

Decreasing and providing awareness for burnout in mental health care workers

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Abstract

Background: Alarming levels of burnout in mental health care staff is a significant concern not only for the organization but for the individual as well. Identifying and addressing burnout ought to be an essential protocol in a behavioral health organization. Currently, burnout remains an ongoing concern for mental health care organizations as it is associated with negative impacts for staff, patients, families, and the organization.

Method: The purpose of this project is to utilize the Maslach burnout inventory (MBI) survey tool to measure burnout pre and post intervention. The intervention utilized will be mindfulness-based interventions (MBI) to reduce burnout among mental healthcare workers. Implementing mindfulness interventions has evidence that it reduces burnout rates in mental health care staff. Current literature supports mindfulness-based interventions and have showed a decrease in burnout, stress, and depersonalization.

Results: The pre-intervention results were as followed: emotional exhaustion; 40, depersonalization; 20.4 and personal accomplishment 32. The post-intervention results emotional Exhaustion; 28, depersonalization; 14.90 and personal accomplishment 30. It was found that the category for emotional exhaustion was statistically significant as it had a P value .040, whereas depersonalization was not statistically significant as the P value was .171 and personal accomplishment was not statistically significant as the P value was .577.

Discussion: The use of MBI as an intervention has robust literature supporting the effectiveness in decreasing burnout and stress in mental health care staff.

Keywords: burnout, mindfulness-based techniques, mental health care staff

Background & Significance

Introduction

Burnout syndrome is described as a state of emotional exhaustion that is experienced in the workplace. Research has rapidly developed since the early 1970s and has become an ongoing focus since then. Within the last three decades, research and evidence has taken a movement on obtaining substantial information to support the need to identify burnout. Healthcare staff are often affected by burnout; however, evidence supports the fact that there is a higher rate of burnout reported in mental healthcare staff and individuals that hold administrator jobs. Lopez et al., 2019 discussed negative impacts that burnout holds for staff and how it correlates with negative patient care and the burden it holds on corporations. The federal government has identified burnout as a substantial key influence in retaining competent staff in behavioral health organizations. An important datum to note is that the National Alliance on Mental Health (NAMI), 2019, described burnout as an association with mental health conditions such as anxiety and depression, with direct connection to job dissatisfaction.

The National Institute of Mental Health (NIMH) 2018, reports that on average 1 in 5 adults will experience a mental illness in their life time and roughly two-thirds do not receive treatment. Burnout has a direct link to employees' mental health and substance abuse disorder, which has an estimated cost for U.S. employers of \$80 billion to \$100 billion a year. Workers that experience untreated depression are estimated to drop 35% of their productivity and in turn affecting the overall quality of work that is performed.

After completing a robust literature review, the evidence reports the key component that burnout in mental health care staff is exceedingly underscored and often untreated. Salyers and colleagues (2015) found that burnout is a problematic phenomenon as it results it increases

absenteeism, tardiness, poor job commitment, decreased job performance and high numbers of turnover rate. Burnout has been linked with increased workload and the associated factors of not having the proper staffing, increase patient acuity and complexity with no additional staff to provide the appropriate level of care for patients.

Purpose & rationale

This Evidenced-based practice (EBP) project was used to measure the staffs' current stress and burnout scores, this was done by utilizing the Maslach burnout inventory tool. The implemented intervention was mindfulness-based techniques, which was given to mental health care staff that choose to participate in the project. The Maslach burnout inventory (MBI) is one of the most used tools to measure burnout. It is designed to help assess and recognize burnout syndrome, as it measures burnout and stress levels (Maslach et al., 2016). The EBP project was introduced to an outpatient clinic that renders mental health services, all the staff members were eligible to participate in the project if they chose to do so. This EBP project was utilized as tool to provide educational material for mental health care workers on the importance of burnout recognition and reduction.

In a study conducted by Askey-Jones (2018), it was reported that mindfulness training is an effective method for decreasing stress and burnout. Mindfulness promotes selfcare and has benefits of decreased stress, burnout, and emotional fatigue. According to Aryankhesa and colleagues (2019) it was found that the effects of burnout can be severe enough that it affects impacts on patient care, overall dissatisfaction, reduced working hours, medication errors, lack of sustainability in the healthcare system, lack of work commitment, which can lead to job termination.

Johnson et al., 2018 focused on the importance of utilizing and implementing mindfulness-based techniques, as it allows for individuals to be able to stay focus in the present moment and to emphasize on the “here now”. The expected outcome is to improve stress and burnout seen within the mental healthcare staff using mindfulness-based techniques. The overall goal for this EBP project was for mental health staff to demonstrate a decrease in stress and burnout and in turn provide higher quality care for patients and to perform self-care to promote a healthier lifestyle.

Epidemiological data

According to the evidence found by Jansee and colleagues (2018) burnout is described as a psychologic syndrome that has a direct connection with the response to chronic stressors related to an individual’s current job. Burnout can lead to moral distress and it can also be reported as emotional exhaustion, cynicism, lack of accomplishment in their daily work and ineffectiveness in the workplace. It was also concluded that burnout is related to job dissatisfaction which affects morale of other employees and leads to high staff turnover rates.

Mitake and colleagues (2019), reported that in reviewing a multiple linear regression analysis, 282 participants who completed the MBI questionnaire revealed that burnout displayed a high degree of depersonalization. A study completed by Dreison and colleagues (2018), determined that increased levels of burnout are associated with the risk of call-offs and excessive use of time off related to mental and behavioral disorders, as well as diseases of the circulatory, respiratory, and musculoskeletal systems. In addition, it was found that burnout has physical effects such as elevated cortisol levels, that have been linked to memory and information deterioration. A substantial concern to report is the negative economic effect that burnout has for

the organization. The continuous turnover rates lead to increased cost for hiring, training and additional expenses that are required when onboarding a new employee.

Internal Evidence

Strategic Mental Health is an outpatient clinic that has three different locations throughout the valley. They provide services from new patient evaluations, diagnosing, treatment and prevention of behavioral, emotional and mental disorders. Strategic Mental Health also provides medication management and therapy techniques personalized for each individual need. In additions, the clinic also provides medication assisted treatments (MAT), which is FDA-approved medications in combination with therapy to treat substance abuse disorders. They also offer ECT consults as they have a contract with St Luke's Behavioral Health to conduct ECT therapy for their patients. The population affected was mental health care workers, as they experience high stress and burnout. Prior to this EBP project, Strategic Mental Health did not have a system or program in place to measure staff burnout. Mindfulness based theory is an evidence-based approach that focus on teaching mindfulness mediation, yoga, and relaxation techniques. Mindfulness teaches individuals to stay in the moment and to focus on accepting the present. This can be acquired through the practice of meditation. Increased burnout rates not only affect the individual, but the care provided to patients as it can harm patient care and their safety.

PICOT Question

This inquiry has led to the following PICOT question: In staff working in mental health care settings (P) how does mindfulness-based interventions (I) compared no interventions affect staff burnout scores over an 8-week period, utilizing the MBI pre and post intervention?

Evidence Synthesis

Literature review

There were 10 studies that were utilized and reviewed for the EBP project as supporting evidence to understand and recognize the effects of mindfulness-based interventions as a tool for reduction and prevention of burnout in mental health care staff. The overall strengths of the studies have evidence supporting the EBP project and in the literature review the articles utilized for this EBP project were randomized control trials (RCT), quantitative studies, ANOVA, cross-sectional design and meta-analysis. The studies reported a range of level of evidence that varied from I-VI. There were limited potential limitations found, some of the reported limitation were smaller sample size and low homogeneity within the participants. A moderate amount of studies lacked a control group, therefore challenging the validity of the results (Appendix A).

Search Process

An exhaustive search was using the following databases: the databases used for the search were as followed: PubMed, Cumulative Index of Nursing and Allied Health Literature (CINAHL), Cochrane library, PsycInfo. Numerous combinations of keywords and Medical Subject Headings (MeSH) terms were used to conduct a robust search. The keywords and phrases included in the comprehensive search are the following: “burnout,” “stress,” “behavioral health staff,” “mindfulness theory,” “reducing burnout,” “quality of care,” “nurse,” “provider,” “barriers,” “patient advocate,” “severe mentally ill.” The initial search generated over 400 results in CINAHL, 234 in PubMed and 332 in PsycInfo. Inclusion criteria consisted of article in English, mental health care staff, burnout rates. MBI, stress. The exclusion criteria were any studies not involving burnout and not in the English language.

