Who Cares for the Carers? Development of an Educational Resource: Identification, Prevention and Mitigation of Burnout for Psychiatric Nurses in Newfoundland and Labrador Health Services

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Abstract

Background: Psychiatric nurses are often exposed to critical and traumatic events, as well as workplace violence, which can lead to burnout. This can place a substantial burden on patients, nurses themselves, and therefore, the whole health care system. Few interventions and resources have been studied or are available in practice settings to assist nurses in identifying, preventing and mitigating burnout. **Purpose:** To develop an educational resource to assist psychiatric nurses in identifying, preventing and mitigating burnout. **Methods:** A comprehensive literature review, an environmental scan, and consultations were conducted to inform the development of an educational resource to assist psychiatric nurses in identifying, preventing and mitigating burnout. **Results:** The literature review revealed contributing factors to psychiatric nurse burnout and interventions to address psychiatric nurse burnout. The environmental scan yielded few useful resources, yet informed the inclusion of available content, while the consultations identified psychiatric nurses' perceptions on burnout and informed the educational modality and content preferences. **Conclusion:** A pocketbook educational resource was developed for psychiatric nurses to aid in identifying, preventing and mitigating psychiatric nurse burnout. A plan to advertise the pocketbook resource at the Western Memorial Regional Hospital will be established.

Keywords: burnout; psychiatric nurses; educational resource; interventions

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Introduction

Freudenberger (1974) coined the term 'burnout' to describe the chronic stress experienced in occupations involving numerous direct interactions with people. Burnout is typically conceptualized as a syndrome characterized by emotional exhaustion, depersonalization (DP), and reduced personal accomplishment (PA) (Jennings, 2008). This occurs due to chronic work stress, and repeated exposure to critical events, including workplace violence (Antai-Otong, 2001; Edú-Valsania et al., 2022). Burnout can negatively affect nurses, their families, patients, and the health care system (Woo et al., 2020).

Nurses are the health care providers most exposed to critical and traumatic events, including workplace violence (Escribano et al., 2019; Hilton et al., 2020). This can lead to the development of compassion fatigue, post-traumatic stress disorder (PTSD) and, eventually, burnout (Tirgari et al., 2019). Nurses may experience symptoms of PTSD or of compassion fatigue such as exhaustion, irritability, disrupted sleep, and resentfulness (Stoewen, 2020). According to Itzhaki et al. (2018), psychiatric nurses are especially exposed to verbal and physical violence and are forced to cope with significant psychological and physical challenges. Due to the special nature of their profession, the incidence of job burnout among psychiatric nurses is increasing (Tang et al., 2023; Tirgari et al., 2019). For example, based on a cross-sectional survey by Tang et al. (2023), 916 psychiatric nurses reported that 74% of nurses had moderate to severe emotional exhaustion, 77% of nurses had moderate to severe burnout due to DP, and 99% of nurses reported moderate to severe burnout due to reduced PA. Therefore, the target group for my practicum project included psychiatric nurses/mental health nurses who indicate a need to lessen burnout and improve work-life balance.

Objectives

The key objectives of this practicum were to:

1. Describe burnout and its prevalence amongst psychiatric nurses (Literature Review).
2. Identify and synthesize the literature about the educational needs of psychiatric nurses and nurse leaders (Literature Review and Consultations).
3. Evaluate currently available resources to assist psychiatric nurses in identifying, preventing and mitigating burnout within the Western Zone of Newfoundland and Labrador Health Services (NLHS) and other Canadian health care authorities (Environmental Scan).
4. Develop an educational resource (pocketbook) to assist psychiatric nurses and nurse leaders in identifying, preventing and mitigating burnout based on the findings from the literature review, the environmental scan, and the consultations.
5. Demonstrate advanced nursing practice (ANP) competencies.

Overview of Methods

Three methods were used to inform the development of an educational resource for addressing burnout among psychiatric nurses. Firstly, a literature review was conducted to summarize and synthesize empirical evidence about nurse burnout and mitigation strategies to inform the development of an educational resource for addressing burnout for psychiatric nurses, leaders, and managers.

Secondly, I conducted an environmental scan to evaluate currently available resources that can assist psychiatric nurses in identifying, preventing and mitigating burnout. These

resources were identified within the Western Zone of NLHS and other Canadian health care authorities (e.g., Ontario, Saskatchewan, Alberta and Nova Scotia).

Thirdly, I explored psychiatric nurses', nurse managers' and leaders' knowledge of the availability of resources which address burnout. In doing so, I identified preferred education modalities and content, and their perceptions of burnout, through consultations.

Throughout the next sections, a summary and key findings of the literature review, environmental scan and the consultations will be presented.

Summary of the Literature Review

The literature review was conducted to synthesize peer reviewed literature about nurse burnout and strategies to mitigate burnout. Four databases namely, Cumulative Index to Nursing and Allied Health Literature (CINAHL), PubMed, APA PsycINFO and Web of Science were used to search relevant literature published within the last 10 years to capture only the contemporary literature. The following MeSH terms, indexed terms, and keywords were used in the broader searches: "*burnout", "nurses", "psychiatric nurses", "mental health nurses", "compassion fatigue".* Narrowed searches were conducted via PubMed primarily, and Boolean phrases were used for more focused searches. The following additional MeSH terms, indexed terms, and keywords were used in the narrowed searches: *"prevalence", "aromatherapy", "mindfulness-based interventions", "debriefing", "code lavender".* Only studies published in English were included in this review. A total of 22 articles were used for the literature review. The Public Health Agency of Canada (PHAC) (2014) Critical Appraisal Tool was used to determine the quality of quantitative Studies. The Joanna Briggs Institute (JBI) (2020) was used to critically appraise qualitative literature.

Key Findings of the Literature Review

The literature review revealed that psychiatric nurse burnout affects them, their patients, the health care system and their work-life balance (Dyrbye et al., 2019; Friganović et al., 2020; Garcia et al., 2019; Jun et al., 2021; Kelly et al., 2021; Ryu & Shim, 2021). Contributing factors to burnout that were common throughout the literature included: traumatic and critical events (Kobayashi et al., 2020; Tsukamoto et al., 2022), heavy workloads and low staffing levels (Chen & Fang, 2016; Dall'Ora et al., 2020), and poor work-life balance (Boamah et al., 2022; Matsuo et al., 2021). Interventions designed and evaluated to address psychiatric nurse burnout included: mindfulness-based interventions (MFBI) (Ghawadra et al., 2019; Green & Kinchen, 2021; Wang et al., 2023), debriefing (Scott et al., 2022), aromatherapy (Ghavami et al., 2022; Hedigan et al., 2023), and code lavenders (Davidson et al., 2017) (See Appendix A).

Summary of the Environmental Scan

The focus of the environmental scan was to evaluate currently available resources that assist psychiatric nurses in identifying, preventing and mitigating burnout within the Western Zone of NLHS and other Canadian health care authorities. Precisely, my goal of the environmental scan was to see if there were pre-existing tools or resources that may be applicable to the local context. Data was retrieved through a local intranet search of the Western Zone, the NLHS employee portal, a very broad internet search supplemented with Google Scholar for resources available within Canadian health care authorities, and previously completed informal consultations with the psychiatric clinical nurse specialist and manager at Western Memorial Regional Hospital to identify any psychiatric nurse burnout educational resources; of which, none specifically were found.

Key Findings of the Environmental Scan

The searches yielded 15 applicable resources. Some resources found were non-specific for psychiatric nurse burnout, however, did contain parts that were useful for the intended resource. The environmental scan yielded three policies from the Western Zone which offer guidance on how to respond to an abusive phone call, fatigue management, and the referral process for the Employee Assistance Program (EAP). Firstly, as these policies are necessary and informative, they must be reinforced with the promotion of their existence. Secondly, they must be updated regularly in keeping with organizational changes. In addition, the College of Nurses of Ontario (2020), Tend Academy LTD (2024) and the Mental Health Commission of Canada (2021) offer posters and/or fact sheets with information on self-care, debriefing, and breathing techniques.

Despite the informative nature of posters, their inherent lack of an interactive component contributes to the limitations of their use. Further findings indicated that the Saskatchewan Union of Nurses (2024), the Registered Practical Nurses Association of Ontario (n.d.) and the Mental Health Commission of Canada (2021) have webpages available that include videos and modules on such topics as: anxiety, yoga, Ted Talks, and other resources, tips, tools and suggestions for managing mental health and wellbeing.

The environmental scan also yielded information from the United Nurses of Alberta (2022), Government of Newfoundland and Labrador (2024)/*My*GovNL, Bridge the Gapp (2024) and Health Workforce Canada (2024) which all have webpage links to mental health care contacts and resources. These resources are effective in that they are available around the clock notwithstanding the importance of suitable internet connection (See Appendix B).

Summary of Consultations

The goal of the consultations was to explore psychiatric nurses', nurse managers' and leaders' knowledge of the availability of resources which address burnout, identify preferred education modalities and content, and identify their perceptions of burnout. Semi-structured interviews were conducted with two frontline psychiatric nurses, the psychiatric clinical nurse specialist, and the unit manager. Each consultation took between 23-45 minutes. Consultations were conducted via phone calls. These individuals were selected due to their ability to provide both personal and professional insight regarding their psychiatric nursing roles, as well as their abilities to acknowledge and communicate burnout experiences. Additionally, the clinical nurse specialist has expertise in implementing educational opportunities for nurses.

Key Findings of the Consultations

Basic content analysis was used to identify patterns to therefore cluster the collected data into themes within the Word document (Bengtsson, 2016). After data analysis, three main themes were generated: 1) *nurses' perceptions of burnout, 2) prevalent reasons for nurse burnout in psychiatric nursing* and *3) educational needs of psychiatric nurses*. Theme one was further subdivided into four subthemes: *staff shortage, increased workload, lack of control over work schedule* and *lack of managerial/organizational support for mandation.* Theme two was further subdivided into two subthemes: *increased exposure to violence, aggression and trauma, and emotional exhaustion.* Theme three was further subdivided into three subthemes: *need for educational resource(s), educational modalities,* and *educational content.*

It was noted throughout the consultations that due to being short staffed, nurses had to take more patients for their assignments. Every consultee agreed that their increased workload has contributed to their level of burnout. They emphasized the lack of managerial and

organizational support regarding workload. Psychiatric nurses and key stakeholders also agreed that psychiatric nurses are exposed to more violence, aggression and trauma than other nursing areas, thereby contributing to emotional exhaustion. With regards to their educational needs, there was a general consensus that nurse burnout education was lacking. Education modality and content preferences varied slightly throughout the consultations; however, it was noted that due to time constraints and staffing issues, an education modality in a pocketbook form would work best. Content preferences primarily included signs and symptoms of nurse burnout and mitigation strategies (See Appendix C).

