Exploring Burnout Among Long-Term Care Staff

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Abstract

Burnout is a mixture of exhaustion and perceived inadequacy caused by long-term job stress. Health care professional burnout is a widespread phenomenon characterized by a reduction in the staff's energy that displays in emotional exhaustion, lack of drive, and feelings of frustration and may lead to reductions in work efficacy. This Practice Inquiry Project (PIP) was conducted to assess burnout among long-term care staff members in a rural hospital and investigated the influence of Areas of Work-life (AWS) playing an essential role in occupational wellbeing and burnout. The Maslach Burnout Inventory (MBI) and Areas of Work-life (AWS) instrument tools were employed to collect participants' data about organizational factors relevant to developing burnout. This project included educational training which highlighted the importance of mindfulness, characterized as a practice of learning to focus attention on moment-by-moment experiences with a mindset of openness and acceptance in managing stress. The Allostatic Load theory and Demand-Control support model concept were a vital part of the development of this project. Based on the data collected, high levels of Personal Accomplishments are affected by one's ability to loosen up at work and feeling of bringing a positive impact on others. The survey data also revealed that one's values and perception of reward at work play a significant factor in contributing to or managing burnout. The survey results in this project emphasized the role of nurse leaders in improving work conditions through empowerment and motivation by providing education support and recognition to decrease staff members' feelings of burnout and turnover rates and improve the quality of nursing care.

Keywords: *Stress; Burnout; Long Term Care; Mindfulness*

Chapter 1: Statement of the Problem

The research on burnout grew from Freudenberger's (1974) study, where he observed the repetition of emotional depletion among volunteer workers. Maslach (1982) identified burnout as a "syndrome of emotional exhaustion, depersonalization, and decreased personal accomplishment that can take place among individuals who do 'people work' of some kind" (p.99). The description and explanation of stress have been subject to intense discussion in the literature. Work-related stress has been defined as a harmful response to excessive pressures and demands professionals experience because of their occupation (Health and Safety executive, 2020).

Historically, psychological studies have concentrated more globally on one's needs relative to one's capability to respond to those demands (McGrath, 1970). Schablon et al. (2012) revealed in their cross-sectional retrospective study among employees in senior inpatient that 56% of respondents have faced physical violence and 78% verbal aggression. According to the study, sixty-three percent, a high incidence of physical violence occurs in inpatient geriatric care. The study discussed that an increased risk of experiencing physical violence when providing care for people who exhibit such behaviors had been recognized as an essential occupational threat that can impact the levels of work-related stress experienced by health and social care professionals. Moreover, Sahyoun et al. (2001) discussed that the increasing population of older adults in nursing homes is mounting the dependency and medical complexity of the expanding population of older adults. Residents in nursing homes commonly require assistance with one or more of the following: bathing, dressing, eating, transferring, toileting, and walking. Huhtinen et al. (2018) supported that long-term care staff members experienced job-related because of increased workload.

Exposure to verbal and physical aggression can contribute to the work-related stress experienced by health and social care professionals who work within older adults' inpatient

services (Schablon et al., 2012). McHugh et al. (2011) debated that nurse working in nursing homes are more likely to experience job dissatisfaction and burnout than nurses working in other settings. Meng et al. (2020) conveyed similar findings that residents of long-term care nursing facilities are at risk of becoming very ill or even dying, leading to increased stress and anxiety levels among care staff members affecting their ability to bring out responsibilities such as lack of focus, concern, and enthusiasm resulting to poor job performance and unexpected errors.

Work-related stress was also the most reported reason healthcare professionals, such as nurses, consider leaving their profession. Malliarou et al. (2010) suggested that work-related stress can contribute to high staff turnover rates. Furthermore, Castle et al. (2006) indicated that care staff members dissatisfied with their work-life often show signs of burnout in an undependable work ethic. This has been supported by Khamisa et al. (2015), who insinuated that the onset of chronic work-related stress in caring professions could cause occupational burnout and low job satisfaction. Consequently, employers must assess the risks from psychosocial workplace hazards in the same way as physical threats. It is even more recognized that organizations have a vital role in advocating good health in the workforce and giving staff knowledge, resources, and opportunities to support their mental and physical health (NHS, 2017).

Positive workplace relationships enable greater resilience amongst members of the care team and enhance the staff members' quality of work-life, which influences the quality of care they provide. Caspar et al. (2020) stated that staff members depend on supportive work teams to accomplish their work successfully and safely. Hence, it is necessary to recognize how health care professionals can be supported in their occupations when caring for people who exhibit behaviors that challenge to ensure employee wellbeing and reduce work-related stress.

Problem Statement

Long-term care staff members experience a high risk of work-related stress, leading to burnout. Work-related stress can substantially impact different nurses and their ability to bring out responsibilities. More precisely, weak judgment, lack of focus, concern, decreased enthusiasm, and anxiety may damage job performance by making unexpected errors.

Significance of the Practice Inquiry Project (PIP) to Nursing

Burnout is an individual response associated with work-related stress over a prolonged period, affecting job satisfaction, productivity, performance, turnover, and well-being of both the professional and receiver of work (Maslach & Jackson, 1981). Melnyk et al. (2018) performed a cross-sectional survey conducted with 1,790 nurses across the U.S, and roughly half of the health care professionals reported having medical errors in the past five years. Compared with nurses with better health, those with worse health were associated with a 26% to 71% higher probability of having medical errors.

Stress in health care professionals is a chronic issue that contributes to many health problems among nurses and reduces their competence. Olayinka et al. (2013) discussed that stress is a worldwide phenomenon generally and mainly for the nursing profession, which has adverse outcomes and consequences on a person's health condition's physical, psychological, and emotional well-being. Leka (2003) supported the idea that the effects of occupational stress are linked with mental health problems (e.g., individual may become more distressed and disturbed, disability for concentration and decision-making) and somatic health problems (e.g., heart disease, disorders of the digestive system, hypertension, muscular-skeletal issues, etc.). Thus, the main impact of being under work-related stress is that people cannot maintain a healthy balance between work and personal life. Xie et al. (2021) provided new evidence that job satisfaction, professional

rank, hospital level, gender, professional values, negative emotions, and core competence were predictors of job burnout and that newly graduated nurses had low levels of personal accomplishment.

The nursing job has been recognized as a demanding career that impacts healthcare delivery and patient safety. In nursing, occupational stress such as workload and organizational factors, including leadership, cause stress among nurses. Enhancing the workforce quality of nurses through effective stress management and coping strategies are crucial steps to producing nurses' work accomplishments and reducing or controlling nurses' levels of stress. CDC (2021) emphasized that workplace stress can lead to burnout and how each individual copes with these emotions. Stress can affect overall well-being, the people around, the workplace, and the community.

Burnout amongst staff employed in long-term care facilities is a significant problem reported across the globe, with implications for the wellbeing of providers and staff. Given that Burnout can result in serious health risks for staff and their families, it must also be recognized as a significant occupational health problem warranting the attention of employers, unions, policymakers, and the community. Furthermore, a lack of professional development contributes to high nurse turnover rates, adversely impacting the quality of care and costly to organizations.

Despite increased awareness of the problem, staff members of long-term care facilities continue to experience increased stress levels. In the interest of patients, it is essential to recognize and address the high rates of staff burnout in this practice setting.

The Impact of Covid-19 Pandemic on Long-Term Care Facilities

The Coronavirus Disease 2019 (COVID-19) was labeled a pandemic by the World Health Organization in March 2020, with outbreaks worldwide. According to the WHO (2020),

stakeholders in long-term care settings, including older people and people with intellectual disabilities, are particularly vulnerable to COVID-19.

Huhtinen et al. (2018) argued that Long-term care staff experienced job-related stress during infection outbreaks because of increased work (e.g., time and effort to read rules). During the current COVID-19 crisis, specific challenges are presented to long-term care staff members serving older people and people with intellectual disabilities. Aside from being a particularly vulnerable group to infection by the virus, residents of long-term care nursing facilities are at risk of becoming very ill or even dying from the condition, leading to increased levels of depression and anxiety among care staff (Meng et al., 2020).

Goal of the Project

This Practice Inquiry Project (PIP) aimed to reveal possible organizational causes of stress among staff members and provide coping strategies. This PIP aimed to build awareness and knowledge about approaches to managing and handling stressful events among long-term care staff members.

Aims and Objectives

The aims and objectives for this PIP included the following:

Aim 1

Design a stress-management in-service education pilot project for nursing staff in a long-term care setting at a rural hospital.

Objective 1

Assess staff members' burnout experience by collecting baseline data on three components of burnout: exhaustion, depersonalization, and personal achievement using the Maslach Burnout Inventory (MBI) survey questionnaire.

Objective 2

Assess employees' perceptions of work setting qualities that play a role in experiencing work engagement or burnout by identifying critical areas of strength or weakness in the organizational setting of the rural hospital setting by measuring Workload, Control, Reward, Community, Fairness, and Values using the Areas of Work-life Survey (AWS) .

Aim 2

Implement the in-service educational training in the selected long-term care hospital setting.

Objective 1

Incorporating mindfulness and stress coping strategies, present the in-service educational training to nurses in the long-term care setting through an online format accessed via their health academy, online class.

Aim 3

Evaluate the in-service educational training pilot project.

Objective 1

Administer a project evaluation form to the project participants via an online survey.

Objective 2

Analyze the collected data to evaluate the effectiveness of stress reduction and assess opportunities for regularly utilizing the stress management tools in their workplace.

Objective 3

Disseminate the pilot project results to the management of the selected hospital setting by providing a report filed in the hospital's quality improvement projects.

Chapter 2: Review of Literature

This chapter includes a literature review pertinent to the nature of relationships between work-related stress, burnout, and applying mindfulness to cultivate a deeper connection with the body, emotions, and relationships with others and develop alternative responses to stress. The literature review provided articles and findings on how burnout among human service workers, especially those working in healthcare, leads to job turnover rates and absenteeism causing poor quality care to the people they serve. Through in-depth research of the literature, mindfulness has been acknowledged to be beneficial both physiological and psychological. The concept of mindfulness stress management programs in health care settings provided the basis of the intervention from this project.

Work-Related Stress and Burnout

In 1974, Herbert Freudenberg, a German-born American Psychologist, first described the concept of Burnout as a process by which excessive engagement at work, more specifically in "helping professions," causes fatigue and depression, among others. He observed that many of them with whom he was working experienced a gradual emotional depletion and a loss of motivation and commitment.

At about the same time (1976), Maslach and her colleagues came across the same term in California when interviewing various human services workers. As a social psychology researcher at the University of California at Berkeley, Maslach was interested in how these workers coped with emotional arousal while performing their demanding jobs. As a result of these interviews, she learned that these workers often felt emotionally exhausted. They develop negative perceptions and feelings about their clients or patients, leading to crises in professional competence due to this emotional turmoil.

Freudenberger (1974) first theorized burnout or stress as a process by which excessive engagement at work leads to an extreme reduction of energetic and social resources, which often displayed itself by signs such as exhaustion, fatigue, somatization, failure to hold emotions, and social withdrawal; cognitive symptoms, such as cognitive tunneling and hesitancy to change that is being communicated to other team members and patients in a skeptical way. Stress is often linked with diminished competence, such as working excessively long hours and less accomplishing work tasks.

Piedmont (1993) discussed that job-related stress and burnout had been linked to mental and physical health problems, including emotional liability, cognitive rigidity, interpersonal cynicism, increased irritability, depression, anxiety, fatigue, insomnia, decreasing self-esteem and failing social and family interrelations. Not only does stress affects one's relationship, but also one's working environment. Cordes and Doughtery (1993) supported burnout characteristics, including lost creativity, decreased commitment to work, separation from various job facets, physical and emotional ailments, inappropriate attitudes toward the self and clients, and a general feeling of being worn out. Additionally, Backe et al. (2011) argued that stress accounts for more than a third of all cases of work-related ill health and that nearly half of all working days missed are due to illness.

Alzailai et al. (2021) highlighted evidence from databases searched of eleven studies related to burnout, job satisfaction, and their contributing factor. Findings from the review suggested that nurses in Saudi Arabia are suffering from moderate to high levels of burnout while experiencing only average levels of job satisfaction. Three categories of factors were associated with burnout and nursing job satisfaction: intrapersonal, interpersonal, and extra-personal factors.

Long Term Care Facilities

Activities of Daily Living (ALDS) are activities one must do daily to take care of oneself. These activities are bathing, dressing, grooming, using the toilet, mobility (the ability to move about), transferring (example: moving from a bed to a wheelchair), and eating. If one cannot complete these activities without assistance, they are unable to live safely and independently.

Long-term care refers to assistance for persons who can no longer independently perform these basic day-to-day activities. Medicaid, a federal and state health care program, defines long-term care as assistance for persons who have chronic, ongoing illnesses or disabilities. Relevant to the elderly, the need for care can be due to the natural process of aging, a sickness, or the progression of Alzheimer's, Parkinson's disease, or another type of dementia (Centers for Medicare and Medicaid services, 2020).