Foundation research

Eight of the 10 studies had a direct linkage to mental health care staff and two of the studies were directed at health-care staff. All the literature reviewed supported the intervention for the proposed EBP project, of the ten studies reviewed, nine reported that the outcome related to the intervention was burnout decreased in mental health care staff after the intervention being mindfulness-based techniques was implemented. Consequently, all ten studies utilized mindfulness-based interventions and the results were conclusive to reflect the decrease of burnout and reduction of reported stress levels and burnout. The ten studies reported the use of mindfulness-based interventions, over ninety percent of the studies used the Maslach Burnout Inventory (MBI) as a pre and post measuring tool to determine the burnout score for everyone (Appendix A).

The evidence displayed a reliable level of demographic variety, the studies were primarily mental health care staff with participants mean age fluctuating from 18-63 years of age. The studies were conducted in different countries and included both male and female. The studies displayed a strong use of the Maslach burnout inventory tool to screen for burnout and determine if staff were displaying stress and burnout based on the scores provided by the Maslach burnout inventory tool. The literature addressed the utilization of the Maslach burnout inventory tool and providing the staff mindfulness-based interventions to decrease and improve the burnout scores. The evidence that was reviewed for this project put emphasis on utilizing the Maslach burnout inventory tool to obtain an initial baseline to allow for organizations to promote mindfulness-based techniques to reduce burnout displayed in their employees.

Theory Application

Conservation of resources theory

Conservation of resources theory (COR), was first discovered by Hobfoll (1989) where it explained the nature of stress and the association between one's physical and social environmental demands in relation to the individual's perception to derive value and to meet the demands (Prapanjaroensin et al., 2017). COR main concept states that individuals strive to obtain, maintain and create resources that they value, it follows a basic model that correlates with the motivational theory, which states that burnout arises as a result of persistent threats to available resources. Prapanjaroensin and colleagues (2017) reported that additionally, COR can be applied to describe the increase burnout and stress levels seen in mental health care workers, as burnout is explained as a physical exhaustion from an excessive workload that is correlated with staff feeling overwhelmed and unable to meet their work-related goals because a heavy work-load decreases time to consider how to mobilize resources and the complexity of problems can be beyond intellectual and organizational resources. The COR emphasizes the etiology, progression and consequences of burnout. This theory best applies to this project because mental health care staff invest energy resources, such as their time and knowledge to gain condition and object resources such as; money, housing, relationships with staff.

Evidence-based practice model

Rosswrum & Larrabee model

Rosswrum & Larrabee (1999) model allows to successfully implement change as it incorporates strategies to improve successful practice change using quality improvement and team efforts. The model chosen for the evidence-based practice project utilizes six steps for

successful change. The Rosswrum & Larrabee model focuses on identifying the need for change. The six steps that would be implemented in the project are as followed: (1) – assess the need for change; (2) – link the problem with interventions and outcomes; (3) – synthesize the evidence; (4) – design a practice change; (5) – implement and evaluate the change; and (6) – integrate and sustain. This model is an evidence-based practice model that provides a framework for making change. This framework will be utilized in implementing mindfulness-based intervention for mental care staff.

Rosswrum & Larrabee (1999) model allows for ongoing assessments to be implemented and for significant factors to not be overlooked, as the model promotes continuous evaluation even after the change has been implemented. The goal is for the model to be effective and for the outpatient clinic to continue to provide mindfulness-based interventions to all their mental health care staff. In addition to the Rosswrum & Larrabee model, another framework that has evidence to be effective in implement mindfulness-based interventions in reducing burnout and stress is job demands-resource model which is tailored and focused on the principle that burnout increases when individuals experience incessant job demands and have inadequate resources available to target and to decrease the demands of the workplace (appendix B).

Methods

Population

Mental health care staff who are willing to participate in an 8-week mindfulness program and are willing to take the Maslach burnout inventory pre and post intervention. The participants may have reported or have experienced signs and symptoms of burnout, as mentioned in the above literature. The population focused on for this EBP project were participants that worked in a behavioral health setting and who were 18 or older. The requirements for the participation of the

project were that participants must be able to speak, write and comprehend English. In addition, participants were required to complete and acknowledge a consent to participate in the project. The staff that participated in the project differed in gender, age, ethnicity, years of experience, education level and household income. The project was conducted in an outpatient setting that renders services to behavioral health patients. There were three clinics that participate in the project.

Institutional Review Board (IRB) Approval

The EBP site approval was completed and received prior to the initiation of the project, the approval was obtained October 12, 2019. At this time, the EBP was granted full authority to begin and notify the project site of approval. The graduate student was responsible for obtaining the consents from all the participants. The consent form provided to the participants had the following: “If you agree to participate in this study, please complete and turn in the survey. The results of this study may be used in reports, presentations, or publications but your name will not be used”.

The CITI training for human participants was completed for graduate student on July 17, 2019 and the mentor the project completed the CITI training on July 26, 2018.

Project description

The EBP project was conducted to assess staff’s current burnout scores by utilizing the Maslach burnout inventory tool and to implement the incorporation of mindfulness-based techniques. Participants received a manual with daily mindfulness-based activities, the intervention entailed 8-weeks of mindfulness. Participants took the Maslach burnout survey pre and post intervention, in addition, participants were provided all the necessary tools for the intervention to be completed, they received the mindfulness-based manual and the link for the

MBI pre and post survey. Weekly meetings were conducted with each participant as a tool of support and to ensure they were able to have the resources they needed to succeed in the completion of the project.

Instrumentation, data collection, and data analysis plan

There were ten staff members that participated in the project, participants that opted to participate attended an all-staff meeting to obtain an overview of the project. Each participant was provided a consent, demographic survey and the Maslach burnout inventory survey. Each demographic questionnaire took 10-15 minutes to complete. The participants created an anonymous reproducible ID to link the pre and post surveys. To create the ID, participants choose the first three letters of their mother's name and the last 3 digits of their phone number, this ID was included at the beginning of inventory survey and post intervention survey.

Participants were given all components of the intervention; weekly reminders were done via email to each participant. This was done to serve as a guide and reminder to the participants to utilize and implement the mindfulness curriculum. The duration of time participants will spend on the intervention will vary day to day- anywhere from 5 minutes to 20 minutes a day. There is a curriculum that will be provided for the participants to follow for mindfulness-based activities, activities can vary from: 5 minutes of meditation, read an article, watch a video, practice deep breathing, yoga and guided imagery. Participants were given a daily tracker tool (via paper) which was a tool to help participants keep track of their daily progress and what days they were able to complete the mindfulness manual. Completing the mindfulness manual was not a required component, the purpose of the manual was to measure if the those that completed the mindfulness manual had improvement in their post-intervention Maslach Burnout inventory survey.

The analysis plan was completed using IBM SPSS 26 software to provide the statistical measurements and outcome results. The pre and post survey tool was completed using MBI-Human Services Version to measure burnout frequencies. The Maslach Burnout Inventory survey addressed three general scales: emotional exhaustion (EE), depersonalization (DP), and personal achievement (PA). Participants responded to the statements of the MBI on a Likert scale of 0 – 6: 0 = never, 1 = a few times a year, 2 = once a month or less, 3 = a few times a month, 4 = once a week, 5 = a few times a week, and 6 = every day (Appendix E). Descriptive statistics were run to describe the demographic sample. A sample paired T test was used to determine if there is significance difference between the pre and post Maslach burnout inventory survey tool at a significance level of $p < .05$.

Data collected was stored in a locked cabinet in the organization conference room, the data was stored for the duration of the project 10/2019-04/2020. All the data obtain from the participants remained in a locked cabinet and in a secure location. The participants will remain anonymous, this was also listed in the consent form provided to the participants. Each participant created an anonymous reproducible ID to link the pre and post surveys. No funding, grants or special funding was provided to support the EBP project.

