Implementing the National Institute of Health's Wellness Program to Reduce Burnout among Mental Health Professionals

Victoria Chigbu

Touro University, Nevada

DNP 767: DNP Project

Dr. Julie Astrella

May 19, 2024

Abstract

Problem: The emotional toll from frequently caring for those with mental illnesses predisposes mental health workers to burnout. Meditation and mindfulness practices are beneficial to prevent burnout, but these practices are not always utilized by healthcare workers.

Background: Burnout in healthcare workers can affect both their mental and physical well-being manifesting in substandard patient care practices that can lead to poor patient outcomes. Burnout can also lead to high turnover rates in healthcare organizations. The project lead implemented the National Institute of Health's wellness program to reduce burnout in the mental health workers at HumuHealth Psychiatry.

Methods: The quality improvement project used Iowa Model of evidence-based practice. Six healthcare workers participated in the program. The Burnout Assessment Tool (BAT) was used to measure the participants' burnout symptoms pre and post intervention.

Intervention: Using the National Institute of Health (NIH) emotional wellness toolkit, a workplace program was implemented. A 15-minute weekly session involving education and mindfulness/meditation practicing was carried out for 5 weeks.

Results: The wellness program significantly reduced participants' burnout ($p = .013$). The engagement rate for the program was high at 100% from weeks 1 through 5.

Conclusion: The emotional wellness program reduced burnout among the healthcare workers. It had a high engagement from the participants. Other similar healthcare organizations could consider replicating this program to reduce burnout among staff.

Keywords: burnout, wellness program.

Background

The emergence of the pandemic that began in 2019 brought about mental health challenges that are profound and far-reaching, affecting many who have endured trauma from lockdowns, faced vulnerability to substance use, experienced loneliness and anxieties, faced economic setbacks, and those who have lost loved ones to the virus (Søvold et al., 2021). In delivering effective mental health services, mental health workers must create a professional alliance with clients that sustains appropriate boundaries and degrees of emotional involvement, consistently from one client to another. This can put an emotional toll on mental health workers, placing them at increased risk for negative outcomes such as burnout (Posluns & Gall, 2020).

Burnout is regarded as a syndrome resulting from stress. It can be evident as emotional fatigue, weariness, exhaustion, depersonalization, and low sense of competence and is generally regarded as a work-related mental-health impairment (Joshi & Sharma, 2020). Burnout in healthcare workers can affect their mental and physical well-being, manifesting in substandard patient care practices and medical errors that lead to poor patient outcomes. Other ramifications of burnout are low morale, absenteeism, reduced commitment to work, turnover of staff, and patient dissatisfaction (Søvold et al., 2021).

In this challenging recovery phase of the pandemic, the mental health needs of healthcare workers cannot be ignored. In recent years, the mental health needs of healthcare workers have been gaining attention as a major public health concern and threat to quality care delivery (Søvold et al., 2021). It is noteworthy that mental health workers while helping clients improve their mental health, often can overlook their own mental health and regard self-care as a to-do list, rather than being made a priority (Posluns & Gall, 2020). Self-care, or attending to one's own holistic well-being, can help to prevent negative outcomes such as burnout (Posluns & Gall, 2020). Meditation and mindfulness practices are beneficial to prevent burnout, but these practices are not always utilized by healthcare workers.

Problem Identification

The nature of mental health staff's work entails a marked emotional intensity that can lead to burnout resulting in absenteeism, substandard patient care practices, and poor patient outcomes. Burnout symptoms, especially weariness, were reported by mental health workers at HumuHealth Psychiatry. An informal survey revealed that 85% of the workers reported at least one symptom of burnout; however, the center does not currently utilize a program to address this issue. Thus, the CEO, O. Kuku, supports interventions to reduce burnout among the staff. Meditation and mindfulness practices using the National Institute of Health's emotional wellness toolkit will hopefully help reduce and prevent burnout at the project site.

Project Question

Will implementing the National Institute of Health's wellness program compared to no wellness program, reduce burnout among the mental health workers at HumuHealth Psychiatry?

Search Methods

The terms and keywords that were used to search for articles and evidence include "burnout, meditation, mental health professionals/workers, wellness, self-care, and mindfulness". A web search was used to find the national guideline. Through an extensive search of the electronic database PubMed, peer-reviewed articles on burnout and wellness programs were discovered. More than 400 articles were discovered during the initial search but only articles published within the last five years were considered. Dissertations and articles not published in English were excluded. Fifteen articles were selected for inclusion.

Review of Study Methods

Upon reviewing the literature, the study methodologies of the literature that are relevant to the project are (1) systematic review (2) survey and cohort study (3) meta-analysis (4) randomized controlled trial, and (5) literature review, and (6) randomized clinical trials.

Review of Literature Themes

Burnout

According to World Health Organization (2019), burnout is regarded as an occupational phenomenon. It is a syndrome that occurs because of chronic workplace stress that is not managed successfully (World Health Organization, 2019). Burnout's major characteristics include exhaustion; mental detachment from one's job; and reduced work efficiency and productivity (World Health Organization, 2019). The current reality of the healthcare system is placing many health workers at risk for burnout. Health workers are increasingly vulnerable to mental health challenges due to working in environments that can place burdens on their emotional and physical health. Burnout has become a significant healthcare challenge and a public health concern. There is consensus in the various literature that burnout in healthcare is harmful to professionals, organizations, and patients (De Hert, 2020; Leo et al., 2021; Tawfik et al., 2019).

