Spring 2023

Decreasing Nursing Burnout Post COVID-19 Pandemic Through Complementary Therapies

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Decreasing Nursing Burnout Post COVID-19 Pandemic Through Complementary Therapies

by

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A project submitted to the faculty of
Gardner-Webb University Hunt School of Nursing
in partial fulfillment of the requirements for the degree of
Doctor of Nursing Practice

Boiling Springs, NC

2023

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Date	Date

Acknowledgement

I want to convey my appreciation to the many people who supported me throughout my journey in the Doctor of Nursing Practice- Family Nurse Practitioner Program at Gardner-Webb University. I would like to thank God for giving me the strength to get through all the challenging moments that I faced while completing this project. I have been blessed with His unconditional and endless grace, mercy, and love through my faith and joy in God. I want to thank Dr. Tina Lewis for the guidance, leadership, and mentorship she provided me that carried me through this project. I will forever be thankful for her loving support. To my amazing husband, Todd, I would like to thank you for the encouragement, support, and perpetual love you have shown me during this time. I would not have been able to have made it without you by my side. Thank you for supporting and loving me even during my most challenging moments. I could not have completed this chapter of my life without you by my side. I want to thank my daughters (Brooke and Jourdan), my grandchildren (Logan and Riley), and my sister (Lesley) for their love and encouragement. To my parents (Boyd and Martha), I cannot begin to thank you for the love and support you have always given me. I would like you each to know that I love you very much, and I thank God for blessing me with each of you in my life.

Isaiah 48:17 This is what the Lord says- your Redeemer, the Holy One of Israel:
"I am the LORD your God, who teaches you what is best for you, who directs you in the way you should go" (BibleGateway, 2023a).

Psalm 37:23-24: “The LORD makes firm the steps of the one who delights in him; though he may stumble, he will not fall, for the LORD upholds him with his hand” (BibleGateway, 2023b).

Abstract

This quality improvement project aimed to address the problem of nursing burnout post COVID-19 pandemic through complementary therapies. Nursing burnout can be mental, emotional, or physical exhaustion which an excessive amount of prolonged stress can cause. Nursing burnout has affected nursing staff worldwide, directly impacting the care provided to patients and the patient's satisfaction. The Nursing Worklife Model was utilized as the theoretical framework for this project (Appendix A). The literature review exhibits the prevalence of nursing burnout in nursing staff. A quantitative study was utilized for this project. The Oldenburg Burnout Inventory was utilized to establish the participant's level of nursing burnout pre- and post- complimentary therapies usage (Appendix B). The results showed the use of complementary therapies aided in inducing a calming work environment, encouraging positive emotions, and helping to create a calm environment to assist the nursing staff in lessening the feelings of burnout in the workplace.

Keywords: nursing burnout, burnout, complimentary therapies, stress, emotional exhaustion, and stressors.

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Problem Recognition

This Doctor of Nursing Practice (DNP) project addresses the problem of nursing burnout post COVID-19 pandemic through complementary therapies. Burnout as a term was devised in the 1970s to express the ramifications of increased stress levels and increased ideals throughout a caring profession. Being overworked or having poor working conditions are contributing factors to burnout (Team, 2021). Burnout in the job force has become an extensive issue the world faces. Those who work in the healthcare field, especially nurses, have been more susceptible to burnout due to the demands every day they walk into work. Nursing demands can be physical, emotional, mental, and spiritual. Burnout can cause a nurse's view on their career choice to change and force them to lose the passion that brought them into this career choice. Appropriate interventions must be put into place to help decrease the levels of nursing burnout.

Nurses have endured many stressful and life-altering situations throughout the past 3 years. Pre-pandemic levels of nursing burnout were on the rise before the COVID-19 outbreak. According to Brusie (2019), 15.6% of nurses revealed feelings related to burnout; however, 50% of the nurses in 2019 who reported feeling burned out did not plan to leave their nursing career, stating how important it was to support their fellow nurses (Brusie, 2019). After COVID-19 reached the United States, nursing burnout increased immensely. Statistics from a 2020 survey showed that 76% of nurses reported having feelings of burnout. Fifty-five percent of these nurses were left questioning their career path (Lagasse, 2020).

Common themes in nursing practice throughout and post COVID-19 pandemic included stress and burnout. These themes could cause significant risks to healthcare

systems, including the patients being cared for and their nursing staff. Nurses routinely faced moral and ethical dilemmas in the workplace that increased throughout the COVID-19 pandemic. Nurses require a stable support system within their healthcare organization to decrease the negative influences of the COVID-19 pandemic. It has been proven that if nurses have not been supplied with a solid support system, their well-being and job performance can decline and eventually lead to them experiencing burnout (Morley et al., 2020).

Symptoms of burnout can include emotional depletion, a lower sense of personal achievement, adverse changes in the nurse's behavior, depersonalization, and feelings of frustration. Nurses have a higher likelihood of burnout when they continually face physical and psychological stressors. Many of these stressors include seriously ill patients and being short-staffed (Zhang et al., 2018).

Problem Statement

Nurses who worked throughout the COVID-19 pandemic experienced increased feelings of burnout related to the increased stressors related to their jobs. Many nurses currently have tentative plans to leave the healthcare field in hopes of finding less stressful and more flexible jobs. Burnout harms the nurse's health and well-being, which can cause long-term health problems, according to a digital platform called IntelyCare that conducted a study to measure nursing burnout in Charlotte, NC. The results of the IntelyCare study determined 56% of nurses admit to sacrificing their mental health for their nursing career, and 41% of nurses have been considering leaving their nursing career (Leshner, n.d.).