Results

The demographic data results revealed that majority of participants were females (60%), male (40%), (70%) were Caucasian or white, (20%) were Hispanic or Latino and (10%) were Multiracial. For marital status, (50%) were married, (30%) divorced, (20%) reported to be either single or separated. Seven participants (70%) reported having a master's/doctorate degree, while two reported (20%) having either an associate and/or bachelor's degree and one (10%) reported having some college education. Four participants (40%) reported having a role of a provider,

(30%) were therapists and the remaining participants reported being a nurse, office manager and front office employee. The demographic data also reported on years of experience, four out the ten participants (40%) had less 6 to 10 years, (30%) had 11 to 15 years of experience, (20%) had one to five years of experience and (10%) reported having 16+ years of experience. The participants ages ranged from 25 – 64 years of age. All participants reported to be employed full time (appendix E).

Statistical significance

The pre and post Maslach burnout inventory surveys were analyzed using paired T sample test to determine if the intervention had significant value. The intervention provided to the participants was utilized as a tool to support the literature in decreasing and proving awareness for burnout in mental health care workers. There was a total of ten participants (100%) who took the pre-intervention and post-intervention Maslach burnout inventory survey. The pre-intervention results were as followed: emotional exhaustion; 40, depersonalization; 20.4 and personal accomplishment 32. The post-intervention results emotional Exhaustion; 28, depersonalization; 14.90 and personal accomplishment 30. It was found that the category for emotional exhaustion was statistically significant as it had a P value .040, whereas depersonalization was not statistically significant as the P value was .171 and personal accomplishment was not statistically significant as the P value was .577.

It is note worthy to mention that the Maslach burnout scores did decrease from 40 to 32 for emotional exhaustion, 20.4 to 14.90 for depersonalization and 32 to 30 for personal accomplishments. The mindfulness-based interventions did show to be statically significant for emotional exhaustion (Appendix G). Despite of not finding significant differences between the two areas of depersonalization and personal accomplishment, average total scores seen in both

post-interventions showed a decreased in the survey scores, which displays a positive outcome of the intervention.

Impact of project & sustainability plan

The supporting evidence gathered supports the need for an intervention to help provide awareness and reduction in burnout in mental health care staff. Given the demand that the profession holds, providing staff the tools needed to target and address burnout displayed to have positive benefits. The literature supports the concern that burnout is prevalent in mental health staff and negatively impacting the work environment and many of them their personal life.

Based on the proposed budget and the funds that were allocated to complete and deliver this EBP project, it was found that the cost-benefit analysis was appropriate, and it allows for organizations with limited funding to complete the intervention. The mindfulness-based program that was utilized is available at no cost to any consumer that would like to participate, making the process affordable and achievable. There are currently no direct policies that are tailored specially for burnout in mental health care staff, which is beneficial in the implementation and continuation of the project.

Discussion

Based on the robust literature review completed and the supporting data, mindfulness-based interventions produce superior outcome in reducing burnout, depersonalization, and stress in mental health care workers. However, it is too premature to report concrete supporting data as evidence. The review of literature endorses the use of mindfulness-based interventions as an effective tool of reduction of burnout and stress in mental health care workers. Furthermore, literature suggest the incorporating of mindfulness-based interventions such as the use of

cognitive behavioral therapy, on the job-training, continuous education, one-on-one mentoring leading to a reduction of burnout, emotional exhaustion, stress levels, improvement in self-care and job satisfaction. The EBP project disclosed alarming scores from participants which displayed high burnout scores seen in the pre-intervention Maslach burnout inventory.

Barriers

Limitations for the project consisted of having a small sample size, as there is a possibility that with a larger sample size the effects of the applied intervention could have been significant. There were participants that who did not have full direct patient care, which could have led to skewed data. In addition, the participants that were recruited and participated in the EBP project were from the same outpatient clinic and the results could not be generalized. Participants in the EBP project reported that that notable barrier was allocation for time to complete the intervention, as many of them had full back to back schedules and were not able to do this during their working hours and having many challenges doing off-site.

Related findings

The findings from this study showed to have significant difference from one of three areas measured in the Maslach burnout inventory, the other two areas displayed a decrease in their scores; yet not significant enough to note. The implementation of mindfulness-based interventions for mental health care staff affected by burnout are such as nurses, providers, techs, social workers, therapist, counselors, etc, who are responsible for providing quality care have an obligation to promoting burnout improvement. Yet, the high burnout rates support for the importance of a full implementation of mindfulness-based interventions that lead to reduction of costly and unnecessary working conditions. Therefore, time, space, and viability should be priority when applying such interventions that will lead to improvement in staff and in turn the

organization will benefit tremendously. The data that was collected in the EBP project will be a significant tool to provide reliable data to the onboarding organization of the need to have an onsite-programs that targets burnout. Mindfulness based interventions have been tailored to allow for the individual to be able to incorporate these techniques in their daily routine.

Recommendations

Based on the literature review completed for this EBP project and the supporting data attained, mindfulness-based interventions produce a noteworthy superior outcome in reducing burnout, depersonalization and stress in mental health care workers. Additionally, literature suggest that the use and incorporation mindfulness-based interventions such as the use of cognitive behavioral therapy, on the job-training, continuous education, one-on-one mentoring has positive results and leads to reduction of burnout, emotional exhaustion, stress levels, improvement in self-care and job satisfaction. The outcome noted in the EBP project was improvement of stress and burnout seen within the mental healthcare staff at the outpatient clinic.

Literature supports the benefits of organizational-level interventions to be effective in reducing staff burnout scores. Even with all the data supporting and the need to address burnout, there is still profound shortage of organizational-level interventions, therefore being a major cause for the issue. Now, is the time to act and implement these changes for staff that work in mental healthcare organizations. Implementation of the EBP project and reduction of burnout will be a tool to help improve burnout and be able to provide quality care services to individuals seeking behavioral health treatments.

References

- Askey-Jones, R. (2018). Mindfulness-based cognitive therapy: An efficacy study for mental health care staff. *Journal of Psychiatric and Mental Health Nursing*, 25(7), 380-389.
- Dobie, A., Tucker, A., Ferrari, M., & Rogers, J. (2016). Preliminary evaluation of a brief mindfulness-based stress reduction intervention for mental health professionals. *Australasian Psychiatry*, 24(1), 42-45.
- Dreison, K., Luther, L., Bonfils, K., Sliter, M., McGrew, J., Salyers, M., & Chen, Peter Y. (2018). Job Burnout in Mental Health Providers: A Meta-Analysis of 35 Years of Intervention Research. *Journal of Occupational Health Psychology*, 23(1), 18-30.
- Janssen, M., Heerkens, Y., Kuijer, W., Van der Heijden, B., & Engels, J. (2018). Effects of Mindfulness-Based Stress Reduction on employees' mental health: A systematic review. *PLoS One*, 13(1), E0191332.
- Johnson, Hall, Berzins, Baker, Melling, & Thompson. (2018). Mental healthcare staff well-being and burnout: A narrative review of trends, causes, implications, and recommendations for future interventions. *International Journal of Mental Health Nursing*, 27(1), 20-32.
- Hoge, M., Stuart, G., Morris, J., Flaherty, M., Paris, M., & Goplerud, E. (2013). ANALYSIS & COMMENTARY Mental Health And Addiction Workforce Development: Federal Leadership Is Needed To Address The Growing Crisis. *Health Affairs*, 32(11), 2005-2012.
- Maslach, C., & Leiter, M. P. (2016). Understanding the burnout experience: recent research and its implications for psychiatry. *World psychiatry : official journal of the World Psychiatric Association (WPA)*, 15(2), 103-11.