Summary of the Resource

The educational resource contains information and resources derived from the results of the literature review, environmental scan and the consultations. This educational resource has been developed to inform the identification, prevention and mitigation of burnout for psychiatric nurses. A pocketbook educational resource was created consisting of information on burnout identification (burnout definition, contributing factors, signs and symptoms and the Oldenburg Burnout Inventory), tips to prevent and mitigate burnout, video resources, informational poster resources, note-taking/journaling spaces and a repository of provincial and national contacts and resources. Knowles' theory of adult learning was used to guide the development of the educational resource (Chai et al., 2019; Tennant, 1986). An overview of this theory and how it was incorporated for the development of the educational resource is presented below.

Conceptual Framework

Adults need to be able to understand and link the subject matter to their personal and professional needs as per Knowles' adult learning theory (Chai et al., 2019; Tennant, 1986). By exploring the body of evidence surrounding the topic of nurse burnout and translating this

knowledge into usable, tangible strategies, the proposed educational resource seeks to assist psychiatric nurses in recognizing, preventing, and mitigating the personal and professional effects of burnout. In the development of this educational resource, personal and professional needs of psychiatric nurses were determined through semi-structured interviews. Knowles' adult learning theory outlines five characteristics of adult learning as it distinguishes between andragogy and pedagogy: (1) they have a self-concept or knowledge about themselves; (2) they have life experience that provides a foundational base for learning; (3) they are ready to learn and are committed to learning when the objectives are important for their professional needs, interests, and choices; (4) they use a problem-based approach to learning instead of memorizing content; and (5) they have an intrinsic motivation to learn (Chai et al., 2019; Tennant, 1986). Throughout the consultations, participants indicated a strong willingness to avail of a psychiatric nurse burnout educational resource. As psychiatric nurses have proven they are committed to learning through their academic success, their day-to-day work lives have provided them with a seeming plethora of relatable content for which to use a problem-based approach to learning.

The principles of adult learning provide additional insight and connectedness to the characteristics outlined in Knowles' adult learning theory. According to Palis and Quiros (2014), the principles of adult learning are: (1) adults are self-directed and goal-oriented; (2) adults learn best when learning is active, and the environment is informal and respectful; (3) adults need timely and constructive feedback; (4) adults have different backgrounds and do not all learn the same way; and (5) learning needs to be relevant. Through consultations, valuable feedback was acquired directly relating to each of the five principles of adult learning. The pocketbook resource addresses a variety of learning modalities, takes into account the learning time constraints for professional psychiatric nurses, and provides them with a variety of self-directed

educational tools. This enables the psychiatric nurse to address their learning needs in an informal, timely and self-directed nature. Adult learners need to know how new knowledge is beneficial for them (Palis & Quiros, 2014). Underlining interventions with explanations within a pocketbook to which psychiatric nurses can refer for identification, prevention and mitigation of burnout is relevant and exhibits self-directed learning.

Discussion of Advanced Nursing Practice (ANP) Competencies

My practicum project has allowed me to develop ANP competencies. The Canadian Nurses Association (2019) outlined six competencies for ANP rooted in knowledge, research, and clinical expertise: 1) direct comprehensive care, 2) health system optimization, 3) education, 4) research utilization, 5) leadership, and 6) consultation and collaboration. I have demonstrated several ANP competencies throughout this project. The main competencies demonstrated include: education, leadership, research and health system optimization, which are detailed below.

Education

Advanced practice nurses (APN) "identify the learning needs of nurses and other members of the health-care team and find or develop programs and resources to meet those needs" (Canadian Nurses Association, 2019, p. 31). From the literature review, environmental scan, and consultations, it was evident that the need for an educational resource to identify, prevent and mitigate psychiatric nurse burnout existed. Therefore, I identified preferred educational modalities and content via consultations with psychiatric nurses and key clinical stakeholders. From the environmental scan, no resource was found to fully meet the educational needs of psychiatric nurses. Access to an adequate level of education on this topic is fundamental to maximizing improved, comprehensive, and sustainable nursing services. Therefore, a single

resource, culminating in a variety of educational modalities and addressing the principles of adult learning, was the most efficient and useful tool for psychiatric nurses experiencing burnout.

Leadership

APNs "identify problems and initiate change to address challenges at the clinical, organizational or system level" (Canadian Nurses Association, 2019, p. 33). Leadership was demonstrated by setting clear goals and objectives and monitoring my progress. Advocating for, and taking initiative to develop a resource to identify, prevent and mitigate nurse burnout is how I developed my leadership competency. The introduction and promotion of my resource as an educational tool puts me in a leadership position, along with other clinical collaborators who may choose to do so. Through the development and implementation of this burnout resource, I plan to contribute to the shaping of health care reform. Leadership competencies were demonstrated through the collaborative, situational, and autonomous uses of this particular resource tool which is designed specifically to meet the needs of psychiatric nurses yet can be helpful to other nurses in other settings as nurse burnout is an issue across many settings.

Research

APNs demonstrate research competencies by conducting, synthesizing and critically appraising literature to support evidence-based practice (Canadian Nurses Association, 2019). Research competencies were demonstrated by identifying, conducting, synthesizing and critically appraising research that informed the development of an educational resource. I conducted a literature review as well as literature summary tables for selected studies. All studies used in the literature review were critically appraised by using critical appraisal tools including the PHAC Critical Appraisal Tool (PHAC, 2014) for quantitative studies and the JBI critical appraisal checklist for qualitative research (JBI, 2020). I collected data via interviews with

psychiatric nurses and stakeholders, for which I developed interview guide questions. I conducted an environmental scan to retrieve relevant content data from local and Canadian resources which was then utilized to inform the development of the educational resource. As per the findings from the consultations and environmental scan, the identified themes and resources were analyzed, compared, and summarized using basic content analysis (Bengtsson, 2016). Research is the springboard for the advancement of nursing care. By conducting the research necessary to develop an educational resource, I have not only expanded the repertoire of existing research with my additional research, but I have also developed a resource which addresses a very inherently deep-seeded need amongst psychiatric nurses and the burnout which they are experiencing.

Health System Optimization

Guiding decision-making to influence and optimize change leads into the fourth chosen competency addressed by the creation of this resource. APNs "identify gaps in the health system and develop strategies to facilitate and manage change" (Canadian Nurses Association, 2019, p. 31). I disclosed the gaps wherein nurses' mental health is substandard/negative and have created a resource which could be useful in improving it. By developing a resource which is fundamental during a time of staff shortage and nurse burnout being prevalent, this resource will meet psychiatric nurses where they are with a plan of helping them to work, and work well, in their positions (Woo et al., 2020). Increasing pressures on health services and health care practitioners culminate in nurses working in complex work environments. Therefore, caring for the carers could, in fact, increase health system optimization.

Next Steps

The next steps moving forward will be to approach the clinical nurse specialist and unit manager at the Western Memorial Regional Hospital psychiatry unit regarding the plan to advertise and promote the pocketbook resource. As per preliminary discussions with the clinical nurse specialist and unit manager, an initial plan included presenting the pocketbook at education sessions that psychiatric nurses attend at Western Memorial Regional Hospital along with explanations of its contents.

Conclusion

This practicum project aimed to create a resource that would assist with identifying, preventing, and mitigating psychiatric nurse burnout for the psychiatric nurses at the Western Memorial Regional Hospital. The literature review, consultations, and environmental scan were used to gather evidence-based and context-specific information on the topic of nurse burnout and mitigation strategies. Through these processes, a pocketbook was developed for nurses to use as a reference guide to access burnout identification, prevention and mitigation strategies and tools.

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Appendix A

Literature Review

Development of a Resource to Mitigate Psychiatric Nurse Burnout: A Literature Review

Psychiatric nurses implement crisis intervention and provide mental health care for individuals in varying and constantly changing states of distress (Zarea et al., 2013). Care needs to be a priority for the carers to diminish the irony therein. Exploration of concepts and resources that support the identification, prevention and mitigation of burnout can promote higher quality of nursing care and higher quality of life for psychiatric nurses (Dall'Ora et al., 2020). Therefore, the purpose of this literature review was to aid in developing an educational resource to address burnout for psychiatric nurses and psychiatric leaders and managers.

Background

Definition of Burnout

Freudenberger (1974) coined the term 'burnout' to describe the chronic stress experienced in occupations involving numerous direct interactions with people. Burnout is typically conceptualized as a syndrome characterized by emotional exhaustion, DP, and reduced PA (Jennings, 2008). This occurs due to chronic work stress and repeated exposure to critical events, including workplace violence (Antai-Otong, 2001; Edú-Valsania et al., 2022). Burnout can negatively affect nurses, their families, patients, and the health care system (Woo et al., 2020).

Definition of Critical and Traumatic Events

Nurses are the health care providers most exposed to critical and traumatic events (Escribano et al., 2019; Hilton et al., 2020). There have been noted elevated rates of trauma exposure in psychiatric nursing practice (Chen et al., 2010; Zarea et al., 2012). This can lead to the development of compassion fatigue, PTSD and, eventually, burnout (Tirgari et al., 2019). Critical events are described as overwhelming, emotional and significant which may be the result

of experiencing or witnessing a traumatic event (Workers Compensation Board Alberta, 2021). Trauma can result from "an event, series of events, or set of circumstances that is experienced by an individual as physically or emotionally harmful or threatening and that has lasting adverse effects on the individual's functioning and physical, social, emotional, or spiritual well-being" (Trauma-Informed Care in Behavioral Health Services, 2014, p. 1). According to Scott et al. (2022), repeated trauma exposure can significantly impact both physical and mental health.

Definition of Compassion Fatigue

Compassion fatigue is also known as secondary traumatic stress (Ray et al., 2013). Compassion fatigue can occur when a nurse is verbally exposed to the previous experiences and traumatic events that a patient has endured, as well as the demands associated with the degree of caring necessary for the patient (Tirgari et al., 2019; Ray et al., 2013). Nurses may experience symptoms of compassion fatigue such as exhaustion, irritability, disrupted sleep, and resentfulness (Stoewen, 2020).

Definition of PTSD

The Diagnostic and Statistical Manual of Mental Disorders (DSM-5) lists criteria for classifying PTSD as a psychiatric disorder (American Psychiatric Association, 2013). PTSD is caused by exposure to an extremely threatening or horrific event or series of events (Tirgari et al., 2019).

Methods of the Literature Review

Aims and Objectives

To synthesize literature about nurse burnout, fatigue, and mitigation strategies to inform the development of an educational resource addressing burnout for psychiatric nurses and psychiatric leaders and managers.

Design

A narrative literature review was conducted to summarize and synthesize relevant published studies. A narrative review provides an overall summary including a wide variety of studies with interpretation and critique (Sukhera, 2022).

Literature Search

CINAHL, PubMed, APA PsycINFO and Web of Science databases were used to search for the relevant literature published within the last 10 years. The last 10 years were chosen to capture contemporary literature on nurse burnout and mitigation strategies to address burnout. The following MeSH terms, indexed terms, and keywords were used in the broader searches: "*burnout", "nurses", "psychiatric nurses", "mental health nurses", "compassion fatigue";* (PubMed, 1164), (CINAHL, 501), (APA PsycINFO, 288), (Web of Science, 644). Over 300 articles were screened and 22 were chosen for review. Narrowed searches were conducted via PubMed primarily and these searches were specific to findings from the broad searches. The following MeSH terms, indexed terms, and keywords were used in the narrowed searches: *"prevalence", "burnout", "nurses", "mental health nurses", "psychiatric nurses", "aromatherapy", "mindfulness-based interventions", "debriefing", "code lavender".* Search strategies included truncation, controlled vocabulary, synonyms and searching reference lists of selected articles.

