

**Development of a Self-Directed Learning Resource Focused on the Identification,  
Treatment, and Prevention of Nursing Burnout for Nurses Practicing in Acute Care  
Settings**

By © Mindy MacNeil Gushue

A report submitted to the School of Graduate Studies in partial fulfillment of the requirements  
for the degree of

**Master of Science in Nursing**

Faculty of Nursing

Memorial University of Newfoundland

Winter 2024

St. John's, Newfoundland and Labrador

## Abstract

**Background:** Burnout is an important healthcare issue that has negative consequences for nurses, patients, and the healthcare system. Feelings of nursing burnout can be characterized as emotional exhaustion, depersonalization, and reduced personal accomplishment. Nurses must be supported in improving their well-being and mitigating the impact of this insidious phenomenon.

**Purpose:** The purpose of this practicum project was to develop a learning resource focused on the identification, treatment, and prevention of burnout for nurses practicing within acute care.

**Methods:** (1) an integrative literature review; (2) an environmental scan of reputable websites, resources, policies, and programs supporting nursing burnout from health authorities within Atlantic Canada; (3) consultation interviews with key stakeholders; and (4) the development of a self-directed online learning resource focused on nursing burnout.

**Results:** The literature revealed that burnout is a substantial issue to nurses and the healthcare system. Effective interventions that enhance resiliency and improve mindfulness for nurses can reduce the impact of burnout for nurses. The environmental scan revealed several reputable sources of information that were considered for topics explored within the learning resource. Consultation interviews confirmed the need for supportive resources for nurses related to nursing burnout. Based on these results, a self-directed learning resource was developed exploring the identification, treatment, and prevention of burnout. **Conclusion:** Burnout has long been associated with nurses. Having a learning resource to support nurses within the healthcare system will help to improve nurses well-being and mitigate feelings of nursing burnout.

**Key Words:** *nursing burnout, nursing education, self-directed learning, mindfulness, resiliency*

## **Acknowledgements**

My success with this practicum project would not have been possible without the support of my practicum supervisor, Dr. Jennifer Collins. It has been one of the greatest honors in my nursing career to learn in your presence. Learning in your presence has been a privilege because of the compassion that you demonstrate as well as your commitment to achieving excellence in education and research.

Thank you to all of the incredible nursing colleagues that I have had the privilege to practice with throughout my nursing career. Your support, kindness, and empathy has had meaningful impact on the lives of patients and I am truly grateful to have been able to learn in your presence.

To my husband, Michael, thank you for the love and support that you have always given me. I love you very much. To my sister, Amy, you are one of the strongest, smartest, and kindest people that I have ever met and I am truly blessed to have you as my sister and my best friend. To my mother, Peggy, and my father, the late Bernie MacNeil, you have both been my biggest supporters in life. You taught me the value of being kind, working hard, and helping others. You have always been supportive of my educational aspirations and motivate me to help others.

Finally, to my three children, Riley, Emma, and Erin. Being your mother is my greatest achievement in life. I love you so much and I would not be where I am today without your love and support. You are my greatest motivation in life and I am honored to be your mother. You make the world a brighter place with your kindness and love, and I am so proud of all of your accomplishments.

## Table of Contents

Abstract.....	2
Acknowledgements.....	3
Introduction.....	6
Objectives .....	7
Overview of Methods .....	8
Summary of the Literature Review .....	9
Summary of the Environmental Scan .....	14
Summary of the Consultations .....	15
Summary of the Resource .....	17
Module One: Identification of Nursing Burnout .....	18
Module Two: Treatment of Nursing Burnout .....	18
Module Three: Prevention of Nursing Burnout .....	18
Advanced Nursing Practice Competencies .....	19
Research .....	19
Leadership .....	20
Educational .....	20
Next Steps .....	20
Pilot and Implementation.....	20
Evaluation .....	21
Conclusion .....	22
References .....	24

Appendices .....	27
Appendix I: Literature Review .....	27
Appendix II: Environmental Scan Report .....	64
Appendix III: Consultation Report .....	91
Appendix IV: Learning Resource .....	123

Burnout is a serious issue that impacts nurses and the healthcare system worldwide due to the negative impact on nurses health and patient safety such as the occurrence of adverse events that may result in patient injury and patient death (Montgomery & Patrician, 2020; Shah et al., 2021). Burnout has been defined within the literature as a syndrome that includes feelings of emotional exhaustion, depersonalization, and reduced personal accomplishment (Maslach et al., 1986, as cited in Montgomery & Patrician, 2020). Nurses can articulate feelings associated with burnout by expressing pessimism, decreased personal value, lack of satisfaction with accomplishments, and insensitivity towards patients (World Health Organization (WHO), 2018).

To effectively prevent and treat nursing burnout, it is essential that there is a thorough understanding of the factors that contribute to burnout and what impact this has on nurses, patients, and the healthcare system. Recently reviewed literature found that contributing factors to nursing burnout included clinical practice stressors such as long hours, insufficient nursing staff, and increased patient-to-nurse staffing ratios (Garcia et al., 2019; Shah et al., 2021; Theofanidis et al., 2022). Shah et al. (2021) found that there were very few estimates of nursing burnout within the literature and conducted a high-quality, retrospective cohort study of moderate design, resulting in 35% to 54% of healthcare professionals reporting burnout symptoms. Prasad et al. (2021) and Ferry et al. (2021) conducted medium-quality, cross-sectional studies, both of weak design, which found the prevalence of burnout has increased with the Covid-19 pandemic to include 49% (n = 10264) of healthcare providers in the United States and 79% (n = 424) of healthcare providers in the United Kingdom. Burnout continues to have an impact on nurses, which is why there continues to be a need to support the well-being of nurses and mitigate nursing burnout.

This practicum project has involved the completion of a literature review, environmental scan, and consultation plan to gain a broader understanding of how to support the well-being of nurses and mitigate feelings of burnout. The setting for this practicum project has been an acute care facility within Atlantic Canada, specifically perioperative services, which includes the pre-admission surgical clinic, day surgery, and the post-anaesthesia care unit. This report provides a summary of the objectives, methods, literature review, environmental scan, and consultation plan that were completed for the practicum project. The purpose of this practicum project was to focus on supporting the well-being of nurses and mitigating nursing burnout within clinical practice environments through the development and utilization of a supportive educational resource that addresses concepts related to improving the well-being of nurses' and mitigating feelings of nursing burnout.

### **Objectives**

The purpose of this practicum project was to develop an educational learning resource to support the well-being of nurses and mitigate burnout that will be utilized by nurses practicing in acute care settings.

The key practicum objectives were:

1. Identification of nursing needs and nursing issues with respect to nursing burnout in acute care;
2. Identification of interventions that will help to support the well-being of nurses and help to mitigate nursing burnout;
3. Development of a learning resource that will include educational information relating to the identification of nursing burnout, prevention strategies to reduce nursing burnout, and supportive strategies to treat nursing burnout; and

#### 4. Demonstration of advanced nursing practice competencies.

### **Overview of Methods**

The purpose of this practicum project was to develop a learning resource focused on the identification, treatment, and prevention of burnout for nurses practicing within acute care. Data collection was undertaken to gain a broader understanding of the impact of nursing burnout and available supports for nurses. Evidence sought to inform the development of the learning resource that included an integrative literature review, an environmental scan, and consultation with key stakeholders who practiced within the intended facility.

Findings from the integrative literature review confirmed that burnout is an important issue and there is an absolute need to support nurses' well-being and mitigate burnout. Recent literature suggests that interventions that can provide improve support, enhance resiliency, and increase education for nurses may help to reduce the fatigue, stress, and burnout that nurses face within their clinical practice environments (Cascales-Perez et al., 2021; Gunusen et al., 2022; Guo et al., 2020; Profit et al., 2021).

The environmental scan resulted in the identification of resources relevant to nursing burnout. Although no direct resources were identified within the environmental scan to directly inform the development of the nursing burnout learning resource, there were some aspects for content covered in material from the environmental scan that indirectly influenced the development of the learning resource (Canadian Nurses Association (CNA), 2020; Employee Assistance Program, 2023; Employee & Family Assistance Program, 2023; Registered Nurses Association of Ontario (RNAO), 2008; RNAO, 2011; RNAO, 2017; Wellness Together Canada, 2023; WHO, 1994; Work Health Life, 2023).

The consultation process resulted in the identification and incorporation of relevant key

stakeholders, who practiced within the intended facility, to explore the concept of nursing burnout. Key stakeholders completed informal, semi-structured interviews to identify the needs and recommended solutions to improve nursing burnout. Information obtained from key stakeholders was analysed and supported the development of the resource. Evidence obtained from the integrative literature review, environmental scan, and consultations with key stakeholders confirmed the need for a supportive educational resource focused on nursing burnout.

### **Summary of the Literature Review**

An integrative literature review was completed. Articles published between 2018 and 2023 were selected and reviewed to retrieve nursing burnout literature that was relevant to current nursing practices. Three electronic databases were utilized: CINAHL, ProQuest, and PubMed. The literature review was guided by the question: “What is known about nursing burnout and its impact on the healthcare system as well as the interventions available to support the well-being of nurses and counter burnout within their clinical practice environments?” Search terms included combinations of MESH terms: “nursing”, “burnout”, “nursing burnout”, “professional burnout”, “literature review”, “interventions”, “identification”, “treatment”, and “prevention”. The Public Health Agency of Canada (PHAC) Critical Appraisal Toolkit was utilized to critically appraise the 16 articles that were selected to inform this integrative literature review (PHAC, 2015). A full copy of the literature review can be found in Appendix I of this report.

### **Significance of the Problem**

Of the 16 articles selected to inform this literature review, 11 articles were utilized to determine the significance of the problem. Burnout is a serious issue that impacts nurses and the

healthcare system. Nurses throughout Canada have reported experiencing high stress and burnout on the job (Tomblin-Murphy et al., 2022). Nurses who have had to face long hours, increased overtime, excessive workloads, violence within the workplace, and exposure to stressful events has resulted in a record high number of job vacancies in Canada (n = 100,300), which was an increase of 56.9% compared to 2019 (Tomblin-Murphy et al., 2022). Shah et al. (2021) conducted a high-quality, retrospective cohort study of moderate design, which found that 35% to 54% of healthcare professionals reported burnout symptoms. Healthcare professionals often cite burnout as their reason for leaving their chosen profession, for example nurses leaving due to burnout increased from 17% (n = 78,617) in 2007 to 31.5% (n = 131,912) between 2017-2018 (Shah et al., 2021). The prevalence of burnout has increased with the Covid-19 pandemic to include 49% (n = 10264) of healthcare providers in the United States (Prasad et al., 2021) and 79% (n = 424) of healthcare providers in the United Kingdom (Ferry et al., 2021).

### **Impact of Burnout**

Nursing burnout has become a threat to the healthcare system. Burnout can negatively impact nurses' mental, physical, and emotional well-being (Montgomery et al., 2020; Shah et al., 2021). Nursing burnout can lead to long-term complications for nurses, patients, and the healthcare system. Burnout can influence the nursing care being provided to patients, resulting in a negative impact on patient safety such as the occurrence of serious medical errors which could result in patient injury and patient death (Montgomery et al., 2020; Shah et al., 2021). Research has confirmed a relationship between burnout and patient safety that was demonstrated by an effect of 2.67 with a confidence interval of 2.3 to 3.0, which represented a probability of superiority of 96.7% (Garcia et al., 2019; Tomblin-Murphy et al., 2022). In addition to affecting patient safety, burnout has resulted in impacts on the healthcare system. Burnout can impact

clinical practice environments and the healthcare system when there is a reduction of nurses resulting from increased absenteeism, sick leave, and nurses leaving their profession (Barrow et al., 2022; Cascales-Perez et al., 2021).

## **Interventions**

Of the 16 articles selected to inform this literature review, the remaining 5 articles were randomized controlled trials (RCT) that examined interventions relating to burnout among healthcare professionals. The five RCTs, which were all strong study designs, that implemented interventions to support the well-being of nurses and mitigate nursing burnout included one high-quality RCT (Cascales-Perez et al., 2021), three medium-quality RCTs (Gunusen et al., 2022; Guo et al., 2020; Profit et al., 2021), and one low-quality RCT (Watanabe et al., 2019).

A review of recently published literature identified contributing factors that can lead to nursing burnout such as nurses' demanding workloads, insufficient staffing ratios, lack of communication among healthcare professionals, and the lack of organizational leadership within clinical practice environments (Montgomery et al., 2020; Shah et al., 2021; Theofanidis et al., 2022). To counter these contributing factors that can lead to nursing burnout, recently published literature has identified the importance of interventions focused on improving resiliency and enhancing mindfulness that have been effective in reducing burnout and improving the health and well-being of nurses and other healthcare providers (Barrow et al., 2022).

### ***Resiliency-Based Interventions***

Supporting evidence within the literature has demonstrated the effectiveness of resiliency-based interventions in reducing burnout and improving the health and well-being of nurses (Barrow et al., 2022; Profit et al., 2021). A review of recently published literature indicates the need to focus on resiliency techniques as interventions to assist with mitigating burnout. The

techniques of resiliency identified within the literature include: journaling; reshaping habits; taking breaks; exploring nature; focused breathing; expressing gratitude; identifying strengths; and random acts of kindness (Barrow et al., 2022; Guo et al., 2020; Profit et al., 2021). These techniques can help to foster and enhance resiliency by allowing an individual to share, reflect, or write down their thoughts and feelings related to positive or negative events (Barrow et al., 2022; Guo et al., 2020; Profit et al., 2021). Recently published literature indicates that the utilization of these resiliency techniques results in a reduction of psychological stress experienced by nurses and feelings of burnout among nurses (Barrow et al., 2022; Guo et al., 2020; Profit et al., 2021).

### ***Mindfulness-Based Interventions***

Supporting evidence within the literature has demonstrated the need to focus on mindfulness techniques as interventions to assist with mitigating burnout (Cascales-Perez et al., 2021). Practicing mindfulness helps individuals to improve their well-being, reduce suffering, and control an individual's behaviors, relationships, and self-awareness (Barrow et al., 2022; Cascales-Perez et al., 2021; Zhang et al., 2020). Recently published literature indicates that mindfulness practices identified within the literature include: meditation; promoting self-awareness; journaling; relaxation techniques; exercise programs; and breathing techniques (Barrow et al., 2022; Cascales-Perez et al., 2021; Watanabe et al., 2019). These techniques have proven to be effective techniques for the treatment of burnout because they help release stress and negative thoughts, resulting in the mitigation of burnout (Barrow et al., 2022; Cascales-Perez et al., 2021). Evidence suggests that focusing on mindfulness techniques supports nurses who are coping with increased demands relating to their nursing practices and clinical practice environments (Zhang et al., 2020).

### ***Nurse-led Interventions***

Supporting evidence within the literature has demonstrated the effectiveness of nurse-led interventions to reduce burnout among nurses. A medium-quality RCT of strong study design conducted by Gunusen et al. (2022) evaluated the effect of a nurse-led intervention program on compassion fatigue, burnout, compassion satisfaction, and psychological distress in nurses. The nurse-led intervention program was based on a cognitive-behavioral approach that was comprised of four 90-minute sessions (Gunusen et al., 2022). The psychological distress scores of the nurses who participated in the intervention were significantly lower than the control group ( $\chi^2$  Friedman = 34.208,  $p = 0.001$ ). Although there was no significant difference in terms of compassion fatigue, burnout, and compassion satisfaction, Gunusen et al. (2022) recommended that cognitive-behavioral approach-based interventions continue to be examined for nurses at risk because there is still a need for standardized and evidence-based programs to support nursing burnout.

### **Theoretical Framework**

Dorothy Orem's Self-Care Deficit Nursing Theory (SCDNT) was selected to guide this practicum project because the SCDNT focuses on the concept of nursing and selfcare. A fundamental principle of the SCDNT includes the belief that humans will participate in continuous communication and interact among themselves as well as their environments with the goal of remaining alive and having the ability to properly function (Orem, 1995). Humans need to be able to act accordingly to identify needs and make necessary judgements to meet specific needs. According to Orem's SCDNT everyone has a unique identity that is unlike any other individual but that there is common interest to understand the sense of the mutual relationships that exist between individuals and the world (McEwen & Wills, 2014).

## **Summary of the Environmental Scan**

An environmental scan was conducted to identify existing educational resources, policies, or programs utilized by health authorities within Atlantic Canada or available from reputable provincial, national, or international professional organization websites. Four perioperative services unit managers within acute care facilities from the four Atlantic provinces were emailed to identify and request any educational resources, current policies, or existing programs that supported nursing burnout within their healthcare organizations. Websites from professional organizations and any potential references that were identified from these websites were also reviewed as additional sources of information to support nursing burnout. Two representatives from provincial health authorities responded with information relating to their employee assistance program that supported individuals to resolve work, health, and life challenges and improve their overall health and well-being. Seven websites were also analyzed for information related to burnout among healthcare professionals. A full copy of the environmental scan report can be found in Appendix II.

Emerging themes that arose from the analysis of the environmental scan results include three categories: the identification of burnout; the treatment of burnout; and the prevention of burnout. The identification of burnout theme included the understanding and identification of signs, symptoms, causes, and risk factors related to burnout. The treatment of burnout theme included providing various types of support and resources (e.g., professional counselling, family support, career counselling, online resources, peer support) at the individual and organizational level to support nurses to identify and treat the underlying cause of nursing burnout. The prevention of burnout theme included prevention strategies at the individual and organizational level to support nurses within their clinical practice environments.

Results from the environmental scan found that supporting the health and well-being of individuals has resulted in various resources that are similar in content. There were no direct resources identified from the environmental scan that directly informed the development of the resource for nursing burnout; however, there were some aspects for content covered in material from the environmental scan that indirectly influenced the development of the learning resource (CNA, 2020; Employee Assistance Program, 2023; Employee & Family Assistance Program, 2023; RNAO, 2008; RNAO, 2011; RNAO, 2017; Wellness Together Canada, 2023; WHO, 1994; Work Health Life, 2023).

### **Summary of the Consultations**

Consultation interviews were completed with seven key stakeholders practicing within the intended acute care facility to explore the concept of nursing burnout. Two novice perioperative Registered Nurses (RN), three experienced perioperative RNs, and two experienced nursing leadership consultees participated in the interview process. Key stakeholders completed informal, semi-structured interviews over the phone or in person to identify the needs and the recommended solutions to improve nursing burnout. Information obtained from key stakeholders was analysed and supported the development of the resource. Through content analysis, two themes emerged that included nursing needs and supports, and development and delivery of the educational resource. Consultations with key stakeholders supported the need for the development of an educational resource to support the well-being of nurses and mitigate burnout. Some aspects for content covered in material from the consultations with key stakeholders indirectly influenced the development of the learning resource. A full copy of the consultation plan report can be found in Appendix III.

## **Nursing Needs and Supports**

All consultees discussed the personal resources and professional resources that they utilized to support their overall well-being and mitigate feelings of burnout. Exercise programs, non-traditional therapies such as meditation, online videos, personal relationships, workload collaboration, and utilizing time off were identified as supports by consultees. Online resources, support from the health authority, and collective agreements were additional supports identified by nursing leadership consultees. Potential organizational changes identified by the consultees to improve their well-being and mitigate burnout included additional education; increased preceptorship; promoting teamwork; increased nursing leadership presence; improved communication; and clearly defining roles and expectations among healthcare providers.

## **Development and Delivery of the Educational Resource**

All consultees stated that the development of an educational resource focused on nursing burnout would be beneficial to support nurses and improve their well-being. Consultees discussed the importance of having an educational resource that included information and education related to the identification, treatment, and prevention of nursing burnout. The consultees discussed the importance of defining burnout and including concepts related to the identification of the signs and symptoms of burnout. The consultees also discussed including concepts related to the treatment and prevention of burnout such as improving resiliency, meditation, mindfulness techniques, and stress management techniques. Having an educational resource that is easily accessible, well publicized, and available routinely to perioperative nursing staff and nursing leadership was also discussed by the consultees. The preferred delivery method chosen by most of the consultees was an online e-learning resource. An online learning platform was viewed favorably by consultees to allow for confidentiality as well as independent

learning that could be incorporated into the nurses' schedule at a time that would be most convenient for them.

### **Summary of the Resource**

Findings from the integrative literature review, environmental scan, and consultation interviews were utilized to develop a self-directed online learning resource. The learning resource is titled, *Mitigating Burnout in Acute Care Nurses: Promoting Mindfulness and Resiliency in Nursing*, and a copy of the learning resource can be found in Appendix IV of this report. The learning resource contains evidence-informed information focused on the identification, treatment, and prevention of burnout for nurses practicing within acute care settings. The learning resource includes three modules that have been guided by the critical appraisal of literature from recently published scholarly evidence and a review of grey literature. The review of grey literature involved examining existing educational resources within the health authorities in Atlantic Canada. Additionally, consultations were held with key stakeholders within acute care settings. The consultations resulted in the identification by key stakeholders of the needed supports for nurses and recommended solutions to promote the well-being of nurses and mitigate feelings of nursing burnout. The identification of these needed supports and recommended solutions has resulted in the development of this online learning resource focused on supporting acute care nurses in the identification, treatment, and prevention of nursing burnout.

The learning resource has been designed for RNs and Licensed Practical Nurses practicing within acute care settings. The learning module is designed to allow participants to gain insights into the concept of nursing burnout and how to effectively treat nursing burnout and prevent nursing burnout from evolving. Interactive exercises are included within the three

modules to promote participant engagement and assess the participants knowledge related to the module information presented. Examples of the interactive exercises include completing a pre-test, watching videos accompanied by reflective questions, and reviewing a case study.

### **Module One: Identification of Nursing Burnout**

Module one provides an introduction to the identification of nursing burnout. This module provides a definition of nursing burnout and a description of the signs and symptoms associated with burnout. The contributing factors associated with nursing burnout are identified within this module. The Maslach Burnout Inventory is also provided in this module. Completion of the Maslach Burnout Inventory is completely voluntary and has been included to provide participants with evidence from the literature that supports the measurement of burnout. A list of supportive resources that nurses can access for individuals who may be experiencing nursing burnout is presented in the Appendices at the end of the modules.

### **Module Two: Treatment of Nursing Burnout**

Module two provides an introduction to the treatment options and supportive resources available to support nursing burnout at the individual level and organizational level. The literature has identified various interventions, such as resiliency and mindfulness practices, that can help to improve the well-being of nurses and mitigate feelings of nursing burnout (Barrow et al., 2022; Cascales-Perez et al., 2021; Profit et al., 2021; Watanabe et al., 2019). This module describes the concepts of self-care, resiliency, and mindfulness and their importance in reducing nursing burnout.

### **Module Three: Prevention of Nursing Burnout**

Module three provides an introduction to strategies that focus on the prevention of nursing burnout. This module identifies strategies and supportive resources to prevent nursing

burnout at the individual level and organizational level. The importance of a healthy work-life balance and self-care is also discussed in this module as well as the physical, psychological, emotional, and professional interventions that can support an individual's self-care. A self-care inventory is provided in the Appendices of the modules. Completion of the self-care inventory is completely voluntary and has been included to provide participants with supportive self-care activities that can help to improve an individual's well-being.

### **Advanced Nursing Practice Competencies**

Advanced practice nurses (APN) must provide strong leadership and work towards improving nursing practice environments; creating and supporting the integration of nursing theories into nursing practices; participating in conducting and applying research in nursing; and assisting with guidance and mentorship to nursing colleagues (Scully, 2015). The CNA (2019) APN framework outlined six APN competencies that include direct comprehensive care, consultation and collaboration, education, research, leadership, and health system optimization.

### **Research Competencies**

The CNA (2019) research competency stated that “advanced practice nurses are committed to generating, synthesizing, critiquing and applying research evidence” (p. 32). This practicum project has involved the synthesis, critical appraisal, and application of research evidence related to the topic of nursing burnout. The literature has been examined in a systematic way that identified research-based approaches for nursing burnout. Once the literature review was completed and synthesis, critical appraisal, and the identification of interventions were identified, then an environmental scan and further consultations occurred including interviews. Analysis of the information collected then occurred to further enhance the development of the

educational resource. This was followed by the overview of the post-practicum implementation and evaluation processes.

### **Leadership Competencies**

The leadership competency has been demonstrated in this practicum project because nursing colleagues within an acute care setting have been supported with the issue of nursing burnout. There has also been advocacy to support the well-being of nurses and mitigate burnout among nursing colleagues. Addressing the issue of nursing burnout continued through the development of this educational resource that will ideally improve the support for nurses within their clinical practice environments.

### **Educational Competencies**

The educational competency has been demonstrated in this practicum project through the planning of this practicum project and development of an educational resource for nursing burnout based upon the needs of nurses. The needs of nurses have been identified and the development of a learning resource has occurred to support the well-being of nurses and mitigate burnout. This educational competency has been fulfilled through professional growth and development through the completion of this practicum project. Development and the enhancement of knowledge will also occur for my nursing colleagues.

### **Next Steps**

#### **Pilot and Implementation**

After the completion of this practicum project, the next steps will involve a discussion with the unit manager of perioperative services requesting a review of the self-directed online learning resource. Following the requested review, approval will be requested for the resource to be shared among perioperative nursing staff at the acute care facility. The self-directed online

learning resource will also be shared with the clinical nurse educator of perioperative services. A request will be made to the clinical nurse educator seeking assistance to request that the self-directed online learning resource be considered for the health authorities learning management system. The initial goal of implementation will involve one health authority within Atlantic Canada, followed by a long-term goal of implementation to additional health authorities within Atlantic Canada.

### **Evaluation**

Upon receiving approval for the self-directed online learning resource to be added to the health authorities learning management system, the evaluation component will involve obtaining feedback about the self-directed online learning resource from participants. Due to the increased time constraints and responsibilities that nurses face within their clinical practice environments, it will be important to ensure that the implementation and evaluation components involve a simplified process, which could help to ensure sustainability of the resource being implemented. Providing enhanced support and education to nurses by implementing a new learning resource can be challenging, while sustaining the changes may be even more challenging, which is why a simplified process is important and would likely be supported and appreciated by nurses.

The participants will be asked to complete a brief survey that will be linked to the concluding information section at the end of the online learning resource. Participants will be asked to identify the usefulness of the online learning resource. Participants will also be asked to provide feedback relating to the strengths and areas requiring improvement for the online learning resource. Responses to the survey will be reviewed by the clinical nurse educator following the implementation of the online learning resource.

Having the self-directed online learning resource recognized by one health authority and added to the learning management system may lead to further support from other health authorities, resulting in an increased number of nurses that are able to access and complete this online learning resource.

### **Conclusion**

This practicum project has involved the completion of an integrative literature review, environmental scan report, and consultation plan report. Completion of these components of the practicum project has resulted in a broader understanding of how to support the well-being of nurses and mitigate nursing burnout. Findings from the integrative literature review, environmental scan, and consultation process revealed valuable information about the importance of supporting nursing burnout. Completion of this practicum project and applying research related to nursing, while also supporting nursing colleagues has allowed for the growth and demonstration of APN competencies. These include the research, leadership, and educational competencies.

The purpose of this practicum project was to develop a learning resource for nurses within acute care settings that focuses on the identification, treatment, and prevention of nursing burnout to help improve the well-being of nurses and mitigate nursing burnout. Having an educational resource to support the well-being of nurses and mitigate burnout would be a positive contribution to the nursing profession. The implementation and evaluation of this learning resource will be continued after completion of this practicum project. Ideally, this practicum project and development of the educational resource will result in more support for the well-being of nurses and mitigate nursing burnout for all nurses within acute care settings. Having this educational resource submitted and formally recognized within the learning

management system of a provincial health authority may help to improve the number of nurses who could access and utilize this educational resource.

## References

- Canadian Nurses Association. (2019). Advanced practice nursing: A Pan-Canadian Framework. Ottawa, Ontario: Author. 2\_1136 Advanced Practice Nursing framework EN.indd (hl-prod-ca-oc-download.s3-ca-central-1.amazonaws.com)
- Cascales-Perez, M., Ferrer-Cascales, R., Fernández-Alcántara, M., & Cabañero-Martínez, M. (2021). Effects of a mindfulness-based programme on the health-and work-related quality of life of healthcare professionals. *Scandinavian Journal of Caring Sciences*, 35(3), 881-891. doi: 10.1111/scs.12905
- Castillo-Gonzalez, A., Velando-Soriano, A., De La Fuente-Solana, E., Martos-Cabrera, B., Membrive-Jiménez, M., Lucía, R., & Canadas-De La Fuente, G. (2023). Relation and effect of resilience on burnout in nurses: A literature review and meta-analysis. *International Nursing Review*. doi: 10.1111/inr.12838
- Ferry, A., Wereski, R., Strachan, F., & Mills, N. (2021). Predictors of UK healthcare worker burnout during the COVID-19 pandemic. *Monthly Journal of the Association of Physicians*, 114(6), 374–380. doi: 10.1093/qjmed/hcab065
- Garcia, C., Abreu, L., Ramos, J., Castro, C., Smiderle, F., Santos, J., & Bezerra, I. (2019). Influence of burnout on patient safety: Systematic review and meta-analysis. *Medicina*, 55(9), 553-566. <https://doi.org/10.3390/medicina55090553>
- Gunusen, N., Inan, F., Ustun, B., Serttaş, M., Sayin, S., & Toksoy, S. (2022). The effect of a nurse-led intervention program on compassion fatigue, burnout, compassion satisfaction, and psychological distress in nurses: A randomized controlled trial. *Perspectives in Psychiatric Care*, 58(4), 1576-1586. doi: 10.1111/ppc.12965

- Guo, Y., Plummer, V., Cross, W., Lam, L., & Zhang, J. (2020). Impact of WeChat-based 'three good things' on turnover intention and coping style in burnout nurses. *Journal of Nursing Management*, 28(7), 1570-1577. doi: 10.1111/jonm.13111
- Montgomery, A., & Patrician, P. (2020). The Concept of Burnout in the Nursing Profession. *International Journal of Nursing and Health Care Research*, 3(10), 1204-1214. doi: 10.29011/2688-9501.101204
- Nantsupawat, A., Nantsupawat, R., Kunaviktikul, W., Turale, S., & Poghosyan, L.(2016). Nurse burnout, nurse reported quality of care, and patient outcomes in Thai hospitals. *Journal of Nursing Scholarship*, 48(1), 83-90. doi: 10.1111/jnu.12187
- Orem, D. E. (1995). *Nursing: Concepts of practice* (5th ed.). St. Louis: Mosby.
- Prasad, K., McLoughlin, C., Stillman, M., Poplau, S., Goelz, E., Taylor, S., Nankivil, N., Brown, R., Linzer, M., Cappelucci, K., Barbouche, M., & Sinsky, C. (2021). Prevalence and correlates of stress and burnout among U.S. healthcare workers during the COVID-19 pandemic: A national cross-sectional survey study. *EClinicalMedicine*, 35, 1-9. doi: 10.1016/j.eclinm.2021.100879
- Profit, J., Adair, K., Cui, X., Mitchell, B., Brandon, D., Tawfik, D., Rigdon, J., Gould, J., Lee, H., Timpson, W., McCaffrey, M., Davis, A., Pammi, M., Matthews, M., Stark, A., Papile, L., Thomas, E., Cotten, M., Khan, A., & Sexton, J. (2021). Randomized controlled trial of the "WISER" intervention to reduce healthcare worker burnout. *Journal of Perinatology*, 41(9), 2225–2234. doi: 10.1038/s41372-021-01100-y
- Public Health Agency of Canada. (2014). *Infection prevention and control guidelines critical appraisal toolkit*. [http://publications.gc.ca/collections/collection\\_2014/aspc-phac/HP40-119-2014-eng.pdf](http://publications.gc.ca/collections/collection_2014/aspc-phac/HP40-119-2014-eng.pdf)

- Scully, N. (2015). Leadership in nursing: The importance of recognizing inherent values and attributes to secure a positive future for the profession. *Collegian*, 22(4), 439-44.  
doi: 10.1016/j.colegn.2014.09.004
- Shah, M., Gandrakota, N., Cimiotti, J., Ghose, N., Moore, M., & Ali, M. (2021). Prevalence of and factors associated with nurse burnout in the US. *JAMA Network Open*, 4(2), 1-11.  
doi: 10.1001/jamanetworkopen.2020.36469
- Theofanidis, D., Boukas, A., & Fountouki, A. (2022). A “new pandemic” at hand: Burnout of nursing staff. *International Journal of Caring Sciences*, 15(3), 2028–2035.  
Microsoft Word - 41. theofanidis.docx (internationaljournalofcaringsciences.org)
- Tomblin-Murphy, G., Sampalli, T., Bourque-Bearskin, L., Cashen, N., Cummings, G., Rose, E., Etowa, J., Grinspun, D., Jones, E., Lavoie-Tremblay, M., MacMillan, K., MacQuarrie, C., Martin-Misener, R., Oulton, J., Ricciardelli, R., Silas, L., Thorne, S., & Villeneuve, M. (2022). Investing in Canada’s nursing workforce post-pandemic: A call to action. Royal Society of Canada: Author. Nursing PB\_EN.pdf (rsc-src.ca)
- Watanabe, N., Horikoshi, M., Shinmei, I., Oe, Y., Narisawa, T., Kumachi, M., Matsuoka, Y., Hamazaki, K., & Furukawa, T. (2019). Brief mindfulness-based stress management program for a better mental state in working populations: Happy nurse project: A randomized controlled trial. *Journal of Affective Disorders*, 251, 186–194.  
doi: 10.1016/j.jad.2019.03.067
- Woo, T., Ho, R., Tang, A., & Tam, W. (2020). Global prevalence of burnout symptoms among nurses: A systematic review and meta-analysis. *Journal of psychiatric research*, 123, 9–20. doi: 10.1016/j.jpsychires.2019.12.015

## **Appendices**

### **Appendix I: Literature Review**

Literature Review:

The Development of a Supportive Educational Resource Related to Nursing Burnout

Mindy MacNeil Gushue

202094233

Faculty of Nursing, Memorial University of Newfoundland

## Literature Review

Burnout has become a threat to the health care system worldwide due to the negative impact on nurses health which can result in nurses leaving the profession. Burnout can impact patient safety such as the occurrence of serious medical errors that can result in patient injury and patient death (Montgomery & Patrician, 2020; Shah et al., 2021). Burnout has been defined within the literature as a syndrome that includes feelings of emotional exhaustion, depersonalization, and reduced personal accomplishment (Maslach et al., 1986, as cited in Montgomery & Patrician, 2020). Nurses can articulate these feelings associated with burnout by expressing pessimism, decreased personal value, lack of satisfaction with accomplishments, and insensitivity towards patients (World Health Organization (WHO), 2018). These feelings may result from stress that has not been treated effectively (Maslach et al., 1986, as cited in Montgomery & Patrician, 2020).