- Miller, C. (2017). Understanding and preventing physician burnout. *Healthcare Financial Management, 71*(7), 36-41.
- Morse, G., Salyers, M. P., Rollins, A. L., Monroe-DeVita, M., & Pfahler, C. (2012). Burnout in mental health services: a review of the problem and its remediation. *Administration and policy in mental health, 39*(5), 341-52.
- National Alliance on Mental Illness (NAMI). (2019). Aboutnami.org
- National Institute of Mental Health (NIMH). (2018).
<https://www.nimh.nih.gov/news/events/2015/reducing-the-incidence-of-suicide-in-indigenous-groups-strengths-united-through-networks-rising-sun-workshop-1.shtml>
- Prapanjaroensin, A., Patrician, P., & Vance, D. (2017). Conservation of resources theory in nurse burnout and patient safety. *Journal of Advanced Nursing, 73*(11), 2558-2565.
- Raab, K., Sogge, K., Parker, N., & Flament, M. (2015). Mindfulness-based stress reduction and self-compassion among mental healthcare professionals: A pilot study. *Mental Health, Religion & Culture, 18*(6), 1-10.
- Rush, K., Hubbard, Grace, Cameron, Robert, & Giscombe, Cheryl. (2018). *Paving the Path to Mindfulness: Implementation of a Program to Reduce Stress and Burnout in Inpatient Psychiatric Nurses*, ProQuest Dissertations and Theses.
- Rosswurm, M. A., & Larrabee, J. H. (1999). A Model for Change to Evidence-Based Practice. *Image: the Journal of Nursing Scholarship, 31*(4), 317-322. doi:10.1111/j.1547-5069.1999.tb00510.x

- Samios, C. (2018). Burnout and Psychological Adjustment in Mental Health Workers in Rural Australia: The Roles of Mindfulness and Compassion Satisfaction. *Mindfulness*, 9(4), 1088-1099.
- Salyers, M., Fukui, P., Rollins, S., Firmin, A., Gearhart, L., Noll, R., . . . Davis, J. (2015). Burnout and Self-Reported Quality of Care in Community Mental Health. *Administration and Policy in Mental Health and Mental Health Services Research*, 42(1), 61-69.
- Singh, Charanjit. (2015). Staff Burnout –a Comparative Study of Metropolitan and Rural Mental Health Nurses within Australia. *Issues in Mental Health Nursing*, 36(7), 528-538.
- Strauss, C., Gu, J., Pitman, N., Chapman, C., Whittington, A., & Kuyken, W. (2018). Evaluation of mindfulness-based cognitive therapy for life and a cognitive behavioural therapy stress-management workshop to improve healthcare staff stress: Study protocol for two randomised controlled trials. *Trials*, 19(1),
- Suyi, Meredith, & Khan. (2017). Effectiveness of Mindfulness Intervention in Reducing Stress and Burnout for Mental Health Professionals in Singapore. *Explore: The Journal of Science and Healing*, 13(5), 319-326.
- Zoysa, N., Ruths, F., Walsh, A., & Hutton, J. (2014). Mindfulness-Based Cognitive Therapy for Mental Health Professionals: A Long-Term Quantitative Follow-up Study. *Mindfulness*, 5(3), 268-275

Appendix A

Table 1

Evaluation Table

Citation	Theory/ Conceptual Framework	Design/ Method	Sample/ Setting	Major Variables & Definitions	Measurement/ Instrumentation	Data Analysis (stats used)	Findings/ Results	Level/Quality of Evidence; Decision for practice/ application to practice
<p>Askey-Jones, (2018). Mindfulness-based cognitive therapy: An efficacy study for mental health care staff. <i>Journal of Psychiatric and Mental Health Nursing</i>, 25(7), 380-389.</p> <p>Country: UK Funding: NR Bias: There is a possible bias, as the practitioner that assessed the results was the one to also conduct and deliver the groups.</p>	<p>None noted Text book Theme of shared decision making</p>	<p>Design: ANOVA Method: Evaluate a series of 8-week MBCT groups adapted for MHCW. A completion of MBIV & FMI at pre, post and 6-month follow-up. Purpose: To understand if MBCT reduce BO in MHCW and to see the correlations between MBCT and BO.</p>	<p>Setting: Participants working within a North West NHS. Demographics: Mixture of MHCW. 37% who provide therapy. 15% RMHN. Experience 0 to 38 years of experience mean of 14 years. 76% were F and 95% White British. Exclusion: Active risk of self-harm, suicide, current active mental problem and active SA. Attrition: NR</p>	<p>IV: BO DV1: EE</p>	<p>Surveys</p>	<p>All statistical test were two-tailed & alpha level of .05 was used. ANOVA test was repeated at three times points (pre, post & follow-up) for both the MBI & FMI.</p>	<p>IV: Participants who were more mindful, were more depersonalized. DV1: R= 0.41, n =59, p < 0.001 the more mindful participants of presence and acceptance, less EE following the intervention.</p>	<p>LOE: IV Strengths: Adherence and fidelity to the MBCT model & the communication within teacher. Weaknesses: Lack of control groups, the participants were self-selected. There was no power analysis completed to identify required sample size. Conclusion: MBCT was significant in reducing BO. Feasibility: The reduction of BO noted with the intervention presented.</p>

ANOVA- Analysis of variance **BD**- bachelor’s degree, **BO**- Burnout, **CAMS-R**- Cognitive and affective mindfulness scale revised, **CBT**- cognitive behavioral therapy, **CMHC**-community mental health center, **CG**- Control group, **CRTB**-Conservation of Resources theory of burnout, **CSD**- cross-sectional design, **DV**-dependent variable; **DOSR**- Dutch organization for scientific research, **ESRC**- Economic and Social Research Council, **EE**- Emotional exhaustion, **F**- female, **FMI**- Friedberg Mindfulness Inventory, **FFMQ**- Five facets mindfulness questionnaire, **GD**- graduate degree, **GPSTHC**- General Program of Science and Technology Plan for Health Care in Dongguan City of Guangdong Province **HEE KSS**- Health Education England Kent Surrey and Sussex, **HMRA**- hierarchical multiple regression analyses **IG**- Intervention group, **IV**- independent variable, **LOE**- Level of Evidence, **MAAS**- Mindfulness attention awareness scale, **MBCT**- Mindfulness-based cognitive therapy, **MBI**- The Maslach Burnout Inventory, **MBIV**- mindfulness-based interventions, **MHCW**- mental health care workers, **MBSR**- Mindfulness-based stress reduction, **MRD**-Mood-regulating drugs **MWC**- midwestern city, **NIMH**- National Institute of Mental Health, **N**-number of studies; **n**- number of participants, **NR**- none reported, **QDS**- qualitative descriptive study, **QOC**- Quality of Care, **R**- race, **RCT**- Randomized control trials, **RMHN**- Registered mental health nurses, **RN**- Register nurse, **SA**- Substance abuse, **SSD**- serious somatic disease, **SRQC**- self-reported quality of care, **SPSS**- Statistical Package for the Social Sciences, **SN**- Student nurse, **UK**- United Kingdom

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Dreison, K. et al. (2018). Job Burnout in Mental Health Providers: A Meta-Analysis of 35 Years of Intervention Research. Country: UK Funding: NR Bias: Results suggest publication bias is not severe in this study.	None noted Text book Theme of shared decision making	Design: Meta-analysis (Quantitative) Method: A systematic literature search of burnout intervention studies that spanned more than 3 decades (1980 to 2015). Purpose: To understand burnout in Mental Healthcare staff, meta-analysis was conducted on the effectiveness of burnout interventions for mental health workers.	Setting: Mental Health clinic. Demographics: 27 samples were included in the meta-analysis, representing 1,894 mental health workers. Inclusion: treatment condition aimed at reducing or preventing BO, MHCW, defined as individuals providing services to those with a mental or substance use disorder, comprised at least 75% of the sample, participants were employed during the study, BO was measured as an outcome, Exclusion: neurocognitive disorders or intellectual disabilities. Employees on sick leave or that consisted of more than 25% volunteers, students, or interns Attrition: Small sample size and high rates of attrition.	IV: Burnout DV1: Job training/education	Surveys	Data were coded independently by two researchers to ensure that there was no discrepancy in the results.	IV: Decreased after MBI intervention was applied. DV1: Significantly more effective than other organizational reducing overall burnout ($Q = 5.83, p = .016$)	LOE: I Strengths: Utilization of funnel plots and Egger’s test to rule out any bias. 35 years of research collected. Weaknesses: Small number of available studies. Conclusion: Job training was the most effective organizational intervention. Size of the study is moderately significant when making a conclusion. Feasibility: Need for studies with a longer-term.

