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Reduce Nurse Burnout During COVID-19: Implementation of the STOP Method

Heather Smallwood
Gardner-Webb University, hsmallwood@gardner-webb.edu

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by

Heather Smallwood

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Submitted by:	Approved by:
Heather Smallwood	Abby Garlock
Heather Smallwood	Abby Garlock, DNP, RN, LCCE
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Abstract

Historically, inpatient nurses experience significant levels of stress and exhaustion which can lead to burnout. Currently, nurses are at the frontlines of the COVID-19 pandemic. The workloads have increased, physical and mental burdens have increased, and fear of contracting the virus is an added stressor. There is an immediate need for mental health support and interventions to improve the well-being of nurses. The purpose of the project is to evaluate the benefits of a mindfulness-based intervention, such as the STOP technique to reduce stress and burnout among nurses. An inpatient COVID-19 unit at a large hospital will have 60 nurses participating in the STOP method program. The outcomes will be measured through preintervention survey scores versus postintervention scores. This project highlights the importance of mental health interventions to improve nurses' feelings of burnout.

Keywords: burnout, STOP method, mindfulness-based intervention, burnout COVID-19

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CHAPTER I

Introduction

Nurses often provide more than medical duties for their patients. Nurses provide support through the most profound times of vulnerability and illness. In addition, a nurse is an educator, healer, counselor, and trusted advisor. The profession can bring great joy and purpose to nurses. However, the profession can negatively affect the nurse's personal health and psychological health, which can lead to burnout. Burnout is characterized by feeling exhaustion at work, feeling negative about the career, and the incapability to meet all the work demands (WHO, 2019). In fact, the World Health Organization (WHO) has officially classified workplace burnout as an occupational phenomenon in its latest revision of the International Classification of Diseases (WHO, 2019).

COVID-19 is a public health crisis affecting the entire world. Nurses are on the frontlines of this pandemic dealing with unparalleled demands from patients. Burnout is an ongoing issue in the healthcare profession and COVID-19 has only exacerbated the problem. There is an obvious concern not only about nurses' physical health but also their mental health. Organizations should consider possibilities to assist nurses dealing with burnout and promote mental health, including resources, activities, and mental health support.

Significance

During the COVID-19 pandemic, Mental Health America (MHA) has noted increasing numbers of anxiety, depression, loneliness, and other mental health concerns (2021). From June to September of 2020, a survey was conducted by MHA, about the experiences of healthcare providers during the pandemic. "Emotional exhaustion" was the most common answer at 82%, then "trouble sleeping" at 70%, and "questioning

career path" at 55% (MHA, 2021). Also, the question of 'In the last 3 months, which of the following feelings have you been regularly experiencing' was asked, with stress being reported by 92.76% of participants, burnout by 75.96% of participants, and anxiety by 86.06% of participants (MHA, 2021). Pappa et al. (2020) conducted a systemic review to analyze the prevalence of anxiety and depression among health care workers during the COVID-19 pandemic. Pappa et al. (2020) pooled meta-analysis data and found an anxiety prevalence of 23.2%, a depression prevalence rate of 22.8%, and an insomnia prevalence estimated at 38.9%.

Purpose

The purpose of this MSN Project was to provide a mindfulness-based intervention to reduce nurse burnout in the current climate of COVID-19. The STOP method is an evidence-based intervention that can aid with destressing during any situation.

Theoretical/Conceptual Framework

The Neuman Systems Model (NSM), created by Betty Neuman, will be used for this project (Neuman, 2011). The NSM focuses on stress factors that can harm the welfare of a person. This model is a conceptual framework that can be used to reinforce the management of stressors in the workplace for nurses (Pines et al., 2012).

Neuman considers the client to be an individual or group system. Each client is perceived to have five variables that connect to each other and simultaneously with the internal and external environments. The five client variables imperative to the NSM are physiological, psychological, developmental, sociocultural, and spiritual, which are at the core of the basic structure (Neuman, 2011). Physiological is bodily structure,

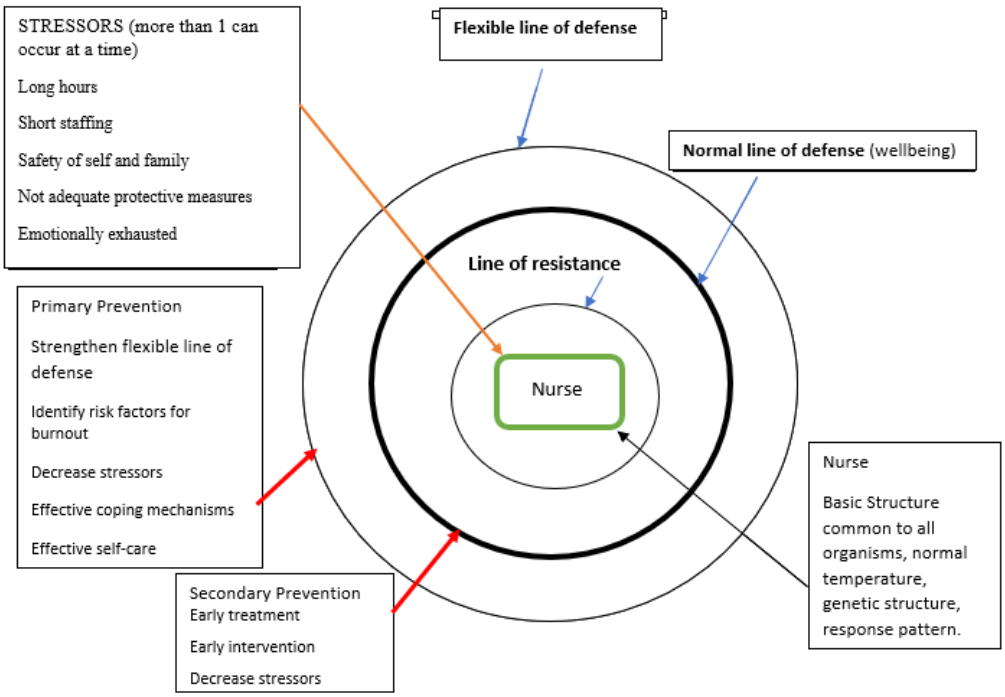
psychological is mental processes, sociocultural is influences, developmental age-related processes, and spiritual is beliefs.

