWS tool) as blueprints to help mitigate burnout.

Conclusion

Burnout in mental health clinical settings is a global problem affecting service delivery, the quality of care provided by the nurses, and the effective functioning of healthcare organizations. Given the global evidence of burnout among mental health nurses, it would seem appropriate that such problems are carefully monitored and interventions introduced that will

enable nurses to be better equipped to deal with the everyday emotional challenges encountered in mental health nursing practice. Furthermore, stakeholders, organization administrators, policymakers should understand the basic problems of burnout; its causes, predictors, and strategies that can be employed to promote emotional and psychological resilience and enhance high quality compassionate care. In this study, the effectiveness of burnout was seen following the educational intervention and wellness training program. Although, significant effects of the intervention were not evident in short term, the results of the burnout prevention programs among mental health nurses must be viewed positively, when the educational interventional and wellness training programs are repetitively administered, which can lead to a significant improvement on all three sub-scales of the MBI and AWS scores in the long term. This offers a unique perspective that may further provide a strong base for future research studies exploring and implementing burnout reduction or prevention programs in healthcare settings, and perhaps more importantly, develop and evaluate programs or strategies for continued support that could bolster coping mechanisms to alleviated work-related stress.

Thus, the implementation of the educational intervention and wellness training program will promote the awareness the of burnout and work related-stressors, which can lead to improvement in the nurses' positive work engagement, enhance job satisfaction, productivity, staff retention, reduce medical errors, promote effective, efficient, timely healthcare services with optimal health outcomes.

Appendix A

FIU | Research & Economic Development

FLORIDA INTERNATIONAL UNIVERSITY

MEMORANDUM

To: Dr. Victor Delgado

CC: Olanrewaju Chavis

From: Carrie Bassols, BA, IRB Coordinator CeB

Date: May 13, 2024

Proposal Title: "Early Identification and Mitigation of Burnout in Mental Healthcare Nurses- A Quality Improvement Project"

The Florida International University Office of Research Integrity has reviewed your research study for the use of human subjects and deemed it Exempt via the **Exempt Review** process.

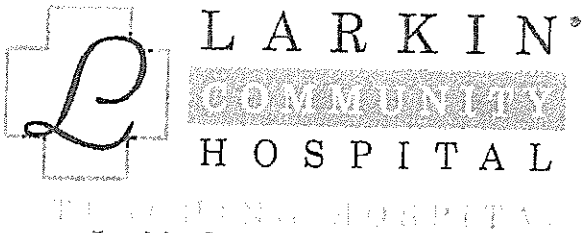
IRB Protocol Exemption #: IRB-24-0243 **IRB Exemption Date:** 05/13/24
TOPAZ Reference #: 114199

As a requirement of IRB Exemption you are required to:

1) Submit an IRB Exempt Amendment Form for all proposed additions or changes in the procedures involving human subjects. All additions and changes must be reviewed and approved prior to implementation.
2) Promptly submit an IRB Exempt Event Report Form for every serious or unusual or unanticipated adverse event, problems with the rights or welfare of the human subjects, and/or deviations from the approved protocol.
1) Submit an IRB Exempt Project Completion Report Form when the study is finished or discontinued.

Special Conditions: N/A

For further information, you may visit the IRB website at http://research.fiu.edu/irb.



Larkin Community Hospital
Outpatient Behavioral Health

Letter of Support

Larkin Community Hospital Health System
7031 SW 62nd Ave South Miami, FL 33143

Victor Delgado, DNP, APRN, AGNP-BC, NP-C
Clinical Associate Professor Nicole Wertheim College of Nursing & Health Sciences Florida University Hospital

Dear Dr. Victor Delgado,

Thank you for inviting Larkin Community Hospital (LCH) to participate in the DNP Project of Olanrewaju Chavis. It is understood that Olanrewaju Chavis will be conducting this quality improvement project as part of the requirements for the Doctor in Nursing Practice program at Florida International University. After reviewing the proposal of the project titled *"Early identification and interventions to mitigate burnout in mental health care nurses: A quality improvement project."* She has been granted permission to conduct the project in this organization.