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<p>Janssen et al., (2018). Effects of Mindfulness-Based Stress Reduction on employees' mental health: A systematic review. <i>PLoS One</i>, 13(1), E0191332.</p> <p>Country: UK</p> <p>Funding: Grant of NWO, DOSR</p> <p>Bias: Some studies with positive results tend to be published more easily than studies with negative results.</p>	<p>Handbook of Mindfulness: Theory</p>	<p>Design: RCT & quasi-RCT.</p> <p>Method: Systematic search of literature with 3 rounds of screening.</p> <p>Purpose: Obtain insight into the effects of MBCT on MHCW.</p>	<p>Setting: Schools & healthcare setting.</p> <p>Demographics: The participants in the studies were healthcare professionals. Study of 24 articles, 13 were RCTs, 10 quasi-RCTs, 3 had had no intervention for the control group. 1 study had 2 control groups, 1 study – with 3 treatment groups and a control group with no intervention. The other 18 studies had a waiting-list control.</p> <p>Exclusion: Dissertations, conference papers, reviews, chapters in books, editorials. Studies on mediations that do not focus on MBCT. Staff with specific mental/disorder and students/trainers.</p> <p>Attrition: NR</p>	<p>IV: BO</p> <p>DV1: Stress level</p> <p>DV2: self-compassion</p> <p>DV3: Self-efficacy.</p>	<p>MAAS FFMQ CAMS-R</p>	<p>Strongest outcomes were reduced EE, stress, psychological distress, depression, anxiety and occupational distress.</p>	<p>IV: Reduced by utilizing MBCT interventions.</p> <p>DV1: The most striking outcome- the highest improvement.</p> <p>DV2: MBSR lead to increase self-compassion.</p> <p>DV3: Limited data supporting that MBSR increases self-efficacy.</p>	<p>LOE: I</p> <p>Strengths: Reliable supporting data.</p> <p>Weaknesses: Bias reported that studies with positive results tend to be published easier.</p> <p>Conclusion: MBSR improves psychological functioning in employees.</p> <p>Feasibility: Need to adapt the MBSR program for participants to be able to accommodate the program into their daily routines.</p>

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<p>Lin et al., (2018). The Effects of a Modified Mindfulness-Based Stress Reduction Program for Nurses: A Randomized Controlled Trial. Workplace Health and Safety, 67(3), 111-122.</p> <p>Country: China</p> <p>Funding: GPSTHC</p> <p>Bias: NR</p>	<p>None noted</p> <p>Text book</p> <p>Theme of shared decision making</p>	<p>Design: RCT</p> <p>Purpose: Evaluate the effects of MBSR</p>	<p>Setting: Hospital.</p> <p>Demographics: 110 RN IG: 55 CG:55</p> <p>Exclusion: SN, not taking MRD, no SSD, no traumatic even in last 6 months, has not participated in MBIV.</p> <p>Attrition: 20 did not complete the intervention.</p>	<p>IV: modified 8-week MBSR program.</p> <p>DV1: perceived stress,</p> <p>DV2: positive affect,</p> <p>DV3: negative affect</p> <p>DV4: resilience</p> <p>DV5: job satisfaction</p>	<p>Pretest, posttest, and tracking measurements.</p>	<p>Statistical tests were two-tailed, & significance level was set at $p < .05$. The demographic data of the two groups were compared by t-test or the chi-square test.</p> <p>ANOVA</p>	<p>IV: Effective for the CG and the IG.</p> <p>DV1-V5: ($p < .05$) Significant difference and improvement between IG & CG.</p>	<p>LOE: II</p> <p>Strengths: addresses a major scarcity in the field. Combined elements of MBSR and MBCT. Interventions were flexible, convenient, and time-efficient.</p> <p>Weaknesses: Small sample size (n=90)</p> <p>Conclusion: Modified MBSR program can help RN manage stress and improve their affect, resilience, and job satisfaction in Chinese hospital settings</p> <p>Feasibility: Further analysis is required.</p>

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Raab et al., (2015). Mindfulness-based stress reduction and self-compassion among mental healthcare professionals: A pilot study. <i>Mental Health, Religion & Culture, 18</i> (6), 1-10. Country: Canada Funding: NR Bias: NR	Text book Theme of shared decision making	Design: Quantitative Purpose: Measure the outcome of MBI and stress reduction in MHCW.	Setting: Mental health center in an urban setting, 2011-2013. Demographics: MHCW 22- F between ages 24-69. Exclusion: Males Attrition: NR	IV: MBIV DV1: self-judgment	Pre-post assessment surveys	Paired sample t-tests	IV: Significant decrease DV1: (p = .004), which may reflect reduced negative self	LOE: VI Strengths: Unique with MBSR interventions Weaknesses: Participants were exclusively women. Conclusion: MBSR yields benefits for healthcare professionals in the domains of self compassion Feasibility: Open trial.

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<p>Samios, C. (2018). Burnout and Psychological Adjustment in Mental Health Workers in Rural Australia: The Roles of Mindfulness and Compassion Satisfaction. <i>Mindfulness</i>, 9(4), 1088-1099.</p> <p>Country: Australia</p> <p>Funding: NR Bias: NR</p>	<p>Broaden-and-build theory of positive emotions.</p>	<p>Design: Quantitative Cross-sectional Purpose: To see if MBIV effects of BO.</p>	<p>Setting: 69 rural mental health workers</p> <p>Demographics: 55 F and 14 males 25 to 95 years of age (M = 48.78, SD = 13.12) earned below \$40,000 per year, 30 (earned between \$40,000 and \$80,000; the remaining 27 participants earned over \$80,000 per year.</p> <p>Exclusion: NR Attrition: NR</p>	<p>IV: BO</p> <p>DV1: compassion satisfaction, and adjustment variables</p>	<p>Surveys</p>	<p>ANOVA</p>	<p>IV: (r = - .34, p = .005) decreased DV1: Improvement noted within the DV.</p>	<p>LOE: VI</p> <p>Strengths: positive and negative psychological outcomes as well as measuring both positive Weaknesses: Cross-sectional Conclusion: Greater income had increase satisfaction and lower BO rates. Feasibility: NR</p>

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<p>Salyers, M. et al. (2015). Burnout and Self-Reported Quality of Care in Community Mental Health. Administration and Policy in Mental Health and Mental Health Services Research</p> <p>Country: USA</p> <p>Funding: IP-RISP Grant</p> <p>Bias: NR</p>	<p>Conservation of Resources theory of burnout</p>	<p>Design: Quantitative</p> <p>Purpose: To assess self-reported QOC in community mental health care and link it with staff burnout.</p>	<p>n: 113</p> <p>Demographics: F: 83% R: Primarily Caucasian 96%</p> <p>Less than a BD: 36%</p> <p>BD: 38% GD: 26%</p> <p>Setting: Employees at CMHC in a MWC.</p> <p>Inclusion: MHCW Exclusion: NR Attrition: NR</p>	<p>IV: Burnout</p> <p>DV1: QOC</p> <p>DV2: other job-related variable of satisfaction.</p> <p>DV3: Intentions to turn over</p> <p>DV4: Expectations of consumers</p>	<p>Surveys SRQC</p>	<p>5- point scale ranging from 1= almost all to 5= none. The scale had 10 items through the Rasch analyses and it represents a strong internal consistency.</p>	<p>BO was associated with self-reported quality of care DV1: QOC was .84. correlations between factors were low to moderate, ranging from .05 to .46. DV2: DV3: Turnover intentions in the past six months ($r = -.30, p < .01$) and the next six months ($r = -.29, p < .01$). DV4: expectations of consumer recovery ($r = .29, p < .01$), but had almost no relationship to emotional exhaustion, job satisfaction, or turnover intentions.</p>	<p>LOE: VI Strengths: Descriptive information for reporting QOC results. Weaknesses: Newly developed scale. Needing additional data to support further interventions for reducing burnout. Conclusion: Findings linked burnout to QOC, associated findings suggests different routes to improving quality of care through addressing staff burnout.</p> <p>Feasibility: Need for further research to support the new scale created, which was to examine the relationship between QOC and BO in CMH.</p>