The set of aligned broken circles surrounding the basic structure or core is identified as lines of resistance for the client. The lines protect the client from environmental stressors. An example would be the body's use of white blood cells (Neuman, 2011). The client system develops a series of defenses that are used as protection to interact with the environment called "defense lines." The normal line of defense can be explained as the client's usual level of well-being. There is a chance the normal defense line for a client can be infiltrated by an environmental stressor, leading to negative reactions, and evidence of disease can emerge (Neuman, 2011).

The NSM primarily focuses on preventing health issues. This project will examine select interventions that can reduce nurse burnout or health issues during the pandemic. These interventions would strengthen the lines of resistance in the NSM model. Figure 1 illustrates the relationships between conceptual, theoretical, and empirical variables in the project.

Figure 1

Conceptual-Theoretical-Empirical Diagram



Definition of Terms

Burnout is defined as a "state of emotional, physical, and mental exhaustion caused by excessive stress" (Smith et al., 2020, para. 1). According to WHO (2019), burnout is recognized as an extended response to workplace stress, which is not managed effectively.

Conclusion

In summary, nurse burnout has been an ongoing issue that is now rampant due to the COVID-19 pandemic. The increase in burnout threatens the healthcare workforce. There are multiple interventions, resources, and preventative steps that can reduce this.

The purpose of this MSN Project was to provide support for nurses by implementing these measures.

CHAPTER II

Literature Review

A literature review was performed to determine the strengths and weaknesses in current research pertaining to nurse burnout during the COVID-19 pandemic, and the possible interventions that could reduce stress levels as well as decrease the likelihood of burnout. The 15 articles reviewed were written from 2009 to 2021. Searches were performed using the Cumulative Index for Nursing and Allied Health Literature (CINAHL) and PubMed databases. Keywords entered included nurse burnout prevention, nurse burnout COVID-19, mindfulness interventions, and mindfulness meditation. After researching these keywords, common themes were revealed. There was an increase in burnout among providers during the pandemic, the importance of leadership with regards to decreasing the nurses' stress levels, and the mindfulness-based interventions that have proven to reduce stress levels for healthcare workers.

Burnout

Burnout is often the result of nurses being emotionally overwhelmed and emotionally exhausted due to occupational stress. Burnout is defined as a psychological state resulting from stress and is characterized by a three-dimensional phenomenon (Maslach, 2003). It is composed of emotional exhaustion, depersonalization, and a lessened sense of accomplishment. Li et al. (2018) suggested previous studies were able to identify elevated levels of drug abuse, depression, absenteeism, and other complaints among emergency nurses experiencing burnout. The intention of this meta-analysis was to quantify three aspects of burnout by reviewing 11 studies from 1997 to 2017 which included 1,981 participants. The Maslach Burnout Inventory (MBI) was used. Li et al.

(2018) reported moderate levels of emotional exhaustion (40.5%), elevated levels of depersonalization (44.3%), and lack of personal accomplishments (42.7%) among those experiencing burnout. A drawback to consider would be the small number of emergency room nurses used in the study may not represent the entirety of the nursing population. Overall, the authors concluded that burnout is harmful to the nurse and therefore the patient's outcomes. A consideration for leadership or administrators would be identifying measures to reduce burnout as this is their responsibility.

COVID-19

Nurses are currently at the frontlines of the COVID-19 pandemic. The increased workloads, mental exhaustion, physical exhaustion, and the fear of contracting the virus could lead to mental health issues (Pappa et al., 2020). There is an immediate need for mental health support and interventions to strengthen the psychological well-being of nurses. Pappa et al. (2020) performed a systematic literature review using a meta-analysis of 13 studies, which included 33,062 participants. Each study reviewed the prevalence of anxiety and depression among health care workers during COVID-19. Through the authors' research they found the incidence of mild anxiety (93%), moderate to severe anxiety (88%), and depression (30.30%) in nurses (Pappa et al., 2020). The authors believed their study to be one of the first systematic reviews examining depression and anxiety during COVID-19, and a barrier to consider would be this was performed early in the pandemic. It would be interesting to investigate the changes and probable increase in the percentages. Pappa et al. (2020) reported early interventions could reduce the prevalence of mental health issues and offered suggestions such as chat lines, therapies, and educational interventions for nurses.