The project will be implemented at LCH and will occur in two sessions during a four-week timeframe, using pre-and post-test surveys to assess the knowledge, perceptions, and practices of burnout on mental health care nurses. The unit is also aware of staff participation in supporting the student to complete this project, including allowing the student access to the facility, get consent, deliver the pre-test questionnaire, provide the educational intervention and wellness training program, and also provide post-test to the recruited participants. LCH will provide the necessary means to assist the student with her project. The materials for the assessments, and the educational interventions will be provided online via recorded voice over/video PowerPoint Presentation.

This project intends to evaluate a structured educational intervention targeting mental health care nurses who are full-time, part-time, float nurses and per-diem nurses, to increase their knowledge in the early identification and interventions to mitigate burnout in mental health care nurses. This project will be conducted with the consent and volunteer participation of nurses working at LCH.

Prior to the implementation of this project, Florida International Review Board will evaluate and approve the procedures to conduct this project. Evidence suggests that ameliorating nurses' knowledge on burnout will lead to nurses' positive work engagement, enhance job satisfaction, productivity, staff retention, reduce medical errors, resulting in the best health care delivery, patient satisfaction, and optimal health outcomes.

LARKIN COMMUNITY HOSPITAL

Larkin Community Hospital
Outpatient Behavioral Health

The educational intervention and wellness training program will be a voice-over PowerPoint presentation that will last approximately 20-30 minutes. Any data collected by Olanrewaju Chavis will be kept confidential and participant's information will be stored in a password protected computer within the hospital's firewall and U-drive. If you have questions, please email or contact me at rhasbun@larkinhospital.com or 305.284.7505.

Best Regards,

Rene Miguel Hasbun, LMHC-QS, NCC, MCAP, CBHCMS, MSN-RN
Program Director
Outpatient Behavioral Health
7000 S.W. 59 Place
South Miami, FL 33143
Main: 305.284.7536
Direct: 305.284.7505
Fax: 786.456.8277
Email: RHasbun@larkinhospital.com

Appendix C

Recruitment/Advertising Process.

Dear Larkin Community Hospital Nurses,

My name is Olanrewaju Chavis, and I am a student from the Graduate Nursing Department at Florida International University, Miami, Florida. I am writing to invite you to participate in my quality improvement project. The goal of this project is to improve the nurses' knowledge on the early identification and mitigation of burnout in mental healthcare nurses. You are eligible to participate in this project because you are a Registered Nurse at Larkin Community Hospital, and you provide or may provide care to psychiatric mental health patients. I am contacting you with the permission of your hospital director, and the nursing administration as well as the Evidence-Based Council at Larkin Community Hospital.

If you decide to participate in this project, you will be asked to complete and sign a consent form for participation. You will complete a pre-test questionnaire, which is expected to take approximately 10-15 minutes. Then, you will be asked to review an educational and wellness program presentation online, which will take approximate 20-30 minutes. After completing the PowerPoint presentation online, you will be asked to complete the post-test questionnaire, which is expected to take approximately 10-15 minutes. No compensation will be provided.

Remember, your participation in this quality improvement project is completely voluntary, and information provided are confidential. You can choose to be in the study or not. If you like to participate, a SurveyMonkey link will be provided to access the questionnaire. If you have any questions about the study, please email or contact me at ochav013@fiu.edu or call me at 832-504-6367.

Thank you.

Sincerely,
Olanrewaju Chavis.
FIU-DNP Student.

Appendix D

FLORIDA INTERNATIONAL UNIVERSITY

ADULT CONSENT TO PARTICIPATE IN A RESEARCH STUDY

Consent to Participate in "Early Identification and Mitigation of Burnout in Mental Health Care Nurses-A Quality Improvement Project."

You are being asked to participate in a Doctorate in Nursing Project titled, "Early Identification and mitigation of Burnout in Mental Health Care Nurses."
You were chosen because your nursing administration at Larkin Community Hospital selected you. Your participation in the quality improvement project is voluntary.