It is widely known that the work environment influences staff members' experiences and those of the residents in long-term care residences, and the growing demand and ability to retain care providers continue to challenge the long-term care industry. Turnover is widespread in-home care, hospice, and residential care environments and ranges from 40% to over 100% (Banaszak-Holl et al., 2013). Moreover, Castle & Engberg (2005) discussed how long-term care (LTC) facilities already face high rates of turnover, particularly among direct care staff which directly affects the quality of patient care. Furthermore, Mudallal et al. (2017) emphasized that the shortage of health care providers has been associated with both work and personal conditions, such as unrealistic job expectations, poor work conditions, work demands that exceed resources, and poor collegial relationships, increased work hazards.

The increasing population of older adults in nursing homes is mounting the dependency and medical complexity such as cognitive decline with presenting behavioral and psychological

symptoms of the expanding population of older adults. Asai et al. (2007) concluded in their study that inadequate education about dealing with patients who have a cognitive decline in the long term and insufficient skills for stress coping are contributing factors to high burnout rates in long-term care settings. During a national survey conducted in the Netherlands, Willemse et al. (2014) discussed that person-centered care and adequate resources from management are advantageous to the nursing staff, precisely when the employee feels supported by their supervisors.

Furthermore, Trinkoff et al. (2016) discovered that training for certified nursing assistants above the mandated federal requirement led to fewer adverse events, pain, falls with injury, and depression. Additionally, a strong association between service hours and quality indicators suggested a link between ongoing training and quality of care.

Zhang et al. (2012) demonstrated the critical role of healthy workplace conditions, measured by four variables: coworker support, supervisor support, the respect received at work, and decision authority in determining whether certified nurse assistants or similar direct care workers intend to leave their current positions. Staff members' experience of burnout is an essential factor to consider in high turnover rates in long-term care settings (Rosen et al., 2011). Bowers et al. (2003) emphasized that identifying factors associated with intention to leave and high turnover rates among staff is critical to sustaining numbers of direct care staff and fostering high-quality patient care. Training in stress coping strategies such as mindfulness is positively associated with positive psychological effects such as increased subjective wellbeing, reduced psychological symptoms, and emotional reactivity, thus improving regulation of behavior.

Theoretical Framework

Demand-Control-Support (DCS) Model

The Demand-Control-Support model suggests that the amount of stress experienced depends on work-related demands, recognized level of control to complete tasks, and the amount of support available to employees in their profession (Theorell & Karasek, 1990). Siegrist's (1996) original DCS model believed that organizational characteristics of work lead to an imbalance between efforts and rewards received. The measures consist of job responsibilities and physical requirements; rewards include financial rewards, personal and social acknowledgment, and other forms of personal gratification. Furthermore, a lack of balance usually occurs when working circumstances create job insecurity or compelled occupational transformation, leading to prolonged stress.

A study was performed to collect healthcare professionals' data to validate the DCS model. The study supported the DCS model and suggested that high levels of autonomy reduce the increase of emotional exhaustion due to job demands. The study also indicated that high levels of social support proved to lessen emotional fatigue due to independence, which increased autonomy, leading to increased job involvement. In addition, low job demands, and a high amount of work-related support seem to reduce feelings of exhaustion and, therefore, health complaints (Jonge, Janseen, & Van Breukelen, 1996).

Another study aimed to test the Demand-Control-Support (DCS) model among construction workers. The study hypothesized that mental or physical job demands, low job control, and lack of social support at work directly affect burnout. The results revealed that lack of social support was the most critical determinant of burnout and health complaints among

construction workers. Physical demands were only related to burnout if participants had poor job control (Janssen, Bakker & De Jong, 2001).

Saijo et al. (2016) proposed that job demand, control, and support from supervisors significantly affect the worker's intention to leave and depressive symptoms. Support from supervisors was most related to the choice to leave, and job control was most related to depressive symptoms. Mauss et al. (2018) performed a cross-sectional study on 499 employees in Switzerland and 411 in the US to measure a stressful work environment. Using the Demand Control Support Questionnaire (DCSQ) based on the job demand-control-support mode, the study concluded that the scales used to assess psychological demands, decision latitude, and social support at work are reliable and valid instruments to measure psychosocial stress at work.

Allostatic Load Theory

McEwen (1993) described Allostatic load as the accumulative cost ("wear and tear") of recurring neuroendocrine responses resulting from chronic environmental challenges. According to the allostatic load framework, chronic stressors can cause dysregulation of multiple interrelated physiological systems, which, if prolonged, may ultimately lead to deteriorations in health.

Backé et al. (2011) argued that the allostatic load model of stress from persistently elevated mental pressure would result in psychological and physical health challenges if the individual lacks the skills to adapt. McEwen (2017) further discussed the accumulative changes in other systems that can result from repeated stress, for example, neuronal remodeling, left ventricular hypertrophy of the heart, glycosylated hemoglobin, and other proteins by advanced glycosylation end products as a measure of sustained hyperglycemia, high cholesterol with low high-density lipoprotein (HDL), increased oxidative stress, elevated proinflammatory mediators, and chronic

pain and fatigue, for example, in arthritis or psoriasis, associated with an imbalance of immune mediators.

Another study was performed to determine if Alzheimer's caregivers (CG) have increased allostatic load compared to non-caregivers (NC). A total of 87 spousal caregivers of a patient diagnosed with Alzheimer's disease and 43 married, non-caregiving controls participated in the study. Both CG and NC were enrolled in a 5-year longitudinal study examining the psychobiological effects of caregiving stress in older adults. CG provided care to their spouse with Alzheimer's disease for 4.3 years and reported having significantly less mastery, more depressive symptoms, and more overload than NC. The study results supported the theory that individuals exposed to frequent antecedent challenges (allostatic responses) exhibit a more cumulative allostatic burden. The study results are consistent with previous findings suggesting that allostatic load increases in chronically stressed individuals (Roepke, 2010).

Occupational stress impairs nurses' psychosomatic wellbeing, including anxiety, depression, sleep quality, and somatic symptoms. A study examined associations between occupational stress, professional career issues, patient care interaction, management, and resource among nurses in Sichuan, China. The study used a cross-sectional survey and an online application to collect data using the Nurse Job Stressor Questionnaire, Patient Health Questionnaires, Generalized Anxiety Disorder scale, and the Pittsburgh Sleep Quality Index. Two thousand eight hundred eighty-nine nurses completed the survey. The study observed that most (68.3%) nurses had high levels of occupational stress, with a strong association between anxiety, depression, and sleep quality. The study also suggested that nurses had higher occupational stress levels than non-clinical workers (Gu, Tan & Zhao, 2019). Therefore, a series of approaches should be initiated to

help nurses cope with stress, promoting nurses' psychosomatic welfare and safeguarding nurses' depression, anxiety, poor sleep quality, and somatic symptoms.

Burnout in the Health Care Industry

The American psychologist, Herbert Freudenberger, first coined the term "burnout" to explain the outcome of unyielding stress experienced by people working in hospitals (1974). Health care professionals experience burnout at any given time, interfering with their wellbeing and the quality of delivered care.

Nursing professionals provide patient care and services for patients and their families, which are compassionate, responsive, empathetic, mutual, and culturally informed. Khamisa et al. (2016) stressed that the expectation to deliver quality patient care with inadequate resources could result in severe work-related stress for nurses. Park and Ahn (2015) reflected that nursing professionals who are severely stressed could provide poor quality of service, resulting in low patient satisfaction and staff turnover. Moreover, Buerhaus et al. (2007) emphasized that the intention to leave experienced by nurses is significantly related to low workability, and actual turnover leads to nurse shortages, affecting the safety and equity of patient care. Magtibay et al. (2017) argued that job-related stress in nurses leads to high rates of burnout, compromises patient care, and costs US healthcare organizations billions of dollars annually.

Bakhamis et al. (2019) examined the causes and consequences of burnout among R.N.s in U.S. hospitals and revealed that burnout affects R.N. job performance and mental and physical health. The study also mentioned that burnout among R.N.s presents physical symptoms such as severe headaches, sleeping complications, high blood pressure, and cardiovascular illness. Su et al. (2009) had similar findings, which discussed that nurses are usually affected by psychological stress and have a higher prevalence of depressive symptoms than the general population.

According to a survey from the Japanese Nursing Association, the turnover rate of full-time nurses was 11.0% (2015). Willard-Grace et al. (2019) reflected the same findings in their study using survey data on burnout and employee engagement collected in 2013 and 2014 from 740 primary care clinicians and staff in 2 San Francisco health systems. The study findings provided evidence that burnout contributes to turnover among primary care clinicians.

Nurses are susceptible to occupational stress, which has direct and indirect adverse outcomes for nurses' health and patient outcomes (Clegg, 2001). Moreover, Berridge et al. (2018) discussed the impact on the quality of care in healthcare settings linked to the nurse's quality of work-life, characterized by staff turnover and job fulfillment. Chou et al. (2002) expressed that low job satisfaction and high turnover rate among health care workers have been associated with poor quality of care. Given these relationships between quality of work-life and quality of care, it is essential to determine the factors that influence the worker's job fulfillment in long-term care settings.

The Maslach Burnout Inventory-Human Service Scale (MBI-HSS)

This instrument is the most widely used measure of job burnout (Maslach et al., 1996). The 22-item standard consists of three subscales: emotional exhaustion, depersonalization, and personal accomplishment. Burnout or stress is manifested in higher scores on emotional exhaustion and depersonalization and lower scores on individual achievement. A considerable body of research has supported the validity and reliability of this measure (Maslach et al., 2001).

Meta-analysis research was executed in September 2017 using the MBI-HSS to identify cross-sectional studies assessing primary care nurses' burnout. A total of 8 studies analyzed the responses of 1110 primary care nurses. High emotional exhaustion prevalence was 28%, high depersonalization was 15%, and 31% for low personal accomplishment (Monsalve-Reyes et al.,

2018). Another meta-analytical study was performed to establish high levels of emotional exhaustion and depersonalization and low personal accomplishment in nursing professionals in the Oncology unit. The participants' existence and the risk of burnout considerably resulted in a 30% prevalence of emotional exhaustion, 15% of depersonalization, and 35% of low personal performance (Cañadas-De la Fuente et al., 2018).

Another study by Gómez-Urquiza et al. (2017) utilized the MBI-HSS in October 2015 to determine the risk factors and levels of burnout in Primary Care nurses. The study concluded that older nurses with more seniority, anxiety, and depression, among other variables, had higher burnout levels. In contrast, nurses with higher salaries, job satisfaction, organizational support, and good self-concept experienced less burnout.

Loera et al. (2014) argued that when a healthcare worker becomes disconnected from their job, this could contribute to destructive feelings that negatively impact patients' effectiveness or quality of services. Additionally, Tunc and Kutanis (2009) discussed that depersonalization also occurs in R.N.s who have experienced emotional exhaustion that often leads to job dissatisfaction. Healthcare workers who had experienced depersonalization claimed that it might be caused by unnecessary job requirements that have led them to disengage from their work.

The Areas of Worklife Survey (AWS)

The Areas of Worklife Scale (AWS) specifies six particularly relevant areas: workload, control, reward, community, fairness, and values. The first area is workload, which represents the number of hours worked, the amount of time needed to recover after work, and the workload one carries (heavy, light, difficult, dangerous, etc.). The second area of work-life is control. Control at work encompasses employees' perceived capacity to influence decisions that affect their work and access to the resources that enable them to develop professionally. The third area of work-life is

reward and recognition, characterized by adequate pay, appreciation from service recipients or supervisors, promotion prospects, and other forms of credit. The fourth area of work-life is the community, which assesses integration within the team, mutual trust, and the overall social network within the workplace. The fifth area of work-life is fairness, representing discrimination, favoritism, and other employee perceptions of justice in the workplace. The last area of work-life is values, which measures how one's values align with one organization's values (Leiter & Maslach, 2015).

A study performed among 443 nursing participants resulted in AWS playing an essential role in occupational wellbeing and burnout. The six areas of work-life are significant predictors of health-related outcomes (Brom et al., 2015). Masluk et al. (2018) supported similar findings in their study among education teachers in Spain. Their analysis confirmed that AWS could assess the six domains of the work environment and measure employees' perceptions of their work conditions.

The Impact of COVID-19 Pandemic on Long-Term Care Facilities

According to The American Association of Colleges of Nursing (AACN), the U.S. is projected to experience a shortage of Registered Nurses that is expected to intensify as Baby Boomers age, and the need for health care grows. The lack of nurses continues to be a global problem, and rural and remote areas face more difficulty recruiting and retaining nurses than urban areas. Turale & Nantsupawat (2021) emphasized that the pandemic and innumerable effects on the nursing profession with increased stress and other adverse effects on their mental health will further exacerbate nursing wear and tear and poor mental health the future.