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<p>Singh. (2015). Staff Burnout a Comparative Study of Metropolitan and Rural Mental Health Nurses within Australia Country: Australia Funding: NR Bias: NR</p>	<p>None noted Text book Theme of shared decision making</p>	<p>Design: CSD Purpose: To understand the findings of a research study that investigated the extent to which mental health nurses employed within rural and metropolitan areas of Australia are affected by burnout, using the Maslach Burnout Inventory (MBI) and a demographic questionnaire</p>	<p>Setting: Either a rural or metropolitan area working in any mental health setting. 16-mental health facilities participated. Demographics: F: 22 ages of 24 and 69 years Inclusion:</p> <ul style="list-style-type: none"> • RMHN • Working in Australia in either a rural or metropolitan setting • Have at least 1 yr of RMHN experience • Working in any mental health setting (institutional or non-institutional). <p>Exclusion: NR Attrition: NR</p>	<p>IV: Gender & qualification. DV1: Emotional exhaustion. DV2: Depersonalization</p>	<p>CSD (survey) -23 item demographic questionnaire MBI</p>	<p>Utilized descriptive and inferential statistics using SPSS version 18.0. The statistical procedures used for the purposes of this study included: One-way multivariate analyses of variance, two-way multivariate analyses of variance, stepwise discriminant analysis.</p>	<p>IV: No significant scores but qualification was significant, no significant scores but gender was significant DV1: Age was significant, Younger subjects had higher (EE) scores DV2: Was not significant</p>	<p>LOE: V Strengths: Study had strong data collection. Weaknesses: Unable to determine if gender Conclusion: Rural nurses reported to enjoy their job and reported overall satisfaction. Feasibility: Males and females differ in emotional experience.</p>

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<p>Strauss et al., (2018). Evaluation of mindfulness-based cognitive therapy for life and a cognitive behavioural therapy stress-management workshop to improve healthcare staff stress: Study protocol for two randomised controlled trials. <i>Trials</i>, 19(1),</p> <p>Country: UK Funding: HEE KSS & ESRC Bias: NR</p>	<p>The transactional theory of stress.</p>	<p>Design: 2-RCT</p> <p>Qualitative data*</p> <p>Purpose: Analyze and compare the use of CBT stress-management courses vs MBCT.</p>	<p>Setting: Mental health trust.</p> <p>Demographics: Currently employed, ability to speak English, 18 & older.</p> <p>Exclusion: NR Attrition: NR</p>	<p>IV: BO</p> <p>DV1: MBIV DV2: CBT</p>	<p>online survey</p>	<p>ANOVA t tests Cohen's d</p>	<p>IV: Decreased with both MBIV & CBT. DV1: Decreased BO DV2: BO Decreased</p>	<p>LOE: II</p> <p>Strengths: valid findings, comparison within two well known therapies.</p> <p>Weaknesses: Unable to compare outcomes, it was not randomized between MBIV & CBT.</p> <p>Conclusion: CBT MBCL have potential to provide staff with the skills to recognize signs of stress in themselves and the skills to act early to prevent stress from escalating.</p> <p>Feasibility: At the time of study, recruitment was still going.</p>

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Citation	Theory/ Conceptual Framework	Design/ Method	Sample/ Setting	Major Variables & Definitions	Measurement/ Instrumentation	Data Analysis (stats used)	Findings/ Results	Level/Quality of Evidence; Decision for practice/ application to practice
Zoysa et al., (2014). Mindfulness-Based Cognitive Therapy for Mental Health Professionals: A Long-Term Quantitative Follow-up Study. Mindfulness, 5(3), 268-275 Country: Funding: NR Bias: NR	None noted Text book Theme of shared decision making	Design: Long-Term Quantitative Follow-up Study Purpose: MHCW who had attended MBIV 18 months earlier, to see if they were able to maintain.	Setting: 23 MHCW who completed the MBCT & participated in the original study Demographics: 24 participants Exclusion: NR Attrition: 1- involvement with this research. 5- participants did not agree to participate in the follow-up study.	IV: MBCT DV1: psychological well-being DV2: anxiety DV3: life satisfaction	Questionnaire Online Surveys	ANOVA	IV: Increased awareness of one's mental state. (F(2, 18) = 12.21, p < 0.01) DV1: (F(2, 18) = 2.87, p = 0.083) No Significance. DV2: (F(2, 18) = 2.32, p = 0.127) No Significance. DV3: (F(2, 16) = 2.25, p = 0.137) No Significance.	LOE: VI Strengths: Series of repeated measure of ANOVA to ensure accuracy. Weaknesses: Did not have a CG. Small size sample. Conclusion: Compared to baseline measures, significant improvements in levels of mindfulness, trait anxiety and trait worry were observed at 18 months follow-up. Feasibility: Further research needed.

ANOVA- Analysis of variance **BD-** bachelor's degree, **BO-** Burnout, **CAMS-R-** Cognitive and affective mindfulness scale revised, **CBT-** cognitive behavioral therapy, **CMHC-**community mental health center, **CG-** Control group, **CRTB-**Conservation of Resources theory of burnout, **CSD-** cross-sectional design, **DV-**dependent variable; **DOSR-** Dutch organization for scientific research, **ESRC-** Economic and Social Research Council, **EE-** Emotional exhaustion, **F-** female, **FMI-** Friedberg Mindfulness Inventory, **FFMQ-** Five facets mindfulness questionnaire, **GD-** graduate degree, **GPSTHC-** General Program of Science and Technology Plan for Health Care in Dongguan City of Guangdong Province **HEE KSS-** Health Education England Kent Surrey and Sussex, **HMRA-** hierarchical multiple regression analyses **IG-** Intervention group, **IV-** independent variable, **LOE-** Level of Evidence, **MAAS-** Mindfulness attention awareness scale, **MBCT-** Mindfulness-based cognitive therapy, **MBI-** The Maslach Burnout Inventory, **MBIV-** mindfulness-based interventions, **MHCW-** mental health care workers, **MBSR-** Mindfulness-based stress reduction, **MRD-**Mood-regulating drugs **MWC-** midwestern city, **NIMH-** National Institute of Mental Health, **N-**number of studies; **n-** number of participants, **NR-** none reported, **QDS-** qualitative descriptive study, **QOC-** Quality of Care, **R-** race, **RCT-** Randomized control trials, **RMHN-** Registered mental health nurses, **RN-** Register nurse, **SA-** Substance abuse, **SSD-** serious somatic disease, **SRQC-** self-reported quality of care, **SPSS-** Statistical Package for the Social Sciences, **SN-** Student nurse, **UK-** United Kingdom

Authors		Askey-Jones,	Dreison, K. et al.	Janssen et al.,	Lin et al.,	Raab et al.,	Samios, C.	Salyers, M. et al.	Singh.	Strauss et al.,	Zoysa et al.,
Studies	Year	2018	2018	2018	2018	2015	2018	2015	2015	2018	2014
	LOE	IV	I	I	II	VI	II	VI	V	II	VI
	Design	ANOVA	MA	RCT	RCT	QN	CSD/QN	QN	CSD	RCT	QN
	Participants	MHCW	MHCW	HLC	HLC	MHCW	MHCW	MHCW	MHCW	MHCW	MHCW
Intervention	MBCT	X		x			x	x		x	x
	CBT									x	
	JTR		x								
	EDU		x								
	1:1										
	MBSR		X	x	x	x	x	x	x		
Outcome	Lower BO	x	x	x		x	x	x	x	x	
	Lower EE	x	x					x	x	x	
	Improved SC			x		x					
	Lower SL			x	x	x			x	x	x
	Improve JS				x		x	x			