PURPOSE OF THE STUDY

Is to assess the impact of early identification of the manifestations of burnout in mental health care nurses, and prompt educational and wellness programs to mitigate burnout and work overload, thus improving the well-being of mental healthcare nurses.

NUMBER OF STUDY PARTICIPANTS

The total number of participants will be twenty.

DURATION OF THE STUDY

The timeframe of participation is expected to span a period of 4 weeks.

PROCEDURES

Tasks and Procedures:
• Participants will complete an online survey, a pretest that will take approximately 10-15 minutes to complete, and then attend a 30 minute online educational and wellness training programs, which will be followed by a posttest which will take approximately 10-15 minutes to complete. The intervention is to assess the knowledge of the participants regarding early identification, mitigation, and the management of burnout in mental health care professionals.
• The materials for the educational intervention and wellness program will be a recorded voice over/video PowerPoint presentation. Participants will have access to the intervention once they have demonstrated completion of the pretest survey. The intervention is expected to take the participants approximately 20-30 minutes to complete the presentation, and the participants will have a window of four weeks to access the intervention to serve as a refresher and reminder course.
• Subsequently, once the participants have completed both the pretest and the intervention, they will be directed to complete the posttest survey/questionnaire.

RISKS AND/OR DISCOMFORTS

There are no anticipatable (or expected) risks, including physical, psychological, societal, or economical risks.

BENEFITS

The benefits of participation in this project are that the educational program as well as the wellness program interventions will help reduce burnout in mental health care nurses, thus improving the physical, emotion, and mental health of the nurses' well-being. Also, the interventions will improve the nurses positive work engagement, enhance job satisfaction, productivity, staff retention, reduce medical errors, promote effective, efficient, and timely health care services to the patients, and subsequent optimal health outcomes

ALTERNATIVES

There are no known alternatives available.

CONFIDENTIALITY

The participant's identity will not be revealed during or after the project. The records of this project will be held strictly confidential. We will not include any information in any report we may publish that would make it possible to identify you. Your identity will not be disclosed in any material that is published

COMPENSATION & COSTS

You Will Not Receive Any Payment for Your Participation in This Project. The decision to participate in this project is exclusively voluntary.

RIGHT TO DECLINE OR WITHDRAW

The decision to participate in this project is exclusively voluntary. You may decline to take part in the project at any time. Your decision will not result in any loss or benefits to which you are otherwise entitled.

RESEARCHER CONTACT INFORMATION

If you have any questions about the purpose, procedures, or any other issues relating to this research study you may Olanrewaju Chavis at ochav013@fiu.edu or call: 832-504-6367.

IRB CONTACT INFORMATION

If you would like to talk with someone about your rights of being a subject in this research study or about ethical issues with this research study, you may contact the FIU Office of Research Integrity by phone at 305-348-2494 or by email at ori@fiu.edu.

PARTICIPANT AGREEMENT

I have read the information in this consent form and agree to participate in this study. I have had a chance to ask any questions I have about this study, and they have been answered for me. I understand that I will be given a copy of this form for my records.

Signature of Participant	Date
Printed Name of Participant	
Signature of Person Obtaining Consent	Date

Appendix E1

PRETEST QUESTIONNAIRE

QUESTIONNAIRE TO EVALUATE NURSE WELL-BEING

Category A: Demographics

A1. Kindly indicate the type of program you received for initial licensure

- LPN or LVN training
- Hospital diploma
- Associate degree program
- Baccalaureate degree program
- Graduate program (master's/doctoral)

A2. Specify your highest level of nursing education completed

- LPN/LVN training program
- Hospital diploma
- Associate degree program
- Baccalaureate degree program
- Graduate degree (master's/doctoral)

A3. What is your gender?

- Female
- Male
- Other, kindly specify in the box below

A4. What is your age?

- 18-24 years
- 25-34 years
- 35-44 years
- 45-54 years
- 55+ years

A5. Please indicate your race

- American Indian or Alaskan Nature

- Black or African American
- Native Hawaiian or Other Pacific Islander
- White

Other, please specify in the box below

Category B: Your current Job

Please answer the following questions as they relate to your current job. All responses are **confidential.**

B1. How long have you worked in your present job?