Impact of Burnout

The safety and health of healthcare workers can be directly affected by burnout. Depressive and anxiety disorders are suggested to correlate with occupational stress (Leo et al., 2021). This is compounded by the fact that healthcare workers are inclined to hide their mental health challenges due to perceived stigma associated with mental illness and fear of an impact on their careers (Leo et al., 2021). Burnout can have long-lasting damaging effects on a healthcare worker's physical and mental health, including hypertension, insomnia, anxiety, depression, and substance use (Substance Abuse and Mental Health Services Administration, 2022).

At the organizational level, the adverse effects related to burnout include low commitment and productivity, unprofessional behavior, and increased turnover (Tawfik et al., 2019). A study done by Tawfik et al. (2019) suggests a relationship between provider burnout and impaired quality of care. It was discussed that clinicians experiencing burnout are much more likely to not provide adequate time or commitment for the optimization of patient care, are more prone to taking more unnecessary risks, and tend to pay lesser attention to details of patient care (Tawfik

et al., 2019). Healthcare providers experiencing burnout may become disconnected from their roles and are more likely to leave their occupations. This adversely impacts patients' access to care and the quality and continuity of their care (Substance Abuse and Mental Health Services Administration, 2022). Burnout in healthcare workers can impact healthcare organizations financially, as it has repercussions such as lower patient satisfaction, medical errors, and potentially ending up in malpractice suits costing healthcare organizations substantial financial losses (De Hert, 2020).

Wellness Programs

Workplace wellness programs are becoming more and more popular, as organizations continue to seek ways to lower healthcare costs and improve the health and productivity of their employees (Song & Baicker, 2019). Since burnout occurs because of chronic work-related stress, stress management interventions seem like the obvious solution to burnout. Evidence suggests that interventions that focus on stress management can help employees in adapting to situations that are stressful, mitigate emotional exhaustion, and enhance tolerance levels (Gabriel & Aguinis, 2022). In delivering workplace wellness programs to help prevent and reduce burnout in employees, interventions such as mindfulness-based stress reduction programs have been suggested in the nursing and medical literature as beneficial in improving personal resilience (Klein et al., 2020). Psychiatric programs such as meditation and mindfulness programs can help reduce burnout and improve mental health (Aryankhesal et al., 2019).

Mindfulness Programs in Helping to Reduce Burnout

Mindfulness is defined as intentionally paying attention, being present at the moment, and being nonjudgmental as moment-by-moment experiences unfold (Ameli et al., 2020). In a randomized clinical trial done by Ameli et al. (2020), they found that brief mindfulness intervention was an effective way of reducing stress in a healthcare setting. Among other benefits, mindfulness-based interventions at the individual level have been recognized as effective methods for reducing stress, anxiety, and burnout (Ameli et al., 2020). Symptoms of

burnout, such as emotional exhaustion, can be targeted with mindfulness-based interventions. Because elevated emotional exhaustion crucially predicts mortality among physicians and nurses, healthcare organizations should be persuaded of the need to advise their employees of the importance of preventing and reducing emotional exhaustion through evidence-based approaches, such as mindfulness-based interventions (Salvado et al., 2021). Study findings by Salvado et al. (2021) suggest that mindfulness-based interventions effectively reduce burnout symptoms in healthcare professionals.

Meditation

Meditation use can be a valuable strategy for healthcare workers to achieve stable psycho-physical well-being that promotes recognition of personal value within the work environment. Meditation can be accomplished using simple exercises and can be done in any workplace setting as it does not require a specific environment to be effective (Cocchiara et al., 2019). Meditation interventions are becoming more popular and have become more accessible in healthcare systems. These interventions often cost very little, are often low-risk, and are easy to practice (Azizoddin et al., 2021). A study by Azizoddin et al. (2021) suggests that transcendental meditation, which is a type of meditation practice resulted in decreased burnout in various clinical populations.

Quality Gap

As burnout continues to plague the healthcare workforce due to increasing physical and mental illness, it is imperative that strategies that prevent and reduce burnout among employees, be utilized by healthcare organizations. Literature suggests that a wellness program using strategies such as meditation and mindfulness can help to reduce burnout among mental health workers; a common theme of the literature shows that the intentional and regular practice of a wellness program provides the best benefits (Song & Baicker, 2019). The National Institute of Health (2022) offers guidelines and provides an emotional wellness toolkit to help healthcare workers reduce stress, thereby reducing and preventing burnout.

Not utilizing a wellness program at a healthcare organization deprives employees of a valuable tool that can help reduce work stress and in turn reduce burnout. Health organizations would benefit from the impact of a wellness program aimed to reduce burnout, as a high turnover rate in organizations have been linked to burnout in employees (Tawfik et al., 2019). Furthermore, since burnout affects the quality of care provided by employees, using a wellness program aimed at reducing burnout promotes better patient outcomes.

Project Aims

The aim of this project is to reduce burnout among mental health workers at HumuHealth Psychiatry by implementing an evidence-based wellness program.

Project Objectives

1. Educate mental health workers at HumuHealth Psychiatry on the importance and impact of a wellness program in reducing burnout and provide project details.
2. Implement a wellness program using the National Institute of Health's emotional wellness toolkit.
3. Evaluate the participants' burnout symptoms using an informal survey, comparing self-reported symptoms pre- and post-intervention.
4. Staff participation in the wellness program will be at 90% or greater.

Implementation Framework

This project is an evidence-based practice (EBP) aimed at bringing change to a healthcare organization. This project aims to solve a problem, which is burnout in mental health workers, by utilizing best evidence from research. Using the Iowa Model of EBP (Appendix A) for this project, it provides a framework for the implementation of a wellness program aimed at reducing burnout in mental health workers.

