

IMPLEMENTING A WORKPLACE MINDFULNESS CAMPAIGN TO DECREASE
BURNOUT LEVELS IN PRIMARY CARE

A DOCTOR OF NURSING PRACTICE PROJECT SUBMITTED IN PARTIAL
FULFILLMENT OF THE REQUIREMENTS FOR THE DEGREE OF

DOCTOR OF NURSING PRACTICE

NURSING DEPARTMENT

HAWAII PACIFIC UNIVERSITY

HONOLULU, HAWAII

SPRING 2025

By

DIANNE ROXBOROUGH, MSN, FNP-BC, NP-C, APRN

THE VIEWS PRESENTED HERE ARE THOSE OF THE AUTHOR AND ARE NOT TO BE
CONSTRUED AS OFFICIAL OR REFLECTING THE VIEW OF
HAWAII PACIFIC UNIVERSITY

Advisors:

Chairperson: Dr. Gabriel Beam, DNP, RN

Content Expert: Dr. Meada Pakour, MD

Copyright by

Dianne Roxborough, MSN, FNP-BC, NP-C, APRN


2025

IMPLEMENTING A WORKPLACE MINDFULNESS CAMPAIGN TO DECREASE
BURNOUT LEVELS IN PRIMARY CARE

By
Dianne Roxborough, MSN, FNP-BC, NP-C, APRN

This DNP Dissertation Project by **Dianne Roxborough, MSN, FNP-BC, NP-C, APRN**, has been approved
by the committee members below, who recommend it be accepted by the faculty of Hawaii Pacific University in
partial fulfillment of requirements for the degree of Doctor of Nursing Practice.

Approved April 30, 2025



Dr. Gabriel Beam, DNP, RN, Doctor of Nursing Practice - Project Chairperson



Dr. Mary Smith, Mary Smith, PhD, DNP, PMHNP-C, FNP-BC, FAANP Doctor of Nursing
Practice – MSN to DNP Track Coordinator



Dr. Edna Magpantay-Monroe, Dean of the School of Nursing

Abstract

Burnout is a leading cause of employees' poor job satisfaction and performance; while being a source of poor quality of care, influencing turnover, absenteeism, and low morale. An urban primary care clinic in California was experiencing high burnout levels and lacked an evidence-based strategy to support staff members. The purpose of this quality improvement project was to determine if the Palouse mindfulness-based stress reduction (MBSR) program would decrease burnout levels compared to standard practice among staff members of a primary care clinic located in urban California over eight weeks. Kurt Lewin's Change Model framework served as the project's foundation, encouraging employees to change their behavior. The project determined that the Palouse mindfulness campaign decreased the burnout level of primary care employees. The median scores in each Maslach Burnout Index (MBI) tool subscale improved between the pre- and post-test. Hence, the implementation of Palouse Mindfulness Strategies may decrease the burnout level of employees, which will positively impact their job performance, increase job engagement, and drive high morale. The primary care will have efficient daily clinic operations with tenured and happy employees. By attaining and sustaining a healthcare system fiscal budget, the population needs access to care, and quality patient care is met.

Keywords: burnout, employee wellness, mindfulness-based stress reduction (MBSR), well-being, meditation, job performance, and job satisfaction

Acknowledgment

This Doctor of Nursing Practice (DNP) project is the culmination of my academic journey in Nursing. The path toward completing this arduous academic project came with many years of contemplation, informed decision-making, career choices, and optimist-resilient executions while balancing personal and family responsibilities and building a global beauty business. My decision to complete this rigorous project was inspired by my firm dedication and purpose to positively impact the well-being of the population I serve and the healthcare workforce. This terminal degree and completion of the DNP project are direct results of a positive mindset, firm dedication, hard work, faith, and strong support systems from family, friends, peers, mentors, faculty, healthcare organizations, and the academic institution.

First, I thank God for blessing me with wisdom, talents, and faith to continue pursuing academic excellence and my passion for serving humankind as a nurse practitioner and community leader. I am grateful for my DNP project team, especially my Chair and mentor, Dr. Gabriel Beam, who motivated, inspired, and supported me throughout my project. Your expertise and impeccable character are highly regarded. To my DNP Course Coordinator, Dr. Jacqueline Thomas, I am grateful for your wisdom and support of my academic endeavors.

I owe a debt of gratitude to the clinical practice organization in California that allowed me to implement a quality improvement project to support the well-being of their healthcare employees. They allowed me to question policies and processes and implement practice change in the clinical setting. Thank you for your trust and support of my academic journey.

I must acknowledge the support of my siblings, friends, and business partners for their patience and understanding, especially during my writing journey, and for providing emotional support when roadblocks creep in.

All of these would not be possible without my mother's love and support, to whom I dedicated my achievement for my DNP degree, together with my late father. I am forever grateful for inculcating the lifelong pursuit of knowledge and excellence. I hope I made you both proud.

Finally, I thank my husband and children for allowing me to grow and prosper in my personal and academic journey and career. Their unconditional love, support, and patience carried me throughout this journey. I am blessed to share a loving life with them.

Table of Contents

| | |
|---|----|
| Abstract..... | 4 |
| Acknowledgement..... | 5 |
| Chapter 1: Introduction to the Problem..... | 10 |
| Problem..... | 10 |
| Significance..... | 11 |
| Purpose and Aim..... | 12 |
| Operational Definitions..... | 12 |
| Background..... | 14 |
| Finding 1: Burnout..... | 14 |
| Finding 2: Mindfulness-based Stress Reduction Strategy..... | 14 |
| Finding 3: Workplace Wellbeing | 15 |
| Clinical Questions..... | 16 |
| Summary..... | 17 |
| Chapter 2: Literature Review..... | 17 |
| Introduction..... | 17 |
| Methodology..... | 17 |
| Findings..... | 19 |
| Finding 1: Burnout..... | 20 |
| Finding 2: Mindfulness-based Stress Reduction Strategy..... | 22 |
| Finding 3: Workplace Employee Campaign..... | 23 |
| Theoretical Framework | 24 |

| | |
|--|----|
| Summary..... | 25 |
| Chapter 3: Methods..... | 27 |
| Introduction..... | 27 |
| Project Design..... | 27 |
| Sample and Setting..... | 28 |
| Protection of human subjects..... | 28 |
| Data Collection Instruments..... | 28 |
| Demographic survey..... | 28 |
| Procedures..... | 29 |
| Data Analysis..... | 31 |
| Resources and Budget Considerations..... | 32 |
| Possible Barriers..... | 32 |
| Sustainment..... | 33 |
| Project Timeline..... | 34 |
| Ethical Merit..... | 34 |
| Summary..... | 35 |
| Chapter 4: Results..... | 36 |
| Introduction..... | 36 |
| Demographics | 36 |
| Findings: First Finding | 38 |
| Findings: Second Finding | 39 |
| Findings: Third Finding..... | 39 |
| Summary..... | 40 |

| | |
|---|----|
| Chapter 5: Discussion..... | 41 |
| Introduction..... | 41 |
| Implication of Findings..... | 41 |
| Finding 1 | 42 |
| Finding 2 | 43 |
| Finding 3 | 44 |
| Limitation..... | 45 |
| Recommendations for Implementation..... | 46 |
| Recommendation 1 | 46 |
| Recommendation 2 | 46 |
| Recommendation 3 | 47 |
| Recommendations for Future Practice, Education, Policy, and Research..... | 47 |
| Practice..... | 48 |
| Education..... | 48 |
| Policy..... | 48 |
| Research..... | 49 |
| Summary..... | 49 |
| References..... | 52 |
| Appendix A..... | 56 |
| Appendix B..... | 65 |
| Appendix C..... | 67 |
| Appendix D..... | 71 |
| Appendix E..... | 75 |

Chapter 1

Introduction to the Project

Burnout is a leading cause of employees' poor job satisfaction and performance (Baik & Zeirler, 2019). Burnout is a syndrome due to chronic workplace stress that has not been managed successfully and manifests in physical exhaustion, increased mental distancing from the job, and reduced professional efficacy (World Health Organization [WHO], 2019). Dall'Ora (2020) connected burnout to poor quality of care, high staff turnover rates, absenteeism, and low morale. The burnout levels among healthcare workers can be mitigated by improving physical health and mental well-being. There is a compelling need to reduce the effects of burnout through workplace employee wellness campaigns (Baik & Zeirler, 2019). Wellness campaigns, including mindfulness strategies, can potentially impact the personal workplace and client burnout level.

Healthcare staff experience workplace challenges that include balancing the high patient care workload and their well-being. There is limited time to rest and focus on self-reflection, social engagement, and debriefing, especially during stressful patient encounters. Healthcare workers develop different coping skills to adapt to the needs of patients and organizations. However, if maladaptive responses were created, it could be catastrophic to the well-being of the healthcare staff, as evidenced by a lack of social engagement, apathy, poor job performance, and absenteeism (Dall'Ora, 2020). There is a shared responsibility between the organization's executive leadership and the direct managers to prioritize the staff's well-being.

Problem

As there is a need to improve the mental well-being of clinical staff members, this evidence-based project poses the following question:

What is the impact of implementing a mindfulness-based stress reduction (MBSR) program, compared to standard practice, on burnout levels over eight weeks?

Significance

The healthcare staff shortage is expected to increase (Karaferis et al., 2022). According to the WHO (2022), there is a projected shortage of 10 million healthcare workers in 2030, primarily in low and lower-middle-income countries. One of the significant reasons for staff attrition is a lack of self-care at work. Healthcare staff work on a time-constrained, unpredictable workload due to patient dynamic needs and organizational expectations. Poor morale in the workplace and a lack of energy to perform at their highest potential can compromise the patient's quality of care and access to healthcare. A recent survey of more than seven thousand nurses nationwide shows that fifty-six percent illustrated signs of burnout (Berlin et al., 2023). At the practicum site, employees experienced high burnout levels influenced by long work hours, increased demand for patient access, and complex care needs. Burnout affects the workers' attitude towards work productivity and the quality of care rendered to patients.

Evidence demonstrates that a collaborative work wellness campaign can impact employee well-being, create a culture of empowered employees, increase the number of happy staff, and make the organization the best workplace (Shah et al., 2023). Burnout levels among healthcare workers can be mitigated by a comprehensive approach that improves physical and mental health. Additionally, buy-in from an organization's leadership strengthens the development of a healthy workforce, increases employee participation, and contributes to the overall gain of the organization and the community (Bergman et al., 2022).

Wellness programs that include mindfulness techniques generate positive feelings from the employees and benefit the employees' and employers' well-being. Shah et al. (2023)

commented that enjoying a collaborative work campaign contributed to the employees' well-being, created a culture of empowered employees, increased the number of happy staff, and made the organization the best workplace. Job expectations include long working hours, complex patient care, and a high turnover rate among staff, providing an excellent opportunity for wellness strategies such as Mindfulness campaigns to decrease the tendency for burnout among employees (Meredith et al., 2022). When the physical and emotional well-being of the worker is prioritized in the workplace, there is a positive effect on the level of burnout. Mindfulness interventions improve the day-to-day state of self-awareness in a nonjudgmental and nonelaborative manner. There is increased acceptance of thoughts, feelings, or sensations that lead to lower levels of intrusive thought and impact decreased burnout levels (Mirabito & Verhaeghen, 2023). The holistic approach highlights the potential benefits of workplace employee wellness campaigns in reducing burnout. Mindfulness strategies, such as the Palouse, can positively impact personal workplace and client burnout levels (Palouse, 2017).

Purpose and Aim

The purpose of this Doctor of Nursing Practice (DNP) project was to implement a workplace mindfulness campaign. The overall aim of the project was to decrease burnout levels in primary care.

Operational Definitions

The following terms were used throughout the project and operationally defined as follows:

Burnout is a syndrome caused by chronic workplace stress that has not been successfully managed and manifests in physical exhaustion, increased mental distancing from the job, and reduced professional efficacy (World Health Organization [WHO], 2019).

Wellbeing or well-being is used interchangeably and is defined as the state or experience of personally valued fulfillment in one's life. This includes life satisfaction, positive affect, and lack of negative emotions (Deiner et al., 2009).

Workplace Wellness Campaigns are used interchangeably with Mindfulness-based stress reduction strategies and are defined as programs that improve employees' well-being and decrease burnout. Mindfulness interventions improve the day-to-day state of self-awareness in a nonjudgmental and nonelaborative manner. There is increased acceptance of thoughts, feelings, or sensations that lead to lower levels of (especially negatively valenced) intrusive thought and impact decreased burnout levels (Mirabito & Verhaeghen, 2023).

Palouse Mindfulness-Based Stress Reduction includes several short videos introducing mindfulness and providing background about the beginnings of Mindfulness-based Stress Reduction Strategies. Mindfulness-Based Stress Reduction (MBSR) combines meditation, body awareness, and mindful movement. Through practice and study, one learns neurologically how the body handles (and can resolve) stress (Palouse, 2017).

Maslach Burnout Inventory (MBI) is the most widely used burnout tool and is regarded as the choice for self-reporting burnout assessment. The MBI is a 22-item self-reported measure of burnout. It contains three sub-scales measuring emotional exhaustion, depersonalization, and reduced personal accomplishment (Maslach et al., 1997).

Background

Burnout, a leading cause of employees' poor job satisfaction and performance, can lead to poor quality of care or service provided by staff. This impacts turnover, absenteeism, and low morale in the organization. Burnout among healthcare workers is an occupational phenomenon that needs to be mitigated to support the workforce's well-being. Implementing workplace mindfulness-based stress reduction strategies can produce immediate and sustained benefits, including stress reduction, development of adaptive coping skills, and improved relationships (Sercekman, 2024). Collaborative employee wellness campaigns support the well-being of the employees, the organization's goals, and the healthcare system.