Literature Review

Hu et al. (2020) examined how nurses at the forefront experienced burnout and fear. This study aimed to determine the mental health status of nurses at the forefront of the pandemic and cared for COVID-19 positive patients who faced associated factors in Wuhan, China. It was determined these mental health challenges warrant attention from policymakers. Interventions are needed at multiple levels to address nurses' mental health issues due to the COVID-19 pandemic. This study utilized a large-scale cross-sectional, correlational, and descriptive study design (Hu et al., 2020).

Using a meta-analysis and systematic review, Galanis et al. (2021) examined nurses' feelings of burnout and the related risk factors they faced throughout the COVID-19 pandemic. The study determined burnout among nurses is an issue due to the COVID-19 pandemic. Nurses must be prepared with coping mechanisms to assist them during the pandemic (Galanis et al., 2021).

Soto-Rubio et al. (2020) analyzed the results of the COVID-19 pandemic on the health of nurses, their well-being, and feelings of burnout through psychosocial risks and emotional intelligence. This was completed through a cross-sectional study. The study determined that emotional intelligence should be stressed to prevent adverse psychosocial risks on nurses during the pandemic, primarily related to burnout. Intervention programs should be developed that help ensure the nurses' well-being is a priority during a crisis of this magnitude (Soto-Rubio et al., 2020).

Chen et al. (2020) conducted a survey to review multiple factors, including burnout for nurses working through the COVID-19 pandemic. Nurses and other healthcare workers are susceptible to adverse psychological outcomes. These outcomes

may cause future problems if they are not diagnosed and receive appropriate treatment. A cross-sectional survey utilizing self-report questionnaires available online and on paper to be completed by nurses was utilized. The study showed more psychological support should be provided for nurses working through the COVID-19 pandemic. The survey revealed issues correlated with mental health outcomes could lead to interventions to prevent adverse health outcomes for nurses (Chen et al., 2020).

Bellanti et al. (2021) used a web-based cross-sectional study with an online questionnaire collecting data to study the safety of workers in healthcare throughout the COVID-19 pandemic a concern for workers in an Italian University Hospital. The exposure to infected patients causes nurses to face problems that could result in a physical and psychological breakdown. The study showed nurses presented with burnout symptoms, including exhaustion. Burnout was not noted to be dependent on population attributes or professional factors. Burnout has been linked to the amount of emotional support available to nurses. Also, burnout is associated with the consideration of leaving the job, the amount of stress faced, and workload acuity. It has been determined a negative impact has been exerted on the well-being of nurses during the COVID-19 pandemic (Bellanti et al., 2021).

Stallter and Gustin (2021) examined advanced practice nurses' perception of burnout and the assistance they could use to help diminish stress and well-being. The study included essential oils, a quiet place to get away, art therapy, soothing music, and pet therapy. The study embodied descriptive and causal-comparative survey designs. Email links were sent to three state advanced practice nursing (APN) organizations and the Old Dominion University's School of Nursing social media page. The study showed

APNs stated they were experiencing moderate levels of burnout throughout the COVID-19 pandemic. Younger APNs experienced higher levels of burnout than older APNs. Nurse Practitioners held higher levels of burnout feelings than clinical nurse specialists, nurse educators, nurse executives, and clinical nurse specialists. The interventions were thought to help reduce stress among healthcare providers and increase their well-being (Stallter & Gustin, 2021).

Murat et al. (2020) examined burnout, stress, and depression levels during the COVID-19 pandemic for frontline nurses. The status of nurses' mental health was also explored. The study utilized a cross-sectional and descriptive design. It determined that high-stress levels and burnout, and moderate depression were noted in frontline nurses throughout the COVID-19 pandemic. It is crucial to note the destruction of nurses due to this pandemic. Psychological interventions are recommended to help improve nurses' mental health and help maintain their well-being. These recommendations should occur individually and with a group and should happen immediately (Murat et al., 2020).

Hoseinabadi et al. (2020) conducted a study to assess levels of burnout in nurses during the COVID-19 pandemic and recognize any factors that influenced these feelings between the nurses from other units and the frontline nurses. This study utilized a cross-sectional design to compare two groups of nurses. These two groups of nurses were divided into frontline nurses exposed to COVID-19 and other nurses who worked in non-exposed wards. The nurses worked in Torbat Heydariyeh City, Iran. A questionnaire was used to determine family support, hospital resources, and the alarm of the outbreak. The study showed that nurses at the forefront experienced more burnout than nurses in other areas. The most influencing factor related to burnout was job stress. It was noted adverse

effects of burnout were witnessed in physical and mental health. It was determined that concrete actions should be considered to help reduce the burnout levels of the nurses (Hoseinabadi et al., 2020).

Yörük and Güler (2020) examined the relationship between burnout, sociodemographic factors, psychological resilience, and depression in nurses and midwives who worked throughout the COVID-19 pandemic. This study utilized a cross-sectional study. This study determined the risk of midwives suffering from depression during the COVID-19 pandemic was 1.92 times greater than in nurses (Yörük & Güler, 2020).

Kim et al. (2022) sought to examine the attributing outcomes of the distinguished health status and organizational assistance through the public health nurse's relationship between labor and burnout. This study was a cross-sectional descriptive survey. A structured questionnaire was utilized to help determine the perception among emotional labor, health statuses, organizational support, and burnout by the public health nurses throughout the COVID-19 pandemic. The study's findings included reducing burnout among public health nurses, there must be programs designed to prevent burnout. These programs should be designed to increase perceived health status and reinforce the support from the organization. It is also vital to decrease emotional labor through physical activities and emotional control (Kim et al., 2022).

Johnson et al. (2017) looked at perceived stress through charge nurses, registered nurses, and patient care technicians. These healthcare providers work in a trauma intensive care unit and an orthopedic trauma unit. Pre and post lavender essential oil treatments noted the healthcare personnel's stress levels. This study used a repand post-

intervention with a quasi-experimental design. At the conclusion of the pre-survey, lavender essential oils were diffused for 24 hours a day. This was implemented for 30 days in a secluded area for nurses where not all nurses were required to enter each shift. The study findings supported utilizing essential oils to help reduce stress in nurses that work in acute care settings (Johnson et al., 2017).

