MANAGING BURNOUT IN NURSING

A Scholarly Project

Submitted to the

Faculty of Liberty University

In partial fulfillment of

The requirements for the degree

Of Doctor of Nursing Practice

By

Karen S. Bell

Liberty University

Lynchburg, VA

July 2023

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Scholarly Project Chair Approval:

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Dr. Cynthia Goodrich, EdD, MSN, RN, CNE

Abstract

Burnout is a widespread phenomenon characterized by a reduction in energy that manifests in exhaustion, lack of inspiration, and feelings of frustration which may lead to reduced work efficacy and multiple absences. In the nursing profession, long hours, the pressure of quick decision-making, and the stress of caring for patients who may have poor outcomes may contribute to burnout. This integrative review was conducted to identify variables that contribute to nurse burnout and discover strategies organizations can implement to reduce or prevent nurse burnout.

Keywords: Nurse satisfaction, turnover, burnout, work efficacy, absences, stress interventions, ambulatory care nurses and stress, stress and nurses, stress and burnout, nursing absences, preventing nurse absences, nurse burnout

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Dedication

This manuscript is dedicated in memory of my father, Larry Dale Starnes, 11/11/1942-

7/30/2020.

Acknowledgments

I would like to express my special thanks and gratitude to my instructor and chair, Dr. Cynthia Goodrich. She has provided invaluable guidance throughout my research project. I would also like to thank my preceptor Mrs. Shawn Meadows, MSN, RN, CWON for her patience and sincerity. Thank you to all of Liberty's professional, smart, talented professors that prayed for us, raised the bar high, and helped us meet the high expectations.

I would like to thank my family and friends that supported me throughout this journey. Thank you all for your love, prayers, and sacrifices you have made for me to complete my research. I love you Scott, Cameron, and Seth Bell.

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List of Abbreviations

American Association of Colleges of Nursing (AACN)

American Psychology Association (APA)

Cognitive Behavior Therapy (CBT)

Cumulative Index to Nursing and Allied Health Literature (CINHAL)

Doctor of Nursing Practice (DNP)

Institutional Review Board (IRB)

Randomized Control Trials (RCT)

SECTION ONE: FORMULATING THE REVIEW QUESTION

The purpose of this integrative review is not to create new knowledge, but to identify existing knowledge for consideration into practice. Nurses experience stress and lack stress-relief programs. There should be regular tracking of nurses, and healthcare facilities should monitor nurses for symptoms of depression, stress disorders, sleep disorders, intrusive memories, and hopelessness, all of which can originate from stress (Lin & Zheng, 2021). This integrative review was conducted to assess burnout and lack of interventions to manage stress for nurses. This integrative review was also conducted to investigate the best strategies to manage burnout in nurses.

The literature review has revealed important aspects of health improvement programs to increase job satisfaction and decrease burnout. Stable operation and management are certainly warranted, but care must be taken to ensure the personal health in nurses is of utmost importance. Overburdened and overextended nurses without relief or counsel can contribute to their disapproval of job duties, unhealthy living, and mental/physical impairments that may lead to multiple absences and burnout. The following questions will serve to focus the review: *What are the best strategies to manage burnout in nurses? How does lack of stress management interventions affect burnout?*

Background Rationale for Conducting the Review

The phenomenon of interest is burnout and whether specific interventions decrease burnout. Burnout creates multiple absences, and these absences interrupt workflow, increase pressure in those covering absent nurses, and create unnecessary turmoil. The research for this integrative review has shown significant prevalence of burnout with nurses. According to the American Nursing Association (ANA), almost two-thirds of nurses (62%) experience burnout in

the United States (2023). Mental and physical exhaustion, reduced efficacy in the workplace, and mistrust or incredulity in the workplace are symptoms that burnout presents (ANA, 2023). Nurses complete assessments and procedures including preparation for and assistance with medical exams, assistance with consultations, triage, examination of patients, specimen retrieval, vaccinations, hospital discharge follow-ups, med administration, and countless other obligations. Compassionate care, long hours, systematic challenges, nurse shortages, and the serious demands necessary contribute to nurse burnout (ANA, 2023). One absent nurse will impede workflow, add additional duties onto others, impact safe patient care, and overextend those nurses that come to work (Isbell et al., 2020).

Support and encouragement for nurses should take place on a regular basis. Healthcare facilities should monitor all nurses for symptoms of depression, stress disorders, long-term grief, sleep disorders, intrusive memories, and hopelessness (Lin & Zheng, 2021). The expectation that nurses must work shifts when facilities are shorthanded, and do so for extended periods of time, can create both physical and mental strain creating burnout.

Studies have shown the rate of absenteeism from work is less than one third related to poor health, and nursing absences are caused by stressful work environments due to work overload, lack of support, and an inadequately equipped work environment (Alreshidi. Alaseeri, & Garcia, 2019). Alharbi, et al. (2020) conducted a study addressing a gap in the literature regarding which components of the nurses' work environment are uniquely associated with emotional exhaustion, job satisfaction, and intent to leave among nurses. Administrators must develop recruitment and retention strategies for nursing by focusing on maintaining staffing and resource adequacy. Numerous call ins create more work for those nurses that are present. These nurses become overburdened, begin to wear down, disapprove of their job, and develop mental

and physical impairments.

Limited staff is more alarming given the global shortage of nurses which is estimated to reach nine million by 2030 (Fernet et al., 2021). Organizational efforts to strengthen nurses' autonomy and motivation through leadership and coworker support were found to be a beneficial strategy for contributing to an entrenched workforce (Fernet et al., 2021). I set out to learn what strategies and specific interventions can assist with preventing burnout in nurses.

Chronic stress in the workplace may lead to burnout. Edu-Valsania, et. al set out to study how burnout occurs and identify the triggers and effects that burnout generates at both individual and organizational levels (2022). Creating an ideal work environment is difficult. Though there may be flaws, many suggestions for contributing to a more positive work environment are straightforward. The American Association of Critical Care Nurses (AACN) suggests the following: Skilled communication, true collaboration, effective decision making, appropriate staffing, meaningful recognition, and authentic leadership (2023).

Defining Concepts and Variables

Burnout- "Burnout is a metaphor that is commonly used to describe a state or process of the draining of energy, similar to the smothering of a fire or the extinguishing of a candle" (Kitaoka & Masuda, 2013, p. 273).

Cognitive Behavior Therapy (CBT)- A common talk therapy that assists with identifying inaccurate or negative thinking so you can view challenging situations more clearly (Mayo Clinic, 2023).

Intent to Stay- employee's level of commitment to his organization and the willingness to remain employed (Shahid, 2018)

Nurse satisfaction- the feeling of pleasure and achievement which you experience in your

job when you know that your work is worth doing (Sharma, 1964).

Retreat- a place of privacy or refuge (Merriam-Webster, 2023).

Self-efficacy- the level of confidence a person feels about his or her ability to do a particular task or general goal (Veech, 2017).

Turnover- Some definitions include any nurse leaving an organization; others may include involuntary and voluntary leaving (Kovner, Brewer, Fatchi, & Jun, 2014).

Stress intervention- Reappraisal processes that represent a broad array of strategies in which an individual can alter their thoughts to regulate their stress (Crum, Jamieson, & Akinola, 2020).

Purpose and Review Question

Increased strain from an increased number of patients, fewer available nurses, in addition to the prolonged hours and increased nursing duties have contributed to nurse burnout. The research will address the stress on nurses and the culmination from lack of intervention to manage stress and investigate the best strategies to manage burnout in nurses. The following questions will serve to focus the review:

- *What are the best strategies to manage burnout in nurses?*

- *How does lack of stress management interventions affect burnout?*

The integrative review considered the difference in personalities, performance, and stress management. Finding more plausible information that points to increased numbers of absences related to burnout and lack of stress management promoted solid results. It was anticipated the research would give answers to and guide the research to elucidate why nursing burnout has increased throughout the world (Alharbi et al., 2020; Hwang, 2019; Kitaoka & Masuda, 2013).