Findings 1 Burnout

Burnout, a leading cause of employees' poor job satisfaction and performance (Baik & Seirler, 2019), is a significant issue that can be addressed. Burnout can lead to poor quality of care or service provided by staff. This impacts turnover, absenteeism, and low morale (Dall'Ora, 2020). A recent study of more than 7,000 nurses nationwide shows that 56% show signs of burnout (Berlin et al., 2023). An urgent care center in an urban city in California experienced high burnout levels. There were several causative factors, including long work hours, increased demand for patient access, and patient's complex care needs. The burnout levels among healthcare workers can be mitigated not only by improving their physical health but also their mental well-being.

Findings 2 Mindfulness-Based Stress Reduction (MBSR) Strategies

Mindfulness-Based Stress Reduction (MBSR) was developed by Dr. Jon Kabat-Zinn, Ph.D., in 1979 at the University of Massachusetts Medical Center. The use of MBSR expanded outside of the university and expanded as a stress reduction tool to promote the population's

well-being (Turner et al., 2020). Mindfulness-Based Stress Reduction strategies improve self-esteem, increase the ability to relax, have more energy and enthusiasm for life, and enhance coping with short- and long-term-stressful situations (Palouse, 2017). Immediate and sustained benefits include stress reduction and increased awareness of inner calm, development of adaptive coping skills, and improved relationships (Sercekman, 2024). MBSR strategies are sustainable; mindfulness practices are integrated into the participants' daily routines and enhance their quality of life, leading to positive changes across multiple areas. Furthermore, the MBSR program promotes physical health with improved sleep quality, more mindful eating habits, and increased energy levels (Sercekman, 2024).

Findings 3 Workforce Wellbeing

The potential benefits of workplace employee wellness campaigns in reducing burnout. These campaigns, which can include mindfulness strategies, have the potential to positively impact personal, workplace, and client burnout levels. Organizational leadership support of developing a healthy workforce increases buy-in among the employees and contributes to the overall gain of the organization and the population it serves (Bergman et al., 2022). Wellness programs that include mindfulness techniques generate positive feelings from the employees and benefit the employees' and employers' well-being.

Evidence suggests that implementing a collaborative work campaign contributed to the employees' well-being, created a culture of empowered employees, increased the number of happy staff, and made the organization the best workplace (Shah et al., 2023). Job expectations include long working hours, complex patient care, and a high turnover rate among staff, providing an excellent opportunity for wellness strategies such as Mindfulness campaigns to decrease the tendency for burnout among employees (Meredith et al., 2022).

Clinical Questions

Based on growing evidence of burnout, this project posed one clinical question:

- 1) In primary care clinical staff, what is the impact of implementing a mindfulness-based stress reduction program (MBSR) program, compared to current practice, on burnout levels in 8 weeks?

Summary

Burnout is a workplace phenomenon compelling and relevant to the well-being of the healthcare workforce. This concerns a leading contributor to poor job satisfaction and performance, physical exhaustion, job distancing, and poor job efficacy. Therefore, access to quality medical care and a robust workforce are compromised. Employee wellness campaigns, including mindfulness-based stress reduction (MBSR) strategies, generate positive employee feelings, decrease physical exhaustion and job distancing, and improve job efficacy. A collaborative work campaign can create a culture of empowered employees, increase the number of happy staff, and enhance the workplace's atmosphere. Mindfulness interventions improve the day-to-day state of self-awareness in a nonjudgmental and nonlaborative manner. Mindfulness strategies, such as the Palouse, can positively impact personal workplace and client burnout levels. The next chapter evaluates the literature on mindfulness-based stress reduction strategies to decrease the impact on burnout levels of healthcare staff

Chapter 2

Literature Review

Introduction

A comprehensive literature review was conducted to acquire relevant research on the effects of workplace mindfulness campaigns on decreasing burnout of healthcare employees. The findings from this review included several themes within the literature, which include the impact of mindfulness-based stress reduction strategies on well-being and burnout levels, factors affecting the well-being of healthcare employees, impacts of wellness campaigns on job retention, and barriers to improving occupational burnout. This synthesis of evidence will appraise the strengths, weaknesses, gaps, and limitations while addressing the theoretical foundations that will support this DNP project.

Methodology

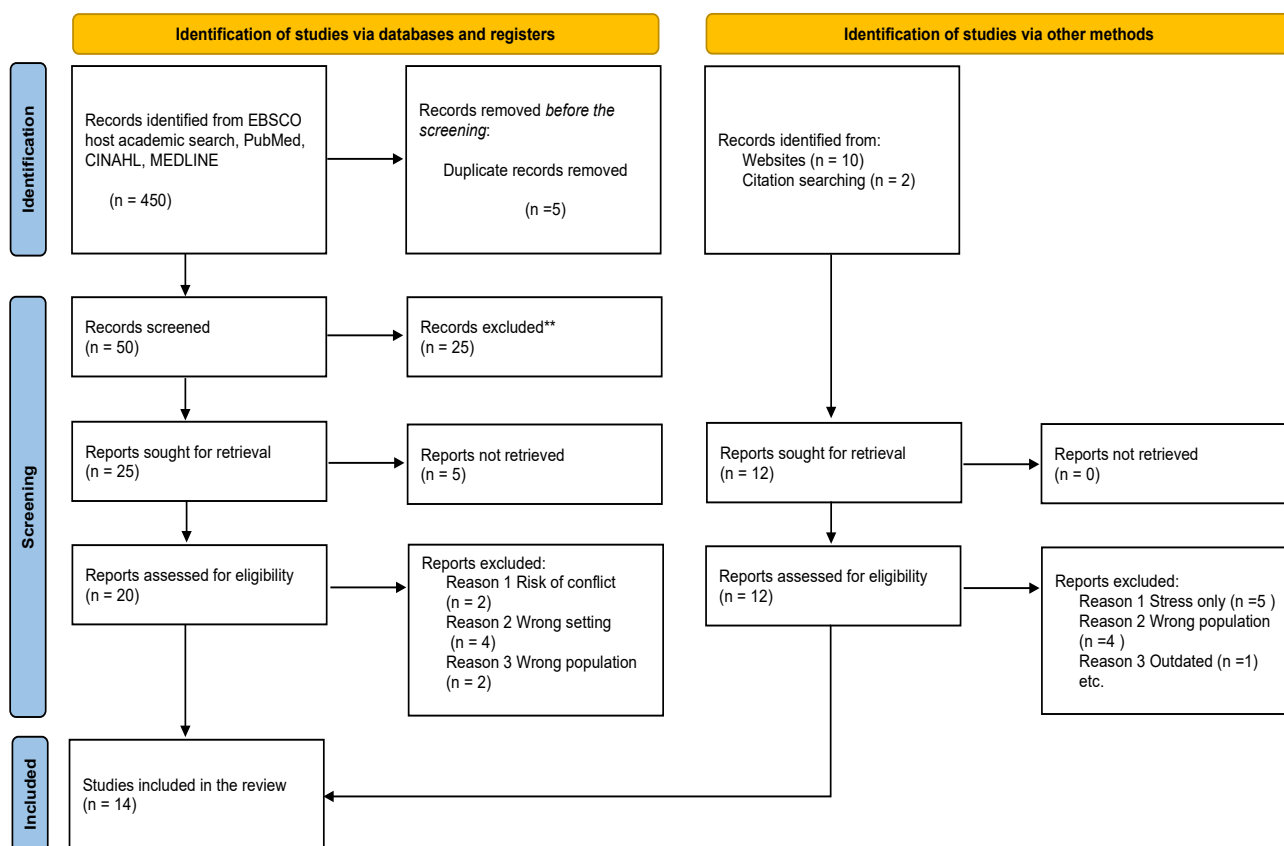
This is a comprehensive review of the literature on the impact of mindfulness-based stress reduction strategies on the burnout level of the healthcare workforce. The search was guided by Boolean phrases such as burnout, employee wellness, mindfulness-based stress reduction (MBSR), well-being, meditation, job performance, and job satisfaction across EBSCO HOST academic search, PubMed, CINAHL, MEDLINE, peer-reviewed articles, and publications. The inclusion criteria were stringent, requiring full-text peer-reviewed articles in English published within the last five years. The initial search with these parameters yielded 50 articles, of which 14 were selected after a thorough review, supplemented by three more from reference list analysis.

The principal investigator explored external resources about burnout, well-being, and employee wellness campaigns, including academic journals, books, news articles, and websites.

Informational webinars on burnout and well-being campaigns were attended and critically analyzed. Interviews were conducted with organizational nursing leaders, well-being advocates, employee wellness experts, and peers.

Figure 1

PRISMA diagram of literature search



Note: Source: Page MJ, et al. BMJ 2021;372:n71. doi:10.1136/bmj.n71.

This work is licensed under CC BY 4.0. To view a copy of this license, visit

<https://creativecommons.org/licenses/by/4.0/>

Critical Appraisal

Fourteen articles were critically appraised using the Johns Hopkins Nursing Evidence-Based Practice (JHNEBP) tool (Appendix B), ensuring a robust foundation for the project.

Systematic reviews are included in the literature review about meta-analyses of randomized controlled trials (RCTs) that test mindfulness-based interventions, rated as high-quality. The literature review included a systematic review of mindfulness training following meditation protocols, providing background on the beginnings of mindfulness-based stress reduction strategies. A non-experimental longitudinal study implementing a quality improvement project aimed to enhance staff well-being and joy in work was rated as good quality. A systematic review of qualitative and quantitative studies identified that the predictors of burnout among US healthcare workers were rated as high quality. Level III evidence described the facilitators and barriers to achieving collaborative and coordinated care. The study explored what was required to connect the 'care team' to avoid preventable gaps in service provision, given the current changes in service models due to multiple sector reforms. The study was rated as good quality. Lastly, the principal investigator included position statements from nationally and internationally recognized experts based on scientific evidence, rated as good quality.

Findings

The findings of this comprehensive review reveal several key themes and their associated sub-themes in the impact of implementing a workplace mindfulness campaign to decrease burnout. Central to these themes is the complexity of burnout as it relates to the effect on wellbeing, opportunities, challenges, and strategies to decrease occupational burnout. The review also explored the impact of mindfulness-based stress reduction techniques on well-being, effects on reducing burnout, workplace employee campaigns, and the organization's health. These themes collectively illustrate the challenges and opportunities in decreasing burnout levels among the healthcare workforce by emphasizing the importance of wellness campaigns to support their well-being

Burnout

Burnout is a phenomenon that results in an inability to manage chronic stress in the workplace. The burnout level varies in intensity and can be seen through emotional exhaustion, depersonalization, and reduced personal accomplishment. Burnout is a leading cause of employees' poor job satisfaction and performance that can affect quality of care, employee turnover, absenteeism, and low morale. World Health Organization (WHO) classified burnout as an occupational phenomenon that is considered an occupational health hazard that threatens the healthcare workforce. Healthcare settings with long work hours, increased demand for medical access, and complex care greatly influenced burnout among healthcare employees. Therefore, aggregate efforts from local and international workforce should be prioritized to improve well-being and decrease burnout levels among healthcare employees. Optimization of wellness campaigns can create a robust workforce who can perform at their optimum potential and perform efficient and effective workflow with the population they serve.

Impact on Wellbeing. A recent study of more than 7,000 nurses nationwide shows that 56% show signs of burnout (Berlin et al, 2023). A theoretical review on burnout examined relationships in the consequences of well-being, including turnover, sickness absence, and general health. However, this study did not describe the context of the literature's results and did not utilize a formal quality instrument to appraise the study (Dall'Ora et al, 2020).

Maslach Burnout Inventory Scale (MBI). The MBI is the most widely used burnout tool. This assessment inventory is regarded as the choice for self-reporting burnout assessment. The MBI is a 22-item self-reported measure of burnout. The metric contains three subscales measuring emotional exhaustion, depersonalization, and reduced personal accomplishment (Maslach et al., 1997). The overall reliability analysis of the MBI had Cronbach's alpha

coefficient of 0.9, 0.79, and 0.71 for all subscales, indicating a high level of internal consistency (Maslach et al., 1997).

Opportunities and Challenges in Decreasing Occupational Burnout.

A qualitative study has identified several strong and consistent themes that address current knowledge gaps, emphasizing what specifically requires attention when implementing a coordinated approach to care. The person is the central human element, and the importance of teamwork, networks, partnerships, and resources are significant. Four commonly identified barriers to collaborative care include rigid models and approaches, unnavigable support systems, power imbalances, and stigma. This qualitative study only investigated a specific region internationally; comparative analysis is needed to generalize the findings. Organizational leadership supports the development of a healthy workforce, increases buy-in among the employees, and contributes to the overall gain of the organization and the population it serves. However, leadership challenges may enhance resistance to the project—first, the potential response of the entire healthcare team to process changes.

There is a possible knowledge gap or misconceptions about wellness strategies that do not fit with non-clinical and clinical staff. The possible limiting mindset for any process changes and lack of management support to facilitate the implementation of the project. However, there are opportunities to work with each stakeholder to encourage support and engagement. Wellness programs that include mindfulness techniques generate positive feelings from the employees and benefit the employees' and employers' well-being.

Evidence suggests that enjoying a collaborative work campaign contributed to the employees' well-being, created a culture of empowered employees, increased the number of happy staff, and made the organization the best workplace. This study builds on future research

on improving wellbeing among staff to decrease burnout and joy at work. Through transformative leadership, employees are empowered to commit personally, possess intrinsic efforts, have a cadence to work, and have a belief in future outcomes.

Mindfulness-Based Stress Reduction (MBSR) Strategies. Mindfulness-Based Stress Reduction (MBSR) combines meditation, body awareness, and mindful movement. Through practice and study, one learns neurologically how the body handles (and can resolve) stress. Mindfulness-based stress reduction (MBSR) interventions based on mindfulness meditation indeed hold substantial transdiagnostic potential and strong evidence.