Screening

Articles included in the review were in line with eligibility criteria. The inclusion criteria for articles were: a) literature that focused on nurse burnout and interventions to address burnout, b) articles published in English Language, and c) articles published in the last 10 years (i.e., January 2014-May 2024). Initial searches of the databases yielded over 2000 articles of which

over 300 study titles and abstracts were reviewed for relevance. Manual screening was conducted to ensure that articles chosen met all inclusion criteria. Not all studies included focused on psychiatric nurses as literature specific to psychiatric nurse burnout interventions or strategies were limited. A total of 22 articles were used for the literature review.

Study Characteristics

Included articles consist of four systematic reviews (Ghawadra et al., 2019; Hedigan et al., 2023; Jun et al., 2021; Scott et al., 2022), five systematic reviews and meta-analysis (Garcia et al., 2019; Ghavami et al., 2022; Lopez-Lopez et al., 2019; Wang et al., 2023; Woo et al., 2020), one theoretical review (Dall'Ora et al., 2020), one critical review (Green & Kinchen, 2021), eight cross sectional studies (Boamah et al., 2022; Chen & Fang, 2016; Dyrbye et al., 2019; Havaei et al., 2016; Kelly et al., 2021; Kobayashi et al., 2020; Ryu & Shim, 2021; Tsukamoto et al., 2022), one qualitative descriptive phenomenology study (Friganović et al., 2020), one uncontrolled before and after (Davidson et al., 2017), and one cohort prospective study (Matsuo et al., 2021).

Critical Appraisal

The PHAC (2014) Critical Appraisal Tool was used to determine the quality of each applicable study. The JBI (2020) was used to analyze the qualitative study. Of the 22 studies, five were of strong design (Garcia et al., 2019; Ghavami et al., 2022; Lopez-Lopez et al., 2019; Wang et al., 2023; Woo et al., 2020), one of moderate design (Matsuo et al., 2021), 10 of weak design (Boamah et al., 2022; Chen & Fang, 2016; Davidson et al., 2017; Dyrbye et al., 2019; Friganović et al., 2020; Havaei et al., 2016; Kelly et al., 2021; Kobayashi et al., 2020; Ryu & Shim, 2021; Tsukamoto et al., 2022), and the remaining six reviews were not rated for design strength as per PHAC (2014).

Two of the systematic reviews were rated as having high quality (Jun et al., 2021; Scott et al., 2022) along with the theoretical review (Dall'Ora et al., 2020) and the critical review (Green & Kinchen, 2021). Two systematic reviews were rated as medium quality (Ghawadra et al., 2019; Hedigan et al., 2023). Of the five systematic reviews and meta-analysis, two were rated as strong quality (Lopez-Lopez et al., 2019; Woo et al., 2020) and the remaining three were rated as medium quality (Garcia et al., 2019; Ghavami et al., 2022; Wang et al., 2023). Eight of the cross-sectional studies (Boamah et al., 2022 Chen & Fang, 2016; Dyrbye et al., 2019; Havaei et al., 2016; Kelly et al., 2021; Kobayashi et al., 2020; Ryu & Shim, 2021; Tsukamoto et al., 2022) and the cohort prospective study (Matsuo et al., 2021) were rated as medium quality. Lastly, the uncontrolled before and after (Davidson et al., 2017) and the qualitative descriptive phenomenology study (Friganović et al., 2020) were rated as low quality. The detailed overview of each of the studies that addressed educational interventions for nurse burnout is presented in Appendix A (Literature Summary Tables).

Data Extraction

Literature summary tables were only developed for the studies which evaluated interventions or strategies to address nurse burnout. These literature summary tables include information about authors, country or origin, study design, methods, key findings, strengths and limitations as well as quality appraisal (Appendix A).

Data Synthesis

The 22 studies were read each at least two times in detail. I read the results and discussion sections and coded the information to therefore extract relevant data from each study. Content analysis was used to organize the findings into similar categories and key themes were established. Literature summary tables were completed for the studies that addressed educational

interventions for burnout for nurses (**Davidson** et al., 2017; **Ghavami** et al., 2022; **Ghawadra** et al., 2019; **Green & Kinchen**, 2021; **Hedigan** et al., 2023; **Scott** et al., 2022; **Wang** et al., 2023). The names of these authors will appear in bold the first time they are referenced in the interventions section of this literature review.

Narrative Review Findings

Prevalence of Burnout Amongst Psychiatric Nurses

The World Health Organization (WHO) (2019) has included burnout as an "occupational phenomenon" in the International Classification of Diseases 11th revision (ICD-11), recognizing burnout as a serious health issue. A global systematic review (113 studies) and meta-analysis (61 studies) conducted by Woo et al. (2020) examined the prevalence of burnout amongst 45,539 nurses in 49 countries. The overall pooled-prevalence of burnout symptoms among nurses was 11.23% globally. According to Itzhaki et al. (2018), psychiatric nurses are especially exposed to verbal and physical violence and are forced to cope with significant psychological and physical challenges. In a systematic review and meta-analysis, Lopez-Lopez et al. (2019) estimated the prevalence of burnout among 868 mental health nurses to be 25% among nurses with high emotional exhaustion, 15% among nurses with DP and 22% among nurses with low PA. They found that moderate levels of emotional exhaustion, DP and low PA due to work overload, work related stress and aggression at work predicted burnout. Due to the special nature of their profession, incidence of job burnout among psychiatric nurses is increasing (Tang et al., 2023). The target group for my practicum project, therefore, included psychiatric nurses/mental health nurses who identify as experiencing moderate to high levels of emotional exhaustion or those who indicate a need to lessen burnout and improve work-life balance.

Impact of Burnout on Psychiatric Nurses

During and/or after exposure to a critical event, a nurse experiences a physiological stress response (Berchtenbreiter et al., 2023). According to Berchtenbreiter et al. (2023), without supportive and adequate coping strategies "the stress response may persist, developing into long-term emotional and physical symptoms including PTSD, second victim syndrome, and burnout" (p. 1). The effects of burnout among nurses are far-reaching, affecting aspects of their private lives (Friganović et al., 2020). Nurses are not always afforded the time away from the clinical setting to reset and decompress (Burmeister et al., 2019).

A cross-sectional exploratory study conducted in the U.S. by Dyrbye et al. (2019) and a qualitative descriptive phenomenological study by Friganović et al. (2020) in Croatia, studied the high prevalence of burnout among nurses. A total of 812 nurses completed a survey including validated instruments (Maslach Burnout Inventory [MBI], Primary Care Evaluation of Mental Disorders [PRIME MD], WHO Health and Work Performance Questionnaire [HPQ]) to measure burnout, absenteeism, and poor work performance from the previous month (Dyrbye et al., 2019). Semi-structured interviews and the MBI were used with 28 nurses in several Croatian hospitals to determine the attitudes and "sense" of knowledge of burnout in nurses with burnout (Friganović et al., 2020). Overall, 35.3% had symptoms of burnout, 30.7% had symptoms of depression, 8.3% had been absent one or more days due to personal health, and 43.8% had poor work performance in the last month (Dyrbye et al., 2019). Emergent themes included a compromised private life, stressful work demands, stress reduction options, protective workplace measures and sense of knowledge reflected a variety of experiences, attitudes and knowledge of burnout (Friganović et al., 2020). Nurses who had burnout were more likely to have been absent one or more days in the last month (1.85, 95% CI 1.25–2.72) and have poor work performance (5.01, 95% CI 3.09–8.14) (Dyrbye et al., 2019).

Impacts of Burnout on Patients

Burnout in nurses can lead to patient safety concerns (Freytag et al., 2017; Ryu & Shim, 2021; Ugwu et al., 2020). According to Ugwu et al. (2020), medication errors are the third most common cause of death in the U.S. Freytag et al. (2017) stated that teamwork training and debriefing can significantly reduce medical errors thereby improving patient outcomes. Ryu and Shim (2021) conducted a descriptive-correlational study in Korea to investigate burnout, compassion satisfaction and patient safety management activities amongst 301 nurses in general hospitals. Garcia et al. (2019) conducted a systematic review and meta-analysis with a total of 21 studies to determine the influence of nurse burnout on patient safety. Self-report questionnaires were the method of data collection (Ryu & Shim, 2021). Significant relationships were found between nurses' burnout and compassion satisfaction ($r = -0.66$, $p < 0.001$), burnout and patient safety management activities ($r = -0.32$, $p < 0.001$), and patient safety management activities and compassion satisfaction ($r = 0.32$, $p < 0.001$) (Ryu & Shim, 2021). Compassion satisfaction showed partial mediating effects on the relationship between burnout and patient safety management activities ($Z = -3.21$, $p = 0.001$) (Ryu & Shim, 2021). The higher the burnout of nurses, the lower the patient safety management activities (Ryu & Shim, 2021). Results from Garcia et al. (2019) also showed that the majority of the studies demonstrated an association between the existence of burnout and the worsening of patient safety. They found a relationship between the development of burnout and patient safety actions with a probability of superiority of 66.4% (Garcia et al., 2019). Therefore, an effective support system at the organizational level and individual efforts are necessary to enhance compassion satisfaction and reduce nurse burnout.

Impact of Burnout on the Health Care System

Burnout is characterized through the three classic symptoms of emotional exhaustion, DP (cynicism), and reduced PA (Jennings, 2008). Therefore, it is no surprise that burnout contributes to nurses leaving their positions or the workforce (Jennings, 2008; Kelly et al., 2021; Maslach & Leiter, 2016). Hunt (2020) stated "the consequent epidemic of sickness absence, early retirement, and poor staff retention means the workforce gap is widening at an alarming rate within the caring professions" (p. 265). Therefore, "interventions for increasing clinician well-being and resilience must encompass strategies at the personal level, at peer groups and teams, right through to the level of the culture and practices - the 'operating system' - of the whole organisation" (Hunt, 2020, p. 265). Poor organizational health is the result of nurse burnout through lower staff retention, patient safety, and increased short-term absence (Sullivan et al., 2022).

Jun et al. (2021) conducted a systematic review to examine the associations between nurse burnout and patient and hospital organizational outcomes amongst 20 studies. The organizational-related outcomes associated with nurse burnout were: patient safety, quality of care, nurses' organizational commitment, nurse productivity, and patient satisfaction. From these themes, nurse burnout was consistently inversely associated with outcome measures. Therefore, nurse burnout is an occupational hazard affecting nurses, patients, organizations, and society at large (Jun et al., 2021). Nurse burnout is associated with worsening safety and quality of care, decreased patient satisfaction, and nurses' organizational commitment and productivity (Jun et al., 2021). However, reframing burnout as an organizational and collective phenomenon affords the broader perspective necessary to address nurse burnout (Jun et al., 2021).