Four main components of burnout were identified within the literature that included the effect of burnout on nursing staff including: staff performance, symptoms of burnout, quality of patient care, and the prevention of burnout (Montgomery & Patrician, 2020; Theofanidis et al., 2022). Symptoms of burnout included psychological symptoms, behavioral symptoms, and physical symptoms. The prevention of burnout included primary measures such as prevention measures to prevent burnout; secondary measures such as measures for early burnout recognition and intervention; and tertiary measures such as measures to respond to consequences, rehabilitation, and modification (Montgomery & Patrician, 2020; Theofanidis et al., 2022). Evaluating nursing burnout and the associated factors relating to burnout may effectively address the causes of burnout.

Addressing the causes of burnout is essential because nurses have experienced stress, anxiety, increased responsibilities, and added physical and emotional demands related to their clinical practices. This has resulted in nurses experiencing burnout that has led to increased attrition and shortages of nurses throughout the world (Shah et al., 2021; Theofanidis et al., 2022). The overall burden and risk of burnout experienced by nurses has been further intensified by the Covid-19 pandemic. The Covid-19 pandemic has exacerbated the number of nurses who have left the nursing profession because of nursing burnout (Barrow et al., 2022). The burnout rates among Canadian doctors, nurses, and other healthcare professionals rose to more than 60% since spring 2021 (Barrow et al., 2022). The Registered Nurses' Association of Ontario (RNAO) (2022) measured burnout in nurses (n = 5200) by utilizing the Oldenburg Burnout Inventory (Cronbach's alpha = 0.63), with results indicating widespread burnout among 75.3% of Canadian nurses (n = 3916) (RNAO, 2022). This may further complicate matters such as nurse patient ratios and staffing as according to the WHO (2020) there was a shortage of over six million nurses worldwide before the Covid-19 pandemic (Barrow et al., 2022).

In order to prevent and treat burnout in nursing, it is essential that there is a thorough understanding of the factors that contribute to burnout among nurses and what impact this has on nurses, patients, and the health care system. This literature review identified that nurses' demanding workloads, inadequate staffing ratios, lack of communication among healthcare professionals, and the lack of organizational leadership within the nursing practice environments, have all been associated with burnout among nurses (Shah et al., 2021; Theofanidis et al., 2022). However, Shah et al. (2021) found that there were very few estimates of nursing burnout and contributing factors that exist within the literature.

The purpose of this literature review is to provide justification for a proposed resource that will support the well-being of nurses and counter burnout. This literature review will demonstrate that there is moderate evidence to mitigate burnout in nurses and support nurses within their clinical practice through the development and utilization of a supportive resource that will address concepts related to nurses' well-being and mitigating burnout.

## **Search Methods**

### **Literature Search**

Reviewing the literature began with a literature search from three electronic databases, which included CINAHL, ProQuest, and PubMed, for articles from peer-reviewed journals that examined the identification, treatment, and prevention of burnout among nurses. The reference lists of relevant articles identified were manually searched to identify additional studies that may have been relevant to the topic of nursing burnout. Only recent articles published in English between 2018 and 2023 were selected and reviewed to ensure that the most current nursing burnout literature was discovered. The Public Health Agency of Canada (PHAC) Critical Appraisal Toolkit (2014) was utilized to critically appraise applicable quantitative articles related to the occurrence of burnout within health care. A summary of the critical appraisal has been synthesized below.

The literature search was guided by the question: "What is known about nursing burnout and its impact on the health care system as well as the interventions available to support the well-being of nurses and mitigate burnout within their clinical practice environments?" Search terms included various combinations of MESH terms including: "nursing", "burnout", "nursing burnout", "professional burnout", "literature review", "interventions", "identification", "prevention", and "management". Medium and high-quality studies were considered that

included meta-analyses, systematic reviews, and randomized controlled trials (RCT). Inclusion of meta-analyses occurred because meta-analyses can help to make sense of data that may be inconclusive or conflicting by combining smaller studies into one large study that may result in showing an effect and improve the accuracy of the results (Ahn & Kang, 2018). Systematic reviews use an objective method, which involves the collection of all available studies related to a research question and the review and analysis of the results, that evaluates the quality of the studies and can be reproduced to answer a research question (Ahn & Kang, 2018). To obtain more reliable results, RCTs were included because the RCTs were published after the meta-analyses and systematic reviews. Studies reviewed had the following inclusion criteria: published within a peer-reviewed journal; included the use of strong quantitative designs; and inclusive of health care professionals with an emphasis on studies that focused on examining burnout in nurses. Studies had the following exclusion criteria: articles that were not primary research studies such as commentaries or discussion papers.

### **Literature Search Results**

Using the PHAC Critical Appraisal Toolkit there were two categories of literature reviews included: meta-analyses and systematic reviews (PHAC, 2014). The number of articles included in this literature review was  $n = 16$ . This literature review included six medium-quality, meta-analyses with strong study designs (Castillo-Gonzalez et al., 2023; Galanis et al., 2021; Garcia et al., 2019; Woo et al., 2020; Zhang et al., 2018; Zhang et al., 2020), five medium-quality systematic reviews (Aryankhesal et al., 2019; Barrow et al., 2022; Gomez-Urguiza et al., 2023; Khatatbeh et al., 2022; Theofanidis et al., 2022), and five RCTs, which were all strong study designs, that implemented interventions to address the issue of burnout that included one

high-quality RCT (**Cascales-Perez** et al., 2021), three medium-quality RCTs (**Gunusen** et al., 2022; **Guo** et al., 2020; **Profit** et al., 2021), and one low-quality RCT (**Watanabe** et al., 2019).

Five recent studies examining the interventions relating to burnout among healthcare professionals were included in this literature review. Literature summary tables were completed, which are presented in Appendix B, for the quantitative studies that implemented interventions to reduce nursing burnout and are bolded throughout this literature review (**Cascales-Perez** et al., 2021; **Gunusen** et al., 2022; **Guo** et al., 2020; **Profit** et al., 2021; **Watanabe** et al., 2019). Furthermore, grey literature from professional health care organizations (e.g., WHO, RNAO) were reviewed for additional information and supporting statistics.

### **Significance of the Problem**

#### **Incidence**

Nursing burnout has been identified as an important issue that has impacted the health care system. Shah et al. (2021) conducted a high-quality, retrospective cohort study of moderate design that has been included to determine the significance of the issue of burnout. Shah et al. (2021) identified that 35% to 54% of health care professionals in the United States have experienced symptoms of burnout. The number of health care professionals experiencing burnout has increased over time. Shah et al. (2021) found that 17% of nurses (n = 78,617) in 2007 cited burnout as their reason for leaving the nursing profession, while 31.5% of nurses (n = 131,912) between 2017-2018 cited burnout as their reason for leaving the nursing profession.

#### **Prevalence**

**Cascales-Perez** et al. (2021) conducted a high-quality RCT of strong design that found burnout was prevalent among healthcare professionals, particularly nurses, and can negatively impact staff morale, health outcomes, and work productivity. Burnout is a syndrome that affects

healthcare professionals throughout the world. The prevalence of burnout has increased with the Covid-19 pandemic to include 49% (n = 10264) of healthcare providers in the United States (Prasad et al., 2021) and 79% (n = 424) of healthcare providers in the United Kingdom (Ferry et al., 2021). Shah et al. (2021) found that for the sample of nurses (n = 3,957,661) included in this retrospective cohort study, the mean age of nurses who left their job because of burnout was 42.0 years. Of the 9.5% (n = 418,769) of nurses who reported leaving their most recent position within healthcare, 31.5% (n = 131,912) of nurses reported burnout as a reason contributing to their decision to leave their practice (Shah et al., 2021). Furthermore, 43.4% (n = 676,122) of nurses identified burnout as a reason that would contribute to their decision to leave their current job for those nurses who had considered leaving their nursing position (Shah et al., 2021). Other factors that contributed to the nurses decision to leave their current job included stressful clinical practice environments (34.4%); inadequate staffing (30.0%); lack of good management or leadership (33.9%); and better pay and/or benefits (26.5%) (Shah et al., 2021).

### **Impact of Burnout**

Providing care to high acuity patients in acute care settings can present challenges for nurses. For example, burnout can occur as a result of these challenges which can negatively impact the nurses mental, physical, and emotional well-being resulting in insomnia and irritability. Burnout can negatively impact patient safety and the quality of care being provided to patients. Burnout can negatively impact the clinical practice environment such as increased absenteeism and sick leave (Cascales-Perez et al., 2021). The healthcare system has experienced strain from nursing burnout resulting in increased attrition and nursing shortages (Shah et al., 2021). This increased pressure and strain resulting from nursing burnout can lead to long-term complications for nurses, patients, and the health care system.

### *Impact on Nurses*

Castillo-Gonzalez et al. (2023) conducted a medium-quality, meta-analysis with a strong study design that included 29 studies (n = 1 clinical trial, n = 1 quasi-experimental, and n = 27 cross-sectional) demonstrating the dimensions of burnout. The dimensions of burnout included emotional exhaustion, depersonalization, and low personal accomplishment. The meta-analysis of the relation between resilience and burnout was  $r = -0.41$  (n = 2750; 95% CI, -0.53, -0.27); the meta-analysis of the relation between resilience and emotional exhaustion was  $r = -0.27$  (n = 6966; 95% CI, -0.34, -0.20); the meta-analysis of the relation between resilience and depersonalization was  $r = -0.23$  (n = 6115; 95% CI, -0.27, -0.19); and the meta-analysis of the relation between resilience and personal accomplishment was  $r = 0.03$  (n = 5885; 95% CI, -0.21, -0.27) (Castillo-Gonzalez et al., 2023). Study results revealed that the effect sizes between resilience and burnout, and emotional exhaustion and depersonalization were statistically significant, and higher scores in resilience were correlated with lower burnout, emotional exhaustion, and depersonalization (Castillo-Gonzalez et al., 2023). Castillo-Gonzalez et al. (2023) discussed the increasing demands that have been placed on nurses within their clinical practice environments and suggested that efforts be made to strengthen their personal resilience to counter burnout.

Theofanidis et al. (2022) conducted a medium-quality, systematic literature review that examined quantitative empirical studies for associations between burnout and work-related factors in the nursing workforce. Theofanidis et al. (2022) discussed the Maslach Burnout Inventory, which was used to measure new graduate nurse burnout, resulting in 62% of new graduate nurses scoring  $> 3$ , which was the cut off point for severe burnout, indicating high levels of emotional exhaustion. Theofanidis et al. (2022) found that when any of these

components of burnout, which included emotional exhaustion, depersonalization, and reduced personal accomplishment, appear in nurses then the result can be a decrease in their professional performance. Laschinger et al. (2016) as cited in Theofanidis et al. (2022) conducted a medium-quality, cross-sectional study of weak design that found the new graduate nurses' perception of support within their clinical practice environments were significant independent predictors of emotional exhaustion ( $\beta = - 0.221$ ,  $p = 0.004$ ), workplace respect ( $\beta = - 0.18$ ,  $p = 0.003$ ), and empowerment ( $\beta = - 0.245$ ,  $p = 0.001$ ). A combination of supportive clinical practice environments, respectful professional relationships among nursing colleagues, and an overall sense of empowerment in the workplace all contributed to lower levels of emotional exhaustion among new graduate nurses (Laschinger et al., 2016 as cited in Theofanidis et al., 2022).

### ***Impact on Patient Care***

Garcia et al. (2019) conducted a medium-quality, systematic review with meta-analyses, which is a strong study design, that included 21 studies ( $n = 19$  cross-sectional studies,  $n = 1$  prospective study,  $n = 1$  longitudinal study) that analyzed the relationship between burnout and patient safety. Garcia et al. (2019) discussed how avoiding professional exhaustion was an important strategy for improving patient safety and that high levels of burnout were related to external factors that included large volume of workloads, long hours, and unproductive interpersonal relationships. The meta-analysis confirmed a relationship between burnout and patient safety that was demonstrated by an effect of 2.67 with a confidence interval (CI) of 2.3 to 3.0, which represented a probability of superiority of 96.7% (Garcia et al., 2019).

### ***Healthcare System***

Theofanidis et al. (2022) conducted a medium-quality, systematic literature review, ranging from 2012-2022, with a strong study design resulting in both quantitative studies and

qualitative studies being examined for associations between burnout and work-related factors in the nursing workforce. Theofanidis et al. (2022) observed that the main causes of high turnover and early retirement included psychological problems such as mental health-related issues that have been associated with increased work absences, overall poor health, decreased work productivity, and stress related disorders among nurses practicing within acute care settings.

The Royal Society of Canada initiated a task force in April 2020 that was mandated to provide evidence-informed perspectives on major challenges in response to the Covid-19 pandemic. The report entitled, *Investing in Canada's Nursing Workforce Post-Pandemic: A Call to Action*, highlighted the challenges affecting the nursing workforce in Canada that included the issues that emerged during the Covid-19 pandemic (Tomblin-Murphy et al., 2022). Nurses throughout Canada have reported experiencing high stress and burnout on the job related to working long hours, increased overtime, excessive workloads, violence within the workplace, and exposure to stressful events, resulting in a negative impact on their well-being and their degree of nursing burnout (Tomblin-Murphy et al., 2022). Tomblin-Murphy et al. (2022) found that job vacancies in Canada within the health care sector, which includes nursing, were at a record high of 100,300, which was an increase of 56.9% compared to 2019; furthermore, nursing had the highest job vacancy rate of any sector, which included 15,700 more vacancies compared to 2019, within Canadian hospitals. There was a 43% increase in nurses (n = 4000) who quit their job in Quebec throughout the Covid-19 pandemic compared to 2019.

Although there are no exact correlations between economic losses and the phenomenon of burnout in Canada, the Canadian Policy Research Network estimates that work absences resulting from stress, which can contribute to nursing burnout, can cost approximately 3.5 billion dollars per year (Theofanidis et al., 2022). Although there has not been recent literature that

compares the exact financial impact of burnout for nurses within the Canadian health care system, the literature has identified the impact within other countries. Muir et al. (2022) conducted a cost-consequence analysis using a Markov model structure involving hypothetical hospital scenarios to understand the cost of nurse burnout turnover within the United States. Two scenarios were utilized to assess nurse burnout-attributed turnover costs that included a hospital with an existing state of nurse burnout prevalence and a hospital with a burnout reduction program and decreased nurse burnout prevalence. The results revealed that the hospital with the existing state of nurse burnout spends \$16,736 per nurse per year employed on nurse burnout-attributed turnover costs, while the hospital with a burnout reduction program spends \$11,592 per nurse per year (Muir et al., 2022). Similar findings by McConnell (2010) as cited in Theofanidis et al. (2022) found that 1.5 million Australian health care providers suffered psychological health issues such as mental health-related issues caused from high levels of work stress, which can contribute to nursing burnout, resulting in a cost of approximately \$8,000 per person per year. According to the WHO (2006) as cited in Theofanidis et al. (2022) when the quality of an employee's health is impacted as well as the employees productivity, then this can result in a loss of 10% to 20% of the gross domestic product for a national economy.

### **Contributing Factors**

Several contributing factors associated with burnout were identified within the literature. These contributing factors included sociodemographic factors, nursing practice environments, and nursing workloads.

#### ***Sociodemographic Factors***

Galanis et al. (2021) conducted a medium-quality, meta-analyses that was a strong study design to examine nursing burnout and associated risk factors during the Covid-19 pandemic.

Galanis et al. (2021) identified sociodemographic factors including gender, age, and educational level that can impact nursing burnout. Nurses who were female, nurses younger in age, and nurses with a higher educational level were found to have an increased level of nursing burnout. Galanis et al. (2021) identified three medium quality, cross-sectional studies that assessed the mental health, trauma, burnout, sleep quality and associated factors for nurses who cared for patients in the COVID-19 pandemic (Aydin Sayilan et al. 2020; Chen et al., 2020; Hu et al., 2020). Although the study designs would be considered a limitation, the large sample size improved the study's generalizability, with the results revealing that females had higher levels of emotional exhaustion (OR = 1.30; 95% CI = 1.09 – 1.54; p = 0.003) and males practicing in critical care had a higher level of depersonalization (OR = 1.15; 95% CI: 1.06 – 1.25; p = 0.001) and lower levels of personal accomplishment (OR = 1.96; 95% CI: 1.35 – 2.77; p < 0.001) (Chen et al., 2020). The mean age of frontline nurses was 30.99 (standard deviation (SD) = 6.17) and nurses younger in age were found to have an increased risk for depersonalization (p < 0.001) and lack of personal accomplishment (p < 0.01) (Hu et al., 2020). The educational level of nurses was found to have an impact on nursing burnout. There were 76.5% of nurses (n = 9632) that had a college or university education level (Chen et al., 2020), while 78.1% of nurses (n = 1573) had a college or university education level (Hu et al., 2020). Nurses with a higher educational level (e.g., college or university education level) had an increased risk of nursing burnout (p < 0.05) (Aydin Sayilan et al., 2020).

### ***Nursing Practice Environments***

Zhang et al. (2018) conducted a medium-quality, meta-analysis of the prevalence rates of compassion satisfaction, compassion fatigue, and burnout, which included 21 epidemiological studies, that presented a varied sample of n = 7,996 nurses practicing within different healthcare

departments. Zhang et al. (2018) found that the prevalence rates of compassion satisfaction, compassion fatigue, and burnout have been estimated at approximately 48%, 53%, and 54%, respectively. Hooper et al. (2010) as cited in Zhang et al. (2018) found that there were higher rates of compassion fatigue (CF), burnout, and compassion satisfaction (CS) among nurses practicing in oncology, which were 33.3%, 25%, 50% respectively, when compared to nurses practicing in the emergency department (CF: 28.6%, burnout: 22.4%, CS: 26.5%), intensive care unit (CF: 28.1%, burnout: 34.4%, CS: 25%), and the nephrology department (CF: 25%, burnout: 25%, CS: 18.8). Although there were differences among the nurses who practiced within the different specialties, the variance did not reach the level of statistical significance using Pearson  $\chi^2$  analyses (CS:  $p = 0.563$ , burnout:  $p = 0.847$ , and CF:  $p = 0.954$ ) (Hooper et al., 2010 as cited in Zhang et al., 2018). On the contrary, Berger et al. (2015) as cited in Zhang et al. (2018) found that medical/surgical unit nurses had significantly higher rates of burnout (mean = 54.7; SD: 8.9;  $p < 0.05$ ) and significantly lower CS scores (mean = 44.0; SD: 10.6;  $p < 0.05$ ) compared to nurses practicing in pediatric ICU, surgical services, oncology, and other non-specified areas. Although it remains unclear from Zhang et al. (2018) whether the prevalence rates of compassion fatigue and burnout differ within the various nursing departments because there was a lack of stratified data, it remains clear that compassion remains an essential motivational factor for nurses when caring for patients. However, when nurses are overwhelmed and experiencing stress then they may be unable to care for their own personal and emotional needs, resulting in compassion fatigue and burnout.

### ***Nursing Workloads***

Theofanidis et al. (2022) discussed that caring for patients with complicated healthcare needs can be quite a burdensome task, resulting in nurses having a considerable amount of

physical and psychological pressure within their clinical practice environments. Patients may have high expectations and increased demands related to their health care needs. This can result in difficulties for nurses to have the ability to meet these expectations and demands, due to the increased nursing workloads (e.g., assignment of additional patients resulting from staffing shortages). Theofanidis et al. (2022) identified nursing workloads as a risk factor that contributed to nursing burnout. Nursing workloads include the multifaceted relationships that develop between patients to meet the patient's expectations, and the quality of care provided to patients that can be directly impacted by nursing burnout and nursing workloads (Theofanidis et al., 2022).

Nantsupawat et al. (2016) as cited in Theofanidis et al. (2022) conducted a high quality, cross-sectional study of weak design to investigate the effect of nurse burnout on nurse-reported quality of care and patient adverse events and outcomes. The study found that burnout was high among nurses. Nurses who completed the Maslach Burnout Inventory (MBI) reported high emotional exhaustion (32%; n = 671), high depersonalization (18%; n = 371), and low personal accomplishment (35%; n = 729) (Maslach et al., 1986; Nantsupawat et al., 2016). The Cronbach's alphas used for the MBI were 0.91 for the emotional exhaustion subscale, 0.77 for the depersonalization subscale, and 0.84 for the personal accomplishment subscale (Nantsupawat et al., 2016). Burnout had a negative impact on quality of patient care, resulting in an increased risk to patient safety that included more patient falls and more patient infections. Every unit of increasing emotional exhaustion scores of the MBI were associated with an odds ratio (OR) of 2.63, which indicated a rise in reporting fair or poor quality of care (95% CI: 2.05-3.37; p < 0.001); a 30% increase in patient falls (OR: 1.32, 95% CI: 0.82-2.11; p < 0.001); a 47% increase

in medication errors (OR: 1.47, 95% CI: 1.05-2.07;  $p < 0.05$ ); and a 32% increase in infections (OR: 1.33; 95% CI: 1.00-1.75;  $p < 0.05$ ) (Nantsupawat et al., 2016).

### **Interventions**

Burnout is an important health care issue that affects many health care professionals, especially nurses, and should be addressed with interventions at the individual level as well as the organizational level. Woo et al. (2020) conducted a medium-quality, meta-analysis with a strong study design, that included 113 studies (cross-sectional studies, mixed-method studies, and interventional studies) and involved 45,539 nurses. This study provided recommendations to policymakers, hospital administrators, and nursing leaders to implement interventions to prevent and reduce burnout experienced by the nursing profession. Among all healthcare providers, nurses have been most impacted by burnout with the global prevalence of burnout symptoms among nurses being reported as 11.23% (95% CI: 8.83–13.63) with high heterogeneity across 61 studies ( $\chi^2 = 4897.66$ ,  $p < 0.01$ ), which can have serious consequences for patients, healthcare professionals, and healthcare organizations (Woo et al., 2020).

The literature has identified various interventions that can help to address burnout. Castillo-Gonzalez et al. (2023) and Zhang et al. (2020) conducted medium-quality, meta-analyses with strong study designs, resulting in the identification of interventions focusing on mindfulness techniques such as mediation, conscious communication, and emotion management to support nurses coping with increased demands relating to their nursing practices and clinical practice environments. Zhang et al. (2020) believed the emotional intelligence theory that suggests that emotion regulation skills can help to support the preservation of appropriate emotions which included a reduction or modification of undesirable emotions. Zhang et al. (2020) stated that “physicians and nurses constantly alternate between exhaustion and happiness,

resilience is the bridge from burnout to wellness” (p. 12). Although studies have demonstrated that physicians and nurses experience adaptation between burnout and wellness, with the adoption of interventions to enhance resiliency then well-being can become enhanced and the incidence of burnout among physicians and nurses can be reduced (Zhang et al., 2020). Aryankhesal et al. (2019) and Gomez-Urguiza et al. (2023) conducted medium-quality systematic reviews that identified interventions that can help to reduce burnout and improve the mental health and well-being of healthcare providers, particularly physicians and nurses, which included motivational programs, communication training skills, online support programs and groups, psychiatric programs, recreational music, and programs supporting muscle relaxation.

Five RCTs, which were all strong study designs, that implemented interventions to support the well-being of nurses and counter nursing burnout were included in this literature review. The studies included one high-quality RCT (**Cascales-Perez** et al., 2021), three medium-quality RCTs (**Gunusen** et al., 2022; **Guo** et al., 2020; **Profit** et al., 2021), and one low-quality RCT (**Watanabe** et al., 2019).

### **Resiliency Interventions**

Barrow et al. (2022) conducted a medium-quality systematic review that recommended utilizing the techniques of resiliency and mindfulness as interventions to assist with mitigating burnout. The literature described resiliency as a protective mechanism that can be learned or a personal characteristic that evolves through growth and development; furthermore, resiliency can be viewed as an innate characteristic or something that can be developed through one’s environment, external factors, or by the individual themselves (Barrow et al., 2022). Barrow et al. (2022) found that journaling, social sharing, mindfulness, reshaping habits, breaks, and exploring nature all helped to build resiliency by allowing an individual to share, reflect, or write

down their thoughts and feelings related to positive or negative events, which may result in a reduction of psychological stress and ultimately burnout.

**Profit et al. (2021)** conducted a medium-quality RCT with a strong study design to evaluate the effectiveness of a Web-based Implementation for the Science of Enhancing Resilience (WISER) intervention in reducing healthcare providers burnout among neonatal intensive care unit nurses in the United States. The WISER intervention was comprised of six guided well-being modules delivered electronically with a thematic introduction that included the following topics: gratitude, three good things, awe, random acts of kindness, identifying and using signature strengths, and relationship resilience (**Profit et al., 2021**). Study results supported that the WISER intervention demonstrated effectiveness in reducing burnout, particularly emotional exhaustion, among health care providers compared to a control group at the 1-month follow-up (Cohort 1:  $-5.6$ , 95% CI:  $-9.6$  to  $-1.7$ ,  $p = 0.005$ ) and the 6-month follow up (Cohort 1:  $-4.8$ , 95% CI:  $-9.2$  to  $-0.4$ ,  $p = 0.031$ ). Furthermore, participation in the WISER intervention was associated with improvements for the combined adjusted cohort in burnout ( $-6.3\%$ , 95% CI:  $-11.6\%$ ,  $-1.0\%$ ,  $p = 0.008$ ); depressive symptoms ( $-5.2\%$ , 95% CI:  $-10.8$ ,  $-0.4$ ,  $p = 0.022$ ); and work-life integration ( $-11.8\%$ , 95% CI:  $-17.9$ ,  $-6.1$ ,  $p < 0.001$ ) (**Profit et al., 2021**). Therefore, study findings suggest that personal well-being interventions, which are based on positive psychology research, may help to assist with the increasing amount of burnout occurring among nurses (**Profit et al., 2021**).

### **Mindfulness Based Stress Reduction and Management Interventions**

Barrow et al. (2022) identified mindfulness practices, which can include yoga, stretching, journaling, arts and crafts, and focused breathing, as beneficial tools that can help to build resiliency, mitigate burnout, create a healthy mind, reduce suffering, and modify personal

behaviors, relationships, and self-awareness. Mindfulness practices can be demonstrated as new techniques to health care professionals or reinforced for those individuals that may already practice these techniques.

One high-quality RCT (**Cascales-Perez et al., 2021**) and one low-quality RCT (**Watanabe et al., 2019**), both with strong study designs, were conducted to evaluate the effectiveness of a mindfulness-based stress reduction (MBSR) program and a mindfulness-based stress management (MBSM) program for nurses practicing in primary care and acute care settings. The MBSR intervention consisted of eight 2.5-hour sessions and focused on the promotion of full consciousness in daily activities and utilized meditation, contemplation exercises, and yoga stretching (**Cascales-Perez et al., 2021**). The MBSM intervention consisted of 4 weekly 30-minute individual sessions related to the cognitive behavioral model of stress (**Watanabe et al., 2019**). Study results revealed that the MBSR intervention obtained higher scores post-intervention for all mindfulness variables (observing, describing, acting with awareness, nonjudging of inner experience, and nonreactivity to inner experience:  $p < 0.001$ ); two health-related quality of life components (body pain:  $p < 0.001$ ; social function:  $p < 0.001$ ); profile of mood states (POMS) (tension, depression, anger, fatigue, and confusion:  $p < 0.001$ ); two burnout components (emotional exhaustion:  $p < 0.001$ ; depersonalization:  $p < 0.006$ ); and compassion satisfaction ( $p < 0.001$  at 3, 6, and 9 months) (**Cascales-Perez et al., 2021**). Although there were no significant differences found with the MBSM program, the adherence of participants to the treatment was satisfactory (**Watanabe et al., 2019**). **Watanabe et al. (2019)** stated that this was the first study believed to investigate the effectiveness of a MBSM program that used a cognitive behavioral model for participants to understand the relationship between stressful events and emotional responsiveness. Using a cognitive behavioral model could have

potentially led to a different attitude toward cognition than a general MBSM program, which could have contributed to the non-significant results of the study (**Watanabe** et al., 2019).

### **Nurse-led Interventions**

**Gunusen** et al. (2022) conducted a medium-quality RCT with a strong study design to evaluate the effect of a nurse-led intervention program on compassion fatigue, burnout, compassion satisfaction, and psychological distress in nurses practicing in a general inpatient unit. This study compared compassion fatigue, burnout, compassion satisfaction, and psychological distress scores before and after implementation of the intervention, which consisted of a nurse-led intervention program based on a cognitive-behavioral approach that was comprised of four 90-minutes sessions (**Gunusen** et al., 2022). The psychological distress scores of the nurses who participated in the intervention were significantly lower than the control group ( $\chi^2$  Friedman = 34.208,  $p = 0.001$ ; pretest and post-test 1:  $Z = -3.790$ ,  $p = 0.001$ , effect size = 0.547). Although there was no significant difference in terms of compassion fatigue, burnout, and compassion satisfaction, **Gunusen** et al. (2022) recommended that cognitive-behavioral approach-based interventions continue to be examined for nurses at risk because there is still a need for standardized and evidence-based programs to support nursing burnout.

### **Prevention of Turnover Intervention**

**Guo** et al. (2020) conducted a medium-quality RCT with a strong study design to assess the effectiveness of WeChat based 'three good things' (3GT) on turnover intention (TI) and the positive coping styles (PCS) and negative coping styles (NCS) of nurses with burnout at a tertiary hospital in China. 3GT involved recording 3GT that went well each day for five days per week and answering the following questions: “Why did these good things happen?” and “What is your role in making it happen?” (**Guo** et al., 2020, p. 1572). Study results found that the daily

practice of WeChat based 3GT as an intervention effectively reduced turnover intention ( $t = 6.238, p < 0.05$ ) and NCS ( $t = 3.919, p < 0.05$ ), while time effects as well as intervention and time interactions were significant in TI ( $F = 33.395, p = 0.000$ ) and NCS ( $F = 9.980, p = 0.002$ ) (Guo et al., 2020). According to Guo et al. (2020) “contrasting with traditional psychological interventions, which are problem-solving models or changing maladjusted thoughts and behavior, 3GT focuses on promoting people's well-being and alleviating mental distress by using intentional activities to cultivate their positive cognition and emotions” (p. 1571).

### Summary of the Literature

The literature review revealed an extensive amount of literature relating to the meaning, attributes, antecedents, consequences, and implications associated with the concept of burnout in the nursing profession. Burnout has played a substantial role in the lives of nurses and healthcare organizations because of its negative impact on the nurses' well-being, workforce turnover, job satisfaction, performance among nurses, and patient safety (Montgomery & Patrician, 2020; Shah et al., 2021). This literature review has identified that burnout continues to have an impact on nurses, patients, and the healthcare system, making it essential to support the well-being of nurses and mitigate burnout.

Upon completion of this literature review, there is an absolute need to support nurses' well-being and mitigate burnout. The literature review has identified interventions to support the well-being of nurses and counter burnout within the nursing profession. According to the PHAC Critical Appraisal Toolkit (2014) based on the strength of evidence from the five intervention studies (Cascales-Perez et al., 2021; Gunusen et al., 2022; Guo et al., 2020; Profit et al., 2021; Watanabe et al., 2019), the assigned grade of evidence would be AII. A grade of AII means that there has been direct evidence from multiple strong designs with the majority being strong or

medium quality with consistency among results. Assigning a grade of evidence is important because it provides a clear and comprehensive rating following the critical appraisal and summary of the quality of evidence supporting interventions that address the issue of burnout among healthcare professionals.

Interventions that can provide improve support, enhance resiliency, and increase education for nurses may help to reduce the fatigue, stress, and burnout that nurses face within their clinical practice environments. Upon review of the literature, the synthesis, critical appraisal, and identification of interventions that help to support the well-being of nurses and mitigate burnout has resulted in a greater understanding of the support that is needed for nurses within the healthcare system.

### **Theoretical Framework**

When selecting a theoretical framework for this practicum project, it was important to select a strong theory that supported the needs of nurses. Dorothy Orem has been a true pioneer in the field of nursing. Dorothy Orem's focus on the concept of nursing and selfcare seemed quite appropriate to help guide this important work related to nursing burnout, which is why Dorothy Orem's Self-Care Deficit Nursing Theory (SCDNT) has been selected to guide this practicum project.

#### **Dorothy Orem's Self-Care Deficit Nursing Theory**

A fundamental principle of the SCDNT includes the belief that humans will participate in continuous communication and interact among themselves as well as their environments with the goal of remaining alive and having the ability to properly function (Orem, 1995). Humans need to be able to act accordingly to identify needs and make necessary judgements to meet specific needs. Furthermore, there are humans that experience hardships relating to their ability to

perform actions to care for themselves resulting in other humans needing to be involved in the decision-making process relating to life-sustaining actions that may be required. Additionally, human action is required for the identification and implementation of the needs required to successfully assist with humans' facing hardships. Groups of human beings that are organized within relationships work together to allocate tasks and responsibilities to care for group members who are experiencing hardships, requiring thoughtful decisions to be made about themselves and others (Orem, 1995).