Purpose of the Integrative Review

The primary goal for this integrative review was to identify the best evidence-based intervention to assist with decreasing burnout. Sustaining an empowering work environment may help reduce burnout, increase nurse job satisfaction, and improve the quality of patient care (Boamah, Read, Spence, & Laschinger, 2017). Empirical evidence indicates that better nurse staffing is associated with better patient outcomes, including lower mortality and failure to rescue, shorter lengths of stay, fewer readmissions, fewer complications, and higher patient satisfaction (Aiken & Sloane, 2020).

Formulate Inclusion and Exclusion Criteria

Inclusion criteria consisted of a search including ambulatory care nurses and stress, stress and nurses, stress and burnout, nursing absences, (preventing nurse absences) and (nurse burnout) within the last ten years. The review excluded papers published prior to 2012 as well as articles that were not written in the English language. Peer-reviewed journals were also inclusion criteria. Most methods searched consisted of qualitative, quantitative, or a mixed-method approach. Other general exclusion criteria were conference abstracts and papers that presented opinions and commentaries. The review excluded papers that did not address stress in nursing.

Conceptual Framework

The framework modified by Whittemore and Knafl (2005) and Toronto and Remington (2020) assisted with direction and provided a step-by-step guide. Whitmore and Knalf (2005) state that through enhancing the rigor of an integrative review, particular methods have the potential for findings from diverse methodologies. These methods included the following steps: (1) problem identification, (2) literature search, (3) data evaluation, (4) data analysis, and (5) presentation. The problems identified were nursing burnout and the lack of stress reduction

leading to burnout. The literature search yielded a plethora of articles which were then reduced, sourced, and manipulated to guide the project. Synthesis of published literature was found, researched, and supported by the subject of importance.

The systematic literature search consisted of Cumulative Index to Nursing and Allied Health Literature (CINHAL), EBSCO, and Cochrane Library. More than 65,000 articles were identified, but after vetting and use of inclusion/exclusion criteria 13 articles are being reported on with this review. Work from the last decade related to the questions and concepts was extracted. However, it was unclear what the similarities were across the healthcare continuum.

A greater understanding of the concept of integration was proposed as a possible effective way to identify whether specific stress-reduction strategies assist in managing burnout in nurses. Therefore, the purpose of this integrative review sought interventions to mitigate burnout. A specific focus was the nursing profession; however, the search led to literature integrating all healthcare personnel, especially nurse managers and physicians. The comprehensive and systematic search yielded peer-reviewed articles and revealed positive outcomes with stress-reduction strategies and reducing burnout in nursing.

Data evaluation and analysis were customized and placed in a literature review matrix based on Melnyk's level of evidence (Appendix A). Systematic reviews and pertinent studies for the integrative review were employed and analyzed using a methodological quality assessment and the Preferred Reporting Items for Systematic Reviews and Meta- Analyses (PRISMA) Flow Diagram (McKenzie et al., 2020) (Appendix B). The matrix and PRISMA Flow Diagram present findings and decisions of inclusion for the presentation of study results (Page, et al., 2020).

SECTION TWO: COMPREHENSIVE AND SYSTEMATIC SEARCH

Search Organization and Reporting Strategies

The Integrative Review was developed taking into consideration The Doctor of Nursing Practice (DNP) Essentials. The DNP Essentials were created by the American Association of Colleges of Nursing and provide foundational competencies for all advanced practice nursing roles (American Association of Colleges of Nursing [AACN], 2006). See Appendix C for information on how the essentials provided support for the project.

A systematic literature search was conducted using several databases for information. The databases used for this search were the Cumulative Index to Nursing and Allied Health Literature (CINAHL), EBSCO, and the Cochrane Library.

Search Terms and Selection Criteria

The key words used for the review include *stress and nurses, outpatient nurses and stress, stress and burnout, absences, and burnout*. Boolean phrases such as "and", and "or" were utilized to expand the search per inclusion and exclusion criteria. Toronto and Remington (2020) suggest abbreviating search criteria to increase the likelihood of finding relevant studies. These suggestions were utilized, and a close review of articles written within the past five to ten years was performed. This facilitated the development of this integrative review.

Literature Search Results

Nearly 65,000 studies were found using the appropriate search methods within a ten-year period. The inclusion criteria were adjusted within a five-year time span, and 30,000 articles were rendered. Further filters were adjusted to include ambulatory care nurses and stress. This search retrieved 1,208 articles. Systematic reviews were saved, and any pertinent studies for the integrative review were collected and used in the project. Further detail to narrow the search was

conducted and included ambulatory care nurses and stress/burnout and absences and yielded 301 articles. Articles retrieved were condensed as profiled in the PRISMA Flow Diagram (Page, et al., 2020) (Appendix B). The diagram displays articles identified, screening tools utilized, and what studies were included. Studies were customized in a search of systematic reviews. Comprehensive and encompassing literature were placed in a literature review matrix (Appendix A) and clarified by focusing on the strength of the article as determined by the level of evidence of the studies. Appraisal and use of inclusion/exclusion criteria yielded 13 articles to be reported on with this review.

SECTION THREE: MANAGING THE COLLECTIED DATA

A self-constructed checklist was used to extract relevant information from each article. The following data were gathered through the checklist: the author's name, year of data collection, study location, the language of publication, study design, type of care facility and staff titles that were included in the study, and prevalence of burnout. Melnyk's level of evidence (Appendix A) was applied to evaluate the strength of the studies reviewed. Findings ranged from qualitative, quantitative, to mixed methods along with cross-sectional and exploratory studies. Focus for the review included nurse burnout in different specialties, work-related factors and resilience, mindfulness, self-care, cognitive behavioral therapy, and staff retreats to assist with improving absence rates.

Further research is needed to bridge the gap and identify what "one factor" can help nurses decrease burnout with hopes of decreasing absences and burnout, and which methods have been utilized successfully in assisting with the worldwide problem. Most studied interventions have positive impacts. I want to explore what intervention had the most positive impact.

Gratitude and thankfulness, improved communication, teamwork, self-care, and other

interventions have been effective in improving burnout (Aryankhesal, et. al, 2019). Closer examination should focus on the leading intervention to reform these nurses. Avoiding burnout should begin with awareness. How are nurses able to recognize individual collapse and create self-reform should they not know the superior choice?

SECTION FOUR: QUALITY APPRAISAL

The data analysis stage involves thematic coding, categorizing, ordering, and summarizing information found in the articles (Whittemore & Knafl, 2005). Reducing information to a manageable amount and organization that further sorts for applicability and ensures rigor is maintained (Whittemore & Knafl, 2005). Data evaluation and analysis were customized and placed in a literature review matrix based on Melnyk's level of evidence as mentioned previously. The study design and sample, level of evidence and relevance of the studies were evaluated. Systematic reviews and pertinent studies were employed and analyzed using a methodological quality assessment and the (PRISMA) Flow Diagram. Evaluation of the material and relevance of the review were vested with the level of evidence.

Sources of Bias

The inclusion criteria seem straightforward and precise. This integrative review retrieved systematic reviews that concentrated on burnout; yet the burnout was identifiable to specialties other than nursing. Inclusion criteria should be better prioritized for more eligible evidence in nursing absences. The combination and incorporation of systematic reviews investigating different specialties may have contributed to a lack of rigor for the investigative question.

Internal Validity

Confounding variables may include, but are not limited to, providers, nurse managers, and other healthcare workers in different specialties. These group differences included in

research may create bias and affect internal validity. Validity exists where stress reduction interventions have occurred in past research. Positive outcomes were referenced with stress reduction strategies. Due to the use of systematic reviews and extensive research, the potential for bias is low, and validity is perceived as high.

Appraisal Tools

Qualitative, quantitative, cross-sectional, and exploratory mixed methods were reviewed when searching and creating the literature matrix (Appendix A). Some articles consisted of methodological qualitative assessments, and many were systematic reviews of thousands of articles. The search aimed at burnout and stress in nurses. Over 65,000 articles were searched, which resulted in 15 articles that met inclusion and exclusion criteria and granted solid studies with comparative results. Randomized control trials were also retrieved; however, these concentrated on multiple providers and were not limited to nursing. Each article retrieved was appraised for evidence adapted by Melnyk's level of evidence and matrix (Appendix A). Each study was assigned the level of evidence, screened, and identified for eligibility. The total number of reports assessed for eligibility was 13, as shown in the (PRISMA) flow chart (Page, et al., 2020). Appendix B provides a breakdown of vetted articles. The chart exhibits the rigorous decisions and inclusion criteria regarding new studies, excluded reasoning i.e., abstracts, and the identification process of eligibility.