A cross-sectional survey study (Kelly et al., 2021) and a cross-sectional correlational study (Havaei et al., 2016) were conducted to determine the relationship between nurse burnout

and intention to leave in the U.S (Kelly et al., 2021) and Canada (Havaei et al., 2016). A total of 1688 nurses completed surveys using validated measures, including the MBI and the Connor Davidson Resilience Scale, in three hospitals (Kelly et al., 2021). A total of 416 acute care registered nurses (RNs) and 135 acute care licensed practical nurses across the British Columbia Health Board completed surveys with questions based on rigorously tested RN4CAST questions. Intention to leave was measured on a four-point Likert scale, and emotional exhaustion was measured using the MBI (Havaei et al., 2016). A total of 54% of nurses were experiencing burnout (emotional exhaustion score above 16) with 28% of nurses experiencing high levels of burnout (score above 27) (Kelly et al., 2021). The impact of burnout on organizational turnover was significant, with a 12% increase in a nurse leaving for each unit increase on the emotional exhaustion scale (Kelly et al., 2021). Nurse's higher levels of emotional exhaustion were associated with intention to leave, and workload was the most frequent reason cited for intention to leave (Havaei et al., 2016).

Contributing Factors to Burnout

Traumatic and Critical Events

Nurses are often confronted by traumatic and critical events, as well as horizontal and vertical workplace violence, due to the nature of their work and these are contributing factors to increased levels of burnout (Olaleye et al., 2022). Two cross-sectional studies showed a correlation between workplace violence and burnout. Kobayashi et al. (2020) conducted their study among 599 mental health care nurses from eight hospitals in Japan. Tsukamoto et al. (2022) conducted their study among 242 nurses at a teaching hospital in Brazil. Both studies used the Workplace Violence in the Health Sector Country Case Studies Research Instruments Survey Questionnaire to measure workplace violence. The Professional Quality of Life

questionnaire (ProQOL) (Kobayashi et al., 2020) and the MBI (Tsukamoto et al., 2022) were used to measure burnout. Multivariate logistic regression analysis indicated that occupation and burnout were each significantly related to workplace violence in both studies. Over 40% of the respondents had experienced workplace violence within the past year (Kobayashi et al., 2020). Results showed that nurses who had experienced verbal abuse, physical violence and concern about workplace violence over the past year had significantly higher chances of presenting high emotional exhaustion ($P < 0.05$), DP ($P < 0.05$) and low professional accomplishment ($P < 0.05$) (Tsukamoto et al., 2022). Although cross-sectional studies are weak designs according to PHAC (2014), these produced significant results.

Heavy Workloads and Low Staffing Levels

Due to a lack of nurses globally, nurses are bombarded with patient care, heavy workloads and lengthier shifts (Burmeister et al., 2019). This, in turn, exposes them to an increase in the possibility of more traumatic and critical events including workplace violence. According to Mudallal et al. (2017) "burnout is a costly problem for both organizations and employees because manifestations of burnout—including reductions in physical and psychological energy, insomnia, headache, fatigue, and depression—lead to an increase in absenteeism and turnover rates and consequently have negative effects on the quality of care" (p. 3). This perpetuates the cycle of heavy workloads and low staffing levels.

Dall'Ora et al. (2020) conducted a theoretical review that examined theorized relationships between burnout and other variables to determine what is known (and not known) about the causes and consequences of burnout in nursing, and how this relates to theories of burnout. A total of 91 studies were identified and 39 of them used the MBI to measure burnout. Predictors of burnout were high workload, value incongruence, low control over the job, low

decision latitude, poor social climate/social support, and low rewards. Other factors that were classified as predictors of burnout included: low/inadequate nurse staffing levels, ≥ 12-h shifts, low schedule flexibility, time pressure, high job and psychological demands, low task variety, role conflict, low autonomy, negative nurse-physician relationship, poor supervisor/leader support, poor leadership, negative team relationship, and job insecurity. Among the outcomes of burnout were: reduced job performance, poor quality of care, poor patient safety, adverse events, patient negative experience, medication errors, infections, patient falls, and intention to leave (Dall'Ora et al., 2020). No formal quality appraisal instrument was used for appraising included studies (PHAC, 2014).

Chen and Fang (2016) conducted a cross-sectional study that produced similar results as Dall'Ora et al. (2020). They explored the correlation between the nursing work environment and the outcome variables of burnout, job satisfaction, and turnover intention of 1112 nurses in 20 hospitals in China. Research instruments included the Practice Environment Scale of the Nursing Work Index, MBI, Nurse Job Satisfaction Scale and the Self-Developed Basic Information and Turnover Intention Questionnaire. Results showed that adequacy of staffing and resources earned the lowest mean scores (3.21±0.82). Over half of the participants (58.4%) reported experiencing a high level of emotional exhaustion burnout, 45.2% reported experiencing a high level of DP burnout, and 24.6% reported experiencing a high level of PA burnout. Although cross-sectional studies are weak designs according to PHAC (2014), significant results were produced.

Poor Work-Life Balance

Personal sacrifices of nurses are made at times due to the nature of their work (Ebrahimi et al., 2022). Burnout is 12 times more likely for workers who experience poor work-life

balance, and they are two to three times more likely to develop depression when compared to workers with work-life balance (Burton, 2010). Burnout also contributes to nurses leaving their jobs (Boamah et al., 2022; Matsuo et al., 2021).

Boamah et al. (2022) conducted a cross-sectional study to test a hypothesized model examining the effects of work-life interference on nurse burnout (emotional exhaustion and cynicism), turnover intentions and, ultimately, career satisfaction. An online national survey was administered throughout Canada to 645 nurses in academic settings. Fisher-McAuley et al.'s work interference with personal life (WIPL) scale was used to measure work-life balance, a Likert scale was used to measure intention to leave the job and career satisfaction, and the MBI was used to measure burnout. Nurses reported moderately high levels of work interfering with life ($M = 4.59$, $SD = 1.38$) and emotional exhaustion ($M = 3.68$, $SD = 1.68$). The results suggested that work-life interference significantly increases burnout which contributes to both higher turnover intentions and lower career satisfaction. Limitations include a low response rate and selection bias (PHAC, 2014).

Matsuo et al. (2021) conducted a six-month prospective study to investigate the influence of work-life balance and sense of coherence on intention to leave across 975 hospital nurses in Tokyo via questionnaires. Validated measures used included: 6-point Likert-type measure for work-related stress variables and intention to leave, the Sense of Coherence-13 (SOC–13) for sense of coherence, the MBI for burnout, demographic details, and the Work/Life Balance Self–Assessment Scale. The multiple regression analysis identified the most dominant factors affecting intention to leave as burnout (cynicism) ($\beta = .31$) and burnout (exhaustion) ($\beta = .11$). As for work-related stress factors, perceiving a high turnover among nurses at their hospital ($\beta = .12$), salary satisfaction ($\beta = -.10$), and openness in discussion at the workplace

($\beta = -.09$) were also factors affecting intention to leave. This study's response bias and generalizability are limitations according to PHAC (2014).

Interventions

Mindfulness-Based Interventions

Research suggests that MFBIs can support work-life balance and enable nurses to detach from work to mitigate burnout **(Green & Kinchen, 2021)**. Sullivan et al. (2022) suggested that nurse leaders implement programs that stress the importance of being mindful of personal mental health needs and emotional exhaustion and become attuned to the mental health needs of the nurses under their leadership. These programs would include tools to help identify when nurses are becoming emotionally exhausted and assist them in accessing mental health counseling as well as provide techniques to promote self-care and mindfulness.

Three reviews including two systematic reviews with 9 and 15 studies respectively (**Ghawadra et al., 2019; Wang et al., 2023**) and a critical review including 9 studies (Green & Kinchen, 2021) were conducted to explore the current knowledge on the effectiveness of MFBIs related to stress and burnout in nurses. Wang et al. (2023) also included a meta-analysis. Specific MFBIs found within the study by Wang et al. (2023) were mindfulness-based stress reduction (MBSR) interventions, mindfulness breathing therapy (one of which included music therapy), mindfulness coloring, and yoga. The study by Ghawadra et al. (2019) included MBSR programs, all of which were different MBSR length interventions (2–8-week programs). Mindfulness mediation was explored in the study by Green and Kinchen (2021).

Findings showed strong evidence for MFBIs for reducing psychological distress in nurses (Ghawadra et al., 2019; Green & Kinchen, 2021). The meta-analysis revealed that MFBIs were effective in reducing burnout, as demonstrated by the lower scores for emotional exhaustion

(SMD = −4.27; 95% CI = −5.94 to −2.59) and DP (SMD = −2.89; 95% CI = −4.24 to −1.54), and higher scores for PA (SMD = 2.81; 95% CI = 0.12 to 5.50) (Wang et al., 2023). There was a sustained improvement in stress levels in the short-term (≤3 months), with delayed benefits for burnout (Wang et al., 2023). Limitations according to PHAC (2014) included selection bias in the majority of the included studies and only two included were randomized controlled trials (RCT) (Ghawadra et al., 2019). Only two studies were available for later follow-ups and there was no significant evidence of long-term effects (Wang et al., 2023). Small sample sizes were noted therefore lacking generalizability (Green & Kinchen, 2021).

Debriefing

Debriefings can be used as a safety management tool in areas and organizations with high levels of risk and hazard (Kolbe et al., 2021). Ugwu et al. (2020) stated that "debriefing has been identified as a major tool used in identifying medical errors, improving communication, reviewing team performance, and providing emotional support following a critical event" (p. 1). According to Diaz-Navarro et al. (2021), the use of clinical debriefing promotes team reflexivity and allows organization leaders to engage nurses in collaborative change. By discussing events through debriefs, effective emotional support can be provided and changes to practice can then be recommended, mitigating burnout (Arriaga et al., 2020). Infrequent debriefings are a problem, and can have serious impacts on patients, nurses, and the health care system (Arriaga et al., 2020; Ugwu et al., 2020). Therefore, routine debriefs could be beneficial. A number of different types of debriefings such as 'hot debriefs' (Arriaga et al., 2020; Berchtenbreiter et al., 2023), 'cold debriefs' (Helms et al., 2023), and '3D-DDD' (Persico & McDermott, 2023; Zigmont et al., 2011), have been used as an 'outline' for debriefing. As time constraints are a barrier to

debriefing, hot debriefs occur as soon as possible after an event and typically last five to 15 minutes (Hale et al., 2020).

Scott et al. (2022) conducted a systematic review to investigate the use of debriefing for clinical staff in clinical settings following exposure to direct and vicarious trauma. They examined whether the use of post-trauma debriefing impacts symptoms of distress and explored how clinical staff experience debriefing. Five electronic databases were searched and 13 articles were included that described the use of debriefing in clinical settings with clinical staff following a traumatic event. Four included studies found evidence of the benefits of debriefing for reducing psychological impacts due to traumatic events. Being given the opportunity for reflection, gaining a shared experience, and having the right peer facilitator, were factors that clinical staff perceived to be important for the debriefing that were present in seven studies. Debriefing with staff working in clinical settings can reduce post-traumatic distress symptoms (Scott et al., 2022).