COVID-19 has not only highlighted disparities in healthcare but further contributed to the nursing shortage. The pandemic has had an adverse impact on daily life. It has threatened people's

physical and mental health and put social and economic development at risk (Brooks et al., 2020). Burnout occurs more often in high-demand, low-resource settings, and it involves a disconnect between workers' expectations, experiences, and neglect of individual needs. The risk of burnout syndrome is higher in the geriatric field, mainly indirect care personnel (e.g., nursing assistants or formal caregivers). Some elements related to the pandemic affect the population more, such as separation from loved ones, loss of freedom, uncertainty about the advancement of the disease, and helplessness (Li & Wang, 2020).

The nurse's quality of work-life dramatically affects their quality of patient care. Fennessey (2016) noted that R.N.s suffering from burnout felt less motivated to work and less careful with patients, resulting in more medical errors and decreased work efficiency.

Cimiotti et al. (2012) revealed that hospital-acquired infections were associated with staff burnout through their study involving 7,075 RNs in 160 hospitals. Additionally, Bakker and Heuven (2006) concluded that the cases of surgical site infections and urinary tract infections were related to staff burnout, which stemmed from management qualities shaping staff burnout, including the lack of proper clinical supervision and failure to offer resources and mandated overtime.

Another study was performed among health care professionals who worked in nursing homes in Spain during the COVID-19 pandemic. A total of 340 (85.64%) completed the entire survey. The results confirmed that work engagement is highly related to the dimensions of burnout. The results demonstrated that more fulfilled workers have higher satisfaction with care and perceive greater social support. The study emphasized that workers having the necessary resources seem to have more well-defined functions in performing their work and perceive their physical and mental health to be less deteriorated (Navarro Prados et al., 2021).

As the global pandemic significantly affects the young and geriatric populations, organizations such as long-term care facilities must develop a method to support staff members at risk or already experiencing stress and burnout. Parsons et al. (2003) argued that poor job orientation and training influence nursing assistants' desire to leave nursing facilities. Staff members' stress turnover can be addressed through the efforts of an effective staff development program. Liu et al. (2018) recognized organizational support served as a mediator between workplace violence, job satisfaction, burnout, and turnover intention, and it had a significantly negative impact on turnover intention.

The COVID-19 pandemic negatively impacted nursing homes, with massive outbreaks reported in LTC facilities worldwide. The pandemic has highlighted disparities in health care and further contributed to the nursing shortage, threatening people's physical and mental health, thus placing social and economic development at higher risk.

Stress Management and Coping Strategies

Mindfulness-Based Stress Reduction

One stress management practice that has earned growing attention is the concept of mindfulness. Mindfulness-based stress reduction shows persons to observe situations and thoughts with a non-judgmental approach and helps people cultivate a more automatic consciousness of skills for reducing stress (Baer et al., 2006). Keng et al. (2011) discussed a strong association between the prefrontal cortex and right amygdala responses among those who practice mindfulness. The study is consistent with Creswell and Lindsay (2014). They proposed that mindfulness interventions train two stress resilience pathways in the brain by increasing activity and functional connectivity in stress regulatory regions of the prefrontal cortex and decreasing activity and functional connectivity in areas gating the brain's stress alarm system.

Mindfulness has been characterized as a practice of learning to focus attention on moment-by-moment experiences with a mindset of openness and acceptance. Mindfulness methods have become increasingly popular as complementary therapeutic strategies are utilized for various medical and psychiatric conditions.

A systematic review of the literature was completed between 2009 and 2014 using articles involving mindfulness-based stress reduction. The study obtained Medline, CINAHL, and Alt Health Watch databases. 16 out of 17 studies demonstrated positive changes in psychological or physiological outcomes related to stress using mindfulness-based stress reduction (Rush & Sharma, 2016).

A study done with 60 women with an unwanted pregnancy was selected and randomly divided into two groups. The intervention group received a mindfulness-based stress reduction program, including standard yoga, sitting, walking, breathing, body scan, and eating meditation, led by a mental health midwife educated in midwifery counseling and trained in several kinds of interventions for improving mental health. The results revealed that the participants in the intervention group reported a significant decrease in mean effects of stress, anxiety, and depression compared to baseline. In contrast, no significant reduction in mean stress, anxiety, and depression score was found in the control group. The study concluded that a mindfulness program effectively reduced stress, anxiety, and depression (Nejad et al., 2021).

Implications for the Health Profession

Research indicates that burnout has been associated with an insufficient level of patient care, patient frustration, a heightened number of medical errors, higher infection rates, and higher mortality rates (Kante, Kyngas, & Nikkila, 2007). Lubbadeh (2020) emphasized the negative consequences of job burnout that have fostered the call for intervention programs to improve

employees' quality of life and prevent organizational losses resulting from job turnover, abandonment, and low performance.

The harmful and damaging effects associated with the experience of burnout in health care professionals emphasize the need for both mechanisms to prevent burnout and those from easing the impact of burnout once it has been experienced. The suggested mechanism includes reducing demands and increasing resources for workers, interventions, and feedback, enhanced quality of social relations, and knowledge distribution.

Maslach and Leiter (2016) emphasized how to work overload contributes to burnout by depleting people's capacity to meet the demands of the job. When this overload is a chronic job condition, there is little opportunity to rest, recover, and restore balance.

Knowledge of the emotional demands facing today's health care professionals is critical for explaining how work stressors translate into burnout and turnover. People who are experiencing burnout can have a negative impact on their colleagues, both by causing more significant personal conflict and by disrupting their job. An increased understanding of how burnout grows nurtured and scaled in the workplace will increase awareness of reducing stress, anxiety, and burnout and enhance resilience among staff members.

Chapter 3

Project Design and Evaluation Plan

This chapter outlines the methodology chapter consisting of the project design, philosophical approach, data collection methods, ethical considerations, and data analysis methods and describes how the project's development was developed. This PIP project aimed to assess a staff member's experience of burnout, aided staff members in recognizing their coping mechanism to deal with stress and offered support for nursing staff members in identifying and reinforcing their coping resources.

Project Description

This project aimed to identify factors that contribute to burnout, the effects of stress on nursing staff members' job performance and job satisfaction and improve awareness of stress management for nurses in long-term care settings through mindful-based stress reduction strategies. This project recruited nursing staff working in a long-term care hospital setting in a rural community on the Big Island of Hawaii. The methods used include recruitment flyers, face-to-face invitations, and letters of invitation placed in each employee's mailbox. The Maslach Burnout Inventory was used to collect data to assess each participant's risk of burnout. The Areas of Work-life Survey (AWS) was also used to assess employees' perceptions of work setting qualities that play a role in experiencing work engagement or burnout

An educational in-service was provided online to the participants regarding mindfulness stress management at work via their online education portal. At the end of the project, a short survey questionnaire was provided to determine the opportunities to utilize the stress management sessions in their work regularly.

Project Design

The project was a non-experimental descriptive design. The project assessed the risk of burnout among long-term care staff members and evaluated employees' perceptions of work setting qualities that play a role in whether they experience work engagement or burnout. The total length of the project was eight weeks. The study had three phases: Phase one was a week of recruiting participants through flyers and invitations. Data was obtained to assess the participant's risk of having burnout and evaluating their coping strategies to manage stress that has occurred in Phase two of this project. Phase two provided an in-service education to the participants based on Mindfulness techniques in managing work-related stress. The last part included a post-intervention survey questionnaire which evaluated the effectiveness of the intervention and determined the likelihood of adopting the mindfulness stress coping strategy at work.

The project served as a basis for a quality improvement development strategy that examined the effects of working conditions on health care professionals' ability to keep patients safe while providing high-quality care. This project will be part of ongoing efforts to develop evidence-based information to improve the quality of the health care system through improving working conditions for long-term care staff members and, as a result, improving safer care for patients.

Setting

The study participants were recruited from Kohala Hospital Long Term Care facility located in rural North Kohala, Kapaau. Kohala Hospital is a 25- bed critical access hospital serving the North Kohala community since 1917. The hospital also provides 24-hour emergency services (Kohala website).

North Kohala is subdivided into three districts: Hawi, Kapaau, and Halaula. According to North Kohala CCD, in 2019, North Kohala had a total census population of 6,045, of which 28% of its total population are from ages 60 years old and above. 75% of the North Kohala population is foreign-born and originated in Asia, mainly from the Philippines. About 75% of North Kohala residents use their vehicle for transportation services, 17% of the population use carpool, and about 4% reported walking from and to their local destinations. According to the census reports, 2% of North Kohala residents use public transportation. 38% percent of North Kohala residents finished high school education, and 5 % of the population accounted for no educational background. (U.S. Census Bureau, 2018).

Participants

The participants in this project included long-term care staff members. The eligibility criteria consisted of males or females between 18 and 65, able to read, write, and speak English, and currently working in Kohala Hospital for at least six months. Exclusion factors were non-clinical personnel and staff members from another department other than the nursing department. This project used a demographic questionnaire to screen for inclusion and exclusion factors at the beginning of the project. The participant selection process resulted from a convenience sampling which gathered long-term care nursing staff members to participate in the project.

Recruitment

The recruitment goal was to recruit twenty nursing staff members (licensed and unlicensed) of Kohala Hospital. Flyers (Appendix A) about the PIP were distributed in each staff member's mailbox in the program's first week. Information about the program, location, duration, purpose of the project, and program dates were also provided. The participants were informed that all study information will be kept confidential, and their participation is voluntary.

Informed Consent

Consent (Appendix B) to participate was provided to all participants before the start of this project. The written permission explained that each participant can opt out of any part of the program and that their identity and other demographic information were kept confidential.

Data Collection and Methodology

This project's primary goal was to identify the risk of Kohala Hospital's participants having work-related burnout and increase awareness and understanding of the importance of stress management. Project methods were divided into three sections: a) participation selection process; b) data collection procedures. C) data analyses plan. Data collection procedures were composed of survey questionnaires that will be further described in this chapter.

Aim 1

Design a stress-management in-service education pilot project for nursing staff in a long-term care setting at a rural hospital.

Objective 1

Assess staff members' burnout experience by collecting baseline data on three components of burnout: exhaustion, depersonalization, and personal achievement using the Maslach Burnout Inventory (MBI) survey questionnaire (Appendix C).

Method. Qualitative data was collected using the Medical Personnel (MBI-HSS MP), which is a 22-item survey that covers three areas: Emotional Exhaustion (E.E.), Depersonalization (D.P.), and low sense of Personal Accomplishment (P.A.). Each subscale includes multiple questions with frequency rating choices of Never, A few times a year or less, Once a month or less, A few times a month, Once a week, A few times a week, or Every day.

Objective 2

Assess employees' perceptions of work setting qualities that play a role in experiencing work engagement or burnout by identifying critical areas of strength or weakness in the organizational setting of the rural hospital setting by measuring Workload, Control, Reward, Community, Fairness, and Values using the Areas of Work-life Survey (AWS) (Appendix D).

Method. The AWS was a brief companion questionnaire covering six areas of the work environment as the most relevant to people's relationships with their work (Workload, Control, Reward, Community, Fairness, and Values).

Aim 2

Implement the in-service educational training in the selected hospital.

Objective 1

Incorporated mindfulness and stress coping strategies, the in-service educational training was presented to nursing staff members in the long-term care setting through an online format accessed via their health academy, online class.

Method. PowerPoint in-service education lasts approximately 10-15 minutes (Appendix E), integrating mindfulness stress coping strategies. The participants developed an awareness about mindfulness and resilience by practicing various meditative and movement practices.

Aim 3

Evaluate the in-service educational training pilot project.

Objective 1

A project evaluation form was administered to the project participants via an online survey (Appendix F).

Method. Each project participant was provided with a 10-item post-survey questionnaire sent to their work email address via survey monkey.

Objective 2

Analyze the collected data to evaluate the effectiveness of stress reduction and assess opportunities for regularly utilizing the stress management tools in their workplace.

Method. The data was analyzed via survey monkey online, allowing the results to compare and show trends and patterns.

Objective 3

Disseminate the pilot project results to the management of the selected hospital setting by providing a report filed in the hospital's quality improvement projects.

Method. Data collected from the MBI, AWS, and post-in-service surveys was summarized into a report presented to the hospital's leadership team and education department. The educational in-service will be provided during orientation for newly hired employees. This project increased the organizational awareness from leadership and managers to provide regular stress assessment and management competency training to its employees.

Data Analysis

Nominal data was collected, categorized, and tabulated. Descriptive analysis methods were applied and analyzed, and charts and graphs were arranged based on the data results.

Protection of Human Subjects and Ethical Considerations

The protection of Human subjects and any ethical concerns during the study was addressed. Participation in the was voluntary, and participants were assured their responses will remain anonymous, and the survey will not require any personally identifiable information to be shared. All data was kept secure on a password-protected computer. According to the University of

Hawaii (U.H.) requirements, Collaborative Institutional Training Initiative (CITI) certification was obtained and completed on March 10, 2021 (Appendix G)). The Institutional Review Board (IRB) approval was obtained prior the start of the project. Permission to conduct this project was also obtained from the University of Hawaii at Hilo's School of Nursing Scientific Review Committee (SRC).