Applicability of Results

The extent to which these results could impact practice is remarkable; however, different stakeholders within the research may not be applicable. Nurse managers and physicians were included in several studies (Isbell et al., 2020; Klein et al., 2020). External validity consists of two unique underlying concepts, generalizability, and applicability. When the concern is about

extending the results from a sample to the population from which the sample was drawn, the problem is one of generalizability. When the concern is about using inferences drawn from study participants in the care of specific patients belonging to any population, the problem is one of applicability (Murad, et. al, 2019).

The results found from this integrative review reveal reducing stress will create a more positive work environment, reduce burnout, and reduce absences. What the integrative review does not indicate is what stress reduction method would be best for decreasing burnout. This review emphasizes that there is stress in every nursing area of practice and provides information about the need for stress reduction interventions for all nurses to reduce burnout. New research should concentrate on a specific technique or approach.

Reporting Guidelines

Preferred Reporting Items for Systematic Reviews and Meta- Analyses (PRISMA) is used to minimize bias in the reporting of the final review, focusing on how the final review should be written (Page et al., 2020), (Toronto & Remington, 2020). The PRISMA guideline from Page et al. 2020 assisted with increasing quality and transparency in reporting of the systematic reviews and outlined the adjustments and decisions made to have a more thorough review (Appendix B).

Systematic reviews included fulfilled inclusion criteria and underwent a methodological quality assessment. These systematic reviews provided evidence associated with burnout, personal, and work-related factors of nurse resilience. Other reviews focused on randomized controlled trials (RCTs) with physicians and nurses that evaluated interventions designed to improve their mental health, well-being, physical health, and lifestyle behaviors (Klein et al., 2020; Isbell et al., 2020; Alanazi, et al., 2020). Results indicated that mindfulness and cognitive-

behavioral therapy-based interventions are effective for reducing stress, anxiety, and depression. Brief interventions that incorporate deep breathing and gratitude were also found to be beneficial for decreasing stress and burnout (Melnyk et al., 2020).

SECTION FIVE: DATA ANALYSIS AND SYNTHESIS

A structured process of data abstraction was followed to synthesize the evidence and identify common topics. As prescribed by Whittemore and Knafl (2005), each primary source was reduced, and data collected were displayed in a table (Appendix A). Data were grouped according to Melnyk's hierarchy of evidence and the PRISMA Flow Diagram (Page et al., 2020) (Appendix B) Applicability was identified, and exclusions of research articles and reviews were categorized.

Studies varied from Level I, III, V and VI of Melnyk's level of evidence and focused on examining the factors affecting the happiness of nurses as well as interviews to identify stressors. Surveys (cross-sectional and exploratory) to examine burnout and validate adequate breaks reducing workplace fatigue and studies to develop a comprehensive idea of what triggers emotions in clinical decision making were included (Retting et al., 2021). Other literature suggested retreats for staff to build staff resilience and found that psychological capital is a significant predictor of work engagement (Blackburn et al., 2020).

Data Analysis Methods

Information was abstracted from the primary sources. Data analysis was undertaken as described by Whittemore and Knafl (2005). Qualitative, quantitative, and systematic reviews were divided, organized, examined, and analyzed using a similar process. The information was organized in the matrix (Appendix A).

Thematic Analysis

Once the information was well-organized and reduced, a common comparison or thematic analysis identified and assisted with organization and repeated patterns. Themes were reviewed by the project leader, and possible patterns were identified. Several themes identified were personal health improvement programs, increasing self-efficacy, cognitive behavioral therapy, and self-care. Hwang (2019) made mention of health improvement programs to increase happiness and autonomy on the job assisting with prosperity. The Taking a Break (TAB) event dramatically assisted with happiness and found that an eight-hour retreat teaching self-care strategies and resilience programs decreased staff burnout and led to a more engaged and responsive staff (Retting et al., 2021; Blackburn et al., 2020). Melnyk et al. (2020) found brief interventions that incorporate deep breathing and gratitude along with increasing physical activity is beneficial. Coping skills and self-efficacy, along with leadership creating a positive work environment were associated with retention, resilience, decreased burnout (Lee et al., 2019; Parola et al., 2017).

The overall themes articulated throughout the analysis were:

1. Self-care

    a. Cognitive Behavioral Therapy

    b. Personal Health Improvement Programs

    c. Retreats addressing self-care strategies

    d. Deep breathing

    e. Increased physical activity

    f. Taking adequate breaks (TAB)

2. Increasing self-efficacy

3. Coping Skills

4. Positive work environment

Descriptive Results

The goal was to identify the best evidence-based intervention to assist with lowering stress levels with nurses, thus preventing burnout. Consistent findings unveiled goals to decrease burnout and improve mental health and happiness of nurses, and these were of utmost importance to leadership. Should corporations identify and initiate self-care programs, the findings conclude the possibility of decreasing nurse burnout. This integrative review concluded health programs and self-care, adequate breaks, teamwork, and cognitive behavioral therapy, ultimately improve morale in nursing. The question remains, "How do we succeed with a shortage of nearly nine million nurses?" Future integrative reviews may include identifying recruitment and retention of nursing students in production. Burnout in nursing programs may correspond to the burnout nurses experience on the job. Future research should question if preventing burnout should start in the very beginning of a nurse's education.

Synthesis

Nursing is complex and requires a wide range of people needing care. Emotional strain can take place in all specialties. Articles in the review showed palliative care nursing results in less emotional exhaustion and depersonalization (Parola, Coelho, Cardoso, Sandgren, & Apóstolo, 2017). Emergency room care was found to provide negative emotions and exhaustion (Isbell et al., 2020).

Analysis and findings from this integrative review present interesting summaries. Huang (2019) found the development of personal health improvement programs for nurses should be required while providing autonomy in the workplace. Retting, Moore, Savona, and Scala (2021)

as compared with Alanzi, Sim, and Lapkin (2022) found similarities, breaks, and teamwork uplifted staff moods. Many of the articles, such as Klein et al. (2020) and Blackburn et al. (2020) found that self-care influenced a nurse's ability to care for others and decrease burnout. Melnk et al. (2020) compared with other findings from Isbell et al. (2020) and found that cognitive behavior therapy-based (CBT) interventions as well as deep breathing and gratitude improved mental health and well-being for nurses. Increased self-efficacy resulted in nurses staying more motivated and adaptive, creating more job satisfaction and retention (Yu et al., 2019; Asumeng & Anoky, 2019). Staffing shortages, changes in communication such as technology, Post Traumatic Stress Disorder (PTSD), and bullying were negatively associated with resilience and retention (Yu, Raphael, Mackay, Smith, & King, 2019; Klein et al., 2020).

Ethical Considerations

The Collaborative Institutional Training Initiative (CITI) Certificate is attached in Appendix B. The Institutional Review Board (IRB) of Liberty University reviewed the application in accordance with the Office for Human Research Protections (OHRP) and Food and Drug Administration (FDA) regulations and found the study does not meet the definition of human subjects' research; therefore, the project was found suitable to begin as of February 20, 2023.