Aromatherapy

According to **Ghavami et al. (2022)**, aromatherapy or therapeutic use of inhaled essential oils is a common way to reduce stress due to its low side effects. Aromatherapy consists of using essential oils, which are extracted from plants, to support physical, emotional and spiritual well-being **(Hedigan et al., 2023)**. This complementary practice dates back to 2000 BCE in ancient Egypt and is now considered a 'holistic therapy' (Hedigan et al., 2023). Aromatherapy can be given via massage or for inhalation purposes (Hedigan et al., 2023).

Ghavami et al. (2022) conducted a systematic review and meta-analysis to estimate the pooled effect of lavender on the stress level of individuals. Hedigan et al. (2023) conducted a systematic review to ascertain the impact of inhalation aromatherapy on stress and anxiety in clinical settings. The majority of studies included in the review by Hedigan et al. (2023) used

lavender. Next to lavender, rose and orange oils were the most examined essential oils to assess impact on levels of anxiety. The pooled estimation of this systematic review and meta-analysis, including 21 articles, revealed that lavender significantly reduces individuals' stress and concluded that lavender can be considered as a part of a stress management program (Ghavami et al., 2022). Similarly, out of the 76 studies selected, over 70% reported a positive effect on anxiety levels in the aromatherapy intervention groups (Hedigan et al., 2023).

Code Lavender

Taking a moment to nourish the minds and spirits of psychiatric nurses during stressful working hours is important. A Code Lavender is a crisis intervention tool to help with self-care for nurses (**Davidson et al., 2017**). It was developed by the Cleveland Clinic, U.S to help add to the holistic care and healing environment of a hospital (Stone, 2018). The goal is to help nurses feel supported through self-care. The Code Lavender intervention includes creating a quiet, relaxing room where staff can enter to have a moment and reset their mind (Stone, 2018). A Code Lavender team is usually composed of representatives from different disciplines such as spiritual care, employee assistance, volunteers and medical staff (Stone, 2018). Therapies usually offered as part of a Code Lavender include, but are not limited to: a purposeful physical presence, individual or team support, debriefing, complementary therapies, prayer and other affectively based interventions, and tea and snacks.

Davidson et al. (2017) conducted an uncontrolled before and after study to test the feasibility of a Code Lavender after stressful events at a university teaching hospital in San Diego with approximately 500 staff members. Two baseline surveys were completed by staff, one of which included the validated, 30-item ProQOL scale. The intervention included a care package, identified as Code Lavender. The contents of the package included a lavender

aromatherapy vial (to stimulate a sense of calmness), a piece of chocolate (to increase the connection to a positive sensory experience), and a small card with encouraging quotes printed on them, chosen by staff members. A small lavender-colored sticker was also included. Staff could choose to wear this sticker as an indication to peers that they were experiencing a difficult day. The intervention was well-utilized and positively perceived after experiencing workplace stress, with 100% of those staff reporting it was helpful, and 84% recommending it to others. Unfortunately, the intervention did not significantly impact staff members' ProQOL scores.

Implications for Practicum Project

The literature review results indicated that a resource to address burnout was needed. This resource can have a positive impact on identifying, preventing, and mitigating psychiatric nurse burnout. Literature regarding burnout resources for psychiatric nurses specifically, was scarce. This resource was developed to be applicable and usable for every psychiatric nurse at Western Memorial Regional Hospital. Included are interventions for nurses to use to identify, prevent and mitigate burnout.

Conclusion

Burnout can negatively affect nurses, their families, patients, and the health care system (Woo et al., 2020). By addressing this global nursing challenge, and supporting the workplace health of nursing staff, greater positive patient outcomes can be achieved. Educating both nursing staff and health care system leaders on the realities of burnout due to workplace stress and trauma is a fundamental step towards implementation of proven successful strategies. Critical events occurring in the workplace that contribute to burnout among psychiatric nurses, can be addressed more effectively by following recommendations for practice change which have been outlined. Without implementing strategies to mitigate nurse burnout and to encourage

awareness and education on this topic, absenteeism and position turnover will continue to rise (Kelly et al., 2021).

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Appendix A

Literature Summary Tables

Key Question:

Can educational interventions improve psychiatric nurses', managers', and leaders' knowledge, skills and attitudes about burnout?

Legend: BO: Burnout; **CS:** Compassion Satisfaction; **IES:** Impact of Event Scale; **MBCT:** Mindfulness-Based Cognitive Therapy; **MBSR:** Mindfulness-Based Stress Reduction; **PTE**: Potentially Traumatic Event; **ProQOL:** Professional Quality of Life; **RCT:** Randomized Controlled Trial; **STS:** Secondary Traumatic Stress.

Study/Design/ Purpose	**Sample and Methods**	**Key Results**	**Comments**
Authors: Wang et al. (2023) Design: Systematic Review and Meta-analysis Purpose: To explore the current knowledge on the effectiveness of mindfulness-based interventions related to stress and BO in nurses.	N: 15 articles in total Country/Setting: China (9), United States (2), Japan (1), Iran (1), Portugal (1), Turkey (1). Data Collection and outcomes: · Databases searched included: PubMed, Embase, EBSCO, Web of Science, ProQuest, Scopus, and Cochrane Online Library. Also, National Knowledge Infrastructure (CNKI), Chinese Biomedical Literatures database (SinoMed), Wanfang Digital Periodicals (WANFANG), and Chinese Science and	Basic Interventions: ·Nine studies used mindfulness-based interventions; two studies used MBSR interventions, two studies used mindfulness breathing therapy (one of which included music therapy), one study used mindfulness coloring, and one study used yoga. Results: ·There was a sustained improvement in stress levels in the short-term (≤3 months). ·Delayed benefits for BO.	Strength of Design: Strong Quality: Medium Issues: -Interventions differed in each study. -Some outcome indicators used self-rating scales as subjective evaluation indicators, which may affect the reliability of the research results. -Only two studies were available for later follow-ups.

	Technology Periodicals (VIP) in 2022. ·Search terms included: variations of nurse, Nursing Personnel, Registered Nurses, Nursing Staffs, mindfulness, MBSR · Only English and Chinese articles were considered		
Study/Design/ Purpose Authors: Ghawadra et al. (2019) Design: Systematic Review Purpose: To explore the studies that used interventions based on the MBSR for decreasing psychological distress among nurses.	**Sample and Methods** N: 9 articles in total Country/Setting: USA (3), Canada (1), Japan (1), Malaysia (1), Brazil (1), Portugal (2). Data Collection and outcomes: · Databases searched included: Science Direct, PubMed, EBSCO host, Springer Link and Web of Science from 2002 to 2018. · Keywords used for search included: "Mindfulness" OR "Mindfulness Training" OR "Mindful" OR "MBSR" OR "MBCT") AND ("Nurses" OR	**Key Results** Basic Interventions: ·MBSR among nurses to reduce their psychological distress. Results: ·Many benefits, including reduced stress, anxiety, depression, BO and better job satisfaction, were reported in these studies.	**Comments** Strength of Design: N/A Quality: Medium Issues: -Interventions differed in each study. -Included selection bias in the majority of the included studies. -Only two RCTs included.

	"Nurse" OR "Nursing". · Only English articles were considered		
Study/Design/ Purpose Authors: Green & Kinchen (2021) Design: Critical Review Purpose: To explore the current knowledge on the effectiveness of mindfulness meditation related to stress and BO in nurses.	**Sample and Methods** N: 9 articles in total Country/Setting: Canada (1) U.K. (1), Spain (1), U.S. (1), China (1) Israel & U.S. (1), Jerusalem (1), Australia (1), Taiwan (1). Data Collection and outcomes: · Databases searched included: INAHL, PsycInfo, MEDLINE, and ERIC. · Search terms included: mindfulness, meditation, MBSR, occupational stress, stress, BO, and nurs*. · Only English articles were considered	**Key Results** Basic Interventions: ·The majority of interventions took place over 8 weeks (n=6). The lengthiest intervention was an 8-month program (n=1), while the shortest was 4 weeks (n=2). Most of the interventions were group-based (n=7), meaning participants met weekly to practice together with the guidance of a trained instructor. In addition, participants were given CDs with pre-recorded meditations 9 ranging from 10-45 minutes and encouraged to practice at home. The remaining studies (n=2) were completed individually and required participants to complete pre-recorded meditations 5 to 7 days a week. Five studies included either a full-day retreat, half-day retreat, or an extended final group session.	**Comments** Strength of Design: N/A Quality: High Issues: -Small sample sizes noted.

		Results: ·The majority of participants had significant decrease in work-related distress and BO, and felt the program was worthwhile to continue post programs conclusion.	
Study/Design/ Purpose Authors: Scott et al. (2022) Design: Systematic Review Purpose: To investigate the use of debriefing for clinical staff in clinical settings following exposure to direct and vicarious trauma.	**Sample and Methods** N: 13 articles in total Country/Setting: U.K. (3), Australia (3), Canada (2), U.S. (5). Data Collection and outcomes: · Databases searched included: CINAHL, PsycINFO, EMBASE, MEDLINE and PubMed ·Search terms included: "debrief*" OR "psycholog* support" OR "psycholog* intervention*" OR "incident* support" OR "reflective practice") AND ("trauma*" OR "PTSD" OR "stressful event*" OR "clinical event*" OR "critical incident*" OR "adverse	**Key Results** Basic Interventions: ·All included studies used single-session group interventions except one study, which used individual debriefing for "moderately severe" PTEs and individual debriefing along with group defusion for "severe" events. All studies offered a form of early intervention following exposure to a PTE in a clinical setting. Results: ·Findings from four of these studies demonstrated some evidence of the benefits of debriefing in the reduction of psychological sequelae (Blacklock, 2012; Humphries & Carr, 2001; Jenkins, 1996; Robinson & Mitchell,1993). Of the remaining three papers, reported	**Comments** Strength of Design: N/A Quality: High Issues: -No significant limitations.

	incident*" OR "adverse event". · Only English articles were considered	nonsignificant correlations between debriefing attendance and the frequency or severity of IES-assessed posttraumatic distress symptoms.	
Study/Design/ Purpose Authors: Ghavami et al. (2022) Design: Systematic Review and Meta-analysis Purpose: To estimate the pooled effect of lavender on the stress level of individuals using systematic review and meta-analysis.	**Sample and Methods** N: 21 articles in total Country/Setting: Iran (10), U.S. (5), Korea (3), Japan (1), China (1), Australia (1). Data Collection and outcomes: · Databases searched included: SID, MagIran, Embase, PubMed, Scopus, Web of Science databases, and Google Scholar. ·Search terms included: "Lavender*", "Lavandula*", "Stress*", "Stress Disorders, Traumatic", and "Stress, Psychological" ·Persion, Magiran and English databases searched.	**Key Results** Basic Interventions: *Aromatherapy* -Three drops for one hour three times a day 10% essential oil -Two drops of 100% essential oil for 20 min at a distance of 5 cm from the nose -Three drops of 100% essential oil once a day for 2 nights -Three drops of lavender essential oil 100% every 8 h with for 4 weeks -Two drops of 100% essential oil for 20 min -Two drops of 100% essential oil for 20 min in 4 work shifts -Two drops of 2% essential oil for 20 min once a day for three days after surgery -The intervention comprised six aromatherapy massages with essential oils -Lavender was diffused 24 h per day over 30 days in a designated nursing	**Comments** Strength of Design: Strong Quality: Medium Issues: - Interventions differed in each study.