Impact on Wellbeing. A meta-analysis of studies highlights the potential benefits of workplace employee wellness campaigns in reducing burnout. These campaigns, which can include mindfulness strategies, have the potential to impact the personal workplace and client burnout levels positively. A structural model of emotional labor can help hospital management adjust their customer service guidelines to improve nurses' job satisfaction and performance. Ultimately, there is a shared responsibility between the organization and the healthcare worker to provide excellent and quality care to the population they serve.

Effects on Decreasing Burnout. Mindfulness interventions improve self-awareness in a nonjudgmental and nonlaborative manner. When the physical and emotional well-being of the worker is prioritized in the workplace, there is a ripple effect on the decreased level of burnout. Mindfulness interventions improve the day-to-day state of self-awareness in a nonjudgmental and nonlaborative manner. There is increased acceptance of thoughts, feelings, or sensations that lead to lower levels of (especially negatively-valanced) intrusive thought and impact decreased burnout levels (Mirabito & Verhaeghen, 2023).

Workplace Employee Campaign. A case study found that leveraging experts' knowledge, implementing various wellness programs, removing obstacles to wellness, and having a caring attitude toward employees led to a higher score regarding organizational support on the CDC Health Scorecard. Job expectations include long working hours, complex patient care, and a high turnover rate among staff, providing an excellent opportunity for wellness strategies such as mindfulness campaigns to decrease the tendency for burnout among employees. When the physical and emotional well-being of the worker is prioritized in the workplace, there is a ripple effect on the decreased level of burnout. Participants of a cross-sectional study showed higher job satisfaction after implementing the interprofessional intervention and a decreased turnover rate in 6 months.

Workforce Wellbeing. Healthy People 2030 focused on the social determinants of health to create social, physical, and economic environments that promote attaining the full potential for health and well-being for all. Economic stability plays a significant role in the well-being of the worker and their families. With a conducive work environment, benefits fostering physical and emotional well-being and fair and regular wages contribute to the worker's overall health. Access to quality education improves health compared to those who do not have access. Hence, awareness is vital in disseminating the information. Access to healthcare plays a significant role in the social determinants of the population's health.

These themes collectively paint a comprehensive picture of the challenges and opportunities in decreasing occupational burnout and implementing wellness campaigns to support the well-being of healthcare employees. A conducive work environment helps employees thrive in the workplace, and patients receive the highest-quality care. This ripple effect supports both a healthy workforce and robust healthcare systems.

Theoretical Framework

Kurt Lewin's Change Model framework could serve as the project's foundation. Lewin's Change Model states that an attempt to change a social phenomenon can fail unless one considers factors including the individual members' personality, the group structure, ideology, and cultural values, economic factors, and the driving and restraining forces in a group's life space (Lewin, 1947). Misinterpretation of the forces in a life space can lead to failure. Lewin's Change Model encourages employees to change their behavior. To make a change, the principal investigator should analyze the current feelings, thoughts, and values (unfreezing) before the change happens. Employees are recognized for their participation in solidifying the change, and mindfulness practices at work are integrated into their everyday routine (refreezing).

Implementation of the Evidence-Based Practice (EBP) DNP project

The principal investigator invites primary care staff to participate in the DNP project because burnout is known to cause turnover, absenteeism, and low morale. Improving burnout among healthcare professionals has the potential to impact patient care positively. Palouse Mindfulness strategies will be offered through virtual and in-person education. The principal investigator will conduct in-person education for each participant. The Palouse Mindfulness strategy includes several short videos introducing mindfulness and providing background about the beginnings of MBSR. Mindfulness-Based Stress Reduction (MBSR) combines meditation, body awareness, and mindful movement. Through practice and study, one learns neurologically how the body handles and copes with stress.

Participants will complete a pre- and post-intervention MBI. The Mindfulness campaign desires to decrease the burnout level of participants. The MBI tool is the most widely used burnout tool. This assessment inventory is regarded as the choice for self-reporting assessment of

burnout. The MBI is a 22-item self-reported measure of burnout which contains three sub-scales measuring emotional exhaustion, depersonalization, and reduced personal accomplishment (Maslach et al., 1997). The overall reliability analysis of the MBI had Cronbach's alpha coefficient of 0.9, 0.79, and 0.71 for all subscales, indicating a high level of internal consistency (Maslach et al., 1997). All organized data will be analyzed. Pre- and post-intervention Maslach Burnout Inventory scores will be tabulated and examined.

Summary

The review of the literature appraised and synthesized evidence on the search for the impact of implementing MBSR strategies on decreasing the burnout level among healthcare employees. The findings from this review included several themes within the literature, which include the effects of mindfulness-based stress reduction strategies on well-being and burnout levels, factors affecting the well-being of healthcare employees, impacts of wellness campaigns on job retention, and barriers to improving occupational burnout. Fourteen out of 50 articles were selected from the initial search. External and internal sources were included during the search. Most of the evidence selected was from Level III and Level IV, with good to best-quality articles.

Kurt Lewin's Change theory guided the theoretical framework for the DNP project. Lewin's Change Model encourages employees to change their behavior. To make a change, the principal investigator should analyze the current feelings, thoughts, and values (unfreezing) before the change happens. Employees are recognized for their participation in solidifying the change, and mindfulness practices at work are integrated into their everyday routine (refreezing). Palouse Mindfulness, an evidence-based mindfulness stress reduction strategy, was chosen to be implemented among participants through virtual and in-person education.

The Mindfulness campaign desired to decrease participants' burnout levels. The Maslach Burnout Inventory (MBI) is the most widely used burnout tool. This assessment inventory is regarded as the choice for self-reporting burnout assessments. The MBI is a 22-item self-reported measure of burnout. It contains three sub-scales measuring emotional exhaustion, depersonalization, and reduced personal accomplishment.

The methods chapter discussed the research design, participant recruitment strategies, intervention implementation, data collection, and analysis procedures. Chapter 3 thoroughly discussed the project's methodology for assessing the intervention's efficacy and described the educational intervention to decrease burnout among primary care employees.

Chapter 3

Methods

Introduction

This chapter outlines the methods and procedures employed in this practice change project, which aims to reduce burnout in primary care. This Doctor of Nursing Practice (DNP) Project explored the effects of implementing a workplace mindfulness campaign to decrease burnout in primary Care. This quality improvement project explores the effect of Mindfulness-Based Stress Reduction (MBSR) strategies as a workplace wellness campaign on burnout levels among primary care employees. Anticipated results include increased employee awareness of MBSR strategies and buy-in from the organization for sustainability.

Project Design

This Doctor of Nursing Practice (DNP) project is a pre-post-intervention, mixed-method research design conducted in an urban primary care clinic in Los Angeles, California, to evaluate the effects of implementing a workplace mindfulness campaign to decrease burnout in the primary care setting. Specifically, this project's clinical question was: In primary care clinical staff, what is the impact of implementing a mindfulness-based stress reduction program (MBSR) program, compared to current practice, on burnout levels in 8 weeks? A pre-intervention survey measured the baseline burnout, depersonalization level, and personal achievement. An educational session was provided during an in-person staff meeting. The principal investigator administered a post-intervention survey to the participants, assessing their burnout, depersonalization level, and personal achievement to decrease their burnout level in the primary care setting.

Sample and Setting

The setting is an urban primary care clinic in California. The population consisted of six participants composed of adults eighteen years of age and above who are primary care employees, including medical assistants, patient service advocates, support staff including laboratory, nurse practitioners, and physicians. The only exclusion criterion was staff who did not want to participate in the study.

Protection of human subjects

The project was submitted for expedited review and approved by the Institutional Review Board (IRB) of Hawaii Pacific University (Appendix A). Potential volunteers for the project were informed. Informed consent (Appendix B) was obtained on the day of the educational session before the start.

Data Collection Instruments

Participants' data are kept confidential using an encrypted flash drive and a locked office desk. Participants completed a pre- and post-intervention Maslach Burnout Inventory during the project's week one and week eight. The Maslach Burnout Inventory (MBI) tool is the most widely used burnout tool and is regarded as the choice for self-reporting assessment of burnout. The MBI is a 22-item self-reported burnout measure containing three sub-scales measuring emotional exhaustion, depersonalization, and reduced personal accomplishment (Maslach et al., 1997). The overall reliability analysis of the MBI had Cronbach's alpha coefficient of 0.9, 0.79, and 0.71 for all subscales, indicating a high level of internal consistency (Maslach et al., 1997).

Demographic survey

Descriptive data, including age, gender, and highest educational attainment, were collected from a convenience sample of six project participants to explore comprehensive patterns and trends within the specific group. Demographic data also provides external validity of the project, enhancing its applicability to a larger population. Demographic data was collected in the pre- and post-test surveys delivered through a paid cloud-based experience management software, SurveyMonkey. Each participant provided a unique identification, and the data are kept confidential.

Procedures

The Doctor of Nursing Practice project was implemented at a primary care center in urban California. The participants are healthcare providers who are adults eighteen years of age and above who are willing to participate in the project. The only exclusion criterion was if the staff does not want to participate. This project aimed to determine if implementing a workplace mindfulness campaign would decrease burnout levels among primary care staff. The principal investigator invited primary care staff to participate in this research because burnout is known to cause turnover, absenteeism, and low morale (Dall'Ora, 2020). As the primary investigator (PI), I encouraged the participation of at least 6 participants in conducting the study. Improving burnout among healthcare professionals has the potential to impact patient care positively. This project was ongoing for eight weeks. Every week, the participant will receive a video or audio to watch and perform for not more than 15 minutes at a time. Participants are encouraged to perform the video at least twice a week.

Those agreeing to participate can expect the following to occur: At week 1 of implementation, the principal investigator will proactively start recruiting participants and

securing informed consent. Palouse Mindfulness strategies will be offered through virtual and in-person education (Palouse, 2017). The principal investigator will conduct in-person education for each participant. Each participant will complete the pre-test survey using the Maslach Burnout Inventory via an online survey. Each participant will receive an anonymous one-page form to record the time they watch and perform the technique. In week one, participants will watch the introduction video, *Mindfulness: Being Fully Awake in Our Own Lives*.

From weeks two to seven, participants will receive a weekly self-guided mindfulness video via email and will be encouraged to practice mindfulness twice per week. Each video will be accessible through a dynamic QR code, allowing the principal investigator to monitor engagement. The program begins with the Raisin Meditation during week 2, which introduces mindfulness through the use of two raisins (or similar small foods) and water to guide relaxation and awareness. This is followed by the Mountain Meditation in week three, emphasizing strength and stability through imagery. Next, week four centered on Lovingkindness Meditation expands compassionate awareness from self to others, and a one-on-one check-in provides an opportunity to address challenges and assess progress.

Subsequent sessions included the RAIN Meditation during week five, which focused on self-compassion and navigating self-critical thoughts, and week six utilized the Turning Toward Difficult Emotions skill, encouraging gentle reflection on feelings such as loss and anger. Week seven consisted of Silence Meditation, offering a structured audio experience using chimes and silence to deepen mindfulness. The project's concluding week revealed the participants' MBI scores after they completed a post-test survey via SurveyMonkey. Findings were collected and analyzed for statistically and clinically significant data. A detailed procedural outline is available in Table 3.1

Table 3*Procedural outline*

| Activity | Allotted time |
|---|---------------|
| Greetings and introductions | 5 minutes |
| Informed consent | 15 minutes |
| Completing pre-tests and demographic survey | 10 minutes |
| Disorienting dilemma | 5 minutes |
| Self-directed video presentation | 5-15 minutes |
| Feedback and Debriefing | 30 minutes |
| Completing post-test measurements | 10 minutes |

Data Analysis

Descriptive Statistics describe the characteristics of the data sets, while inferential statistics describe the characteristics of the sample. Descriptive statistics illustrate the sample size, mean, median, standard deviation, and confidence interval associated with study variables. The closer the descriptive statistics are to the general population, the stronger the researcher's confidence in the project's inferences. Inferential statistics provide the ability to infer a trend in evidence about the general population of interest in the project. The principal investigator chooses a statistical hypothesis test to infer whether a difference or effect exists (Keeler & Curtis, 2024). A description of the sample size and burnout level scores will be provided. Inferential statistics will discuss the mindfulness campaign's positive impact on decreasing the participants' burnout scores. The Wilcoxon Rank Test is the most appropriate for evaluating the pre-post Burnout Level. Wilcoxon rank test is a nonparametric test and is subject to fewer assumptions. The data need not be normally distributed. The distribution shape of the dependent variables must be symmetrical (Nikitina & Chernukna, 2021). The Wilcoxon Rank Test determines whether there is a difference in the central tendency. Since the sample size is small, nonparametric testing is chosen. This test determines the shift reliability of the related samplings

when measuring the indicator in the same group of subjects before and after exposure to Mindfulness campaigns.

Resources and Budget Considerations

Essential resources are needed to implement this DNP project. Those resources include Palouse Mindfulness Strategies videos delivered virtually using a free dynamic QR code delivered electronically. The Dynamic QR code application can track the participants' activities based on the click rate and how long they have watched the video. Maslach Burnout Inventory Tool will be used to measure the burnout level of the participants before and after the practice change.

Possible Barriers

There are several possible barriers to implementation. The DNP project will be held in urban urgent care. One of the main problems of clinical practice is the constant hiring and attrition of staff, which leads to understaffing of clinical support staff or clinicians. If the clinical operations lack appropriate staffing, participants will have less time to implement the practice change, and a lack of engagement in the study is anticipated. Since there is a possible lack of engagement, there will be a need for more participant feedback data. In order to mitigate the possible barriers to implementation, the principal investigator should present and be in constant communication with the leadership team on the importance of workplace wellness campaigns in supporting the well-being of the employees. There should be increased leadership buy-in for the project to be implemented successfully, as the participants can be affected by the shift's clinical workflow. Are the participants allowed and empowered to implement the practice change by watching the fifteen-minute meditation video?