Table 1 TIMELINE

Month	Activity
September 2022	Preparation of protocol
September 2022-January 2023	Searches for studies
December 2022-March 2023	Inclusion assessments
December 2022-April 2023	Validity assessments.
September 2022-April 2023	Data collection
February 2023-June 2023	Follow up of missing Information
March 2023-June 2023	Analysis
September 2022-July 2023	Preparation of review report

SECTION SIX: DISCUSSION

Unacknowledged burnout is disastrous. Nurse dissatisfaction and burnout can create dilemmas, giving rise to unhappiness and insufficient staffing. According to Hwang (2019), there are several bases for the reasoning of nurse dissatisfaction. The detailed study purposes from Hwang (2019) recommend investigating the participants' happiness, organizational culture type, job satisfaction, job stress, and the difference between the level of happiness of the participants. A vital aspect of happiness for nursing is health improvement programs to decrease burnout. We must ensure stable operation and management, but not forget that personal health in nurses is of utmost importance. The literature review has shown various personal health improvement programs for nurses' happiness should be of consideration to decrease burnout. Cognitive and behavior therapy-based interventions as well as health coaching that involved visual triggers were found to be beneficial for stress relief and reducing anxiety (Melnyk et al., 2020). Staff shortages were identified as an underlying stressor related to the work process. Adequate breaks during a shift contribute to decreasing burnout, and effective teamwork leads to a reduction in adverse patient outcomes. Job resources, job satisfaction, job retention, and general wellbeing were found to be positively related to resilience in nursing. Multiple factors are needed to produce successful outcomes and decrease burnout. A lack of intervention to manage stress may result in failure to overcome burnout and create a despairing, short-staffed, and incurable work environment.

Peer-reviewed publications were researched and consistent with findings on preventing burnout in nursing. Nurse burnout is a widespread phenomenon characterized by a reduction in nurses' energy that manifests in exhaustion, lack of inspiration, and feelings of frustration (Mudallal, Othman, & Al Hassan, 2017). Long hours, the pressure of quick decision-making, and

the stress of caring for patients while being short staffed may contribute to burnout. This integrative review was conducted to assess nurse burnout, the lack of interventions to manage stress, and whether stress reduction programs can help decrease burnout.

What are the best strategies to manage burnout in nurses? Chaplains of one hospital created "Tea for the Soul" which encourages nurses to enjoy a cup of tea or other activities such as journaling, coloring, drawing, or music (Wei, et. al, 2019). The research has shown the best strategies to prevent burnout are stable operation and management, personal health improvement programs, cognitive and behavior therapy-based interventions, adequate breaks, effective teamwork, deep breathing, retreats, increased physical activity, and self-care (Hwang, 2019; Rettig et al., 2021; Isbell et al., 2020; Klein et al., 2020; Blackburn et al., 2020; Melnyk et al., 2020). Nurse leaders need to assist nurses in recognizing the importance of self-care to build resilience. Nurses also need to be encouraged to be compassionate to themselves (Wei, et. al, 2019).

How does the lack of stress management interventions affect burnout? Helping nurses acknowledge and be mindful of burnout will help them recognize and develop coping and self-management strategies that prevent burnout (Jang, Jeong, Park, 2022). Previous research has shown those with high self-compassion demonstrate low levels of burnout (Jang, et. al, 2022). Keeping stress under control is effective in decreasing burnout, however; lack of leadership offering support and assistance in coping with job stressors will eventually lead to a higher rate of turnover (Chen and Chen, 2018).

Future interventions should concentrate on specific mindfulness-based programs (meditation, relaxation techniques such as reiki, hypnosis, healing touch, etc.) and what programs were found to have positive effects. Further research should also include which

programs have been the most beneficial for decreasing stress and burnout. Upcoming studies may also wish to include nurse burnout and positive patient outcomes and safety.

Implementing suggestions and finding from the research does not have to be difficult. Self-care is defined as a proactive, holistic, and personalized approach to the promotion of health and well-being through a variety of strategies (Kwon, 2023). Self-care should pursue pleasurable activities, rest, spending time alone in reflection, seeking professional therapy, or any activity that inspires your soul (Kwon, 2023). Kwon also states meditation practice is an effective self-care strategy in both personal and professional settings (2023). "How can one successfully implement proactive and successful self-care?"

Development and implementation of a model to facilitate self-care may be the key to successful self-care for nurses. A study in South Africa demonstrated that integrating a self-care model based of three theoretical frameworks, which were Orem's theory of self-care, Pender's health promotion model (HPM), and the theory of human caring by Jean Watson. The models explain how individuals can be motivated to achieve better health through engagement in healthy behaviors, and data proved success from the implementation of these models (Chipu and Downing, 2021). Nurses gained more knowledge regarding self-care, the model benefitted the registered nurses holistically, and role modeling self-care practices motivated and benefitted others (Chipu and Downing, 2021).

Implementation of better self-care should incorporate the model discussed will divisions into three stages: relationship, working, and termination and the facilitation of self-care (Chipu and Downing, 2021). Development could include an APP to share with fellow nurses for motivation and encouragement to improve physical, mental, emotional, and spiritual health. The development of an APP could also facilitate sharing from nurse-to-nurse regarding successes, and/or what has been

beneficial in the journey.

Implication for Practice

The information and data obtained is a call to action. The literature has given information that we may use to help nurses. "What are we going to do?" "What is our plan?" In two years, over 30% of new nurses with less than two years on the job will leave the profession. In 2030 we will have a nursing shortage of 9 million. "What are our next steps?" Adequate breaks, self-care, retreats, CBT, and teamwork were themes identified, but how can we make these come to life? These will be impossible to implement if we continue with the shortage. Do we need to have mental health resources available, better ways to debrief, a larger number of nurses per patient ratio, or all the above? Nurses' well-being is challenged by the nature of their work and working conditions.

A question needing an answer for future research is: "Do we need more programs to increase resilience?" Findings from numerous studies demonstrate that a higher nurse-to-patient ratio is directly related to negative nurse outcomes, worsening quality of care, decreased patient satisfaction, and decreased productivity (Aiken & Sloane, 2020; Shin et al., 2017; Jun et al., 2021). With the disastrous shortage, how are we going to prevent these negative outcomes? We always hear of burnout. We know the numbers, we know the risks, but what are we going to do?

Were my questions answered? *What are the best strategies to manage burnout in nurses?* Yes, the answers are obvious. *How does lack of stress management interventions affect burnout?* If we do not do something to help ourselves, Burnout will be worse with the continuance of nursing shortage. This project assists with development and the discovering of consistent factors utilized in reducing burnout for nurses.

Reducing stress will create a more positive work environment, reduce burnout, and

reduce absences (Sulosaari, Unal, & Sinar, 2022). Nurses' well-being is challenged by the nature of their work and working conditions. Mindfulness-based interventions have the potential to enhance the well-being of nurses (Sulosaari et al., 2022). Future research is indicated to include well-designed randomized controlled trials, standardized measurement tools, and more emphasis on interventions aimed at the environment. A question needing an answer for future research is: "Do we need more programs to increase resilience?" A systematic review critically appraised associations between nurse burnout and patient and hospital organizational outcomes (Jun et al., 2021). Findings from numerous studies demonstrate that a higher nurse-to-patient ratio is directly related to negative nurse outcomes, worsening quality of care, decreased patient satisfaction, and decreased productivity (Aiken & Sloane, 2020; Shin et al., 2017; Jun et al., 2021). Forthcoming studies should concentrate on retention of nurses with leadership becoming more intentional to increase resilience and decrease burnout. What can corporations provide to accomplish intent to stay?

Dissemination Plan

Sharing research and detailing specific activities helps ensure the effectiveness of project findings. The discoveries of this integrative review will be shared during onboarding to all nurses. I hope to share on nursing platforms via social media as well. The expectation is to reach a large population through various means of communication: huddle, social media, informational sessions, and onboarding. I want to ensure the information is clear, concise, shared appropriately, and utilized by nursing worldwide to decrease burnout. The hope is the possibility of collaborating, developing, and putting an app into practice to share across the organization for uplifting spirits, increasing motivation, and sharing what is working/not working for other nurses. The hope is the research assisting corporations in accomplishing a nurse's intent to stay.