		area that all nurses were not required to enter on each unit -The experimental group received oxygen with a face mask coated with lavender oil for 5 min -One drop of 100% lavender for 5 min for 4 days and once a day -Three drops of the aroma solution were placed on a 5 × 5 mm cotton pad, only once for 20 min -Pinned small bottles containing 3% lavender oil on the clothes of their right chests -Two drops of 1.5% every two hours for 6 times -Two drops of 7, 100% essential medium oil for 20 min once a day for two weeks *Cream:* -2 grams a day for 6 weeks -Two grams every night for 2 months -Massage with 10, two grams of High cream for 12 sessions in 4 weeks Results: ·The pooled estimation of this systematic review and meta-analysis revealed that lavender	

		significantly reduces individuals' stress by a decrease of 0.63 ± 0.13 (95% CI) more than that in the control group (P < 0.001).	
Study/Design/ Purpose	**Sample and Methods**	**Key Results**	**Comments**
Authors: Hedigan et al. (2023) Design: Systematic Review Purpose: To ascertain the impact of inhalation aromatherapy on stress and anxiety in clinical settings.	N: 76 articles in total (50 RCT, 26 non-RCT) Country/Setting: Iran (29), U.S. (17), Turkey (8), Japan (6), Taiwan (3), Korea (3), Germany (3), India (1), U.K. (1), Australia (1), Brazil (1), Spain (1), Malaysia (1), Singapore (1). Data Collection and outcomes: · Databases searched included: Embase, PubMed/Medline, Cochrane, and Web of Science. ·Search terms included: Inhalation aromatherapy, clinical aromatherapy, essential oil, complementary therapy, room diffusion, stress and anxiety, mood, dental anxiety, pre-operative anxiety,	Basic Interventions: -Lavender was the most used essential oil in all studies. -The majority of the non-RCT studies used infused cotton and gauze as an inhalation method and aroma-sticks. -In RCTs, the essential oil infused item was frequently attached to the collar of the patient's gown or inhaled by the patient for a period of time. Results: -Over 70% of the studies found that the aromatherapy intervention was positive compared with the control.	Strength of Design: N/A Quality: Medium Issues: -The quantity of essential oil administered varied considerably across studies. -Various methods of essential oil administration used across studies. -Imprecise reporting of particular plant species.

	clinical settings, cancer treatment, surgery, dental practice. · Only English articles were considered		
Study/Design/ Purpose Authors: Davidson et al. (2017) Design: Uncontrolled before and after Purpose: To test the feasibility of providing Code Lavender.	**Sample and Methods** N: Approximately 500 staff and physicians working on acute units (no control group) Country/Setting: San Diego Intervention: A care package, identified as Code Lavender which contained a lavender aromatherapy vial which could be privately smelled by the staff member (to stimulate a sense of calmness), a piece of chocolate (to increase the connection to a positive sensory experience), and a small card with encouraging quotes chosen by staff members. Some of these cards also had a supportive note handwritten by other staff, faculty or administrators. A small lavender-colored sticker was	**Key Results** **1) CS** -Scores were not statistically significant post intervention. **2) BO** -Scores were not statistically significant post intervention. **3) STS** -Scores were not statistically significant post intervention. -Of those who received the Code Lavender intervention; 100% found it helpful, and 84% would recommend it to others. -No significant changes were demonstrated before and after the intervention in ProQOL scores or job satisfaction, however the emotion of	**Comments** Strength of Design: Weak Quality: Low Issues: -Intervention integrity is weak. There is no control group.

	also included. Should the staff member receiving the bag choose to wear the sticker, it could serve as an unspoken indication to peers that they were experiencing a particularly difficult day. ·Data Collection and outcomes: Two online baseline surveys were conducted. The first descriptive survey questioned incidence of symptomatic work-related stress, causes of stress, who supported them through stress, general job satisfaction, and the emotion of feeling cared-for in the workplace (both questions asked on basic 10-point Likert scales). The second survey, the validated ProQOL scale, was administered at the same time. The ProQOL is a 30-item measure with subscales for CS, BO, and STS. These same surveys were implemented three months following intervention implementation with additional questions	feeling cared-for in the workplace improved.	

	asking about whether or not the participant gave or received Code Lavender and whether or not they found it to be helpful. Analysis: Descriptive statistics Outcomes: **CS, BO, STS**		

Appendix B

Environmental Scan Report

The process of recording, interpreting and learning about a patient's mental health history, and the events leading up to admission, can be emotionally demanding and distressing for psychiatric nurses (Taylor, et al., 2016). As a result, psychiatric nurses have an increased risk of developing PTSD or other post-traumatic stress symptoms which can further contribute to burnout (Taylor, et al., 2016; Tirgari et al., 2019). The identification of current burnout management strategies, and those that may be missing in foundational education, provides an opportunity for them to be integrated into psychiatric nursing education. Prevention of work-related PTSD, vicarious trauma, and burnout can occur through an exploration of concepts that promote higher quality of nursing care and higher quality of life for psychiatric nurses (Tirgari et al., 2019).

My practicum project focuses on the development of an educational resource to help psychiatric nurses identify, prevent, and mitigate burnout. I have conducted a literature review, an environmental scan, and consultations to inform the development of the educational resource.

The focus of this environmental scan was to evaluate currently available resources that assist psychiatric nurses in identifying, preventing and mitigating burnout within the Western Zone of NLHS and other Canadian health care authorities. According to Charlton et al. (2021), environmental scanning is a "process designed to gather information to inform and direct organizational change" (p. 1). This environmental scan was conducted to determine if there were any existing educational resources related to psychiatric nurse burnout, and to explore if there were any resources currently being utilized by NLHS and other Canadian health care authorities.

In the following sections, I will describe the process used for the environmental scan including data collection and analysis, as well as present the findings and subsequent

implications for the development of a resource that addresses burnout for psychiatric nurses working in Western Memorial Regional Hospital.

Specific Objectives for the Environmental Scan

1. Identify educational resources about burnout for psychiatric nurses working within NLHS and in other Canadian health care authorities.
2. Review burnout policies and guidelines in effect provincially and nationally in health care settings through an online search.
3. Consult with individuals who work in a psychiatric setting with subjective burnout to discuss additional educational resources, policies, and guidelines for burnout.
4. Analyze and summarize the data collected to inform the development of a burnout educational resource.

Methods

Three methods were used to conduct this environmental scan: a local intranet search, an internet search for resources available in Canadian health care authorities, and previously completed, informal consultations with the psychiatric clinical nurse specialist and manager at Western Memorial Regional Hospital.

Data Collection

Data was collected by viewing online resources and consulting the psychiatric clinical nurse specialist and manager. Each resource was reviewed multiple times to identify educational content and modes of delivery.

Local Intranet Search

Educational resources and content from the intranet of the Western Zone of NLHS was retrieved from the Western Memorial Regional Hospital employee portal. NLHS employees can

use the intranet to access policies and procedures, medical directives, patient order sets, guidelines and protocols, brochures and forms in the Western Zone. I searched the Employee Wellness sub-category tab section of policies.

Internet Search

Along with searching the local intranet, educational resources and content from other Canadian health care authorities were identified using a Google search. Specifically, a very broad internet search supplemented with Google Scholar, as Google Scholar indexes grey literature, policy documents and governmental resources. Key terms used included: *"nurse", "psychiatric nurse", "mental health nurse", "burnout", "educational resources", "powerpoint", "compassion fatigue", and "toolkit".*

Consultations with Psychiatric Clinical Nurse Specialist and Manager

To strengthen the search for resources, I informally consulted the psychiatric clinical nurse specialist and manager to assess whether they were aware of burnout resources within our health care authority, NLHS, or other health care authorities. I also asked about the strengths and limitations of any identified resources.

Ethical Considerations

The Health and Research Ethics Board approval screening tool was used to determine ethical considerations for this project (Appendix A). As it was deemed an educational project, it was exempt from ethical clearance. Therefore, no additional permission or clearance was needed to conduct informal interviews or to access publicly available resources. Ethical considerations were included in all interactions and communication with participants and contacts. Permission to conduct the interviews was obtained from the psychiatric unit manager at the Western Memorial Regional Hospital, as part of the consultation report. All efforts were made to ensure

that the interviews were conducted in a private space to ensure confidentiality. Participants were informed that participation was voluntary and that they were able to withdraw consent at any point during the interview. Data was kept confidential and stored on a password-protected computer. Data was only shared with my supervisor. Field notes were destroyed. As this project may have evoked an emotional response, the participants were provided with the phone number for NLHS EAP (Corner Brook: (709) 637 5306, Toll Free: 1 866 637 5306).

Data Management and Analysis

During the consultations, I took notes. These notes were recorded in a Word document. I reviewed the notes and was attentive in removing any identifiers or personal information. I used basic content analysis to identify patterns to therefore cluster the collected data into themes within the Word document. Qualitative coding was used to systematically categorize excerpts in the interview data in order to find themes and patterns.

As per the findings from the environmental scan, the identified resources were analyzed, compared, and summarized using basic content analysis (Bengtsson, 2016). Information such as where the resource was developed, if accounts or monies were required to access, if the resource came from a reputable source, if the resource was updated or if it was still in use, were all reviewed. From the analysis, in several Word summary tables, the collected data from resources was compiled that include a brief description of the resources, their strengths and weaknesses, and their applicability to my local setting (Appendix B).

Results

Overview of the Resources

Local Intranet Search

Information was retrieved to assess local and provincial resources regarding burnout. The Western Zone of NLHS' intranet is used for policy access and retrieval. The regional education coordinator for the Western Zone was contacted to seek information on any existing e-learning or educational resources about nurse burnout. The regional education coordinator noted that to their knowledge, no such resources were available. I also searched Western Zone's e-learning hub to search for online modules including certifications, courses and programs regarding burnout. However, no courses or resources could be found. The Guidelines tab on the intranet was also searched for nurse burnout. No results were found.

Policies

Under the Employee Wellness sub-category tab on the intranet, four policies were worth noting: 3-04-60, 3-04-70, 3-04-100, 3-04-110. All four policies are distributed for all staff, not specifically psychiatric nurses. There were none specifically entitled; burnout. The policy, 3-04-60 is entitled: RESPONDING TO ABUSIVE PHONE CALLS. This policy, I felt, was appropriate for my project in that I have often been victim to verbal abuse, in person and on the phone. The policy asks the employee to report the incident through the online Provincial Incident Employee Reporting System and a further consultation with the manager is required to determine the needs for a staff safety plan or staff safety alert.