Memorandum of Understanding

A memorandum of understanding (MOU) between the University of Hawaii at Hilo and Kohala Hospital was previously established with the Hawaii Health System Corporation. The project obtained IRB approval. The permission to conduct the was accepted by the Administrator and Chief Nurse Executive of Kohala Hospital.

Project Timeline

The project implementation timeline was eight weeks from receiving approval from the IRB.

Table1

Project Timetable

Week 1: Recruitment Phase	After the application was approved by the IRB, the first week consisted of posting flyers (Appendix A) to work areas such as bathrooms and breakrooms. Invitations to participate was also placed in each employee's mailbox.
Week 2: Contacting Participants	This week's focus was to gather sample participants for the study using the Inclusion and Exclusion criteria and Convenience sampling. The participants were contacted, and consent to participate were sent via the participants' work email.
Week 3 Data Collection	After confirmation of the participant's approval and consent via email, Data collection took place on week three using MBI and AWS that were sent to each participant's work email address.

Week 4	Educational in-service was provided via each participant's online education portal access.
Week 5-6: Data analysis	All data collected were compiled, analyzed, and organized for the PIP presentation. All participants were given compensation by receiving gift cards sent to their mailbox.
Week 7-8: PIP presentation	The final presentation of this project included the interpretation of results from the data analysis and the project's limitations.

Project Budget

The project budget was estimated to be $1,468. The Mind Garden's Transform System is an online company that provides a full range of psychological assessment instruments, including the MBI and AWS forms that the pilot project used for data collection, analysis, and interpretation. The compensation for the participants will consist of gift cards to local cafés and groceries worth $20.00 each. All other miscellaneous expenses, including but not limited to gas, printer, internet usage, educational flyers, etc., are projected to be $350.00. The student investigator funded all expenditures associated with the pilot project.

Table 2

Project Expenditure

$150.00	Survey Monkey subscription
$428.00	Maslach Burnout Toolkit for Medical Personnel: Group Report: Toolkit for Medical Personnel
$260.00	Paper and Ink expenses
$280.00	Participants' compensation (gift cards to local café and groceries)
$350.00	Miscellaneous

Chapter 4

This chapter presents the analysis and interpretation of data to identify the possible influences on a healthcare workers' stress level, burnout, and management. The information gathered was subjected to frequency counts where each question was summed to find the highest frequency of rate. Answers are summarized and presented in charts, figures, and table formats. As already indicated, the data to be interpreted is descriptive.

This Practice Inquiry Project (PIP) aims were to reveal possible organizational stimulus of burnout among healthcare staff in the nursing department of the Kohala Hospital in Hawaii and to build awareness, knowledge, motivation, and approaches to managing work-related stress among long-term care staff.

Methods of Data Gathering

There were three approaches that the student investigator sought to attempt to express how an employee, particularly a person who works at a long-term care facility, can develop and manage stress and burnout. The first approach was the Maslach Burnout Inventory (MBI) survey. This instrument collected and generated a baseline of data from the respondent's burnout experience contributed by three areas: Emotional Exhaustion (E.E.), Depersonalization (D.P.), and low sense of Personal Accomplishment (P.A.). Each subscale included multiple questions with frequency rating choices of "Never," "A few times a year or less," "Once a month or less," "A few times a month," "Once a week," "A few times a week," and "Every day."

The following instrument used was the Areas of Work-Life (AWS) survey. In this form, respondents were asked several questions regarding work-related feelings answerable by "Strongly disagree," "Disagree," "Hard to decide," "Agree," and "Strongly Agree." Finally, to solidify burnout presence, the student investigator offered respondents In-service educational training as

the last approach to this project. Respondents were asked to spend a few minutes watching a short course about Mindfulness before answering a few questions regarding burnout or stress. These procedures were sent to the participants' e-mails who contributed to this project.

Maslach Burnout Inventory

Figure 1 below shows that twenty-five (93%) completed the survey out of the twenty-seven questionnaires distributed, and only two were invalid due to missing data. Thus, the answers from the 25 respondents were used to interpret and analyze the results.

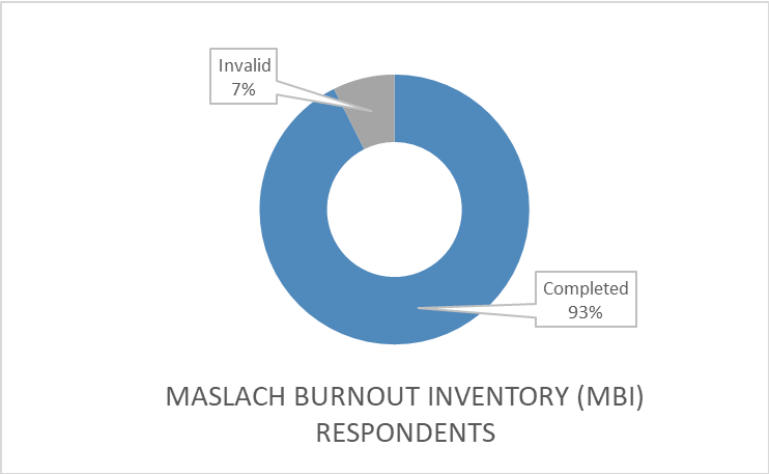

Figure 1. MBI survey respondents

This approach attempted to show the influences contributing to the development and management of work burnout. The purchased license can only share three random questions to illustrate the respondents' feelings. The first random item from the survey was "I feel emotionally drained from my work.". The figure below shows that among the twenty-five respondents, seven (28%) of them feel emotionally drained from their work a few times a month, while six (24%) stated once a month or less. The rest of the participants shared that they feel it a few times a week

to a few times a year, respectively 20% and 16%. This may suggest that the respondents have a high emotional tolerance and don't feel drained daily.

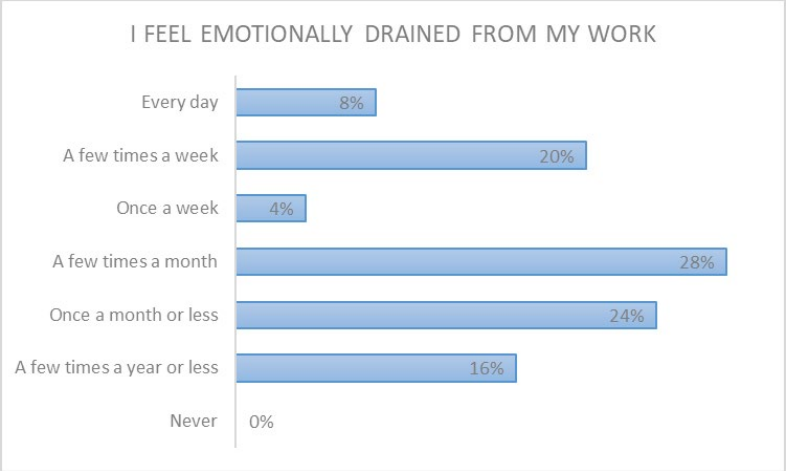

Figure 2. I feel emotionally drained from my work. (Source: MBIs)

Figure 3 displays that eleven (44%) of them feel they have accomplished many worthwhile things in their job every day, whereas two (8%) say they sense it a few times a week, and another two (8%) stated once a week. However, five (20%) of them feel accomplished a few times a month, four (16%) of the respondents think it once a month or less, and one (4%) of them only has felt it a few times a year or less. This may suggest that most participants think they may have completed a lot for the day, both job expectations and other tasks.

Figure 3. I have accomplished many worthwhile things in this job. (Source: MBI)

The third sample item was "I don't care what happens to some patients.". The figure below expresses that eighteen (72%) of the participants never felt that they did not care about their patients, and only one (4%) of them expressed that they did not care. It should be noted that these participants are working in a long-term care facility, and not all of them work on the same patient every day. The majority may suggest that they value and prioritize patients assigned to them.

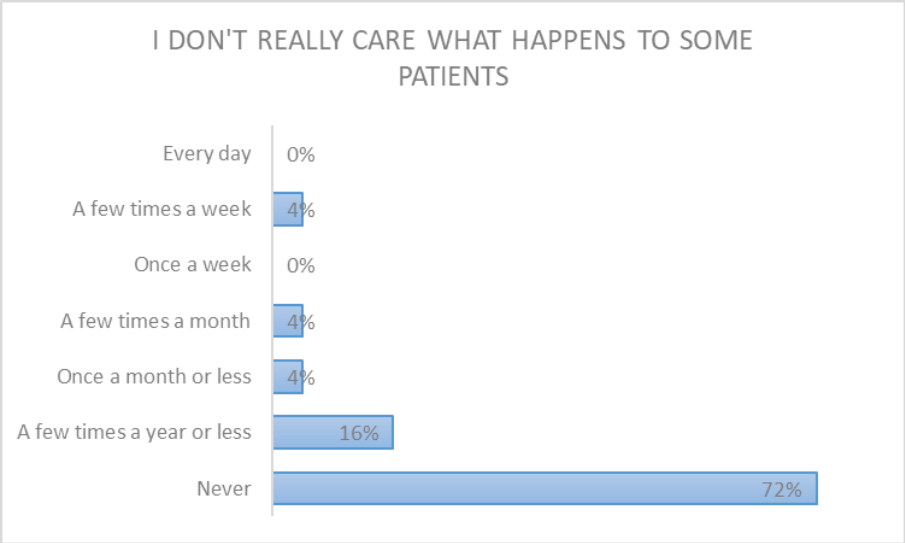

Figure 4. I don't care what happens to some patients. (Source: MBI)

The answers to these random questions suggest a level of stress or burnout among the respondents. With the help of MBI, the student investigator was able to identify the stress levels coming from the three classes stated earlier. In this class (Figure 5), it is interesting to know that the respondents feel burnt out when they are used up (16%), drained emotionally (14%), and exhausted (13%). It is also worth noting that feeling too much pressure (6%) and feeling helpless (7%) plays a minor role in the stress they may be currently feeling at work.

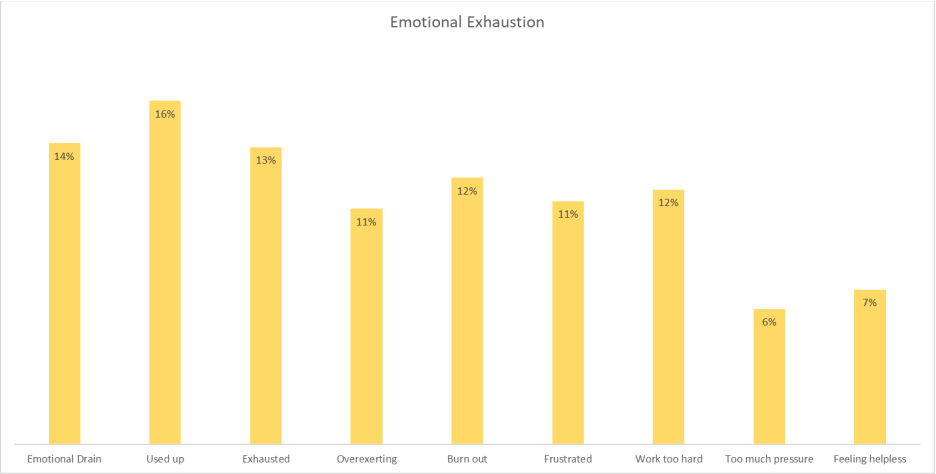

Figure 5. Emotional Exhaustion

The second class (Figure 6) shows how respondents feel about being Depersonalized. 26% of the participants express feeling uninterested, 25% think they are at fault at work, and 23% become insensitive. These three emotional states may have promoted the development of stress. Only one of the respondents expresses that they care less for their patients. Additionally, this may not bestow the stress levels significantly.

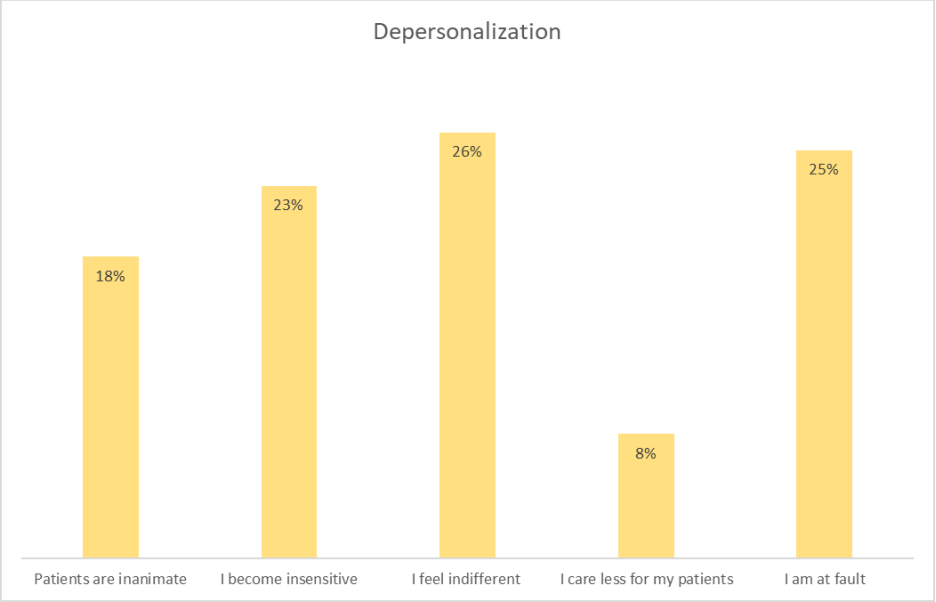

Figure 6. Depersonalization

Figure 7 below presents the last class, Personal Accomplishment. Although this attribute does not directly aggravate stress at work, it shows how these feelings can alleviate and help manage stress levels or burnout. Part of the participants (15%) feels that they have a positive impact on others, and another group (15%) thinks that they can loosen up at work and feel active (13%). These may suggest that having these feelings can help reduce and succeed in lessening stress at the workplace. This chart also indicates that respondents who feel thrilled when working (10%) can alleviate the pressure.