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Appendix

A. **Strengths of Evidence Table (Landscape orientation; include in Proposal and Final Project Manuscript)**

B. **PRISMA Flow Diagram**

C. **DNP Essentials**

D. **IRB Approval Documentation (Final Project Manuscript)**

E. **CITI Certificate (Landscape orientation; include in Proposal and Final Project Manuscript)**

Article Title, Author, etc. (Current APA Format)	Study Purpose	Sample (Characteristics of the Sample: Demographics, etc.)	Methods	Study Results	Level of Evidence (Use Melnyk Framework)	Study Limitations	Would Use as Evidence to Support a Change? (Yes or No) Provide Rationale.
Hwang, E. (2019). Effects of the organizational culture type, job satisfaction, and job stress on nurses' happiness; A cross-sectional study on the long-term care hospitals of South Korea. *Japan Journal of Nursing Science*: JJNS, *16*(3), 263-273.	It was aimed to explore the effects of the long-term-care (LTC) hospital-nurse organizational culture type, job satisfaction, and job stress on nurses' happiness.	226 participants were randomly selected among nurses who were working in 17 LTC hospitals with ≥100 beds and that were in five cities. The number of participants was estimated by using G Power program 3.1.9.2 (University	A multiple regression analysis was carried out to examine the factors affecting the happiness of the nurses.	The happiness of the LTC hospital nurses was not high. Regarding the factors affecting their happiness, a higher feeling of happiness was evident when the estimation of their subjective health status was healthier, when they were in an organization with hierarchy-oriented culture properties, when they expressed a higher job satisfaction regarding autonomy, and	Level 3 Questionnaire	None found	YES: Use of Oxford Happiness Questionnaire. Based on these results, the development of personal health improvement programs for nurses' happiness should be required. In addition, hospitals need to be stably operated and managed to ensure organizational safety and the nurse managers should encourage the nurses to carry out their tasks with autonomy.

Article Title, Author, etc. (Current APA Format)	Study Purpose	Sample (Characteristics of the Sample: Demographics, etc.)	Methods	Study Results	Level of Evidence (Use Melnyk Framework)	Study Limitations	Would Use as Evidence to Support a Change? (Yes or No) Provide Rationale.
		of Kiel, Germany) and a total of 153 participants was required to maintain a significance level of 0.05, a medium effect size of 0.15, a statistical power of 0.95, and seven predictor variables in the multiple regression analysis. Thus, sufficient participants		when the number of task requests was lower. Among these factors, autonomy-based job satisfaction exerts the greatest effect.			

Article Title, Author, etc. (Current APA Format)	Study Purpose	Sample (Characteristics of the Sample: Demographics, etc.)	Methods	Study Results	Level of Evidence (Use Melnyk Framework)	Study Limitations	Would Use as Evidence to Support a Change? (Yes or No) Provide Rationale.
		were recruited to conduct this study. It took ~10–15 min to fill out the questionnaire.					
Worringer, B., Genrich, M., Müller, A., Gündel, H., Contributors of the, S. C., & Angerer, P. (2020). Hospital Medical and Nursing Managers' Perspective on the Mental Stressors of Employees. *International Journal of Environmental Research and Public Health, 17*(14), 5041. https://doi.org/10.3390/ijerph1714504 1	To investigate medical and nursing managers' perspective on the mental stress of their employees, we conducted a qualitative	The bigger hospital has about 500 beds and employs about 700 physicians and nursing staff. The smaller one has around 350 beds and about 450	We conducted semi-standardized individual interviews with medical and nursing managers of one German hospital with two locations,	Most frequently reported stressors were related to the work organization within all groups, followed by stressors of the work task. Stressors due to social factors or due to unfavorable	Level VI Descriptive Design (interviews)	Due to the voluntary participation of managers in the interview study, it can be assumed that we primarily reached those managers who already	Yes: excellent foundational evidence managers' perspectives on health-promoting and health-threatening work characteristics concerning their staff

Article Title, Author, etc. (Current APA Format)	Study Purpose	Sample (Characteristics of the Sample: Demographics, etc.)	Methods	Study Results	Level of Evidence (Use Melnyk Framework)	Study Limitations	Would Use as Evidence to Support a Change? (Yes or No) Provide Rationale.
	interview study	medical and nursing employees and was converted from a specialized clinic to an acute care facility.	belonging to a commercial hospital company.	working environment were less frequently named		had a positive attitude towards the topic of employee mental health. We cannot therefore rule out a certain sampling bias. only interviewed the managers of one hospital, so that a generalization of the results may be limited.	largely coincide with those of accepted work stress theories. The most significant stressors were reported from the field of work organization. Staff shortages were identified as an underlying stressor for several other stressors relating to work processes, work task, or social factors.

Article Title, Author, etc. (Current APA Format)	Study Purpose	Sample (Characteristics of the Sample: Demographics, etc.)	Methods	Study Results	Level of Evidence (Use Melnyk Framework)	Study Limitations	Would Use as Evidence to Support a Change? (Yes or No) Provide Rationale.
Rettig, Amy E, DNP, MALM, RN, ACNS-BC,P.M.H.N.P.-B.C., C.B.C.N®, Moore, Kristin,B.S.N., R.N., Savona, Elizabeth,B.S.N., R.N., & Scala, Angelina, BSN,R.N., O.C.N®. (2021). Take-a-Break Intervention. *Clinical Journal of Oncology Nursing*, *25*(2), 210-214. https://doi-org.ezproxy.liberty.edu/10.1188/21.CJON.210-214	Does failing to take adequate breaks during a shift contributes to the incidence of burnout and workplace fatigue	From August 2018 to April 18 TAB events were held every four months at three different clinics and three times at one clinic. Based on the voluntary sign in, a mean of 21.9 participants (SD = 8.34) attended each TAB session, with a range of 10-37 participants at each session. Staff from the different units/areas could attend multiple TAB events. TAB hosted 263 attendees, the majority being return participants. Of	Of 129 surveys, all but one found the activity enjoyable reported feeling that their mood was lifted at the end of the activity	From August 2018 to April 2020, 18 TAB events were held every four months at three different clinics and three times at one clinic. Based on the voluntary sign in, a mean of 21.9 participants (SD = 8.34) attended each TAB session, with a range of 10–37 participants at each session. Staff from the different units/areas could attend multiple TAB events. TAB hosted 263 attendees, the majority being return participants. Of the total, 108 were RNs (— X = 9, range = 4–17). The remaining 155 (— X = 12.9, range = 5–20) were a combination of non-nursing staff, iBased on the voluntary sign in, a	Survey	Level VI	Yes, provides yes, great foundational information

Article Title, Author, etc. (Current APA Format)	Study Purpose	Sample (Characteristics of the Sample: Demographics, etc.)	Methods	Study Results	Level of Evidence (Use Melnyk Framework)	Study Limitations	Would Use as Evidence to Support a Change? (Yes or No) Provide Rationale.
		the total, 108 were RNs (X = 9, range = 4-17). The remaining 155 (X = 12.9, range = 5-20) were a combination of non-nursing staff, including physicians, APRNs, physician assistants, radiation therapists, physicists, dosimetrists, managers, social workers, schedulers, research coordinators, and pharmacy staff.		mean of 21.9 participants (SD = 8.34) attended each TAB session, with a range of 10-37 participants at each session.			