The next policy, 3-04-70 is entitled: FATIGUE MANAGEMENT. Within this policy, there are fatigue risk factor indicators, moderate and high risk. Worth noting is this specific indicator within the moderate risk factor indicators: *three-night shifts in a row that last more than eight hours each*. Shift working nurses, including psychiatric nurses, work three 12-hour night shifts consecutively, minimally bi-weekly. According to Edú-Valsania et al. (2022), if this is maintained over time, fatigue becomes chronic, and burnout occurs. This is concerning that the

Western Zone not only allows but expects their employees to do just that, work three 12-hour night shifts consecutively when it is written as a moderate risk factor for fatigue in policy 3-04-70. The Control Measures listed do not address suggestions to improve this. However, there is an Appendix to the policy that is entitled Fatigue Management Log (FML). The FML is a document used to identify possible risks of fatigue as they arise in order for controls to be implemented. There is no particular list of controls/changes on the FML, except for scheduling changes, and that was written there with an example for non-nurses.

The third policy, 3-04-100 is entitled: EMPLOYEE ASSISTANCE PROGRAM (EAP)-CONFIDENTIALITY. This policy outlined the process and limitations to confidentiality for the EAP program. The EAP program is outlined in the fourth policy, 3-04-110 and is entitled EMPLOYEE ASSISTANCE PROGRAM (EAP) REFERRAL PROCESS. This policy is arguably the most useful out of the four presented for psychiatric nurse burnout. This policy outlines the services provided and process of accessing the EAP. The EAP assists with a broad range of personal and work-related issues. The program offers critical incident stress debriefing and grief counseling as well as counseling. However, only assessment and short-term interventions (10 sessions) are offered, then EAP can refer employees to an outside community organization or private resource.

E-learnings

For the e-learning search, keywords that were used were: *"burnout", "nurse burnout", "compassion fatigue"*, *"aromatherapy", "mindfulness-based interventions", "code lavender",* Unfortunately the search yielded no results. A search with *"debrief"* yielded the link to the Basic Life Support course.

Internet Search

The Canadian Association of Critical Care Nurses (2024)

The Canadian Association of Critical Care Nurses (2024) has some *Nursing Self-Care Resources* on their page. Within these resources are:

1) Centre for Addiction and Mental Health (2024) has a referral form for health care workers in Ontario to provide access to resources, Cognitive Behavioural Therapies (CBT/Psychotherapy) as well as Psychiatric Services.
2) The College of Nurses of Ontario (2020) created a *Self-Care Fact Sheet* that includes reflection questions and strategies to manage stress.
3) Tend Academy LTD (2024) has a Three Minute Breathing Space Poster, a Low Impact Debriefing Poster, a Hot, and a Walk and Talk Protocol Poster.
4) Tend Academy (2024) also has a PDF workbook for practical and effective approaches for Resilience, Balance and Meaning.

Saskatchewan Union of Nurses

1) The Saskatchewan Union of Nurses (SUN) (2024) has a page built to provide SUN members with resources, tips, tools and suggestions for managing their mental health and wellbeing. Categories are presented; a) Coping with Stress & Anxiety, b) Wellness Resources, c) Mental Health Support, and d) Self-Care Tips & Tools.

2) Within the Self-Care Tips & Tools link, found was a Mental Health First Aid COVID-19 Self-Care & Resilience Guide by the Mental Health Commission of Canada (2021).

The United Nurses of Alberta (UNA)

UNA (2022) has a website with quick links and phone numbers for mental health support.

The Registered Practical Nurses (RPN) Association of Ontario (n.d.)

Three modules were found that focused on Mental Well-Being for RPNs. This could be useful for RNs.

Provincial Resources

1) The Government of Newfoundland and Labrador (2024)/*My*GovNL has online resources for health care providers. Listed resources include: Bridge the Gapp website and contact information for the Provincial Mental Health and Addictions Systems Navigator.

2) Bridge the Gapp (2024) has videos available for the youth and adults in NL to watch regarding burnout. Bridge the Gapp (2024) also has a knowledge center where you can click categories of interest.

Government of Canada

The Government of Canada (2023) has a Mental Health Learning Series by The Canada School of Public Service. There is a one-hour course for mental health awareness, however a Government of Canada email was required.

Canadian Center for Occupational Health and Safety

The Canadian Center for Occupational Health and Safety (2024) has courses online, 1) Assembling the Pieces Toolkit (practical advice for implementing the National Standard of Canada for Psychological Health and Safety in the Workplace), and 2) Being a Mindful Employee: An Orientation to Psychological Health and Safety in the Workplace, that I felt were worth noting. Unfortunately, an account has to be made to access those resources and other resources charge a fee to access.

Support Groups

1) Everwell (2024) is the name of a support group for nurses in Ontario that offer sessions named; Reduce Burnout and Improve Mental Health: A Group for Nurses. This group is open to all Nurses in Ontario (RPNs and RNs), regardless of where they practice or what the practice setting is. The unfortunate piece is that it costs $50+HST a session, therefore I did not access this.
2) Wellness Together Canada (n.d.) has a Nurses Resource Guide. They offered free mental health and substance use resources to anyone in Canada, including resources specifically created for nurses and other health care workers. A number is listed; 1-866-585-0445. To access specific resources, they created a pocketwell App. I could not actually find the App on my iPhone, and when I clicked the website link, it stated "The page can't be found". I later found that beginning on April 3, 2024, the Government of Canada had transitioned away from Wellness Together Canada.

PowerPoint

Burnout PowerPoint by Steve Iduye, Dalhousie University (2016). A limitation worth noting is that it requires payment to access.

ToolKit

Health Workforce Canada (2024) has a Health Worker Burnout Toolkit. This toolkit has resources for health workers provided by the Canadian Health Workforce Network (CHWN). CHWN has partnered with several health professional and leadership organizations to create this extensive online, bilingual searchable toolkit of resources to address the rising rates of health worker burnout leading to unprecedented rates of attrition from the workforce. Unfortunately, this resource did not provide any specific burnout mitigation strategies, just contacts/resources.

Consultations with Psychiatric Clinical Nurse Specialist and Manager

The consultations with the psychiatric clinical nurse specialist and manager yielded information regarding the EAP available at my place of work. One stakeholder mentioned that pre-COVID, EAP conducted a resilience presentation. I called and left a message with EAP to hopefully retrieve this presentation and have not heard back. Other than EAP, no other burnout educational resources were mentioned.

Implications for the Development of an Educational Resource

The near non-availability of a compact, useful, resource tool for nurses to identify, prevent and mitigate burnout, combined with the popular usage and coining of the term itself, are incongruent with the search findings. Resources are sparse and varied and may also incidentally contribute to the stress in searching for compatible resources. This, combined with commentary gathered from the consultations, pointed toward the need for a structured, useful tool containing a resource repository of useful methods, tips and techniques for identifying, preventing, and mitigating psychiatric nurse burnout. The resources derived from the environmental scan may be relevant to nurses, in general, in that burnout is an organizational level issue and varies across contexts. However, a more content specific resource is required, as evidenced by the results of this environmental scan, to meet the needs of psychiatric nurses in the Western Zone of NLHS. The tool which I have created will be readily accessible and promotable within the Western Zone of NLHS.

Conclusion

The environmental scan helped me identify limited, available burnout resources that could be incorporated and adapted for use. As well, the environmental scan helped to determine content inclusion and education modalities. Due to the review and analysis of the resources

found, topics deemed essential to include in the resource were mental well-being fact sheets and videos, self-care and resilience plan outline, and debriefing information. The results of the environmental scan, consultations and the literature review contributed to the development of an educational resource to address burnout for psychiatric nurses.

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Appendix A: Health Research Ethics Authority (HREA) Screening Tool

Student Name: Chelsea Hobbs-Regular

Title of Practicum Project: *Who cares for the carers? Development of an educational resource: identification, prevention and mitigation of burnout for psychiatric nurses in Newfoundland and Labrador Health Services.*

Date Checklist Completed: June 4th, 2024

This project is exempt from Health Research Ethics Board approval because it matches item number 3 from the list below.

1. Research that relies exclusively on publicly available information when the information is legally accessible to the public and appropriately protected by law; or the information is publicly accessible and there is no reasonable expectation of privacy.
2. Research involving naturalistic observation in public places (where it does not involve any intervention staged by the researcher, or direct interaction with the individual or groups; individuals or groups targeted for observation have no reasonable expectation of privacy; and any dissemination of research results does not allow identification of specific individuals).
3. Quality assurance and quality improvement studies, program evaluation activities, performance reviews, and testing within normal educational requirements if there is no research question involved (used exclusively for assessment, management or improvement purposes).
4. Research based on review of published/publicly reported literature.
5. Research exclusively involving secondary use of anonymous information or anonymous human biological materials, so long as the process of data linkage or recording or dissemination of results does not generate identifiable information.
6. Research based solely on the researcher's personal reflections and self-observation (e.g. auto-ethnography).
7. Case reports.
8. Creative practice activities (where an artist makes or interprets a work or works of art).

For more information please visit the Health Research Ethics Authority (HREA) at https://rpresources.mun.ca/triage/is-your-project-exempt-from-review/

Appendix B: Summary Tables

Source of Information	Strategies/ Focus of Resource	Strengths	Barriers/Limitations	Applicability to Local Setting (psychiatry unit/nurses).
RESPONDING TO ABUSIVE PHONE CALLS Policy *Newfoundland and Labrador*	-Informative regarding how to proceed post abusive phone call	-Available at all times.	-During consultations, a key stakeholder was unaware of what the staff safety plan or staff safety alert meant.	-Applicable
FATIGUE MANAGEMENT Policy *Newfoundland and Labrador*	-Fatigue risk indicators listed	-Available at all times.	-Policy is stating that a moderate risk factor is to work: *three-night shifts in a row that last more than eight hours each.* Western Zone not only allows, but expects their employees to work this. -There is no particular list of controls/changes on the Fatigue Management Log, except for scheduling	-Applicable

			changes, and that was written there with an example for non-nurses.	