Li et al. (2018) examined the success of aromatherapy and massage in alleviating feelings of stress among nurses. This study used a systematic quantitative review using Cochrane methods. This study determined the evidence collected did not sufficiently prove that massages, aromatherapy, or aromatherapy massages are valuable modalities when attempting to reduce job-related stress for nurses (Li et al., 2018).

Kerr et al. (2021) examined the success of essential oils diffused in the clinical setting on nurses' moods. This study used self-reporting questionnaires in order to collect data pertaining to the impact of essential oil diffusion on nurses' stress levels, depression levels, mood, and stress. This study determined the diffusion of citrus essential oils that were used in the clinical setting provided a positive effect on the nurses' spirits. However, future studies are needed to expand on this study's conclusion (Kerr et al., 2021).

Zhou et al. (2022) aimed to investigate the effects of the COVID-19 pandemic on burnout from associated job stressors and perceived social and organizational support in Chinese healthcare workers. The study also aimed at determining the associated effects of social help and organization support linking job stressors, burnout, and well-being within the Job Demands-Resources model of the theoretical framework. The study incorporated a sample population of healthcare workers. These healthcare workers were selected from

22 hospitals in Beijing, China. The healthcare workers participated in this cross-sectional investigation. The healthcare workers reported epidemic-related stressors connected to their jobs, anxiety, the amount of organizational support they perceived, burnout, their perception of social support, and depression symptoms. The data shows how enhancing the healthcare workers' psychological well-being and preventing burnout was essential. The implementation occurred under controlled measures by decreasing epidemic-related job stressors and reinforcing personal and organizational support systems (Zhou et al., 2022).

Frechman and Wright (2022) aimed their study at looking at burnout among palliative care and hospice nurses, which has been rising during the COVID-19 pandemic, threatening the safety of patients and their quality of care. Literature shows burnout within the palliative care and hospice interdisciplinary team, but more attention needs to be given to hospice and palliative care nurses. A scoping review was conducted to look at burnout among palliative care and hospice nurses. The Arksey and O'Malley framework was utilized during this study. Burnout among palliative care and hospice nurses is probably not completely preventable. However, professional nurses and organizations should focus on recognizing the contributions and mitigating factors. Further studies are needed to determine interventions in the workplace that may be beneficial, including whether resilience or self-care measures influence burnout in hospice and palliative care nurses. Qualitative research would help capture palliative care and hospice nurses' burnout experiences, especially in the post-COVID-19 era (Frechman and Wright, 2022).

Boamah et al. (2022) aimed their study to determine how the balance between personal life and work life affects a person's well-being, especially around the COVID-19 pandemic. The imbalance between the two may result in work-related burnout. This may affect healthcare workers' physical and psychological health adversely. Burnout knowledge has grown throughout recent years, but the effects of burnout on healthcare workers' turnover intentions and career satisfaction is not well identified. This study aims to examine a hypothesis model that looks at the impact of work-life interference on nursing burnout, turnover intention, and career satisfaction. A predictive cross-sectional design was used where an online survey was provided to healthcare workers throughout Canada in the summer of 2021. The data shows an increase in nursing burnout to turnover and dissatisfaction. The results offer a proposition for suitable areas to develop interventions and organizational policies to help reduce the risk of burnout post-COVID-19 pandemic and improve retention rates (Boamah et al., 2022).

Needs Assessment

PICOT Statement

In nurses who worked after the COVID-19 pandemic, is there evidence to suggest holistic complementary alternative therapies (CAM), compared to no holistic CAM therapies, impacts nursing burnout rates within 1 month.

Sponsors and Stakeholders

The sponsors and stakeholders for this project included hospital administrators, nursing staff, and nursing managers.

SWOT Analysis

Figure 1 depicts the SWOT analysis used for this project.

Figure 1

SWOT Analysis

Strengths	**Weaknesses**
• Provide assistance programs to improve feelings of burnout • Provide assistance programs in order to teach stress management	• Nurses do not like to admit to their poor mental state • Perception of unsupportive management • Nurses lack the free time to focus on self-care • Nurses lack knowledge of mental health resources that are available to them
Opportunities	**Threats**
• Research into effective burnout prevention methods • Develop a program within the hospital to address burnout • Peer collaboration to share burnout solutions	• Management ignoring the nursing burnout problems • Increase the cost of self-care programs that are not included in the unit budget • Nurses taking days off work as a mental health break causing an increase in the nursing shortage

Available Resources

Resources that were available for this project included strong support from the nursing staff, including management, evidence-based research that supported the need for

CAM therapies for nurses to reduce the burnout rate, employee assistance programs (EAP), mental health resources, and a facility that empowers positive staff outcomes.

Desired and Expected Outcomes

Throughout this project, it was expected that through holistic CAM therapies, there would be a decrease in the number of nursing staff that experienced feelings of burnout.

Team Selection

The team comprised of one medical/surgical/progressive care unit at Atrium Health Kings Mountain. The group consisted of registered nurses, licensed practical nurses, and nurse aids.

Cost/Benefit Analysis

Table 1 depicts the cost/benefit analysis used for this project.

Table 1

Cost/Benefit Analysis

Expenses	Costs
Participants	$0
Essential oils (4) 1-ounce bottles	$25.96
Essential oil diffuser	$39.99
Calming sound machine	$23.99
Cotton balls	$2
Ziplock© bags	$2
Total Fixed Costs	$93.94

Scope of Project

This project aimed to implement strategies to help reduce the stress levels in bedside nursing staff, increase awareness and knowledge of burnout, and promote CAM therapies aimed at reducing nursing burnout. The inclusion criteria included all nursing staff, regardless of gender, who were over 18 and worked in the inpatient setting of Atrium Health Kings Mountain. Exclusion criteria included staff members who worked in other hospital areas and anyone under 18.