The Iowa Model of EBP is commonly used in the USA by nurses. Twenty-five years ago, nurses at the University of Iowa Hospital and faculty from the University of Iowa helped

developed the model. In 2017, the model was reviewed and significantly revised (Duff et al., 2020). The IOWA model as the framework for the project provides many benefits. It utilizes a problem-solving approach that focuses on the organization of processes to facilitate the implementation of EBP (Chiwaula et al., 2021). An implementation framework that is application-oriented, the IOWA model provides opportunities for the translation of research evidence into clinical practice (Chiwaula et al., 2021).

Application of Major Framework Tenets to Project

The IOWA model provided clear and concise steps that guide the project. The steps include (1) identification of the problem (2) stating the purpose (3) forming a team (4) selection, appraisal, and synthesis of relevant literature (5) planning practice change (6) integration and sustenance of change, and (7) dissemination of results (Chiwaula et al., 2021).

The problem identified as the basis for the project was burnout among mental health workers at the project site. The stated purpose of the project is to reduce burnout. This project is carried out with organizational leadership involvement and staff participation. Relevant literature that highlighted the impact of burnout and the importance of the chosen intervention was selected. In planning for practice change, how the intervention would be implemented is planned. For this project, a wellness program would be implemented. In the integration and sustenance of the change step, the wellness program is established as an ongoing intervention. If successful in reducing burnout, the result of the intervention would be disseminated to the organization's leadership with the purpose to adopt the wellness program as a continuous intervention, in the organization's plan. The project when finalized as a written work, can be disseminated to help other organizations.

Population of Interest

The direct population for this evidence-based practice project will be 4 NPs, 1 psychiatrist, and 1 RN, who take care of patients at HumuHealth Psychiatry. The inclusion criteria will be all clinicians at HumuHealth Psychiatry who are currently employed at the time of

the project, and who agree to participate. The exclusion criteria will be the office staff not involved directly in patient care.

The indirect population will be the patients of HumuHealth Psychiatry. Patients seen by the groups are mostly adults (18 years old and above) of all ethnicities and all genders. The inclusion criteria will be all patients seen by the participating clinicians at the project's site during the project period. The exclusion criteria will be patients under 18 years of age.

Setting

The project setting is the physical site of HumuHealth Psychiatry in Fairfield City, Solano County, California. Fairfield City is in Northern California. The organization is a private practice started and owned by CEO, O. Kuku. All insurances, including Medicare/Medicaid and self-pay, are accepted at the practice. The organization includes 4 NPs 1 psychiatrist who specializes in psychiatry and 1 nurse who supports the providers. The providers see 8 to 14 patients on average each day. A full day of work for each provider is allotted at 30 minutes for each follow-up visit and 1 hour for each new patient visit.

Stakeholders

Stakeholders are the clinicians who work with patients at HumuHealth Psychiatry, the CEO of HumuHealth Psychiatry and patients as indirect recipients of the project benefits. The clinicians would be required to attend the wellness program provided by the project lead. HumuHealth Psychiatry CEO, O. Kuku, gives permission and support to complete the project at the site. No affiliation agreement is needed for the site.

Interventions

Using the National Institute of Health (NIH) emotional wellness toolkit, a workplace program using interventions such as meditation and mindfulness will be carried out to meet the project objectives. A 15-minute weekly session that involves education and mindfulness/meditation practicing will be carried out for 5 weeks during break times. The education will include sharing printed handouts of the “Be-Mindful-Checklist” (Appendix B)

from the NIH emotional wellness toolkit, and the "8 Things to Know About Meditation and Mindfulness" from NIH (Appendix C).

Planning Project Team

The planning project team will involve the project lead and the CEO. The project lead is responsible for conducting education and facilitating mindfulness/meditation sessions. The CEO will help encourage participants to attend sessions.

Resources

The resources needed for the quality improvement project are printed handouts. The CEO has given verbal permission for the materials to be printed on-site.

Timeline

For the project timeline (Appendix D), in week 1, the project lead will administer the burnout assessment tool (BAT) (Appendix E), to collect pre-data, and will provide education regarding mindfulness, meditation, and the project. In week 2, the project lead will facilitate a meditation session. In week 3, the project lead will facilitate a mindfulness session. In week 4, the project lead will facilitate another meditation session. Week 5 will involve discussions regarding how the education and mindfulness/meditation sessions have impacted burnout symptoms and the project lead will administer the BAT to collect post-data. Weekly attendance of staff will be encouraged by the CEO, and weekly attendance information will be recorded on an attendance sheet.

Tools

The tools are handouts from the National Institute of Health (NIH) emotional wellness toolkit (Appendix B & C) and the BAT (Appendix E). The handouts from NIH are established tools that are validated by the National Institute. Permission is not required to use the tool. The handouts are permitted for printing, downloading, and sharing. The BAT questionnaire was retrieved from the website, https://burnoutassessmenttool.be/. The BAT is a scientifically validated questionnaire that would be used to participants' self-reported burnout symptoms, pre-

and post-interventions. The BAT questionnaire was available for download and use. Permission was not required to use the tool.

Plan for Data Collection

The BAT questionnaire will be used to collect data. Before the sessions, the questionaries will be printed out and will be handed out to participants during the sessions. In week 1, pre-intervention data will be collected and in week 5, post-intervention data will be collected. Attendance at the sessions will be monitored each week.

Process Evaluation

Weekly, participants' attendance at the sessions will be monitored and recorded. Participants who miss a session/s will be emailed and encouraged to participate in the remaining sessions. Audio recordings of session/s will be sent to participants who miss session/s, to facilitate continuous participation in the project.