Sustainment

The DNP project can be sustained due to the leadership's strong buy-in to implement the practice change. Leadership provides the appropriate environment and efficient clinical operations for employees to continue with the workplace wellness project. At the interview stage for a new employee, the workplace wellness initiative is discussed in the onboarding process to engage future hires in the organization's culture and protect the well-being of the employees. Participants are empowered and supported through in-person and virtual communications.

Project Timeline

Urgent care staff is invited to participate in this project because burnout is known to cause turnover, absenteeism, and low morale (Dall'Ora, 2020). We encourage at least 15 participants to conduct the project. Improving burnout among healthcare professionals has the potential to impact patient care positively. This project will last for eight weeks. Every week, the participant will receive a video or audio to watch and perform for not more than 15 minutes at a time. Participants are encouraged to perform the video at least twice a week. An electronic QR code for the mindfulness videos will be sent to the participants for easy access. Table 4 illustrates the project's timeline.

Table 4

Project Timeline

| Component | Projected Completion Date |
|--|----------------------------|
| Poster Presentation/Project Proposal Defense | October 2024 |
| MOU Signed by Facility | November 2024 |
| Request IRB Approval | November 2024 |
| Recruitment/Education/Pre-test MBI | January 2025-First Week |
| Palouse Implementation/Data Collection | January 2025-February 2025 |
| Post-test MBI/Debriefing | February 2025-Last day |
| Data Analysis | February 2025 |
| Manuscript Development | October 2025-April 2025 |
| Final Project Presentation | April 2025 Last Week |

Ethical Merit

The Quality Improvement project does not use any protected health information (PHI) of any patients, and participants are de-identified using unique identifiers made by the participants to compare the pre-and post-practice change. Therefore, no foreseen ethical issues were identified during the project. All healthcare staff that chose to participate in the QI team of stakeholders were fully informed of the aim of this project, and participation was optional. The DNP project pursues ethical standards in research and uses informed consent to protect the participants' rights, confidentiality, and welfare. No overtime or additional pay was given to participants. No participants' identifiers were released to any member of the improvement team. Approval from the College of Nursing was obtained, and preparations for the Hawaii Pacific Institutional Review Board (IRB) and a Memorandum of Agreement between the practice site and the university were initiated and waiting for approval.

Summary

This chapter discussed the methodology and procedures used in this Doctor of Nursing Practice (DNP) project. This quality improvement project explored the impact of implementing a workplace mindfulness campaign to decrease burnout levels in an urban primary care clinic in Los Angeles, California. The project employed a pre-post-intervention, mixed-method design to measure the participants' burnout, depersonalization, and personal achievement levels when a mindfulness meditation campaign was implemented. A total of six participants participated, and seven completed surveys before and after the intervention. Maslach Burnout Index (MBI) survey was utilized. The educational content is a self-directed, on-demand, Palouse Mindfulness – MBSR strategy, delivered weekly via electronic mail. Data from the pre-and post-intervention surveys were analyzed using the Wilcoxon Signed Rank Test to compare the participants'

responses and measure the burnout level of the employees in primary care. This method is important in showing the effectiveness of a workplace mindfulness campaign to decrease burnout levels in primary care. The next chapter presents the project findings derived from the comprehensive data analysis and discusses their implications for burnout levels among primary care employees.

Chapter 4

Results

Introduction

The project was conducted over eight weeks, from January 6, 2025, until February 28, 2025. This chapter will discuss the results of implementing a mindfulness meditation campaign to decrease the burnout level among primary care employees. The primary question for this project is: In primary care clinical staff, what is the impact of implementing a mindfulness-based stress reduction program (MBSR) program, compared to current practice, on burnout levels in 8 weeks? Three different measurements were collected in a pre- and post-survey. The three scales obtained included burnout, depersonalization, and personal achievement. Demographic variables were also collected among the participants.

Demographics

A convenience sample in an urban primary care clinic in Los Angeles, California, was recruited to participate in the project. Among the seven employees, one participant dropped out after providing consent. Descriptive data were collected from a convenience sample of six participants in the project. The group of participants were all female ($n = 6$, 100.0%) and predominately between 46 and 55 years old, 83% ($n = 5$); the remaining were between 18 and 25 ($n = 1$, 17%). Half the participants ($n = 3$, 50%) have some college but no post-high school degree, while the remaining were evenly split ($n = 1$) amongst being a high school graduate, having a bachelor's degree, and having a doctoral. A summary of this information can be found in Table 5.

Table 5*Age, Gender, and Education Counts and Percentages*

| Variable | n | % |
|---------------------------------------|----------|----------|
| <i>Age</i> | | |
| 18 to 25 | 1 | 16.7% |
| 26 to 35 | 0 | 0.0% |
| 36 to 45 | 0 | 0.0% |
| 46 to 55 | 5 | 83.3% |
| <i>Gender</i> | | |
| Female | 6 | 100.0% |
| Male | 0 | 0.0% |
| <i>Education</i> | | |
| Less than High School | 0 | 0.0% |
| High School Graduate / GED | 1 | 16.7% |
| Some College | 3 | 50.0% |
| Bachelor's Degree | 1 | 16.7% |
| Master's Degree | 0 | 0.0% |
| Doctoral / Professional School Degree | 1 | 16.7% |

Findings

The data analysis was conducted using the pre-test and post-test surveys collected using Survey Monkey. The pre-and post-intervention Maslach Burnout Inventory scores were tabulated and examined, measuring the burnout level scores among primary care employees. There was no deviation from the data analysis implementation. The principal investigator chooses a statistical hypothesis test to infer whether a difference or effect exists (Keeler & Curtis, 2024). Inferential analysis was conducted to determine the presence of statistically significant data.

Inferential statistics discussed the mindfulness campaign's positive impact on decreasing the participants' burnout scores. The Wilcoxon Rank Test was the most appropriate for analyzing the pre-post Burnout Level. Wilcoxon rank test is a nonparametric test and is subject to fewer assumptions. The data need not be normally distributed. The distribution shape of the dependent

variables must be symmetrical (Nikitina & Chernukna, 2021). The Wilcoxon Rank Test determines whether there is a difference in the central tendency. Since the sample size is small, nonparametric testing is chosen. This test determines the shift reliability of the related samplings when measuring the indicator in the same group of subjects before and after exposure to Mindfulness campaigns.

The MBI consists of 22 items and has demonstrated strong psychometric properties. Internal consistency reliability, measured by Cronbach's alpha, was reported as 0.90 for emotional exhaustion, 0.79 for depersonalization, and 0.71 for personal accomplishment, indicating acceptable to high reliability across subscales. Responses are rated on an ordinal scale, with scores categorized as low (1), moderate (2), or high (3) levels of burnout. The MBI's robust design and diagnostic clarity make it a preferred tool for identifying burnout trends, guiding interventions, and supporting wellness initiatives in high-stress professions.

Findings: Burnout

Burnout among healthcare professionals testifies to fatigue at the very idea of work, chronic fatigue, trouble sleeping, and physical problems. For the MBI, exhaustion would be the key component of the syndrome. The pre-test for burnout showed a median score of 2.00 and a post-score of 1.50. This was deemed not statistically significant, $Z = -0.272$, $p = 0.785$, $n = 6$. Although there was no statistically significant finding for this burnout section, two ($n = 2$) participants had an improved burnout score related to the metric of "working with people stresses them too much." This was an improvement from a few times per week to a few times per month for both participants.

Findings: Depersonalization

Depersonalization testifies to the notion of detachment which contributes to cynicism, negative attitudes toward colleagues, feelings of guilt, avoidance of social contact, and withdrawal from oneself. This category demonstrated a decrease from pre ($M = 3.00$) to post ($M = 2.50$). This change was not statistically significant: $Z = -0.378$, $p = 0.705$, $n = 6$. Although there was no statistically significant finding for this depersonalization section, two ($n = 2$) participants improved their burnout scores by becoming more sensitive to people at the workplace, improving from a few times per year to a few times per month. Those same two ($n = 2$) participants showed improved burnout scores in their perception of other colleagues' needs at work from a few times per year to a few times monthly.

Findings: Personal Achievement

Personal achievement was considered how an individual perceived themselves negatively and felt incapable of moving the situation forward. The personal achievement component represents the demotivating effects of a problematic, repetitive situation leading to failure despite efforts. A high score in the first two sections and a low score in the last section may indicate burnout (See Appendix C). Lastly, personal achievement lowered the median score by 0.5 points, similar to the other two scales, from 2.50 to 2.00. This was not statistically significant, $Z = -0.447$, $p = 0.655$, $n = 6$. There was an improvement in burnout scores on a participant who had handled their emotional problems calmly at work, from a few times per year to a response of a few times per week. Another participant demonstrated an improved score on their perception of their positive influence at work on people from a few times a week to every day.

Although each scale saw a drop, signifying improvement, the low sample size was the main factor, showing that the change could not be deemed due to the intervention. Further

studies should be conducted with larger samples to determine if the trend holds. See Table 6 for a summary of the MBI results and the distribution of scores.

Table 6:

Wilcoxon Signed-Rank Test

| Variable | N | Mean | Std. Deviation | Median | Z | p |
|-----------------------------|----------|-------------|-----------------------|---------------|----------|----------|
| <i>Burnout</i> | | | | | -0.272 | 0.785 |
| Pre | 6 | 2.00 | 0.894 | 2.00 | | |
| Post | 6 | 1.83 | 0.983 | 1.50 | | |
| <i>Depersonalization</i> | | | | | -0.378 | 0.705 |
| Pre | 6 | 2.67 | 0.816 | 3.00 | | |
| Post | 6 | 2.50 | 0.548 | 2.50 | | |
| <i>Personal Achievement</i> | | | | | -0.447 | 0.655 |
| Pre | 6 | 2.17 | 0.983 | 2.50 | | |
| Post | 6 | 2.00 | 0.632 | 2.00 | | |

Summary

The project determined whether a mindfulness meditation campaign would decrease the burnout level of primary care employees. Six participants were recruited for the study. The MBI tool was used to measure the burnout level pre-post implementation of the mindfulness campaign. The tool includes three subscales: burnout, depersonalization, and personal achievement. Demographic variables, including age, gender, and highest educational attainment, were collected from each participant. There were improvements in the median scores in each subscale of the MBI tool between pre and post-test. Although there was a drop for each scale, signifying improvement, the results did not indicate a statistically significant difference in the burnout levels among primary care employees' post-test upon further analysis.

Chapter 5

Discussion

Introduction

This chapter will discuss the findings of the quality improvement project. The project explored the impact of implementing a mindfulness campaign among primary care employees to decrease burnout levels. Descriptive data were collected from the participants. Inferential statistics discussed the mindfulness campaign's positive impact on reducing the participants' burnout scores. Based on the findings and outcomes of this project, several recommendations are proposed for the continued implementation of Mindfulness-based stress Reduction (MSBR) interventions.

Implications of Findings

Burnout among healthcare professionals testifies to fatigue at the very idea of work, chronic fatigue, trouble sleeping, and physical problems. Exhaustion would be the key component of the syndrome. Although there was no statistical significance, there was improvement in median scores on areas related to the experience of working with people who stress them too much. With the notion of detachment, which contributes to cynicism, negative attitudes toward colleagues, feelings of guilt, avoidance of social contact, and withdrawal from oneself, there was improvement in median scores on becoming more sensitive to people at the workplace. Those same participants also showed improved burnout scores in their perception of other colleagues' needs at work, from a few times per year to a few times monthly. The third component, personal achievement, represented the demotivating effects of a problematic, repetitive situation leading to failure despite efforts. There was an improvement in median score,

especially for participants who handled their emotional problems more calmly and frequently, and their perception of their positive influence at work on people more frequently.

Burnout

Exhaustion is a central and often the most recognizable component of burnout syndrome, reflecting the physical and emotional fatigue that results from prolonged workplace stress. While the overall burnout levels in participants did not show a statistically significant change, the observed improvement in how participants perceived their coworkers is a meaningful outcome. Positive shifts in interpersonal perception can reduce workplace tension and foster a more supportive and collaborative environment. This change may help mitigate the emotional exhaustion that characterizes burnout, even if the impact is not immediately reflect in overall burnout scores.

Improved perceptions of colleagues can also enhance team dynamics by strengthening trust, communication, and mutual respect. As individuals feel more supported and less isolated, they are more likely to engage meaningfully with their peers. This increased engagement can elevate team morale, creating a ripple effect that promotes a more cohesive and productive work environment.

High morale among employees has several positive implications. This feature often leads to increased job satisfaction, as individuals feel valued and part of a positive workplace culture. Additionally, when morale is high, employees are typically more motivated, committed, and productive, contributing to better overall job performance. Opposite, if exhaustion remains unaddressed despite improvements in team relationships, there is still a risk of long-term burnout, absenteeism, and decreased retention. Therefore, while the improvements in interpersonal perceptions are promising, continued focus on reducing exhaustion through

supportive policies and wellness initiatives is essential to achieve sustainable well-being and performance outcomes.

Depersonalization

Although participants did not demonstrate a statistically significant improvement in their overall empathy toward employees and colleagues, there was a modest positive shift in their attitudes toward recognizing and supporting the needs of their peers at work. While subtle, this change can have meaningful implications for workplace culture and organizational functioning. Even a slight improvement in attentiveness to colleagues' needs fosters an environment of mutual respect and understanding. When employees become more aware of and responsive to the challenges their peers face, it promotes collaboration, reduces conflict, and enhances team cohesion. Over time, this can cultivate a culture of psychological safety, where individuals feel comfortable sharing concerns, offering support, and contributing ideas without fear of judgment or dismissal.