Murat et al. (2021) had the goal of evaluating the stress, depression, and burnout levels of front-line nurses during the pandemic. Murat et al. (2021) submitted research questions via email to a sample of 713 nurses across multiple facilities where COVID-19 cases were admitted. The Maslach Burnout Inventory (MBI) was one scale utilized to determine the levels of burnout. The MBI scale is made of 'Never = 0' and 'Always = 4' with scores from 0 to 32 for the personal accomplishment subdimension, 0–20 for the depersonalization subdimension, and 0 to 36 for the emotional exhaustion subdimension (Murat et al., 2021). The study by Murat et al. (2021) revealed that nurses who tested positive for COVID-19 and who did not want to work voluntarily had even higher rates of burnout and stress. Creating mental health plans and conducting interventions will improve nurses' well-being (Murat et al., 2021).

Sullivan et al. (2021) explained how nurse burnout has been an ongoing issue, but COVID-19 has significantly increased these levels. The authors reviewed studies that reported statistics on burnout. One study utilized the Oldenburg Burnout Inventory (OBI) which is a 16-question survey that uses a 4-point scale ranging from strongly agree to strongly disagree. The OBI measures exhaustion and disengagement. This study was completed by 1,037 nurses and found that 68% reached the criteria for the exhaustion of burnout, and 916 met the criteria for the disengagement of burnout (Sullivan et al., 2021). The authors discussed the need for strategies to reduce these statistics and suggested mindfulness training, self-care, rest and breaks, and meditation applications name a few.

Cadge et al. (2021) suggested nurse exhaustion and burnout that were present before COVID-19 are expected to continue increasing. Nurses work at the bedside, which in turn places them and their families at risk physically and emotionally. The authors

completed a small qualitative investigation between June and August of 2020, with the goal to understand nurses' experiences when providing care for COVID-19 patients. The nurses that volunteered were interviewed and it was transcribed verbatim. One of the common themes expressed by the participants was the importance of leadership support during these challenges. Participants expressed that when leaders provide information, support staff, and boost morale the work environment improves and burnout decreases (Cadge et al., 2021). Nursing management and hospital administration have the opportunity to provide programs and resources that cultivate clear communication between the intersplicing staff and build a community to increase morale.

Leadership

Wei et al. (2020) reviewed 18 articles published from 2010-to 2019 to evaluate the influence of nurse leadership styles regarding nurse burnout and interventions. The study was conducted using Preferred Reporting Items for Systematic Reviews and Meta-Analyses guidelines. The types of leadership styles examined included authentic and transformational leadership. Although only two styles were studied, leadership can influence nurse burnout considerably. Burnout can drive nurses to lose interest and compassion may diminish, which negatively affects the health care system. Authentic and transformational leaders were found to improve nurse burnout. The interventions identified for leadership to decrease burnout include employee recognition, employee rounding, zero-tolerance for bullying, and appropriate staffing levels.

Workload

Phillips (2020) studied the relationships between burnout and workload at two hospitals in the United States. A convenience sample of 58 medical-surgical nurses

completed a 42-question survey. According to Phillips (2020), medical-surgical nurses have high nurse-patient ratios. The survey included the Individual Workload Perception Scale and the Maslach Burnout Inventory Scale. Pearson's product-moment correlations and multiple regression analysis procedures were used to analyze data. The findings included moderate to strong connections between workload, intent to leave, and burnout (Phillips, 2020). Further research could be collected since the sample was limited to 58 nurses and included only medical-surgical nurses.

MacPhee et al. (2017) examined the connection between workload factors and patient and nurse outcomes. A cross-sectional correlation study of 472 nurses was conducted from an online survey. Registered nurses and licensed practical nurses were a part of the stratified random samples. The intent was to explain workload factors and nurse outcomes of job satisfaction and exhaustion a form of burnout (MacPhee et al., 2017). The results in the category of high emotional exhaustion were 3.5 times higher when nurses had significant workloads. The size of the sample may indicate adequate results, however, the use of multiple hospitals in the same region could prove to be a limitation. Administrators could learn from this study and attempt to address the workload problems at hand.

Neuman Systems Model

The Neuman Systems Model (NSM) concentrates on a person's reaction to stressors (Neuman, 2011). At the center of the NSM is a person's core response to these stressors. Gigliotti et al. (2009) reported the core response in the model has been understood to be only physiological in nature. Neuman's (2011) examples included temperature change, genetic responses, and strength/weakness of systems parts.

However, Neuman has now stated her intention was not to limit the core response to only the physiological (Gigliotti et al., 2009), but rather that the core response is broader than physiological. Gigliotti et al. (2009) selected burnout as a prime example of physiological and spiritual core responses. Those experiencing burnout can have physical health, mental health, and social health issues. Gigliotti et al. (2009) concluded that a weakened core response can lead to burnout, however, a strong core response could prevent burnout.

Fox (2021) examined nursing leaders' support of nurses' mental health during COVID-19 and used Neuman's theory to guide the research. The Neuman system views a nurse or the client holistically. The theory provides a structure of how the client interacts with the environment due to stressors with the use of lines of defense and lines of resistance (Neuman, 2011). The lines of defense represent a client's well-being while the lines of resistance represent the client's reaction. Fox (2021) ensured the Neuman theory framework was used to address possible stressors, lines of defense, and preventions. The cross-sectional survey was conducted online for 3 months including 52 participants. Fox (2021) reported the nurses responded with feelings of physical and emotional exhaustion. The results of the survey identified the lack of communication between leadership and nurses, which affected workplace conditions. Fox (2021) suggested leadership increases communication and transparency by rounding with the staff. Further research is needed to determine the interventions leadership could provide to improve the workplace environment and ultimately reduce stressors.