Goals, Objectives, and Mission Statement

Goals

This project aimed to address nursing burnout post COVID-19 pandemic and utilize CAM therapies to help combat burnout rates.

Objectives

- Specific- Nursing burnout has become a significant problem throughout the healthcare industry during and after the COVID-19 pandemic. This project aimed to lower nursing burnout levels. The project was trialed on 2 North at Atrium Health Kings Mountain in Kings Mountain, NC. The trial lasted 1 month, and an essential oil diffuser with calming essential oils and a calming sound machine were utilized. These CAM therapies were placed at the back of the nurse's station, separated by a wall. The CAM therapies were nearby, and the staff could utilize them at their discretion. The nursing staff received calming and relaxing techniques to help reduce their stress levels and the potential for burnout.
- Measurable- This project utilized the Oldenburg Burnout Inventory (Appendix B) as a pre-and post-survey of the nursing staff on 2 North. The survey rated the

levels of stress and burnout each staff member experienced while at work (Mind Garden, 2022).

- Attainable- The managers of 2 North agreed to implement the project in their unit. The project leader managed the project and set milestones to keep everyone motivated and on target.
- Realistic- This project was realistic to the stress and burnout levels noted in nursing staff for the past 3 years, throughout and after the COVID-19 pandemic. Since the healthcare world is finally seeing low levels of COVID patients in the hospital system, we must offer CAM therapies to the front-line workers to assist in lowering burnout levels.
- Timely- The project implementation followed a 1-month timeline after IRB approval. This was a realistic timeline to determine if the self-care techniques utilized during work hours helped decrease the levels of stress and burnout of the nursing staff.
- Smart Goal- Improving nursing burnout rates is a core initiative for many healthcare facilities. After implementing CAM therapies during the nursing staff's shift, the burnout rate should decrease by 25% within 1 month.

Mission Statement

During a time when nursing burnout levels are high, the aim was to utilize CAM therapies in the workplace setting to help minimize the rate of burnout.

Theoretical Framework

The Nursing Worklife Model (Appendix A) served as the theoretical framework for this project. A notable concern in the nursing profession has been the work

environment of nurses and how it contributes to nursing burnout. Nursing practice environments are shaped by organizational culture, management practices, and hospital work design—all impacting patient outcomes, the nursing staff, and the hospital system. The perception of nurses' quality of care they provide comes from the work environment factors they face. Job satisfaction and nursing turnover intentions are associated with the nurse's perceived quality of care. Leiter and Laschinger designed the Nursing Worklife Model in 2006. This model suggests there is a pattern between five work-life domains. These domains explicate how work environments can be created by healthcare management that aids the nursing practice and focuses on high-quality patient care (Roche et al., 2015).

The Nursing Worklife Model is an emerging theoretical model based on five domains within the hospital organization. The Nursing Worklife Model was developed to educate on how an organization and nursing units can affect nurses by increasing or decreasing nursing burnout (Manojlovich & Laschinger, 2007).

The Nursing Worklife Model is the appropriate underpinning for this project because it describes how work-environment attributes affect the nurses' lives in their workplace. These characteristics can add to or decrease the nurse's sense of burnout. While utilizing the nurse's preferred aspects, the nurse managers can reduce the nursing turnover rate by working to decrease burnout and improve how the nurses feel about job satisfaction. In the five domains listed in the Nursing Worklife Model, strategies can be implemented that help to enhance the nurse's work environment. The Nursing Worklife Model configures the domains where the underlying mechanisms by which one influences the other are demonstrated. This guides those interested in changing and

enhancing the hospital environment and positively affecting the quality of the nurses' work lives (Manojlovich & Laschinger, 2007).

The Nursing Worklife model encompasses five domains that support professional practice environments. The five domains include staff participation within organizational affairs, effective nursing leadership, adequate staffing to provide quality care, support for a nursing model of patient care, and effective nurse-physician relationship. Leiter and Laschinger thought by determining patterns of relations with the work environment domains, there would be an understanding of the mechanisms in which each one influenced the other, leading to identifying potential points of interventions that could improve the nurse's work life. The Nursing Worklife model has expanded and now includes patients and different nursing outcomes (Roche et al., 2015).

Leadership is envisioned as the driving force that can influence the work environment variables that affect nursing burnout through the five domains. Management and leadership directly affect nurses' opportunities to play a role in hospital affairs. They dictate the appropriacy of staffing and available resources and help develop nurse/physician relationships. When looking at staffing, the nursing staff are more likely to become exhausted if there is insufficient staffing to provide excellent patient care. Nursing models help direct nurses toward personal accomplishments. Adequate available resources and staffing would result in the nursing staff having more feelings of accomplishment, translating into better nursing and patient outcomes. Nursing exhaustion relates to the nurse's work environment characteristics with depersonalization. Depersonalization decreases the nurse's personal feelings of accomplishment. If nurses

are satisfied throughout the five domains, they can be satisfied with their job, leading to nursing burnout (Manojlovich & Laschinger, 2007).

Throughout this project, the Nurse Worklife Model was used as a guide to implementing interventions to reduce nursing burnout. Selected domains were utilized that were aimed at improving the work environment that nurses encounter daily. By changing the work atmosphere from one that was filled with stress to one that has holistic calming effects, the goal was to lower the stress level of nurses during their shifts. With the help of leadership for the unit, appropriate materials were provided to create a calming atmosphere in a designated area throughout each shift.