This supportive atmosphere lays the foundation for a workplace culture centered around shared purpose and cooperation, which is vital in healthcare settings like a primary care clinic. As employees begin to work more harmoniously toward common goals, daily operations become more efficient and coordinated. Additionally, this shift can lead to higher job satisfaction and lower turnover, resulting in a more stable workforce composed of experienced, tenured staff. The presence of seasoned and content employees contributes not only to smoother clinic operations but also to improved patient care and organizational resilience.

The lack of statistically significant change in overall empathy may suggest there may still be underlying barriers such as stress, workload, or limited emotional resources which prevent deeper interpersonal connection. Addressing these barriers through continued support and

targeted interventions could further enhance empathy levels and strengthen the positive trajectory already in motion.

Personal Achievement

The personal achievement component of burnout reflects feelings of inefficacy and discouragement that arise from being stuck in repetitive, high-pressure situations where efforts seem to yield little success. This demotivating cycle can lead to a diminished sense of purpose and increased emotional strain. Although the participants did not show statistically significant improvements in their overall self-perception or belief in their ability to influence outcomes, there were meaningful gains in how they managed emotional challenges and perceived their impact on others in the workplace.

Specifically, improved scores in emotional regulation at work indicate a growing ability to remain calm under pressure, which is critical in high-stress environments like healthcare. This shift suggests that participants may be developing healthier coping mechanisms and emotional resilience, which can buffer against burnout over time, even if their overall sense of personal achievement has not yet fully recovered. Furthermore, enhanced perceptions of having a positive influence on others can reinforce a sense of purpose and value in the workplace. Feeling that one's presence makes a difference contributes to motivation and can slowly rebuild a sense of accomplishment.

These improvements, while modest, have important implications for the broader organizational culture. A healthcare organization that actively supports employee well-being creates an environment where individuals are more likely to thrive, remain engaged, and sustain their performance over time. This commitment to staff wellness has an ongoing impact, helping to stabilize workforce retention, reduce burnout-related costs, and enhance the quality of care delivered to patients.

In a global context, fostering an empowered and emotionally supported workforce becomes essential to meeting the increasing demands placed on healthcare systems. When employees are equipped to manage stress and recognize their value, they are more likely to contribute effectively to organizational goals and uphold the fiscal responsibilities tied to global healthcare sustainability. Conversely, without continued efforts to address feelings of stagnation or lack of achievement, there is a risk that emotional resilience gains may plateau, limiting long-term progress. Therefore, while the observed improvements are encouraging, they underscore the need for ongoing support and strategies to reinforce a sense of accomplishment and growth.

Limitations

The quality improvement project experienced several limitations due to time constraints and the small sample size of the practice. Although the practice is small, with only seven employees, the investigator recruited all the practice employees with only one dropout. Also, participants' shift workload varied due to their roles in the practice. Some have direct patient care, while some have only supervisory roles. The window of time for data gathering was limited to eight weeks, which limited the feasibility of implementing the project and affected the frequency of implementation. Collecting data on participants with similar roles would have been preferable. Such data would have allowed the investigator to assess the intervention's impact by collecting data at a designated role. The personal motivation of the participants who had prior knowledge of the mindfulness campaign might affect their bias toward the implementation of the campaign. The project's findings could affect the generalizability due to the small sample size. Further studies should be conducted with larger samples to determine if the trend holds.

Recommendations for Implementation

Mindfulness-based stress Reduction (MBSR) strategies, such as Palouse Mindfulness, are validated implementation science with substantial transdiagnostic potential and strong evidence that combines meditation, body awareness, and mindful movement. Through practice and study, one learns neurologically how the body handles and copes stress (Palouse, 2017). This quality improvement project utilized and measured the tool's capability, opportunity, and effects. The project explored the impact of implementing mindfulness-based stress reduction strategies to decrease the burnout levels of employees in an urban primary care clinic. Further study should examine the effects of behavioral changes resulting from the interventions, which is the intended outcome of the MBSR strategy. The findings of the previous studies supported the impact of implementing mindfulness strategies on decreasing the burnout level of employees and supporting the workforce's well-being.

Employee Support Tools

Participant feedback on implementing MBSR strategies to decrease burnout levels among employees yielded a strong recommendation to incorporate the project into their employee wellness program. This feedback is consistent with the previous research showing the impact of MBSR strategies may improve burnout levels in the healthcare workforce (Shah et al., 2023; Bergman et al., 2022). This tool could be an effective occupational healthcare wellness campaign.

Monitoring Practice Change

Practice leaders should proactively implement the change by incorporating the campaign into their policies and procedures for employee wellness programs. This executive directive facilitates the organization's initiatives to prioritize employee well-being. The practice provides

employees with protected time to implement the MBSR strategies in their workflow, thus increasing the participants' confidence in adhering to practice change. Periodic evaluation of the impact of the practice change using the MBI tool survey to practice leaders for sustainment and improvement of the campaign.

Patient Resources

Another recommendation is to extend the wellness campaign to the practice's patients. As part of preventative health programs, wellness campaigns such as MBSR have immediate and sustained benefits, including stress reduction and increased awareness of inner calm, development of adaptive coping skills, and improved relationships (Sercekman, 2024). MBSR strategies are sustainable; mindfulness practices are integrated into the participants' daily routines and enhance their quality of life, leading to positive changes across multiple areas.

Recommendations for Future Practice, Education, Policy, and Research

According to the findings of this quality improvement project, implementing workplace mindfulness programs such as MBSR strategies can decrease the burnout levels of primary care practice employees. A comprehensive strategy including practice, education, policy, and research can build on the existing programs' success and bridge the gaps identified. These recommendations aim to sustain the program's implementation, recognize it as an employee wellness-validated program by nationally accredited employer quality organizations, and expand to allied healthcare organizations. These recommendations aim to impact system-level changes for the wellness of the healthcare workforce, from individual clinics to national policy, to support a conducive workplace and environment wherein healthcare employees and their patients thrive and succeed.

Practice

An organization's active support for worker wellness can catalyze positive employee outcomes, including improved self-rated health and job satisfaction. This creates an environment that fosters employee well-being (Kava et al., 2021). The impact of this support was evident in a study where participants were asked to rate their workplace's health support. The results were precise, with a significant correlation between positive workplace support and employee satisfaction (Kava et al., 2021). As important as physical health, mental wellness should be an employer's priority to support the employees' overall well-being (Ellis et al., 2021; Ruckmani & Venkateswaran, 2022).

Education

This quality improvement project added to the evidence that implementing occupational wellness campaigns such as MBSR strategies may decrease burnout levels among employees. To support the impact of healthcare employees' education, regular continuing education should be provided to clinics, and they should be made aware of their wellness program resources. Employees may be empowered by seeing improvements in their overall job satisfaction, efficiency of clinical operations, and high morale in the practice. Educational materials should be developed and validated with a clinician leader and the involvement of the entire workforce to ensure that content is relevant and practical for the target participants.

Policy

Whether virtual or in-person, workplace wellness program policies support employees' physiological and psychological well-being and impact the organization's financial and productivity levels. Virtual programs added flexibility and convenience to participants (SantaBarbara et al., 2022). Just as physical wellness, mental wellness significantly affects job

performance and organizational success (Ruckmani & Venkateswaran, 2022). It is important to understand that prioritizing mental health is as important as physical wellness. Employers need to prioritize and support employees' mental well-being. Employees' disengagement from employer wellness campaigns is associated with high job turnover and low well-being status. Analyzing the nonparticipation factors helps in planning workforce activities.

Research

Additional research is needed to explore cost-effective, employee-driven wellness campaigns that improve the well-being of the healthcare workforce. Further studies should also be conducted with more participants in larger organizations to determine if the trend holds. The potential benefits are clear: a calmer, less burnout healthcare workforce will likely perform better, increasing job satisfaction and improving patient experience and outcomes (Goldberg et al., 2022).

Summary

This quality improvement project explored the impact of implementing a workplace mindfulness campaign among primary care employees to decrease burnout. Although implementing the intervention did not show statistical significance in the three burnout subscales measuring emotional exhaustion, depersonalization, and reduced personal accomplishment, participants showed improved scores on stress levels when working with people, improved sensitivity to their peer needs, improved sense of positive influence at work and improved ability to handle emotional challenges at work.

The project findings are vital to the workplace well-being campaign to decrease the burnout level of employees in the clinical setting. Decreased burnout will positively impact employee performance, increase job engagement, and drive high organizational morale. Primary Care will

have efficient daily clinic operations with tenured and happy employees. The healthcare system will attain and sustain the fiscal budget for the population's needs for access to care and quality patient care.

The limitations noted were time constraints and the small population size of the clinical setting. Participants' shift workload varied due to their roles in the practice. Some have direct patient care, while some have only supervisory roles. The window of time for data gathering was limited to eight weeks, which limited the feasibility of implementing the project and affected the frequency of implementation. The personal motivation of the participants who had prior knowledge of the mindfulness campaign might have influenced their bias toward implementing the campaign. Ultimately, this quality improvement project aims to contribute to the workplace well-being campaign for healthcare employees in the primary care setting. This project focused on implementing mindfulness strategies to improve workplace fatigue, the notion of detachment, and personal achievement in decreasing the burnout level among primary care employees.

Project dissemination will be a poster presentation to disseminate the Doctor of Nursing Project (DNP) results. The poster presentation has a unique networking feature that connects to other potential opportunities. Poster presentation provides a visual means of communicating information while transferring knowledge and stimulating discussion. The poster of the DNP project will be displayed at a professional national conference, and the target audience will be advanced practice registered nurses, nurse practitioner students, and nurse executives. Project correlations to the American Association of Colleges of Nursing (AACN) Doctor of Nursing Practice (DNP) essentials may be found in Appendix E. As a Doctor of Nursing Practice leader; I will continue to advocate for system-level changes to support the well-being of our healthcare

workers to produce quality care and patient outcomes and sustain population needs for access to care and quality patient outcomes.

References

- Baik, D., & Zierler, B. (2019). Rn job satisfaction and retention after an interprofessional team Intervention. *Western Journal of Nursing Research*, 41(4), 615–630.
- Bergman, M., Green, E. R., Rose, K., & McCart, A. (2022). Organizational Supports and Developing a Healthy Workforce: A Case Study of Wellness Factors and Leadership. *International Journal of Information Communication Technologies and Human Development (IJICTHD)*, 14(1), 1–13. <https://doi.org/10.4018/IJICTHD.299408>
- Berlin, G., Burns, F., Hanley, A., Herbig, B., Judge, K. & Murphy, M. (2023). Understanding collaborative and coordinated care in a mental health and well-being context: Essential elements for effective service integration. *International Journal of Mental Health Nursing*, 33 (2), 397–408. <https://doi.org/10.1111/inm.13244> Abstract
- Dall’Ora, C., Ball, J., & Reinius, M. 2020. Burnout in nursing: a theoretical review. *Human Resource Health* 18, 41. <https://doi.org/10.1186/s12960-020-00469-9>.
- Diener, E., Wirtz, D., Tov, W., Kim-Prieto, C., Choi, D., Oishi, S., et al. (2009). New well-being measures: short scales to assess flourishing and positive and negative feelings. *Soc. Indic. Res.* 97, 143–156. doi: 10.1007/s11205-009-9493-y
- Ellis, R., Saringer, C., Davis, A., Biber, D., & Ferrer, D. A. (2021). Examining the impact of wellness champions on the effectiveness of workplace health and well-being program. *American Journal of Health Promotion*, 35(1), 121–126. <https://doi.org/10.1177/0890117120929131>
- Goldberg, S. B., Riordan, K. M., Sun, S., & Davidson, R. J. (2022). The Empirical Status of Mindfulness-Based Interventions: A Systematic Review of 44 Meta-Analyses of

- Randomized Controlled Trials. *Perspectives on psychological science : a journal of the Association for Psychological Science*, 17(1), 108–130.
<https://doi.org/10.1177/1745691620968771>
- Johnsen, S. Å. K., Brown, M. K., & Rydstedt, L. W. (2022). Restorative experiences across seasons? effects of outdoor walking and relaxation exercise during lunch breaks in summer and winter. *Landscape Research*, 47(5), 664–678.
<https://doi.org/10.1080/01426397.2022.2063268>
- Kabat-Zinn J. (2003). Mindfulness-based interventions in context: past, present, and future. *Clin. Psychol.: Sci. Pract.* 2003;10(2):144–156. doi: 10.1093/clipsy.bpg016.
- Karaferis, D., Aletras, V., & Niakas, D. (2022). Determining dimensions of job satisfaction in healthcare using factor analysis. *Bmc Psychology*, 10(1), 240–240.
<https://doi.org/10.1186/s40359-022-00941-2>
- Kava, C. M., Passey, D., Harris, J. R., Chan, K. C. G., & Hannon, P. A. (2021). The Workplace support for health scale: Reliability and validity of a brief scale to measure employee perceptions of wellness. *American Journal of Health Promotion: AJHP*, 35(2), 179–185.
<https://doi.org/10.1177/0890117120949807>
- Keeler, C., & Curtis, A. C. (2024). Descriptive and Inferential Statistics in Nursing Research. *The American Journal of Nursing*, 124(1), 48–52.
<https://doi.org/10.1097/01.NAJ.0001004944.46230.42>
- Marta Zurawik. (2020). Moving through spaces - leisure walking and its psychosocial benefits for well-being: a narrative review. *Human Movement*, 21(2), 1–8.
<https://doi.org/10.5114/hm.2020.89908>
- Maslach, C. , Jackson, S. & Leiter, M. (1997). *The Maslach Burnout Inventory Manual*.

https://www.researchgate.net/publication/277816643_The_Maslach_Burnout_Inventory_Manual/citation/download

- Meredith LS, Bouskill K, & Chang J. (2022). Predictors of burnout among US healthcare providers: a systematic review. *BMJ Open*;12: e054243. doi: 10.1136/bmjopen-2021-054243
- Mirabito, G., & Verhaeghen, P. (2023). Changes in State Mindfulness are the Key to Success in Mindfulness Interventions: Ecological Momentary Assessments of Predictors, Mediators, and Outcomes in a Four-Week Koru Mindfulness Intervention. *Psychological Reports*. <https://doi.org/10.1177/00332941231216899>
- Nikitina, M. A. & Chernukna, I. M. (2021). Methods for nonparametric statistics in scientific research. Overview. Part 1. *Теория И Практика Переработки Мяса*, 6(2), 151–162. <https://doi.org/10.21323/2414-438X-2021-6-2-151-162>
- Palouse, M. (2017). Palouse Mindfulness. <https://palousemindfulness.com/MBSR/manual.html>
- Pulagam, P., & Satyanarayana, P. (2021). Stress, anxiety, work-related burnout among primary health care worker: A community based cross sectional study in Kolar. *Journal of Family Medicine and Primary Care*, 10(5), 1845–1851. https://doi.org/10.4103/jfmpe.jfmpe_2059_20
- Ren, D., & Kwon, A. M. (n.d.). Effect of walking behavior on perceived stress based on binary multi-level modeling.(Report). *Journal of Public Health*, 29(2), 427.
- Ruckmani, S., & Venkateswaran, V. (2022). Different occupations & different contexts: Implications for wellness. *NHRD Network Journal*, 15(1), 114–123. <https://doi.org/10.1177/26314541211073185>
- SantaBarbara, N., Rezai, R., Terry, E., Shedd, K., & Comulada, W. S. (2022). Preliminary

efficacy and acceptability of an online exercise and nutrition workplace wellness program: A brief report. *Workplace Health & Safety*, 70(2), 90–96.