Indicate in the box below:

- 0-1 year
- 2-5 years
- 6-10 years
- 10+ years

B2. Is your current job?

- Full-time
- Part-time
- Per-diem
- Float

B3. How many hours do you work per day?

- 8 hours
- Greater than 8 hours, but less than 12 hours
- 12 hours
- Greater than 12 hours

B4. What is your current shift per week?

- Continuous shift (e.g., uninterrupted work hours or workdays per week including [+/-] weekends).
- Rotational shift (e.g., 7am-3pm one day, 3pm-11pm next day, and 11pm-7pm the day after that)

- Day shift (e.g., 7am-7pm)
- Evening shift (e.g., 3pm-10pm)
- Night shift (e.g., 7pm-7am)

B5. Do you work overtime?

- Most or all the time
- Often
- Sometimes
- Only occasionally
- Not at all

B6. Is your current job?

- Primary (Main job)
- Secondary (Locum)
- Not applicable

B7. How many years have you worked as a nurse?

- 0-1 year
- 2-5 years
- 6-10 years
- 10+ years

Category C: Current job satisfaction.

C1. How satisfied are you with your current job?

- Very satisfied
- Moderately satisfied
- A little dissatisfied
- Very dissatisfied
- Not applicable

C2. How satisfied are you with the following aspects of your current job?

Very satisfied | Moderately satisfied |A little satisfied | Very dissatisfied | N/A

1. Valued by employer

2. Work/Life balance

3. Work environment

4. Control over your work schedule

5. Organizational Leadership

6. Opportunities for advancement

7. Independent at work

8. Salary and wages

9. Health care benefits

10. Retirement benefits

11. Tuition benefits

C3. How satisfied are you with your choice of nursing as a career?

- Very satisfied
- Moderately satisfied
- A little satisfied
- Very satisfied

C4. How would you rate the overall work environment of your current job?

- Excellent
- Good
- Fair
- Poor

C5. Which best describes your current role?

- Staff nurse or direct care nurse (RN or LPN)

- Nurse Practitioner
- Clinical Nurse Specialist
- Nurse Midwife
- Nurse Anesthetist
- Nurse Manager
- Senior Nursing Administrator
- Faculty member/ Researcher
- Government Administrator, policy, research

C6. Which of these areas best describes your primary job?

- Adult Medical/Surgical
- Adult ICU
- Emergency Department
- Obstetrics and Gynecology
- Outpatient/same day procedure
- Pediatrics
- Psychiatry
- Rehabilitation/Long-term care
- Remote nursing care

D4- Moral distress arises when constraints prevent us from doing the right things for patients.

How much moral distress do you experience related to your work?

- Severe
- Moderate
- Mild
- None

Category E. Indicate your observation in your work setting: Administration

Strongly Agree | Somewhat Agree |Somewhat Disagree |Strongly Disagree

E1. Do you feel?

- Administration listens and responds to nurse concerns

- Physicians and nurses have good working relationships

- You have enough time to complete your assigned tasks during your shift?

- Enough staff to get the work done

- Communicate effectively

- Practices teamwork

- Supportive leadership

- Recognition of a job well done

- Nurses are able to take at least 30-minutes of uninterrupted break

- Nurses can go on yearly vacation as requested

- Nurses can take time off at the onset of features of work-related stress

- Nurses' workloads are unsafe for patients

E2. Are there virtual nurses at your workplace?

- Yes
- No

E3. Does the use of virtual nurses reduce your workload?

- Yes
- No

E4. Does the use of virtual nurses improve the quality of care in your practice?

- Yes
- No

E5. Rate how your organization supports new nurses to practice

- Excellent
- Good
- Fair
- Poor

E6. Please give your current practice setting an overall grade on patient safety

- Excellent
- Good
- Acceptable
- Poor
- Failing

E7. What would you like to see your employer do to mitigate nurse burnout?

ALL RESPONSES ARE CONFIDENFIAL

The purpose of this survey is to discover how various people working in human services or the helping professions view their job and the people with whom they work closely.