### **Philosophical Underpinnings of Self-Care Deficit Nursing Theory**

Orem (1995) rejected the notion that a specific theorist provided the foundation for the SCDNT. Taylor et al. (2000) believed that the ontology of Orem's SCDNT was the foundation of realism with the focus being on the person. The versatility within Orem's theory, which is the principles of human nature, that confirms a common purposefulness of human existence, examines four aspects of society that include the meaning of life, the shared purpose of humanity, the purpose of human existence, and creativity for the common good (McEwen & Wills, 2014). According to Orem's SCDNT everyone has a unique identity that is unlike any other individual but that there is common interest to understand the sense of the mutual relationships that exist between individuals and the world (McEwen & Wills, 2014).

SCDNT is comprised of three theories that include the theory of self-care, the theory of self-care deficit, and the theory of nursing system (Malekzadeh et al., 2018). The theory of nursing systems would be considered the outer or encompassing theory and would encompass the theory of self-care deficit. The theory of self-care would be considered a component of the theory of self-care deficit. The metaparadigm concepts of nursing, humans, environment, and health were defined within Orem's (1995) SCDNT. "Nursing is seen as an art through which the

practitioner of nursing gives specialized assistance to persons with disabilities which makes more than ordinary assistance necessary to meet needs for self-care” (McEwen & Wills, 2014, p. 143). Humans are defined as “men, women, and children cared for either singly or as social units and are the material object of nurses and others who provide direct” (Orem, 1995, p. 8). The environment is composed of physical, chemical, and biological features and is inclusive of the family culture as well as the community (Orem, 1995). Health can be defined as “being structurally and functionally whole or sound” (Orem, 1995, p. 96). The metaparadigm concept of health is also inclusive of both the health of individuals as well as groups, and human health “is the ability to reflect on one’s self, to symbolize experience, and to communicate with others” (McEwen & Wills, 2014, p. 143).

### **Conclusion**

Nurses play an essential role in the lives of their patients, making them well suited to support patients and help to reduce uncertainty by providing information to patients, improving the patients’ perception of health, and helping the patients to view their health in a positive manner. Nurses continue to face stressors within their clinical practice environments, which can contribute to nursing burnout. Although nursing burnout has long been associated with nurses within the healthcare system, burnout continues to have an impact on the healthcare system, which has been identified through the completion of this literature review. Nursing burnout has negatively impacted nurses and their clinical practice environments, resulting in feelings of emotional exhaustion, depersonalization, and reduced personal accomplishment. Compassion is a vital component of nursing practices. However, repeated stressors in the clinical practice environment and challenges within the healthcare system such as the Covid-19 pandemic have resulted in nurses being unable to properly care for their own emotional needs.

Upon completion of this literature review, there is an absolute need to support nurses' well-being and mitigate burnout. Interventions that can provide improve support, enhance resiliency, and increase education for nurses may help to reduce the fatigue, stress, and burnout that nurses face within their clinical practice environments. Upon review of the literature, the synthesis, critical appraisal, and identification of interventions that help to support the well-being of nurses and mitigate burnout has resulted in a greater understanding of the support that is needed for nurses within the healthcare system. However, there will need to be further consultations and an environmental scan that will need to occur, followed by analysis of the information collected to further enhance the development of a resource. This will be followed by the planning and implementation processes that will begin to implement a supportive resource that will address concepts related to nurses' well-being and mitigating burnout for nurses practicing within acute care settings.

This practicum project will allow the growth and demonstration of research, leadership, and educational advanced practice nursing competencies, while also supporting the growth, development, and enhancement of knowledge for fellow nursing colleagues. This practicum project is of utmost importance personally as a nurse because of the essential role that nurses have in caring for our patients and supporting our colleagues. Patients entrust nurses with their lives, which is why nurses must always practice in the best interest of patients, but they must also practice safely. Given that nurses have an increased amount of responsibility, nurses must be supported in their clinical practice environments to ensure that their well-being is protected. Having a resource to support the well-being of nurses and mitigate burnout would be a positive contribution to the nursing profession. Ideally, the resource will result in more support for all nurses within acute care settings as well as other nursing areas such as long-term care.

## References

- Ahn, E., & Kang, H. (2018). Introduction to systematic review and meta-analysis. *Korean Journal of Anesthesiology*, *71*(2), 103–112. <https://doi.org/10.4097/kjae.2018.71.2.103>
- 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*, 77–85.  
doi: 10.34171/mjiri.33.77
- Aydin Sayilan, A., Kulakaç, N., & Uzun, S. (2021). Burnout levels and sleep quality of COVID-19 heroes. *Perspectives in psychiatric care*, *57*(3), 1231–1236. doi: 10.1111/ppc.12678
- Barrow, N., Smart, D., Sattler, V., & Wood, N. (2022). The impact of burnout identification and interventions in nursing students and newly licensed nurses: A literature review. *International Journal of Nursing Student Scholarship*, *9*(69), 1-17.  
PDF+version+The+Impact+of+Burnout+Identification+.....+and+Interventions+in+Nursing+Students+A+Literature+Review+(1) (3).pdf
- Berger, J., Polivka, B., Smoot, E., & Owens, H. (2015). Compassion fatigue in pediatric nurses. *Journal of Pediatric Nursing*, *30*(6), 11–17. doi: 10.1016/j.pedn.2015.02.005
- Cascales-Perez, M., Ferrer-Cascales, R., Fernández-Alcántara, M., & Cabañero-Martínez, M. (2021). Effects of a mindfulness-based programme on the health-and work-related quality of life of healthcare professionals. *Scandinavian Journal of Caring Sciences*, *35*(3), 881-891. doi: 10.1111/scs.12905

- Castillo-Gonzalez, A., Velando-Soriano, A., De La Fuente-Solana, E., Martos-Cabrera, B., Membrive-Jiménez, M., Lucía, R., & Canadas-De La Fuente, G. (2023). Relation and effect of resilience on burnout in nurses: A literature review and meta-analysis. *International Nursing Review*, 1-8. doi: 10.1111/inr.12838
- Chen, R., Sun, C., Chen, J., Jen, H., Kang, X., Kao, C., & Chou, K. (2020). A large-scale survey on trauma, burnout, and post traumatic growth among nurses during the COVID-19 pandemic. *International Journal of Mental Health Nursing*, 30(1), 102–116. doi: 10.1111/inm.12796
- Ferry, A., Wereski, R., Strachan, F. & Mills, N. (2021). Predictors of UK healthcare worker burnout during the COVID-19 pandemic. *Monthly Journal of the Association of Physicians*, 114(6), 374–380. doi: 10.1093/qjmed/hcab065
- Galanis, P., Vraika, I., Fragkou, D., Bilali, A., & Kaitelidou, D. (2021). Nurses' burnout and associated risk factors during the COVID-19 pandemic: A systematic review and meta-analysis. *Journal of advanced nursing*, 77(8), 3286–3302. doi: 10.1111/jan.14839
- Garcia, C., Abreu, L., Ramos, J., Castro, C., Smiderle, F., Santos, J., & Bezerra, I. (2019). Influence of burnout on patient safety: Systematic review and meta-analysis. *Medicina*, 55(9), 553-566. <https://doi.org/10.3390/medicina55090553>
- Gomez-Urquiza, J., Velando-Soriano, A., Martos-Cabrera, M., Canadas, G., Albendín-García, L., Canadas-De la Fuente, G., & Aguayo-Estremera, R. (2023). Evolution and treatment of academic burnout in nursing students: A systematic review. *Healthcare (Basel, Switzerland)*, 11(8), 1081-1091. doi: 10.3390/healthcare11081081

- Gunusen, N., Inan, F., Ustun, B., Serttaş, M., Sayin, S., & Toksoy, S. (2022). The effect of a nurse-led intervention program on compassion fatigue, burnout, compassion satisfaction, and psychological distress in nurses: A randomized controlled trial. *Perspectives in Psychiatric Care*, 58(4), 1576-1586. doi: 10.1111/ppc.12965
- Guo, Y., Plummer, V., Cross, W., Lam, L., & Zhang, J. (2020). Impact of WeChat-based 'three good things' on turnover intention and coping style in burnout nurses. *Journal of Nursing Management*, 28(7), 1570-1577. doi: 10.1111/jonm.13111
- Hooper, C., Craig, J., Janvrin, D., Wetsel, M., & Reimels, E. (2010). Compassion satisfaction, burnout, and compassion fatigue among emergency nurses compared with nurses in other selected inpatient specialties. *Journal of Emergency Nursing*, 36(5), 420–427. doi: 10.1016/j.jen.2009.11.027
- Hu, D., Kong, Y., Li, W., Han, Q., Zhang, X., Zhu, L., Wan, S., Liu, Z., Shen, Q., Yang, J., He, H., & Zhu, J. (2020). Frontline nurses' burnout, anxiety, depression, and fear statuses and their associated factors during the COVID-19 outbreak in Wuhan, China: A largescale cross-sectional study. *EClinicalMedicine*, 24, 1-10. doi: 10.1016/j.eclinm.2020.100424
- Khatatbeh, H., Pakai, A., Al-Dwaikat, T., Onchonga, D., Amer, F., Prémusz, V., & Oláh, A. (2022). Nurses' burnout and quality of life: A systematic review and critical analysis of measures used. *Nursing Open*, 9(3), 1564-1574. doi: 10.1002/nop2.936
- Lasater, K., Aiken, L., & Sloane, D., French, R., Martin, B., Reneau, K., Alexander, M., & McHugh, M. (2020). Chronic hospital understaffing meets Covid-19: An observational study. *BMJ Quality & Safety*, 30(8), 639-647. doi: 10.1136/bmjqs-2020-011512

- Malekzadeh, J., Amouzesi, Z., & Mazlom, A. (2018). A quasi-experimental study of the effect of teaching Orem's self-care model on nursing students' clinical performance and patient satisfaction. *Nursing Open*, 5(1), 370–375. doi: 10.1002/nop2.151
- Maslach, C., Jackson, S., & Leiter, M. P. (1986). Maslach Burnout Inventory: Third edition. In C. P. Zalaquett & R. J. Wood (Eds.), *Evaluating stress: A book of resources* (pp. 191–218). Scarecrow Education.
- McConnell, D. (2010). Do you know the true financial cost of staff burnout, high stress and low morale in the workplace? PRLOG Global Press Release Distribution.
- PRLog - Do you know the true financial cost of staff burnout, high stress and low morale in the workplace?
- McEwen, M., & Wills, E. (2014). *Theoretical basis for nursing* (4th ed.). Wolters Kluwer Health/Lippincott Williams & Wilkins.
- Montgomery, A., & Patrician, P. (2020). The Concept of Burnout in the Nursing Profession. *International Journal of Nursing and Health Care Research*, 3(10), 1204-1214. doi: 10.29011/2688-9501.101204
- Muir, J., Wanchek, T., Lobo, J., & Keim-Malpass, J. (2022). Evaluating the costs of nurse burnout-attributed turnover: A Markov modeling approach. *Journal of Patient Safety*, 18(4), 351-357. doi: 10.1097/PTS.0000000000000920
- Nantsupawat, A., Nantsupawat, R., Kunaviktikul, W., Turale, S., & Poghosyan, L.(2016). Nurse burnout, nurse reported quality of care, and patient outcomes in Thai hospitals. *Journal of Nursing Scholarship*, 48(1), 83-90. doi: 10.1111/jnu.12187
- Orem, D. E. (1995). *Nursing: Concepts of practice* (5th ed.). St. Louis: Mosby.

- Prasad, K., McLoughlin, C., Stillman, M., Poplau, S., Goelz, E., Taylor, S., Nankivil, N., Brown, R., Linzer, M., Cappelucci, K., Barbouche, M., & Sinsky, C. (2021). Prevalence and correlates of stress and burnout among U.S. healthcare workers during the COVID-19 pandemic: A national cross-sectional survey study. *EClinicalMedicine*, 35, 1-9.  
doi: 10.1016/j.eclinm.2021.100879
- Profit, J., Adair, K., Cui, X., Mitchell, B., Brandon, D., Tawfik, D., Rigdon, J., Gould, J., Lee, H., Timpson, W., McCaffrey, M., Davis, A., Pammi, M., Matthews, M., Stark, A., Papile, L., Thomas, E., Cotten, M., Khan, A., & Sexton, J. (2021). Randomized controlled trial of the "WISER" intervention to reduce healthcare worker burnout. *Journal of Perinatology*, 41(9), 2225-2234. doi: 10.1038/s41372-021-01100-y
- Public Health Agency of Canada. (2014). *Infection prevention and control guidelines critical appraisal toolkit*. [http://publications.gc.ca/collections/collection\\_2014/aspc-phac/HP40-119-2014-eng.pdf](http://publications.gc.ca/collections/collection_2014/aspc-phac/HP40-119-2014-eng.pdf)
- Registered Nurses' Association of Ontario. (2022). *Nursing through crisis: A comparative perspective*. Nursing Through Crisis - A Comparative Analysis 2022.pdf (rno.ca)
- Shah, M., Gandrakota, N., Cimiotti, J., Ghose, N., Moore, M., & Ali, M. (2021). Prevalence of and factors associated with nurse burnout in the US. *JAMA Network Open*, 4(2), 1-11.  
doi: 10.1001/jamanetworkopen.2020.36469
- Taylor, S., Geden, E., Isaramalai, S., & Wongvatunyu, S. (2000). Orem's self-care deficit nursing theory: Its philosophic foundation and the state of the science. *Nursing Science Quarterly*, 13(2), 104-110. PMID: 1184769.

Theofanidis, D., Boukas, A., & Fountouki, A. (2022). A “new pandemic” at hand: Burnout of nursing staff. *International Journal of Caring Sciences*, 15(3), 2028–2035.

Microsoft Word - 41. theofanidis.docx (internationaljournalofcaringsciences.org)

Watanabe, N., Horikoshi, M., Shinmei, I., Oe, Y., Narisawa, T., Kumachi, M., Matsuoka, Y., Hamazaki, K., & Furukawa, T. (2019). Brief mindfulness-based stress management program for a better mental state in working populations: Happy nurse project: A randomized controlled trial. *Journal of Affective Disorders*, 251, 186–194.

doi: 10.1016/j.jad.2019.03.067

Woo, T., Ho, R., Tang, A., & Tam, W. (2020). Global prevalence of burnout symptoms among nurses: A systematic review and meta-analysis. *Journal of psychiatric research*, 123, 9-

20. doi: 10.1016/j.jpsychires.2019.12.015

World Health Organization. (2006). *Working together for health*. Geneva: World Health Organization. 9241563176\_eng.pdf

World Health Organization. (2018). *International classification of diseases for mortality and morbidity statistics* (11th Revision). Geneva: World Health Organization.

ICD-11 for Mortality and Morbidity Statistics (who.int)

World Health Organization. (2020). *State of the world's nursing 2020: Investing in education, jobs and leadership*. Geneva: World Health Organization.

State of the world's nursing 2020: investing in education, jobs and leadership

(who.int)

Zhang, Y., Han, W., Qin, W., Yin, H., Zhang, C., Kong, C., & Wang, Y. (2018).

Extent of compassion satisfaction, compassion fatigue and burnout in nursing: A meta-analysis. *Journal of nursing management*, 26(7), 810–819. doi: 10.1111/jonm.12589

Zhang, X., Song, Y., Jiang, T., Ding, N., & Shi, T. (2020). Interventions to reduce burnout of physicians and nurses: An overview of systematic reviews and meta-analyses. *Medicine*, 99(26), 1-13. doi: 10.1097/MD.00000000000020992

## Appendix A

**Table 1**

*Legend of Abbreviations for the Body of the Literature Review*

<b>Abbreviation</b>	<b>Meaning</b>
CF	Compassion fatigue
CS	Compassion satisfaction
CI	Confidence Interval
OR	Maslach Burnout Inventory
MBSM	Mindfulness-based stress management
MBSR	Mindfulness-based stress reduction
NCS	Negative coping styles
OR	Odds Ratio
PCS	Positive coping styles
PHAC	Public Health Agency of Canada
RCT	Randomized controlled trial
RNAO	Registered Nurses' Association of Ontario
SCDNT	Self-Care Deficit Nursing Theory
SD	Standard deviation
TI	Turnover Intention
3GT	Three good things
WHO	World Health Organization
WISER	Web-based Implementation for the Science of Enhancing Resilience

## Appendix B: Literature Summary Tables

**Key Question:** What is known about nursing burnout and its impact on the health care system as well as the interventions available to support the well-being of nurses and mitigate burnout within their clinical practice environments?

Study/Design	Methods	Key Results	Comments
<p><b>Authors:</b> Cascales-Perez et al. (2021)</p> <p><b>Design:</b> RCT</p> <p><b>Purpose:</b> To evaluate the effectiveness of a MBSR program to improve the HRQOL and quality of work life of primary care health professionals.</p>	<p><b>Setting:</b> 11 primary care centres in the Alicante Public Health Service in Spain.</p> <p><b>Sample:</b> (n = 58) primary care health professionals</p> <p><b>Intervention:</b> (n = 30) received 8-week MBSR intervention consisting of eight 2.5-hour sessions.</p> <p><b>Control:</b> (n = 28) received a single theoretical training consisting of a single 2.5-hour session.</p> <p><b>Data Collection:</b></p> <ul style="list-style-type: none"> <li>• Five questionnaires: MQ, HRQOL, POMS, MBI, MBI/PROQOL (V &amp; R)</li> <li>• Measured: mindfulness, HRQOL, mood, compassion satisfaction, and burnout</li> <li>• Completed: Baseline, 8 weeks both groups, and 3-, 6-, 9- and 12-month post-intervention in the IG</li> <li>• Cronbach's alpha: MBI: 0.85–0.89; HRQOL/PROQOL: 0.80</li> <li>• Internal consistency: MQ: 0.75-0.91; POMS: 0.90</li> </ul> <p><b>Data Analysis:</b></p> <ul style="list-style-type: none"> <li>• Regression analysis</li> <li>• Mixed 2 × 2 ANOVAS, Repeated-measures ANOVAS</li> </ul>	<p><b>MQ:</b> All MQ variables: p &lt; 0.001</p> <p><b>HRQOL:</b> Body pain: p &lt; 0.001 Social function: p &lt; 0.001</p> <p><b>POMS:</b> Tension, depression, anger, fatigue, and confusion: p &lt; 0.001</p> <p><b>MBI:</b> Emotional exhaustion: p &lt; 0.001 Depersonalisation: p &lt; 0.006</p> <p><b>MBI/PROQOL:</b> Compassion satisfaction: p &lt; 0.001 at 3, 6 and 9 months</p>	<p><b>Strength of Design:</b> Strong</p> <p><b>Study Quality:</b> Strong</p> <p><b>Limitations:</b></p> <ul style="list-style-type: none"> <li>• Potential selection bias (voluntary participation of health care providers)</li> <li>• Study not blinded</li> </ul>

Study/Design	Methods	Key Results	Comments
<p><b>Authors:</b></p> <p>Genusen et al. (2020)</p> <p><b>Design:</b> RCT</p> <p><b>Purpose:</b></p> <p>To evaluate the effect of a nurse-led intervention program on compassion fatigue, burnout, compassion satisfaction, and psychological distress in nurses.</p>	<p><b>Setting:</b> General inpatient unit at a public hospital in western Turkey.</p> <p><b>Sample:</b> (n = 48) nurses with at least 6 months experience</p> <p><b>Intervention:</b> (n = 24) received a nurse-led intervention program consisting of four 90-minute sessions over a 4-week period.</p> <p><b>Control:</b> (n = 24) received no intervention</p> <p><b>Data Collection:</b></p> <ul style="list-style-type: none"> <li>• Two questionnaires: PROQOL, GHQ (V &amp; R)</li> <li>• Measured: Compassion fatigue, burnout, compassion satisfaction, psychological distress</li> <li>• All groups completed before (pretest), just after (post-test 1), and 6 months after (post-test 2) the intervention.</li> <li>• Reliability coefficient: PROQOL: compassion fatigue: 0.80, burnout: 0.72, compassion satisfaction: 0.87</li> <li>• Internal consistency: GHQ: 0.78</li> </ul> <p><b>Data Analysis:</b></p> <ul style="list-style-type: none"> <li>• Regression analysis</li> <li>• Mann-Whitney U, Friedman <math>\chi^2</math>, Wilcoxon signed-rank test</li> </ul>	<p><math>\chi^2</math> Friedman (comparison of IG &amp; CG)</p> <p><b>Primary Outcomes:</b></p> <p><b>Compassion Fatigue:</b> 29.878, p = 0.001 Pretest and post-test 1: p = 0.001 Pretest and post-test 2: p = 0.001</p> <p><b>Burnout:</b> 13.723, p = 0.001 Pretest and post-test 2: p = 0.001</p> <p><b>Compassion Satisfaction:</b> p = 0.519</p> <p><b>Secondary Outcome:</b></p> <p><b>Psychological Distress:</b> 34.208, p = 0.001 Pretest and post-test 1: p = 0.001 Pretest and post-test 2: p = 0.001</p>	<p><b>Strength of Design:</b></p> <p>Strong</p> <p><b>Study Quality:</b></p> <p>Medium</p> <p><b>Limitations:</b></p> <ul style="list-style-type: none"> <li>• Single source for recruitment</li> <li>• No significant difference found for one component (compassion satisfaction)</li> </ul>

Study/Design	Methods	Key Results	Comments
<p><b>Authors:</b></p> <p>Guo et al. (2020)</p> <p><b>Design:</b></p> <p>RCT</p> <p><b>Purpose:</b></p> <p>To assess the effectiveness of a WeChat based 3GT on TI and the CS of nurses.</p>	<p><b>Setting:</b> A tertiary hospital in central south China.</p> <p><b>Sample:</b> (n = 73) RNs who provided direct patient care and experienced burnout based on the MBI.</p> <p><b>Intervention:</b> (n = 33) recorded 3GT daily for 5 days per week on a WeChat application; length was 6 months</p> <p><b>Control:</b> (n = 40) received no intervention</p> <p><b>Data Collection:</b></p> <ul style="list-style-type: none"> <li>• Three questionnaires: TII, TCSQ (NCS, PCS), MBI-GS (V &amp; R)</li> <li>• Measured: TI, NCS, PCS, burnout</li> <li>• Completed: Baseline and 6-months for both groups</li> <li>• Cronbach alphas: TII: 0.740, NCS: 0.772, PCS: 0.806, MBI-GS: 0.86</li> </ul> <p><b>Data Analysis:</b></p> <ul style="list-style-type: none"> <li>• Regression analysis</li> <li>• ANOVA</li> </ul>	<p><b>Turnover Intention:</b></p> <p>IG: TI, NCS: each <math>p &lt; 0.05</math></p> <p><b>Coping Styles:</b></p> <p><u>Intervention x time interaction effects:</u></p> <p>TI: <math>p = 0.000</math>  PCS: <math>p = 0.082</math>  NCS: <math>p = 0.002</math></p> <p><b>Burnout: Mean <math>\pm</math> SD</b></p> <p>IG: <math>6.21 \pm 0.51</math>  CG: <math>2.37 \pm 0.71</math>  <math>t = 0.561, p = 0.576</math></p>	<p><b>Strength of Design:</b></p> <p>Strong</p> <p><b>Study Quality:</b></p> <p>Medium</p> <p><b>Limitations:</b></p> <ul style="list-style-type: none"> <li>• High dropout rate (28.4%)</li> <li>• Single source for recruitment</li> <li>• Limited generalizability</li> </ul>

Study/Design	Methods	Key Results	Comments
<p><b>Authors:</b> Profit et al. (2021)</p> <p><b>Design:</b> RCT</p> <p><b>Purpose:</b> To evaluate the effectiveness of a WISER intervention in reducing healthcare worker burnout among NICU nurses</p>	<p><b>Setting:</b> NICUs from children’s hospitals or part adult hospitals in the United States (Massachusetts, North Carolina, Tennessee, Texas, New Mexico, and California).</p> <p><b>Sample:</b></p> <ul style="list-style-type: none"> <li>• NICU health care providers</li> <li>• Two cohorts of four randomized NICUs each.</li> </ul> <p><b>Intervention:</b> (n = 182) received the WISER intervention (Cohort 1)</p> <p><b>Control:</b> (n = 299) acted as a waitlist control (Cohort 2)</p> <p><b>Data Collection:</b></p> <ul style="list-style-type: none"> <li>• Two questionnaires: MBI, CESDS (V &amp; R)</li> <li>• Measured: burnout (emotional exhaustion, depersonalization, and personal accomplishment), depressive symptoms</li> <li>• Completed: Baseline, 1-month, and 6-month post-intervention for both groups</li> <li>• Cronbach alpha: MBI: 0.92</li> </ul> <p><b>Data Analysis:</b></p> <ul style="list-style-type: none"> <li>• Regression analysis</li> <li>• Generalized linear mixed-effects modeling framework</li> </ul>	<p><u>Month 1:</u></p> <p>Emotional exhaustion: Cohort 1: p = 0.005 Cohort 2: p = 0.024</p> <p><u>Month 6:</u></p> <p>Cohort 1:</p> <p>Emotional exhaustion: p = 0.031</p> <p>Depression p &lt; 0.001</p> <p>Work-life integration p &lt; 0.001</p> <p>Cohort 2: Work-life integration p = 0.019</p> <p><u>Combined adjusted cohort:</u></p> <p>Burnout: p = 0.008 Depressive symptoms: p = 0.022 Work-life integration: p &lt; 0.001</p>	<p><b>Strength of Design:</b> Strong</p> <p><b>Study Quality:</b> Medium</p> <p><b>Limitations:</b></p> <ul style="list-style-type: none"> <li>• Each cohort received the intervention; therefore, blinding was not feasible.</li> <li>• Cohorts experienced attrition, which may have introduced selection bias.</li> <li>• Significant loss to follow up.</li> </ul>

Study/Design	Methods	Key Results	Comments
<p><b>Authors:</b> Watanabe et al. (2019)</p> <p><b>Design:</b> RCT</p> <p><b>Purpose:</b> To examine the effectiveness of a brief MBSM program provided by senior nurses in a hospital setting.</p>	<p><b>Setting:</b> Inpatient wards at four general hospitals in the Tama region within Japan.</p> <p><b>Sample:</b> (n = 80) junior nurses providing patient care</p> <p><b>Intervention:</b> (n = 40) received MBSM program consisting of 4 weekly 30-minute individual sessions</p> <p><b>Control:</b> (n = 40) received psychoeducation leaflet group consisting of a brochure</p> <p><b>Data Collection:</b></p> <ul style="list-style-type: none"> <li>• One questionnaire: HADS</li> <li>• Measured: depression and anxiety</li> <li>• Completed: baseline, and weeks 13, 26 and 52.</li> <li>• Validity &amp; reliability measures not specified.</li> </ul> <p><b>Data Analysis:</b></p> <ul style="list-style-type: none"> <li>• Regression analysis</li> <li>• Mixed model repeated measures analysis.</li> </ul>	<p><b>HADS:</b></p> <p><u>Group coefficient by time interaction:</u></p> <p>Week 13: p = 0.327</p> <p>Week 26: p = 0.156</p> <p>Week 52: p = 0.973</p> <p><u>Post-hoc Analyses:</u></p> <p>Cohen's d- (effect size):</p> <p>- 0.15 (95% CI: - 0.60 to 0.30)</p>	<p><b>Strength of Design:</b> Strong</p> <p><b>Study Quality:</b> Low</p> <p><b>Limitations:</b></p> <ul style="list-style-type: none"> <li>• Insufficient sample size</li> <li>• Significant differences not found.</li> <li>• Researchers reported that study power was insufficient.</li> <li>• Unclear temporal association</li> </ul>

**Legend:** 3GT: three good things; CESDS: center for epidemiological studies depression scale; CG: control group; CS: coping style; GHQ: general health questionnaire; HADS: hospital anxiety and depression scale; HRQOL: health-related quality of life; IG: intervention group; MBI: Maslach Burnout Inventory; MBI-GS: Maslach Burnout Inventory - General Survey; MBSM: mindfulness-based stress management; MBSR: mindfulness-based stress reduction; MQ: mindfulness questionnaire; NCS: negative coping styles; NICU: neonatal intensive care unit; PCS: positive coping styles; POMS: profile of mood states; PROQOL: professional quality of life scale; RCT: randomized controlled trial; RN: Registered Nurses; TCSQ: trait coping style questionnaire; TI: turnover intention; TII: turnover intention inventory; V & R: valid and reliable; WISER: web-based implementation for the science of enhancing resilience.

## **Appendix II: Environmental Scan Report**

Environmental Scan Report:

The Development of a Supportive Educational Resource Related to Nursing Burnout

Mindy MacNeil Gushue

202094233

Faculty of Nursing, Memorial University of Newfoundland

Nurses have a responsibility to provide safe, competent, compassionate, and ethical nursing care. Providing care to patients with complex healthcare needs in acute care settings can present challenges for nurses. For example, burnout can occur as a result of these challenges which can negatively impact the nurses mental, physical, and emotional well-being resulting in insomnia and irritability (Cascales-Perez et al., 2021). Burnout can also negatively impact the nursing care being provided to patients. This may result in poor quality of care being provided to patients and impact patient safety. Burnout in nurses can negatively impact the clinical practice environment such as increased staff nurses absenteeism and sick leave (Cascales-Perez et al., 2021).

Montgomery & Patrician (2020) found that providing compassion and empathy to patients can sometimes lead to internal struggles for nurses, resulting from the increased stressors and challenges that nurses face within their clinical practice environments. The literature has identified examples of clinical stressors and challenges that nurses face within their clinical practice environments. Increased workload demands resulting from staffing shortages, increased time constraints resulting from increased workload responsibilities and decreased availability of nursing staff, and increased acuity of the patients resulting from increased comorbidities that patients face have been identified issues that contribute to an increased amount of stress for nurses (Montgomery & Patrician, 2020). This increased stress may result in nurses experiencing feelings of burnout.

### **Brief Overview of the Project**

Theofanidis et al. (2022) categorized symptoms of burnout in nursing into three groups that included psychological symptoms, behavioral symptoms, and physical symptoms. Recognition of psychological symptoms, behavioral symptoms, and physical symptoms is

important for the identification of nursing burnout. This practicum project has been inspired by my time practicing within perioperative services at the Cape Breton Regional Hospital (CBRH) in Sydney, Nova Scotia. I have witnessed firsthand and participated in discussions with nursing colleagues who have reported experiencing psychological symptoms, behavioral symptoms, and physical symptoms of burnout resulting from the daily stressors within clinical practice.

Examples of the daily stressors identified by my nursing colleagues have included increased workload demands, staffing shortages, increased patient acuity, and mandatory redeployments to other nursing units within the CBRH over the course of the Covid-19 pandemic. Supporting my nursing colleagues who have experienced increased stress and uncertainty within their clinical practices is something that I have become very passionate about.

Castillo-Gonzalez et al. (2023) identified interventions to treat burnout in nursing that focus on mindfulness techniques, which are important in the management of burnout, such as meditation, conscious communication, and emotion management to support nurses coping with the increased demands relating to their clinical practice environments. Aryankhesal et al. (2019) identified interventions to reduce burnout and improve the mental health and well-being of healthcare providers, which are important in the prevention of burnout, such as motivational programs, communication training skills, online support programs, and psychiatric programs.

The setting for this practicum project has been an acute care facility, specifically perioperative services, which includes the pre-admission surgical clinic, day surgery, and the post-anaesthesia care unit (PACU), at the CBRH in Sydney, Nova Scotia. A review of the literature provided justification for a proposed resource that will support the well-being of nurses and mitigate burnout. The literature review has helped to guide the environmental scan process by demonstrating an absolute need for support relating to nursing burnout that includes

interventions that help to support the well-being of nurses and mitigate burnout. There are currently no educational resources available within perioperative services at the CBRH that discuss the identification, management, and prevention of nursing burnout. It is concerning that there are not specific resources related to burnout available for nurses practicing in the PACU within perioperative services given that burnout has been noted to have a substantial, negative impact on nurses and the healthcare system.

Prior to the initiation of this environmental scan, a review of the literature was completed. A review of the literature provided justification for a proposed resource that will support the well-being and counter burnout for nurses within an acute care setting. The literature has identified that nurses throughout Canada have reported experiencing high stress and burnout on the job related to working long hours, increased overtime, excessive workloads, violence within the workplace, and exposure to stressful events (Tomblin-Murphy et al., 2022). Through a review of the literature, moderate evidence was noted to suggest that interventions that can provide improve support, enhance resiliency, and increase education for nurses may help to reduce the fatigue and burnout that nurses face within their clinical practices (Cascales-Perez et al., 2021; Gunusen et al., 2022; Guo et al., 2020; Profit et al., 2021; Watanabe et al., 2019).

The purpose of this environmental scan was to determine whether there are existing educational resources, policies, or programs that support nursing burnout in acute care settings that are being utilized by health authorities within Atlantic Canada. Identification of educational resources, policies, or programs will help guide the development of a resource to support the well-being of nurses and counter burnout. In addition to consideration for the literature reviewed related to nursing burnout, having a better understanding of existing resources that support the well-being of nurses and help to guide the development of the consultation plan. Supporting

perioperative nurses and nursing leadership with a resource that supports the well-being of nurses and counters burnout may help to reduce the fatigue, stress, and burnout that nurses face who practice within perioperative services.

### **Specific Objectives for the Environmental Scan**

The objectives of the environmental scan include:

1. Identification of existing educational resources from acute care hospitals within Atlantic Canada that are used to support the well-being of nurses and counter burnout;
2. Identification of existing policies or programs related to supporting the well-being of nurses and countering burnout for those who are practicing in acute care;
3. Identification of educational materials relating to nursing burnout available from grey literature which are available from reputable Canadian or international organizations. The focus of the educational material will be regional health authorities within the Atlantic provinces, provincial and national nursing organizations, and national or international non-profit organizations focused on burnout.
4. Evaluation and analyses of the educational resources, policies, programs, and internet website material to determine whether any relevant information can be modified to support the development of a resource.