Article Title, Author, etc. (Current APA Format)	Study Purpose	Sample (Characteristics of the Sample: Demographics, etc.)	Methods	Study Results	Level of Evidence (Use Melnyk Framework)	Study Limitations	Would Use as Evidence to Support a Change? (Yes or No) Provide Rationale.
Alanazi, F. K., Sim, J., & Lapkin, S. (2022). Systematic review: Nurses' safety attitudes and their impact on patient outcomes in acute-care hospitals. *Nursing Open*, *9*(1), 30–43. https://doi.org/10.1002/nop2.1063	The aim of this review was to synthesize the best available evidence on the impact of nurses' safety attitudes on patient outcomes in acute-care hospitals.	A total of 3,452 studies were identified, and nine studies met the inclusion criteria. Nurses with positive safety attitudes reported fewer patient falls, medication errors, pressure injuries, healthcare-associated infections, mortality, physical	Systematic Review Of the nine included studies, five were undertaken in the United States of America (USA; N = 5), with one each from Canada, Switzerland, South Korea, and China. All studies used cross-sectional designs. Data were reported at the unit	Effective teamwork led to a reduction in adverse patient outcomes. Most included studies (N = 6) used variants of the Hospital Survey on Patient Safety Culture to assess nurses' safety attitudes.	Level I	it is possible that not all relevant studies were included in this review. More than half of the studies were conducted in the USA; therefore, further international research is required. Wide variation in the number of instruments used, and the source of patient outcomes	Yes…provides great information, is Level I, but is relative to acute care nurses

Article Title, Author, etc. (Current APA Format)	Study Purpose	Sample (Characteristics of the Sample: Demographics, etc.)	Methods	Study Results	Level of Evidence (Use Melnyk Framework)	Study Limitations	Would Use as Evidence to Support a Change? (Yes or No) Provide Rationale.
		restraints, vascular access device reactions and higher patient satisfaction.	level in five studies			data was noted.	
Isbell, L. M., Boudreaux, E. D., Chimowitz, H., Liu, G., Cyr, E., & Kimball, E. (2020). What do emergency department physicians and nurses feel? A qualitative study of emotions, triggers, regulation strategies, and effects on patient care. *BMJ Quality & Safety*, *29*(10), 1-2. https://doi.org/10.1136/bmjqs-2019-010179	The current study aimed to develop a comprehensive understanding of emergency department (ED) providers' emotional experiences,	interviews with experienced ED providers (45 physicians and 41 nurses) from four academic medical centers and four	86 semi-structured qualitative Constant comparative analysis was used to develop a grounded model	Patients triggered both positive and negative emotions; hospital and system-level factors largely triggered negative emotions. Providers expressed awareness of possible adverse	Level 5 Qualitative Study	transferability of our findings may be limited to hospitals in the Northeastern USA	Yes. Large for a qualitative study.

Article Title, Author, etc. (Current APA Format)	Study Purpose	Sample (Characteristics of the Sample: Demographics, etc.)	Methods	Study Results	Level of Evidence (Use Melnyk Framework)	Study Limitations	Would Use as Evidence to Support a Change? (Yes or No) Provide Rationale.
	including what triggers their emotions, the perceived effects of emotions on clinical decision making and patient care, and strategies providers use to manage their emotions to reduce patient safety risks.	community hospitals in the Northeastern USA.		effects of negative emotions on clinical decision making, highlighting concerns about patient safety. Providers described strategies they employ to regulate their emotions, including emotional suppression, distraction, and cognitive reappraisal. Many providers believed that these strategies effectively guarded against			

Article Title, Author, etc. (Current APA Format)	Study Purpose	Sample (Characteristics of the Sample: Demographics, etc.)	Methods	Study Results	Level of Evidence (Use Melnyk Framework)	Study Limitations	Would Use as Evidence to Support a Change? (Yes or No) Provide Rationale.
				the risk of emotions negatively influencing their clinical decision making.			
Klein, C. J., Dalstrom, M. D., Weinzimmer, L. G., Cooling, M., Pierce, L., & Lizer, S. (2020). Strategies of advanced practice providers to reduce stress at work. *AAOHN Journal*, *68*(9), 432-442. https://doi.org/10.1177/2165079920924060	high levels of burnout that are being reported separately in recent studies of physicians, nurses, and NPs. In addition, new	An online survey methodology with techniques to improve survey responses was used to invite 3,939 APPs working in various	A large cross-sectional, exploratory study of APP burnout and job stressors	Self-care influences ones' ability to care for others	Level VI survey	reliance on self-reported data, a convenience sample, and use of a cross-sectional survey design. With this survey methodology, no communication between respondents and researchers occurs; this limits the ability to obtain a more in-	Yes: The MBI-HSS was used and contains 22 items that are ranked on a 7-point frequency Likert-type scale from 0 (never) to 6 (every day). Emotional Exhaustion (nine items, α =

Article Title, Author, etc. (Current APA Format)	Study Purpose	Sample (Characteristics of the Sample: Demographics, etc.)	Methods	Study Results	Level of Evidence (Use Melnyk Framework)	Study Limitations	Would Use as Evidence to Support a Change? (Yes or No) Provide Rationale.
	challenges have been summarized that require further examination, which include the impact of technology-related stressors workplace telepressure and workplace incivility on the individual's physical and psychological health. Changes in communicati	settings ranging from metropolitan to rural areas. A designated study site coordinator worked with the multi-site principal investigator to determine APP sample composition according to inclusion criteria, to coordinate study logistics, and to streamline and personalize implementati				depth perspective of any of the identified themes. The selection of health care systems and the inclusion criterion of a Magnet® designated facility limit generalizability because these organizations/systems may be different in terms of policies/practices for employees related to wellness. Not all providers work at large health systems;	.90), Depersonalization (five items, $\alpha = .79$), and Personal Accomplishment (eight items, $\alpha = .71$) are the three subscales used to assess burnout. Great information

Article Title, Author, etc. (Current APA Format)	Study Purpose	Sample (Characteristics of the Sample: Demographics, etc.)	Methods	Study Results	Level of Evidence (Use Melnyk Framework)	Study Limitations	Would Use as Evidence to Support a Change? (Yes or No) Provide Rationale.
	on patterns as described are detrimental to employee well-being	on locally. The survey was available for a 6-week period at each site during the latter half of 2017.					
Blackburn, L. M., Thompson, K., Frankenfield, R., Harding, A., & Lindsey, A. (2020). The THRIVE© program: Building oncology nurse resilience through self-care strategies. *Oncology Nursing Forum,* 47(1), E25-E34. https://doi.org/10.1188/20.0NF.E25-E34	To develop an evidence-based program for addressing the concerns of burnout and secondary trauma and building on the concept of resilience	The sample consists of 164 oncology staff, of which 160 were RNs or advance practice RNs at The James. In addition, nine THRIVE® program	Relationship-based care (RBC) is the theoretical framework. eight-hour retreat designed to teach self-care strategies, a six-week private group study interaction on a social media	nurse managers demonstrated the greatest degree of burnout, and bedside/chairside nurses demonstrated the greatest degree of secondary trauma. The greatest improvement in average scores	Level 7 eight-hour retreat designed to teach self-care strategies, a six-week private group study interaction on a social media platform, and a two-hour	Limitations of this project are that the program itself requires an investment in time from staff and support of the investment by leaders. A six-week program is a significant time investment; however, results reflect a positive outcome from that investment.	Yes. Foundational… may provide good self-care information Resilience programs can be an effective way of building staff resilience and decreasing staff burnout

Article Title, Author, etc. (Current APA Format)	Study Purpose	Sample (Characteristics of the Sample: Demographics, etc.)	Methods	Study Results	Level of Evidence (Use Melnyk Framework)	Study Limitations	Would Use as Evidence to Support a Change? (Yes or No) Provide Rationale.
	in oncology healthcare providers.	facilitators completed the preprogram assessment as a baseline measure of their competence in the role of supporting this program. Table 1 shows the distribution of the various staff roles who have attended the program to THRIVE Program	platform, and a two-hour wrap-up session. The Compassion Fatigue Short Scale and the Connor-Davidson Resilience Scale were used to evaluate the program.	from pre-to post program assessment was in increased resilience and decreased burnout. Increased resilience scores were sustained for a six-month period after THRIVE participation. Resilience programs can be an effective way of building staff resilience and decreasing staff burnout and secondary trauma. This can lead to oncology	wrap-up session.	Another limitation is that, although the overall sample is adequate, some of the roles delineated are much smaller than the RN sample. This reflects that the program was originally targeted to the RN, but then quickly expanded to other HCPs when program effectiveness and popularity were realized.	and secondary trauma. This can lead to oncology HCPs who are more engaged, more responsive, and creative in their care, more dependable, and less prone to mistakes. This, in turn, leads to higher patient satisfaction and higher quality indices.

Article Title, Author, etc. (Current APA Format)	Study Purpose	Sample (Characteristics of the Sample: Demographics, etc.)	Methods	Study Results	Level of Evidence (Use Melnyk Framework)	Study Limitations	Would Use as Evidence to Support a Change? (Yes or No) Provide Rationale.
				HCPs who are more engaged, more responsive, and creative in their care, more dependable, and less prone to mistakes. This, in turn, leads to higher patient satisfaction and higher quality indices.			

