

Reducing Burnout in Nursing: Implementation of a Mindfulness-Based Intervention

Problem Statement: An estimated 15.6% of nurses are experiencing burnout at an annual cost of 9 billion dollars for hospitals. There are many negative consequences of nurse burnout including increased risk of hospital acquired infections, decreased patient satisfaction, and low morale. COVID-19 has brought awareness to healthcare worker burnout and its negative consequences on nurses, patients, and organizations. Evidence provides options for the reduction of burnout including meditation, yoga, and awareness training.

Purpose: This evidence-based practice (EBP) project was to implement an eight week, online based mindfulness-based stress reduction program to reduce the symptoms of nurse burnout in a rural hospital without a formal burnout reduction program.

Methods: The Iowa Model Revised was utilized to guide this EBP project. The stakeholders were the nursing staff, department nurse managers, the DNP committee, hospital administrators, and the DNP student. The project requested nurse volunteers from the ED, ICU, and Med-Surg departments. The Copenhagen Burnout Inventory was utilized to measure burnout pre-implementation and post-implementation. The burnout inventory was collected on a HIPPA compliant survey site to protect participant anonymity.

Intervention: The Palouse mindfulness-based stress reduction program was utilized for this evidence-based practice project. The online course spans eight weeks and includes videos, reading materials, and worksheets covering topics from simple awareness to stress response

strategies. The program takes approximately 50 hours to complete. Before implementation, the University of Tennessee Knoxville Institutional Review Board granted this EBP project an exempt status. The project took one year and seven months to complete beginning with identifying issues and concluding with the dissemination of results.

Findings: Thirteen nurses from Med-Surg and ICU departments volunteered to complete the mindfulness-based stress reduction course resulting in a 17.5% participation rate. Paired t-tests were performed to compare pre-implementation burnout and post-implementation burnout. Participants had a statistically significant improvement in burnout in all three areas measured by the Copenhagen Burnout Inventory: personal ($p=.014$), work related ($p=.024$), and client related ($p=.008$). Nine participants completed the pre-implementation and post-implementation surveys. Of those nine, 66% completed at least half of the content in the program. There were no participants from the ED due to staffing instability and nurse manager turnover during the implementation phase of the project.

Outcomes: This EBP project demonstrated a statistically significant decrease in burnout amongst nurses in this setting. This project demonstrated that a low-cost option for nurse burnout was feasible to implement in a hospital setting with department managers and hospital support.

Sustainability: The project will be sustained on a departmental basis. All information regarding the project will be left at the project site to be included with new hire onboarding. The project site already has an established process for onboarding, so incorporating information on this course does not require a change to the current process.