Mindfulness Interventions

Green and Kinchen (2021) described how constant exposure to psychological stress due to an imbalance of occupational demand and the nurse's ability to cope is known as burnout. Often burnout can lead to psychological symptoms, and physical symptoms, and the nurse is more inclined to abuse substances. There is a mindfulness-based stress reduction (MBSR) program that was developed by Kabat-Zinn in 1990 and is commonly utilized and was researched for this study (Green & Kinchen, 2021). The program typically lasts several weeks and is a time commitment, which can be difficult for nurses. The MBSR program offers inventions such as meditation, yoga, and body scanning. Green and Kinchen (2021) reviewed eight articles on the effectiveness of the MBSR program with regard to burnout and discovered that the nurses had a significant decrease of 50% in work-related stress after the program. The nurses reported using a technique learned from the program "STOP" (Stop, Take a breath, Observe, and Proceed) when in stressful situations. The authors concluded that these holistic types of interventions are available at any time, they are low-cost, and have proven to be beneficial.

There has been evidence that programs such as the MBSR have significant positive outcomes for health care providers. Benzo et al. (2018) set out to examine whether the mindfulness skill of non-reactivity, taught by the MBSR program, is associated with the healing effect that reduces stress. The authors performed a cross-sectional study of 100 health care providers over an 8-week MBSR course. The classes included mindfulness practices such as seated meditation, walking meditation, yoga, and group sharing. Through their research, Benzo et al. (2018) found that perceived stress and

non-reactivity improved after completing the program. By strengthening the healthcare workers' inner thoughts or having better control of their inner emotions the stress levels improved. The MBSR program is lengthy and can be difficult for nurses to attend. The authors suggested alternative mindfulness programs are vital.

Klatt et al. (2021) reported that research concerning mindfulness-based interventions is typically centered around in-person activities even though other virtual methods have been studied. Mindfulness in Motion (MIM) is a mindfulness-based intervention that is less time-intensive when compared to the MBSR program. The MIM program has been effective in reducing burnout and stress levels among healthcare workers. Klatt et al. (2021) wished to compare outcome measures of a virtual MIM program due to COVID-19 restrictions. The study was a nonrandomized single-arm, pre/post study with 420 healthcare professional participants. The COVID-19 participants were then compared to the Pre-COVID-19 participants to determine the reliability of virtual delivery versus in-person delivery (Klatt et al., 2021). The virtual program utilized recordings of the instructor, videos of meditation, and videos of gentle yoga sessions. The authors discovered the COVID-19 participants experienced higher levels of burnout, and the virtual method of the MIM program yielded better results than in person. One barrier discovered was that participants in the virtual setting left the session in higher amounts than for in-person sessions. The study was able to analyze the virtual program with the in-person program simultaneously, which is a valuable comparison.

Smith (2014) completed a literature review of MBSR interventions and reviewed whether the interventions improved the stress levels of nurses. Smith (2014) compiled 13 articles using the matrix method with 11 being quantitative studies and two qualitative

studies. The author reported the length of the MBSR courses varied slightly with some 8 weeks long and others 4 weeks long. The training used mindfulness meditation which includes deliberate breathing techniques by focusing on each breath. There were weekly classes, day-long retreats, and recordings to guide the nurses. The length of the studies could be researched in the future leading to possible abbreviated programs. Smith (2014) found the studies suggested that MBSR is an encouraging method to aid nurses with stress management and may decrease burnout and improve the nurse's ability to focus on the patient. These changes would not only benefit the nurse but also the patients.

Ponte and Koppel (2015) developed a pilot program at the Dana-Farber Cancer Institute in Boston to provide participants with techniques to improve attention, focus, and calm themselves. The program was available for all the staff such as nurses, nutritionists, social workers, chaplains, and support staff. The authors used the MBSR as their framework for the pilot, however, they made changes to the schedules to accommodate the nurses. The pilot program was 8 weeks long, with four education group sessions that were 90 minutes long and one 30-minute practice session each week. Ponte and Koppel (2015) introduced several mindfulness techniques including meditation, body scan, yoga, and mindful breathing to list a few. A survey was conducted once the pilot ended that included a 10-point scale of whether the participants would continue with the practices. The average score was 9.3 and participants noted the breathing techniques were helpful. One breathing technique taught was STOP (S-Stop and take a step back, T-Take a few breaths, O-Observe inside yourself, P-Proceed after you pause). This intervention can be used at any time during work or personal time. Ponte and Koppel (2015) found that mindfulness-based practice is a fundamental piece of compassionate care.

CHAPTER III

Needs Assessment

Nurses are experiencing unprecedented levels of stress and exhaustion during the COVID-19 pandemic, which leads to burnout. Interventions to reduce burnout are needed at the individual level. The STOP breathing technique (S-Stop and take a step back, T-Take a few breaths, O-Observe inside yourself, P-Proceed after you pause) is one of many mindfulness interventions that can improve nurses' well-being. The needs assessment will help with the direction of this project.