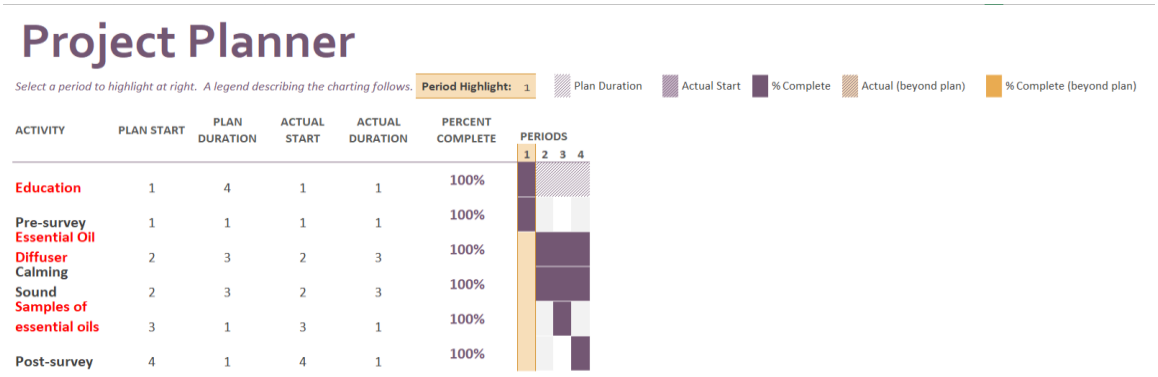
Work Planning

For this project, a Gantt chart was used as the project management tool. A Gantt chart is a popular and valuable way to show tasks or events displayed against time. The left side of the chart displays activities, and the top of the chart is a time scale. Each activity listed is represented by a bar. The activity's start date, duration, and end date reflect the bar's position and length. This allows one to see the different activities quickly, the beginning and end of the activity, the length of the activity if the activity overlaps with another activity and by how much, and the beginning and end date of the entire project. The purpose of the Gantt chart is to illustrate the actions that have to be completed and the timeframe in which to do so (Gantt, 2022).

This project began with education and a pre-survey during week one. Week two encompassed introducing the essential oils, diffuser, and calming sound machine to the unit. This step lasted through week four. The individual samples of essential oils were distributed in week three. Finally, a post-survey was supplied during week four. Figure 2.

Figure 2

DNP Project Planner Timeline



Note. This table demonstrates the timeline for the project to take place. It also shows which week each activity is introduced.

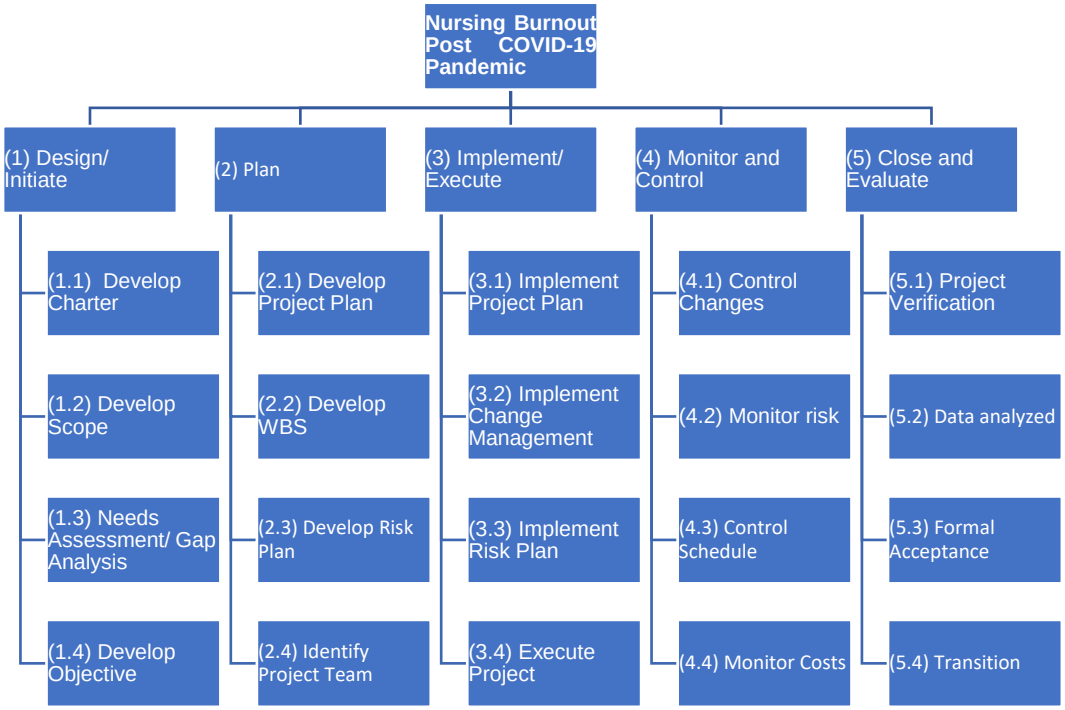
Timeline

For this project, the timeline was established utilizing a work breakdown structure provided by the Control Centers for Disease and Prevention. The work breakdown sheet aided in detailing the project and specific tasks to be completed before the implementation of the project. There were five main steps to address during the project, which included design, plan, implementation, monitoring and control, and closure with evaluation. The project's first step was the design aspect, which included several steps that were addressed. These included the development of the charter, the development of the scope, a needs assessment with gap analysis, and the objective. The second step was the planning phase. This step included the development of the project plan, the development of the work breakdown sheet, the development of the risk plan, and identifying of the project team. The third step was the implementation and execution of the project. This included implementing the project plan, change management, risk plan, and executing the project. The fourth step included monitoring and controlling the

project. This step included the control changes, monitoring the risks, managing the schedule, and monitoring the costs. The fifth step included the closure and evaluation of the project. This included project verification, data analysis, formal acceptance, and transition. Figure 3.

Figure 3

Work Breakdown Graph



Note. This graph shows a breakdown of the steps to take in order to design, implement, and evaluate this project in a timely manner.