Participant Privacy and Data Protection

Participant responses will be confidential. Unique identifiers will be used for each participant. Paper documents will be secured in a locked cabinet and shredded at the end of the project. Electronic data will be stored on a password- protected laptop and deleted at the end of the project.

Plan for Analysis

A paired t-test and descriptive statistics will be used to analyze the burnout survey results to determine differences between pre- and post-intervention scores. A paired t-test is appropriate for statistical analysis based on the following assumptions: (1) the dependent variable (BAT scores) is continuous, (2) the independent variable is dichotomous (pre- and post-intervention/wellness sessions). 0.05 is the alpha level for statistical analysis, based on the assumptions for the paired t-test, with findings considered significant if the p-value is <0.05. Participation will be analyzed with descriptive statistics. Participants' attendance will be recorded weekly and counts and percentages will be used to determine at week 5, if staff participation is at

90% and above. Data will be analyzed using SPSS software. A statistician from Touro University will be consulted to assist during data analysis if determined needed.

Ethics/Human Subjects Protection

Human Subjects Protection

Discussion will be had with the participants regarding recruitment for the project. They will be informed that the project will help reduce burnout symptoms. They will be informed that the project has minimal risks to the participants as it only requires survey responses and participation in meditation and mindfulness sessions. There will be no compensation for the participants.

Ethics/Institutional Review Board (IRB) Process

Per Touro University Nevada guidelines, the project doesn't require IRB reviewed as it was deemed a quality improvement project (Appendix F). The project site has no IRB or quality improvement committee oversight.

Analysis of Results

Six people agreed to participate in the project. All participants attended all wellness program sessions (100% participation). Data was collected over a five-week timeframe using the BAT questionnaire to evaluate participants' self-reported burnout symptoms, pre-and post-intervention. Using the BAT scoring guide, the scores of all items on the questionnaires were added and then divided by the total sum of items. Pre-test scores for the participants ranged from 2.59 to 3.02 and post-test scores ranged from 2.48 to 2.58. A reduction in score indicates a reduction in burnout symptoms. As shown in Table 1, pre and post-test scores were compared using a paired t-test. Results of the paired-t test indicated that there was a statistically significant difference between Pre-Intervention ($M = 2.8$, $SD = 0.2$) and Post-Intervention ($M = 2.5$, $SD = 0.04$), $t(5) = 3.8$, $p = .013$).

Table 1

Paired t-test Results Comparing Burnout Pre- and Post-Intervention

Variable	Pre-Intervention		Post-Intervention		
	M	SD	M	SD	*t*-test
Burnout	2.8	0.2	2.5	0.04	3.8

Summary of Results

The Wellness Program reduced the participants' burnout symptoms. A strength of the project is the participants' knowledge and appreciation of the potential benefits of the project, which led to a 100% participation rate. Given that all the participants are mental health workers with some knowledge about the prevalence and impact of burnout, participants were inclined to participate in a project that can help reduce burnout symptoms. The following objectives of the project were met (1) Mental health workers were educated on the importance and impact of a wellness program in reducing burnout (2) A wellness program was successfully implemented (3) Participants' burnout symptoms were evaluated pre- and post-intervention, and post-intervention scores showed some reduction in the participants' burnout symptoms and (4) Participation in the wellness program was at 100%.

Interpretation of Results

The results support the earlier findings that wellness programs can reduce burnout among mental health workers. The findings of this project support the review and analysis findings from Salvado et al. (2021) that indicated that implementing mindfulness-based interventions in healthcare professionals will reduce burnout and enhance well-being, compassion for themselves and others, and lead to sustainable healthcare organizations. The intervention resulted in reduced burnout symptoms among the participants. There were no differences between observed and anticipated outcomes. By adopting this wellness program, the organization can prevent and reduce turnover rate, as burnout is a predictor of turnover, which can be costly and disruptive to organizations (Scanlan & Still, 2019).

Limitations

It is important to note that some limitations exist within the project. First, the project used convenience sampling. The sampling limitation was minimized by reporting data in aggregate and de-identifying participant data. Another limitation was the measurement of participants' burnout symptoms through self-reports. Ensuring participants' attendance at sessions was used to minimize this limitation.

Another limitation is that the pre-test/post-test study design was reliant on participants being the control group and collection of data and data analysis were done within a short timeframe. Lastly, the project had a small sample size, and it was completed at a single site, which limits the generalizability of the results.

Conclusion

This DNP project implemented an evidence-based wellness program for mental health workers at HumuHealth Psychiatry group in California. Data analysis showed that the program significantly reduced participants' burnout symptoms. This project holds promise in addressing and reducing burnout at the site. It can also help address and reduce turnover related to burnout. The project has significant implications for practice. It builds on previous findings that wellness programs can help to reduce burnout in healthcare workers (Gabriel & Aguinis, 2022; Klein et al., 2020; Song & Baicker, 2019)

Based on the positive findings of this project, it is recommended that this wellness program be adopted at the organization and that the CEO should incorporate it as support sessions during staff meetings. This project can be sustained at the site if included in the organization's orientation program. This project can be scaled up and used at other sites as an annual education for staff.