Instructions: On the following page are 22 statements of job-related feelings. Please read each statement carefully and decide if you ever feel this way about your job. If you have never had this feeling, write the number "0" (zero) in the space before the statement. If you have had this feeling, indicate how often you feel it by writing the number (from 1 to 6) that best describes how frequently you feel that way. An example is shown below.

MBI Human Services Survey for Medical Personnel

How often: 0 1 2 3 4 5 6

How often: 0	1	2	3	4	5	6
Never	A few times a year or less	Once month a or less	A few times a month	Once a week	A few times a week	Every Day

How often 0-6 Statements:

1. _____ I feel emotionally drained from my work.
2. _____ I feel used up at the end of the workday.
3. _____ I feel fatigued when I get up in the morning and have to face another day on the job.
4. _____ I can easily understand how my patients feel about things.
5. _____ I feel I treat some patients as if they were impersonal objects.
6. _____ Working with people all day is really a strain for me.
7. _____ I deal very effectively with the problems of my patients.
8. _____ I feel burned out from my work.

9. _____ I feel I'm positively influencing other people's lives through my work.
10. _____ I've become more callous toward people since I took this job.
11. _____ I worry that this job is hardening me emotionally.
12. _____ I feel very energetic.
13. _____ I feel frustrated by my job.
14. _____ I feel I'm working too hard on my job.
15. _____ I don't really care what happens to some patients.
16. _____ Working with people directly puts too much stress on me.
17. _____ I can easily create a relaxed atmosphere with my patients.
18. _____ I feel exhilarated after working closely with my patients.
19. _____ I have accomplished many worthwhile things in this job.
20. _____ I feel like I'm at the end of my rope.
21. _____In my work, I deal with emotional problems very calmly.
22. _____ I feel patients blame me for some of their problems.

(**Administrative use only**)

EE Total score: _____ DP Total score: _____ PA Total score: _____
EE Average score: _____ DP Average score: _____ PA Average score: _____

ALL RESPONSES ARE CONFIDENFIAL

Please use the following rating scale to indicate the extent to which you agree with the following statements. Please indicate your corresponding answer

Area of worklife Survey: 0 1 2 3 4 5

How often: 1	2	3	4	5
Strongly Disagree	Disagree	Hard to Decide	Agree	Strongly Agree

Work Load

1. _____ I do not have time to do the work that must be done.

2. _____ I have so much work to do on the job that it takes me away from my personal interests

3. _____ I have enough time to do what's important in my job

4. _____ I work intensely for prolonged periods of time.

5. _____ I leave my work behind when I go home at the end

Control

6. _____ I can influence management to obtain the equipment and space I need for my work

7. _____ I have professional autonomy /independence in my work

8. _____ I have control over how I do my work

9. _____ I have influence in the decisions affecting my work

Reward

10. _____ I receive recognition from others for my work.

11. _____ My work is appreciated

12. _____ My efforts usually go unnoticed

13. _____ I do not get recognized for all the things I contribute.

Community

14. _____ People trust one another to fulfill their roles

15. _____ I am a member of a supportive work group.

16. _____ Members of my work group cooperate with one another.

17. _____ Members of my work group communicate openly.

18. _____ I don't feel close to my colleagues

Fairness

19. _____ Resources are allocated fairly here

20. _____ Opportunities are decided solely on merit

21. _____ There are effective appeal procedures available when I question the fairness of a decision

22. _____ Management treats all employees fairly

23. _____ Favoritism determines how decisions are made at work

24._____ It's not what you know but who you know that determines a career here

Values

25. _____ My values and the Organization's values are alike.

26._____ The Organization's goals influence my day-to-day work activities

27. _____ My personal career goals are consistent with the Organization's stated goals

28._____ The Organization is committed to quality

Appendix E2

POSTTEST QUESTIONNAIRE

QUESTIONNAIRE TO EVALUATE NURSE WELL-BEING

Category A: Demographics

A1. Kindly indicate the type of program you received for initial licensure

- LPN or LVN training
- Hospital diploma
- Associate degree program
- Baccalaureate degree program
- Graduate program (master's/doctoral)

A2. Specify your highest level of nursing education completed

- LPN/LVN training program
- Hospital diploma
- Associate degree program
- Baccalaureate degree program
- Graduate degree (master's/doctoral)

A3. What is your gender?