Target Population

Mental Health America (MHA) (2021) reported that 93% of health care workers encountered higher stress between June and September of 2020 during the COVID-19 pandemic. Of note, 22% of nurses reported considering leaving their jobs during the pandemic as well (NIHCM, 2021). The population that will be involved with the project are registered nurses with active licenses. The nurses are working in an inpatient facility during the COVID-19 pandemic. It is expected that most participants are female due to the proportion of female nurses since 76% of health care jobs are held by women (US Census Bureau, 2019), but male nurses are not excluded from the project. There are approximately 60 nurses who staff the unit at a local hospital, who may agree to participate in the project. The nurse's employment ranges from full-time, part-time, travel, and per diem.

Setting

The setting for this project was an inpatient COVID-19 unit at a large hospital in the eastern United States, which employs more than 13,000 people. The hospital is not-

for-profit and serves several surrounding counties. The unit for this project has 40 patient beds and is dedicated to only COVID-19 patients.

Sponsors and Stakeholders

Obtaining support from stakeholders related to the outcome of this project will determine whether it is successful. The Chief Nursing Officer's approval is the first step and vital to the implementation of the project. Other stakeholders range from the nurses to the patients, the hospital administrators, the unit managers, the patient's families, and the nurses' families. The unit managers will play a critical role by providing the project to the staff. However, ultimately, the nurses are fundamental to the success of this project.

SWOT Analysis

A strengths, weaknesses, opportunities, and threats (SWOT) analysis assesses internal and external factors that impact an environment, organization, or situation (Morrison, 2011). The internal strengths include hospital leadership committed to improving nurses' self-care and well-being. The internal weaknesses include the possibility of nurses not wishing to admit they are suffering from burnout and the lack of free time to focus on their mental health. There are many opportunities from the project including improved staff retention, fewer mental health days of calling out, improving the patient outcomes, and nurses' self-care. The biggest threats are funding, engaging the staff, and nurses having the availability. Table 1.

Table 1

SWOT Analysis

SWOT Analysis	
Strengths	Weaknesses
• STOP the planned intervention is evidence based. • Leadership support that promotes high quality self-care of nurses. • Education materials can be viewed	• Lack of free time to focus on mental health. • Nurses may not want to admit poor mental state.
Opportunities	Threats
• Staff retention. • Improved nursing self-care management. • Less calling in sick. • Potential to improve patient outcomes. • Potential to decrease medical errors.	• Lack of interest. • Nurses may not have the time. • Competing priorities with other engagement projects. • Self-care program that is not included in the budget. • Inability to engage staff since participation is voluntary.

Available Resources

The project leader would require access to the nurses during a staff meeting to present the educational materials. The nurses would need less than 10 minutes of their time to listen to a PowerPoint presentation and receive a handout. The presentation would also be emailed to all the nurses on the unit. All resources, including email, room, computer, and PowerPoint software, are currently provided by the hospital.

Desired Outcomes

Nurses are currently dealing with even higher levels of stress and anxiety due to the present pandemic. The likelihood of burnout has increased exponentially. This project will provide a tool for nurses to utilize as and when they need to. The outcomes would include decreasing burnout, decreasing stress during difficult situations, and improving the mental health of nurses. The patients and their families would then benefit by receiving better quality care from the nurses. The hospital's outcomes could include lessening turnover rates and a possible reduction in nurse shortages.

Team Members

Selecting the appropriate team members will determine the success of the project. During the project, the project leader will work with the management team of the implementation site. The nursing director, assistant director, and charge nurse will assist with recruiting staff to engage with the project. Additionally, the project chair will assist with the guidance of this project.

Cost-Benefit Analysis

The education was provided in a slide deck during a staff meeting and emailed to all the nurses. A paper photocopy was distributed to the nurses at the staff meeting, left in the break room, and attached to the slide deck. There were minimal costs associated with the project.

The benefit of implementation significantly outweighs the cost. By providing the tool for the nurses to reduce burnout they are more likely to stay at the bedside, which would reduce turnover costs and the cost of hiring travel nurses. The project shows the nursing staff that the administrators care for their well-being, and this could create a

family-like atmosphere. When the nurses feel better, they perform better which leads to happier patients. Reducing burnout can also decrease expenses related to absences, medical errors, and early retirement.

CHAPTER IV

Project Design

The project initially consisted of the creation of a PowerPoint presentation to review at the staff meeting. The presentation was reviewed and approved by the nursing director of the unit prior to the meeting. A handout was created to provide the nurses with at the end of the presentation. The document and slideshow were emailed as attachments to all the nursing staff.

Goals

The goal of this project was to provide an intervention to support and reduce burnout for nurses in the current climate of COVID-19. Preparing nurses with a resource will help develop coping mechanisms and improve self-care.

Objectives

A Qualtrics pre-intervention survey (Appendix A) is required to determine the baseline of the participant's burnout and stress levels. Four weeks after the introduction of the STOP intervention, a Qualtrics post-intervention survey (Appendix B) will be distributed to all participants, which will evaluate whether the stress levels are improving and decreasing. Ultimately, the objective will be to decrease feelings of burnout and stress as evident by the post-survey scores. One measurable goal is for 50% of the nurses on the unit to participate in the use of the STOP method. Another specific measurement will be to reduce the preintervention survey scores by 25%.