Article Title, Author, etc. (Current APA Format)	Study Purpose	Sample (Characteristics of the Sample: Demographics, etc.)	Methods	Study Results	Level of Evidence (Use Melnyk Framework)	Study Limitations	Would Use as Evidence to Support a Change? (Yes or No) Provide Rationale.
Melnyk, B. M., Kelly, S. A., Stephens, J., Dhakal, K., McGovern, C., Tucker, S., Hoying, J., McRae, K., Ault, S., Spurlock, E., & Bird, S. B. (2020). Interventions to improve mental health, well-being, physical health, and lifestyle behaviors in physicians and nurses: A systematic review. SAGE Publications. https://doi.org/10.1177/0890117120920451	This systematic review focused on randomized controlled trials (RCTs) with physicians and nurses that tested interventions designed to improve their mental health, well-being, physical health, and lifestyle behaviors.	Twenty-nine studies (N = 2708 participants) met the inclusion criteria. Results indicated that mindfulness and cognitive-behavioral therapy-based interventions are effective in reducing stress, anxiety, and depression. Brief interventions that	Inclusion criteria included an RCT design, samples of physicians and/or nurses, and publication year 2008 or later with outcomes targeting mental health, well-being/resiliency, healthy lifestyle behaviors, and/or physical health. Exclusion criteria included studies with a focus on burnout without measures of mood, resiliency, mindfulness, or stress; primary focus on an area other than health promotion; and non-English papers.	Results indicated that mindfulness and cognitive-behavioral therapy-based interventions are effective in reducing stress, anxiety, and depression. Brief interventions that incorporate deep breathing and gratitude may be beneficial. Visual triggers, pedometers, and health coaching with texting increased physical activity.	Level I	Most of the studies did not measure intervention fidelity, which is critical in determining the impact of the interventions on outcomes. Many studies did not have attention-control groups that controlled time spent with the experimental groups, which threatens their internal validity. Many studies did not report if participants or research staff were blinded. Some studies combined a variety of interventions, which make it difficult to	YES. Systematic review and RCT

Article Title, Author, etc. (Current APA Format)	Study Purpose	Sample (Characteristics of the Sample: Demographics, etc.)	Methods	Study Results	Level of Evidence (Use Melnyk Framework)	Study Limitations	Would Use as Evidence to Support a Change? (Yes or No) Provide Rationale.
		incorporate deep breathing and gratitude may be beneficial. Visual triggers, pedometers, and health coaching with texting increased physical activity.	Extraction: Quantitative and qualitative data were extracted from each study by 2 independent researchers using a standardized template created in Covidence. Data Synthesis: Although meta-analytic pooling across all studies was desired, a wide array of outcome measures made quantitative pooling unsuitable. Therefore, effect sizes were calculated, and a mini meta-analysis was completed.			determine what specifically impacted the outcomes. Additionally, the studies assessed outcomes using a variety of different measures, which inhibited pooling of the data across studies. Many studies used self-report measures rather than objective measures. The sample size in many studies also was small and attrition was higher than desirable.	

Article Title, Author, etc. (Current APA Format)	Study Purpose	Sample (Characteristics of the Sample: Demographics, etc.)	Methods	Study Results	Level of Evidence (Use Melnyk Framework)	Study Limitations	Would Use as Evidence to Support a Change? (Yes or No) Provide Rationale.
Asumeng, M., & Anokye, E. N. (2019). Psychological capital and achievement motivation as predictors of work engagement: A study of micro and small-scale entrepreneurs in Accra, Ghana. *Ife Psychologia*, *27*(2), 62-73.	This study sought to investigate the extent to which psychological capital and achievement motivation could influence work engagement among micro and small-scale entrepreneurs in Accra, Ghana.	The study was targeted at the micro and small-scale entrepreneurs operating within Accra, the capital of Ghana. The study was carried out in 106 micro and small-scale businesses within 6 commercial business locations.	ala, M., & Anokye, E. N. (2019). Psychological capital and achievement motivation as predictors of work engagement: A study of micro and small-scale entrepreneurs in accra, ghana. Ife Psychologia, 27(2), 62-73.	The study found that psychological capital is a significant predictor of work engagement among entrepreneurs. This outcome is consistent with other research findings	LEVEL VI Cross sectional design and questionnaire	Findings from studies on the relationship between psychological capital and work engagement are mixed. Whereas some studies found significant relationship, other studies did not find any significant relationship.	YES: Great predictor self-efficacy was the greatest predictor of work engagement. This finding corroborates past studies that have indicated that individuals with high self-efficacy set higher goals for themselves, stay motivated to achieve those goals and they are adaptive to changes in their environment as they pursue their set goals

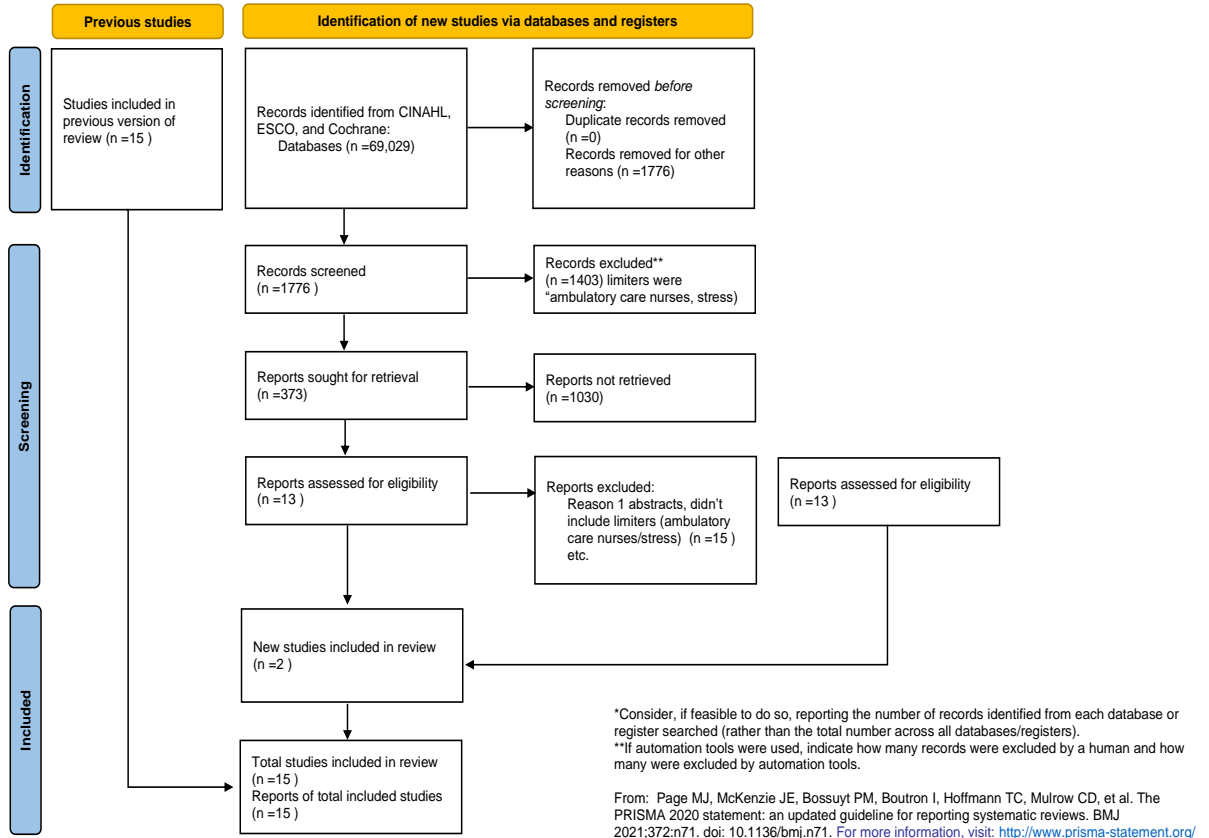| Article Title, Author, etc. (Current APA Format)	Study Purpose	Sample (Characteristics of the Sample: Demographics, etc.)	Methods	Study Results	Level of Evidence (Use Melnyk Framework)	Study Limitations	Would Use as Evidence to Support a Change? (Yes or No) Provide Rationale.
Yu, F., Raphael, D., Mackay, L., Smith, M., & King, A. (2019). Personal and work-related factors associated with nurse resilience: A systematic review. *International Journal of Nursing Studies*, *93*, 129-140. https://doi.org/10.1016/j.ijnurstu.2019.02.014	systematic review aims to identify the associated personal and work-related factors of nurse resilience.	A total of 38 articles met the criteria and were systematically reviewed and narratively synthesized. Various resilience scales utilized in these studies made it unfeasible to synthesis the evidence using a meta-analysis.	Systematic review of: Quantitative studies Summaries, commentaries, review documents, case studies, qualitative studies, systematic reviews, integrative reviews, and literature reviews	Job demands (stress, burnout, posttraumatic stress disorder, and workplace bullying) were negatively associated with resilience, while job resources (coping skills, self-efficacy, social support, job satisfaction, job retention, and general wellbeing) were positively related to resilience.	Level I. Systematic Review	Inconsistencies exist when examining personal and work-related factors.	Yes: Using a quality assessment tool, 23 studies were rated as 'Good', 15 were assessed as 'Fair', and 20 were found to have a risk of bias.