### **Sources of Information**

There were two sources of information used to support this environmental scan. The first source of information involved an email of inquiry, which is presented in Appendix A, that was sent to perioperative services unit managers within acute care facilities from the four Atlantic provinces, which included Nova Scotia, New Brunswick, Prince Edward Island (PEI), and Newfoundland, to identify and request any educational resources, current policies, or existing

programs that support nursing burnout within their healthcare organizations. The healthcare facilities contacted, which are presented in Appendix B, included the Cape Breton Regional Hospital in Sydney, Nova Scotia, the Dr. Everett Chalmers Regional Hospital in Fredericton, New Brunswick, the Queen Elizabeth Hospital in Charlottetown, PEI, and the Health Services Center in St. John's, Newfoundland. These four facilities were chosen because they are all acute care facilities that serve individuals within the entire province.

The second source of information involved searching and reviewing educational materials from health authority websites, which included Nova Scotia Health (Nova Scotia), Horizon Health Network (New Brunswick), Health PEI (PEI), and Newfoundland and Labrador Health Services (Newfoundland and Labrador), that were analyzed for any information that may potentially be shared relating to nursing burnout. See Appendix C for the list of health authorities and their respective websites. Websites from professional organizations (e.g., Canadian Nurses Association, Registered Nurses Association of Ontario, World Health Organization) were also reviewed as additional sources of information to determine if there were effective resources available for nurses relating to burnout. Any potential references that were identified from these websites were manually searched and included in this environmental scan.

## **Methods**

For this practicum project, the environmental scan will be separate from the consultation plan, although consultees may share potential resources during the consultation process. Resources could be identified by consulting with unit managers as well as clinical nurse educators who are very knowledgeable of the available resources for front line nursing staff.

## **Data Collection, Data Management and Data Analysis**

Unit managers across Atlantic Canada were emailed with the request to provide any

pertinent resources related to supporting burnout with their nursing staff (See Appendix A). Of the four emails sent to the unit managers from the acute care facilities within Nova Scotia, New Brunswick, PEI, and Newfoundland, one acute care facility did not respond, and three acute care facilities did respond. See Appendix B for the list of health care facilities contacted. Data were collected by reviewing the material that was received from the unit managers that responded to the email of inquiry. Data were also collected by reviewing material related to burnout from the selected websites that have been previously highlighted in the sources of information section.

An iterative process was used to analyze the data and ensure that there was consistency throughout this environmental scan. This iterative process involved the identification of resources, which is presented in a summary of results in Table 1, followed by a synthesis of the resource content, which is presented in Table 2, that included three categories: identification of burnout, management of burnout, and prevention of burnout. Content analysis was utilized to identify and analyze the material for each of these three categories and determine any similarities and common themes among the information. Content analysis involved reading through the information received numerous times to identify the important aspects of information related to nursing burnout, leading to inferences being made from the data collected, which are presented in Table 2 (Merriam & Tisdell, 2015). All findings were shared with my practicum supervisor, Dr. Jennifer Collins.

### **Ethical Considerations**

The Health Research Ethics Authority (HREA) Screening Tool, which is presented in Appendix D, was completed to determine if this practicum project required ethical review by the HREA. This practicum project focuses on quality improvement for nurses practicing within acute care settings, resulting in the project being exempt from the Health Research Ethics Board

approval because of the quality improvement criteria. Therefore, HREA approval will not be needed for the purpose of this practicum project.

All email correspondence and information retrieved from the data collection process has been kept confidential and only shared with the practicum supervisor, Dr. Jennifer Collins, and will be permanently deleted following the completion of this practicum project. All emails, typed notes, and reports relating to the information received from the unit managers and websites has been stored on a password protected laptop. Consent has been implied for the email exchanges with the unit managers because they responded by providing educational material and existing resources. Consent would have been explicitly requested if material received through email or review of websites resulted in material that could have been utilized to support the development of the resource and practicum project. After collecting and analyzing the material received related to the well-being of nurses and nursing burnout, it was determined that there was not a sufficient resource to meet the needs of this practicum project. However, the synthesis of some of the concepts reviewed within the environmental scan may be collated and applied in conjunction with the insight gained from the literature review and consultation plan to inform the development of the practicum project.

## **Results**

Information related to the identification, management, and prevention of burnout was assessed following completion of this environmental scan. The results will be discussed in two sections that include email responses and website content that will be divided into three subsections that include provincial resources, national resources, and international resources. The educational materials obtained from this environmental scan included information for all health care professionals including nurses. Although there was limited information received from the

email responses from the healthcare facilities, one representative from Nova Scotia Health did respond and provide an online website for an employee program that helps to support individuals to resolve work, health, and life challenges and improve their overall health and well-being.

### **Email Responses**

There were four emails sent to the perioperative services unit managers from acute care facilities within the four Atlantic provinces that are presented in Appendix B. Of the four emails sent to these acute care facilities, one acute care facility did not respond, and three acute care facilities did respond. One of the responses indicated that there were no policies or protocols related to nursing burnout that existed within their health care facility. The other two responses forwarded information relating to an Employee Assistance Program (EAP) and an Employee and Family Assistance Program (EFAP) that supports the mental health and well-being of individuals and their family members. Table 1 provides an overview of the EFAP/EAP that includes the topics and wellness resources available through the EFAP and EAP.

**Table 1**

*Overview of the EFAP/EAP*

<b>Resource</b>	<b>Resource Topics</b>	<b>Wellness Resource Available</b>
EFAP	<ul style="list-style-type: none"><li>• Relationship difficulties</li><li>• Bereavement</li><li>• Grief and loss</li><li>• Anxiety</li><li>• Stress and depression</li><li>• Work related stress</li><li>• Life transitions</li><li>• Family/parenting/eldercare issues</li><li>• Alcohol and substance abuse</li><li>• Work/life balance</li><li>• Legal and financial stress</li></ul>	<ul style="list-style-type: none"><li>• Professional Counselling</li><li>• Financial Support</li><li>• Legal Support</li><li>• Nutrition Support</li><li>• Family Support</li><li>• Career Counselling</li><li>• Health Coaching</li><li>• Naturopathic Services</li></ul>

**Website Content**

*Provincial Resources*

Upon completion of the review of the health authority websites, which are presented in Appendix C, there was little information found relating to nursing burnout. The health authority websites discussed the previously identified EAP and EFAP available to employees of the health authorities who require additional support to help resolve challenges related to their work, health, and life. Health PEI utilizes the EAP that has a website linked to the Staff Resource Center to support their employees to resolve problems that have impacted their personal life that may affect their work performance. The EAP offers support with the following: relationship difficulties, bereavement, grief and loss, anxiety, stress and depression, work related stress, family/parenting/eldercare issues, alcohol and substance abuse, work/life balance, legal and

financial stress, and life transitions (EAP, 2023). The wellness resources offered through the EAP include advice, support, solutions, tools, resources, and expertise.

Nova Scotia Health utilizes the EFAP that has a website, entitled Work Health Life, to support their employees mental health and well-being which was reviewed. The wellness resources offered through the EFAP include professional counselling, financial support, legal support, nutrition support, family support, career counselling, health coaching, and naturopathic services (EFAP, 2023). Although the Work Health Life (2023) website focuses on the overall health and well-being for an individual, there was a section on the website focusing on stress and burnout that identified twenty-eight articles relating to stress and burnout within the work environment. These twenty-eight articles discussed the identification, management, and impact of stress and burnout within the workplace. Of the twenty-eight articles, seven articles focused specifically on burnout (The Sting of Burnout on Productivity, Understanding Absence, Fight or Flight: Learning How to Handle Workplace Stress, Investing in your Team's Mental Health, Understanding and Avoiding Burnout, Understanding Stress and Burnout, and Stress and Resiliency: Understanding the Back to Work Blues) (Work Health Life, 2023). Although these articles and the website did not focus specifically on nurses, this educational material could be very beneficial for nurses who are coping with increased amounts of stress and burnout within their clinical practices.

### ***National Resources***

Upon review of professional nursing organization websites, which included the Canadian Nurses Association (CNA) and the Registered Nurses Association of Ontario (RNAO), there was educational material identified related to the topic of nursing burnout. The CNA (2020) website identified links to national resources that promote and support the physical and emotional well-

being of nurses, who have experienced significant stress from the impact of the Covid-19 pandemic, resulting in the need for increased support for the mental health of nurses.

Wellness Together Canada (WTC) (2023) was one of the websites identified through the CNA. WTC is a website designed to improve the mental health and well-being of Canadians, which resulted from the rise in mental health issues from the Covid-19 pandemic, through the utilization of online resources that includes articles, courses, peer support, and counselling. The WTC website could be a very beneficial tool for all individuals, including nurses who are coping with increased amounts of stress and burnout. WTC is a collaborative project supported by Bell Let's Talk, Canada Health Infoway, Canadian Psychological Association, Greenspace, Government of Canada, Homeward Health, Kids Help Phone, Medavie, Mental Health Commission of Canada, and Stepped Care Solutions (WTC, 2023).

The RNAO website identified resources related to workplace health, workplace safety, and the well-being of nurses that included the topic of nursing burnout. The RNAO developed three best practice guidelines to help promote healthy work environments that included: Workplace Health, Safety and Well-Being of the Nurse (RNAO, 2008), Preventing and Mitigating Nurse Fatigue in Health Care (RNAO, 2011), and Developing and Sustaining Safe, Effective Staffing and Workload Practices (RNAO, 2017). These best practice guidelines could be beneficial to support the well-being of nurses and help to counter burnout by promoting safe and healthy clinical practice environments. Although there was information related to the burnout presented within these three RNAO best practice guidelines (RNAO, 2008; RNAO, 2011; RNAO, 2017), there was not a comprehensive best practice guideline that provided information and education related to the identification of burnout, management of burnout, and prevention of burnout for nurses practicing within acute care settings.

### ***International Resources***

Upon review of the World Health Organization (WHO) website, the WHO (1994, as cited in WHO, 2022) published ‘Guidelines for the Primary Prevention of Mental, Neurological and Psychological Disorders’ that focused on staff burnout. Although this document could be classified as outdated, the WHO (1994) was referenced on the website in 2022 and the chapter focusing on staff burnout remains similar to the nursing burnout issues that continue to currently exist. The WHO (1994) identified preventive measures that included focused interventions and individual and group interventions that included educational interventions that are still identified as effective interventions. These interventions include providing opportunities for staff to receive education and training to increase their role effectiveness, creating monitoring systems for staff to ensure that individuals receive regular feedback and support relating to their clinical practice performance, and ensuring that education and research remain a major focus of organizational policy (WHO, 1994). The focus of the preventive measures were the individual, the work group, and the organization, which is also applicable to nursing burnout measures that continue to exist today.

### **Summary of the Results**

A summary of the results is presented in Table 2. Analysis of the results found that supporting the health and well-being of individuals has resulted in various resources that are similar in content. The content of the identified resources to support nursing burnout is presented in Table 3. The main themes that emerged after completing the analysis of the results was the focus on the identification of burnout, the management of burnout, and the prevention of burnout. After analysis of the data collected, it was determined that there was not a comprehensive resource that provided information and education related to the identification of

burnout, management of burnout, and prevention of burnout for nurses practicing within acute care settings.

**Table 2**

***Resources to Support Nursing Burnout***

<b>Resource</b>	<b>Organization</b>	<b>Type of Resource</b>	<b>Subject</b>
EAP (2023)	Health Authority	Website & Online Resources	Supporting Health & Well-Being
EFAP (2023)	Health Authority	Website & Online Resources	Supporting Health & Well-Being
Work Health Life (2023)	Health Authority	Website: n = 28 articles; (n = 7 focused specifically on burnout)	Stress & Burnout
CNA (2020)	Nursing Association	Website: Article	Supporting Physical & Emotional Well-Being
WTC (2023)	Non-Profit Organization	Website & Online Resources	Supporting Mental Health and Well-Being
RNAO (2008)	Nursing Association	Best Practice Guidelines (PDF)	Workplace Health, Safety and Well-Being
RNAO (2011)	Nursing Association	Best Practice Guidelines (PDF)	Preventing and Mitigating Nurse Fatigue to Help Reduce Burnout
RNAO (2017)	Nursing Association	Best Practice Guidelines (PDF)	Developing and Sustaining Safe, Effective Staffing and Workload Practices
WHO (1994; 2022)	Non-Profit Organization	Practice Recommendations (PDF)	Staff Burnout

**Table 3**

*Synthesis of the Resource Content to Support Nursing Burnout*

	EAP (2023)	EFAP (2023)	Work Health Life (2023)	CNA (2020)	WTC (2023)	RNAO (2008)	RNAO (2011)	RNAO (2017)	WHO (1994)
<b>Identification of Burnout</b>									
Signs		•	•			•	•		•
Symptoms		•	•			•	•		•
Causes		•	•						•
Risk Factors		•	•						•
<b>Management of Burnout</b>									
<b>Prevention Strategies:</b>									
Counselling	•	•	•		•		•		
Peer Support	•	•	•	•	•	•			
Online Resources	•	•	•	•	•		•		
<b>Prevention of Burnout</b>									
<b>Individual Level:</b>									
Goal Setting	•	•	•		•	•			•
Education	•	•	•	•	•	•			•
Coping Strategies	•	•	•	•	•	•			•
<b>Group Level:</b>									
Goal Setting	•	•	•		•	•			•
Education									
Shared tasks						•			•
<b>Structural Level:</b>									
Supporting employees (e.g., time off, vacations)						•		•	•
Team Building	•	•				•		•	•
Providing Supportive Resources	•	•	•	•	•	•	•	•	•

• = Indicates the identified content was included in the resource

### ***Identification of Burnout***

The identification of burnout theme included the understanding and identification of signs, symptoms, causes, and risk factors related to burnout. Upon analysis of the resources, the psychological symptoms of burnout identified within the resource content included depression, insomnia, apathy, stress, negative mood, irritability, decreased confidence, and suspiciousness (EFAP, 2023; WHO, 1994; Work Health Life, 2023). The behavioral symptoms of burnout identified within the resource content included reduced work performance, decreased work enthusiasm, increased family conflict, job mania, increased complaints about work, inability to concentrate at work, frequent injuries, and increased absenteeism (EFAP, 2023; RNAO, 2008; RNAO, 2011; WHO, 1994; Work Health Life, 2023).

The contributing factors associated with burnout that were identified within the resource content included challenges related to an individual's work, health, life, clinical practice environments, and nursing workloads (EFAP, 2023; WHO, 1994; Work Health Life, 2023). When nurses are overwhelmed and experiencing stress related to their clinical practice environments, then they may be unable to care for their own personal and emotional needs, resulting in increased feelings of fatigue and burnout (EFAP, 2023; WHO, 1994; Work Health Life, 2023).

### ***Management of Burnout***

The management of burnout theme included providing various types of support and resources (e.g., professional counselling, family support, career counselling, online resources, peer support) at the individual and organizational level to help nurses as well as helping to identify and treat the underlying cause of nursing burnout (CNA, 2020; EAP, 2023; EFAP, 2023; RNAO, 2011; Work Health Life, 2023; WTC, 2023). These findings were consistent with the

literature that identified interventions to reduce burnout and improve the mental health and well-being of healthcare providers. Interventions identified within the literature included motivational programs, communication training skills, online support programs, and psychiatric programs (Aryankhesal et al., 2019; Gomez-Urquiza et al., 2023). The best practice guideline resources related to burnout included a section related to the identification of burnout; however, information related to the management of burnout was limited in one of the best practice guideline resources (RNAO, 2008) and lacking in two other resources (RNAO, 2017; WHO, 1994).

### ***Prevention of Burnout***

The prevention of burnout theme included prevention strategies at the individual, group, and organizational level to support nurses and prevent the occurrence of burnout within their clinical practice environments. The importance of providing supportive resources was highlighted in all of the identified resources (CNA, 2020; EAP, 2023; EFAP, 2023; RNAO, 2008; RNAO, 2011; RNAO, 2017; WHO, 1994; Work Health Life, 2023; WTC, 2023). One of the main components identified within the literature related to burnout was the prevention of burnout that included primary measures (e.g., prevention measures to prevent burnout); secondary measures (e.g., measures for early burnout recognition and intervention); and tertiary measures (e.g., measures to respond to consequences, rehabilitation, and modification) (Montgomery & Patrician, 2020; Theofanidis et al., 2022). These components were similar to what was highlighted within the resources such as team building, goal setting, and education for nurses to help prevent the occurrence of burnout among nurses (CNA, 2020; EAP, 2023; EFAP, 2023; RNAO, 2008; WHO, 1994).

Although the best practice guideline resources related to burnout included a section

related to the identification of burnout, information was lacking related the prevention of burnout at the individual level and group level in two of the best practice guidelines (RNAO, 2011; RNAO, 2017). There was also limited information provided within the identified resources relating to the structural level support (e.g., health authority), which may include organizational plans to support nurses having vacations, that should be provided to support the well-being of nurses and counter burnout (RNAO, 2008; RNAO, 2011; WHO, 1994).

### **Conclusion**

The information obtained from this environmental scan will assist in the development of an educational resource to support the well-being of nurses and mitigate burnout. The completion of this environmental scan combined with the literature review has resulted in a broader understanding of how nurses, employers, and clinical practice environments cope with burnout. Having a better understanding of existing educational materials, policies, and programs will help to develop a comprehensive educational resource (e.g., in-person workshop or self-learning module) that will support nurses well-being and counter burnout.

The results obtained from this environmental scan were consistent with the findings noted from the literature review. There is a need for support relating to burnout for all healthcare professionals including nurses. However, the environmental scan revealed that there was not a single resource identified that was able to provide content for the three main themes, which included the identification of burnout, management of burnout, and prevention of burnout, identified following analysis of the resources. Therefore, there remains a need to have a comprehensive resource for nurses that provides information and education related to the identification of burnout, management of burnout, and prevention of burnout for nurses practicing within acute care settings.

Having resources and interventions in place that support the identification, management, and prevention of nursing burnout may help to reduce the fatigue, stress, and burnout that nurses face, and ideally help to improve the nurses well-being. Furthermore, the information obtained from this environmental scan will assist in the development of the themes to be explored in the consultation interviews. Identifying strengths, weaknesses, and incorporating feedback through the course of this practicum project will be key to the successful development of an educational resource.

## References

- Ahola, K., Salminen, S., Toppinen-Tanner, S., Koskinen, A., & Väänänen, A. (2013). Occupational burnout and severe injuries: An eight-year prospective cohort study among Finnish forest industry workers. *Journal of Occupational Health, 55*(6), 450-457.  
doi: 10.1539/joh.13-0021-oa
- 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*, 77–85.  
doi: 10.34171/mjiri.33.77
- Borritz, M., Christensen, K., Bultmann, U., Rugulies, R., Lund, T., Andersen, I., Villadsen, E., Diderichsen, F., & Kristensen, T. (2010). Impact of burnout and psychosocial work characteristics on future long term sickness absence: Prospective results of the Danish PUMA study among human service workers. *Journal of Occupational and Environmental Medicine, 52*(10), 964-970. doi: 10.1097/JOM.0b013e3181f12f95
- Bridgeman, P., Bridgeman, M., & Barone, J. (2018). Burnout syndrome among healthcare professionals. *American Journal of Health-System Pharmacy, 75*(3), 147-152.  
doi: 10.2146/ajhp170460
- Canadian Nurses Association. (2020). *Staying healthy during a pandemic*.  
Mental-Health-and-Wellbeing-during-COVID-19\_e.pdf (hl-prod-ca-oc-download.s3-ca-central-1.amazonaws.com)

- Cascales-Perez, M., Ferrer-Cascales, R., Fernández-Alcántara, M., & Cabañero-Martínez, M. (2021). Effects of a mindfulness-based programme on the health-and work-related quality of life of healthcare professionals. *Scandinavian Journal of Caring Sciences*, 35(3), 881-891. doi: 10.1111/scs.12905
- Castillo-Gonzalez, A., Velando-Soriano, A., De La Fuente-Solana, E., Martos-Cabrera, B., Membrive-Jiménez, M., Lucía, R., & Canadas-De La Fuente, G. (2023). Relation and effect of resilience on burnout in nurses: A literature review and meta-analysis. *International Nursing Review*. doi: 10.1111/inr.12838
- Employee Assistance Program. (2023). *Public Service Commission: Prince Edward Island*. <https://psc.gpei.ca/employee-assistance-program>
- Employee Family Assistance Program. (2023). *Nova Scotia Health Employee and Families Assistance Program (EFAP)*. Employee and Families Assistance Program (EFAP) | Nova Scotia Health Authority - Corporate (nshealth.ca)
- Gomez-Urquiza, J., Velando-Soriano, A., Martos-Cabrera, M., Canadas, G., Albendín-García, L., Canadas-De la Fuente, G., & Aguayo-Estremera, R. (2023). Evolution and treatment of academic burnout in nursing students: A systematic review. *Healthcare (Basel, Switzerland)*, 11(8), 1081. doi: 10.3390/healthcare11081081
- Gunusen, N., Inan, F., Ustun, B., Serttaş, M., Sayin, S., & Toksoy, S. (2022). The effect of a nurse-led intervention program on compassion fatigue, burnout, compassion satisfaction, and psychological distress in nurses: A randomized controlled trial. *Perspectives in Psychiatric Care*, 58(4), 1576-1586. doi: 10.1111/ppc.12965

- Guo, Y., Plummer, V., Cross, W., Lam, L., & Zhang, J. (2020). Impact of WeChat-based 'three good things' on turnover intention and coping style in burnout nurses. *Journal of Nursing Management*, 28(7), 1570-1577. doi: 10.1111/jonm.13111
- Merriam, S.B., & Tisdell, E.J. (2015). *Qualitative research: A guide to design and implementation* (4th ed.). Jossey-Bass.
- Montgomery, A., & Patrician, P. (2020). The Concept of Burnout in the Nursing Profession. *International Journal of Nursing and Health Care Research*, 3(10), 1204-1214. doi: 10.29011/2688-9501.101204
- Profit, J., Adair, K., Cui, X., Mitchell, B., Brandon, D., Tawfik, D., Rigdon, J., Gould, J., Lee, H., Timpson, W., McCaffrey, M., Davis, A., Pammi, M., Matthews, M., Stark, A., Papile, L., Thomas, E., Cotten, M., Khan, A., & Sexton, J. (2021). Randomized controlled trial of the "WISER" intervention to reduce healthcare worker burnout. *Journal of Perinatology*, 41(9), 2225–2234. doi: 10.1038/s41372-021-01100-y
- Registered Nurses Association of Ontario. (2008). *Workplace health, safety and well-being of the nurse*. Toronto, ON: Registered Nurses' Association of Ontario. [nao.ca/sites/rnao-ca/files/bpg/HWE.\\_Workplace\\_Health\\_Safety\\_and\\_Well-Being\\_0.pdf](https://nao.ca/sites/rnao-ca/files/bpg/HWE._Workplace_Health_Safety_and_Well-Being_0.pdf)
- Registered Nurses Association of Ontario. (2011). *Preventing and Mitigating Nurse Fatigue in Health Care*. Toronto, ON: Registered Nurses' Association of Ontario. [Preventing\\_and\\_Mitigating\\_Nurse\\_Fatigue\\_in\\_Health\\_Care.pdf](https://nao.ca/sites/rnao-ca/files/bpg/Preventing_and_Mitigating_Nurse_Fatigue_in_Health_Care.pdf) (nao.ca)
- Registered Nurses Association of Ontario. (2017). *Developing and sustaining safe, effective staffing and workplace practices* (2nd ed.). Toronto, ON: Registered Nurses' Association of Ontario. [nao.ca/sites/rnao-ca/files/bpg/Staffing\\_and\\_Workload\\_Practices\\_2017.pdf](https://nao.ca/sites/rnao-ca/files/bpg/Staffing_and_Workload_Practices_2017.pdf)

Theofanidis, D., Boukas, A., & Fountouki, A. (2022). A “new pandemic” at hand: Burnout of nursing staff. *International Journal of Caring Sciences*, 15(3), 2028–2035.

Microsoft Word - 41. theofanidis.docx (internationaljournalofcaringsciences.org)

Tomblin-Murphy, G., Sampalli, T., Bourque-Bearskin, L., Cashen, N., Cummings, G., Rose, E., Etowa, J., Grinspun, D., Jones, E., Lavoie-Tremblay, M., MacMillan, K., MacQuarrie, C., Martin-Misener, R., Oulton, J., Ricciardelli, R., Silas, L., Thorne, S., & Villeneuve, M. (2022). *Investing in Canada’s nursing workforce post-pandemic: A call to action*. Royal Society of Canada: Author. Nursing PB\_EN.pdf (rsc-src.ca)

Watanabe, N., Horikoshi, M., Shinmei, I., Oe, Y., Narisawa, T., Kumachi, M., Matsuoka, Y., Hamazaki, K., & Furukawa, T. (2019). Brief mindfulness-based stress management program for a better mental state in working populations: Happy nurse project: A randomized controlled trial. *Journal of Affective Disorders*, 251, 186–194.  
doi: 10.1016/j.jad.2019.03.067

Wellness Together Canada. (2023). *Wellness together Canada: Mental health and substance use support*. <https://www.wellnesstogether.ca/>

Work Health Life. (2023). *Stress/burnout*. Morneau Shepell Ltd.  
Stress/Burnout - workhealthlife

World Health Organization. (1994). *Guidelines for the primary prevention of mental, neurological and psychosocial disorders: Chapter 5 staff burnout*. World Health Organization: Division of Mental Health. <https://apps.who.int/iris/handle/10665/60992>

## Appendix A: Draft Email to Nurse Managers/Nurse Educators

Subject: Request for Information

Hello,

My name is Mindy MacNeil Gushue, and I am currently working as a Registered Nurse in Perioperative Services within Nova Scotia Health. I am currently enrolled in the Master of Science in Nursing program at Memorial University of Newfoundland, and I am presently working on my practicum project which is nursing burnout within acute care.

**The purpose of this email is to inquire about any educational materials, policies, or programs related to nursing burnout that are utilized within your nursing units or health care facilities.** I am currently completing an environmental scan which involves determining whether there are existing educational resources, policies, or programs that support nurses coping with burnout in acute care settings that are being utilized by health authorities within Atlantic Canada.

Any information provided would be extremely helpful and will be kept confidential, only being shared with my practicum supervisor, Dr. Jennifer Collins, from Memorial University of Newfoundland. Following the environmental scan, the practicum project will begin that will involve the development a resource for nurses working within acute care settings that is focused on the identification, management, and prevention of nursing burnout. If information provided could be beneficial for this practicum project, then I will contact you again requesting written permission for the use of any material provided.

I would like to thank you for taking the time to review my request. Any assistance that you would be able to provide regarding nursing burnout in your facility would be greatly appreciated. It would be most helpful if you could respond to this email by July 11, 2023. If there are any further questions or concerns, then please do not hesitate to contact me.

Kind Regards,

Mindy MacNeil Gushue

**Appendix B: List of Health Care Facilities Contacted**

<b>Health Care Facility</b>	<b>Health Authority</b>	<b>Location</b>
Cape Breton Regional Hospital	Nova Scotia Health	Sydney, Nova Scotia
Dr. Everett Chalmers Regional Hospital	Horizon Health Network	Fredericton, New Brunswick
Queen Elizabeth Hospital	Health PEI	Charlottetown, PEI
Health Services Center	Newfoundland and Labrador Health Services	St. John's, Newfoundland and Labrador

### Appendix C: List of Health Care Authority Websites

<b>Health Authority</b>	<b>Website</b>
Nova Scotia Health	<a href="http://nshealth.ca">Nova Scotia Health Authority (nshealth.ca)</a>
Horizon Health Network	<a href="http://horizonnb.ca">Home - Horizon Health Network (horizonnb.ca)</a>
Health PEI	<a href="http://www.healthpei.ca">Health PEI   Government of Prince Edward Island</a>
Newfoundland and Labrador Health Services	<a href="http://www.health.gov.nl.ca">Home - NL Health Services</a>

## Appendix D: Health Research Ethics Authority (HREA) Screening Tool

**Student Name:** Mindy MacNeil Gushue

**Title of Practicum Project:** Supporting Nurses Coping with Burnout in Acute Care

**Date Checklist Completed:** May 28, 2023

This project is exempt from Health Research Ethics Board approval because it matches item number three from the list below.

1. Research that relies exclusively on publicly available information when the information is legally accessible to the public and appropriately protected by law; or the information is publicly accessible and there is no reasonable expectation of privacy.
2. Research involving naturalistic observation in public places (where it does not involve any intervention staged by the researcher, or direct interaction with the individual or groups; individuals or groups targeted for observation have no reasonable expectation of privacy; and any dissemination of research results does not allow identification of specific individuals).
3. **Quality assurance and quality improvement studies, program evaluation activities, performance reviews, and testing within normal educational requirements if there is no research question involved (used exclusively for assessment, management or improvement purposes).**
4. Research based on review of published/publicly reported literature.
5. Research exclusively involving secondary use of anonymous information or anonymous human biological materials, so long as the process of data linkage or recording or dissemination of results does not generate identifiable information.
6. Research based solely on the researcher's personal reflections and self-observation (e.g., auto-ethnography).
7. Case reports.
8. Creative practice activities (where an artist makes or interprets a work or works of art).

For more information, please visit the Health Research Ethics Authority (HREA) at <https://rpresources.mun.ca/triage/is-your-project-exempt-from-review/>

## **Appendix III: Consultation Report**

Consultation Report:

The Development of a Supportive Educational Resource Related to Nursing Burnout

Mindy MacNeil Gushue

202094233

Faculty of Nursing, Memorial University of Newfoundland

Burnout has been defined within the literature as a syndrome that includes feelings of emotional exhaustion, depersonalization, and reduced personal accomplishment (Maslach et al., 1986, as cited in Montgomery & Patrician, 2020). Nurses can articulate these feelings associated with burnout by expressing pessimism, decreased personal value, lack of satisfaction with accomplishments, and insensitivity towards patients. These feelings may result from stress that has not been treated effectively (Maslach et al., 1986, as cited in Montgomery & Patrician, 2020).

Theofanidis et al. (2022) identified the factors associated with high levels of burnout that included low nursing to patient staffing ratios, lack of communication among health care providers, poor leadership, and lack of organizational infrastructure. These are important to highlight to address the cause of burnout and help determine solutions that may reduce burnout in nursing. Solutions have been identified within the literature that have involved the implementation of interventions to support nursing burnout. Castillo-Gonzalez et al. (2023) identified interventions focusing on mindfulness techniques (e.g., meditation, conscious communication, and emotion management) to support nurses coping with the increased demands within their clinical practices and experiencing burnout. Aryankhesal et al. (2019) identified interventions to reduce burnout and improve the mental health and well-being of health care providers such as the implementation of motivational programs, communication training skills, electronic methods (e.g., online support groups), and psychiatric programs to support the well-being of nurses and help to counter nursing burnout.

This practicum project is focused on nursing burnout within acute care and involves the development of a resource to support nurses with the identification, management, and prevention of nursing burnout. The purpose of this consultation report is to have key stakeholders' identify

the needs that should be addressed and recommended solutions to promote the well-being and counter burnout. The identification of these needs and recommended solutions will result in the development of a comprehensive resource to support acute care nurses in the identification, management, and prevention of nursing burnout.

### **Brief Overview of the Project**

This practicum project has been inspired by my time practicing within perioperative services at the Cape Breton Regional Hospital (CBRH) in Sydney, Nova Scotia. Over the last six years, I have had many discussions with nursing colleagues and have directly witnessed the factors that have contributed to increased stress and nursing burnout. These discussions have included topics related to increased workload demands, staffing shortages, increased acuity of the patients, and mandatory redeployments to other nursing units within this acute care facility over the course of the Covid-19 pandemic. Some of my nursing colleagues have discussed feeling physically, mentally, and emotionally exhausted. These issues identified by my nursing colleagues align with recently reviewed literature pertaining to concepts related to nursing burnout (Montgomery & Patrician, 2020; Theofanidis et al., 2022). Although there is a need to support nursing burnout, there are currently no resources available on the nursing units within perioperative services at the CBRH. Therefore, the setting for this practicum project has been the CBRH, specifically perioperative services, which includes the pre-admission surgical clinic, day surgery unit, and the post-anaesthesia care unit (PACU), at the CBRH in Sydney, Nova Scotia. The department of perioperative services at the CBRH also provides care to critical care patients postoperatively.

Prior to the initiation of this consultation plan, a review of the literature and environmental scan was completed. The literature review provided justification for a proposed

resource that will support the well-being of nurses and counter burnout within an acute care setting. A review of the literature revealed that interventions that can provide improve support, enhance resiliency, and increase education for nurses may help to reduce the fatigue and burnout that nurses face (Cascales-Perez et al., 2021; Gunusen et al., 2022; Guo et al., 2020; Profit et al., 2021; Watanabe et al., 2019). The environmental scan report resulted in the identification of existing resources, which included online support (e.g., Wellness Together Canada website), in-person support (e.g., Employee Assistance Program, Employee and Family Assistance Program), and website content (e.g., Canadian Nurses Association), from acute care hospitals within Atlantic Canada that are used to support nursing burnout. Completion of the environmental scan revealed that there was not a single resource identified that provided content for the three main themes identified, which included the identification of burnout, management of burnout, and prevention of burnout. Having a better understanding of existing resources that support the well-being of nurses identified in the literature review and environmental scan report will help to inform the concepts that will be explored in the consultation plan.

There remains a need for a comprehensive resource for nurses that provides information and education related to the identification of burnout, management of burnout, and prevention of burnout for nurses practicing in acute care settings. The purpose of this consultation plan was to obtain insight into clinical practice environments and the exploration for the effectiveness of existing resources available from front-line nursing staff and nursing leadership within perioperative services at the CBRH. Completion of this consultation process has resulted in the identification by key stakeholders' of the needs that should be addressed and recommended solutions to promote the well-being and counter burnout. The identification of these needs and recommended solutions has further enhanced the understanding of the issue of burnout, resulting

in the most appropriate and effective resource that will be developed and implemented to support the well-being of nurses and counter burnout.