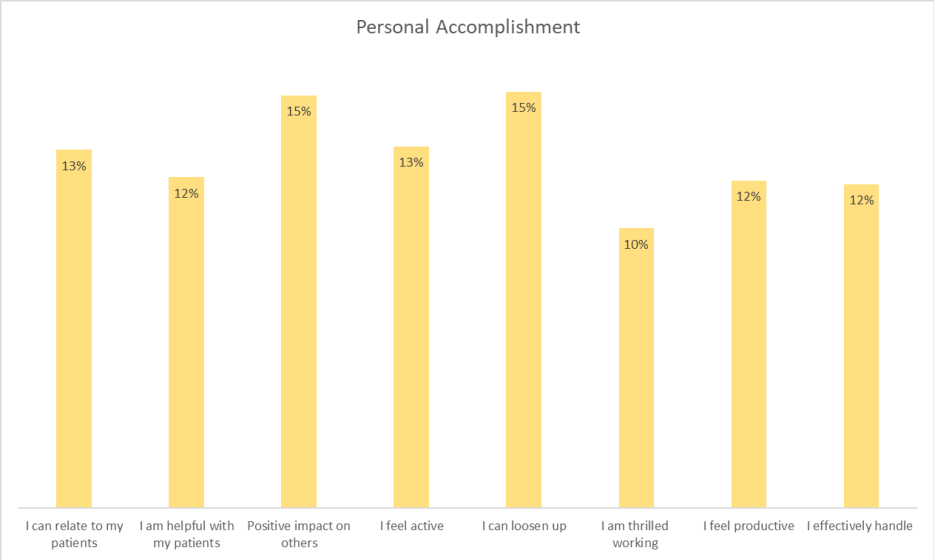

Figure 7. Personal Accomplishment

A broader perspective is shown below to represent how the respondents may develop stress burnout and show the contributing influences that may lead to it.

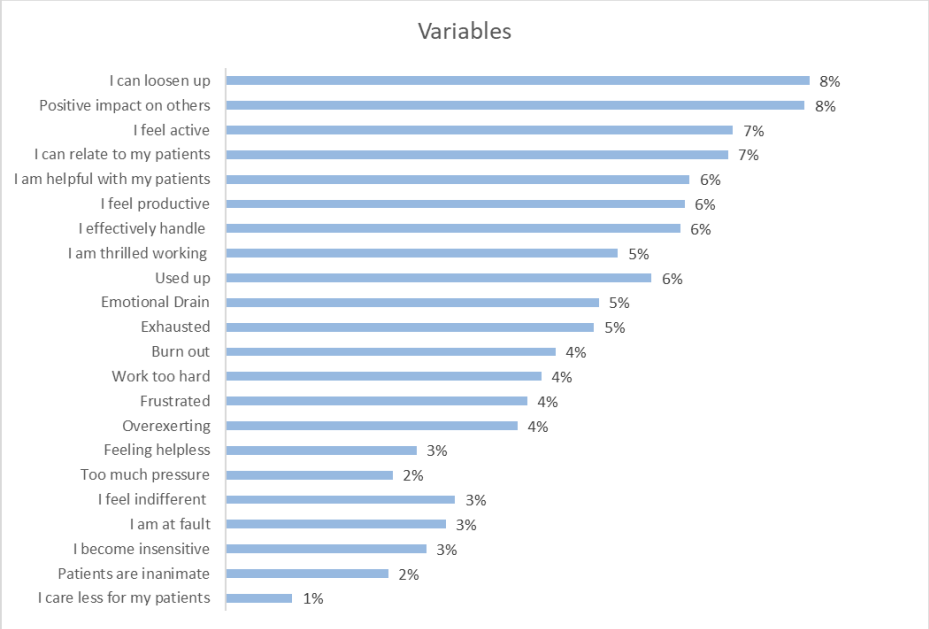

Figure 8. Variables that may contribute to developing stress

Figure 8 represents how the participants feel and see workplace stress. The scores were presented from highest to lowest, which proposes that the highest scorers may be the least to feel burnt out, and the lowest may have a high possibility of feeling stressed at work. It's fascinating to understand from this chart that active participants who feel like they can loosen up and positively impact others may feel less stress at work. In contrast, participants who say they care less about their patients and participants who feel pressure or inanimate patients are inclined to feel burnt out.

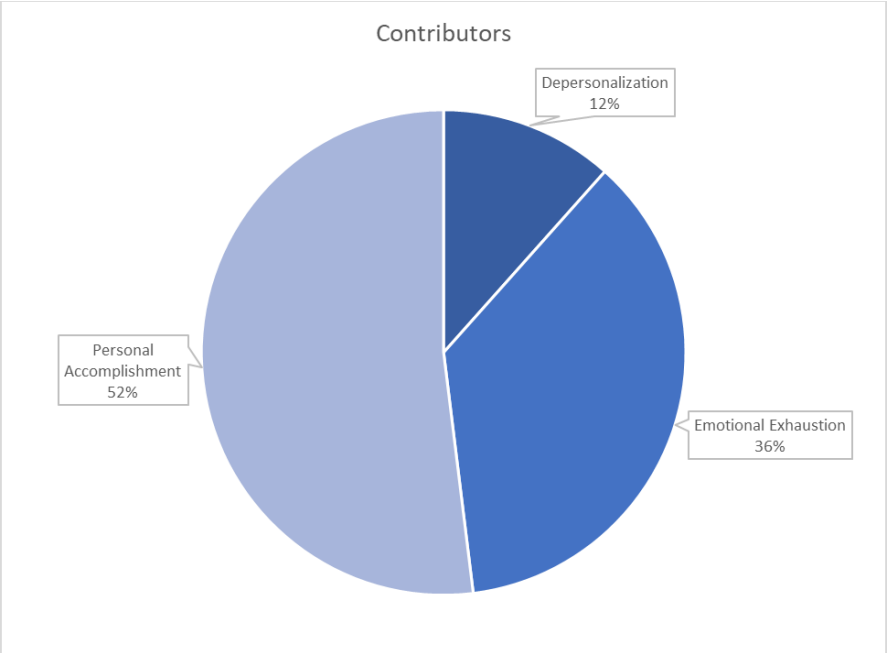

Figure 9. MBI stress/burnout contributors

Based on the survey results, figure 9 displays how the three MBI subclasses contribute to developing and managing one's stress level. This may suggest that the respondents in this project have high levels of personal accomplishment correlated with their ability to positively impact others and loosen up with co-workers and their superiors, as presented (Figure 7) previously in this chapter. Emotional Exhaustion with 36% indicates that most of the variables contributing to burnout prosper from this category compared to the factors from Depersonalization (12%).

Areas of Work-Life

Areas of Work-life (AWS) survey assessed the respondents' perception of workload, control, reward, community, fairness, and values and their role in unfolding stress. Figure 10 shows the qualified respondents (72%) whose responses will be interpreted and analyzed in the following sections.

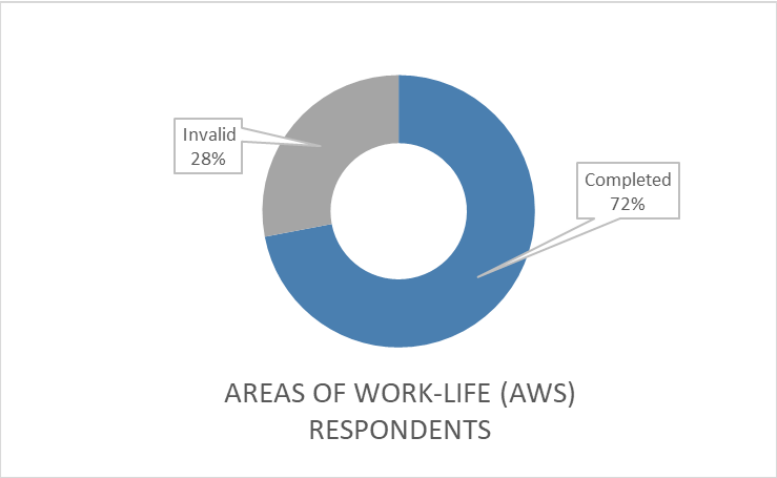

Figure 10. AWS survey respondents

Only random questions were presented to this table. These questions will try to enlighten respondents' work outlook. According to their perception, the participants were to agree or disagree with the under-mentioned statements.

VARIABLES	Strongly disagree	Disagree	Hard to Decide	Agree	Strongly agree
(i) I do not have the time to do the work that must be done	0%	44%	28%	22%	6%
(ii) I have control over how I do my work	0%	11%	17%	61%	11%
(iii) I receive recognition from others for my work.	6%	6%	17%	56%	17%
(iv) Members of my work group communicate openly	0%	33%	33%	33%	0%
(v) Resources are allocated fairly here	28%	22%	33%	17%	0%
(vi) My values and the Organization's values are alike	6%	28%	28%	33%	6%

Table 1. Sample random questions (Source: AWS)

Based on the findings illustrated in the preceding table, it can be observed that:

- Item (i): The majority of the subjects, 44%, disagree that they have limited time to finish the work that must be done, while only 6% capitulate to the statement. It should also be noted that half of the majority (22%) agree to not having enough time to complete work. This may suggest that respondents have different job responsibilities and that others might need more time to finish a task, and since this is a clinical setting, there might be an emergency that needs to be tended immediately, thus affecting the time expected to finish one's shift;
- Item (ii): 61% of the respondents agree that they control how they do their work. On the other hand, 11% disagree with their perception of work autonomy. The common response indicates that the participants feel they have jurisdiction over their duties and responsibilities; this may display confidence when rendering work;
- Item (iii): 56% of the participants agree to have received recognition from others, while 17% strongly agree. Only 6% expressed strong disagreement on recognition of work. The nature of work in a clinical setting may seem very overwhelming, and this may suggest that some co-workers may have overlooked others' accomplishments or may have missed recognizing them, considering that this job mainly prioritizes patients;
- Item (iv): An intriguing percentage point was noticed from this item. Though nobody strongly disagreed or strongly agreed, they all agreed, hardly decided, and collided with the same percentage points of 33. This could only propose that they may have a just and practical communication with each other at work;

- Item (v): 28% of the participants expressed that resources are not fairly distributed at the workplace, whereas 17% said that resources are allocated equally. This may indicate that participants may not have access to some of the equipment they need in the workplace;
- Item (vi): Only 6% of the respondents strongly disagree with the values having the same with the organization. While 33% of the participants agree to have the same values as the group. This may mean that the staff working in this facility may compose of different nationalities and come with different values;

Based on all the information reflected in this table, it is evident that most of the participants, who took part in this project, checked the need to improve work-life awareness and management. Moreover, a broader outlook is shown in the figure below to identify which aspect is most likely to influence the development of Exhaustion in the workplace environment.