<https://doi.org/10.1177/21650799211037528>

Sercekman, M. (2024). Exploring the sustained impact of the Mindfulness-Based Stress Reduction program: a thematic analysis. *Frontiers in psychology*, 15, 1347336.

<https://doi.org/10.3389/fpsyg.2024.1347336>

Shah, A., Akhtar, S., Ayers, T., Bevan, R., Cannon, E., Milarski, M., Souza, R., & Warby.

(2023). Increasing joy in UK healthcare teams: a national quality improvement collaborative. *British Journal of Healthcare Management*, 29 (6), 1-16. [https://doi-](https://doi-org.hpu.idm.oclc.org/10.12968/bjhc.2022.0139)

[org.hpu.idm.oclc.org/10.12968/bjhc.2022.0139](https://doi-org.hpu.idm.oclc.org/10.12968/bjhc.2022.0139)

Turner T, Tee QX, Hasimoglu G, Hewitt J, Trinh D, Shachar J, Sekhar P, Green S. (2020).

Mindfulness-based psychological interventions for improving mental well-being in medical students and junior doctors. *Cochrane Database of Systematic Reviews*. Issue 9.

Art. No.: CD013740. DOI: 10.1002/14651858.CD013740.

Wirth, R. A. (2004). *Lewin/Schein's change theory*. Retrieved from

<http://www.entarga.com/orgchange/lewinschein.pdf>

World Health Organization (2022). Global Strategy on Human Resources for Health: Workforce

2030. *Reporting at Seventy-Fifth World Health Assembly*.

[https://www.who.int/news/item/02-06-](https://www.who.int/news/item/02-06-2022-global-strategy-on-human-resources-for-health--workforce-2030)

[2022-global-strategy-on-human-resources-for-health--workforce-2030](https://www.who.int/news/item/02-06-2022-global-strategy-on-human-resources-for-health--workforce-2030)

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

Classification of Diseases. [https://www.who.int/news/item/28-05-2019-burn-out-an-](https://www.who.int/news/item/28-05-2019-burn-out-an-occupational-phenomenon-international-classification-of-diseas)

[occupational-phenomenon-international-classification-of-diseas](https://www.who.int/news/item/28-05-2019-burn-out-an-occupational-phenomenon-international-classification-of-diseas)

Appendix A

Johns Hopkins Individual Evidence Summary Tool

EBP Project Practice Question: What is the impact of implementing a mindfulness-based stress reduction (MBSR) program, compared to standard practice, on burnout levels over eight weeks?

| Article Number | Author, Date, and Title | Type of Evidence | Population, size, and setting | Intervention | Findings that help answer the EBP question | Measures used | Limitations | Evidence level & quality |
|----------------|---|---|--|---|---|---|---|------------------------------|
| EXAMPLE 1 | <p>Michaud, T.L., Siahpush, M., Schwab, R. J., Eiland, L. A., DeVany, M., Hansen, G., Slachetka, T. S., Boilesen, E., Tak, H. J., Wilson, F. A., Wang, H., Pagán, J. A., & Su, D. (2018). Remote patient monitoring and clinical outcomes for post-discharge patients with type 2 diabetes. <i>Population Health Management, 21</i>(5), 387–394. https://doi.org/10.1089/pop.2017.0175</p> <p>Permalink https://chamberlain.primo.exlibrisgroup.com/permalink/01CUCON_INST/f6kb8f/cdi_proquest_miscellaneous_2019041682</p> | Quantitative research with a retrospective, observational design. | <p>Sample/size = 955 patients 19 years of age and older with T2D that were discharged from the inpatient setting within 30 days</p> <p>Sample Size = 955</p> <p>Setting = Nebraska</p> | This study looked at the effects of utilizing a remote patient monitoring system on the health outcomes of patients with T2D. | <p>After the study, 69% of those who began the study with an HbA1c of >9% ended the study with an HbA1c of ≤9%. Similarly, from baseline to the end of the study, patients' mean weight had decreased from 225lb to 222lb, and mean BMI had decreased from 35.59 to 35.23. Patient activation scores rose from 63.37 at baseline to 69.17 at the end of the study.</p> | The researchers measured HbA1c, weight, BMI, BP, and patient activation scores. | One limitation is inconsistent devices used, as some patients could use their glucometer rather than the one provided in the study. Other limitations include that there was no expectation to complete measurements on the weekends. | EXAMPLE Level III, Quality C |

| | | | | | | | | |
|---|---|--|---|--|--|--|--|---|
| 1 | Baik, D., & Zierler, B. (2019). RN job satisfaction and retention after an interprofessional team intervention. <i>Western Journal of Nursing Research</i> , 41(4), 615–630. https://doi.org/10.1177/0193945918770815 | Comparative, Cross-sectional Study | Sample size=66 RNs working in the Cardiothoracic and Telemetry units in a Magnet academic medical center Sample size= 66 RNs Setting= Pacific Northwest, USA Medical Center | The study explored RN job satisfaction and retention after a purposeful Interprofessional (IP) team intervention | The study shows that participants have higher job satisfaction after implementing the IP intervention and a decreased turnover rate in 6 months. | The researchers measured Participants' employment status (full-time, part-time), clinical years of experience in the unit, education, advanced nursing certification, job satisfaction, and retention. | The limitations of the study are the following: 1) It was conducted in a single unit and is unable to be generalizable; 2) It was conducted in a magnet hospital where employees were presumed to have high regard and satisfaction with their employment; 3) The study did not consider other confounding factors such as participants' characteristics, team culture, work environments, and promotional opportunity that might influence RN job satisfaction and retention and 4) conservative methods of analysis (independent t-test and not paired-t-test) | Level III Quality B |
| 2 | Bergman, M., Green, E. R., Rose, K., & McCart, A. (2022). Organizational Supports and Developing a Healthy Workforce: A Case Study of Wellness Factors and Leadership. <i>International Journal of Information Technologies and Human Development (IJICTHD)</i> , 14(1), 1–13. | Case study, mixed quantitative and qualitative study | Sample size = 24 participants from 24 organizations Setting= organizations in Southern Indiana and Greater Louisville | A case study that seeks to understand workplace wellness activities. | The study Results found that leveraging the knowledge of experts, implementing various wellness programs, removing obstacles to wellness, and having a caring attitude toward employees lead to a higher score regarding organizational support on the CDC Health Scorecard. | The researchers quantitatively measured healthcare scorecards of organizations with less than 100 employees, 100-249 employees, 250-749 employees, and 749 Employees. The researchers qualitatively measured three themes: leveraging the knowledge of experts, implementing various wellness programs, | Although the study's limitations were not mentioned in the discussion and conclusion, the number of participants per organization is small, and careful consideration of the generalizability of the case study should be taken with caution. | Quantitative: Level III Quality B Qualitative: Level III Quality A/B |

| | | | | | | | | |
|---|--|--------------------------------|--|--|---|---|---|--------------------------|
| | https://doi.org/10.4018/IJICTH.D.299408 | | | | | removing obstacles to wellness, and having a caring attitude toward employees, which led to a better company culture and a healthier workforce. | | |
| 3 | Berlin, G., Burns, F., Hanley, A., Herbig, B., Judge, K. & Murphy, M. (2023). Understanding collaborative and coordinated care in a mental health and well-being context: Essential elements for effective service integration. <i>International Journal of Mental Health Nursing</i> , 33 (2), 397–408. https://doi.org/10.1111/inm.13244 Abstract | Descriptive, qualitative study | Sample = 59 participants in 4 cohorts: 1) health and community service leaders, staff, mental health (MH) service consumers with complex needs, and mental health carers Setting: Victoria, Australia | A qualitative study that investigated the enablers and barriers to achieving collaborative and coordinated care and explored what was required to connect the 'care team' to avoid preventable gaps in service provision, given the current changes in service models due to multiple sector reforms | This study has identified several strong and consistent themes that address current knowledge gaps, emphasizing what specifically requires attention when implementing a coordinated approach to care. These are the consumer as central, the human element, the importance of teamwork, networks, partnerships, and resources. Four commonly identified barriers to collaborative and coordinated care (CCC) were rigid models and approaches, unnavigable systems of support, power imbalances, and stigma. | The study reinforces the multifaceted nature of CCC and its potential to transform mental health service delivery. By placing the consumer at the center, prioritizing human connection, fostering teamwork and partnerships, ensuring adequate resources, addressing barriers, and challenging stigma, the healthcare system can move closer to achieving the goal of providing comprehensive, coordinated, and compassionate care for those with mental illness and co-occurring substance use disorders. | The study only investigated a specific region of Australia, and comparative analysis is needed to generalize it nationally and internationally. Although some of the participants' leaders have established relationships with the work of local government, it is both considered a strength and a limitation due to the possibility of skewed responses. Consumer sampling was restricted due to willingness to participate, mostly from tertiary mental health services. | Level III Quality A/B |
| 4 | Dall'Ora, C., Ball, J., & Reinius, M. 2020. Burnout in nursing: a theoretical review. <i>Human Resource</i> | Theoretical Review | 91 studies yielded Database search yielded 12 248 studies, of which 11 | This theoretical review provides a comprehensive summary of research that examines theorized | The high workload, value incongruence, low control over the job, low decision latitude, poor social climate/ social support, and low rewards are predictors of burnout. Maslach | The researchers searched MEDLINE, CINAHL, and PsycINFO. They included quantitative primary empirical studies | The theoretical review did not describe the context of the literature results, and the researchers did not apply a formal quality instrument | Level V Quality A |

| | | | | | | | | |
|---|---|---|--|---|--|---|---|--------------------------|
| | <p>Health 18, 41. https://doi.org/10.1186/s12960-020-00469-9</p> | | <p>870 were rapidly excluded as either duplicates or titles and/or abstracts not meeting the inclusion criteria. Of the 368 studies accessed in full text, 277 were excluded, and 91 studies were included in the review</p> | <p>relationships between burnout and other variables to determine what is known (and not known) about the causes and consequences of burnout in nursing and how this relates to burnout theories.</p> | <p>suggested that turnover, sickness absence, and general health were effects of burnout; however, we identified relationships only with general health and sickness absence. Other factors that were classified as predictors of burnout in the nursing literature were low/inadequate nurse staffing levels, ≥ 12-h shifts, low schedule flexibility, time pressure, high job and psychological demands, low task variety, role conflict, low autonomy, negative nurse-physician relationship, poor supervisor/leader support, poor leadership, hostile team relationship, and job insecurity. Among the outcomes of burnout, we found reduced job performance, poor quality of care, poor patient safety, adverse events, patient negative experiences, medication errors, infections, patient falls, and intention to leave.</p> | <p>(published in English) that examined associations between burnout and work-related factors in the nursing workforce.</p> | <p>to appraise the study. The researchers did not consider personality and other individual variables when extracting data from studies.</p> | |
| 5 | <p>Goldberg, S. B., Riordan, K. M., Sun, S., & Davidson, R. J. (2022). The Empirical Status of Mindfulness-Based Interventions: A Systematic Review of 44 Meta-Analyses of Randomized Controlled Trials. <i>Perspectives on Psychological</i></p> | <p>Systematic Review of Randomized Controlled Trials with meta-analyses</p> | <p>Forty-four meta-analyses were retained for analysis with 160 effect size estimates. 336 unique primary studies and 30,483 participants were represented</p> | <p>The researchers aimed to review meta-analyses of RCTs testing MBIs systematically. The overall goal was to clarify the strengths and weaknesses of both the primary RCTs and the meta-analyses</p> | <p>44 meta-analyses examining the effects of Mindfulness-Based Interventions (MBIs) across 336 unique RCTs with 30,483 participants, it appears that interventions based on mindfulness meditation indeed hold substantial transdiagnostic potential, albeit with stronger evidence for some PICOS than others</p> | <p>Meta-analysis-level characteristics were coded, including the review's focus (i.e., PICOS), MBI type, sample population and/or problem, and, when available, risk of bias (e.g., selective reporting, blinding, and reports of</p> | <p>Gaps in meta-analyses and primary studies (e.g., reporting adverse events) resulted in gaps. One especially troubling gap is a lack of primary studies and meta-analyses focused on the efficacy of MBIs for underserved and underrepresented groups, which limits the</p> | <p>Level I Quality A</p> |