### **Specific Objectives for the Consultations**

The objectives of the consultation plan include:

1. Identification of relevant key stakeholders from nursing staff and nursing leadership to discuss aspects in the clinical practice environment that support nurses' well-being and counter burnout;
2. Incorporation of relevant key stakeholders into the consultation process to determine their knowledge and experience relating to the supports being utilized within the clinical practice environment to improve the nurses well-being and counter burnout;
3. Completion of a short, informal interview with relevant key stakeholders to identify the needs that should be addressed and the recommended solutions for issues related to nursing burnout within their clinical practice environments; and
4. Evaluation and analysis of the information gathered from the interviews relating to the well-being of nurses and countering burnout that will support the content and development of the resource.

### **Setting and Sample**

The setting for this practicum project has been perioperative services at the CBRH in Sydney, Nova Scotia. Perioperative services include the pre-admission surgical clinic, day surgery, and the PACU. Nurses practicing within perioperative services provide preoperative nursing care and postoperative nursing care. The PACU also provides care to critical care patients postoperatively when required. Within perioperative services there are a variety of novice Registered Nurses (RN), with five years of experience or less, experienced RNs, with

greater than five years of experience, a clinical nurse leader, a clinical nurse educator, and one-unit manager responsible for the pre-admission surgical clinic, day surgery, and the PACU. Seven of the thirteen key stakeholders who were invited to participate in the consultation interviews agreed to participate, which included perioperative nursing staff consultees (n = 5) and nursing leadership consultees (n = 2). Of the five perioperative nursing staff consultees, there were novice RNs (n = 2) and experienced RNs (n = 3). The clinical nurse educator and clinical nurse leader of perioperative services were unable to participate in the consultation process.

All consultees who participated in the interview were asked the reason why they chose the nursing profession. The main reasons identified in the interviews was the desire to have a career that could help people (n = 5), be provided with the opportunity to have a career with great diversity (n = 3), and choosing nursing as a career because it was recommended by family members (n = 4). All consultees were asked how many years they have been practicing nursing and specifically the years within perioperative services. The results of these responses for the number years practicing as a nurse for the nursing leadership consultees ranged from 15 years to 31 years, with the years of experience within perioperative services ranging from 6 years to 8 years. The number of years practicing as a nurse for the perioperative nursing staff consultees ranged from 8 years to 40 years, with the years of experience within perioperative services ranging from 3 years to 28 years.

### **Data Collection**

An email request for participation, which is presented in Appendix A, was sent to perioperative nursing staff and nursing leadership within perioperative services requesting participation in an interview. Interviews were completed in-person and over the phone from August 1, 2023 to August 4, 2023. Although the original goal was to interview 5-10 perioperative

nursing staff and 2-3 nursing leadership consultees, only five perioperative nursing staff and two nursing leadership consultees responded agreeing to the interview. The limited number of participants (n = 7) who provided responses could have impacted the validity of the data collected. However, steps were taken to enhance the validity of the data collected. For example, interviews continued with participants until they felt that they had no new information to discuss. Participants were also asked to review the data collected from their interview responses to ensure that my interpretation of the data collected from their interview responses were representative of their beliefs. Reviewing the data collected with the participants also allowed an opportunity to clarify responses that were unclear or ambiguous. The clinical nurse leader and clinical nurse educator of PACU were not available for an interview, which could have been a barrier for other potential participants that did not respond to the email request.

Consent from participants was implied because they responded to the email request for participation and agreed to be interviewed. Once the consultees agreed to participate in the consultation process, then the interviews were arranged either in-person or over the phone, depending on the personal preference of the consultee. Data collection consisted of semi-structured interview questions that were utilized to guide the interview process. There were two sets of interview questions used for this consultation plan. The first set of interview questions were interview questions for perioperative nursing staff that are presented in Appendix A. The second set of interview questions were interview questions for nursing leadership that are presented in Appendix B. The interview questions were developed based on the results of the literature review and environmental scan report. Permission was requested to take detailed notes throughout the interview process. Consultees were informed that they may choose to not answer any question during the interview process and may stop the interview process at any time. The

interviews lasted for approximately 45 minutes. The interview began with an introduction acknowledging that the issue of nursing burnout can be a sensitive topic for some nurses. See Appendices B and C for the introduction that focused on the purpose of the interview, which was to confidentially focus on topics related to supporting burnout for the perioperative nursing staff consultees and nursing leadership consultees.

### **Data Management and Analysis**

All email correspondence and information retrieved from the data collection process was kept confidential and only shared with the practicum supervisor, Dr. Jennifer Collins. Email correspondence, including information received, was stored on the writer's password protected laptop. All digital and physical documents related to the consultations will be permanently deleted following the completion of this practicum project.

The process of analyzing the data involved the utilization of content analysis, which is a research tool that can help to determine the presence of themes and concepts upon completion of the data collection process (Harrison & Graham, 2021). Content analysis allowed for the identification and analysis of the meanings of certain words, themes, or concepts, which led to inferences being made from the data collected (Merriam & Tisdell, 2015). The detailed notes collected during the interview process were analyzed immediately upon completion of the interview. This was done by reading the information received from the interview process numerous times to ensure that there was a comprehensive understanding of the information collected from the interviews as well as the identification of similar themes such as promoting a teamwork approach and encouraging experienced RNs to participate in preceptorship (Merriam & Tisdell, 2015). Making notes on the responses for each question and reviewing the notes for each interview resulted in the identification of and reporting of emergent themes. The themes

identified were compared among the data received from all of the interviews that were conducted. The findings from the data analysis process are presented in a comprehensive summary in this final consultation plan report.

### **Ethical Considerations**

The Health Research Ethics Authority (HREA) Screening Tool, which is presented in Appendix D, was completed to determine if this practicum project required ethical review by the HREA. This practicum project focuses on quality improvement for nurses practicing within acute care settings, resulting in the project being exempt from the Health Research Ethics Board approval because of the quality improvement criteria. Therefore, HREA approval was not needed for the purpose of this practicum project.

Email exchanges occurred requesting participation in the interview. A copy of the draft email request for participation is presented in Appendix A. Consent from participants was implied because they responded to the email request for participation and agreed to be interviewed. Consultees were informed that their involvement in the interview was voluntary and that they could stop the interview at any time and had a right to refuse to answer any of the questions. Confidentiality was maintained by not recording any names or identifying information of the consultees and a numeric code was assigned to each responding consultee. Email exchanges-maintained confidentiality and will be permanently deleted following the completion of this practicum project. All emails, typed notes, and interview notes relating to the information received from the consultees were stored on a password protected laptop. Upon completion of this practicum project, all information stored on the writer's laptop will be permanently deleted.

### **Results**

The main themes included clinical practice environment supports and clinical practice

resources. The concepts connected to the theme of clinical practice environment supports included identifying the resources utilized by consultees personally and professionally within their clinical practice environments to support their well-being and mitigate feelings of burnout. Another concept included the identification of organizational changes that would better support nurses in promoting their well-being and mitigate burnout within their clinical practice environments. The concepts connected to the theme of clinical practice resources included the identification and preferred delivery method of a new resource that focused on supporting the well-being of nurses and mitigating burnout.

### **Clinical Practice Environment Supports**

All consultees (n = 7) were questioned about the personal resources and professional resources within their clinical practice environments that were utilized to support their overall well-being and counter feelings of burnout. Existing organizational resources and supports, additional non-organizational supports, and potential organizational changes that would better support nurses in promoting their well-being and mitigate burnout within their clinical practice environments were identified in the interviews.

### ***Existing Organizational Resources & Supports***

All consultees (n = 7) identified and discussed the Employee and Family Assistance Program (EFAP) that supports the mental health and well-being of individuals and their family members as an existing organizational resource. There were three consultees that voluntarily shared that they utilized EFAP throughout their career. Table 1 provides an overview of the additional existing organizational resources and non-organizational supports that were identified and discussed by the perioperative nursing staff consultees that helped to promote their well-

being and counter feelings of burnout. Table 2 provides an overview of the additional existing organizational resources that were discussed by the nursing leadership consultees.

### ***Additional Non-Organizational Supports***

All consultees (n = 7) identified and discussed additional supports outside of the Nova Scotia Health organization such as exercise, online videos, healthy personal relationships, and non-traditional therapies such as meditation and massage therapy. See Table 1 for the non-organizational supports identified and utilized by the consultees to promote their well-being and mitigate feelings of burnout.

**Table 1*****Overview of Existing Organizational and Non-Organizational Supportive Resources***

<b>Identified Resource</b>	<b>Resource Content</b>
Exercise Programs	<ul style="list-style-type: none"><li>• Attending a local gym</li><li>• Cycling</li><li>• Hiking nature trails</li><li>• Skating</li><li>• Snowshoeing</li><li>• Walking</li><li>• Yoga</li></ul>
Non-Traditional Therapies	<ul style="list-style-type: none"><li>• Breathing Techniques</li><li>• Massage therapy</li><li>• Meditation</li><li>• Naturopathic medicine</li></ul>
Online Videos	<ul style="list-style-type: none"><li>• Improving mindfulness</li><li>• Enhancing well-being</li><li>• e.g., YouTube</li></ul>
Personal Relationships	<ul style="list-style-type: none"><li>• Spending time with friends and family</li></ul>
Collaborating on Workloads	<ul style="list-style-type: none"><li>• Helping nursing colleagues with patient care</li><li>• Brainstorming solutions as a team</li></ul>
Utilizing Time Off	<ul style="list-style-type: none"><li>• Having vacation time approved</li><li>• Utilizing sick time when needed</li></ul>

**Table 2**

***Overview of Existing Organizational Resources for Nursing Leadership***

<b>Identified Resource</b>	<b>Type of Resource</b>
Online Resource: Mindwell	<ul style="list-style-type: none"><li>• Focuses on resiliency, well-being, and mindfulness.</li><li>• Development of a wellness plan to enhance resiliency, productivity, and well-being.</li></ul>
Online Course: Psychologically Safe Workplace	<ul style="list-style-type: none"><li>• Focuses on discovering what is included in a psychologically safe workplace.</li><li>• Involves two components: (1) Creation of a personal action plan that supports transitioning into a psychologically safe leader, and (2) Facilitation of the creation of a psychologically safe workplace within Nova Scotia Health.</li><li>• Offered through the University of New Brunswick.</li></ul>
Occupational Health & Safety Department	<ul style="list-style-type: none"><li>• Department within Nova Scotia Health that promotes a safe and healthy place to work.</li><li>• Includes programs to promote injury prevention, violence in the workplace, and supportive programs (e.g., sick leave, long-term disability benefits, worker's compensation).</li></ul>
Nursing Collective Agreement	<ul style="list-style-type: none"><li>• Collective Agreement between Nova Scotia Health and The Nova Scotia Council of Nursing Unions</li></ul>

### ***Potential Organizational Changes***

There were a variety of responses provided by consultees when they were asked to identify any changes in clinical practice or organizational changes that they felt would better support them and their nursing colleagues to promote their well-being and mitigate feelings of burnout. The concepts identified by the consultees to promote their well-being and mitigate feelings of burnout, which are presented in Table 3, included additional education, increased preceptorship, promoting teamwork, increased presence of nursing leadership, and other potential organizational changes.

**Table 3**

*Overview of Potential Organizational Changes to Support Nurses*

<b>Identified Organizational Change</b>	<b>Organizational Change Content</b>
Education	<ul style="list-style-type: none"><li>• Topic of Burnout</li><li>• Other topics related to the clinical practice environment: (1) Debriefing after loss (2) Stress management techniques</li></ul>
Preceptorship	<ul style="list-style-type: none"><li>• Increased preceptorship for new graduate RNs</li><li>• Increased preceptorship for novice RNs transitioning from other nursing units</li><li>• Utilizing senior nurses as preceptors for new RNs and novice RNs</li></ul>
Teamwork	<ul style="list-style-type: none"><li>• Providing supportive patient care</li><li>• Assisting nursing colleagues with increased workload demands</li><li>• Supportive nursing leadership</li><li>• Effective teamwork coaching</li></ul>
Nursing Leadership	<ul style="list-style-type: none"><li>• Increased presence on nursing units</li><li>• Actively engaged on nursing units</li><li>• Provide additional support, improved structure, and increased accountability</li></ul>
Other Potential Organizational Changes	<ul style="list-style-type: none"><li>• Support for mental health days off</li><li>• Changing roles within perioperative services</li><li>• Increased engagement by senior nursing leadership with front line nursing staff</li><li>• Policy to support nursing burnout</li></ul>

### ***Education***

The perioperative nursing staff consultees (n = 5) discussed the need for more education relating to not only burnout, but other topics related to their clinical practice environments such as debriefing after caring for a complicated case and stress management techniques.

### ***Preceptorship***

Preceptorship was also discussed in relation to the education concept. The perioperative nursing staff consultees discussed the need for more support and education for the nurses within perioperative services that required preceptorship (e.g., new graduate nurses starting in the PACU, novice nurses transitioning from another acute care unit to the PACU). Senior perioperative nursing staff consultees, who had greater than twenty-five years of nursing experience, felt that their nursing experience could be better utilized to help mentor and support novice RNs, who had less than five years of nursing experience, and junior RNs, who had five to ten years of nursing experience. These senior nurses felt that it would help to retain experienced nurses if they were asked to support other nurses on a consistent basis through preceptorship. Although preceptorship is beyond the scope of this practicum project, consultees discussed preceptorship as a support to help to alleviate some of the daily stressors the nurses face in their clinical practice environments, resulting from staffing shortages and increased nursing workloads.

### ***Teamwork***

Promoting a teamwork approach within the clinical practice environment was identified as a gap in the consultees current practice environment. All the perioperative nursing staff consultees felt that focusing on a team-based approach, with respect to caring for patients and the increased workload demands accompanied by staffing shortages, could be a change in clinical

practice that could occur imminently that would support nurses and help reduce burnout.

However, the consultees discussed the need for strong nursing leadership to support any changes in clinical practice.

### ***Nursing Leadership***

Nursing leadership that has an increased presence and remains actively engaged on the perioperative nursing unit was also identified as an organizational change that could potentially improve the morale and productivity on the nursing units. Some perioperative nursing staff consultees felt that there have been increased responsibilities placed on middle management such as unit managers (e.g., managing multiple nursing units) that has resulted in the manager not having a consistent presence on one specific unit. Although clinical nurse leaders were recognized as an important resource and support for staff nurses, some perioperative nursing staff consultees felt that an increased presence from management would provide additional support, improved structure, and increased accountability with respect to the policies and procedures that remain applicable to perioperative services (e.g., patient flow, nurse ratios for each perioperative patient, appropriate booking of surgical cases including required time and number of daily surgical cases). The perioperative nursing staff consultees felt that an increased presence from nursing leadership could help to alleviate some of the nurses' daily stressors in the clinical practice environment that could lead to nurses experiencing feelings of burnout.

### ***Other Potential Organizational Changes***

Other potential organizational changes identified by the perioperative nursing staff consultees that could possibly help to promote the nurses well-being and mitigate feelings of burnout included having mental health days off (e.g., quarterly one day off that is separate from sick time and vacation time) to support the well-being of nurses, changing roles within

perioperative services to prevent burnout (e.g., spending one week assigned to day surgery and the next week assigned to the PACU), and having increased engagement by senior nursing leadership (e.g., monthly walk throughs within perioperative services and discussions with perioperative nursing staff). Nursing leadership consultees discussed the importance of clearly identifying the roles and expectations and the need for policy to support managers to address nursing burnout and prevent miscommunication and additional stress. Furthermore, nursing leadership consultees discussed the need for more tools and resources to help support their nursing staff. For example, having more flexible hours for the EFAP to accommodate nurses as well as a component of Occupational Health and Safety that focused on mental health, burnout, and stress reduction supports. All consultees felt that these potential organizational changes could improve the well-being of nurses and help to reduce burnout within their clinical practice environments.

### **Clinical Practice Resources**

All consultees (n = 7) were questioned about the development of a learning resource that would support the well-being of nurses and counter feelings of burnout. All consultees stated that the development of a learning resource would be beneficial to support nurses to improve their well-being and counter burnout. The nurses also identified topics during the interviews that they felt would be beneficial to include within a learning resource as well as potential delivery methods for the resource. This data collected from the consultees will be utilized to guide development of the learning resource.

### ***Development of a Resource***

The consultees discussed topics that they felt would be beneficial to include in a learning resource to support the well-being of nurses and counter burnout. A summary of the topics

discussed by the consultees is presented in Table 4. The consultees discussed the importance of having a resource that is easily accessible, well publicized, and available routinely to perioperative nursing staff and nursing leadership. The consultees discussed the negative connotation that has been associated with burnout and the importance of changing the narrative associated with burnout. Nurses must feel more supported within their clinical practice environments and seek out support and resources to counter burnout. Some consultees discussed that there should be less of a focus on prevention strategies and more of a focus on management strategies because they felt burnout existed to some degree for all nurses, especially after the course of the Covid-19 pandemic.

**Table 4**

*Proposed Topics by Consultees for the Resource*

<b>Proposed Topics for the Learning Resource</b>
<ul style="list-style-type: none"> <li>• Introduction discussing the concept of burnout</li> <li>• Identification of the signs and symptoms of burnout</li> <li>• Strategies for burnout prevention</li> <li>• Stress management techniques</li> <li>• Stress coping strategies</li> <li>• Meditation</li> <li>• Mindfulness techniques</li> <li>• Improving resiliency</li> <li>• Identification of available organizational resources (e.g., in-person resources, online resources)</li> </ul>

### ***Delivery Method***

Perioperative nursing staff consultees viewed an in-person workshop (n = 3) as potentially the most effective method for delivery of the resource, followed by an in-person lecture (n = 1) and an online e-learning (n = 1). Nursing leadership consultees identified an in-person workshop and an online e-learning as the preferred method of delivery for the resource. An in-person workshop that occurred in a separate space from the clinical practice environment was viewed as potentially less distracting and more engaging and supportive for nursing staff. An online learning platform was viewed favorably to allow for confidentiality as well as independent learning that could be incorporated into the nurses' schedule at a time that would be most convenient for them. The nursing leadership consultees felt that nursing managers should be included in the process of implementation to help ensure equal access for all nurses within the clinical practice environment and support the nurses with time away from practice that may be required to access the learning resource.

### **Conclusion**

The completion of this consultation plan in combination with the previously completed environmental scan and literature review has resulted in a broader understanding of how to support the well-being of nurses and counter feelings of burnout. The information obtained from the consultation plan has resulted in a thorough understanding of the clinical practice environment and the clinical practice resources utilized by perioperative nursing staff and nursing leadership to promote well-being and mitigate burnout. This consultation plan has supported the need for the development of a learning resource that can be implemented to support the well-being of nurses and counter burnout within perioperative services. The data collected from the consultation interviews was very beneficial for the development of the

learning resource. Based on the consultation interviews, a self-directed online learning resource will be developed that will promote the well-being of nurses and include education and strategies that will help nurses to mitigate burnout. Having a better understanding of existing resources, utilized resources, and the development of an additional resource that will support the well-being of nurses and mitigate burnout may help to reduce the fatigue, stress, and burnout that nurses face who practice within perioperative services. Having a learning resource that is formally recognized by Nova Scotia Health may help to improve the number of nurses who could access and utilize this learning resource.

## 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*, 77–85.  
doi: 10.34171/mjiri.33.77
- Canadian Nurses Association. (2020). *Staying healthy during a pandemic*.  
Mental-Health-and-Wellbeing-during-COVID-19\_e.pdf (hl-prod-ca-oc-download.s3-ca-central-1.amazonaws.com)
- Cascales-Perez, M., Ferrer-Cascales, R., Fernández-Alcántara, M., & Cabañero-Martínez, M. (2021). Effects of a mindfulness-based programme on the health-and work-related quality of life of healthcare professionals. *Scandinavian Journal of Caring Sciences*, *35*(3), 881-891. doi: 10.1111/scs.12905
- Castillo-Gonzalez, A., Velando-Soriano, A., De La Fuente-Solana, E., Martos-Cabrera, B., Membrive-Jiménez, M., Lucía, R., & Canadas-De La Fuente, G. (2023). Relation and effect of resilience on burnout in nurses: A literature review and meta-analysis. *International Nursing Review*. doi: 10.1111/inr.12838
- Employee Family Assistance Program. (2023). *Nova Scotia Health Employee and Families Assistance Program (EFAP)*. Employee and Families Assistance Program (EFAP) | Nova Scotia Health Authority - Corporate (nshealth.ca)
- Gunusen, N., Inan, F., Ustun, B., Serttaş, M., Sayin, S., & Toksoy, S. (2022). The effect of a nurse-led intervention program on compassion fatigue, burnout, compassion satisfaction, and psychological distress in nurses: A randomized controlled trial. *Perspectives in Psychiatric Care*, *58*(4), 1576-1586. doi: 10.1111/ppc.12965

- Guo, Y., Plummer, V., Cross, W., Lam, L., & Zhang, J. (2020). Impact of WeChat-based 'three good things' on turnover intention and coping style in burnout nurses. *Journal of Nursing Management*, 28(7), 1570-1577. doi: 10.1111/jonm.13111
- Harrison, M.B., & Graham, I.D. (2021). *Nursing translation in nursing and healthcare: A roadmap to evidence-informed practice*. Wiley Blackwell.
- Maslach, C., Jackson, S., & Leiter, M. (1986). Maslach burnout inventory (3rd ed.). In C. P. Zalaquett & R. J. Wood (Eds.), *Evaluating stress: A book of resources* (pp. 191–218). Scarecrow Education.
- Merriam, S.B., & Tisdell, E.J. (2015). *Qualitative research: A guide to design and implementation* (4th ed.). Jossey-Bass.
- Montgomery, A., & Patrician, P. (2020). The Concept of Burnout in the Nursing Profession. *International Journal of Nursing and Health Care Research*, 3(10), 1204-1214. doi: 10.29011/2688-9501.101204
- Profit, J., Adair, K., Cui, X., Mitchell, B., Brandon, D., Tawfik, D., Rigdon, J., Gould, J., Lee, H., Timpson, W., McCaffrey, M., Davis, A., Pammi, M., Matthews, M., Stark, A., Papile, L., Thomas, E., Cotten, M., Khan, A., & Sexton, J. (2021). Randomized controlled trial of the "WISER" intervention to reduce healthcare worker burnout. *Journal of Perinatology*, 41(9), 2225–2234. doi: 10.1038/s41372-021-01100-y
- Theofanidis, D., Boukas, A., & Fountouki, A. (2022). A “new pandemic” at hand: Burnout of nursing staff. *International Journal of Caring Sciences*, 15(3), 2028–2035.
- Microsoft Word - 41. theofanidis.docx (internationaljournalofcaringsciences.org)

Watanabe, N., Horikoshi, M., Shinmei, I., Oe, Y., Narisawa, T., Kumachi, M., Matsuoka, Y., Hamazaki, K., & Furukawa, T. (2019). Brief mindfulness-based stress management program for a better mental state in working populations: Happy nurse project: A randomized controlled trial. *Journal of Affective Disorders*, *251*, 186–194.  
doi: 10.1016/j.jad.2019.03.067

Wellness Together Canada. (2023). Wellness together Canada: Mental health and substance use support. <https://www.wellnesstogether.ca/>

## Appendix A: Email Request for Participation

Hello (Participant Name),

My name is Mindy MacNeil Gushue, and **the purpose of this email is to request your participation in an interview that will assist with the completion of my master's practicum project.** I am a Registered Nurse currently enrolled in the Master of Science in Nursing program at Memorial University of Newfoundland and my final **practicum project is focused on nursing burnout within acute care**, which involves the development of a resource to support nurses with the identification, management, and prevention of nursing burnout.

I am seeking consultation with nursing staff and nursing leadership (e.g., charge nurses, nurse managers, nurse educators) within perioperative services who may have knowledge of nursing burnout and could help to support the content and implementation of this resource. **Participation would involve completing an interview that may take place either in-person or by phone, whichever would be more convenient for you, and would last approximately 30-45 minutes.**

As this is a potentially sensitive topic, participation is entirely voluntary, and any involvement or information shared will remain strictly confidential. You may choose to decline to answer questions or withdraw from the interview at any time prior to the consultation themes being analyzed and collated. The data will be encrypted and stored on my personal laptop that is password protected. The data collected will only be viewed by myself and my practicum supervisor, Dr. Jennifer Collins, from Memorial University of Newfoundland. Upon completion of my practicum project, all data will be permanently deleted.

I would like to thank you for taking the time to review my request. If you have any questions, concerns, or would like to participate in the interview, **please contact me at mindy.macneil-gushue@nshealth.ca by July 27, 2023.** I would like to **complete the interviews by August 3, 2023.** Any assistance that you would be able to provide with respect to your nursing knowledge and experiences would be greatly appreciated and extremely valuable to the development of this resource to support nursing burnout.

Kind Regards,

Mindy MacNeil Gushue, RN, BScN, MScN – Student Memorial University of Newfoundland

## **Appendix B: Interview Questions for Perioperative Nurses**

### **Introduction**

I would like to start the interview by taking the time to thank you for participating in this interview with me today. Your time is extremely valuable and your willingness to share your nursing experiences with me today is genuinely appreciated. I would like to acknowledge that the issue of nursing burnout can be a sensitive and possibly overwhelming topic for some nurses. Given that this interview discusses topics related to nursing burnout, the questions that will be asked are based upon a review of the literature relating to nursing burnout. The purpose of this interview is not to discuss any aspects of burnout that you may personally be experiencing but rather identify the supports that you are currently utilizing or would like to utilize personally or professionally within your clinical practice environment to improve your well-being and counter burnout. At any time during the interview, you may choose to not answer any question, or withdraw from the interview at any time. Please take as much time as you need with the questions presented. Your responses will remain confidential.

### **Interview Questions**

#### **Nursing History Questions**

1. Why did you become a nurse?
2. How many years have you been practicing as a nurse?
3. How many years of experience do you have practicing within perioperative services?

#### **Clinical Practice Environment**

4. Do you use any resources to promote your own well-being and counter feelings of being burnt out. If so, can you please share? For example, what type of resources (e.g., Employee

and Family Assistance Program, exercise program, mindfulness techniques such as meditation, conscious communication, and emotion management)?

5. Can you identify any existing organizational supports within the Nova Scotia Health organization that may help you or your nursing colleagues with regards to promoting your well-being and coping with stressors in the clinical environment? If so, would you be comfortable sharing these?
6. Can you identify additional supports outside of the Nova Scotia Health organization (e.g., within your community) that you utilize, or would like to use to cope with the daily stressors of your clinical practice? If so, would you be comfortable sharing these?
7. Can you identify any changes in clinical practice or organizational changes that you feel would better support you and your nursing colleagues to promote your well-being and counter burnout? If so, would you be comfortable sharing these?
8. Is there anything else that you would like to discuss with me today?

### **Clinical Practice Resources**

9. To support individuals to improve their overall health and well-being and counter burnout, the literature suggests that strategies be utilized to improve support for nurses. Examples of strategies may include: online self-learning modules focused on the management of workplace stress and burnout prevention, workshops focused on increasing mindfulness and resiliency, and in-person lectures focused on the recognition and management of burnout that may include identification of strategies for burnout prevention, stress coping strategies, and relaxation techniques. Which of these resources do you think would possibly be beneficial to help you and your nursing colleagues promote your well-being and prevent burnout?

10. Would the development of a resource that supports the well-being of nurses and counters burnout be beneficial for you and your nursing colleagues?

(a) If so, what information do you feel should be included in this resource to support the well-being of nurses and counter burnout within your clinical practice?

(b) What method do you feel would be most effective for the delivery of a new resource that supports the well-being of nurses and counters burnout within your clinical practice? (e.g., self-learning module, workshop, in-person lecture).

## **Appendix C: Interview Questions for Nursing Leadership**

### **Introduction**

I would like to start the interview by taking the time to thank you for participating in this interview with me today. Your time is extremely valuable and your willingness to share your nursing experiences with me today is genuinely appreciated. I would like to acknowledge that the issue of nursing burnout can be a sensitive and possibly overwhelming topic for some nurses. Given that this interview discusses topics related to nursing burnout, the questions that will be asked are based upon a review of the literature relating to nursing burnout. The purpose of this interview is not to discuss any aspects of burnout that you may personally be experiencing but rather identify the supports that you are currently utilizing or would like to utilize personally or professionally within your clinical practice environment to improve your well-being and counter burnout. At any time during the interview, you may choose to not answer any question, or withdraw from the interview at any time. Please take as much time as you need with the questions presented. Your responses will remain confidential.

### **Interview Questions**

#### **Nursing History Questions**

1. Why did you become a nurse?
2. How many years have you been practicing as a nurse?
3. How many years of experience do you have practicing within perioperative services?

#### **Clinical Practice Environment**

4. What type of resources (e.g., Employee and Family Assistance Program, exercise program, mindfulness techniques such as meditation, conscious communication, and emotion

management) do you observe nursing staff availing to promote their well-being and counter burnout?

5. Can you identify any existing organizational supports within the Nova Scotia Health organization that may help you and your nursing colleagues promote their well-being and counter burnout? If so, would you be comfortable sharing these?
6. Can you identify additional supports outside of the Nova Scotia Health organization (e.g., within your community) that you utilize to cope with the daily stressors related to nursing management and clinical practices? If so, would you be comfortable sharing these?
7. Can you identify any changes in clinical practice or organizational changes that you feel would better support you and your nursing colleagues to promote their well-being and prevent or alleviate feelings of burnout? If so, would you be comfortable sharing these?

### **Clinical Practice Resources**

8. What type of supportive programs and resources (e.g., motivational programs, online support programs, musical programs, electronic methods) do you have available through the Nova Scotia Health organization to support you and your nursing colleagues to cope with the daily stressors related to nursing management and clinical practices?
9. To support individuals to help resolve work, health, and life challenges and improve their overall health and well-being and counter burnout, the literature suggests that strategies be utilized to improve support for nurses. Examples of strategies may include: online self-learning modules focused on the management of workplace stress and burnout prevention, workshops focused on increasing mindfulness and resiliency, and in-person lectures focused on the recognition and management of burnout that may include identification of strategies for burnout prevention, stress coping strategies, and relaxation techniques. Which of these

resources would be most beneficial to help you and your nursing colleagues to promote their well-being and counter feelings of burnout?

10. Would the development of a resource that supports the well-being of nurses and counters burnout be beneficial for you and your nursing colleagues?

(a) If so, what information do you feel should be included in this resource to support the well-being of nurses and counter burnout within your clinical practice?

(b) What method do you feel would be most effective for the delivery of a new resource that supports the well-being of nurses and counters burnout within your clinical practice? (e.g., self-learning module, workshop, in-person lecture).

11. Is there anything else that you would like to discuss with me today?

## Appendix D: Health Research Ethics Authority (HREA) Screening Tool

**Student Name:** Mindy MacNeil Gushue

**Title of Practicum Project:** Supporting Nurses Coping with Burnout in Acute Care

**Date Checklist Completed:** July 16, 2023

This project is exempt from Health Research Ethics Board approval because it matches item number three from the list below.

1. Research that relies exclusively on publicly available information when the information is legally accessible to the public and appropriately protected by law; or the information is publicly accessible and there is no reasonable expectation of privacy.
2. Research involving naturalistic observation in public places (where it does not involve any intervention staged by the researcher, or direct interaction with the individual or groups; individuals or groups targeted for observation have no reasonable expectation of privacy; and any dissemination of research results does not allow identification of specific individuals).
3. **Quality assurance and quality improvement studies, program evaluation activities, performance reviews, and testing within normal educational requirements if there is no research question involved (used exclusively for assessment, management or improvement purposes).**
4. Research based on review of published/publicly reported literature.
5. Research exclusively involving secondary use of anonymous information or anonymous human biological materials, so long as the process of data linkage or recording or dissemination of results does not generate identifiable information.
6. Research based solely on the researcher's personal reflections and self-observation (e.g., auto-ethnography).
7. Case reports.
8. Creative practice activities (where an artist makes or interprets a work or works of art).

For more information, please visit the Health Research Ethics Authority (HREA) at <https://rpresources.mun.ca/triage/is-your-project-exempt-from-review/>

## **Appendix IV: Learning Resource**

Learning Resource:

Mitigating Burnout in Acute Care Nurses: Promoting Mindfulness and Resiliency in Nursing

Mindy MacNeil Gushue

202094233

Faculty of Nursing, Memorial University of Newfoundland

# Self-Directed Online Learning Resource: Nursing Burnout

Mitigating Burnout in Acute Care Nurses:  
Promoting Mindfulness and Resiliency in Nursing



*Source.* ER Productions Limited by Getty Images is licensed under [CC BY 2.0](https://creativecommons.org/licenses/by/2.0/).