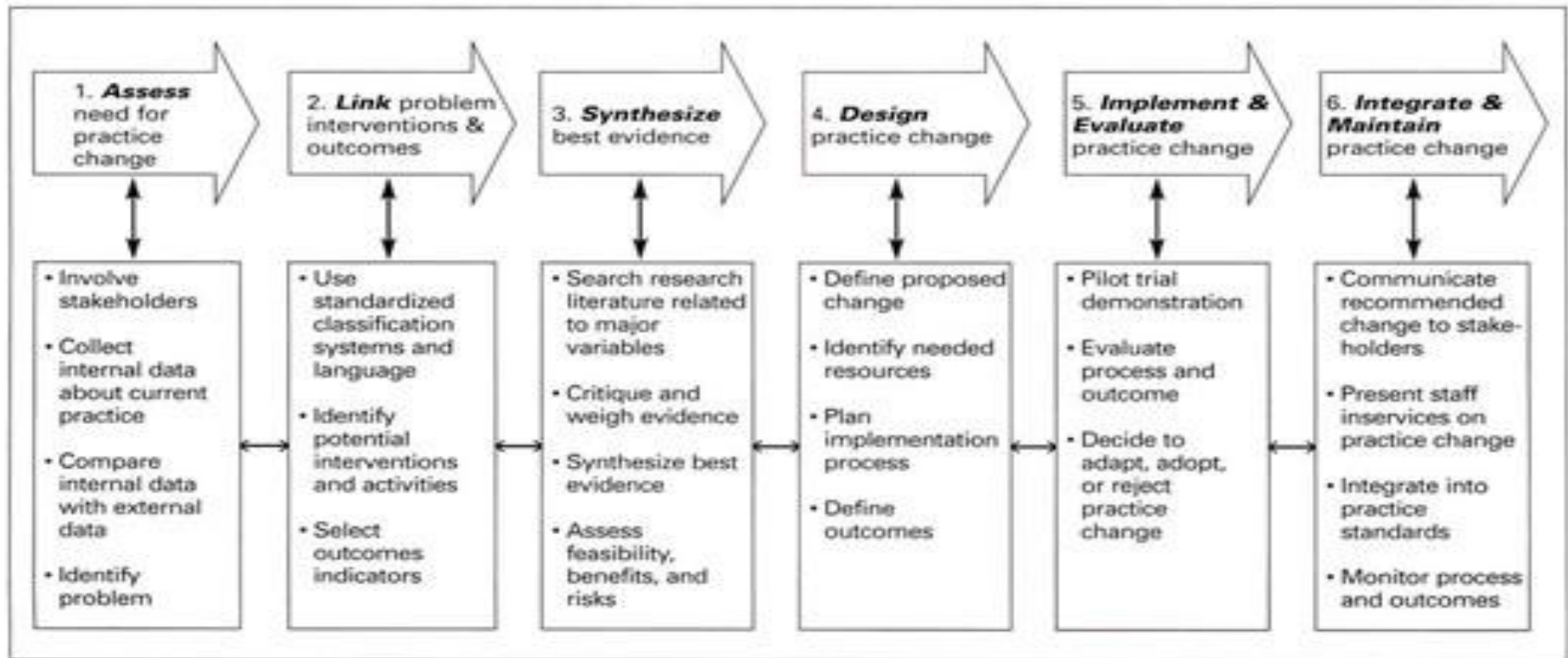
BO-Burnout, **CS**- Cross sectional design, **EE**-emotional exhaustion, **EDU**- education, **JTR**-Job training, **JS**- Job satisfaction, **HLC**- healthcare staff, **MA**- Meta-analysis, **QN**- Quantitative, **RCT**- Randomized control trial, **SC**-self-compassion, **SL**-Stress level,

Appendix B

Tables and Figures

Figure 5. *Rosswurm and Larrabee Model*

Figure 2.
A Model for Evidence-Based Practice Change



Source: Rosswurm & Larabee, 1999.

Appendix C

Demographic Questionnaire

This questionnaire is completely voluntary and anonymous*

What is your gender?

- Male
- Female
- Prefer not to respond

What is your age?

- 18-24
- 25-34
- 35-44
- 45-54
- 55-64
- Above 64

What is your ethnicity?

- Hispanic or Latino
- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- Caucasian or White
- Multiracial
- Other

Prefer not to say

What is your marital status?

Married

Divorced

Separated

Widowed

Single

What is the highest level of education you've completed?

High school

Some college

Trade/vocational/technical

Associates

Bachelors

Masters

Professional

Doctorate

What is your current employment status?

Full-time employment

Part-time employment

Student

What is your current job title?

Provider

Therapist

Receptionist

Front-office staff

- Nurse
- Office Manager
- Other

How many years of experience do you currently have?

- 1-5
- 6-10
- 11-15
- 16 +

Appendix D

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Online administration and scoring of the Maslach Burnout Inventory is available from Mind Garden, (<https://www.mindgarden.com/117-maslach-burnout-inventory>). Mind Garden provides services to add items and demographics to the Maslach Burnout Inventory. Reports are available for the Maslach Burnout Inventory.

If your research uses an online survey platform other than the Mind Garden Transform survey system, you will need to meet Mind Garden's requirements by following the procedure described at [mindgarden.com/mind-garden-forms/58-remote-online-use-application.html](https://www.mindgarden.com/mind-garden-forms/58-remote-online-use-application.html).

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I feel frustrated by my job. (0=Never, 1=A few times a year or less, 2=Once a month or less, 3=A few times a month, 4=Once a week, 5=A few times a week, 6=Every day)	I feel I'm working too hard on my job. (0=Never, 1=A few times a year or less, 2=Once a month or less, 3=A few times a month, 4=Once a week, 5=A few times a week, 6=Every day)	I don't really care what happens to some recipients. (0=Never, 1=A few times a year or less, 2=Once a month or less, 3=A few times a month, 4=Once a week, 5=A few times a week, 6=Every day)	Working with people directly puts too much stress on me. (0=Never, 1=A few times a year or less, 2=Once a month or less, 3=A few times a month, 4=Once a week, 5=A few times a week, 6=Every day)	I can easily create a relaxed atmosphere with my recipients. (0=Never, 1=A few times a year or less, 2=Once a month or less, 3=A few times a month, 4=Once a week, 5=A few times a week, 6=Every day)	I feel exhilarated after working closely with my recipients. (0=Never, 1=A few times a year or less, 2=Once a month or less, 3=A few times a month, 4=Once a week, 5=A few times a week, 6=Every day)	I have accomplished many worthwhile things in this job. (0=Never, 1=A few times a year or less, 2=Once a month or less, 3=A few times a month, 4=Once a week, 5=A few times a week, 6=Every day)	I feel like I'm at the end of my rope. (0=Never, 1=A few times a year or less, 2=Once a month or less, 3=A few times a month, 4=Once a week, 5=A few times a week, 6=Every day)	In my work, I deal with emotional problems very calmly. (0=Never, 1=A few times a year or less, 2=Once a month or less, 3=A few times a month, 4=Once a week, 5=A few times a week, 6=Every day)	I feel recipients blame me for some of their problems. (0=Never, 1=A few times a year or less, 2=Once a month or less, 3=A few times a month, 4=Once a week, 5=A few times a week, 6=Every day)
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Appendix E

(Sample Question) I feel depressed at work. (0=Never, 1=A few times a year or less, 2=Once a month or less, 3=A few times a month, 4=Once a week, 5=A few times a week, 6=Every day)	I feel emotionally drained from my work. (0=Never, 1=A few times a year or less, 2=Once a month or less, 3=A few times a month, 4=Once a week, 5=A few times a week, 6=Every day)	I feel used up at the end of the workday. (0=Never, 1=A few times a year or less, 2=Once a month or less, 3=A few times a month, 4=Once a week, 5=A few times a week, 6=Every day)	I feel fatigued when I get up in the morning and have to face another day on the job. (0=Never, 1=A few times a year or less, 2=Once a month or less, 3=A few times a month, 4=Once a week, 5=A few times a week, 6=Every day)	I can easily understand how my recipients feel about things. (0=Never, 1=A few times a year or less, 2=Once a month or less, 3=A few times a month, 4=Once a week, 5=A few times a week, 6=Every day)	I feel I treat some recipients as if they were impersonal objects. (0=Never, 1=A few times a year or less, 2=Once a month or less, 3=A few times a month, 4=Once a week, 5=A few times a week, 6=Every day)	Working with people all day is really a strain for me. (0=Never, 1=A few times a year or less, 2=Once a month or less, 3=A few times a month, 4=Once a week, 5=A few times a week, 6=Every day)	I deal very effectively with the problems of my recipients. (0=Never, 1=A few times a year or less, 2=Once a month or less, 3=A few times a month, 4=Once a week, 5=A few times a week, 6=Every day)	I feel burned out from my work. (0=Never, 1=A few times a year or less, 2=Once a month or less, 3=A few times a month, 4=Once a week, 5=A few times a week, 6=Every day)	I feel I'm positively influencing other people's lives through my work. (0=Never, 1=A few times a year or less, 2=Once a month or less, 3=A few times a month, 4=Once a week, 5=A few times a week, 6=Every day)	I've become more callous toward people since I took this job. (0=Never, 1=A few times a year or less, 2=Once a month or less, 3=A few times a month, 4=Once a week, 5=A few times a week, 6=Every day)	I worry that this job is hardening me emotionally. (0=Never, 1=A few times a year or less, 2=Once a month or less, 3=A few times a month, 4=Once a week, 5=A few times a week, 6=Every day)	I feel very energetic. (0=Never, 1=A few times a year or less, 2=Once a month or less, 3=A few times a month, 4=Once a week, 5=A few times a week, 6=Every day)
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			few times a week, 6=Every day)			week, 6=Every day)				week, 6=Every day)		
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Appendix F