Article Title, Author, etc. (Current APA Format)	Study Purpose	Sample (Characteristics of the Sample: Demographics, etc.)	Methods	Study Results	Level of Evidence (Use Melnyk Framework)	Study Limitations	Would Use as Evidence to Support a Change? (Yes or No) Provide Rationale.
Parola, Coelho, A., Cardoso, D., Sandgren, A., & Apóstolo, J. (2017). Burnout in Palliative Care Settings Compared with Other Settings. *Journal of Hospice and Palliative Nursing : JHPN.*, *19*(5), 442–451. https://doi.org/10.1097/NJH.000000000 00000370	A systematic review, using the guideline of the Joanna Briggs Institute, was conducted to explore the effect of working in palliative care settings, compared with other settings, on burnout among health care professionals. Multiple databases were	Of the 539 studies retrieved, 7 cross-sectional studies were included in this review. Of these, six were conducted with nurses, and six used the Maslach Burnout Inventory.	This review follows the methodology proposed by the Joanna Briggs Institute (JBI) for the conduct of systematic reviews22 and complies with the Preferred Reporting Items for Systematic Reviews and Meta-Analyses.23 This review was registered in the	A total of 539 abstracts were reviewed, and 43 articles met the inclusion criteria and were reviewed in their entirety. Subsequently, 8 articles fulfilling all our inclusion criteria underwent a methodological quality assessment. provided evidence that burnout among professionals (6 studies about nurses and 1 study about physicians)	Level I	only included articles written in English, Portuguese, or Spanish	Yes: This review has provided evidence that working in palliative care is associated with lower levels of emotional exhaustion and depersonalization and higher levels of personal accomplishment than working in other health care settings

Article Title, Author, etc. (Current APA Format)	Study Purpose	Sample (Characteristics of the Sample: Demographics, etc.)	Methods	Study Results	Level of Evidence (Use Melnyk Framework)	Study Limitations	Would Use as Evidence to Support a Change? (Yes or No) Provide Rationale.
	searched—CINAHL, PubMed, Scopus, and SciELO		PROSPERO international prospective register of systematic reviews	working in palliative care is lower than that of professionals working in other health care settings			
Lee, H., Chiang, H., & Kuo, H. (2019). Relationship between authentic leadership and nurses' intent to leave: The mediating role of work environment and burnout. *Journal of Nursing Management, 27*(1), 52-65. https://doi.org/10.1111/jonm.12648	to explore the mediating effects of work environment and burnout on the relationship between authentic	A cross-sectional design was used, and 946 nurses from three different levels of hospital (medical center, regional, and district),	All frontline nurses were the targeted population in the present study. The inclusion criteria were that nurses should have worked more than three months at	Work environment and burnout mediated the effect of authentic leadership on intent to leave among nurses. The mediating effects of burnout on authentic leadership was present both for	Level I.	First, it could not be used to analyze the phenomenon over a period. Second, because this was a cross-sectional design, it was not possible to determine cause and	Yes: Authentic leadership can affect nurses· intent to leave but the work environment and burnout are important mediators of this influence. Leaders with authentic attitudes create

Article Title, Author, etc. (Current APA Format)	Study Purpose	Sample (Characteristics of the Sample: Demographics, etc.)	Methods	Study Results	Level of Evidence (Use Melnyk Framework)	Study Limitations	Would Use as Evidence to Support a Change? (Yes or No) Provide Rationale.
	leadership and the intention of nurses to leave their job	defined in terms of the number of beds and type of medical care provided, responded to four self-report questionnaires.	their current hospital; exclusion criteria eliminated those who had not passed the probation period even after 3 months.	junior (β = 0.073) and senior (β = 0.081) nurses.		effect. Third, there was a sample selection bias because the nurses from the three hospitals belonged to the same management system.	positive work environments that decrease burnout and intent to leave.

APPENDIX B

PRISMA FLOW DIAGRAM

APPENDIX C

The Essentials of Doctoral Education for Advanced Nursing Practice

I. Scientific Underpinnings for Practice	This project provided guidance to help evaluate and determine whether practice approaches were prone to create more positive attitudes, decrease burnout in nursing. The sciences that provide a foundation for nursing practice framed the development of the scholarly project. This integrative review integrated knowledge from previous research to suggest possible solutions to an overworked and weary population of nurses.
III. Clinical Scholarship and Analytical Methods for Evidence-Based Practice	Doctoral education is identified by research. This integrative review examined evidence and scholarship while investigating and synthesizing articles retrieved. The goal for the integrative review was to assess whether stress and lack of interventions to manage stress with nurses increased burnout and created absences. Utilizing the research, references were synthesized and guided the integrative review.
V. Health Care Policy for Advocacy in Health Care	The Doctor of Nursing Practice (DNP) has the skills, leadership, and practice experience to be a powerful influence on healthcare policy (AACN, 2006). The author applied this essential by examining the literature and investigating a possible design to assist in decreasing burnout.

APPENDIX D

IRB Approval Documentation (Final Project Manuscript)

LIBERTY UNIVERSITY.
INSTITUTIONAL REVIEW BOARD

February 20, 2023

Karen Bell
Cynthia Goodrich

Re: IRB Application - IRB-FY22-23-1119 Ambulatory Care Nurses and Stress

Dear Karen Bell and Cynthia Goodrich,

The Liberty University Institutional Review Board (IRB) has reviewed your application in accordance with the Office for Human Research Protections (OHRP) and Food and Drug Administration (FDA) regulations and finds that your study does not meet the definition of human subjects' research. This means you may begin your project with the data safeguarding methods mentioned in your IRB application.

Decision: No Human Subjects Research

Explanation: Your study is not considered human subjects research because it will not involve the collection of identifiable, private information from or about living individuals (45 CFR 46.102).

Please note that this decision only applies to your current application. Any modifications to your protocol must be reported to the Liberty University IRB for verification of continued non-human subjects research status. You may report these changes by completing a modification submission through your Cayuse IRB account.

If you have any questions about this determination or need assistance in determining whether possible modifications to your protocol would change your application's status, please email us at irb@liberty.edu.

Sincerely,

G. Michele Baker, MA, CIP
Administrative Chair of Institutional Research
Research Ethics Office

APPENDIX E

CITI PROGRAM

Completion Date 15-May-2022
Expiration Date 14-May-2025
Record ID 48893654

This is to certify that:

Karen Bell

Has completed the following CITI Program course:

Not valid for renewal of certification through CME.

Biomedical Research - Basic/Refresher
(Curriculum Group)
Biomedical & Health Science Researchers
(Course Learner Group)
1 - Basic Course
(Stage)

Under requirements set by:

Liberty University

CITI
Collaborative Institutional Training Initiative

Verify at www.citiprogram.org/verify/?we084934f-764b-4ffb-ae36-549b8b2469c5-48893654