| | | | | | | | | |
|---|--|--|--|--|--|---|---|---------------------|
| | <p>science: <i>A Journal of the Association for Psychological Science</i>, 17(1), 108–130.</p> <p>https://doi.org/10.1177/1745691620968771</p> | | d across the 44 meta-analyses. | themselves, highlighting areas of consistency and inconsistency | | adverse events. | generalizability of our results to these populations. | |
| 6 | <p>Healthy People 2030, U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion.</p> <p>https://health.gov/healthypeople/objectives-and-data/social-determinants-health</p> | National Consensus panels/positions based on scientific evidence | N/A | The social determinants of health include the environments where they are born, live, learn, work, play, worship, and age, which affect a wide range of health, functioning, and quality-of-life outcomes and risks. | Healthy People 2030 focused on the social determinants of health to create social, physical, and economic environments that promote attaining the full potential for health and well-being for all. | N/A | Public health organizations and their partners in sectors like education, transportation, and housing must take action to improve the conditions in people's environments. | Level IV Quality B |
| 7 | <p>Hwang, W. J., & Park, E. H. (2022). Developing a structural equation model from Grandey's emotional regulation model to measure nurses' emotional labor, job satisfaction, and job performance. <i>Applied Nursing Research</i>, 64.</p> <p>https://doi.org/10.1016/j.apnr.2021.151557</p> | Correlational, Descriptive Study | Samples= 424 nurses from seven general hospitals | To develop and evaluate a structural model for clinical nurses' emotional labor, job satisfaction, and job performance based on existing emotional regulation models | The findings show emotional labor operates differently in nursing than in other service fields. As such, this model can help hospital management adjust their customer service guidelines to improve nurses' job satisfaction and performance. Our analysis confirmed the correlated relationships between factors posited in our theoretical framework. | The researchers measured participants' gender, education, marital status, age, current department, job description and role, type of work, clinical career, satisfaction with nursing care, | The study yielded the following limitations: 1) participants came from general hospitals with 300-bed hospitals than the provinces, 2) survey answers may be subjective, and 3) the data were cross-sectionally collected, and no information was available to explore the effects over time. | Level III Quality A |

| | | | | | | | | |
|---|---|---------------------------------|--|--|---|---|--|-------------------------|
| 8 | Meredith LS, Bo uskill K, & Chang J. 2022. Predictors of burnout among US healthcare providers: a systematic review. <i>BMJ Open</i> ;12: e054243. doi: 10.1136/b mjopen-2021- 00854243 | Systematic Review | 141 studies were appraised and searched in 11 databases, registries, existing reviews, and contacted experts through October 4, 2021 | This study aims to conduct a systematic review to identify the predictors of burnout among US Healthcare providers. | The review findings show that demographic characteristics were conflicting or showed no association. Workplace factors, such as workload, work/life balance, job autonomy, and perceived support from leadership, had stronger associations with burnout risk. Mental health factors, such as anxiety and physical health risks, may increase the risk. However, the direction of these associations is unclear as few prospective studies exist to address this question. Factors such as social support appear to have a protective effect. | The researchers searched the databases PubMed, PsycINFO, Web of Science, and Business Source Complete for this review specifically, broader searches relevant to multiple topics in the literature series included CINAHL, AMED, DTIC, ERIC, Scopus, CENTRAL, ClinicalTrials.gov, and ICTRP. We also screened bibliographies of existing systematic reviews (identified through PubMed and PsycINFO searches) and contacted content experts. | Many predictors showed inconsistent and conflicting results across individual studies. Despite the significant research volume, prospective studies that measure potential predictors to predict burnout at a later date are still sparse. The existing literature is dominated by studies documenting concurrent associations; predictors and outcome burnout are measured simultaneously or are retrospectively assessed. | Level II Quality A/B |
| 9 | Mirabito, G., & Verhaeghen, P. (2023). Changes in State Mindfulness are the Key to Success in Mindfulness Interventions: Ecological Momentary Assessments of Predictors, Mediators, and Outcomes in a Four-Week Koru Mindfulness Intervention. <i>Psychological Reports</i> . https://doi.org/ 10.1177/00332 941231216899 | Randomized- control Trial | 128 students at [college] participate d in a mindfulness intervention; one-half of the sample was randomly assigned to the intervention group, and the remaining participants were to the waitlist control group | The mindfulness training followed the four-week Koru protocol, which includes body scan meditation, breathing meditation, belly breathing, dynamic breathing, gatha meditation, labeling-of- thought and labeling-of- feeling meditation, and walking meditation. Participants were | The study shows that day-to-day mindfulness predicts change in daily cognitive interference, which predicts dysphoria and well- being. The longitudinal assessment is a sensitive and valid tool for describing the time course of changes in mindfulness, cognitive interference, and mental health outcomes. It allows us to more concretely infer mediation and the time scales at which it operates. | The researchers measured mindfulness, cognitive interference, sleep, physical activity, depression, and well-being. | The limitations of the included implementation are that it is only within a single institution, using a single mindfulness intervention approach. The sample was small, predominantly White, and female. The results are also almost certainly tinged by the reality of the pandemic and might not generalize to in- person or remote delivery of the Koru curriculum (or other mindfulness curricula) under more normal circumstances. | Level I Quality B |

| | | | | | | | | |
|----|--|---|---|--|---|--|--|---|
| | | | | requested to complete 10 minutes of formal practice per day using one of these techniques as they were taught for the curriculum. | | | | |
| 10 | Palouse, M. 2017. Palouse Mindfulness. https://palousemindfulness.com/MBSR/manual.html | Nationally-recognized expert based on scientific evidence | N/A | These include several short videos introducing mindfulness and providing background about the beginnings of Mindfulness-based Stress Reduction Strategies. | Mindfulness-Based Stress Reduction (MBSR) combines meditation, body awareness, and mindful movement. Through practice and study, one learns neurologically how the body handles (and can resolve) stress. | N/A | If there are physical disabilities, it would be difficult or damaging to perform one or more practices. | Level V Quality A |
| 11 | Shah, A., Akhtar, S., Ayers, T., Bevan, R., Cannon, E., Milarski, M., Souza, R., & Warby. (2023). Increasing joy in UK healthcare teams: a national quality improvement collaborative. <i>British Journal of Healthcare Management</i> , 29 (6), 1-16. https://doi.org/hpu.idm.oclc.org/10.12968/bjhc.2022.0139 | Nonexperimental, longitudinal Mixed: Quantitative and Qualitative Study | Sample = 38 healthcare teams Healthcare teams in England and Wales | A one-year-long QI project aims to enhance staff well-being and joy in work. | The participants formed a project team and were allocated a quality improvement coach. They provided tailored support based on their setting and the areas they wanted to focus on to increase joy in work. The model for improvement was the chosen quality improvement method, and coaches supported teams by guiding them using key tools delivered through virtual team meetings. | These outcome measures were joy in work, burnout, and whether or not they would recommend the team as a workplace. All teams were asked to complete two questionnaires at the start and end of the program. These questionnaires were the validated, 10-question Mini Z burnout survey to measure staff burnout and the validated, 12-question Gallup Q12, survey to measure staff engagement. Qualitative data included questions about staff experiences | The limitation of a collaborative QI project was the difficulty in assessing the impact on clinical outcomes and cost-effectiveness. | Level III Quality A (Quantitative) Level III Quality A/B (Qualitative) |

| | | | | | | | | |
|----|---|---------------------|--|---|--|--|--|------------------------|
| | | | | | | participating in the enjoying work collaborative. | | |
| 12 | Sharma, S., Talib, P., & Singh, G. (2021). Review of studies on stress, job satisfaction, and resilience among nursing professionals. <i>Indian Journal of Continuing Nursing Education</i> , 22(2), 215–220. https://doi.org/10.4103/ijcn.ijcn.16.21 | Systematic Review | Eight descriptive and descriptive - correlation studies published in English were included, and data are presented in a narrative summary. | This study collates the literature on the relationship between role stress, job satisfaction, and resilience among nursing professionals. | The study findings revealed a negative relationship between nursing stress and job satisfaction and reported a mediating role of resilience. The degree of role stress, resilience, and job satisfaction varied among demographics and work settings. Workload and staffing inadequacy were reported as the major stressors for nursing professionals. A high level of job satisfaction was attributed to intrinsic and extrinsic rewards in the profession. Nursing professionals' resilience is pivotal in managing stress levels and increasing satisfaction. | The researchers included studies about nursing stress, nurse resilience, and job satisfaction. | A lack of literature includes all three research constructs and the methodological constraints of an assortment of instruments. A minimal number of studies have examined the role of resilience in the relationship between role stress and job satisfaction. Furthermore, no studies have previously been conducted in the Asian context. | Level III Quality A |
| 13 | World Health Organization (2022). Global Strategy on Human Resources for Health: Workforce 2030. <i>Reporting at Seventy-Fifth World Health Assembly</i> . https://www.who.int/news/item/02-06-2022-global-strategy-on-human-resources-for-health--workforce-2030 | Position Statements | N/A | The statement supports the position of revisiting health workforce shortage projections from 2016 to 2022 compared to 2030. | Reporting on nursing and midwifery has been strengthened. Data on reported community health workers were included and requested. | N/A | The data and projections are based mainly on pre-COVID-19 trends, and the pandemic's impact on our health and care workforce is grave and substantive. Similarly, the report warns that two regions—Africa and the Eastern Mediterranean and Middle East—will shoulder an increasing burden of workforce shortages amidst growing demand for services. | Level IV Quality B |

| | | | | | | | | |
|----|--|--------------------|-----|--|--|-----|---|--------------------|
| 14 | World Health Organization. (2019). Burnout is an "occupational phenomenon". <i>International Classification of Diseases</i> . https://www.who.int/news/item/28-05-2019-burn-out-an-occupational-phenomenon-international-classification-of-diseases | Position Statement | N/A | The position statement described burnout as an occupational phenomenon. Factors influencing health status or contact with health services include reasons people contact health services that are not classed as illnesses or health conditions. | The World Health Organization is about to develop evidence-based guidelines on mental well-being in the workplace. | N/A | Burnout is not classified as a medical health condition but can be related to why healthcare workers seek medical care. | Level IV Quality B |
|----|--|--------------------|-----|--|--|-----|---|--------------------|

Appendix B

Institutional Review Board Approval

Appendix A

Hawai'i Pacific University Institutional Review Board Project Application

Please complete and submit the form to the IRB chair via email: to irbchair@hpu.edu

**Study title: Implementing a Workplace Mindfulness Campaign to Decrease Burnout Level in
Urgent Care**

Investigator:

Name: Dianne Roxborough, MSN, FNP-BC, NP-C, APRN
(Please check one)

Faculty Student Outside Investigator

Phone: (323) 327-5821

Email: droxborough1@my.hpu.edu

Sponsoring HPU Faculty Member: Dr. Gabriel Beam, DNP, RN

(if Investigator is not an HPU faculty member)

Please attach a brief summary of the project. This should include an explicit statement of methods, data collection, and how confidentiality of subjects/data will be protected including consent form.

Category for Review:

Check one level of review (Exempt, Expedited, Full) for which you believe the project qualifies, and each criterion that your project meets.

Exempt from review (nil or minimal risk study, or already reviewed by an IRB)

Research involves ONLY investigation into or comparison of normal instructional strategies.

Tests, interviews, and surveys are unlikely to elicit emotion or place subjects at risk of civil/criminal liability or damage to their reputation, financial standing, employability, etc. AND information will not be recorded in such a way that subjects can be identified.

Research involves only the study or analysis of existing data, documents, records, or specimens that are publicly available or recorded in such a way that subjects cannot be identified.

If study involves ingestion of food: only wholesome food without additives in excess of USDA recommended levels is consumed.

Brief informed consent will be done (except in the case of existing data, etc.).

No use of vulnerable subjects (children, prisoners, pregnant women, mentally ill, etc.).

Has already been approved by IRB at _____
(Include copy of signed IRB approval form.)

Appendix A

 Expedited review (minor risk study)

- Research and data collection methods are unlikely to elicit strong emotion and deception is not involved.
- Research involves only noninvasive, painless, and non-disfiguring collection of physical samples, such as hair, sweat, excreta.
- No use of vulnerable subjects (children, prisoners, pregnant women, mentally ill, disabled, etc.).
- Data are recorded using noninvasive, painless, and non-disfiguring sensors or equipment, such as EKG, weighing scales, voice/video recording.
- Research involves only moderate levels of exercise in healthy volunteers.
- Research does not involve ingestion of drugs or use of hazardous devices.
- If existing data, documents, records, or specimens with identifiers are used, procedures are in place to ensure confidentiality.
- Informed consent process will be done (attach copy of informed consent form).
- Data will be kept confidential and not reported in identifiable fashion.

 Full review required (more than minor risk)

Attach a statement that describes the use of vulnerable subjects or the study procedures and conditions that place subjects at risk. Describe the precautions that will be taken to minimize these risks. Attach a copy of the informed consent form that will be used.

Certification by Principal Investigator: The above represents a fair estimate of risks to human subjects.