Plan and Material Development

The project was an evidence-based practice change with the goal to reduce burnout in nurses. The initial levels of burnout and stress were measured with a Qualtrics

pre-intervention survey. This would establish a baseline score. The implementation stage of the project included presenting the mindfulness STOP method through a Microsoft PowerPoint (Appendix C) and a supplemental handout (Appendix D) during a staff meeting. Both resources were emailed to nurses that were not able to attend the meeting. During a 4-week period, participants were asked to use what they had learned and apply the method to their daily routine. After the 4 weeks, the Qualtrics post-intervention survey was sent electronically. The next step was to review and compare the pre-intervention scores to the post-intervention scores. Any results were forwarded to the stakeholders for possible future use.

Timeline

Appendix E provides an anticipated timeline for this project. The first stage was project development. A PowerPoint slideshow will be created as well as a handout. The pre/post-intervention surveys were created on the Qualtrics platform. These resources were to be sent to the nursing director of the COVID-19 unit for approval. The second stage was emailing the pre-invention survey link to all the participants. The goal was to have these results prior to the presentation. The third stage was the presentation of the resources at a staff meeting. The PowerPoint was reviewed with the nurses and a video demonstration was played. The total time was approximately 10 minutes. Each participant was provided with a handout. These could also be emailed to the staff that was unable to attend the meeting. The fourth stage was allowing the nurses to practice the STOP method for 4 weeks. The goal was for participants to utilize the intervention at any time whether at work or home. The final stage after the 4-week trial is to email the post-

intervention survey link to all involved. The data will be reviewed in Qualtrics and be provided to the nursing director.

Budget

The costs were minimal. The slideshow was provided by the project leader. The handouts were printed at a local business printing store. The store printed color flyers for $0.30 per copy for 100. Budgeting for future education will be determined at a later date, which is dependent on the nursing director and whether this will be presented again.

Evaluation Plan

The outcome measure of burnout was to be evaluated via the pre-intervention survey versus the post-intervention survey scores. The surveys were created by the project leader. The highest burnout score possible was 21 points meaning each question was answered on the extreme end of the spectrum. The lowest burnout score possible was 7 points meaning each question was answered on the lowest end of the burnout spectrum. The plan was to email the pre-intervention survey link prior to the presentation, and the post-intervention survey after the 4-week period. The aim was to reduce the burnout scores by 25%. This goal was evaluated after reviewing the data collected electronically.

Summary

This project strived to improve the day-to-day stress of nurses by creating a space to stop, remove worries, and return to the present. It is an inexpensive intervention that could impact multiple populations in the inpatient environment. Nursing leadership can review the feedback from the project and advocate for future programs or presentations. This could possibly be added to new hire orientations to provide intervention before the

stressful environment becomes too overwhelming. Overall, this project offers the possibility of an alternative way for nurses to manage stress.

CHAPTER V

Dissemination

The demand for nurses is exceedingly growing during COVID-19 and will continue to grow as the population ages (Dutton & Kozachik, 2020). With such a high demand for nurses and the high-stress environments, there is a responsibility to provide interventions that reduce stress. There are mindfulness-based techniques available that are shown by evidence to improve stress. This project will assess the burnout levels before and after implementing the mindfulness-based STOP technique.

Dissemination Activity

The dissemination activity will include a formal presentation through a virtual platform Teams. All stakeholders were invited to attend. Those invites included the chief nursing officer, the nursing director, the assistant director, and several charge nurses on the COVID-19 unit. The formal presentation for the leaders included a PowerPoint presentation reviewing the project and the goals. The handout and PowerPoint created for the nurses were forwarded to the leadership team as well for approval.

Limitations

There were a few limitations to this project that will be discussed during the dissemination activity. One being the project findings were limited to a small sample size of participants. By increasing the number of participants, the effectiveness of the intervention could become more evident. Another limitation to consider was low response rates from the participants with regard to the pre/post-intervention surveys. The project was voluntary. The possibility that some of the staff will not participate due to the timeline of the project is something to consider as well.

Implications for Nursing

The need for interventions to reduce nurse burnout during the COVID-19 pandemic is being discussed across the entire healthcare system. Burnout existed before the pandemic and the stresses of nursing have only increased. The mindfulness STOP technique works well for nurses since it does not require significant time commitments and can be performed at any time throughout the day. Nurses have reported a heaviness and burnout associated with dealing with difficult people and stressful situations (Pappa et al., 2020). The levels of burnout can directly influence employee engagement and retention. Using a mindfulness technique that reduces burnout can lead to improved work environments, which decreases turnover rates (Benzo et al., 2018). Another consideration is the well-being of nurses and how imperative it is to preserve the well-being of the patient as well.

Recommendations

One important recommendation is that any hospital could adopt this project in an effort to improve nurses' mental health as well as improve retention rates. This project can be used as a guideline for other units not limited to only COVID-19 units. Both seasoned nurses and new graduate nurses could benefit from this project since they are beginning a new career in a high-stress climate.