Budget

During the project, it was imperative to determine the costs, both direct and indirect, before implementation. A cost analysis sheet was filled out to track the expenses associated with the project. The direct costs included essential oils, an essential oil

diffuser, printer paper, calming sound machine, cotton balls, and Ziplock© bags. There were no indirect costs as the personnel and their time were voluntarily by the project designer. The total cost of the project is determined to be $93.94. The project developer covered the cost of this project. Figure 4.

Figure 4

Cost Breakdown

Position or Expense Category	% of full time	Budget
Full Time		
Nursing Burnout Post COVID-19 Pandemic Project		
Essential Oils	100%	$ 25.96
Diffuser	100%	$ 39.99
Calming Sound Machine	100%	$ 23.99
Cotton Balls	100%	$ 2
Ziplock© Bags	100%	$ 2
Total Costs		**$ 93.94**

Note. This table breaks down the cost for this DNP project and gives a total cost.

Evaluation Plan

Human Resources

For this project, human resources included acute inpatient care managers, clinical supervisors, charge nurses, bedside nurses, and certified nursing assistants. Intervention for this project included 1 week of education for the acute care managers, clinical supervisors, charge nurses, bedside nurses, and certified nursing assistants to educate and promote understanding of nursing burnout and CAM self-care management.

Organizational Tools

For this project, the Oldenburg Burnout Inventory pre and post-survey, along with an Excel data collection spreadsheet was utilized. The Oldenburg Burnout Inventory pre-

survey was offered via electronic Qualtrics survey to each willing participant on the 2North unit at Atrium Health Kings Mountain before they received education to assess nursing burnout. After the project, a post-survey was offered via electronic Qualtrics survey to the same participants. The Oldenburg Burnout Inventory was encouraged to be utilized for the staff biannually.

Supplies

Supplies included the Oldenburg Burnout Inventory, calming essential oils, an essential oil diffuser, a calming sound machine, and individual essential oil samples. Interventions included utilizing resources to help educate and promote awareness of nursing burnout. Education was provided on holistic CAM therapies aimed at preventing nursing burnout.

Impact

The impact of this project was aimed at addressing nursing burnout post COVID-19 pandemic. Addressing these issues assisted in influencing positive patient outcomes, increased job satisfaction, and retention of nursing staff. Applying interventions to these issues furnished the organization with high-quality patient care and nursing satisfaction.

Outputs

Outputs affected the acute care inpatient managers, clinical supervisors, charge nurses, bedside nurses, certified nursing assistants, patients, family members of patients, and the Atrium Health organization. The outcomes of this project may aid in a better understanding of CAM therapies and may assist in lessening nursing burnout in the workplace. These CAM therapies aim to decrease stress, anxiety, and feelings of burnout.

Activities

Activities included education (Appendix C) for acute inpatient care managers, clinical supervisors, bedside nurses, and certified nursing assistants on nursing burnout and prevention. Activities included placing an essential oil diffuser with calming essential oils at the nursing station, playing a calming sound machine, and individual samples of essential oils. Education included assessment and awareness of nursing burnout and promoting holistic CAM therapies.

Project Implementation

The pathway to the DNP Project was a long road filled with many obstacles and setbacks. The project was initially titled Nursing Burnout Post COVID-19 Pandemic, but it quickly grew to incorporate the complementary therapies utilized during the project. The thought behind this project was to implement a project that addressed a growing concern for nurses worldwide: nursing burnout. Statistically, in 2019, feelings of burnout were reported in 15.6% of nurses (Flynn, 2022). However, since the beginning of the COVID-19 pandemic, this number has risen to 62% of nurses reporting symptoms of burnout (Flynn, 2022). The numbers behind nursing burnout are staggering and likely to get worse. This led to the thought of what could be implemented in the work area of nurses to help fight the feelings of burnout in nurses.

Threats and Barriers

Upon preparing to compile information for the IRB, there needed to be more particular about the amount of information expected to be written in detail about the project. In hindsight, every detail that had been thought about, concern, or issue should have been initially included in the IRB. It became apparent that the expectation of a

detailed project explanation was more involved than initially thought. Thankfully, the project leader's mentor was excellent and successfully guided throughout the writing process. This part of the project had taken more time than was expected. There was always a feeling of needing to be more understanding of how to incorporate the critical aspects of the project and how to eliminate the non-essential areas. Finally, the completed Institutional Review Board (IRB) application was submitted to the School of Nursing and University IRB review boards. The review boards corresponded quickly and gave helpful suggestions that were addressed promptly. One of the suggestions was to change the project title to portray more of the project's purpose. This was when the project title evolved into Decreasing Nursing Burnout Post COVID-19 Pandemic Through Complimentary Therapies. At this time, if the IRB could make it through a review board of my mentors, then the proposed project site should have no problems with this project.

The IRB was submitted to the proposed project facility on 11-11-2022. When filling out the IRB application, the project facility's process needed to be more straightforward and prepared for what information they expected to be produced for them. The first step in the project facility IRB process was to get an affiliated healthcare systems email; all IRB applications are approved through the affiliated medical teaching facility. The Doctoral prepared person listed on my IRB needed to apply for an email, which was unknown at the time. The Doctoral prepared mentor was in the process of changing jobs and transitioning into the role of Nurse Practitioner; thus, was limited in time that she had to dedicate to me and my project. The project facility IRB application was approximately seven to 10 pages of questions related to the project. Many questions were asked, which required effort to determine how to respond to them. There needed to

be more explicit directions on answering their questions or what items were expected to be attached. After submitting the IRB, they returned with four concerns. Three of the concerns were to change how yes/no questions were answered. The last concern left the project leader debating why they should have implemented my project in a hospital setting.

The project facility has utilized essential oils for years for staff and patients. Many nurses, including the project leader, became certified in aromatherapy to use them on units and in patients' rooms so the project leader was stunned when the feedback received showed questioning the use of aromatherapy.