Developed by: Mindy MacNeil Gushue, BScN, RN

This self-directed learning resource has been developed as a partial requirement for the Master of Science in Nursing degree from Memorial University of Newfoundland

Fall 2023

## Table of Contents

Introduction.....	4-5
Explanation of Learning Resource.....	6
Pre-test: Knowledge Related to Nursing Burnout.....	7-8
<b>Module One: The Identification of Nursing Burnout.....</b>	<b>9</b>
Module One Learning Objectives.....	10
Defining Nursing Burnout.....	11
Significance of the Problem.....	12-13
Nursing Burnout Experiences.....	14-15
Contributes Factors to Nursing Burnout.....	16-17
Signs and Symptoms of Nursing Burnout.....	18-19
Validated Measurement Tool for Nursing Burnout.....	20
Module One Conclusion.....	21
Module One References.....	22-24
<b>Module Two: The Treatment of Nursing Burnout.....</b>	<b>25-26</b>
Module Two Learning Objectives.....	27
Supporting Nursing Burnout Experiences.....	28
Individual Health Promotion Interventions.....	29
Self-Care.....	30
Resiliency.....	31-32
Mindfulness.....	33-35
Significance of Organizational Level Supports.....	36
Organizational Health Promotion Interventions.....	37-40
Nursing Burnout Case Study.....	41-42
Module Two Conclusion.....	43
Module Two References.....	44-46

<b>Module Three: The Prevention of Nursing Burnout</b> .....	47-48
Module Three Learning Objectives.....	49
Individual Health Promotion Interventions.....	50-51
Organizational Burnout Prevention Interventions.....	52
Clinical Practice Environment.....	52-53
Work-Life Balance.....	54
Preventing Nursing Burnout Experiences.....	55-56
Module Two Conclusion.....	57
Module Two Interactive Exercise.....	58
Module Two References.....	59-60
<b>Appendices</b> .....	61
Appendix A: Glossary.....	61
Appendix B: Pre-Test Answers.....	62
Appendix C: Answers to Interactive Exercise.....	63
Appendix D: Supportive Organizational Resources.....	64
Appendix E: Maslach Burnout Inventory.....	65-66
Appendix F: Employee and Family Assistance Program Brochure.....	67
Appendix G: Self-Care Inventory.....	68-69
Appendix H: Legend.....	70

## Introduction

Welcome to this **self-directed online learning module** that is focused on supporting the well-being of nurses and mitigating burnout for nurses working within acute care settings. **Burnout** has been defined within the literature as a syndrome that includes feelings of **emotional exhaustion, depersonalization, and reduced personal accomplishment**.<sup>1-2</sup> The literature has identified contributing factors that have been associated with burnout that included sociodemographic factors, nursing practice environments, and nursing workloads.<sup>2-4</sup> Understanding the factors that contribute to nursing burnout and what impact this has on nurses, patients, and the healthcare system is essential in order to prevent and treat nursing burnout.

Nursing burnout has become a threat to the healthcare system throughout the world. Burnout can negatively impact nurses' mental, physical, and emotional well-being.<sup>2-3</sup> Nursing burnout can lead to long-term complications for nurses, patients, and the healthcare system. Burnout can influence the nursing care being provided to patients, resulting in a negative impact on patient safety such as the occurrence of serious medical errors which could result in patient injury and patient death.<sup>2-3</sup> Research has confirmed a relationship between burnout and patient safety that was demonstrated by an effect of 2.67 with a confidence interval of 2.3 to 3.0, which represented a probability of superiority of 96.7%.<sup>5-6</sup>

In addition to affecting patient safety, burnout has resulted in impacts on the healthcare system. Burnout can impact clinical practice environments and the healthcare system when there is a reduction of nurses resulting from increased absenteeism, sick leave, and nurses leaving their profession.<sup>7-8</sup> Nurses throughout Canada have reported experiencing high stress and burnout on the job which has resulted from the following: working long hours, increased overtime, excessive workloads, violence within the workplace, and exposure to stressful events.<sup>6</sup> The high level of burnout among nurses has led to job vacancies in Canada within the healthcare sector, reaching a record high of 100,300 in 2021, which was an increase of 56.9% compared to 2019.<sup>6</sup> Nursing had the highest job vacancy rate of any healthcare sector, which included 15,700 more vacancies compared to 2019, within Canadian hospitals.<sup>6</sup> There was a 43% increase in nurses ( $n = 4000$ ) who quit their job in Quebec throughout the Covid-19 pandemic compared to 2019.<sup>6</sup> Supporting nurses is key to preventing burnout. Research has provided justification for this online learning resource that will address concepts related to improving the well-being of nurses and mitigating feelings of burnout.

As a result of nurses experiencing burnout, there has been a reported increase in attrition causing nursing staff shortages.<sup>5</sup> Burnout has resulted in increased stressors being placed on nurses that can have long-term impacts on nurses, patients, and the healthcare system.<sup>2-3</sup> Nurses have experienced increased amounts of anguish and anxiety that has been accompanied by increased responsibilities and added mental, physical, and emotional demands related to their clinical practices, resulting in nurses that may be unable to care for their own personal and emotional needs which may lead to **compassion fatigue** and **burnout**.<sup>3,4,9</sup>



Source. [Reflections Nature Tranquil Beautiful Trees \(free4kwallpapers.com\)](https://www.free4kwallpapers.com) is licensed under CC-BY-SA

This online learning module is a component of a practicum project that has been undertaken to fulfill the requirements for the primary author's (MMNG) Master of Science in Nursing degree from Memorial University of Newfoundland's Faculty of Nursing. These online modules have been guided by the critical appraisal of literature from recently published scholarly evidence and a review of grey literature. The review of grey literature involved examining existing educational resources within the health authorities in Atlantic Canada. Additionally, consultations were held with key stakeholders within acute care settings. The consultations resulted in the identification by key stakeholders of the needed supports for nurses and recommended solutions to promote the well-being of nurses and mitigate feelings of nursing burnout. The identification of these needed supports and recommended solutions has resulted in the development of this online learning resource focused on supporting acute care nurses in the identification, treatment, and prevention of nursing burnout. Registered Nurses (RNs) and Licensed Practical Nurses (LPNs) from acute care settings are encouraged to complete this online learning module.

## How to Utilize this Online Learning Resource Effectively

This online learning module allows participants to gain insights into the concept of nursing burnout and how to effectively treat nursing burnout and prevent nursing burnout from evolving. The online learning module will focus on providing education to nurses on the topic of nursing burnout.

The three modules included in this online learning resource include:

1. **The identification of nursing burnout**
2. **The treatment of nursing burnout**
3. **The prevention of nursing burnout**

**Key terms** have been **bolded in blue** and can be found in the Glossary at the end of this learning module in **Appendix A**. Key points have been **bolded in black**. A **pre-test** has been included following this introduction and the answers can be found in **Appendix B**. There will also be **interactive exercises** included within the three modules to promote participant engagement and assess the participants knowledge related to the module information presented. The exercises will include watching **videos accompanied by reflective questions**, **interactive exercises**, and a **case study**. The answer key to the interactive exercises is presented in **Appendix C**.

As nurses your time is extremely valuable and your willingness to participate in this online learning module is genuinely appreciated. The issue of nursing burnout could be a sensitive and possibly overwhelming topic for some nurses. The main goal of this online learning module is to support the well-being of nurses. Therefore, if any participant feels overwhelmed, please do not hesitate to stop participating in this online learning module. A list of **available resources** and **nursing supports** for individuals who may be experiencing nursing burnout is available in **Appendices D and F**. If you are in need of **immediate support** then please reach out to **811** to speak with a Registered Nurse from the Nova Scotia Department of Health & Wellness.



*Source.* Britt, M. (2020, November 30).

<https://www.chamberlain.edu/blog/coping-with-compassion-fatigue-as-a-healthcare-professional>

## Pre-Test of Knowledge Related to Nursing Burnout

The following pre-test has been designed to test your existing knowledge related to nursing burnout. The **purpose** of this pre-test is not to directly assess any aspects of burnout that you may personally be experiencing but rather evaluate the participant's **understanding of nursing burnout**. Completion of the pre-test is **voluntary** and a reminder that a list of attached nursing resources is available in **Appendix D** for any participant that may feel overwhelmed with the topic of nursing burnout. Upon completion of the learning modules, the questions will be repeated as a post-test to assess the knowledge that has been gained following the completion of the learning modules. The answers can be found in **Appendix B**.

1. Burnout is a syndrome that includes the following feelings:

- a) Emotional exhaustion
- b) Depersonalization
- c) Reduced personal accomplishment
- d) All of the above

2. What was the percentage of Canadian healthcare professionals that reported experiencing burnout in the Spring of 2021 during the Covid-19 pandemic?

- a) 20%
- b) 40%
- c) 60%
- d) 80%

3. Can you identify three causes of nursing burnout?

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_

4. Can you identify five behavioral, psychological, and/or physiological symptoms associated with nursing burnout?

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_
- 4. \_\_\_\_\_
- 5. \_\_\_\_\_

5. Ignoring the signs and symptoms of burnout can lead to worsening mental and physical health, family conflict, and poor work performance.

True

False

6. Nursing burnout does not negatively impact the quality of care being provided to patients.

True

False

7. Nursing burnout can have a negative impact on patient safety.

True

False

8. Nursing burnout does not negatively impact a nurse's clinical practice environment.

True

False

9. Educating nurses and providing supportive resources about the topic of nursing burnout should only occur once the nurse starts to demonstrate signs and symptoms of burnout.

True

False

10. Can you identify three resources that can support the well-being of nurses and help to mitigate feelings of nursing burnout?

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

Thank you for completing the pre-test!

# Module One: The Identification of Nursing Burnout



*Source. (2021, October 7). A Guide to Setting Realistic Healthcare Career Goals.*  
<https://goodmenproject.com/business-ethics-2/a-guide-to-setting-realistic-healthcare-career-goals/>

## Module 1: The Identification of Nursing Burnout

The purpose of module one will be to provide an introduction to the **identification of nursing burnout**. This module is intended for nurses working within acute care settings. However, other nurses practicing in other healthcare settings may also benefit from the completion of this self-directed learning module focused on supporting the well-being of nurses and mitigating nursing burnout. Module two will provide an introduction to the **treatment of nursing burnout**. Module three will provide an introduction to the **prevention of nursing burnout**. A list of supportive resources that nurses can access for individuals who may be **experiencing symptoms** related to burnout is presented in module 2 and in **Appendix D** at the end of the modules.

### Learning Objectives

Upon completion module one, the participant will be able to:

1. Define nursing burnout;
2. Identify the contributing factors of nursing burnout;
3. Describe the signs and symptoms of burnout; and
4. Discuss the Maslach Burnout Inventory for the measurement of nursing burnout.



Source. (n.d.). *Caring for the caregivers: Combating nurse burnout and fatigue.*  
<https://insights.osu.edu/health/care-health-care-workers>

## What is Nursing Burnout?

Burnout is a psychological syndrome that involves feelings of emotional and physical exhaustion, resulting from chronic workplace stressors that have not been managed successfully.<sup>7, 10</sup> Nursing burnout has been characterized within the literature as a syndrome that includes feelings of **emotional exhaustion**, **depersonalization**, and **reduced personal accomplishment** among individuals who work with other individuals in some capacity.<sup>1, 2</sup> Nurses experiencing burnout may express feelings of pessimism, decreased personal value, lack of satisfaction with accomplishments, and insensitivity towards patients.<sup>11, 12</sup>



“[Burnout | Psychology Tools](#)” by Dr. Matthew Whalley & Dr. Matthew Pugh is licensed under [CC BY 2.0](#).

## Significance of Nursing Burnout

Nursing burnout has become a threat to the healthcare system worldwide due to the negative impact on nurses' overall health and well-being. Burnout has resulted in increased pressures being placed on nurses, strain on nursing care being provided to patients, and difficulties within the healthcare system that can have long-term complications for nurses.<sup>2</sup> To mitigate the impact that burnout has on nurses, early identification of burnout among nurses is important. The early identification of nursing burnout can result in prompt interventions being implemented such as the integration of interventions focused on enhancing resiliency and improving mindfulness. Recent literature suggests that these interventions can decrease the likelihood of nurses from leaving the nursing profession. Without intervention negative impacts on the nurse's mental health and physical health will occur resulting in an increased number of nurses choosing to leave the nursing profession.<sup>8</sup>

## Overview of the Impact of Nursing Burnout

### Impact on Nurses:<sup>2,4,11</sup>

- **Mental health**
  - Anxiety
  - Depression
  - Irritability
  - Lack of motivation
  
- **Physical health**
  - Heart disease
  - High blood pressure
  - Fatigue
  - Type II diabetes
  - Coronary artery disease occurrence

## Supporting Statistics Describing Burnout Among Healthcare Professionals:

### Pre-Covid-19 Pandemic<sup>3</sup>

- 35% to 54% of healthcare professionals experienced burnout symptoms
- 31.5% of nurses (n = 131,912) reported burnout as the cause for leaving the profession

### Post-Covid-19 Pandemic<sup>7,8,12,13</sup>

- Global increase in burnout among healthcare providers:
  - 60% in Canada
  - 49% in the United States of America
  - 79% in the United Kingdom



*Source.* American Nurses Association (n.d.). *What is Nursing?*  
<https://www.nursingworld.org/practice-policy/workforce/what-is-nursing/>

## Nursing Experiences in the Healthcare System

The following videos, *Words from a Tired Nurse* and *I am a Nurse*, provide positive and negative insights from nurses' working within the healthcare system.<sup>14-15</sup> Nurses in the video share their thoughts, feelings, and experiences caring for patients throughout the healthcare system. These nurses identify supports that they feel would help to improve their feelings of fatigue and burnout as they practice within the healthcare system in very challenging circumstances. The nurses also highlight the benefit and rewards of caring for patients. After watching the videos, please take time to review the reflection exercise below.

### Video: "Words From A Tired Nurse"



WORDS FROM A TIRED NURSE

Video Link: <https://youtu.be/1fkHRcDEPao?t=1>

### Video: "I am a Nurse"



I am a NURSE.

Video Link: <https://youtu.be/4peIFulusSk>

## Reflective Exercise

Please take time to review the following reflective exercise related to the video.

1. What are your thoughts about the video?
2. Have you ever experienced similar feelings in your nursing practice?  
If so, what has helped you to address these feelings?
3. Do you experience any clinical practice stressors in your clinical practice environment? If so, how do you cope with these clinical practice stressors?



*Source.* British Columbia Provincial Health Services Authority (2022, April 5). *Celebrating the incredible work of our nurses.* <http://www.bccancer.bc.ca/about/news-stories/stories/celebrating-the-incredible-work-of-our-nurses>

# Contributing Factors to Nursing Burnout

## Sociodemographic Factors

Recently published literature identified sociodemographic factors including gender, age, and educational level that can impact nursing burnout.<sup>16</sup> Recently published literature suggests that nurses who were female, nurses younger in age, and nurses with a higher educational level were found to have an increased level of nursing burnout.<sup>16</sup> A summary of the literature is provided in Table 1.

## Nursing Practice Environments

Recently published literature identified the impact that nursing practice environments have on nursing burnout. Recent literature suggests that nurses' perception of support within their nursing practice environments were predictors of emotional exhaustion, workplace respect, and empowerment.<sup>4</sup> A summary of the literature is provided in Table 1.



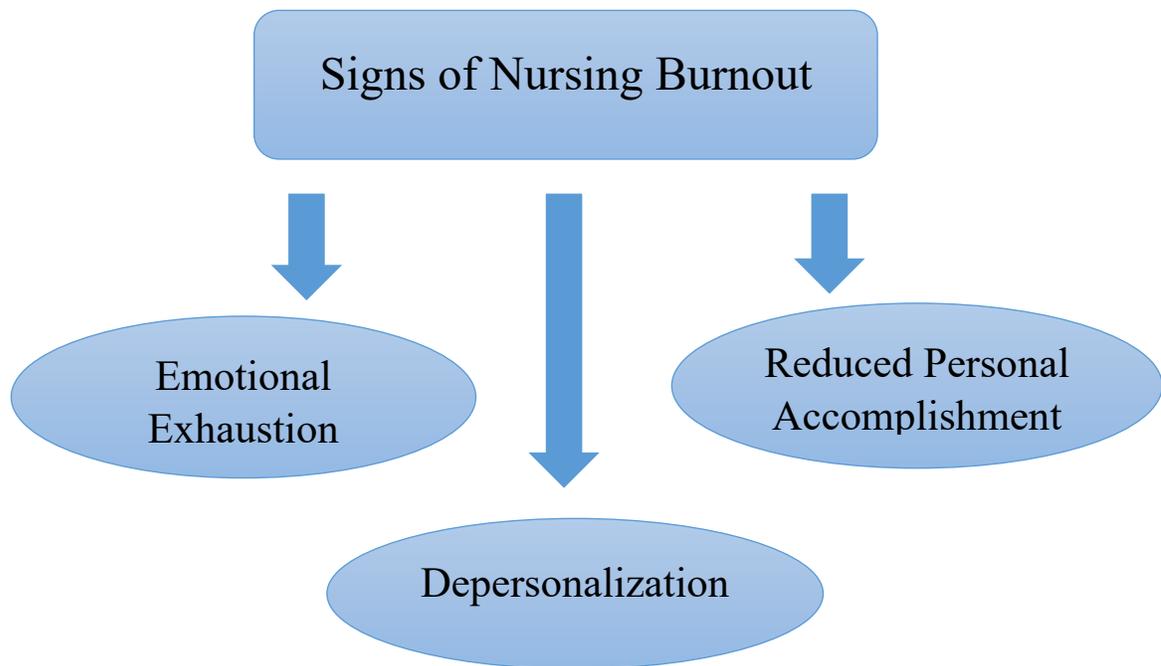
Source. Lippincott Nursing Center (2020, February 4). *Creating a Positive Nursing Work Environment*.  
<https://www.nursingcenter.com/ncblog/february-2020/positive-work-environment>

Table 1 Summary of the Literature

Study	Critical Appraisal	Purpose	Key Findings
Galanis et al. (2021) <sup>16</sup>	Medium-quality, meta-analysis	To examine nursing burnout and associated risk factors during the Covid-19 pandemic	<p><u>Components of Burnout:</u></p> <ul style="list-style-type: none"> <li>• Reduction in key outcomes measured for:               <ul style="list-style-type: none"> <li>➤ psychological stress</li> <li>➤ feelings of burnout</li> </ul> </li> </ul> <p><u>Gender Considerations:</u></p> <ul style="list-style-type: none"> <li>• Females               <ul style="list-style-type: none"> <li>➤ Increased emotional exhaustion (p = 0.003)</li> </ul> </li> <li>• Males               <ul style="list-style-type: none"> <li>➤ Increased feelings of depersonalization (p = 0.001)</li> <li>➤ Decreased personal accomplishment (p &lt; 0.001)</li> </ul> </li> <li>• Younger in Age (≤ 28 years old)               <ul style="list-style-type: none"> <li>➤ Increased depersonalization (p &lt; 0.001)</li> <li>➤ Decreased personal accomplishment (p &lt; 0.01)</li> </ul> </li> <li>• College or university education level               <ul style="list-style-type: none"> <li>➤ Increased nursing burnout risk (p &lt; 0.05)</li> </ul> </li> </ul>
Theofanidis et al. (2022) <sup>4</sup>	Medium-quality, systematic review	To examine associations between burnout and the clinical practice environment	<ul style="list-style-type: none"> <li>• Clinical practice environments               <ul style="list-style-type: none"> <li>➤ Emotional exhaustion (p = 0.004)</li> <li>➤ Workplace respect (p = 0.003)</li> <li>➤ Empowerment (p = 0.001)</li> </ul> </li> </ul>

## Signs & Symptoms of Nursing Burnout

Recognition of the signs of nursing burnout is essential to help nurses address burnout in a timely manner and prevent burnout from progressing. Burnout can have a substantial impact in the lives of nurses, which is why it is crucial to understand that ignoring the signs and symptoms of burnout can lead to worsening mental and physical health, family conflict, and poor work performance.<sup>2-3</sup> When nurses are aware of the signs of burnout then they can be proactive about taking care of themselves and preventing burnout. Please note that individuals may experience multiple signs and symptoms of burnout including some signs and symptoms that may not be included in this module. Seeking out support and resources to help improve a nurse's well-being and feelings of burnout is extremely important. A list of **available resources** and **supports** for individuals who may be experiencing nursing burnout is available in **Appendices D and F**. The literature has identified the following signs of nursing burnout.<sup>3-4</sup>



Source. Shutterstock (n.d.). *Nursing Helping Patient*. <https://www.shutterstock.com/search/nurse-helping-patient>

## Signs & Symptoms of Nursing Burnout

When nurses are overwhelmed and experiencing stressors within their clinical practice environments, then nurses may be unable to care for their own personal and emotional needs, resulting in increased feelings of fatigue and burnout.<sup>17-18</sup> Burnout may result in the following **behavioral, psychological, and physiological symptoms**.<sup>3, 4, 11, 18</sup>

### Behavioural Symptoms of Nursing Burnout

Behavioral symptoms of burnout include reduced work performance such as poor communication skills, lack of collaboration, and increased absenteeism; problematic substance use; decreased work enthusiasm; increased family conflict resulting from an unfeasible work-life balance; increased work complaints such as increased patient care ratios; and an inability to concentrate at work.<sup>19-21</sup>

### Psychological Symptoms of Nursing Burnout

Psychological symptoms of burnout include depression, insomnia, apathy, feeling of futility, negative mood, irritability, decreased confidence, suspiciousness, and stress.<sup>21-22</sup>

### Physiological Symptoms of Nursing Burnout

Physiological symptoms of burnout include headaches, gastrointestinal problems, respiratory problems, elevated cholesterol levels, weight fluctuations, blood pressure changes, type II diabetes, coronary artery disease occurrence, sexual dysfunction, and musculoskeletal pain.<sup>4</sup>



Source. Shutterstock (n.d.). *Nursing Helping Patient*. <https://www.shutterstock.com/search/nurse-helping-patient>

# The Measurement of Nursing Burnout

## Maslach Burnout Inventory<sup>1</sup>

The **MBI** is considered the “gold standard” for measuring burnout within the literature.<sup>1</sup> The MBI is designed to assess these three components of burnout which include emotional exhaustion, depersonalization, and reduced personal accomplishment. The research has shown that the **Cronbach’s alphas** used for the MBI was 0.91 for the emotional exhaustion subscale, 0.77 for the depersonalization subscale, and 0.84 for the personal accomplishment subscale.<sup>23</sup> The MBI is included in **Appendix E**. Completion of the MBI is completely voluntary and has been included to provide participants with evidence from the literature that supports the measurement of burnout. A list of supportive resources that nurses can access for individuals who may be **experiencing nursing burnout** is presented in module 2 and in **Appendix D** at the end of the modules.

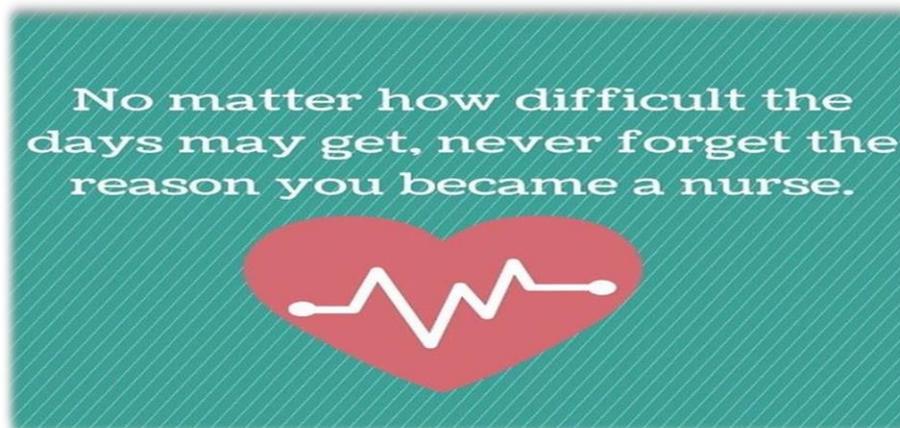


Source. Nurse Practitioner Online (2023, November 19). *Keeping Your Sanity: How to Prevent Nurse Practitioner Burnout*. <https://www.nursepractitioneronline.com/articles/prevent-nurse-practitioner-burnout/>

## Concluding Information

Although burnout has long been associated with nurses in the health care system, the literature has identified that burnout continues to have an impact on the health care system. Nursing burnout has negatively impacted nurses and their clinical practice environments, resulting in feelings of emotional exhaustion, depersonalization, and reduced personal accomplishment. Nurses play a crucial role in the lives of their patients, making them well suited to support patients and help to reduce uncertainty by providing information to patients, improving the patients' perception of health, and helping the patients to view their health in a positive manner.

Nurses continue to face stressors within their clinical practice environments, which can contribute to nursing burnout. Burnout has become a threat to the healthcare system worldwide resulting in negative impacts on nurses' health and patient safety such as the occurrence of adverse events that may result in serious harm to the patient.<sup>2,3</sup> The identification of burnout, which includes the recognition of the signs and symptoms of burnout, is essential to ensure that nurses can seek out supportive resources to cope with burnout and prevent burnout from evolving.<sup>18, 24</sup> Nurses must be supportive with their well-being given the amount of dedication and commitment that is demonstrated in their nursing practices.



*Source.* Shutterstock (n.d.). *Nurses Week.*

[10,434 Nurses Week Images, Stock Photos, 3D objects, & Vectors | Shutterstock](#)

**Thank you for completing Module 1!**

**You can now continue to Module 2 which focuses on the treatment of nursing burnout.**

## References

1. Maslach, C., Jackson, S., & Leiter, M. P. (1986). Maslach Burnout Inventory: Third edition. In C. P. Zalaquett & R. J. Wood (Eds.), *Evaluating stress: A book of resources* (pp. 191–218). Scarecrow Education.
2. Montgomery, A., & Patrician, P. (2020). The concept of burnout in the nursing profession. *International Journal of Nursing and Health Care Research*, 3(10), 1204-1214. doi: 10.29011/2688-9501.101204
3. Shah, M., Gandrakota, N., Cimiotti, J., Ghose, N., Moore, M., & Ali, M. (2021). Prevalence of and factors associated with nurse burnout in the US. *JAMA Network Open*, 4(2), 1-11. doi: 10.1001/jamanetworkopen.2020.36469
4. Theofanidis, D., Boukas, A., & Fountouki, A. (2022). A “new pandemic” at hand: Burnout of nursing staff. *International Journal of Caring Sciences*, 15(3), 2028–2035. Microsoft Word - 41.theofanidis.docx(internationaljournalofcaringsciences.org)
5. Garcia, C., Abreu, L., Ramos, J., Castro, C., Smiderle, F., Santos, J., & Bezerra, I. (2019). Influence of burnout on patient safety: Systematic review and meta-analysis. *Medicina*, 55(9), 553-566. <https://doi.org/10.3390/medicina55090553>
6. Tomblin-Murphy, G., Sampalli, T., Bourque-Bearskin, L., Cashen, N., Cummings, G., Rose, E., Etowa, J., Grinspun, D., Jones, E., Lavoie-Tremblay, M., MacMillan, K., MacQuarrie, C., Martin-Misener, R., Oulton, J., Ricciardelli, R., Silas, L., Thorne, S., & Villeneuve, M. (2022). Investing in Canada’s nursing workforce post-pandemic: A call to action. Royal Society of Canada: Author. Nursing PB\_EN.pdf (rsc-src.ca)
7. Cascales-Perez, M., Ferrer-Cascales, R., Fernández-Alcántara, M., & Cabañero-Martínez, M. (2021). Effects of a mindfulness-based programme on the health- and work-related quality of life of healthcare professionals. *Scandinavian Journal of Caring Sciences*, 35(3), 881-891. doi: 10.1111/scs.12905
8. Barrow, N., Smart, D., Sattler, V., & Wood, N. (2022). The impact of burnout identification and interventions in nursing students and newly licensed nurses: A literature review. *International Journal of Nursing Student Scholarship*, 9(69), 1-17. PDF+version+The+Impact+of+Burnout+Identification+.....+and+Interventions+in+Nursing+Students+A+Literature+Review+(1) (3).pdf

9. Gunusen, N., Inan, F., Ustun, B., Serttaş, M., Sayin, S., & Toksoy, S. (2022). The effect of a nurse-led intervention program on compassion fatigue, burnout, compassion satisfaction, and psychological distress in nurses: A randomized controlled trial. *Perspectives in Psychiatric Care*, 58(4), 1576-1586. doi: 10.1111/ppc.12965
10. World Health Organization. (2019). Burn-out an "occupational phenomenon": International classification of diseases. Geneva: World Health Organization. Burn-out an "occupational phenomenon": International Classification of Diseases (who.int)
11. World Health Organization. (2018). *International classification of diseases for mortality and morbidity statistics* (11th Revision). Geneva: World Health Organization. ICD-11 for Mortality and Morbidity Statistics (who.int)
12. Ferry, A., Wereski, R., Strachan, F. & Mills, N. (2021). Predictors of UK healthcare worker burnout during the COVID-19 pandemic. *Monthly Journal of the Association of Physicians*, 114(6), 374–380. doi: 10.1093/qjmed/hcab065
13. Prasad, K., McLoughlin, C., Stillman, M., Poplau, S., Goelz, E., Taylor, S., Nankivil, N., Brown, R., Linzer, M., Cappelucci, K., Barbouche, M., & Sinsky, C. (2021). Prevalence and correlates of stress and burnout among U.S. healthcare workers during the COVID-19 pandemic: A national cross-sectional survey study. *EClinicalMedicine*, 35, 1-9. doi: 10.1016/j.eclinm.2021.100879
14. Nurses Inspire Nurses. (2021). *Words from a Tired Nurse*. Inspire A Nurse - YouTube
15. Memorial Hermann. (2014). *I am a Nurse*. <https://youtu.be/4peIFulusSk>
16. Galanis, P., Vraika, I., Fragkou, D., Bilali, A., & Kaitelidou, D. (2021). Nurses' burnout and associated risk factors during the COVID-19 pandemic: A systematic review and meta-analysis. *Journal of advanced nursing*, 77(8), 3286–3302. doi: 10.1111/jan.14839
17. Work Health Life. (2023). *Stress/burnout*. Morneau Shepell Ltd. Stress/Burnout workhealthlife
18. Zhang, X., Song, Y., Jiang, T., Ding, N., & Shi, T. (2020). Interventions to reduce burnout of physicians and nurses: An overview of systematic reviews and meta-analyses. *Medicine*, 99(26), 1-13. doi: 10.1097/MD.0000000000020992

19. Ahola, K., Salminen, S., Toppinen-Tanner, S., Koskinen, A., Väänänen, A. (2013). Occupational burnout and severe injuries: An eight-year prospective cohort study among Finnish forest industry workers. *Journal of Occupational Health*, 55(6), 450-457. doi: 10.1539/joh.13-0021-0a
20. Borritz, M., Christensen, K., Bultmann, U., Rugulies, R., Lund, T., Andersen, I., Villadsen, E., Diderichsen, F., & Kristensen, T. (2010). Impact of burnout and psychosocial work characteristics on future long term sickness absence: Prospective results of the Danish PUMA Study among human service workers. *Journal of Occupational and Environmental Medicine*, 52(10), 964-970. doi 10.1097/JOM.0b013e3181f12f95
21. Bridgeman, P., Bridgeman, M., & Barone, J. (2018). Burnout syndrome among healthcare professionals. *American Journal of Health-System Pharmacy*, 75(3), 147-152. doi: 10.2146/ajhp170460
22. Schonfeld, I., & Bianchi, R. (2016). Burnout and depression: Two entities or one? *Journal Clinical Psychology*, 72(1), 22-37. doi: 10.1002/jclp.22229
23. Nantsupawat, A., Nantsupawat, R., Kunaviktikul, W., Turale, S., & Poghosyan, L.(2016). Nurse burnout, nurse reported quality of care, and patient outcomes in Thai hospitals. *Journal of Nursing Scholarship*, 48(1), 83-90. doi: 10.1111/jnu.12187
24. Profit, J., Adair, K., Cui, X., Mitchell, B., Brandon, D., Tawfik, D., Rigdon, J., Gould, J., Lee, H., Timpson, W., McCaffrey, M., Davis, A., Pammi, M., Matthews, M., Stark, A., Papile, L., Thomas, E., Cotten, M., Khan, A., & Sexton, J. (2021). Randomized controlled trial of the "WISER" intervention to reduce healthcare worker burnout. *Journal of Perinatology*, 41(9), 2225-2234. doi: 10.1038/s41372-021-01100-y

## Module Two: The Treatment of Nursing Burnout



*Source.* Emerging RN Leader (2019, December 23). *Building More Effective Nursing Teams.*  
<https://emergingrnleader.com/building-more-effective-nursing-teams/>

## Module 2: The Treatment of Nursing Burnout

Module one provided an introduction to the identification of nursing burnout. The purpose of module two will be to provide an introduction to the **treatment options** and **supportive resources** available to support nursing burnout. The identification and utilization of resources for the treatment of nursing burnout is essential because burnout is an important healthcare issue that impacts many healthcare providers. However, it is important to note that each individual may utilize a variety of resources when seeking treatment for burnout. The treatment of burnout may not follow a standardized approach. The literature has identified various interventions, such as **resiliency and mindfulness practices**, that can help to improve the well-being of nurses and mitigate feelings of nursing burnout.<sup>1-4</sup>

The treatment of burnout should occur with resources and interventions at the individual level. An important resource of nurses is the concept of **self-awareness**, which is a key component of nursing practices as well as the treatment of nursing burnout. When nurses who have an understanding of their own processes, emotions, and behaviors, then they will be able to achieve a healthy well-being and satisfaction within their nursing practices. The treatment of burnout should also involve resources and interventions at the organizational level. This module will identify the available resources and interventions at the individual level and the organizational level that support the well-being of nurses and mitigate feelings of burnout. The identification and utilization of resources and interventions that support the treatment of nursing burnout may help to reduce the fatigue, stress, and burnout that nurses face, and ideally help to improve the well-being of nurses. For nurses who may be **experiencing symptoms** related to burnout, a list of **supportive resources** will be presented in module 2 and in **Appendix D** at the end of the modules.



Source. [Reflections Nature \(free4kwallpapers.com\)](https://www.free4kwallpapers.com) is licensed under CC-BY-SA

## Learning Objectives

Upon completion of module two, the participant will be able to:

1. Identify supportive resources for the treatment of nursing burnout at the individual level and organizational level;
2. Describe the importance of self-care for healthcare providers; and
3. Describe the concepts of resiliency and mindfulness and their importance in reducing nursing burnout.



*Source.* [Reflections Nature \(free4kwallpapers.com\)](http://free4kwallpapers.com) is licensed under CC-BY-SA

## Supporting Nurses Experiencing Burnout

The following video, *You First: Managing Burnout for Physicians & Healthcare Professionals*, provides insights from nurses working within the healthcare system.<sup>5</sup> Nurses in the video share their thoughts related to the concepts of mindfulness and building resiliency. These nurses also highlight the importance of supporting nursing burnout and ensuring that nurses practice self-care, spend time with family, and care for patients. After watching the video, please take the time to participate in the reflective exercise below.

**Video: “You First: Managing Burnout for Physicians & Healthcare Professionals”**



**Video Link:** <https://youtu.be/XWQqfowQG0I>

### Reflective Exercise

Please take time to review the following reflective exercise related to the video.