References

Aryankhesal, A., Mohammadibakhsh, R., Hamidi, Y., Alidoost, S., Behzadifar, M., Sohrabi, R., & Farhadi, Z. (2019). Interventions on reducing burnout in physicians and nurses: A systematic review. *Medical Journal of the Islamic Republic of Iran, 33, 77.* https://doi.org/10.34171/mjiri.33.77

Azizoddin, D. R., Kvaternik, N., Beck, M., Zhou, G., Hasdianda, M. A., Jones, N., Johnsky, L., Im, D., Chai, P. R., & Boyer, E. W. (2021). Heal the Healers: A pilot study evaluating the feasibility, acceptability, and exploratory efficacy of a Transcendental Meditation intervention for emergency clinicians during the coronavirus disease 2019 pandemic. *Journal of the American College of Emergency Physicians open*, *2*(6), e12619. https://doi.org/10.1002/emp2.12619

Chiwaula, C. H., Kanjakaya, P., Chipeta, D., Chikatipwa, A., Kalimbuka, T., Zyambo, L., Nkata, S., & Jere, D. L. (2021). Introducing evidence-based practice in nursing care delivery, utilizing the Iowa model in intensive care unit at kamuzu central hospital, Malawi. *International Journal of Africa Nursing Sciences*, 14, 100272. https://doi.org/10.1016/j.ijans.2020.100272

Cocchiara, R. A., Peruzzo, M., Mannocci, A., Ottolenghi, L., Villari, P., Polimeni, A., Guerra, F., & La Torre, G. (2019). The use of yoga to manage stress and burnout in healthcare workers: A systematic review. *Journal of Clinical Medicine*, *8*(3), 284. https://doi.org/10.3390/jcm8030284

De Hert S. (2020). Burnout in healthcare workers: Prevalence, impact and preventative strategies. *Local and Regional Anesthesia*, *13*, 171–183. https://doi.org/10.2147/LRA.S240564

Duff, J., Cullen, L., Hanrahan, K., & Steelman, V. (2020). Determinants of an evidence-based practice environment: An interpretive description. *Implementation Science Communications,* 1, 85. https://doi.org/10.1186/s43058-020-00070-0

Gabriel, K., & Aguinis, H. (2022). How to prevent and combat employee burnout and create healthier workplaces during crises and beyond. *Business Horizons, 65* (2). https://doi.org/10.1016/j.bushor.2021.02.037

Joshi, G., & Sharma, G. (2020). Burnout: A risk factor amongst mental health professionals during COVID-19. *Asian Journal of Psychiatry*, *54,* 102300. https://doi.org/10.1016/j.ajp.2020.102300

Klein, C. J., Dalstrom, M. D., Weinzimmer, L. G., Cooling, M., Pierce, L., & Lizer, S. (2020). Strategies of advanced practice providers to reduce stress at work. *Workplace Health & Safety, 68*(9), 432–442. https://doi.org/10.1177/2165079920924060

Leo, C. G., Sabina, S., Tumolo, M. R., Bodini, A., Ponzini, G., Sabato, E., & Mincarone, P. (2021). Burnout among healthcare workers in the COVID 19 era: A review of the existing literature. *Frontiers in Public Health*, 9, 750529-750529. https://doi.org/10.3389/fpubh.2021.750529

Posluns, K., & Gall, T. L. (2020). Dear mental health practitioners, take care of yourselves: A literature review on self-care. *International Journal for the Advancement of Counseling*, *42*(1), 1–20. https://doi.org/10.1007/s10447-019-09382-w

Salvado, M., Marques, D. L., Pires, I. M., & Silva, N. M. (2021). Mindfulness-Based interventions to reduce burnout in primary healthcare professionals: A systematic review and meta-analysis. *Healthcare (Basel, Switzerland)*, *9*(10), 1342. https://doi.org/10.3390/healthcare9101342

Scanlan, J. N., & Still, M. (2019). Relationships between burnout, turnover intention, job satisfaction, job demands and job resources for mental health personnel in an Australian mental health service. *BMC Health Services Research, 19*(1), 62-62. https://doi.org/10.1186/s12913-018-3841-z

Song, Z., & Baicker, K. (2019). Effect of a workplace wellness program on employee health and economic outcomes: A randomized clinical trial. *JAMA*, *321*(15), 1491–1501. https://doi.org/10.1001/jama.2019.3307

Søvold, L. E., Naslund, J. A., Kousoulis, A. A., Saxena, S., Qoronfleh, M. W., Grobler, C., & Münter, L. (2021). Prioritizing the mental health and well-being of healthcare workers: An urgent global public health priority. *Frontiers in Public Health*, *9*, 679397. https://doi.org/10.3389/fpubh.2021.679397

