



NURSING STAFF BURNOUT

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 **Mary Naccarato**

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NURSING STAFF BURNOUT

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**Executive Summary**

**Purpose:** This project aimed to address nursing staff burnout in the clinical setting through an educational intervention. The intervention is focused on increased awareness of burnout signs and relaxation training to improve the ability of nursing staff (RNs, LPNs, and Nurse Techs) to manage stress. Through four weeks of small group meetings, the intention is to advance knowledge and awareness of burnout indicators and stress reduction strategies to advance nursing personnel's well-being and job satisfaction.

**Project Location:** This intervention is conducted within a clinic where burnout among nursing personnel has been high. The clinic has been indicated to be ready for evidence-based practice modifications, with space in which group discussion and time spent for staff engagement with the intervention are possible.

**Synthesis of Literature and Evidence:** A systematic critique of recent literature (2021-2025) indicates burnout is a persistent issue among nurses, affecting performance, patient satisfaction, and staff retention. Organized education interventions, such as cognitive-behavioral training and peer support, have been found to increase symptom awareness and coping strategies for burnout. MBSR and PMR are also identified as efficient stress management and job satisfaction enhancers. The research provides evidence for using these interventions in nursing practice to help prevent burnout and enhance overall well-being.

**Implementation:** The intervention consists of four small group sessions within a week, approximately an hour each. The sessions will be conducted by a trained facilitator on burnout

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symptom recognition and relaxation skills. Participants will learn through interactive learning with mindfulness exercises and stress management. Pre- and post-intervention questionnaires will evaluate changes in knowledge and attitude regarding burnout and relaxation skills.

**Dissemination:** The effects of the intervention shall be shared with the clinic leaders, nursing

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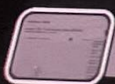
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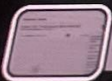
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- **Other Entities:** Professional nursing organizations and healthcare accreditation bodies.

### PICOT Question

**PICOT:** Among clinic nursing staff (RN, LPN, Nurse Tech), will teaching burnout signs/symptoms and relaxation techniques, using a small group discussion, increase knowledge and perception of burnout signs/symptoms and relaxation techniques, in four weeks?

### SECTION 2: LITERATURE SUPPORT


#### Review of Literature


The literature review that follows discusses evidence-based practices to minimize burnout in nursing staff. A systematic search was conducted on databases such as PubMed, CINAHL, and PsycINFO using keywords such as "nursing burnout," "relaxation techniques," and "educational interventions." The search was filtered for peer-reviewed articles from 2021 to 2025.


#### Burnout Prevalence


Current studies have reconfirmed that burnout remains a critical issue among nursing professionals. Han & Yeun's (2023) systematic review identifies nurses' burnout levels as 35% to 55%, depending on healthcare settings and work pressure. The study observes that stress extends

the PICOT model with citation. The nurse burnout project PICOT question was.... Follow with definition of each component of the PICOT model. [...]

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## NURSING STAFF BURNOUT

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emotional exhaustion, depersonalization, and decreased personal accomplishment, finally impacting patient care outcomes.

### Educational Interventions

NURSING STAFF BURNOUT

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2. Educational Interventions

Education programs and training sessions have been shown to enhance nurses' coping strategies and awareness. Burleson et al. (2023) reviewed a scoping study that identified cognitive-behavioral training and education through peer support as effective interventions. The review revealed that formal education sessions not only enhanced nurses' knowledge regarding burnout but also helped reduce symptoms of stress.

3. Relaxation Techniques

Meditation, mindfulness-based stress reduction (MBSR), and progressive muscle relaxation (PMR) have effectively reduced burnout symptoms in healthcare workers. Wong et al. (2024), conducting a systematic review of randomized controlled trials, identified that nurses undergoing relaxation training experiences showed significant psychological well-being and job satisfaction improvement. The interventions also positively affected cortisol levels as well as sleeping habits.

4. Outcome Measurement

Quantifying the performance of burnout interventions is necessary for validation and further development. A systematic review by Lee & Cha (2023) assessed various intervention results based on pre- and post-intervention questionnaire surveys. Their findings showed evidence of intervention impacts through programs that measured self-reported stress levels, heart rate variability, and burnout scales. The review emphasizes the need for long-term follow-ups so benefits will be maintained.

Synthesis of Evidence

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The intervention will be implemented in a clinic where the prevalence of burnout among the nursing staff is high. The clinic's readiness to support evidence-based practice change has been established through provisioning for the project, availability of space for group discussion, and adequate time for staff participation.

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The expected outcomes of the intervention include:


- Increased recognition of signs/symptoms of burnout among nurses.
- Enhanced understanding of relaxation methods as efficient means of managing stress.
- Enhanced overall well-being and job satisfaction among participants.

Outcomes measurements will be taken through pre- and post-intervention questionnaires assessing perception and knowledge of relaxation skills and burnout.


### Action Plan

The action plan includes the following critical milestones:


1. **Week 1:** Recruitment of participants and baseline data collection.
2. **Week 2-4:** Implementation of small group discussions.
3. **Week 5:** Post-intervention data collection and analysis.
4. **Week 6:** Dissemination of results to stakeholders.

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