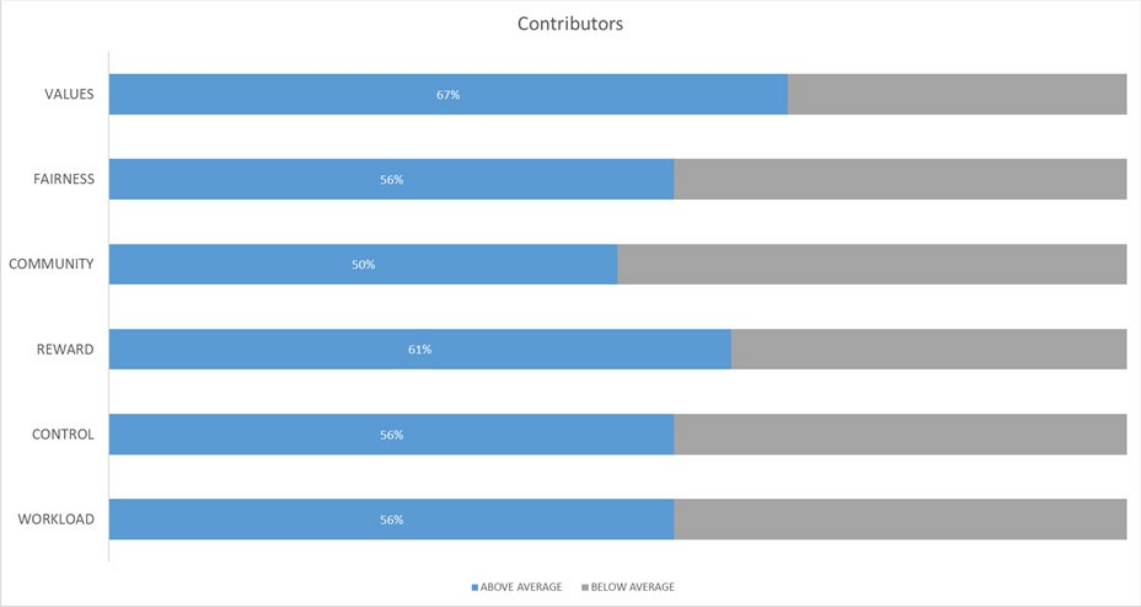

Figure 11. AWS stress/burnout contributors

Probing questions from AWS positively revealed how the respondents perceive workload, control, reward, community, fairness, and values at work. The primary data (Figure 11) proposes

that these factors may have significance in the influence of stress among the participants. Noticeably, Values (67%) show that similarities or differences may imply the development of burnout. This may also reflect an influence from the Personal Accomplishment area on MBI on how one can loosen up and relate positively to others at the workplace. Moreover, it can be expressed that one's values can promote acumens of positive work connection and may help lessen stress levels.

Rewards (61%) may provide a constructive impression at work, reducing the possibility of feeling burnt out. This element may support the need to address Emotional Exhaustion on MBI, which contributes 36% to stress levels. Rewards are vital to balance the work-life aspect of an employee. Furthermore, tips result in higher levels of job fulfillment.

Fairness, Control, and Workload recorded 56%. These above-average points may indicate that these factors also manage stress levels at work. Additionally, these scores may echo their performances at work, considering productivity, patient-caregiver relationship, and the ability to loosen up despite heavy workload.

Mindfulness-Based Stress Reduction

Chronic stressors can cause dysregulation of multiple interrelated physiological systems, which, if prolonged, may ultimately lead to health deterioration. In this last approach, the student investigator incorporated Mindfulness and stress coping strategies through in-service educational training. Furthermore, this may supplement the results gathered and fill the gaps left in the goal of this project. This technique will give more substance and reveal information on the subject. Qualitative research aims to attain a clear understanding of the problem under review in a more involved way.

Moreover, this methodology was used to determine how the respondents think, feel, act, and understand the topic. This section was conducted in two ways: in-service educational awareness training and answering survey questions consisting of 14 participants. The Researcher consolidated the answers to each question which are presented in the following:

a) What did you like about the in-service educational training?

Most of the participants expressed the relevance of the training in their work. It stated that it is reliable and provides them valuable resources to acknowledge and handle stress. The survey made the participants feel good that someone is asking how they were feeling towards work and that the training helped manage stress at the workplace.

b) What was the single most valuable thing you learned during the project?

The participants realized the detrimental effects of stress at work. They also expressed how the concept of Mindfulness is mind-blogging while providing practices on how to improve the everyday level of stress and well-being in general. Further, subjects are convinced that stress can impact their physical and mental state negatively and that it is important to remind themselves to take a moment and relax.

The respondents were also asked how much information was needed and established after educational training. Remarkably, 71% or the majority reacted that most of the information they needed was acknowledged (Figure 12). On the other hand, 46% of the subjects consider that most are new (Figure 13). This could mean that some participants only have partial awareness about burnout and need further educational training. Furthermore, the project participants affirmed this training to be extremely useful (69%) and that the majority were satisfied with the workshop (Figure 14).

The feedback from this activity gives an impression that there is indeed a presence of stress. Therefore, there is an opportunity to improve awareness and Mindfulness among employees experiencing work-related burnout. This consequently reveals that the current approach employed by the student investigator is practical and appears to be recommendable by the participants, as shown in the figure below.

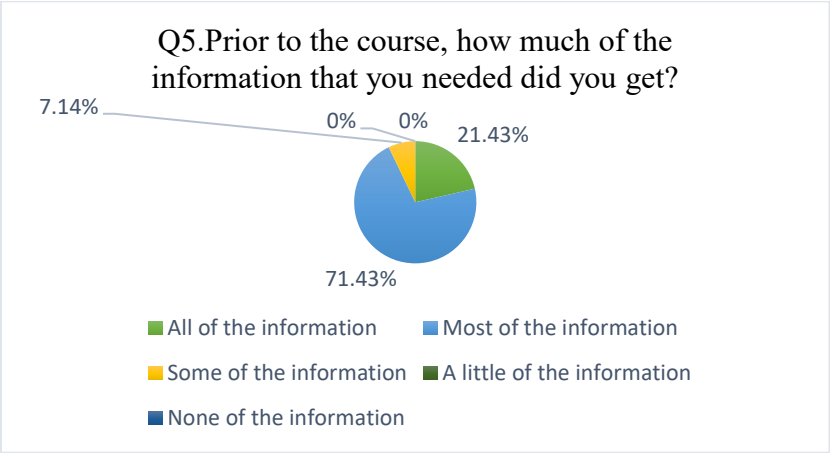

Figure 12. Post-in-service survey question five

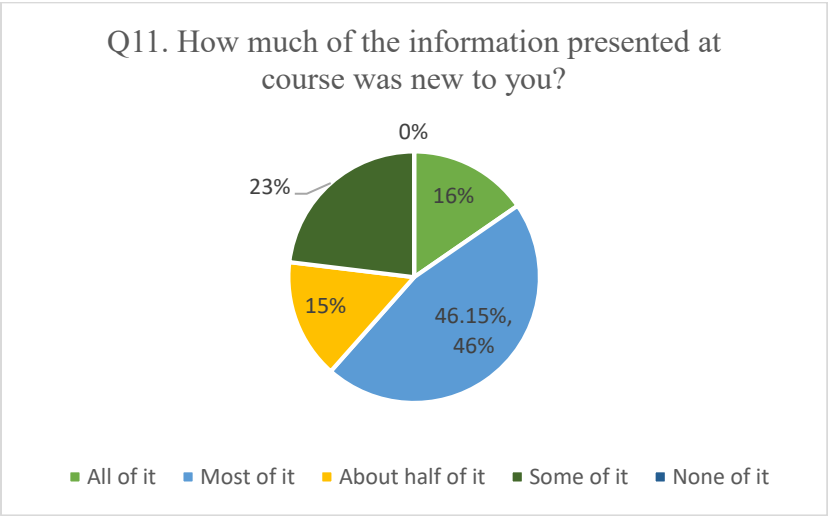

Figure 13. Post-in-service survey question eleven

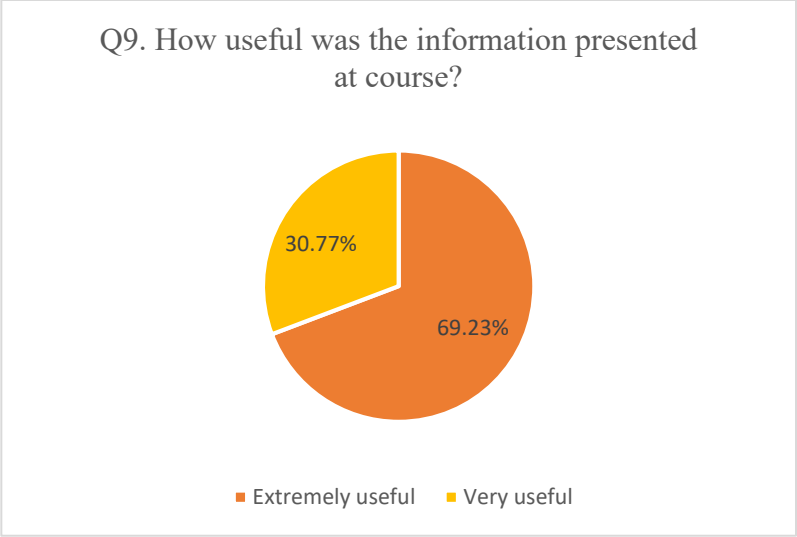

Figure 14. Post-in-service survey question nine

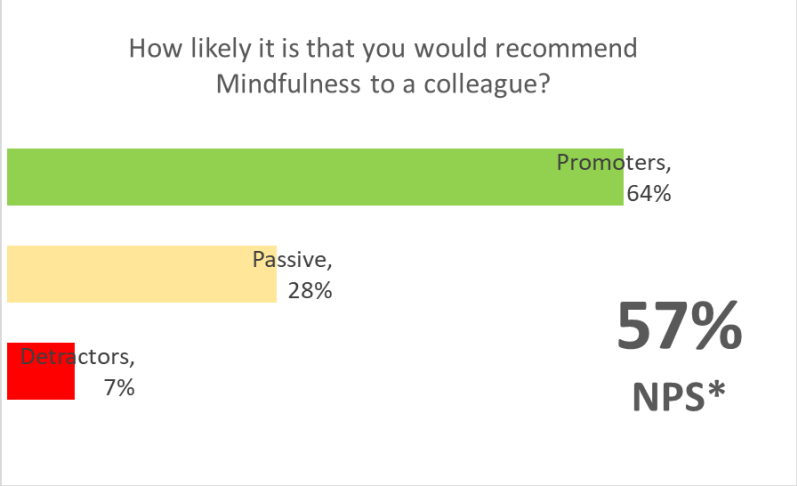

Figure 15. Net Promoter Score (NPS)

Chapter 5

This chapter discusses the study's conclusions and their association with the research questions presented in chapter one. After a brief review of the questions and the student investigator's predictions about possible outcomes, findings are discussed, including the interpretations that attempt to provide logical enlightenment. The results are also related to the trends and developments outlined in the literature review in the previous chapter.

Maslach Burnout Inventory (MBI)

Maslach et al. (2001) described burnout as a condition related to chronic stress at work, represented by a high level of emotional exhaustion, depersonalization, and a decline in personal accomplishment. Sliter (2015) defined Fatigue as a type of physical and mental burnout that is increased due to stress (Barker et al., 2011). The findings from the survey highlighted that the participants in this project experience a high level of Personal Accomplishment. In contrast, a significant 36% of the participants are already experiencing high levels of Emotional Exhaustion, which places them at risk of developing Burnout.

Emotional Exhaustion

Being burned out indicates feeling empty and mentally exhausted, lacking motivation, and beyond thoughtful and caring. Based on the results from this project, emotional exhaustion is the second most significant element leading to burnout among the participants. Particular feelings of being used up at work and feeling emotionally drained can contribute to the development of stress. These findings reflect the same thought from Jeung et al. (2018) study, who argued that emotional labor had been linked to various job-related negative behaviors and adverse health outcomes, such as job stress, heart disease, emotional exhaustion, burnout, and workplace violence.

Furthermore, employees gradually begin to experience burnout when their capacity for emotional discord is exhausted because of the depletion of energy due to continuous exposure to demanding jobs such as in the human service sector. Farber & Press (1983) discussed that emotional pressure and control are more common among human and public service occupations wherein consumers continuously demand attention – such situations are common in long-term care facilities. Staff regularly confront patients and/or their families are more likely to feel emotionally drained. The dependency and medical complexity, such as cognitive decline with presenting behavioral and psychological symptoms, make the situation more compound than it already is. Moreover, burnout at the workplace also progresses to chronic hostile emotions such as antagonism, worry or despair, mental exhaustion, uneasiness, little interest, and malingering, which undoubtedly risks the staff's health and patients (Pocu et al., 2020).

Depersonalization

Depersonalization demonstrates negative, heartless, pessimistic behaviors and interacting with colleagues or patients individually. It may be expressed as unprofessional remarks directed toward co-workers, accusing patients of their medical difficulties, or the inability to express empathy or anguish (Am J Respir, 2016). The participants' highest driving factor for depersonalization is indifference. This also includes stiff, disinterested, and apathetic employee attitudes and behaviors towards the sentiments of the people they serve.

The results also showed how employees feel at fault in the workplace, which may contribute to a feeling of Depersonalization. Previous studies suggest that employees start to display apathetic behavior when they cannot resolve other people's problems. Some employees also see their patients as inanimate, supposing that employees who suffer from depersonalization need to maintain relationships with others. Moreover, employees who experience

depersonalization attempt to alleviate their emotional baggage by minimizing relations with people they meet through work and perceiving them as objects. Depersonalization is one of the dissociative disorders of post-traumatic stress disorder (PTSD). Feelings of depersonalization can substantially influence mental health, relationships, and a person's aptitude. This may often lead to anxiety, blame, disgrace, and misery (Medical News Today, 2022).

Bressie and her colleagues argued that working with demanding patients and patients' families is closely associated with exhaustion and depersonalization because of one's inability to meet their patients' and families' unrealistic expectations. Depersonalization demonstrates negative, heartless, pessimistic behaviors and interacting with colleagues or patients separately. It may be expressed as unprofessional remarks directed toward co-workers, accusing patients of their medical difficulties, or the inability to express empathy or anguish.