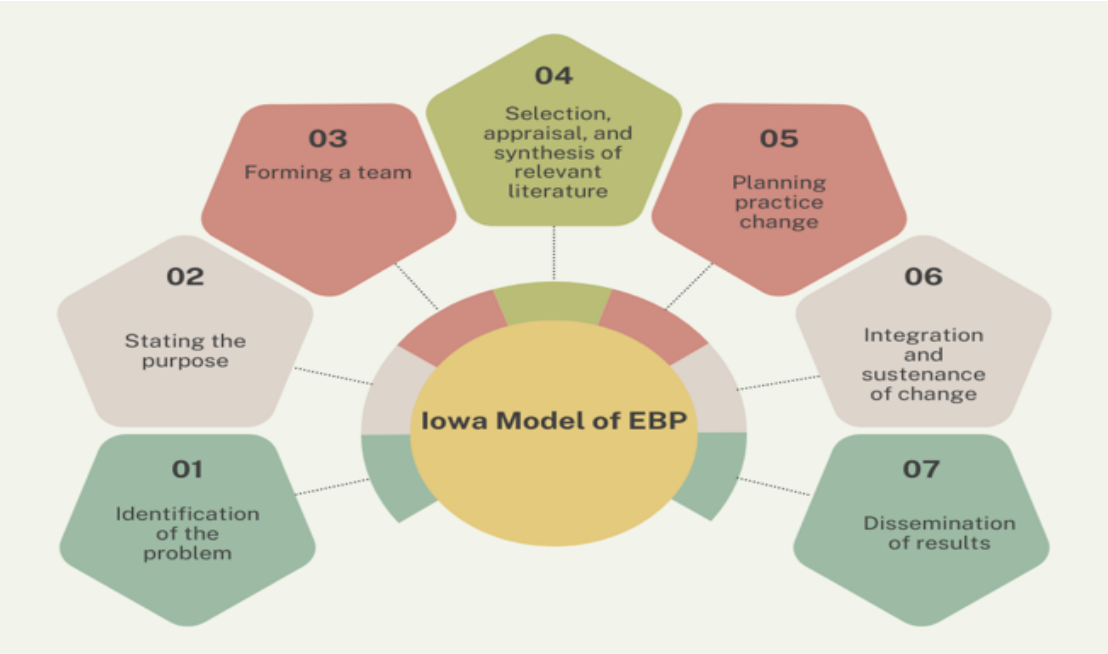
Substance Abuse and Mental Health Services Administration (2022). Addressing burnout in the behavioral health workforce through organizational strategies. *SAMHSA Publication*. https://www.samhsa.gov/resource/ebp/addressing-burnout-behavioral-health-workforce-organizational-strategies

Tawfik, D. S., Scheid, A., Profit, J., Shanafelt, T., Trockel, M., Adair, K. C., Sexton, J. B., & Ioannidis, J. P. A. (2019). Evidence relating health care provider burnout and quality of care: A systematic review and meta-analysis. *Annals of Internal Medicine*, *171*(8), 555–567. https://doi.org/10.7326/M19-1152

World Health Organization (2019). Burn-out an "occupational phenomenon": International classification of diseases.

https://www.who.int/mental_health/evidence/burn-out/en/

Appendix A


04
Selection, appraisal, and synthesis of relevant literature
03
Forming a team
05
Planning practice change
02
Stating the purpose
06
Integration and sustenance of change
Iowa Model of EBP
01
Identification of the problem
07
Dissemination of results

Appendix B

YOUR HEALTHIEST SELF

Emotional Wellness Checklist

Emotional wellness is the ability to successfully handle life's stresses and adapt to change and difficult times. Here are tips for improving your emotional health:

BE MINDFUL

The concept of mindfulness is simple. This ancient practice is about being completely aware of what's happening in the present—of all that's going on inside and all that's happening around you. It means not living your life on "autopilot." Becoming a more mindful person requires commitment and practice. Here are some tips to help you get started.

TO BE MORE MINDFUL:

- ☐ **Take some deep breaths.** Breathe in through your nose to a count of 4, hold for 1 second and then exhale through the mouth to a count of 5. Repeat often.
- ☐ **Enjoy a stroll.** As you walk, notice your breath and the sights and sounds around you. As thoughts and worries enter your mind, note them but then return to the present.
- ☐ **Practice mindful eating.** Be aware of taste, textures, and flavors in each bite, and listen to your body when you are hungry and full.
- ☐ **Be aware of your body.** Mentally scan your body from head to toe. Bring your attention to how each part feels.
- ☐ **Find mindfulness resources,** including online programs and teacher-guided practices.

Appendix C

U.S. Department of Health and Human Services
National Institutes of Health

National Center for Complementary and Integrative Health

8 Things to Know About Meditation and Mindfulness

Meditation has a history that goes back thousands of years, and many meditative techniques began in Eastern traditions. Some types of meditation involve keeping mental focus on a particular sensation or a repeated word or phrase. Others include the practice of mindfulness, which involves keeping attention or awareness on the present moment without making judgments.

Here are 8 things to know about what the science says about meditation and mindfulness for health:

1 **Mindfulness-based practices may be helpful for anxiety and depression.** They are better than no treatment at all, and they may work as well as established evidence-based therapies such as cognitive behavioral therapy.

2 **Studies that looked at the effects of meditation or mindfulness on pain have had mixed results.** The evidence for a beneficial effect on chronic pain is better than the evidence for an effect on acute pain.

3 **Mindfulness meditation practices may reduce insomnia and improve sleep quality.** Their effects are comparable to those of cognitive behavioral therapy or exercise.

4 **Meditation and mindfulness may reduce symptoms of post-traumatic stress disorder (PTSD).** In one study in veterans, meditation was as helpful as prolonged exposure therapy, a widely accepted treatment for PTSD.

5 **Mindfulness-based practices may help people recover from substance use disorders.** These practices have been used to help people increase their awareness of the thoughts and feelings that trigger cravings and learn ways to reduce their automatic reactions to cravings.