- "How will they know if the diffuser, the education, or the cotton balls impact burnout scores?
- Is burnout/stress a medical condition being treated/mitigated by the oils? If so, then they are classified as unapproved drugs.
- Is there any possibility of sensitivity or allergic reactions to the oils, especially if they are rubbed on the skin from the cotton balls?"

After responding to the committee, they asked me to use the template they provided to create an informed consent and a general protocol. These items were produced and sent back in for review. The committee then requested more information about the outcomes of my project. The newest comment/concern was:

- "See FDA guidance at https://www.fda.gov/cosmetics/ccosmetic-products/aromatherapy. If the study team's objectives are to treat the condition of anxiety or burnout, then this would be classified as a drug. To avoid the FDA requirements, then they would need to reconsider their outcomes."

The committee was reading into the project differently than intent at this time. This hurdle was addressed, and all the concerns the committee had sent were resubmitted with the changes. Throughout the IRB application process, constant barriers came up, which left concerns about failing to meet deadlines with the project due to these barriers.

Monitoring of Implementation

The proposed project facility approved the IRB on December 16, 2022, and the final IRB was approved through the University on January 12, 2023. On January 24, 2023, implementation of the project began by placing 20 QR codes throughout the unit for staff to take the pre-survey and the informed consent paperwork. These QR codes were placed in the breakroom, bathroom, medicine room, and the nurse's desk. An explanation was provided to the staff of the project and the purpose of the survey. The team that received this verbal explanation agreed they wanted to take the survey and stated they would ask the other shifts to do the same. At the end of the week, there were 16 responses recorded for the survey. This was fewer than the participation rate the project leader had hoped for, but this was a good start for data interpretation that should continue to be studied in the future.

The following week, the project leader returned to the unit to set out the equipment purchased. The project leader set out the essential oil diffuser and the calming sound machine in the area designated for my project. The staff was given the option of which oil would be utilized first and they chose Bergamot. The project leader placed the education packets next to the essential oil diffuser and calming sound machine. The project leader returned to the unit the following week to distribute the individual Ziplock© bags containing the cotton balls and essential oils for personal use. In the final

week of the project, the project leader distributed the post-survey and received 13 responses.

When the project leader went to the unit to distribute the different project parts, colleagues expressed how much they enjoyed the essential oil diffuser and calming sound machine. Teammates from other departments expressed their desire to implement this project in their units because they believed it would help improve their work environment.

Project Closure

Statistical analysis shows nursing burnout is a significant concern, especially since the COVID-19 pandemic began. This project correlates with other studies in that nursing burnout levels are rising and need appropriate interventions to help decrease burnout and retain nursing staff. The literature review shows a progression of nursing burnout from the beginning of the pandemic until now, 1-year post COVID-19 pandemic. This study shows that education on the signs and symptoms of nursing burnout and measures that can be taken to combat burnout for nurses is essential. Leadership support is vital in helping to address nursing burnout within the hospital system. This study provides promising data for nursing leadership to be able to review and apply appropriate procedures to prevent nursing burnout among their nursing staff. Healthcare organizations may benefit from implementing complementary therapies within each unit and creating awareness of nursing burnout.

Interpretation of Data

Quantitative Data

After the project, there were 16 pre-surveys and 13 post-surveys completed. One pre-survey was considered null and void due to not answering all the questions. When evaluating the pre-survey, the average for the disengagement questions was 23.6, the average for the exhaustion questions was 24.27, and the average for the OLBI total was 47.87. For the post-survey, the average for the disengagement questions was 20, the exhaustion questions were 22.615, and the OLBI total was 42.615.

Process Improvement Data

Outcomes

The results of the pre-and post-surveys show that within 4 weeks, the total feelings of disengagement, exhaustion, and the total for the Oldenburg survey all decreased. There is not enough information to determine if the complementary therapies were to be continued long-term and if the feelings of nursing burnout would continue to decline. There is a need for further studies to be conducted.

Changes

The data shows that nursing burnout decreased after utilizing the complementary therapies of essential oils, an essential oil diffuser, and calming sound machine.

Impact

The impact of this project was measured utilizing the Oldenburg Burnout Inventory survey. Based on the results of this project, the conclusion was the complimentary therapies assisted in inducing a calming environment, encouraging positive emotions, and setting an atmosphere of peacefulness for the nursing staff within

the workplace. This project intended to provide the nursing staff with an area to go near the nursing station, inhale essential oils, and listen to calming sounds simultaneously. The project evaluation instruments focused on determining if these complimentary therapies aided in helping the nursing staff feel calmer and more peaceful in their work environment.

Sustainability

This project may be sustained by the healthcare organization providing the materials used in this project to each unit within its organization. Education needs to be provided to the nursing staff to understand how burnout affects them personally and professionally. The charge nurses can refill the essential oil diffuser and set up the calming sound machine at the beginning of each shift.

Future Measurements

The Oldenburg Burnout Inventory survey needs to be assessed periodically on the units that continue utilizing this project to determine if nursing burnout continues to decrease among their staff.

Conclusion

This project was conceptualized through the concern for nursing burnout witnessed throughout a local healthcare system during the COVID-19 pandemic. After the pandemic was deemed to be over, the effects of nursing burnout were still lingering among nursing staff. It was believed that the nursing staff in this local healthcare system were sustaining mental and emotional health issues due to the prolonged stress they had encountered over the past few years. The hope in creating this project was to offer nursing staff holistic options through complementary therapies that could be utilized in

the workplace to help decrease feelings of nursing burnout and improve the staff's mental and emotional health. The literature review showed that nursing burnout was taking a toll on nursing staff worldwide. Many studies were conducted to determine ways to assist nursing staff in coping with their burnout. While researching nursing burnout, the Oldenburg Burnout Inventory stood out as a great way to score the level of nursing burnout that each staff member at the project facility site was experiencing. Through this survey, data were collected before and after the implementation of complementary therapies, which helped show improvement in the level of nursing burnout the staff was feeling. Further studies need to be performed on this project, but the initial project gives hope that there are solutions to the problem of nursing burnout post COVID-19 pandemic.