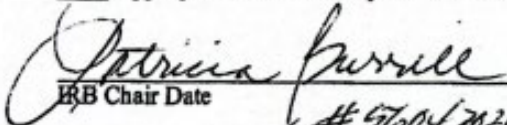
Dianne Roxborough, MSN, FNP-BC, NP-C, APRN/ Doctor of Nursing Practice Student/
November 6, 2024

Name/ Title/ Date

FOR IRB USE ONLY

Certification by IRB Chair: I have read this application and believe this research qualifies as:

- Exempt from IRB review
- Appropriate for expedited review, and
- approved
- disapproved
- Appropriate for review by the full IRB


 IRB Chair Date _____ 12/13/2024
 #5604/2024SD

Appendix C

Informed Consent

INFORMED CONSENT DOCUMENT

Project Title: Implementing A Workplace Mindfulness Campaign to Decrease Burnout Level Among Primary Care Staff: A Quality Improvement

Investigator(s): Dianne Roxborough, MSN, FNP-BC, NP-C, APRN- principal investigator

PURPOSE

This study involves research. The purpose of the research is to determine if implementing a workplace mindfulness campaign will decrease burnout levels among Primary Care staff.

We invite urgent care staff to participate in this research because burnout has known to cause turnover, absenteeism, and low morale. We encourage the participation of at least 15 participants in conducting the study. Improving burnout among healthcare professionals has the potential to impact patient care positively.

This project will last for eight weeks. Every week, the participant will receive a video or audio to watch and perform for not more than 15 minutes at a time. Participants are encouraged to perform the video at least twice a week.

PROCEDURES

The DNP student has the following responsibilities:

- send each staff consent form for participation and collect responses
- provide a one-page form to participants to record their Mindfulness session
- send a pre-test survey to all participants
- conduct a huddle with participants at the beginning, middle, and end of the implementation for any questions or concerns from the participants
- offer virtual and in-person monitoring of participants' activities
- send online videos through email from week 2-7

The participants' responsibilities are:

- acknowledge the receipt of the Introduction Video
- get the one-page form from the principal investigator to record their Mindfulness sessions

- complete the pre-test survey
- record their Mindfulness session every shift
- provide the DNP student feedback or issues throughout the implementation phase through online and in-person

Those agreeing to participate can expect the following to occur:

At week 1 of implementation, the principal investigator will proactively start recruiting participants and securing informed consent. Palouse Mindfulness strategies will be offered through virtual and in-person education. The principal investigator will conduct in-person education for each participant. Each participant will complete the pre-test survey using the Maslach Burnout Inventory via an online survey. Each participant will receive an anonymous one-page form to record the time they watch and perform the technique. In week 1, participants will watch the introduction video, *Mindfulness: Being Fully Awake in Our Own Lives*.

From weeks 2-7, each participant will receive one self-guided mindfulness video weekly through e-mail and will be encouraged to practice self-guided mindfulness twice a week.

An electronic QR code for the mindfulness video will be sent to the participants for easy access. Dynamic QR codes allow the principal investigator to monitor participants' progress.

Week 2: Introduces Raisin Meditation, highlighting that mindfulness can be practiced anywhere. Participants use two raisins (or similar small foods) and water to exercise and guide relaxation.

Week 3: Mountain Meditation emphasizes drawing strength and stability from the mountain's analogy to enhance mindfulness and clarity.

Week 4: Lovingkindness meditation expands caring from oneself outward. A one-on-one check-in with participants addresses challenges and monitors progress.

Week 5: Rain Meditation focuses on self-compassion, helping participants overcome self-hatred.

Week 6: Turning Toward Difficult Emotions encourages gentle exploration of challenging feelings like loss and anger.

Week 7: Silence Meditation features a structured audio experience of chimes and silence.

Week 8: Participants will receive a post-test survey via Survey Monkey. All organized data will be analyzed. Pre- and post-intervention Maslach Burnout Inventory scores will be tabulated and examined. Dissemination will be through Poster Presentation.

RISKS

There are no known risks, and there are no foreseeable risks to participating.

BENEFITS

Participating in this study may not provide a personal benefit. However, it is hoped that society could benefit from this study in the future by utilizing Mindfulness techniques to combat burnout in the workplace.

COSTS AND COMPENSATION

There will not be any costs to the subject for participating in this research project.

Subjects will not be compensated for their time and inconvenience for participating in this research project.

CONFIDENTIALITY

Records of participation in this research project will be maintained and kept confidential to the extent permitted by law. However, the Hawai'i Pacific University IRB may inspect and copy a subject's records pertaining to the research, and these records may contain personal identifiers. In the event of any report or publication from this study, the identity of subjects will not be disclosed. Results will be reported in a summarized manner in such a way that subjects cannot be identified.

VOLUNTARY PARTICIPATION

All participation is voluntary. There is no penalty for anyone who decides not to participate, and no one will be penalized if he or she decides to stop participating at any time during the research project.

FUTURE DATA USE

The data in this study will not be used for future studies and/or secondary analyses.

QUESTIONS

Questions are encouraged. Questions about this research project and questions about the rights of research subjects or research-related injury may be addressed to the Investigator [Dianne Roxborough, MSN, FNP-BC, NP-C, APRN, droxborough1@my.hpu.edu](mailto:droxborough1@my.hpu.edu) and IRB Chair (irbchair@hpu.edu)

Subject's name (printed): _____

(Signature of Subject)

(Date)

INVESTIGATOR STATEMENT

I have discussed the above points with the subject or the legally authorized representative, using a translator when necessary. It is my opinion that the subject understands the risks, benefits, and obligations involved in participation in this project.

(Signature of Investigator) (Date)

Appendix D

Burnout Self-Test Maslach Burnout Inventory (MBI)

The Maslach Burnout Inventory (MBI) is the most commonly used tool to self-assess whether you might be at risk of burnout. To determine the risk of burnout, the MBI explores three components: exhaustion, depersonalization, and personal achievement. While this tool may be helpful, it must not be used as a clinical diagnostic technique, regardless of the results. The objective is to inform you that anyone may be at risk of burnout.

For each question, indicate the score that corresponds to your response. Add up your score for each section and compare your results with the interpretation of the scoring results at the bottom of this document.

| Questions: | Never | A Few Times per Year | Once a Month | A Few Times per Month | Once a Week | A Few Times per Week | Every Day |
|---|-------|-------------------------------|-----------------|--------------------------------|----------------|-------------------------------|--------------|
| Section A: | 0 | 1 | 2 | 3 | 4 | 5 | 6 |
| I feel emotionally drained by my work. | | | | | | | |
| Working with people all day long requires a great deal of effort. | | | | | | | |
| I feel like my work is breaking me down. | | | | | | | |
| I feel frustrated by my work. | | | | | | | |
| I feel I work too hard at my job. | | | | | | | |
| It stresses me too much to work in direct contact with people. | | | | | | | |

| | | | | | | | |
|---|--|--|--|--|--|--|--|
| I feel like I am at the end of my tether. | | | | | | | |
| Total score – SECTION A | | | | | | | |

| Questions: | Never | A Few Times per Year | Once a Month | A Few Times per Month | Once a Week | A Few Times per Week | Every Day |
|--|-------|----------------------|--------------|-----------------------|-------------|----------------------|-----------|
| Section B: | 0 | 1 | 2 | 3 | 4 | 5 | 6 |
| I deal with my team/ colleagues impersonally, as if they are objects. | | | | | | | |
| I feel tired when I get up in the morning and have to face another day at work. | | | | | | | |
| I have the impression that my team/ colleagues make me responsible for some of their problems. | | | | | | | |
| I am at the end of my patience at the end of my work day. | | | | | | | |
| I really don't care about what happens to some of my team/ colleagues. | | | | | | | |
| I have become more insensitive to people in the workplace. | | | | | | | |
| I'm afraid that this job is making me uncaring. | | | | | | | |
| Total score – SECTION B | | | | | | | |
| Questions: | Never | A Few Times per Year | Once a Month | A Few Times per Month | Once a Week | A Few Times per Week | Every Day |

| Section C: | 0 | 1 | 2 | 3 | 4 | 5 | 6 |
|--|---|---|---|---|---|---|---|
| I accomplish many worthwhile things in this job. | | | | | | | |
| I feel full of energy. | | | | | | | |
| I am easily able to understand what my team/colleagues feel. | | | | | | | |
| I look after my team/colleagues problems very effectively. | | | | | | | |
| In my work, I handle emotional problems very calmly. | | | | | | | |
| Through my work, I feel that I have a positive influence on people. | | | | | | | |
| I am easily able to create a relaxed atmosphere with my team/colleagues. | | | | | | | |
| I feel refreshed when I have been close to my team/ colleagues at work. | | | | | | | |
| Total score – SECTION C | | | | | | | |

SCORING RESULTS – INTERPRETATION

Section A: Burnout

Burnout (or depressive anxiety syndrome): Testifies to fatigue at the very idea of work, chronic fatigue, trouble sleeping, physical problems. For the MBI, as well as for most authors, “exhaustion would be the key component of the syndrome.” Unlike depression, the problems disappear outside work.

Total 17 or less: Low-level burnout^[SEP]

Total between 18 and 29 inclusive: Moderate burnout

Total over 30: High-level burnout

Section B: Depersonalization

“Depersonalization” (or loss of empathy): Rather a “dehumanization” in interpersonal relations.

The notion of detachment is excessive, leading to cynicism with negative attitudes about colleagues, feelings of guilt, avoidance of social contact, and withdrawing into oneself.

Professionals block the empathy they can show to their colleagues.

Total five or less: Low-level burnout^[L]_[SEP]

Total between 6 and 11 inclusive: Moderate burnout

Total of 12 and greater: High-level burnout

Section C: Personal Achievement

The reduction of personal achievement: The individual assesses themselves negatively, feels they are unable to move the situation forward. This component represents the demotivating effects of a difficult, repetitive situation leading to failure despite efforts. The person begins to doubt their genuine abilities to accomplish things. This aspect is a consequence of the first two.

Total 33 or less: High-level burnout^[H]_[SEP]

Total between 34 and 39 inclusive: Moderate burnout

Total greater than 40: Low-level burnout

A high score in the first two sections and a low score in the last section may indicate burnout.

Note: Different people react to stress and burnout differently. This test is not intended to be a clinical analysis or assessment. The information is not designed to diagnose or treat your stress or symptoms of burnout. Consult your medical doctor, counselor, or mental health professional if you need help managing stress or dealing with burnout.

Appendix E

Palouse Mindfulness-Based Stress Reduction Techniques and Weekly Objectives

| Week | Objective | Palouse Mindfulness-Based Stress Reduction Techniques |
|------|---|--|
| 1 | Pre-test Survey Introduction Video Mindfulness: Being Fully Awake in Our Own Lives | https://www.surveymonkey.com/r/D5QTMKD Pre-test https://hovqr.to/a05b258d Introduction |
| 2 | Meditation introduces the idea of mindfulness meditation, which is unrestricted and can be practiced anytime, anywhere | https://hovqr.to/c44227b0 Raisin Meditation |
| 3 | This meditation uses the analogy of becoming the mountain in the meditation practice | https://tab.so/Mountain2 Mountain Video |
| 4 | This meditation uses successively wider circles of caring, beginning with oneself. By doing this week's meditation, participants gain insights on how to meet their pain and sorrows with sympathy, love, and kindness | https://hovqr.to/02913e70 Lovingkindness |
| 5 | This meditation video talks about self-compassion and releases the participants from the self-hatred that prevents them from responding to life with clarity and balance. By doing this week's meditation, participants feel accountable for their actions but not putting self-hatred that | https://hovqr.to/705bf492 Rain Meditation |

- prevents them from responding to life with clarity and balance.
- 6 Using the video <https://hov.to/0513d17d>
Turning towards, this meditation focuses on Turning Towards
difficult emotions with
gentleness and
kindness. This video is
a powerful meditation
for loss, hurt, anger,
and disappointment,
and applying
compassion to oneself.
- 7 Silence meditation uses <https://hov.to/b32dbd52>
audio that begins with Silence Meditation
three chimes and ends
with three chimes, with
silence between. By
doing this week's
meditation, participants
can turn down external
stimulation, reduce
muscle tension, and
increase focus.
- 8 Post-test Survey <https://www.surveymonkey.com/r/N3ZJ8ZY>
Post-test
-

Appendix E

DNP Essential and Relationship to DNP Project

| Essential Number | Description of AACN DNP Essential | Relationship to DNP Project |
|------------------|---|--|
| I | Scientific Underpinnings for Practice | The validated Palouse Mindfulness-Based Stress Reduction was used to provide evidence-based continuing education to primary care employees about strategies to decrease workplace burnout. |
| II | Organizational and Systems Leadership for Quality Improvement and Transformation of Healthcare | IRB approval was obtained, and executive leadership was approved for project implementation. |
| III | Clinical Scholarship and Analytical Methods for Evidence-Based Practice | Analytical methods were used to critically appraise existing literature and other evidence to determine and implement high-quality evidence for practice. Data was collected to generate evidence for nursing practice. |
| IV | Information Systems/ Technology and Patient Care Technology for the Improvement and Transformation of Health Care | The project was designed to monitor quality improvement outcomes. Conceptual ability and technical skills were utilized to implement an evaluation plan that extracted data from a cloud-based experience management database. |
| V | Health Care Policy for Advocacy in Health Care | Educating peers on nursing, health policy, and patient care outcomes while advocating for social justice, equity, and ethical guidelines within all healthcare arenas |

| | | |
|------|--|---|
| VI | Interprofessional Collaboration for Improving Patient and Population Health Outcomes | Implemented evidence-based practice through effective communication and collaboration. Led an interprofessional team in the healthcare delivery system to initiate a quality improvement project. |
| VII | Clinical Prevention and Population Health for Improving the Nation's Health | Addressed gaps in employees' knowledge, attitude, and practice related to the significant burnout level issues among healthcare workers and their impact on the quality of patient care, patient outcomes, and the healthcare systems in the United States. |
| VIII | Advanced Nursing Practice and Education | Designed and implemented a quality improvement project based on advanced nursing science. Developed and sustained relationships with employees in primary care to facilitate optimal care. Demonstrated advanced clinical judgment, systems thinking, and accountability levels in designing, delivering, and evaluating evidence-based practice to improve patient outcomes. |