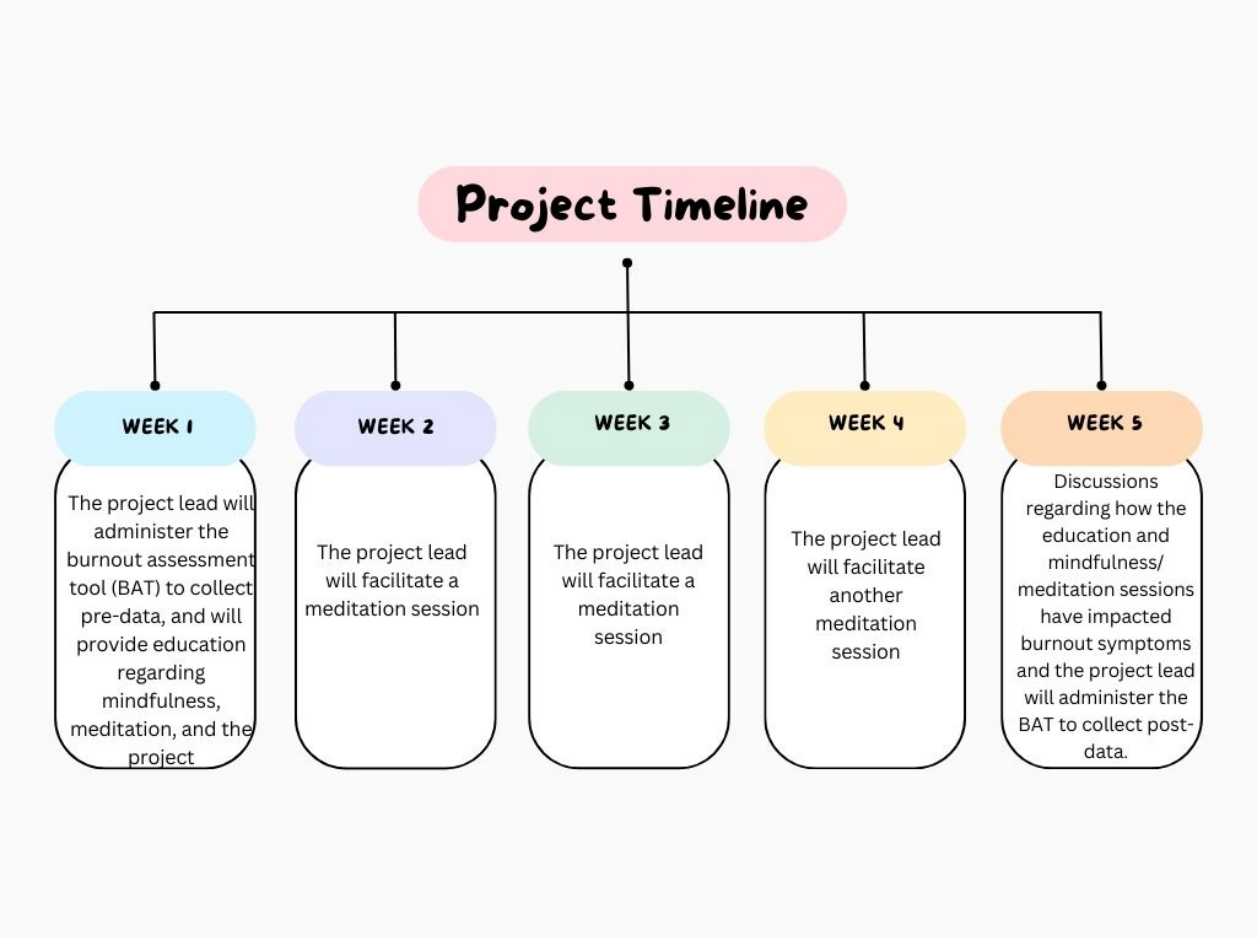
6 **Mindfulness-based approaches may improve mental health in people with cancer.** Most of the people studied have been women with breast cancer; effects might be different in other groups of people.

7 **Studies have suggested possible benefits of meditation and mindfulness programs for losing weight and managing eating behaviors.** Programs that combine formal meditation and mindfulness practices with informal mindfulness exercises seem especially promising.

8 **Meditation and mindfulness practices are usually considered to have few risks, but some people do have negative experiences with these practices.** In an analysis of studies on more than 6,000 people, about 8 percent of participants reported negative effects—most commonly, anxiety or depression—which is similar to the percentage reported for psychological therapies.

Find out more—Meditation and Mindfulness: What You Need To Know

Appendix D


Project Timeline
WEEK 1
The project lead will administer the burnout assessment tool (BAT) to collect pre-data, and will provide education regarding mindfulness, meditation, and the project
WEEK 2
The project lead will facilitate a meditation session
WEEK 3
The project lead will facilitate a meditation session
WEEK 4
The project lead will facilitate another meditation session
WEEK 5
Discussions regarding how the education and mindfulness/ meditation sessions have impacted burnout symptoms and the project lead will administer the BAT to collect post-data.

Appendix E

General version of the BAT

Instruction

The following statements are related to your day-to-day situation and how you experience that. Please state how often each statement applies to you.

Scoring

Never	Rarely	Sometimes	Often	Always
1	2	3	4	5

		Never	Rarely	Sometimes	Often	Always
Exhaustion						
1.	I feel mentally exhausted*	☐	☐	☐	☐	☐
2.	Everything I do requires a great deal of effort	☐	☐	☐	☐	☐
3.	At the end of the day, I find it hard to recover my energy*	☐	☐	☐	☐	☐
4.	I feel physically exhausted*	☐	☐	☐	☐	☐
5.	When I get up in the morning, I lack the energy to start a new day	☐	☐	☐	☐	☐
6.	I want to be active, but somehow I am unable to manage	☐	☐	☐	☐	☐
7.	When I exert myself, I quickly get tired	☐	☐	☐	☐	☐
8.	At the end of my day, I feel mentally exhausted and drained	☐	☐	☐	☐	☐
Mental distance						
9.	I struggle to find any enthusiasm for my work*	☐	☐	☐	☐	☐
10.	I feel a strong aversion towards my job*	☐	☐	☐	☐	☐
11.	I feel indifferent about my job	☐	☐	☐	☐	☐
12.	I'm cynical about what my work means to others*	☐	☐	☐	☐	☐
Cognitive impairment						
13.	I have trouble staying focused*	☐	☐	☐	☐	☐
14.	I struggle to think clearly	☐	☐	☐	☐	☐
15.	I'm forgetful and distracted	☐	☐	☐	☐	☐
16.	I have trouble concentrating*	☐	☐	☐	☐	☐
17.	I make mistakes because I have my mind on other things*	☐	☐	☐	☐	☐

Emotional impairment						
18.	I feel unable to control my emotions*	☐	☐	☐	☐	☐
19.	I do not recognize myself in the way I react emotionally*	☐	☐	☐	☐	☐
20.	I become irritable when things don't go my way	☐	☐	☐	☐	☐
21.	I get upset or sad without knowing why	☐	☐	☐	☐	☐
22.	I may overreact unintentionally*	☐	☐	☐	☐	☐

Note: * Short version.