Personal Accomplishments

According to Maslach et al. (2001), a higher level of Personal Accomplishments (P.A.) reduces the feeling of burnout. The participants' group average score for PA was 52%, the highest among the three dimensions of burnout. Petty and Gaines (2013) described personal accomplishment as a measurement of burnout associated with feelings of competence, increased self-efficacy, and a sense of achievement; on the contrary, reduced personal accomplishment often indicates burnout. Mackie et al. (2001) reflected the same findings that the more involved the workers are, the more likely they have to have higher levels of personal accomplishment and lower levels of emotional exhaustion and depersonalization.

A high percentage on this subscale indicates that these feelings alleviate and help manage stress levels or Burnout among the participants. The participants' driving factors in attaining high

levels of personal accomplishment were when they felt that they could loosen up at work and positively impact others. According to the literature review, Achievements are the building blocks that enable someone to construct a sense of themselves as a success. These findings also highlight how the individual workers perceive their working tasks and how they amend such duties to make their work more meaningful through autonomy and decision authority.

Areas of Work-life Survey

Among the six sample items of the Areas of Worklife survey, Control, Recognition, and Time got the highest percentage of the participants' responses with 61%, 56%, and 44%, respectively. Sixty-one percent of the participants agree with the statement "I have control over how I do my work," and fifty-six percent believed they had received recognition from others. In this sense, more control allows workers to shape their work environment, managing their workload accordingly.

According to the study done by Tang et al. (2016) among industrial employees in Taiwan, problems associated with high job demands and low job control could lead to fatigue and the continuation of chronic fatigue progress to overall health status and job performance. In addition, a lack of job control means that employees' sense of autonomy and discretion is limited, which also implies that they do not have much say in what goes on in their work environments.

Most of the participants in the project agreed to have control over their daily tasks. Therefore, they feel more motivated to do more physical activities that eventually improve morale, thereby collectively escalating their feeling of personal accomplishment, as reflected in the results from the MBI survey.

Further, enabling controls will allow employees to communicate effectively, enhance organizational integrity, and flourish solid internal values, engaging employees in a healthier position to take on additional responsibilities (K. Baird et al., 2017).

Del Pozo-Antúnez et al. (2018) argued that job demands cause a strain based on the job-demand-control-support model. Still, it can be managed or exaggerated depending on the degree of control that the employee has over their work and the social support available. According to previous studies, quality relations between an organization and its professionals develop more intensely when employees perceive a fair deal and feel supported, reducing burnout and intention to leave the organization (Cannon et al., 2016).

Item three reveals that 56% of the participants have received recognition from others for their work. The area of reward or recognition refers to the power of reinforcements to shape behavior. Insufficient credit and reward (whether financial, institutional, or social) increase people's vulnerability to Burnout because it devalues both the work and the workers and is closely associated with feelings of inefficacy. In contrast, consistency in the reward dimension between the person and the job means that there are both material rewards and opportunities for intrinsic satisfaction, thus affecting their feeling of personal accomplishment. Team performance improves when superiors inspire development, serve the individual needs of team members, and offer positive reinforcement in the form of recognition.

The review identified the relationship of these areas with burnout. It is essential to recognize how organizational stressors such as job demand and control contribute to employee performance and burnout. This area can show how one can effectively initiate, promote, and facilitate strategies such as positive reinforcement for stress prevention, reduction, and management through a thorough review.

Item one shows that 44% disagree about not having enough time to do the work that must be done. Work overload contributes to Burnout by depleting people's capacity to meet the job demands. When this overload is a chronic job condition, there is little opportunity to rest, recover, and restore balance. The findings indicate that many of the participants have sustainable and manageable workloads. In contrast, they provide opportunities to use and refine existing skills.

The AWS findings are aligned with Karasek's job demand-control-support model discussed in the previous chapter. Karasek's model theorized that job stress has resulted from high physical and psychological job demands accompanied by low social support and decisional control or freedom.

Mindfulness-based Stress Intervention

The overarching theoretical principle of Mindfulness-based interventions (MBIs) is that, by practicing Mindfulness such as sitting meditation, yoga, breathing, or other mindfulness exercises, individuals will become less responsive to unpleasant internal phenomena but more insightful, which in turn will lead to constructive psychological results. Hofmann & Gómez (2017) argued that the default mode of attention for many individuals is, in fact, non-attention. Killingsworth & Gilbert (2010) also claimed that mind-wandering is pervasive, as is the state of mindlessly going through our daily activities or "running on autopilot" mode (Bargh & Chartrand 2004).

In a large study done by Killingsworth & Gilbert (2010) using ecological momentary assessment data, it was found that approximately 47% of subjects' waking hours were spent in a state of mind-wandering; furthermore, the study revealed that mind-wandering predicts subsequent unhappiness. This project incorporated short mindfulness practices such as breathing exercises,

body scans, and the importance of purposeful pause moments at work. Bishop et al. (2004) distinguished two components of Mindfulness: self-regulation of attention focused on the immediate experience in the present and one that consists of an orientation toward the present moment characterized by curiosity, openness, and acceptance. The participants in this project are convinced that stress can impact their physical and mental state negatively and that it is important to remind themselves to take a moment and relax. The project participants affirm this training to be extremely useful (69%) and that the majority are satisfied with the education in-service provided.

The feedback from this activity gives an impression that there is indeed a potential risk of the development of workplace stress. Therefore, there is an opportunity to improve awareness and Mindfulness among employees experiencing work-related Burnout. This consequently reveals that the current approach employed by the student investigator is practical and appears to be recommendable by the participants.

Project Strengths and Limitations

This project focused only on the possible presence of work-related burnout among employees of a long-term care facility. There is sufficient evidence to believe that work environment setting is a factor in health care personnel burnout experience. Despite lacking absolute clarity, a body of research addresses works stress that spans more than 50 years in nursing. The survey questions were easily accessible to the participants and the average time spent finishing each survey questionnaire was only 5 minutes.

What is less well understood is the effect of stress on patient outcomes. Future studies are needed to enhance the understanding of stress and burnout on patient safety. This Project also did not consider personality and other individual variables when extracting this project data. To better

understand stress and burnout in the workplace, solid conceptualizations are needed that bring together the various pieces of the burnout problem in the organization.

Despite the promising findings from the literature review about mindfulness and the participants' response to the post-in-service survey, the project has some limitations which make it difficult to draw firm conclusions about the effects of MBSR on employees. Due to the different lengths of the programs, this project cannot safely conclude anything about schedule impact based on the post-intervention survey result.

Dissemination Plans

This project research will be shared with the Kohala Hospital on the Big Island through a brochure. Additional dissemination will occur through onsite conferences and cross-departmental training presentations, such as employee onboarding and re-orientation. This will also include Mindfulness training that will be presented through a PowerPoint.

Implications for Practice

Burnout is a well-recognized occupational phenomenon that results from chronic workplace stress (World Health Organization, 2019). People who are feeling burnout can have a negative impact on their colleagues, both by causing more significant personal conflict and by disrupting job tasks. Thus, burnout can be "contagious" and propagate itself through social interactions on the job (Bakker et al., 2005). As Hofmann & Gómez (2017) stated, the stronger one's ability to adopt a mindful state throughout life's perpetual ups and downs, the less suffering one will experience.

Having completed this project helped increase awareness about the application of Mindfulness as it begets the skill of staying heedful. Mindfulness training is supposed to have the

potential to improve employees' mind and body well-being and commitment and develop patient-care quality.

Limited resources in a healthcare facility may pose a significant challenge to both employees and managers. While employees may feel pressured in doing their job responsibilities, managers, on the other hand, considering economic and regulatory constraints, weigh in on whether the facility should acquire more resources, hire new employees, or augment the current employees' workload. This illustration may trigger the development of burnout in both parties, consequently affecting the whole facility together with the patients.

It should be considered that burnout progresses from one factor and the dynamic of the people working together to achieve a common goal. This project showed how the role of a manager, colleague, patients, and their families plays a significant role in developing burnout. Based on the findings of this project, the leaders or the managers of a facility should acknowledge work-related stress and keep track of their staff's well-being, develop proper management, and balanced work-load. It is also worth noting how employee empowerment can mitigate burnout, where employees can control their workloads and communicate openly to their leaders, co-workers, and patients. This research also checks the need to conduct reorientation, training regularly, and one-on-one mentoring directed toward both individuals and managers of the organization.

Conclusions and Recommendations

Burnout highly influences the employee's productivity, efficiency, self-worth, and way of communication in the workplace. It also encourages turnovers and negative attitudes and select obligations and responsibilities.

The key findings of this project are positive relationships between job control, recognition, the ability to accomplish a task in a given time, and developing work-related stress. However, a good sense of personal accomplishment is positively associated with reducing burnout among the participants. Employees are inclined to do more on their jobs when heard, acknowledged, recognized, and rewarded.

Mindfulness-based interventions target reducing stress and improving decision-making, becoming more productive and resilient, effective communication, enhancing organizational relationships, perspective-taking, and strengthening self-care. It is essential, given that the effects of burnout span beyond individual members and can affect entire organizations. These findings indicate that more significant consideration should be paid to burnout among long-term care staff members, given their high emotional labor.

Further research is needed to obtain data from a larger sample size. Other moment-to-moment awareness techniques need to be cultivated with a nonjudgmental attitude through regular employee self-awareness assessments and in-service training, stressing the importance of daily and systematic stress management practices in the workplace.

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Appendix A

Project Flyer

SURVEY

YOU MATTER

Work-related stress has been described as a harmful response to excessive pressures and demands professional's experience because of their occupation (Health and Safety Executive, 2020).

CONTACT ME

(323) 333-0616
pabaro@hhsc.org
Monday to Friday
8AM to 5PM

Participate in the survey and as a way of saying "Thanks! " Enjoy a gift card to local cafes, restaurants, and groceries!

Appendix B

Consent Form

Dear Participant,

You are invited to participate in a web-based online survey, a part of a pilot project about Mindfulness and Work-Related Stress. This is a project being conducted by Paola Abaro, a student at the University of Hawaii at Hilo, and it should take approximately 10 minutes to complete.

PARTICIPATION

Your participation in the study is voluntary. You may refuse to participate in the research or exit the survey without penalty.

BENEFITS

Each participant will be compensated with a gift card to a local café, restaurant, or grocery store.

CONFIDENTIALITY

Your answers will be sent to a link at SurveyMonkey.com, where data will be stored in a password-protected electronic format. Survey Monkey does not collect identifying information such as your name, email address, or IP address. Therefore, your responses will remain anonymous. No one will be able to identify you or your answers, and no one will know whether you participated in the study. No names or identifying information will be included in any

publications or presentations based on these data, and your responses to this survey will remain confidential.

CONTACT

If you have questions about the project or the procedures, you may contact the lead investigator, Paola Abaro, via phone at (323)333-0616 or via email at pabaro@hhsc.org.

ELECTRONIC CONSENT: Please select your choice below. You may print a copy of this consent form for your records. Clicking on the "Agree" button indicates that:

· You have read the above information, and you voluntarily agree to participate

· You have worked in Kohala Hospital for at least six months

· You are 18 to 65 years old

☐Agree

☐Disagree

Appendix C

Maslach Burnout Inventory (MBI)

Disclosing more than the authorized items will compromise the integrity and value of the test; therefore, including an entire instrument in the project publication is not applicable. Mind Garden has been permitted to use the three sample items specified below[1].

MBI - Human Services Survey for Medical Personnel - MBI-HSS (MP):

☐I feel emotionally drained from my work.

☐I have accomplished many worthwhile things in this job.

☐I don't care what happens to some patients.

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Appendix D

Areas of Work-life Survey (AWS)

Disclosing more than the authorized items will compromise the integrity and value of the test. Therefore, including an entire instrument in the project publication is not applicable. Mind Garden has permitted to use of the six sample items specified below[2].

☐I do not have time to do the work that must be done.

☐I have control over how I do my job.

☐I receive recognition from others for my work.

☐Members of my workgroup communicate openly.

☐Resources are allocated here.

☐My values and the Organization's values are alike.