1. What are your thoughts about the video?
2. Was the video relatable to you as a nurse?
3. Have you ever faced similar feelings and experiences as the nurses in the video?
4. What are your thoughts about the concepts of mindfulness and resiliency?  
How do you think you can incorporate this into your life?
5. Can you identify ways to enhance mindfulness and build resiliency in your nursing practice?

## Individual Interventions to Support Nursing Burnout

A review of recently published literature identified **contributing factors** that can lead to nursing burnout such as nurses' demanding workloads, insufficient staffing ratios, lack of communication among healthcare professionals, and the lack of organizational leadership within clinical practice environments.<sup>6-8</sup> To counter these contributing factors that can lead to nursing burnout, recently published literature has identified the importance of **self-care** and interventions focused on improving **resiliency and enhancing mindfulness** that have been effective in reducing burnout and improving the health and well-being of nurses and other healthcare providers.<sup>1</sup>

Although recent evidence within the literature has demonstrated that physicians and nurses experience adaptation between burnout and wellness, the adoption of interventions to enhance resiliency and mindfulness can help improve well-being and reduce the incidence of burnout among healthcare providers.<sup>9</sup> Interventions that enhance resiliency and improve mindfulness can both be taught as new techniques to individuals or they may be reinforced for individuals who already practice mindfulness and strategies to improve resiliency.

The next section of this module will define the concepts of self-care, resiliency, and mindfulness and include examples of techniques that can support resiliency and mindfulness practices. A review of the literature will also be included in this next section that provides an overview of the evidence to support the integration of resiliency and mindfulness practices in order to improve well-being and mitigate feelings of burnout.



Source. Emerging RN Leader (2019, December 23). *Building More Effective Nursing Teams*.  
<https://emergingrnleader.com/building-more-effective-nursing-teams/>

## The Importance of Self-Care

A review of recently published literature identified self-care strategies as key components of mindfulness and resiliency practices.<sup>2,10,11</sup> Recognizing the importance of self-awareness and self-care is also essential to the practice of nursing because healthy self-care practices will help to support the treatment of nursing burnout.

**Self-awareness** allows individuals to reflect upon their own internal experiences while caring for patients. **Self-care** involves the practice of taking actions to preserve or improve one's own health, which includes focusing on lifestyle behaviors and the utilization of supportive therapies such as journaling, meditation, massage, yoga, exercise, reading, listening to music, adequate sleep, and spending time with family and friends.<sup>2,10,11</sup> Recently published research indicates that utilization of these self-care practices can result in enhanced resiliency for healthcare professionals and prevent burnout.<sup>2, 12</sup> A **self-care inventory** is provided in **Appendix G**. A self-care inventory helps individuals to learn about their self-care needs and recognize areas in an individual's life that may require more attention. Completion of this self-care inventory is voluntary.

### Let's Practice Self-Care!

Please take 10 minutes and practice self-care by participating in the following meditation exercise. The link for the meditation exercise is provided below.

**Video Link:** [A Deeper Connection with Your Higher Self \(Guided Meditation\) - YouTube<sup>13</sup>](#)



*Source.* Buddha statue and candles stock photo by eGal is licensed under [CC BY 2.0](#).

## Improving Resiliency

Recently published literature has identified the importance of interventions focused on improving resiliency. **Resiliency** is a protective mechanism that may be learned by an individual or a personal characteristic that is affected by an individual's environment, external factors, or by the individual themselves through an individual's growth and development.<sup>1</sup> Hope, coping ability, competence, flexibility, and adaptability are the characteristic features that help to foster and enhance resiliency and reduce the incidence of burnout among healthcare professionals.<sup>12</sup>

Supporting evidence within the literature has demonstrated the effectiveness of resiliency-based interventions in reducing burnout and improving the health and well-being of nurses.<sup>1</sup> The section will highlight the supporting evidence from the literature. This section will also discuss the meaning of resiliency and the provide a critical appraisal of recently published literature supporting utilization of resiliency techniques as interventions to assist with mitigating burnout.



Source. Millward, G. (2020, November 10). *Resilience building at DWP*.

<https://gcs.civilservice.gov.uk/blog/resilience-building-at-dwp/> Contains public sector information licensed under the Open Government Licence v3.0: [Open Government Licence \(nationalarchives.gov.uk\)](https://nationalarchives.gov.uk)

## *Resiliency-Based Interventions*

A review of recently published literature indicates the need to focus on resiliency techniques as interventions to assist with mitigating burnout.<sup>14</sup> The techniques of resiliency identified within the literature, which are presented in Table 2, can help to foster and enhance resiliency by allowing an individual to share, reflect, or write down their thoughts and feelings related to positive or negative events. Recently published literature indicates that the utilization of these resiliency techniques results in a reduction of psychological stress experienced by nurses and feelings of burnout among nurses.<sup>1,3</sup> Please note that individuals may choose to integrate a variety of resiliency techniques into their personal and professional practices. There may also be additional techniques that individuals choose to utilize that may not be included in this module.

**Table 2 Literature Supporting Resiliency Based Techniques**

Study	Critical Appraisal	Intervention	Key Findings
Barrow et al. (2022) <sup>1</sup>	Medium-quality, systematic review	<ul style="list-style-type: none"> <li>• Resiliency Practices:               <ul style="list-style-type: none"> <li>➤ Journaling</li> <li>➤ Social sharing</li> <li>➤ Reshaping habits</li> <li>➤ Breaks</li> <li>➤ Exploring nature</li> <li>➤ Focused breathing</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Reduction:               <ul style="list-style-type: none"> <li>➤ Psychological stress</li> <li>➤ Feelings of burnout</li> </ul> </li> <li>• Improvement:               <ul style="list-style-type: none"> <li>➤ Resiliency</li> <li>➤ Recruitment</li> <li>➤ Retention</li> </ul> </li> </ul>
Profit et al. (2021) <sup>3</sup>	RCT, medium-quality, strong design	<ul style="list-style-type: none"> <li>• WISER intervention modules:               <ul style="list-style-type: none"> <li>➤ Gratitude</li> <li>➤ Three good things</li> <li>➤ Awe</li> <li>➤ Random acts of kindness</li> <li>➤ Identifying strengths</li> <li>➤ Relationship resilience</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Reduction:               <ul style="list-style-type: none"> <li>➤ Burnout (p = 0.008)</li> <li>➤ emotional exhaustion (p = 0.005)</li> <li>➤ Depressive symptoms (p = 0.022)</li> </ul> </li> <li>• Improvement:               <ul style="list-style-type: none"> <li>➤ Work-life balance integration (p &lt; 0.001)</li> </ul> </li> </ul>

## Enhancing Mindfulness

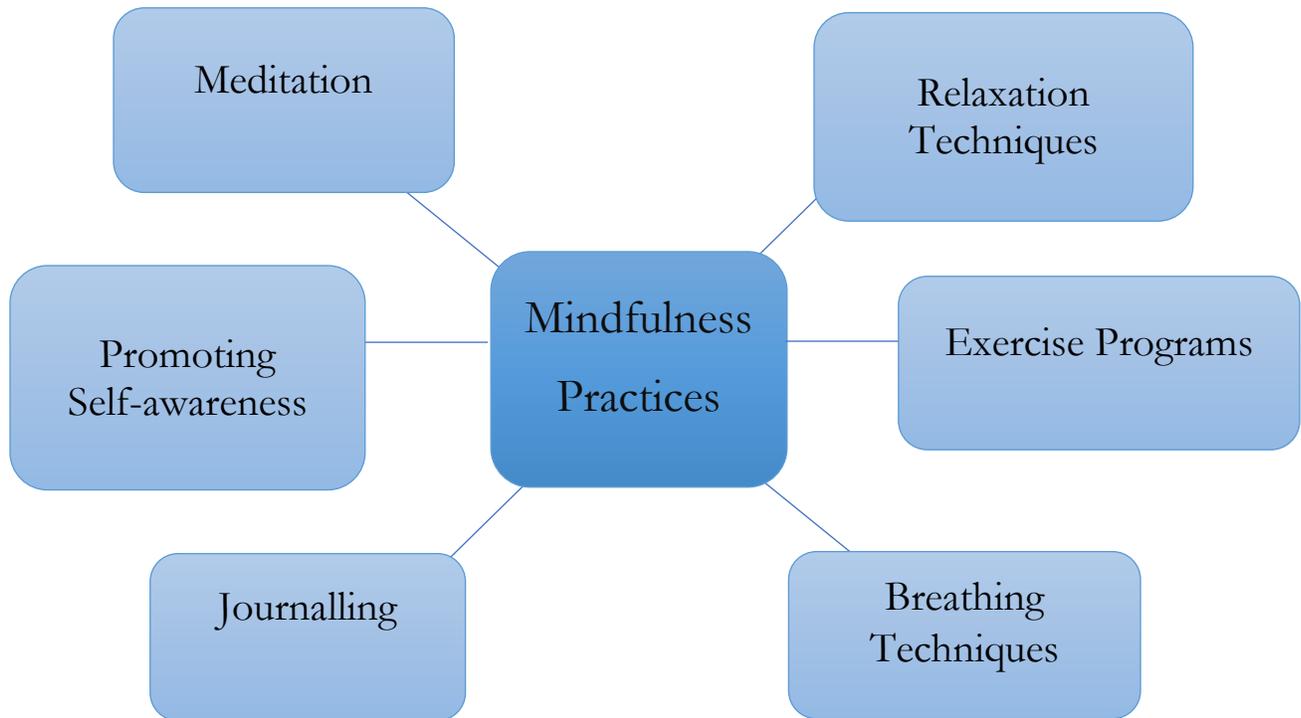
A review of recently published literature indicates the need to focus on mindfulness techniques as interventions to assist with mitigating burnout.<sup>2</sup> **Mindfulness** is a technique that can build resiliency and mitigate feelings of burnout. **Practicing mindfulness** helps to individuals to **improve their well-being, reduce suffering, and control an individual's behaviors, relationships, and self-awareness.**<sup>1,2,9</sup> Recently published literature indicates that mindfulness practices, which are presented in Figure 2, are effective techniques for the treatment of burnout because they help release stress and negative thoughts, resulting in the mitigation of burnout.<sup>1,2,4</sup> Evidence suggests that focusing on mindfulness techniques such as meditation and emotion management supports nurses who are coping with increased demands relating to their nursing practices and clinical practice environments.<sup>9</sup>



Source. Shutterstock (n.d.). Mindfulness Meditation Illustrations.

[Mindfulness Meditation: Over 96,860 Royalty-Free Licensable Stock Illustrations & Drawings | Shutterstock](#)

*Figure 2: Techniques to Enhance Mindfulness*<sup>1, 2, 4</sup>



Source. Shutterstock (n.d.). Mindfulness Meditation Illustrations.

[Mindfulness Meditation: Over 96,860 Royalty-Free Licensable Stock Illustrations & Drawings | Shutterstock](#)

## *Mindfulness-Based Interventions*

A review of recently published literature indicates the need to focus on mindfulness techniques which have proven to be effective in assisting with mitigating burnout.<sup>14</sup> Mindfulness techniques identified within the literature, which are presented in Figure 2, can help to foster and improve mindfulness by reducing stress and improving mental health and well-being, both of which help to mitigate feelings of burnout.<sup>2, 14</sup> Recently published research examining the effectiveness of mindfulness-based interventions is presented in Table 3. Please note that individuals may choose to integrate a variety of mindfulness-based interventions into their personal and professional practices. There may also be additional interventions that individuals choose to utilize that may not be included in this module.

***Table 3 Literature Supporting Mindfulness-Based Techniques***

Study	Critical Appraisal	Intervention	Key Results
Barrow et al. (2022) <sup>1</sup>	Medium-quality, systematic review	<ul style="list-style-type: none"> <li>• Mindfulness Practices:               <ul style="list-style-type: none"> <li>➤ Journaling</li> <li>➤ Yoga</li> <li>➤ Stretching</li> <li>➤ Exploring nature</li> <li>➤ Arts and crafts</li> <li>➤ Focused breathing</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Reduction:               <ul style="list-style-type: none"> <li>➤ Psychological stress</li> <li>➤ Feelings of burnout</li> </ul> </li> <li>• Improvement:               <ul style="list-style-type: none"> <li>➤ Resiliency</li> <li>➤ Recruitment</li> <li>➤ Retention</li> </ul> </li> </ul>
Cascales-Perez et al. (2021) <sup>2</sup>	RCT, high-quality, strong design	<ul style="list-style-type: none"> <li>• MBSR program:               <ul style="list-style-type: none"> <li>➤ 8-weeks</li> <li>➤ Eight 2.5-hr sessions</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Reduction:               <ul style="list-style-type: none"> <li>➤ Emotional exhaustion (p &lt; 0.001)</li> <li>➤ Depersonalization (p &lt; 0.006)</li> </ul> </li> <li>• Improvement:               <ul style="list-style-type: none"> <li>➤ Compassion satisfaction (p &lt; 0.001)</li> </ul> </li> </ul>

## Significance of Organizational Support

Understanding the factors that contribute to burnout among nurses and the impact that these factors have on nurses, patients, and the healthcare system is key to prevent and treat burnout within nursing. Recently reviewed literature identified that nurses' workloads, insufficient staffing ratios, lack of communication among healthcare professionals, and the lack of organizational leadership within the nursing practice environments, have all been associated with burnout among nurses.<sup>7-8</sup>

Recommendations noted from the literature that have implications for policymakers, hospital administrators, and nursing leaders include the implementation of interventions to prevent and reduce burnout experienced by the nursing profession.<sup>1, 14-17</sup> Although there has not been recent literature that compares the exact financial impact of burnout for nurses within the Canadian health care system, the literature has identified the impact within other countries.

The literature discussed a cost-consequence analysis that utilized a Markov model structure involving hypothetical hospital scenarios to understand the cost of nurse burnout turnover within the United States.<sup>18</sup> Two scenarios were utilized to assess nurse burnout-attributed turnover costs that included a hospital with an existing state of nurse burnout prevalence and a hospital with a burnout reduction program and decreased nurse burnout prevalence. The hospital with an existing state of nurse burnout spent \$16,736 per nurse per year employed on nurse burnout-attributed turnover costs, while the hospital with a burnout reduction program spends \$11,592 per nurse per year.<sup>18</sup> Similar findings from Australia found that 1.5 million health care providers suffered psychological health issues such as mental health-related issues caused from high levels of work stress, which can contribute to nursing burnout, resulting in a cost of approximately \$8,000 per person per year.<sup>8</sup> Therefore, it is essential that organizations implement initiatives and resources to support healthcare providers given the impact that burnout has on the healthcare system.



Source. Shutterstock (n.d.). *Nursing Helping Patient*. <https://www.shutterstock.com/search/nurse-helping-patient>

## Improving Burnout at the Organizational Level

A review of recently published literature revealed a relationship between nursing burnout, patient satisfaction, and clinical practice environments.<sup>14</sup> Higher levels of patient satisfaction occurred in clinical practice environments with lower levels of nursing burnout, while lower levels of patient satisfaction were reported in clinical practice environments with higher levels of nursing burnout ( $p < 0.001$ ).<sup>14</sup> The findings from the literature support the need for improvements to clinical practice environments to improve patient outcomes, nursing support, and nursing productivity.<sup>1, 14-17</sup> Practices that have been identified within the literature that can assist with improving organizational support are presented in Table 4.

The interventions highlighted within the literature included promoting personal resiliency, cultivating a culture of wellness, and improving productivity within clinical practice environments.<sup>1, 14, 15, 17</sup> Resources that have been identified as organizational supports that are available to healthcare providers to support the treatment of burnout are presented in Table 5.



Source. Shutterstock (n.d.). *Nursing Helping Nurses*.

[284,331 Nurse Helping Nurses Images, Stock Photos, 3D objects, & Vectors | Shutterstock](#)

*Table 4 Improving Organizational Supports*<sup>1, 14, 15, 17</sup>

Organizational Support	Intervention	Outcome
Nursing Practice Environment	<ul style="list-style-type: none"> <li>• Designated nursing huddles</li> <li>• Nursing engagement:               <ul style="list-style-type: none"> <li>➤ Policy development</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Increased:               <ul style="list-style-type: none"> <li>➤ Productivity</li> </ul> </li> <li>• Improved:               <ul style="list-style-type: none"> <li>➤ Nursing recruitment</li> <li>➤ Nursing retention</li> </ul> </li> </ul>
Cultivating a Culture of Wellness	<ul style="list-style-type: none"> <li>• Establishment:               <ul style="list-style-type: none"> <li>➤ Wellness program</li> <li>➤ Wellness champions</li> <li>➤ Mental health support program</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Increased:               <ul style="list-style-type: none"> <li>➤ Nursing morale</li> <li>➤ Organizational commitment</li> <li>➤ Productivity</li> <li>➤ Nursing retention</li> </ul> </li> </ul>
Promoting Personal Resiliency	<ul style="list-style-type: none"> <li>• Supportive Resources:               <ul style="list-style-type: none"> <li>➤ Stress management techniques</li> <li>➤ Mindfulness training</li> <li>➤ Self-care techniques</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Increased:               <ul style="list-style-type: none"> <li>➤ Colleague support</li> <li>➤ Resource utilization</li> <li>➤ Resiliency</li> </ul> </li> <li>• Reduction:               <ul style="list-style-type: none"> <li>➤ Psychological stress</li> <li>➤ Feelings of burnout</li> </ul> </li> </ul>

**Table 5 Organizational Supports to Support Nursing Burnout**

Resource	Organization	Resource	Subject/Website
Employee & Family Assistance Program (2023) <sup>15</sup>	Nova Scotia Health	Website/ Online Resource	Supporting Health & Well-Being  Phone: 1-800-777-5588  Website: <a href="http://www.nshealth.ca">www.nshealth.ca</a>
Work Health Life (2023) <sup>17</sup>	Nova Scotia Health	Website/Articles	Stress & Burnout  Website: <a href="http://www.workhealthlife.com">www.workhealthlife.com</a>
Canadian Nursing Association (2020) <sup>19</sup>	Nursing Association	Website/Articles	Supporting Physical & Emotional Well-Being  Website: <a href="http://www.cna-aic.ca/en/home">www.cna-aic.ca/en/home</a>
Wellness Together Canada (2023) <sup>20</sup>	Non-Profit Organization	Website/ Online Resource	Supporting Mental Health and Well-Being  Website: <a href="http://www.wellnesstogether.ca/en-ca/">www.wellnesstogether.ca/en-ca/</a>
Registered Nurses Association of Ontario (2008, 2011, 2017) <sup>21-23</sup>	Nursing Association	Best Practice Guidelines	1. Workplace Health, Safety and Well-Being; 2. Preventing and Mitigating Nurse Fatigue to Help Reduce Burnout; 3. Developing and Sustaining Safe, Effective Staffing and Workload Practices  Website: <a href="http://www.RNAO.ca">www.RNAO.ca</a>
WHO (1994) <sup>24</sup>	Non-Profit Organization	Practice Recommendations	Staff Burnout  Website: <a href="http://www.who.int">www.who.int</a>
YMCA	Local Non-Profit Organization	In-Person Resources/ Support Groups/ Exercise Programs	Supporting Physical and Emotional Well-Being and Mental Health; Support for Families  Website: <a href="http://www.ymca.ca">www.ymca.ca</a>

# Organizational Supports to Treat Nursing Burnout

## Employee and Family Assistance Program

The **EFAP** is the main organizational resource that is utilized by Nova Scotia Health to **support the mental health and well-being** of their employees and family members. The wellness resources available through the EFAP, which are presented in Table 6, are available to individuals who require additional support to help resolve challenges related to their work, health, and life.<sup>15</sup> For nurses who may be **experiencing symptoms of nursing burnout**, a copy of the EFAP brochure is presented in **Appendix F** at the end of the modules.



Source. Shutterstock (n.d.). *It's OK to Ask for Help*. [It's Ok To Ask For Help Photos and Images & Pictures | Shutterstock](#)

*Table 6 Overview of the EFAP<sup>15</sup>*

Resource	Resource Topics	EFAP Resources
Employee & Family Assistance Program	<ul style="list-style-type: none"> <li>• Relationship difficulties</li> <li>• Bereavement</li> <li>• Grief and loss</li> <li>• Anxiety</li> <li>• Stress and depression</li> <li>• Work-related stress</li> <li>• Life transitions</li> <li>• Alcohol and substance abuse</li> <li>• Work/life balance</li> <li>• Legal and financial stress</li> <li>• Family/eldercare issues</li> </ul>	<ul style="list-style-type: none"> <li>• Relationship difficulties</li> <li>• Professional Counselling</li> <li>• Financial Support</li> <li>• Legal Support</li> <li>• Nutrition Support</li> <li>• Family Support</li> <li>• Career Counselling</li> <li>• Health Coaching</li> <li>• Naturopathic Services</li> </ul>

## Case Study on Nursing Burnout

Jamie has been a Registered Nurse in a busy ICU for the last five years. Jamie provides patient care to patients with often complex physical, medical, psychological, and social needs, while also supporting the patient's family members. Admission to the ICU can cause distress to both patients and their families, which has resulted in Jamie feeling increased pressure as a critical care nurse who is responsible for providing care and support to patients and their family members.

Jamie has been feeling inadequate as a nurse, resulting from the increased responsibilities associated with caring for critically ill patients, which has led to Jamie becoming withdrawn from nursing colleagues, family members, and friends. The increased amount of pressure that Jamie has been feeling has resulted in physical and emotional changes that have included headaches, body aches, and mood changes.

Jamie has heard other nurses talk about burnout and believes that they may be experiencing feelings of burnout. Jamie wants these feelings to improve but does not know how to feel better or where to go for help.



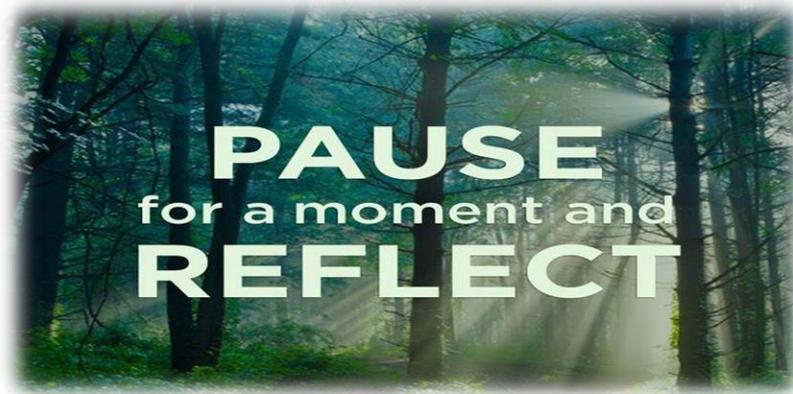
Source. iStock by Getty Images (n.d.). *Nursing Practice Images*.  
<https://www.istockphoto.com/search/2/image-film?phrase=nursing%20practice>

## Case Study on Nursing Burnout

### Reflection Exercise

Please take time to review the following reflective exercise related to the case study.

1. Do you think that Jamie is at risk of experiencing burnout? If so, what factors do you think may be contributing to Jamie's feelings of burnout?
2. Can you identify organizational supports within the Nova Scotia Health organization that could support Jamie?
3. Can you identify additional supports outside of the Nova Scotia Health organization (e.g., community support) that Jamie could utilize for support to improve their well-being and feelings of burnout?



*Source.* From Microsoft Word Stock Images

## Concluding Information

Nurses face increased stressors and challenges within their clinical practice environments that can lead to internal struggles and feelings of burnout.<sup>6</sup> Addressing the factors contributing to burnout is essential to prevent the feelings of burnout from evolving. The increased stressors and challenges that nurses face within their clinical practice environments have been identified within the literature. Increased workload demands resulting from staffing shortages, increased time constraints resulting from increased workload responsibilities, and increased acuity of the patients with numerous comorbidities have all been identified as issues that contribute to an increased amount of stress and burnout among nurses.<sup>6</sup> Utilization of individual and organizational supports are important to effectively prevent and treat feelings of burnout.

Support for nurses should involve interventions at the individual level and the organizational level that are focused on assisting with mitigating burnout. Interventions at the individual level include those focused on improving resiliency and enhancing mindfulness. Individual interventions to support nursing burnout should also involve the importance of self-care, time management, and strong interpersonal relationships to help maintain a healthy physical, emotional, and psychosocial well-being.<sup>2,10,11</sup> Maintaining a healthy lifestyle (e.g., proper diet, ample exercise, and adequate sleep) and participating in activities of enjoyment (e.g., yoga, exercise, meditation, massage therapy) that help individuals to disengage nurses from their professional nursing routine are important practices to avoid the mental, physical, and emotional impact of stress and burnout.<sup>1, 2, 4, 10, 11</sup>

Nurses must be supported within their healthcare organizations and clinical practice environments with resources that support the treatment of burnout. Interventions focused at the organizational level include online wellness resources, best practice guidelines, and organizational programs that support improving the well-being of nurses and mitigating feelings of burnout. Nurses should also work together and advocate for change in their nursing practice environments, which will help to improve their well-being, mitigate burnout, and improve patient care. Support is essential because burnout is an important healthcare issue that affects many healthcare professionals.

**Thank you for completing Module 2!**

**You can now continue to Module 3 which focuses on the prevention of nursing burnout.**

## References

1. Barrow, N., Smart, D., Sattler, V., & Wood, N. (2022). The impact of burnout identification and interventions in nursing students and newly licensed nurses: A literature review. *International Journal of Nursing Student Scholarship*, 9(69), 1-17. PDF+version+The+Impact+of+Burnout+Identification+.....+and+Interventions+in+Nursing+Students+A+Literature+Review+(1) (3).pdf
2. Cascales-Perez, M., Ferrer-Cascales, R., Fernández-Alcántara, M., & Cabañero-Martínez, M. (2021). Effects of a mindfulness-based programme on the health- and work-related quality of life of healthcare professionals. *Scandinavian Journal of Caring Sciences*, 35(3), 881-891. doi: 10.1111/scs.12905
3. Profit, J., Adair, K., Cui, X., Mitchell, B., Brandon, D., Tawfik, D., Rigdon, J., Gould, J., Lee, H., Timpson, W., McCaffrey, M., Davis, A., Pammi, M., Matthews, M., Stark, A., Papile, L., Thomas, E., Cotten, M., Khan, A., & Sexton, J. (2021). Randomized controlled trial of the "WISER" intervention to reduce healthcare worker burnout. *Journal of Perinatology*, 41(9), 2225-2234. doi: 10.1038/s41372-021-01100-y
4. Watanabe, N., Horikoshi, M., Shinmei, I., Oe, Y., Narisawa, T., Kumachi, M., Matsuoka, Y., Hamazaki, K., & Furukawa, T. (2019). Brief mindfulness-based stress management program for a better mental state in working populations: Happy nurse project: A randomized controlled trial. *Journal of Affective Disorders*, 251, 186–194. doi: 10.1016/j.jad.2019.03.067
5. Cleveland Clinic. (2018). *You first: Managing burnout for physicians & healthcare professionals*. <https://youtu.be/XWQqfowQG0I>
6. Montgomery, A., & Patrician, P. (2020). The concept of burnout in the nursing profession. *International Journal of Nursing and Health Care Research*, 3(10), 1204-1214. doi: 10.29011/2688-9501.101204
7. Shah, M., Gandrakota, N., Cimiotti, J., Ghose, N., Moore, M., & Ali, M. (2021). Prevalence of and factors associated with nurse burnout in the US. *JAMA Network Open*, 4(2), 1-11. doi: 10.1001/jamanetworkopen.2020.36469
8. Theofanidis, D., Boukas, A., & Fountouki, A. (2022). A “new pandemic” at hand: Burnout of nursing staff. *International Journal of Caring Sciences*, 15(3), 2028–2035. Microsoft Word - 41.theofanidis.docx(internationaljournalofcaringsciences.org)

9. Zhang, X., Song, Y., Jiang, T., Ding, N., & Shi, T. (2020). Interventions to reduce burnout of physicians and nurses: An overview of systematic reviews and meta-analyses. *Medicine*, *99*(26), 1-13. doi: 10.1097/MD.00000000000020992
10. Frisch, N., & Rabinowitsch, D. (2019). What's in a definition? Holistic nursing, integrative health care, and integrative nursing: Report of an integrative literature review. *Journal Holistic Nursing*, *37*(3), 260-272. doi: 10.1177/0898010119860685
11. Kreitzer, M. (2015). Integrative nursing: Application of principles across clinical settings. *Rambam Maimonides Medical Journal*, *6*(2), 1–8. doi: 10.5041/RMMJ.10200
12. Zhang, Y., Han, W., Qin, W., Yin, H., Zhang, C., Kong, C., & Wang, Y. (2018). Extent of compassion satisfaction, compassion fatigue and burnout in nursing: A meta-analysis. *Journal of Nursing Management*, *26*(7), 810–819. doi: 10.1111/jonm.12589
13. Great Meditation. (2023). *A deeper connection with your higher self*. A Deeper Connection with Your Higher Self (Guided Meditation) - YouTube
14. Brooks-Carthon, J., Hatfield, L., Brom, H., Houton, M., Kelly-Hellyer, E., Schlak, A., & Aiken, L. (2021). System-level improvements in work environments lead to lower nurse burnout and higher patient satisfaction. *Journal of Nursing Care Quality*, *36*(1), 7-13. doi: 10.1097/NCQ.0000000000000475
15. Employee and Family Assistance Program. (2023). *Nova Scotia Health Employee and Families Assistance Program (EFAP)*. Employee and Families Assistance Program (EFAP) | Nova Scotia Health Authority - Corporate (nshealth.ca)
16. Woo, T., Ho, R., Tang, A., & Tam, W. (2020). Global prevalence of burnout symptoms among nurses: A systematic review and meta-analysis. *Journal of psychiatric research*, *123*, 9-20. doi: 10.1016/j.jpsychires.2019.12.015
17. Work Health Life. (2023). *Stress/burnout*. Morneau Shepell Ltd. Stress/Burnout - workhealthlife
18. Muir, J., Wanchek, T., Lobo, J., & Keim-Malpass, J. (2022). Evaluating the costs of nurse burnout-attributed turnover: A Markov modeling approach. *Journal of Patient Safety*, *18*(4), 351-357. doi: 10.1097/PTS.0000000000000920

19. Canadian Nurses Association. (2020). *Staying healthy during a pandemic*. Mental-Health-and-Wellbeing-during-COVID-19\_e.pdf (hl-prod-ca-oc-download.s3-ca-central-1.amazonaws.com)
20. Wellness Together Canada. (2023). *Wellness together Canada: Mental health and substance use support*. <https://www.wellnesstogether.ca/>
21. Registered Nurses Association of Ontario. (2008). *Workplace health, safety and well-being of the nurse*. Toronto, ON: Registered Nurses' Association of Ontario. [rnao.ca/sites/rnao-ca/files/bpg/HWE.\\_Workplace\\_Health\\_Safety\\_and\\_Well-Being\\_0.pdf](http://rnao.ca/sites/rnao-ca/files/bpg/HWE._Workplace_Health_Safety_and_Well-Being_0.pdf)
22. Registered Nurses Association of Ontario. (2011). *Preventing and Mitigating Nurse Fatigue in Health Care*. Toronto, ON: Registered Nurses' Association of Ontario. [Preventing\\_and\\_Mitigating\\_Nurse\\_Fatigue\\_in\\_Health\\_Care.pdf](http://rnao.ca/sites/rnao-ca/files/bpg/Preventing_and_Mitigating_Nurse_Fatigue_in_Health_Care.pdf) (rnao.ca)
23. Registered Nurses Association of Ontario. (2017). *Developing and sustaining safe, effective staffing and workplace practices* (2nd ed.). Toronto, ON: Registered Nurses' Association of Ontario. [rnao.ca/sites/rnao-ca/files/bpg/Staffing\\_and\\_Workload\\_Practices\\_2017.pdf](http://rnao.ca/sites/rnao-ca/files/bpg/Staffing_and_Workload_Practices_2017.pdf)
24. World Health Organization. (1994). *Guidelines for the primary prevention of mental, neurological and psychosocial disorders: Chapter 5 staff burnout*. World Health Organization: Division of Mental Health. <https://apps.who.int/iris/handle/10665/60992>

# Module Three: The Prevention of Nursing Burnout



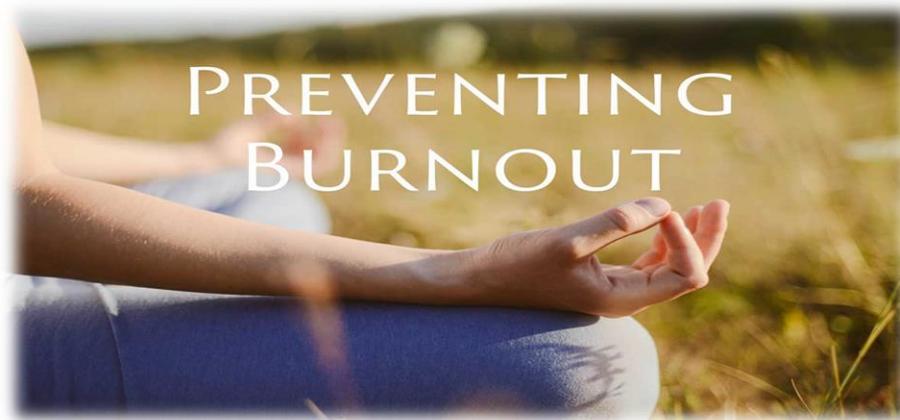
Source. Shutterstock (n.d.). *Nursing Helping Nurses*.  
[284,331 Nurse Helping Nurses Images, Stock Photos, 3D objects, & Vectors | Shutterstock](#)

## Module 3: The Prevention of Nursing Burnout

Understanding and supporting nurses with the issue of nursing burnout involves the identification of nursing burnout, recognition of supports that treat nursing burnout, and the interventions that can prevent nursing burnout from occurring. Module one provided an introduction to the **identification of nursing burnout**. Module two provided an introduction the resources and interventions that support the **treatment of nursing burnout**. Module three will provide an introduction to strategies that focus on the **prevention of nursing burnout**.