Conclusion

Nurse burnout is currently a prevalent topic, especially with the spread of COVID-19. One in five nurses will leave the profession early due to stress and burnout (Dutton & Kozachik, 2020). The purpose of this project was to implement and provide intervention for nurses. The introduction of the STOP technique in hospitals has the

potential to reduce stress and decrease the likelihood of burnout. This project is feasible and cost-effective for the staff and leadership. By improving nurses' well-being and providing a coping skill for the high-stress environment, there is the potential for improving patient outcomes, reducing turnover rates, and reducing burnout.

References

Benzo, R., Anderson, P., Bronars, C., & Clark, M. (2018). Mindfulness for healthcare providers: The role of non-reactivity in reducing stress. *EXPLORE, 14*(6), 453-456. https://doi.org/10.1016/j.explore.2018.03.008

Cadge, W., Lewis, M., Bandini, J., Shostak, S., Donahue, V., Trachtenberg, S., Grone, K., Lux, L., Matthews, C., McAuley, M., Romain, F., Snydeman, C., Tehan, T., & Robinson, E. (2021). Intensive care unit nurses living through COVID-19: A qualitative study. *Journal of Nursing Management, 29,* 1965-1973. https://doi.org/10.1111/jonm.13353

Dutton, S., & Kozachik, S. L. (2020). Evaluating the outcomes of a web-based stress management program for nurses and nursing assistants. *Worldviews on Evidence-Based Nursing*, *17*(1), 32-38. https://doi.org/10.1111/wvn.12417WVN

Fox, C. (2021). The effects of administrative support on registered nurse well-being during the COVID-19 pandemic. *The Eleanor Mann School of Nursing Student Works.* https://scholarworks.uark.edu/nursstudent/18

Gigliotti, E., Ustun, B., & Gunusen, N. (2009). Conceptualization of burnout from the perspective of the Neuman Systems Model. *Nursing Science Quarterly, 22*(3), 200-204. https://doi.org/10.1177/0894318409338685

Green, A., & Kinchen, E. (2021). The effects of mindfulness meditation on stress and burnout in nurses. *Holistic Nursing Practice*, *18*(6), 302-308. https://doi.org/10.1177/08980101211015818

Kabat-Zinn, J. (1990). *Full catastrophe living: Using the wisdom of your body and mind to face stress, pain, and illness*. Dell Publishing.

Klatt, M., Bawa, R., Gabram, O., Westrick, A., & Blake, A. (2021). Synchronous mindfulness in motion online: Strong results, strong attendance at a critical time for health care professionals in the COVID era. *Frontiers in Psychology, 12*. https://doi.org/10.3389/fpsyg.2021.725810

Li, H., Cheng, B., & Zhu, X.P. (2018). Quantification of burnout in emergency nurses: A systematic review and meta-analysis. *International Emergency Nursing, 39,* 46-54. https://doi.org/10.1016/j.ienj.2017.12.005.

MacPhee, M., Dahinten, V. S., & Havaei, F. (2017). The impact of heavy perceived nurse workloads on patient and nurse outcomes. *Administrative Sciences*, *7*(1), 7. https://doi.org/10.3390/admsci7010007

Maslach, C. (2003). *Burnout: The cost of caring*. ISHK. https://malorbooks.com/pdf/Burnout_preview.pdf

Mental Health America (MHA). (2021). *The mental health of healthcare workers in COVID-19*. https://mhanational.org/mental-health-healthcare-workers-covid-19

Morrison, M. (2011). *SWOT Analysis in Nursing & Health care*. RapidBI. https://rapidbi.com/swot-analysis-in-nursing-health-care/

Murat, M., Köse, S., & Savaşer, S. (2021). Determination of stress, depression, and burnout levels of front-line nurses during the COVID-19 pandemic. *International Journal of Mental Health Nursing*, *30*(2), 533–543. https://doi.org/10.1111/inm.12818

NIHCM. (2021). *Physician burnout & moral injury: The hidden health care crisis.* https://nihcm.org/publications/physician-burnout-suicide-the-hidden-health-care-crisis?utm_source=NIHCM+Foundation&utm_campaign=05fc2b6289-080921_VBC_Webinar_Invite_non_registrants&utm_medium=email&utm_term=0_6f88de9846-05fc2b6289-167785432

Neuman, B. (2011). *The Neuman Systems Model* (5th ed.). Pearson.

Pappa, S., Ntella, V., Giannakas, T., Giannakoulis, V., Papoutsi, E., & Katsaounou, P. (2020). Prevalence of depression, anxiety, and insomnia among healthcare workers during the COVID-19 pandemic: A systemic review and meta-analysis. *Brain, Behavior, and Immunity*, *88*, 901-907. https://doi.org/10.1016/j.bbi.2020.05.026

Phillips, C. (2020). Relationships between workload perception, burnout, and intent to leave among medical-surgical nurses. *International Journal of Evidence-Based Healthcare, 18*(2), 265-274. https://doi.org/10.1097/XEB.0000000000000220

Pines, E. W., Rauschhuber, M. L., Norgan, G. H., Cook, J. D., Canchola, L., Richardson, C., & Jones, M. E. (2012). Stress resiliency, psychological empowerment, and conflict management styles among baccalaureate nursing students. *Journal of Advanced Nursing, 68*(7), 1482-1483. https://doi.org/10.1111/j.1365-2648.2011.05875.x

Ponte, P., & Koppel, P. (2015). Cultivating quality: Cultivating mindfulness to enhance nursing practice. *The American Journal of Nursing*, *115*(6), 48-55. https://www.jstor.org/stable/26619662