Appendix F

DNP 763–Project II

DNP Project Team Determination
Quality Improvement or Evidence Based Practice Project or Research

All DNP Projects, regardless of methodology, must uphold the highest standards of ethical practice including confidentiality and privacy as described in the ANA Code of Ethics. Accordingly, basic principles of ethics, confidentiality, and privacy must be addressed and maintained in each phase of the DNP Project implementation. Methods for maintaining such should be described in full detail within the body of the DNP Project Paper.

If the determination is made that the DNP Project is a "Quality Improvement or Evidence Based Practice Project," then the project should be referred to as such in all future communications–both written and verbally. Quality Improvement or Evidence Based Practice projects should not be referred to as research or research projects and are not subject to any form of IRB review. Additionally, the student should not make any claims in writing or verbally of IRB exemption status, acceptance, or review in such projects.

Sections A and B should be completed and submitted by the student. **Section C** should be completed by the faculty.

SECTION A

Student Name: Victoria Chigbu

DNP Project Title: Implementing the National Institute of Health's wellness program to reduce burnout among mental health professionals.

DNP Project Instructor: Dr. Julie Astrella

DNP Project Mentor: Olukemi Kuku DNP, PMHNP

Quality Improvement or Research Worksheet

Rachel Nosowsky, Esq.

ITEM	Issue and Guidance	Rating
1	Are participants randomized into different intervention groups to enhance confidence in differences that might be obscured by nonrandom selection? Randomization done to achieve equitable allocation of a scarce resource need not be considered and would not result in a "yes" here.	____ YES ___X_ NO
2	Does the project seek to test issues that are beyond current science and experience, such as new treatments (i.e., is there much controversy about whether the intervention will be beneficial to actual patients – or is it designed simply to move existing evidence into practice?). If the project is	____ YES __X__ NO

	performed to implement existing knowledge to improve care – rather than to develop new knowledge – answer "no".	
3	Are there any potential conflicts of interest (financial or otherwise) among any researchers involved in the project? If so, please attach a description of such in an attachment to this form.	____ YES ___X_ NO
4	Is the protocol fixed with a fixed goal, methodology, population, and time period? If frequent adjustments are made in the intervention, the measurement, and even the goal over time as experience accumulates, the answer is more likely "no."	____ YES __X__ NO
5	Will data collection occur in stages with an effort to remove potential bias? If so, is there any potential for data skewing from this process?	____ YES ___X_ NO
6	Is the project funded by an outside organization with a commercial interest in the use of the results? If the answer to this question is "Yes" please also answer question 6a and 6b. If the project is funded by third-party payors through clinical reimbursement incentives, or through internal clinical/operations funds vs. research funds, the answer to this question is more likely to be "no."	____ YES __X__ NO
6a	Is the sponsor a manufacturer with an interest in the outcome of the project relevant to its products?	____ YES ___X_ NO
6b	Is it a non-profit foundation that typically funds research, or internal research accounts?	____ YES ___X_ NO

Adapted from Hastings Center, "The Ethics of Using Quality Improvement Methods to Improve Health Care Quality and Safety" (June 2006) If the weight of the answers tends toward "yes" overall, the project should be considered "research" and approved by an IRB prior to implementation. If the weight of the answers tends toward "no," the project is not "research" and is not subject to IRB oversight unless local institutional policies differ. Answering "yes" to sequence #1 or #2 – even if all other answers are "no" – typically will result in a finding that the project constitutes research. It is important to consult with your local IRB if you are unsure how they would handle a particular case, as the analysis of the above issues cannot always be entirely objective and IRB policies and approaches vary significantly.

Obtained from: Quality Improvement or Research Worksheet

SECTION B

All projects, including student QI or EBP projects, are required to be registered with the Department of Research at TUN. Please register your project via this Qualtrics survey. Provide your information as the PI for your project.

5/22/2023

DNP 763–Project II

__X_ Yes, I registered my project with the Department of Research at TUN via the link above

___ No, I did not register my project with the Department of Research at TUN. Please provide rationale.

SECTION C

Project Classification Decision:

The project instructor will select one of the three classifications listed below.

___X__ This DNP Project is a quality improvement or evidence-based practice project. Do not submit to IRB for review.

_____ This DNP Project contains research methodology, and an IRB application should be submitted to the TUN IRB committee for exemption determination and/or full IRB review.

_____ This DNP Project is not clearly delineated as quality improvement or research of discovery. Additional consultation will be obtained from the IRB committee by the project team. The advice of the IRB committee regarding the need for review will be noted in writing and the student will be informed of such (Please attach any pertinent documentation from IRB review as an Appendix to this document.)

By signing below, the project instructor indicates that they agree with the above selection.

Printed Name of Project Instructor: Dr. Julie Astrella, DNP, RN, CNE

_____

Electronic Signature of Project Instructor: _ 

5/22/2023