- Female
- Male
- Other, kindly specify in the box below

A4. What is your age?

- 18-24 years
- 25-34 years
- 35-44 years
- 45-54 years
- 55+ years

A5. Please indicate your race

- Black or African American
- Native Hawaiian or Other Pacific Islander
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Other, please specify in the box below

Category B: Your current Job

Please answer the following questions as they relate to your current job. All responses are **confidential.**

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- Rotational shift (e.g., 7am-3pm one day, 3pm-11pm next day, and 11pm-7pm the day after that)

- Day shift (e.g., 7am-7pm)
- Evening shift (e.g., 3pm-10pm)
- Night shift (e.g., 7pm-7am)

B5. Do you work overtime?

- Most or all the time
- Often
- Sometimes
- Only occasionally
- Not at all

B6. Is your current job?

- Primary (Main job)
- Secondary (Locum)
- Not applicable

B7. How many years have you worked as a nurse?

- 0-1 year
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4. Control over your work schedule

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Strongly Agree | Somewhat Agree |Somewhat Disagree |Strongly Disagree

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- Poor

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- Good
- Acceptable
- Poor
- Failing

E7. What would you like to see your employer do to mitigate nurse burnout?

ALL RESPONSES ARE CONFIDENFIAL

The purpose of this survey is to discover how various people working in human services or the helping professions view their job and the people with whom they work closely.

Instructions: On the following page are 22 statements of job-related feelings. Please read each statement carefully and decide if you ever feel this way about your job. If you have never had this feeling, write the number "0" (zero) in the space before the statement. If you have had this feeling, indicate how often you feel it by writing the number (from 1 to 6) that best describes how frequently you feel that way. An example is shown below.

MBI Human Services Survey for Medical Personnel

How often: 0 1 2 3 4 5 6

How often: 0	1	2	3	4	5	6
Never	A few times a year or less	Once month a or less	A few times a month	Once a week	A few times a week	Every Day

How often 0-6 Statements:

1. _____ I feel emotionally drained from my work.

2. _____ I feel used up at the end of the workday.

3. _____ I feel fatigued when I get up in the morning and have to face another day on the job.

4. _____ I can easily understand how my patients feel about things.

5. _____ I feel I treat some patients as if they were impersonal objects.

6. _____ Working with people all day is really a strain for me.

7. _____ I deal very effectively with the problems of my patients.

8. _____ I feel burned out from my work.

9. _____ I feel I'm positively influencing other people's lives through my work.
10. _____ I've become more callous toward people since I took this job.
11. _____ I worry that this job is hardening me emotionally.
12. _____ I feel very energetic.
13. _____ I feel frustrated by my job.
14. _____ I feel I'm working too hard on my job.
15. _____ I don't really care what happens to some patients.
16. _____ Working with people directly puts too much stress on me.
17. _____ I can easily create a relaxed atmosphere with my patients.
18. _____ I feel exhilarated after working closely with my patients.
19. _____ I have accomplished many worthwhile things in this job.
20. _____ I feel like I'm at the end of my rope.
21. _____ In my work, I deal with emotional problems very calmly.
22. _____ I feel patients blame me for some of their problems.

(Administrative use only)

EE Total score: _____ DP Total score: _____ PA Total score: _____
EE Average score: _____ DP Average score: _____ PA Average score: _____

ALL RESPONSES ARE CONFIDENFIAL

Please use the following rating scale to indicate the extent to which you agree with the following statements. Please indicate your corresponding answer

Area of worklife Survey: 0 1 2 3 4 5

How often: 1	2	3	4	5
Strongly Disagree	Disagree	Hard to Decide	Agree	Strongly Agree

Work Load

1. _____ I do not have time to do the work that must be done.

2. _____ I have so much work to do on the job that it takes me away from my personal interests

3. _____ I have enough time to do what's important in my job

4. _____ I work intensely for prolonged periods of time.