Demographic Results Table 1 Sample Display of Demographics Findings

Individual characteristic as a percentage of the sample

What is your gender?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Female	6	60.0	60.0	60.0
	Male	4	40.0	40.0	100.0
	Total	10	100.0	100.0	

What is your age?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	25-34	1	10.0	10.0	10.0
	35-44	6	60.0	60.0	70.0
	55-64	3	30.0	30.0	100.0
	Total	10	100.0	100.0	

What is your ethnicity?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Caucasian or White	7	70.0	70.0	70.0
	Hispanic or Latino	2	20.0	20.0	90.0
	Multiracial	1	10.0	10.0	100.0
	Total	10	100.0	100.0	

What is your marital status?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Divorced	3	30.0	30.0	30.0
	Married	5	50.0	50.0	80.0
	Separated	1	10.0	10.0	90.0
	Single	1	10.0	10.0	100.0
	Total	10	100.0	100.0	

What is the highest level of education you've completed?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Associates	1	10.0	10.0	10.0
	Bachelors	1	10.0	10.0	20.0
	Doctorate	2	20.0	20.0	40.0
	Masters	5	50.0	50.0	90.0
	Some College	1	10.0	10.0	100.0
	Total	10	100.0	100.0	

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 to 5	2	20.0	20.0	20.0
	11 to 15	3	30.0	30.0	50.0
	16+	1	10.0	10.0	60.0
	6 to 10	4	40.0	40.0	100.0
	Total	10	100.0	100.0	

Appendix G:

Statistic Findings Table 1

Descriptive for Maslach burnout inventory

Paired Samples Statistics

		Mean	Std. Deviation	Std. Error Mean
Pair 1	Emotional_Pre	42.3000	12.16598	3.84722
	Emotional_post	28.8000	8.35065	2.64071
Pair 2	Depersonalization_pre	20.4000	8.40899	2.65916
	Depersonalization_post	14.9000	5.36346	1.69607
Pair 3	Accomplishment_pre	32.2000	8.62554	2.72764

Accomplishment_post	30.0000	6.21825	1.96638
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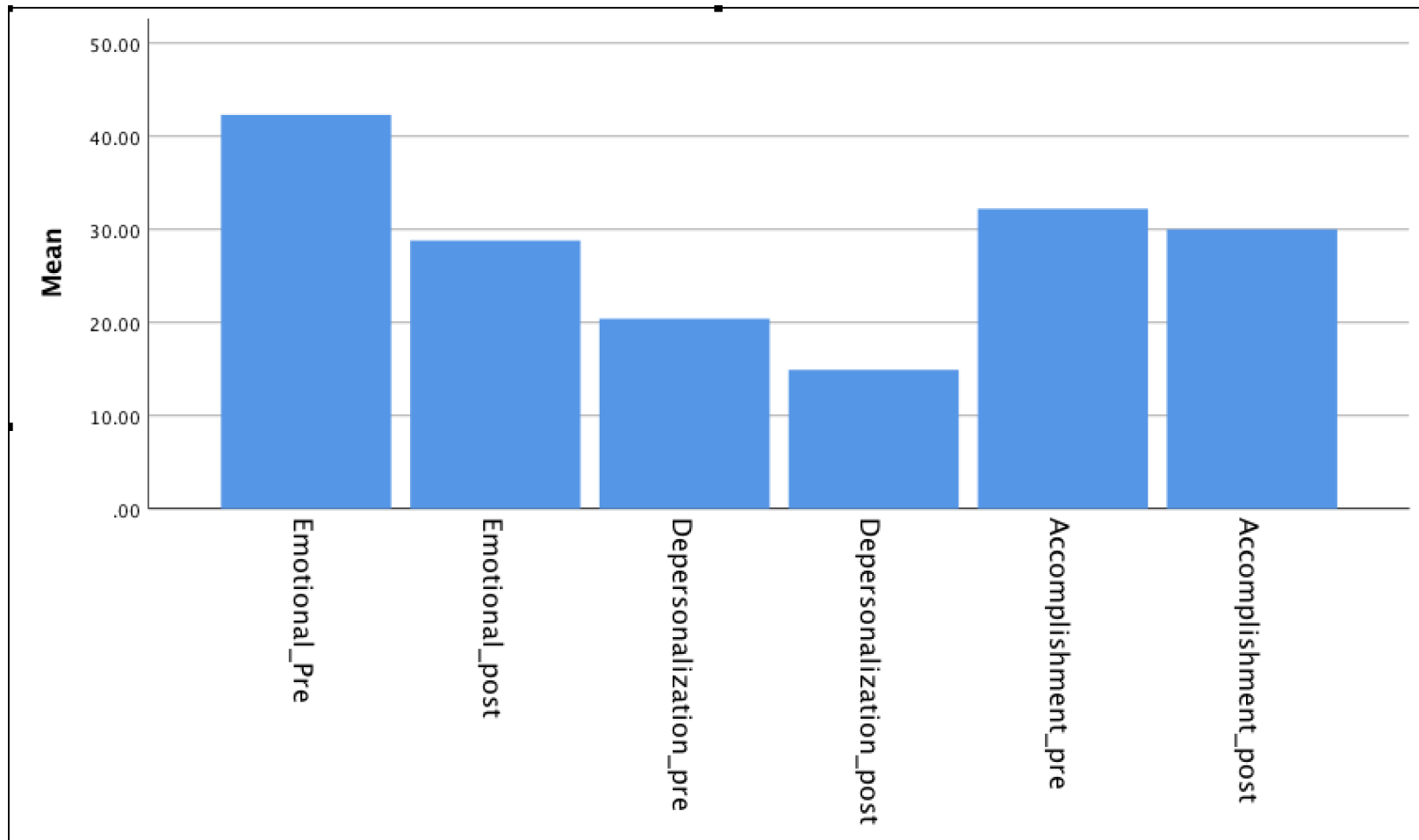
Statistic Findings Table 2

Paired Samples Test

		Paired Differences					t	df	Sig. (2-tailed)
		Mean	Std. Deviation	Std. Error Mean	95% Confidence Interval of the Difference				
					Lower	Upper			
Pair 1	Emotional_Pre - Emotional_post	13.5000	17.81541	5.63373	.75562	26.24438	2.396	9	.040
Pair 2	Depersonalization_pre - Depersonalization_post	5.5000	11.69283	3.69760	-2.86455	13.86455	1.487	9	.171

Pair 3	Accomplishm ent_pre - Accomplishm ent_post	2.200 00	12.007 41	3.7970 7	- 6.3895 8	10.789 58	.579	9	.577
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Statistic Findings Table 3



Appendix H
Proposed budget

Expenses	Activities	Cost	Total
Direct Cost	Obtain permission to use and copyright instrument to measure burnout. -This will be done through MindGarden.com, which will be the tool used pre and post to measure burnout.	\$200	
	Incorporate a video of mindfulness-based interventions in addition to creating a website. Copyright material.	\$600	

	<p>Materials: Design, print, and mail promotional materials to staff at the clinic.</p>	\$100	
	<p>Yoga mats, aromatherapy supplies to promote a therapeutic environment. Rewards for the staff that fully completed the intervention (Target Gift card \$20)</p>	\$120	
	<p>Email reminders to complete the surveys. This will be done by the DNP student.</p>	\$0	
Indirect Costs	<p>DNP Student: Student's time developing and implementing the intervention.</p>	\$2000	

	Wages: Clinic will be covering the staff's wages as they participate in the proposed project. A stipend was proposed for participating in the project.	\$5500	
Funding	Student: Will supply materials, supplies and incentives for the proposed project.	\$0	
Potential Revenue/Cost Savings	Reduction of burnout will improve staff's morale, decrease in call-outs, improved productivity which in turn will benefit the clinics overall revenue and improve patient care.		
Total Cost			\$10,520