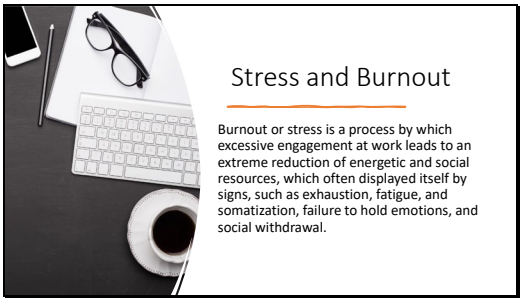
[2] Copyright © 2000, 2011 Michael P. Leiter & Christina Maslach. All rights reserved in all media. Published by Mind Garden, Inc., www.mindgarden.com

Appendix E

Educational PowerPoint Presentation

Slide 1

Slide 2



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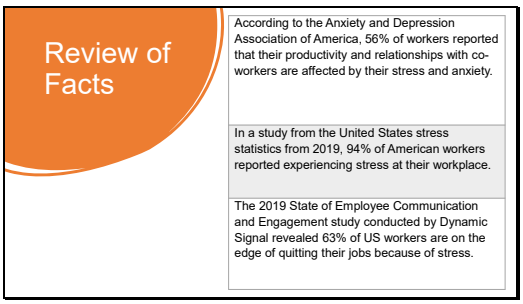

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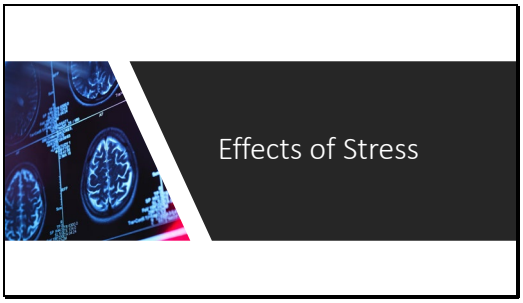

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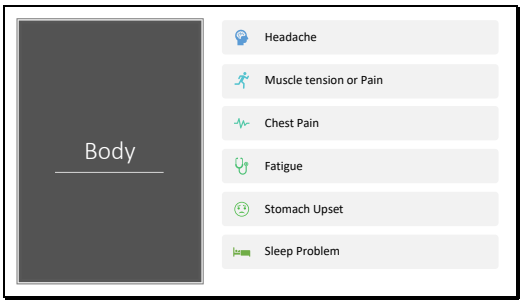

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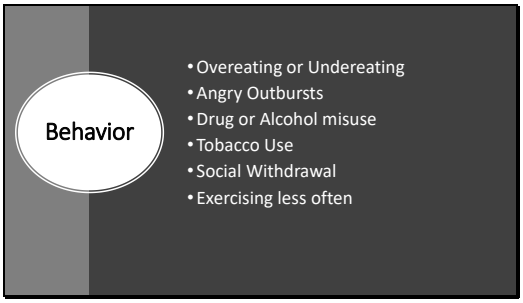

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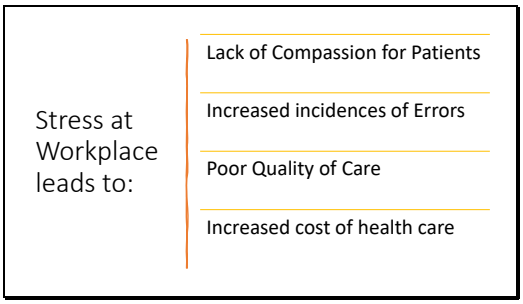

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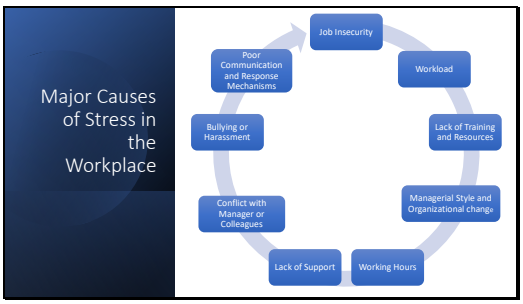

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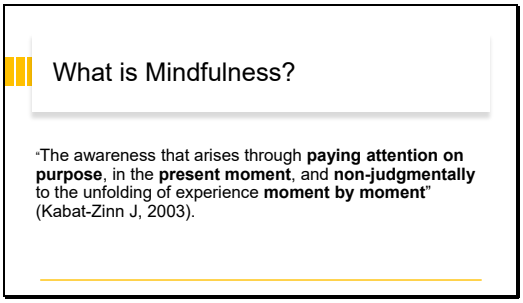

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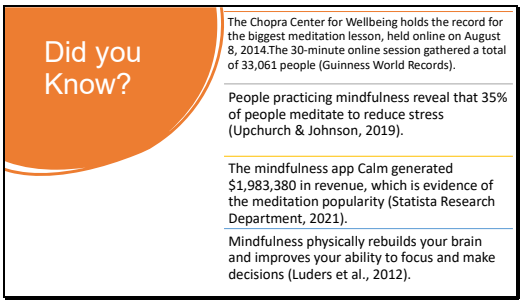

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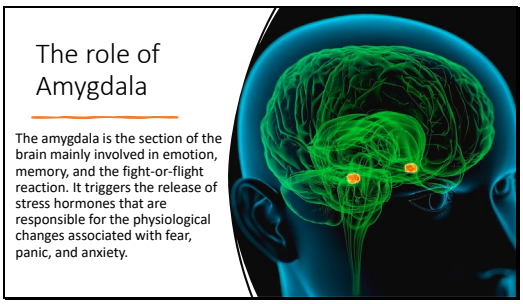

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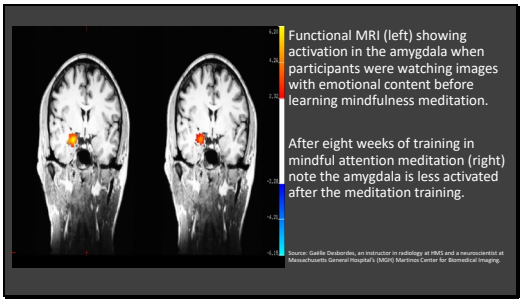

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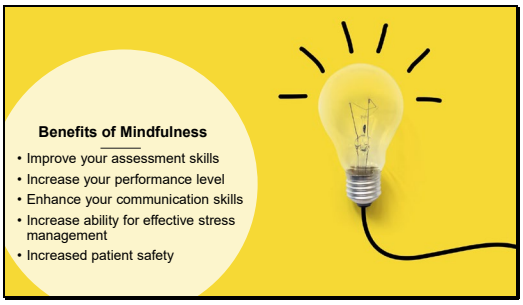

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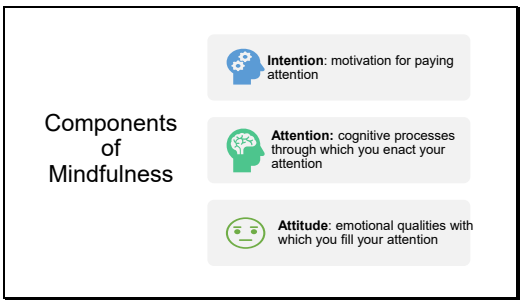

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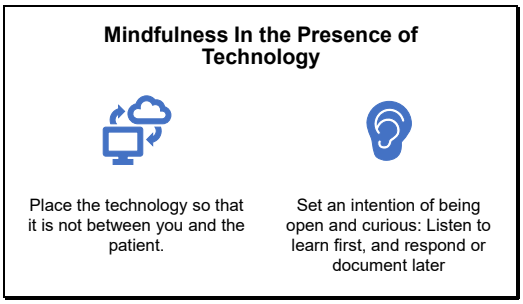

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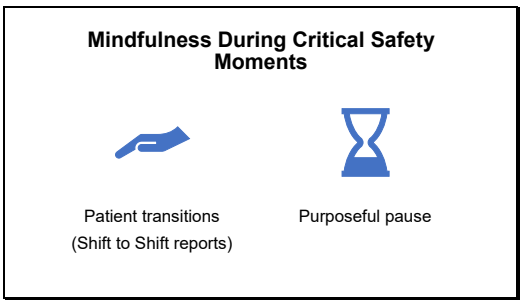

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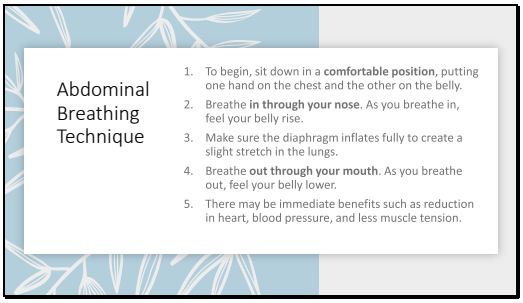

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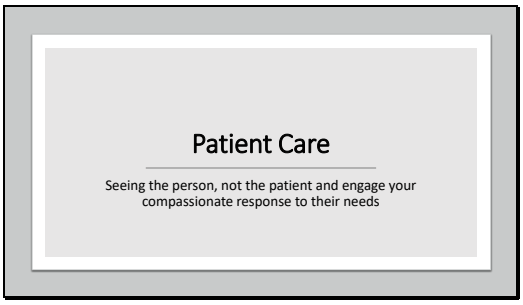

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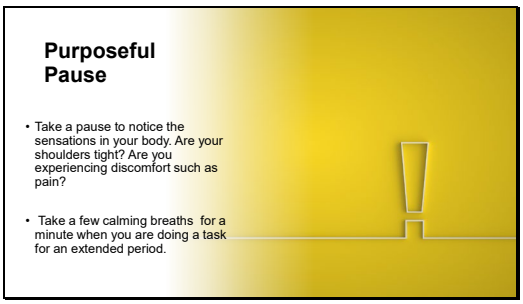

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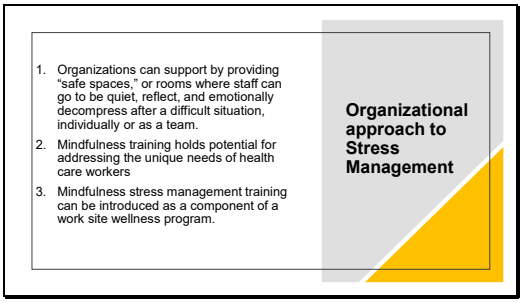

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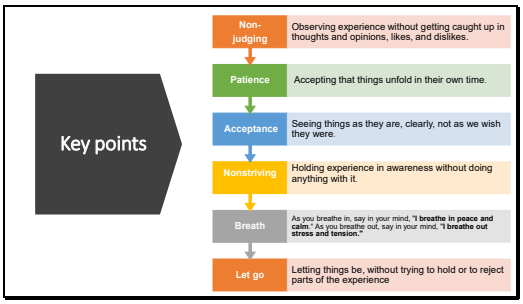

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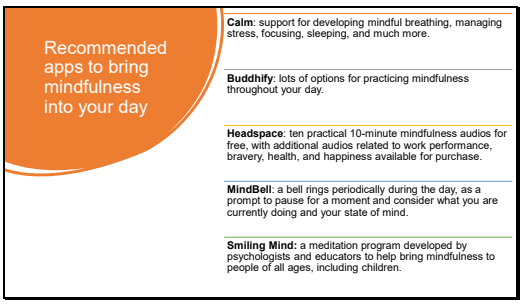

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Slide 29

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Appendix F

Post Intervention Survey Questions

1. How likely would you recommend Mindfulness online course to a friend or colleague?
2. How would you rate the course?
3. What did you like about in-service education?
4. How helpful was the content presented at the course?
5. Before the course, how much of the information you needed did you get?
6. Was the course length too long, too short, or about, right?
7. How helpful was the content presented at the course?
8. Overall, were you satisfied or dissatisfied with the workshop?
9. What was the single most valuable thing you learned during the project?
10. How helpful was the information presented on the course?
11. How much of the information presented at the course was new to you?

Appendix G

CITI Certification Completion

Figure1. Social and Behavioral Responsible Conduct of Research

CITI PROGRAM

Completion Date 10-Mar-2021
Expiration Date 09-Mar-2025
Record ID 41506123

This is to certify that:

Paola Abaro

Has completed the following CITI Program course:

Not valid for renewal of certification through CME.

Social and Behavioral Responsible Conduct of Research
(Curriculum Group)
Social and Behavioral Responsible Conduct of Research
(Course Learner Group)
1 - Basic Course
(Stage)

Under requirements set by:

University of Hawaii

CITI
Collaborative Institutional Training Initiative

Verify at www.citiprogram.org/verify/?w021a39a8-2630-459f-a105-4fa5bb4aa1e6-41506123

Figure 2. Human Subjects Research

CITI PROGRAM

Completion Date 10-Mar-2021
Expiration Date 09-Mar-2024
Record ID 41506124

This is to certify that:

Paola Abaro

Has completed the following CITI Program course:

Not valid for renewal of certification through CME.

Human Subjects Research (HSR)
(Curriculum Group)
Supplemental: Children as Vulnerable Population (Social & Behavioral Focus)
(Course Learner Group)
1 - Module
(Stage)

Under requirements set by:

University of Hawaii

CITI
Collaborative Institutional Training Initiative

Verify at www.citiprogram.org/verify/?w7bed6f1e-a1e3-432c-8ba9-faa420cb870c-41506124

Figure 3. Social and Behavioral Research Best Practices for Clinical Research

CITI PROGRAM

Completion Date 10-Mar-2021
Expiration Date 09-Mar-2024
Record ID 41506125

This is to certify that:

Paola Abaro

Has completed the following CITI Program course:

Not valid for renewal of certification through CME.

GCP – Social and Behavioral Research Best Practices for Clinical Research
(Curriculum Group)
GCP – Social and Behavioral Research Best Practices for Clinical Research
(Course Learner Group)
1 - Basic Course
(Stage)

Under requirements set by:

University of Hawaii

CITI
Collaborative Institutional Training Initiative

Verify at www.citiprogram.org/verify/?wda6d919f-e778-4233-ad81-7630ee2989ef-41506125