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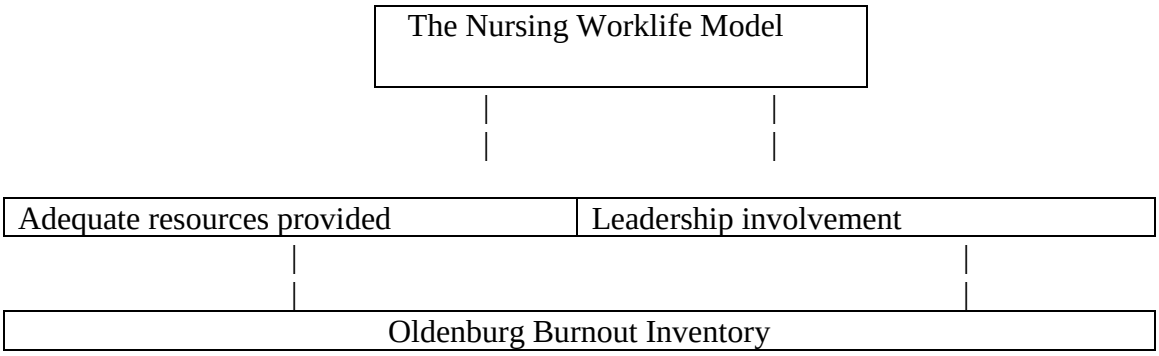
Appendix A

The Nursing Worklife Model



Appendix B

Oldenburg Burnout Inventory

Name: **Date:**

Instructions: Below you find a series of statements with which you may agree or disagree. Using the scale, please indicate the degree of your agreement by selecting the number that corresponds with each statement.

		Strongly agree	Agree	Disagree	Strongly disagree
1.	I always find new and interesting aspects in my work (D)	1	2	3	4
2.	There are days when I feel tired before I arrive at work (E.R.)	1	2	3	4
3.	It happens more and more often that I talk about my work in a negative way (D.R.)	1	2	3	4
4.	After work, I tend to need more time than in the past in order to relax and feel better (E.R.)	1	2	3	4
5.	I can tolerate the pressure of my work very well (E)	1	2	3	4
6.	Lately, I tend to think less at work and do my job almost mechanically (D.R.)	1	2	3	4
7.	I find my work to be a positive challenge (D)	1	2	3	4
8.	During my work, I often feel emotionally drained (E.R.)	1	2	3	4
9.	Over time, one can become disconnected from this type of work (D.R.)	1	2	3	4
10.	After working, I have enough energy for my leisure activities (E)	1	2	3	4
11.	Sometimes I feel sickened by my work tasks (D.R.)	1	2	3	4
12.	After my work, I usually feel worn out and weary (E.R.)	1	2	3	4
13.	This is the only type of work that I can imagine myself doing (D)	1	2	3	4
14.	Usually, I can manage the amount of my work well (E)	1	2	3	4
15.	I feel more and more engaged in my work (D)	1	2	3	4
16.	When I work, I usually feel energized (E)	1	2	3	4

Note. Disengagement items are 1, 3R, 6R, 7, 9R, 11R, 13, 15. Exhaustion items are 2R, 4R, 5, 8R, 10, 12R, 14, 16. R means reversed item when the scores should be such that a higher score indicates more burnout.

Disengagement Sub-Total:	**Exhaustion Sub-Total:**	**Full Scale Total:**

(Cappelucci, 2022)

Appendix C

Nursing Burnout Education

Decreasing Nursing Burnout Post COVID-19Pandemic Through Complimentary Therapies

Nursing Burnout Education

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What is burnout?

The term burnout is used to express the consequences of high stress levels and high ideals in professions of helping nature. Contributing factors to burnout include being overworked or working under poor conditions (Team, 2021). Burnout throughout the healthcare field has become an increasing issue that the world is facing. Teammates who work in the healthcare field, especially nurses, are more susceptible to burnout because of the increasing

Burnout through COVID

There have been many stressful and life-altering situations that nurses have endured throughout the past several years. Nursing burnout was on the rise prior to the COVID-19 outbreak. Brusie (2019) depicts 15.6% of nurses reported burnout feelings prior to the pandemic, however, 50% of them had no plans to leave their nursing career. They stated how important it was to them to support their fellow nurses (Brusie, 2019). A post-COVID survey revealed that 76% of

been determined to be able to cause significant risks to healthcare systems. This can include the patients not being cared for as well, and for the nurses facing physical and mental health risks. Moral and ethical dilemmas are routinely faced by the nursing staff. These issues have increased throughout the pandemic. Nurses need a stable support system in which their healthcare organization attempts to

demands that are placed on them every time they walk into their work environment. These demands include physical, emotional, mental, and spiritual. Due to the feelings of burnout, nurses' views on their career choice can begin to change and force them to lose their passion that brought them into the healthcare field. There are interventions that should be put into place in order to help decrease feelings of burnout.

nurses have reported burnout feelings with 55% of those questioning their careers (Lagasse, 2020).

Stress and burnout are common themes seen within nursing practice throughout and post COVID-19 pandemic. These themes have decrease the negative impacts of the COVID-19 pandemic. Without a support system, the nursing staff's well-being and job performance can suffer which can eventually lead to feelings of burnout (Morley et al., 2020).

Signs and Symptoms

Burnout can include emotional exhaustion, decreased sense of personal accomplishment, changes in the nurses behavior, feelings of frustration, and depersonalization. Physical and psychological stresses increase a nurse's likelihood of burnout. Many of these stressors include seriously ill patients along with being short-staffed (Zhang et al., 2018).