Smith, S. (2014). Mindfulness-based stress reduction: An intervention to enhance the effectiveness of nurses' coping with work-related stress. *International Journal of Nursing Knowledge, 25*(2), 119-130. https://doi-org.ezproxy.gardner-webb.edu/10.1111/2047-3095.12025

Smith, M., Segal, J., & Robinson, L. (2020). *Burnout Prevention and Treatment.* Help Guide. https://www.helpguide.org/articles/stress/burnout-prevention-and-recovery.htm#

Sullivan, D., Sullivan, V., Weatherspoon, D., & Frazer, C. (2021). Comparison of nurse burnout, before and during the COVID-19 pandemic. *Nursing Clinics of North America.* https://doi.org/10.1016/j.cnur.2021.11.006.

US Census Bureau. (2019). *Your Health Care is in Women's Hands.* https://www.census.gov/library/stories/2019/08/your-health-care-in-womens-hands.html

Wei, H., King, A., Jiang, Y., Sewell, K. A., & Lake, D. (2020). The impact of nurse leadership styles on nurse burnout: A systematic literature review. *Nurse Leader, 18*(5), 439-450. https://doi.org/10.1016/j.mnl.2020.04.002

World Health Organization (WHO). (2019, May 28). *Burn-out an "occupational phenomenon": International classification of diseases.* https://www.who.int/news/item/28-05-2019-burn-out-an-occupational-phenomenon-international-classification-of-diseases

Appendix A

Qualtrics Pre-Intervention Survey

1. I feel drained physically.
    - Not at all (1 point)
    - Sometimes (2 points)
    - Often (3 points)
2. I feel drained emotionally.
    - Not at all (1 point)
    - Sometimes (2 points)
    - Often (3 points)
3. I feel exhausted after working with patients.
    - Not at all (1 point)
    - Sometimes (2 points)
    - Often (3 points)
4. I feel energetic.
    - Not at all (3 points)
    - Sometimes (2 points)
    - Often (1 point)
5. I feel I’m a positive influence.
    - Not at all (3 points)
    - Sometimes (2 points)
    - Often (1 point)
6. I like the work I do.
    - Not at all (3 points)
    - Sometimes (2 points)
    - Often (1 point)
7. I am easily frustrated.
    - Not at all (1 point)
    - Sometimes (2 points)
    - Often (3 points)

Appendix B

Qualtrics Post-Intervention Survey

1. Did you utilize the STOP method during working hours?

- Yes
- No

2. What is the average amount of times you utilized the technique during stressful situations?

- 1-5
- 6-10
- 11 or more

3. I feel drained physically.

- Not at all (1 point)
- Sometimes (2 points)
- Often (3 points)

4. I feel drained emotionally.

- Not at all (1 point)
- Sometimes (2 points)
- Often (3 points)

5. I feel exhausted after working with patients.

- Not at all (1 point)
- Sometimes (2 points)
- Often (3 points)

6. I feel energetic.

- Not at all (3 points)
- Sometimes (2 points)
- Often (1 point)

7. I feel I’m a positive influence.

- Not at all (3 points)
- Sometimes (2 points)
- Often (1 point)

8. I like the work I do.

- Not at all (3 points)
- Sometimes (2 points)
- Often (1 point)

9. I am easily frustrated.

- Not at all (1 point)
- Sometimes (2 points)
- Often (3 points)

Appendix C

STOP Microsoft PowerPoint

Mindfulness to Reduce Stress

STOP Method

Heather Smallwood, BSN, RN

What is mindfulness?

- *Mindfulness is the basic human ability to be fully present, aware of where we are and what we're doing, and not overly reactive or overwhelmed by what's going on around us. There are several mindfulness techniques that can be used.*

Benefits of mindfulness practice

- *Reduce stress*
- *Decrease depression*
- *Better memory*
- *Better physical health*

STOP Technique

- The STOP Technique is a mindfulness-based practice designed to help you defuse stress in the moment
- Taking a brief pause even for less than one minute-can help you gain perspective and determine the best possible action you can take next.

Let's watch a demonstration:

https://www.youtube.com/watch?v=9v0VRsYp6cQ

Stop

Interrupt your thoughts with the command 'stop!' and pause whatever you're doing.

Take a Breath

Notice your breathing for a second. Breathe in slowly through the nose, expanding the belly, and exhale slowly and deeply through pursed lips.

Observe

Become the observer of your thoughts, emotions and physical reactions. What thoughts do you notice? What emotions are present? How does your body feel? Tune in and sit with whatever arises for a few moments.

Proceed

Mindfully consider how you'd like to respond. What's one thing you can focus on right now? What's your most important and urgent priority? Narrow down your focus and take it one small step at a time.

Appendix D

Handout

- STOP
- TAKE A BREATH
- OBSERVE *(what's going on inside)*
- PROCEED *(in a helpful way)*

★ **S:** we stop and pause, feeling our feet on the floor to help us feel grounded

★ **T:** slow down and feel breath, deepening the inhale, lengthening the exhale

★ **O:** Observe how you are feeling on the inside; what is happening in the body (sensations, emotions, or feelings) rather than the stories in the mind.

★ **P**: Proceed in a way that is helpful or skillful which sometimes means taking a few more deep breaths.

Appendix E

Timeline