5. _____ I leave my work behind when I go home at the end

Control

6. _____ I can influence management to obtain the equipment and space I need for my work

7. _____ I have professional autonomy /independence in my work

8. _____ I have control over how I do my work

9. _____ I have influence in the decisions affecting my work

Reward

10. _____ I receive recognition from others for my work.

11. _____ My work is appreciated

12. _____ My efforts usually go unnoticed

13. _____ I do not get recognized for all the things I contribute.

Community

14. _____ People trust one another to fulfill their roles

15. _____ I am a member of a supportive work group.

16. _____ Members of my work group cooperate with one another.

17. _____ Members of my work group communicate openly.

18. _____ I don't feel close to my colleagues

Fairness

19. _____ Resources are allocated fairly here

20. _____ Opportunities are decided solely on merit

21. _____ There are effective appeal procedures available when I question the fairness of a decision

22. _____ Management treats all employees fairly

23. _____ Favoritism determines how decisions are made at work

24._____ It's not what you know but who you know that determines a career here

Values

25. _____ My values and the Organization's values are alike.

26._____ The Organization's goals influence my day-to-day work activities

27. _____ My personal career goals are consistent with the Organization's stated goals

28._____ The Organization is committed to quality

Appendix F1

CITI PROGRAM

Completion Date 20-Feb-2024
Expiration Date 20-Feb-2027
Record ID 61368864

This is to certify that:

OLANREWAJU CHAVIS

Not valid for renewal of certification through CME.

Has completed the following CITI Program course:

Basic/Refresher Course - Human Subjects Research
(Curriculum Group)
Biomedical Human Research Course
(Course Learner Group)
1 - Basic Course
(Stage)

Under requirements set by:

Florida International University

Generated on 20-Feb-2024. Verify at [illegible]

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CITI PROGRAM

Completion Date 06-Jan-2024
Expiration Date 06-Jan-2027
Record ID 60044647

This is to certify that:

Victor Delgado

Not valid for renewal of certification through CME.

Has completed the following CITI Program course:

Basic/Refresher Course - Human Subjects Research
(Curriculum Group)
Biomedical Human Research Course
(Course Learner Group)
4 - Refresher Course
(Stage)

Under requirements set by:

Florida International University

Generated on 06-Jan-2024. Verify at [illegible]

Appendix G1

Maslach Burnout Inventory™

MBI Forms and Scoring Keys:

Human Services - MBI-HSS
Medical Personnel - MBI-HSS (MP)
Educators - MBI-ES
General - MBI-GS
Students - MBI-GS (S)

License to Administer

By Christina Maslach, Susan E. Jackson, Michael P. Leiter,
Wilmar B. Schaufeli & Richard L. Schwab

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Citation of the instrument must include the applicable copyright statement listed below.
Sample Items:

MBI - Human Services Survey - MBI-HSS:
I feel emotionally drained from my work.
I have accomplished many worthwhile things in this job.
I don't really care what happens to some recipients.

MBI - Human Services Survey for Medical Personnel - MBI-HSS (MP):
I feel emotionally drained from my work.
I have accomplished many worthwhile things in this job.
I don't really care what happens to some patients.

MBI - Educators Survey - MBI-ES:
I feel emotionally drained from my work.
I have accomplished many worthwhile things in this job.
I don't really care what happens to some students.

Cont'd on next page

MBI - General Survey - MBI-GS:
I feel emotionally drained from my work.
In my opinion, I am good at my job.
I doubt the significance of my work.

MBI - General Survey for Students - MBI-GS (S):
I feel emotionally drained by my studies.
In my opinion, I am a good student.
I doubt the significance of my studies.

Sincerely,

Robert Most
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Appendix G2

Areas of Worklife Survey

Instrument and Scoring Guide

License to Administer

by Michael P. Leiter & Christina Maslach

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Sample Items:

I do not have time to do the work that must be done.
I have control over how I do my work.
I receive recognition from others for my work.
Members of my work group communicate openly.
Resources are allocated fairly here.
My values and the Organization's values are alike.

Sincerely,

Robert Most
Mind Garden, Inc.
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