Nurses, nursing leadership, and employers play an important role in the prevention of nursing burnout. The prevention of nursing burnout can result in the improved well-being of nurses, better patient outcomes, and reduced stress in nursing practice environments.<sup>1</sup> The key to preventing nursing burnout is to provide support to nurses so that nurses will be able to identify and utilize the available tools and resources to improve their health and well-being and mitigate feelings of nursing burnout.

The literature has identified the consequences of burnout which have included negative impacts on the physical and mental health of nurses, clinical practice environments, and the quality of nursing care provided to patients.<sup>2</sup> Therefore, it is essential to identify and utilize interventions that are focused on normalizing an individual's well-being, reducing stigma associated with burnout, and building interventions into the clinical practice environment that create a long-term culture of well-being.<sup>3</sup> The identification and utilization of these interventions that support nurses and their clinical practice environments will be introduced in module three. A **list of supportive resources** is presented in **Appendices D and F** at the end of module three for any nurses who may be experiencing symptoms related to burnout.

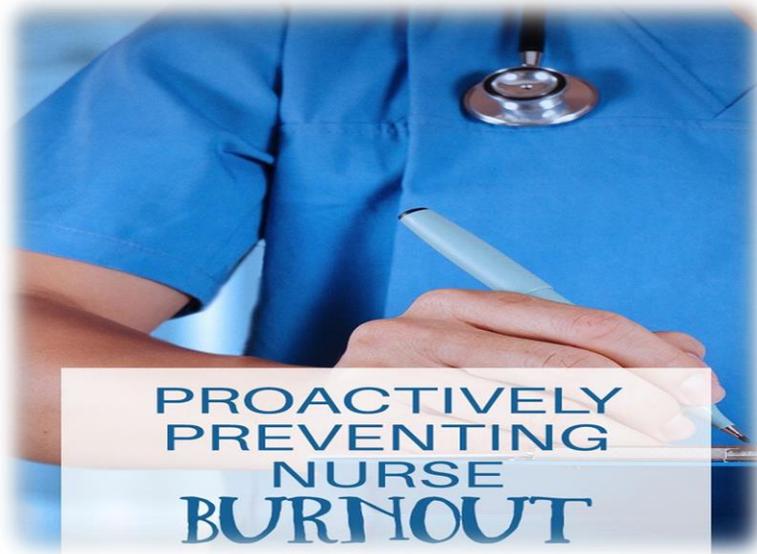


Source. Taylor, S. (n.d.). *Preventing Burnout*. <https://susantaylor.org/blogs/preventing-burnout/>

## Learning Objectives

Upon completion of module three, the participant will be able to:

1. Identify strategies and supportive resources to prevent nursing burnout at the individual level;
2. Identify strategies and supportive resources to prevent nursing burnout at the organizational level;
3. Describe the importance of self-care for healthcare providers;
4. Identify physical, psychological, emotional, and professional interventions that can support an individual's self-care; and
5. Discuss the importance of work-life balance.



Source. Kleber, K. (2020, June 9). *Proactively Preventing Nurse Burnout*.  
<https://www.freshrn.com/s5e46-proactively-preventing-nurse-burnout/>

## The Prevention of Nursing Burnout

Module one discussed the signs and symptoms associated with nursing burnout. Module two discussed resources and interventions that support the treatment of nursing burnout. Module three will focus on the interventions that can help to prevent the occurrence of nursing burnout. The next section of module three will focus on strategies that can be integrative into an individual's personal and professional practices, followed by a description of how the strategies can be successful to prevent the occurrence of nursing burnout. The strategies to prevent the occurrence of nursing burnout, which are presented in Figure 3, can help to prevent feelings of burnout and resolve feelings of burnout from becoming more serious.<sup>4,5</sup>

**Figure 3 Strategies to Prevent Nursing Burnout**



Source. Shutterstock (n.d.). Mindfulness Meditation Illustrations.

[Mindfulness Meditation: Over 96,860 Royalty-Free Licensable Stock Illustrations & Drawings | Shutterstock](#)

## The Prevention of Nursing Burnout

The next section of the module will provide a description of the prevention strategies that were highlighted in Figure 3 to reduce the occurrence of nursing burnout.<sup>4,5</sup>

Prevention Strategy	Description
<b>Rest</b>	<ul style="list-style-type: none"> <li>➤ Receiving enough sleep</li> <li>➤ Identify nursing scheduling barriers</li> </ul>
<b>Ask for Help</b>	<ul style="list-style-type: none"> <li>➤ With clinical practice stressors</li> <li>➤ Create a support system</li> <li>➤ Utilize personal and professional supportive resources</li> </ul>
<b>Exercise</b>	<ul style="list-style-type: none"> <li>➤ Physical activity provides stress-alleviating effects</li> <li>➤ Helps with the physical demands of nursing</li> </ul>
<b>Eat Well</b>	<ul style="list-style-type: none"> <li>➤ Make time for meals</li> <li>➤ Reduces stress response</li> <li>➤ Improves mood, energy, and immunity</li> </ul>
<b>Take a Break</b>	<ul style="list-style-type: none"> <li>➤ Periodically disconnecting</li> <li>➤ Provides relaxation</li> <li>➤ Recharges physical and emotional reserves</li> </ul>
<b>Request Support</b>	<ul style="list-style-type: none"> <li>✓ Request organizational resources</li> <li>✓ Seek out resources</li> </ul>

## Preventative Strategies for Nursing Burnout

A review of recently published literature discussed the impact that nursing burnout can have on the lives of nurses, the quality of patient care, patient safety, and the healthcare system, which is why it is essential to understand the preventative strategies that will help nurses to improve their well-being and overcome feelings of burnout. Preventative strategies to reduce the occurrence of burnout that have been identified within the literature include improving **clinical practice efficiency** and promoting a **work-life balance** within the clinical practice environments.<sup>6-7</sup>

### Improving Clinical Practice Efficiency to Prevent Nursing Burnout

Recently published literature has identified that nursing burnout can influence patient safety and the quality of care being provided to patients. Therefore, it is important to provide education to nurses on the preventative strategies available to nurses that can help to improve their well-being and prevent feelings of burnout. An important preventative strategy for nursing burnout should involve advocating for change and supporting nurses through organizational practices that will help to improve clinical practice efficiency, prevent nursing burnout, and improve patient safety and the quality of care being provided to patients.<sup>6-7</sup>



Source. Shutterstock (n.d.). *Nursing Helping Patient*.  
<https://www.shutterstock.com/search/nurse-helping-patient>

## Preventative Strategies for Nursing Burnout

Recently published literature supports organizational practice changes, which are presented in Table 7, as an effective strategy to improve clinical practice efficiency and prevent the occurrence of burnout.<sup>6-7</sup>

**Table 7 Improving Clinical Practice Efficiency**

Organizational Practice Change	Outcome
Engage Healthcare Providers	<ul style="list-style-type: none"> <li>• Improved:               <ul style="list-style-type: none"> <li>➤ Clinical practices efficiency</li> <li>➤ Communication among colleagues</li> <li>➤ Safety</li> <li>➤ Staff satisfaction</li> <li>➤ Staff engagement</li> <li>➤ Clinical practice climate</li> <li>➤ Self-efficacy among nursing staff</li> </ul> </li> <li>• Decreased:               <ul style="list-style-type: none"> <li>➤ Clinical practice stressors</li> <li>➤ Adverse patient events</li> </ul> </li> </ul>
Increased Communication Among Healthcare Providers	
Identification and Recognition of Clinical Practice Issues	
Provide Wellness Opportunities	<ul style="list-style-type: none"> <li>• Increased:           <ul style="list-style-type: none"> <li>➤ Staff satisfaction</li> <li>➤ Staff engagement</li> <li>➤ Productivity</li> <li>➤ Healthy behaviors</li> </ul> </li> </ul>

## Supporting Work-Life Balance to Prevent Nursing Burnout

Although nurses play an essential role in the healthcare system, they often face challenges in achieving a healthy integration of an individual's work life and family life. The literature has demonstrated the importance of **self-care** to help achieve a healthy integration of an individual's work life and family life. **Self-care** involves the process of taking care of one's own health and well-being. Successful self-care involves the practice of taking actions to preserve or improve one's own health that may include focusing on lifestyle behaviors and the utilization of supportive therapies. Examples of actions that can help to preserve or improve one's own health include setting personal and professional goals that are realistic and achievable, defining work-life boundaries, prioritizing time for self-care, family members and friends, and personal and professional interests.<sup>8</sup> A **self-care inventory** that measures how well an individual is taking care of themselves in the various aspects of their lives that includes physically, psychologically, emotionally, and professionally is provided in **Appendix G**.<sup>9</sup> Completion of this self-care inventory is voluntary.

When an individual is not able to successfully practice self-care then burnout can result from the emotional, physical, and mental exhaustion that an individual may be experiencing. Therefore, another important preventive strategy for nursing burnout that helps to improve the practice of self-care involves the promotion of a '**work-life balance**'. The promotion of a work-life balance can help individuals to enjoy aspects of their personal and professional lives. Support for a healthy work-life balance should be integrative into the organization's culture such as the encouragement for nurses to utilize resources that support their physical, mental, and emotional well-being.<sup>8</sup> Organizations can also provide support for alternative health practices such as meditation programs, exercise programs, and online wellness programs that support nurses and help to prevent nursing burnout.<sup>8</sup>



*Source. Shutterstock (n.d.). Nursing Helping Patient.*

[306,582 Work Life Balance Stock Photos, Pictures & Royalty-Free Images - iStock \(istockphoto.com\)](#)

## Supporting Nurses in Preventing Burnout

The following video, *American Nurses Foundation Stress and Burnout Prevention Program*, discusses the implementation and success of a stress and burnout prevention program for nurses practicing within an acute care setting.<sup>10</sup> Nurses in the video share their positive experiences with the integration of a **Stress First Aid program** that recognizes stress and burnout among nursing colleagues as well as support that is provided within the program to improve their well-being and mitigate feelings of stress and burnout. The video highlights the importance of **supporting nursing colleagues** who may be facing increased stressors and feelings of burnout in their lives. After watching the video, please take the time to participate in the reflective exercise.

*Video: “American Nurses Foundation Stress and Burnout Prevention Program”*

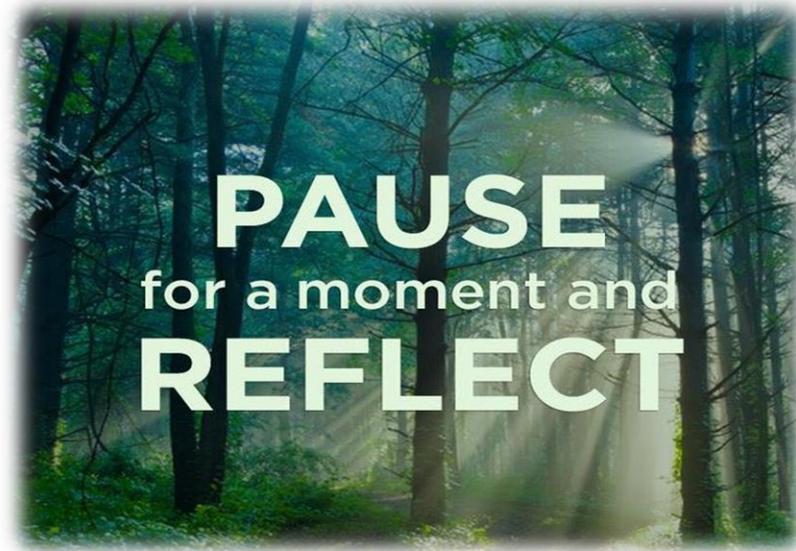


Video Link: <https://youtu.be/EAE-8D93q14>

## Reflection Exercise

Please take time to review the following reflective exercise related to the video.

1. What are your thoughts about the video?
2. Was the video relatable to you as a nurse?
3. Have you ever faced similar feelings as the nurses in the video?
4. What are your thoughts about the concept of stress first aid? How do you think you could incorporate this into your life and nursing practice?



*Source.* From Microsoft Word Stock Images

## Concluding Information

Nurses play an essential role in the lives of their patients. Nurses face stressors within their clinical practice environments and challenges in their work-life balance, both of which can contribute to nursing burnout. Nursing burnout can impact the lives of nurses, the quality of patient care, patient safety, and the healthcare system, making it essential for the identification and implementation of preventive strategies that will help nurses to improve their well-being and prevent feelings of burnout. The prevention of nursing burnout begins with modest strategies that can be integrative into an individual's personal and professional practices such as resting, asking for help, exercising, eating well, taking breaks, and requesting additional supportive resources.<sup>4-5</sup> Additional strategies for the prevention of nursing burnout involve an organizational level. These strategies include improving clinical practice efficiencies and promoting a work-life balance to reduce the occurrence of burnout.<sup>6-7</sup>

Patients entrust nurses with their lives, which is why nurses must always practice safely and in the best interest of their patients. With the increased challenges in healthcare and the nurses added number of responsibilities, nurses must be supported personally and professionally in their clinical practice environments to ensure that their well-being is protected. Thank you for completing this online learning resource. Hopefully you have gained additional knowledge related to nursing burnout and will continue to share your knowledge and support fellow nursing colleagues within your acute care setting.

**You have completed Module 3!**

**There is an interactive exercise component of this module which follows this section. Please feel free to complete.**

**Thank you for participating in this online learning module!**



Source. Shutterstock (n.d.). *Mindfulness and Resilience*.

[Mindfulness And Resilience: Over 775 Royalty-Free Licensable Stock Illustrations & Drawings | Shutterstock](#)

## Interactive Exercise

Please complete the following interactive exercise that involves a fill-in-the-blanks exercise to test your knowledge relating to the components of the MBI. Upon completion of this fill-in-the-blanks exercise you can compare your responses with the correct answers that can be found in **Appendix C**.

### Fill in the Blanks

1. \_\_\_\_\_ can have a substantial impact on the lives of nurses, patients, and healthcare organizations.<sup>11, 12, 13, 15, 16</sup>
2. \_\_\_\_\_ involves the depletion of emotional resources for staff, resulting in a psychological feeling of being unable to contribute because of the depletion of emotional resources.<sup>14</sup>
3. \_\_\_\_\_ is typically connected to a relationship with work that is perceived as difficult, tiring, and stressful.<sup>14</sup>
4. \_\_\_\_\_ involves staff becoming insensitive and unsympathetic with their patients.<sup>14</sup>
5. \_\_\_\_\_ contributes to bringing balance if emotional exhaustion and depersonalization occur. It ensures fulfillment in the workplace and a positive view of professional achievements.<sup>14</sup>
6. Experiencing \_\_\_\_\_ involves being unsatisfied with personal career accomplishments.<sup>14</sup>
7. Early \_\_\_\_\_ of burnout and implementation of resiliency and/or mindfulness practices can mitigate feelings of burnout.<sup>12</sup>
8. \_\_\_\_\_ and \_\_\_\_\_ interventions can decrease the likelihood of nurses leaving the profession.<sup>12</sup>

## References

1. Nantsupawat, A., Nantsupawat, R., Kunaviktikul, W., Turale, S., & Poghosyan, L. (2016). Nurse burnout, nurse reported quality of care, and patient outcomes in Thai hospitals. *Journal of Nursing Scholarship*, 48(1), 83-90. doi: 10.1111/jnu.12187
2. Woo, T., Ho, R., Tang, A., & Tam, W. (2020). Global prevalence of burnout symptoms among nurses: A systematic review and meta-analysis. *Journal of psychiatric research*, 123, 9-20. doi: 10.1016/j.jpsychires.2019.12.015
3. Kelly, L., Weston, M., & Gee, P. (2021). A nurse leader's guide to reducing burnout: Strategies to improve Well-Being. *Nurse Leader*, 19(5), 467-473. <https://doi.org/10.1016/j.mnl.2021.03.012>
4. Montgomery, A., & Patrician, P. (2020). The concept of burnout in the nursing profession. *International Journal of Nursing and Health Care Research*, 3(10), 1204-1214. doi: 10.29011/2688-9501.101204
5. Theofanidis, D., Boukas, A., & Fountouki, A. (2022). A “new pandemic” at hand: Burnout of nursing staff. *International Journal of Caring Sciences*, 15(3), 2028–2035. Microsoft Word - 41.theofanidis.docx(internationaljournalofcaringsciences.org)
6. Pimentel, C., Snow, A., Carnes, S., Shah, N., Loup, J., Vallejo-Luces, T., Madrigal, C., & Hartmann, C. (2021). Huddles and their effectiveness at the frontlines of clinical care: A scoping review. *Journal of General Internal Medicine*, 36(9), 2772-2783. doi: 10.1007/s11606-021-06632-9
7. DeOliveira, S., Sousa, L., Gadelha, M., & Nascimento, V. (2019). Prevention actions of burnout syndrome in nurses: An integrating literature review. *Clinical Practice and Epidemiology in Mental Health*, 15, 64-73. doi: 10.2174/1745017901915010064
8. Employee and Family Assistance Program. (2023). *Nova Scotia Health Employee and Families Assistance Program (EFAP)*. Employee and Families Assistance Program (EFAP) | Nova Scotia Health Authority - Corporate (nshealth.ca)
9. Saakvitne, K. W., & Pearlman, L. A. (1996). *Self-care inventory*. Adapted from *Transforming the pain: A workbook on vicarious traumatization*. W.W. Norton & Co. self care assessment and planning.pdf (brown.edu)

10. American Nurses Foundation. (2023). *American Nurses Foundation stress and burnout prevention program*. <https://youtu.be/EAE-8D93q14>
11. Garcia, C., Abreu, L., Ramos, J., Castro, C., Smiderle, F., Santos, J., & Bezerra, I. (2019). Influence of burnout on patient safety: Systematic review and meta-analysis. *Medicina*, 55(9), 553-566. <https://doi.org/10.3390/medicina55090553>
12. Barrow, N., Smart, D., Sattler, V., & Wood, N. (2022). The impact of burnout identification and interventions in nursing students and newly licensed nurses: A literature review. *International Journal of Nursing Student Scholarship*, 9(69), 1-17. PDF+version+The+Impact+of+Burnout+Identification+.....+and+Interventions+in+Nursing+Students+A+Literature+Review+(1) (3).pdf
13. World Health Organization. (2019). Burn-out an "occupational phenomenon": International classification of diseases. Geneva: World Health Organization. Burn-out an "occupational phenomenon": International Classification of Diseases (who.int)
14. World Health Organization. (2018). *International classification of diseases for mortality and morbidity statistics (11th Revision)*. Geneva: World Health Organization. ICD-11 for Mortality and Morbidity Statistics (who.int)
15. Ferry, A., Wereski, R., Strachan, F. & Mills, N. (2021). Predictors of UK healthcare worker burnout during the COVID-19 pandemic. *Monthly Journal of the Association of Physicians*, 114(6), 374–380. doi: 10.1093/qjmed/hcab065
16. Prasad, K., McLoughlin, C., Stillman, M., Poplau, S., Goelz, E., Taylor, S., Nankivil, N., Brown, R., Linzer, M., Cappelucci, K., Barbouche, M., & Sinsky, C. (2021). Prevalence and correlates of stress and burnout among U.S. healthcare workers during the COVID-19 pandemic: A national cross-sectional survey study. *EClinicalMedicine*, 35, 1-9. doi: 10.1016/j.eclinm.2021.100879

## Appendices

### Appendix A: Glossary

**Burnout:** Burnout is a syndrome that includes feelings of emotional exhaustion, depersonalization, and reduced personal accomplishment among individuals who work with other individuals in some capacity.<sup>7-8</sup>

**Emotional Exhaustion:** This occurs when emotional resources become depleted and individuals feel no longer able to give of themselves at a psychological level.<sup>7-8</sup>

**Depersonalization:** The occurrence of negative and cynical attitude towards the individual's clients. Depersonalization can involve individuals becoming insensitive and unsympathetic towards their clients.<sup>7</sup>

**Reduced Personal Accomplishment:** Refers to the tendency to evaluate one's self in a negative manner, particularly with regard to the care being provided to clients.<sup>7</sup>

**Nursing Workload:** The number of patients being cared for by an individual nurse.<sup>20</sup>

**Resiliency:** Protective mechanism that may be learned by an individual or a personal characteristic that is affected by an individual's environment, external factors, or by the individual themselves through an individual's growth and development.<sup>1</sup>

**Self-awareness:** Individuals to reflect upon their own internal experiences while caring for patients.

**Self-care:** The process of taking care of one's own health and well-being.

## Appendix B: Pre-Test Answers

1. (d) All of the above
2. (c) 60%<sup>1</sup>
3. Causes of nursing burnout can include: sociodemographic factors (e.g., education level, gender, family dynamics), nursing practice environments (e.g., long hours, high-stress environments, lack of support, assigned nursing unit), and nursing workloads (e.g., lack of support, strain from patient care, caretaker stress).<sup>4, 7, 8, 9, 13, 14, 20</sup>
4. Behavioral symptoms could include: reduced work performance (e.g., poor communication skills, lack of collaboration, increased absenteeism), increased work complaints (e.g., increased patient assignments, insufficient staffing ratios), increased family conflict (e.g., unfeasible work-life balance goals, unable to prioritize time for self-care and family members), increased drug consumption, decreased work enthusiasm, and an inability to concentrate.<sup>13, 14, 16</sup>

Psychological symptoms could include: depression, insomnia, apathy, stress, boredom, feelings of futility, negative mood, irritability, decreased confidence, and suspiciousness.<sup>13, 14, 16</sup>

Physiological symptoms could include: headaches, gastrointestinal problems, respiratory problems, elevated cholesterol levels, weight fluctuations, blood pressure changes, type II diabetes, coronary artery disease occurrence, sexual dysfunction, and musculoskeletal pain.<sup>13, 14, 16</sup>

5. True
6. False
7. True
8. False
9. False
10. Resources could include the following: exercise programs, online resources, counselling, sick time, vacation time, stress management strategies, mindfulness techniques, nursing education, support from leadership, adequate nursing staff, and spending time with family and friends.<sup>2, 5, 6, 12-16</sup>

## Appendix C: Answers to Interactive Exercises

The answers to the fill-in-the-blanks exercise are provided below. Please compare your responses to the answers below.

1. **Burnout** can have a substantial impact on the lives of nurses, patients, and healthcare organizations.<sup>8,13</sup>
2. **Emotional exhaustion** involves the depletion of emotional resources for staff, resulting in a psychological feeling of being unable to contribute because of the depletion of emotional resources.<sup>7</sup>
3. **Emotional exhaustion** is typically connected to a relationship with work that is perceived as difficult, tiring, and stressful.<sup>7</sup>
4. **Depersonalization** involves staff becoming insensitive and unsympathetic with their patients.<sup>7</sup>
5. **Personal accomplishment** contributes to bringing balance if occupational exhaustion and depersonalization occur. It ensures fulfillment in the workplace and a positive view of professional achievements.<sup>7-8</sup>
6. Experiencing **reduced personal accomplishment** involves being unsatisfied with personal career accomplishments.<sup>7</sup>
7. Early **identification** of burnout and implementation of resiliency and/or mindfulness practices can mitigate feelings of burnout.<sup>10</sup>
8. **Resiliency** and **mindfulness** interventions can decrease the likelihood of nurses leaving the profession.<sup>10</sup>

### Appendix D: List of Organizational Supportive Resources

Resource	Organization	Resource	Subject/Website
Employee & Family Assistance Program (2023) <sup>7</sup>	Nova Scotia Health	Website/ Online Resource	Supporting Health & Well-Being  Phone: 1-800-777-5588  Website: <a href="http://www.nshealth.ca">www.nshealth.ca</a>
Work Health Life (2023) <sup>20</sup>	Nova Scotia Health	Website/Articles	Stress & Burnout  Website: <a href="http://www.workhealthlife.com">www.workhealthlife.com</a>
Canadian Nursing Association (2020) <sup>3</sup>	Nursing Association	Website/Articles	Supporting Physical & Emotional Well-Being  Website: <a href="http://www.cna-aiic.ca/en/home">www.cna-aiic.ca/en/home</a>
Wellness Together Canada (2023) <sup>18</sup>	Non-Profit Organization	Website/ Online Resource	Supporting Mental Health and Well-Being  Website: <a href="http://www.wellnesstogether.ca/en-ca/">www.wellnesstogether.ca/en-ca/</a>
Registered Nurses Association of Ontario (2008, 2011, 2017) <sup>12, 13, 14</sup>	Nursing Association	Best Practice Guidelines	1. Workplace Health, Safety and Well-Being; 2. Preventing and Mitigating Nurse Fatigue to Help Reduce Burnout; 3. Developing and Sustaining Safe, Effective Staffing and Workload Practices  Website: <a href="http://www.RNAO.ca">www.RNAO.ca</a>
WHO (1994) <sup>21</sup>	Non-Profit Organization	Practice Recommendations	Staff Burnout  Website: <a href="http://www.who.int">www.who.int</a>
YMCA	Local Non-Profit Organization	In-Person Resources/ Support Groups/ Exercise Programs	Supporting Physical and Emotional Well-Being and Mental Health; Support for Families  Website: <a href="http://www.ymca.ca">www.ymca.ca</a>

## Appendix E: The Maslach Burnout Inventory

The Maslach Burnout Inventory<sup>1</sup>: Indicate how frequently the following statements apply to you and add the points indicated on top of the respective box:

- 0 = Never
- 1 = At least a few times a year
- 2 = At least once a month
- 3 = Several times a month
- 4 = Once a week
- 5 = Several times a week
- 6 = Every day

		Never ↓							Everyday ↓
	0	1	2	3	4	5	6	6	
01 – I feel emotionally exhausted because of my work									
02 – I feel worn out at the end of a working day									
03 – I feel tired as soon as I get up in the morning and see a new working day stretched out in front of me									
04 – I can easily understand the actions of my colleagues/supervisors									
05 – I get the feeling that I treat some clients/colleagues impersonally, as if they were objects									
06 – Working with people the whole day is stressful for me									
07 – I deal with other people’s problems successfully									
08 – I feel burned out because of my work									
09 – I feel that I influence other people positively through my work									
10 – I have become more callous to people since I have started doing this job									
11 – I’m afraid that my work makes me emotionally harder									
12 – I feel full of energy									
13 – I feel frustrated by my work									
14 – I get the feeling that I work too hard									
15 – I’m not really interested in what is going on with many of my colleagues									
16 – Being in direct contact with people at work is too stressful									
17 – I find it easy to build a relaxed atmosphere in my working environment									
18 – I feel stimulated when I been working closely with my colleagues									
19 – I have achieved many rewarding objectives in my work									
20 – I feel as if I’m at my wits’ end									
21 – In my work I am very relaxed when dealing with emotional problems									
22 – I have the feeling that my colleagues blame me for some of their problems									

## Maslach Burnout Inventory Scores<sup>7</sup>

### Overall score for Emotional Exhaustion (EE)

Add together the answers to questions: 01. 02. 03. 06. 08. 13. 14. 16. 20.

Emotional Exhaustion	EE < 17	EE 18 - 29	EE > 30
	Low degree	Moderate degree	High degree

### Overall score for depersonalization (DP)/Loss of Empathy

Add together the answers to questions: 05. 10. 11. 15. 22.

Depersonalization	DP < 5	DP 6 - 11	DP > 12
	Low degree	Moderate degree	High degree

### Overall score Personal Accomplishment (PA) Assessment

Add together the answers to questions: 04. 07. 09. 12. 17. 18. 19. 21.

Personal Accomplishment Assessment	PA < 33	PA 34 - 39	PA > 40
	Low degree	Moderate degree	High degree

### Degree of Burnout

Be cautious if the totals of your EE and DP answers are both in the red area as well as if your personal accomplishment assessment is also in the red!<sup>7</sup>

## Appendix F: EFAP Brochure



### Let us help

Your Employee and Family Assistance Program (EFAP) provides you with immediate and confidential help for any work, health or life concern. We're available anytime and anywhere. Let us help.

[login.lifeworks.com](http://login.lifeworks.com)

### Understanding your Employee and Family Assistance Program (EFAP)

Your EFAP is a confidential and voluntary support service that can help you take the first step toward change. Let us help you find solutions to the challenges you face at any age and stage of life. You and any dependent family member residing within your household on a continuous basis can access immediate and confidential support in a way that is most suited to your preferences, comfort level and lifestyle.

### No cost

There is no cost to you or your family to use your EFAP. This benefit is provided to you by your employer. Your EFAP can provide a series of sessions with a professional and if you need more specialized or longer-term support, our team of experts can suggest an appropriate specialist or service that is best suited to your needs. While fees for these additional services are your responsibility, they may be covered by your provincial or organizational health plan.

### Confidentiality

Your EFAP is completely confidential within the limits of the law. No one, including your employer, will ever know that you have used the program unless you choose to tell them.

### Solutions for your work, health and life

#### Achieve well-being

- Stress • Mental health concerns • Grief and loss
- Crisis situations

#### Manage relationships and family

- Communication • Separation/divorce • Parenting

#### Deal with workplace challenges

- Stress • Performance • Work-life balance

#### Tackle addictions

- Alcohol • Drugs • Tobacco • Gambling

#### Find child and elder care resources

- Child care • Schooling • Nursing/retirement homes

#### Get legal advice

- Family law • Separation/divorce • Custody

#### Receive financial guidance

- Debt management • Bankruptcy • Retirement

#### Improve nutrition

- Weight management • High cholesterol and blood pressure • Diabetes

#### Focus on your physical health

- Understand symptoms • Identify conditions
- Improve sleep

### Let us help



Visit [login.lifeworks.com](http://login.lifeworks.com) or download the LifeWorks app. Click Login and enter your corporate email and you will be automatically redirected to your corporate single sign-on (SSO) page to continue.

1.800.777.5888 TTY: 1.877.338.0275



### Access your EFAP 24/7 by phone, web or mobile app.

Visit [login.lifeworks.com](http://login.lifeworks.com) or download the LifeWorks app.

Click Login and enter your corporate email and you will be automatically redirected to your corporate single sign-on (SSO) page to continue.

1.800.777.5888 TTY: 1.877.338.0275



[Login page - Page to login into TELUS Health One App - TELUS Health One - Nova Scotia Health \(lifeworks.com\)](http://login.lifeworks.com) by Life Works is licensed under [CC BY 2.0](https://creativecommons.org/licenses/by/2.0/).

## Appendix G: Self-Care Inventory<sup>9</sup>

The following inventory provides areas of self-care that may be relevant for you. Completion of this self-care inventory is voluntary. Please reflect upon your responses. There may be some areas in the self-care inventory that are more relevant to you and other areas that you would like to improve upon. The goal of this self-care inventory is to help support your self-care activities and help improve your well-being.

Instructions:

X = Indicates what self-care activities that you already participate in

O = Indicates the self-care activities that you would like to participate in

### Physical Self-Care

- Eat regularly (e.g., breakfast, lunch, and dinner)
- Eat healthily
- Exercise
- Get regular medical care for prevention
- Get medical care when needed
- Take time off when sick
- Get massages
- Dance, swim, walk, run, play sports, sing, or do some other fun physical activity
- Take time to be sexual - with myself, with a partner
- Get enough sleep
- Wear clothes you like
- Take vacations
- Take day trips or mini-vacations
- Make time away from telephones, email, and the Internet
- Other: \_\_\_\_\_

### Psychological Self-Care

- Make time for self-reflection
- Notice my inner experience - listen to my thoughts, beliefs, attitudes, feelings
- Have my own personal psychotherapy
- Write in a journal
- Read literature that is unrelated to work
- Do something at which I am not expert or in charge
- Attend to minimizing stress in my life
- Engage my intelligence in a new area (e.g., art show, sports event, theatre)
- Be curious

- \_\_\_\_\_ Say no to extra responsibilities sometimes
- \_\_\_\_\_ Other: \_\_\_\_\_

### **Emotional Self-Care**

- \_\_\_\_\_ Spend time with others whose company I enjoy
- \_\_\_\_\_ Stay in contact with important people in my life
- \_\_\_\_\_ Give myself affirmations, praise myself
- \_\_\_\_\_ Love myself
- \_\_\_\_\_ Re-read favorite books, re-view favorite movies
- \_\_\_\_\_ Identify comforting activities, objects, people, places and seek them out
- \_\_\_\_\_ Allow myself to cry
- \_\_\_\_\_ Find things that make me laugh
- \_\_\_\_\_ Express my outrage in social action, letters, donations, marches, protests
- \_\_\_\_\_ Play with children
- \_\_\_\_\_ Other: \_\_\_\_\_

### **Workplace or Professional Self-Care**

- \_\_\_\_\_ Take a break during the workday (e.g., lunch)
- \_\_\_\_\_ Take time to chat with co-workers
- \_\_\_\_\_ Make quiet time to complete tasks
- \_\_\_\_\_ Identify projects or tasks that are exciting and rewarding
- \_\_\_\_\_ Set limits with clients and colleagues
- \_\_\_\_\_ Balance my caseload so that no one day or part of a day is “too much”
- \_\_\_\_\_ Arrange work space so it is comfortable and comforting
- \_\_\_\_\_ Get regular supervision or consultation
- \_\_\_\_\_ Negotiate for my needs (benefits, pay raise)
- \_\_\_\_\_ Have a peer support group
- \_\_\_\_\_ Other: \_\_\_\_\_

### **Balance**

- \_\_\_\_\_ Strive for balance within my work-life and work day
- \_\_\_\_\_ Strive for balance among work, family, relationships, play, and rest

## Appendix H

### Legend of Abbreviations for the Online Learning Resource

<b>Abbreviation</b>	<b>Meaning</b>
EFAP	Employee and Family Assistance Program
ICU	Intensive Care Unit
MBI	Maslach Burnout Inventory
MBSR	Mindfulness-based stress reduction
RCT	Randomized controlled trial
WISER	Web-based Implementation for the Science of Enhancing Resilience