EMPLOYEE ASSISTANCE PROGRAM (EAP) REFERRAL PROCESS Policy *Newfoundland and Labrador*	-This policy outlines the services provided and process of accessing the EAP	-Available at all times.	-EAP only offers assessment and short-term interventions (10 sessions), then EAP can refer employees to an outside community organization or private resource. Limitation is that most counselors have a 1-year waitlist.	-Applicable

Centre for Addiction and Mental Health (2024) *Ontario*	-Referral Form for health care workers in Ontario for access to resources	-Available at all times.	-Only for workers in Ontario.	-Not applicable due to location

College of Nurses of Ontario (2020) *Ontario*	-Self-Care Fact Sheet	-Available at all times. -Includes guiding questions for reflection. -Includes strategies to manage stress.	-No interactive component	-Applicable

Tend Academy LTD (2024) *Ontario*	-Three Minute Breathing Space Poster	-Available at all times. -A simple, quick mindfulness exercise that can be used before, during, or after a stressful event.	-N/A	-Applicable

Tend Academy LTD (2024) *Ontario*	-Low Impact Debriefing Poster	-Available at all times. -Includes types of debriefing and explanations. -Provides the steps for low impact debriefing.	-No assessment tool	-Applicable

Tend Academy LTD (2024) *Ontario*	-Hot, and a Walk and Talk Protocol Poster	-Available at all times. -A strategy to safely and kindly guide someone through a negative stress reaction following an incident.	-N/A	-Applicable

Tend Academy LTD (2024) *Ontario*	-Resilience, Balance and Meaning Workbook	-Available at all times. -Provides practical help in addressing the effects of workplace stress, burnout, and trauma. -Filled with questionnaires, self-reflection exercises, and self-assessments.	-N/A	-Applicable

Saskatchewan Union of Nurses (2024) *Saskatchewan*	-Webpage for members to visit to access resources	-Available at all times. -Includes videos regarding anxiety, yoga, Ted Talks, and other resources, tips, tools and suggestions for managing mental health and wellbeing.	-N/A	-Applicable

Mental Health Commission of Canada (2021) *Ontario*	-Mental Health First Aid COVID-19 Self-Care & Resilience Guide	-Link is available at all times. -Includes a mental health continuum model. -Provides suggestions for what to include in a self-care and resilience plan. -Has the outline for a self-care and resilience plan.	-N/A	-Applicable

United Nurses of Alberta (2022) *Alberta*	-Mental Health and Self-Care Resources for UNA Members	-Link to resources, crisis lines, self-care and resilience, and warning signs of suicide.	-No interactive component	-Applicable

Registered Practical Nurses Association of Ontario (n.d.) *Ontario*	-Three modules that are focused on mental well-being	-Link to three modules that are focused on mental well-being. -Link also includes additional general resources. -Although this is a resource for practical nurses, it could be used for registered nurses as well, therefore it was included.	-Resource for practical nurses. The issues and challenges can be different for registered nurses because of the scope of practice, work roles, and responsibilities.	-Applicable

Government of Newfoundland and Labrador (2024)/*My*GovNL *Newfoundland and Labrador*	-Resources for Health Care Providers	-Available at all times. -Resources for health care providers listed. -Referral forms for various health concerns listed.	-No interactive component	-Applicable

Bridge the Gapp (2024) *Newfoundland and Labrador*	-Online resource designed to support mental wellness for youth and adults	-Available at all times	-N/A	-Applicable

The Government of Canada (2023)	-One hour course for mental health awareness	-Link to one hour course for mental health awareness	-Government of Canada email was required, therefore did not access	-Not applicable due to inaccessibility

Canadian Center for Occupational Health and Safety (2024) *Ontario*	-Courses, featured content, topics to explore regarding mental health	-Link available at all times	-Website difficult to navigate. -An account has to be made to access those resources and other resources charge a fee to access. Therefore, did not access.	-Not applicable due to inaccessibility

Everwell (2024) *Ontario*	-Support group for nurses in Ontario that offer sessions named; Reduce Burnout and Improve Mental Health: A Group for Nurses	-Open to all nurses in Ontario, regardless of practice setting	-It costs $50+HST a session, therefore, I did not access this. -Only open to nurses in Ontario.	-Not applicable due to inaccessibility

Wellness Together Canada (n.d.)	-Nurses Resource Guide	-N/A	-Non-existent as of April, 2024	-Not applicable due to inaccessibility

Steve Iduye, Dalhousie University (2016) *Nova Scotia*	-Burnout PowerPoint	-N/A	-Requires payment to access	-Not applicable due to inaccessibility

Health Workforce Canada (2024)	-Health Worker Burnout Toolkit	-Available at all times	-Did not provide any specific burnout mitigation strategies, just mental health contacts/resources.	-Applicable

Appendix C

Consultation Report

Brief Overview of the Project

Psychiatric nurse burnout can negatively affect nurses, their families, patients, and the health care system (Woo et al., 2020). Abuse and trauma exposure are consistent in psychiatric nursing practice, and psychiatric nurses are exposed more often than nurses in other practice areas across many countries and cultures (Itzhaki et al., 2018; Lu et al., 2019). This poses an increased risk for psychiatric nurses to develop a multitude of mental and physical health concerns following exposure to trauma (Lu et al., 2019). It is imperative that the provision of essential health services is upheld by key stakeholders and, to ensure this, strategies for identification, prevention and mitigation of nurse burnout can be implemented. By addressing this global nursing challenge, and supporting the workplace health of nursing staff, greater positive patient outcomes can be achieved.

Although psychiatric nurses at Western Memorial Regional Hospital, Western Zone, NLHS, provide care for a broad array of mental health patients, there are no specific educational resources for psychiatric nurse burnout. Therefore, this practicum project aimed to develop an educational resource for psychiatric nurses to help identify, prevent, and mitigate burnout. A literature review and an environmental scan were previously conducted to highlight effective learning modalities and content for psychiatric nurse burnout. However, consultations were necessary to understand the specific educational needs of Western Memorial Regional Hospital psychiatric nurses and their perceptions of burnout.

Specific Objectives for the Consultations

The objectives of the consultations were to:

1. Explore psychiatric nurses', nurse managers' and leaders' knowledge of the availability of resources which address burnout.

2. Explore psychiatric nurses' learning needs and preferred educational modalities for addressing burnout.
3. Determine psychiatric nurses' perceptions of burnout and how it affects their practice and home-life.
4. Examine potential barriers and facilitators for the implementation/use of a burnout educational resource.
5. Consult with individuals who work in a psychiatric setting with subjective burnout to discuss additional educational resources, policies, and guidelines for burnout.
6. Identify the preferred mode of delivery of the burnout educational resource with psychiatric nurses, the nurse manager and leader.

Setting and Sample

The consultations were conducted at the Western Memorial Regional Hospital, NLHS. The Western Memorial Regional Hospital is a rural hospital located in Corner Brook, Newfoundland, which houses a 22-bed inpatient psychiatry unit. Two frontline psychiatric nurses, the psychiatric clinical nurse specialist, and the unit manager (who is also a registered nurse), were included for these consultations. These individuals were selected due to their ability to provide both personal and professional insight regarding their psychiatric nursing role, as well as how they experience burnout. Additionally, the clinical nurse specialist has expertise in implementing educational opportunities for nurses. To ensure privacy and confidentiality, the two frontline psychiatric nurses will be referred to as psychiatric nurses. The unit manager and clinical nurse specialist will be referred to as key stakeholders throughout this section.

To recruit the participants, I sent an email to the psychiatric unit manager at the Western Memorial Regional Hospital (see Appendix B) to obtain permission to conduct the consultations.

Within the email, I also asked permission for these consultations to be conducted at the participants' workplace if desired. To recruit the participants, I used my work email to send a brief description of the project to the two frontline psychiatric nurses, the psychiatric clinical nurse specialist, and the unit manager (Appendix C and D). When the nurses agreed to participate, a consultation was arranged based on their availability. All four consultations were conducted via phone.

Data Collection

Semi-structured interviews were conducted with two frontline psychiatric nurses, the psychiatric clinical nurse specialist, and the unit manager. Each consultation took between 23-45 minutes. Consultations were conducted via phone calls. Attempts were made to conduct the consultations in a quiet and private space to minimize interruptions and distractions. I used an interview guide (Appendix E) for the frontline psychiatric nurses, and asked the additional questions for the clinical nurse specialist and unit manager.

The consultation questions were developed based on findings from the literature review and the environmental scan. The goal of the consultations was to collect information about the nurses' awareness and experience regarding burnout. I asked open-ended questions to promote thought-sharing of participants. I sought clarification to enhance my understanding of answers, if it was required. As the inpatient psychiatric unit is relatively small, I believe that conducting four consultations was appropriate based on time constraints. I wrote field notes to ensure the quality of data. I also ensured that no personal data was obtained, nor used identifiers.

Data Management and Analysis

Throughout the consultations, I typed notes in a Word document. The notes were reviewed and I was attentive in removing any identifiers or personal information. Basic content

analysis was used to identify patterns to therefore cluster the collected data into themes within the Word document. There are many definitions of what basic content analysis constitutes (Bengtsson, 2016). Downe-Wambolt (1992) defined content analysis as a "research method that provides a systematic and objective means to make valid inferences from verbal, visual, or written data in order to describe and quantify specific phenomena" (p. 314). The steps outlined in Bengtsson's content analysis (2016) include decontextualisation, recontextualisation, categorisation, and compilation. Using Bengtsson's content analysis (2016), I identified patterns after gaining a deeper understanding of the comments generated in the consultations. An example of content analysis can be found in Appendix F.

Results

Between June 19th and June 25th, 2024, a total of four consultations were conducted with key stakeholders and psychiatric nurses. Three themes were generated through data analyses: 1) nurses' perceptions of burnout, 2) common reasons for nurse burnout in psychiatric nursing, and 3) educational needs of psychiatric nurses.

The first theme, *nurses' perceptions of burnout,* is further subdivided into these subthemes: *staff shortage, increased workload, lack of control over work schedule* and *lack of managerial/organizational support for mandation.*

The second theme, *common reasons for nurse burnout in psychiatric nursing,* is further subdivided into the subthemes: *increased exposure to violence, aggression and trauma,* and *emotional exhaustion.*

The third theme, *educational needs of psychiatric nurses*, is further subdivided into these subthemes: *need for educational resource(s), educational modalities,* and *educational content.*

Theme 1: Nurses' Perceptions of Burnout

Psychiatric nurses and key stakeholders were asked about their experiences with nurse burnout. Their responses highlighted how staff shortage, increased workload, lack of control over their work schedule and lack of managerial/organizational support for mandation, contributed to burnout.

Staff Shortage

Psychiatric nurses described frequently how the immense problem of a staff shortage affects themselves, or their co-workers' level of burnout. A key stakeholder stated, *"we know staff shortage can be the highest reason for burnout".* One psychiatric nurse noted how co-workers who are experiencing burnout affects the whole nursing team working with them, especially when working short-handed, "*I feel that staff members are more irritable at work, are emotionally unavailable, unable to let things go. I feel this affects the team and they are more likely to dwell on things that other people can shake off".* One psychiatric nurse commented on how psychiatric nurses are at high risk for burnout with the staff shortage, *"we are at really high risk right now with short staffing right now, people see it, students see it".* Additionally commented on was how people are quitting their jobs due to burnout, further contributing to the staffing shortage, *"I'd say it's the most widespread right now, pretty much almost everyone is affected at this point. People are wanting out; people don't want to do it anymore".*

Increased Workload

It was noted that due to being short staffed, nurses had to take more patients for their assignment. Also noted was that nurses felt patient acuity is higher presently, compared to previous years, *"I feel that the workload, and the patient acuity has increased, but staffing has not".* Every consultee agreed that their increased workload has contributed to their level of burnout. Psychiatric nurses emphasized the lack of managerial and organizational support

regarding workload. Psychiatric nurses stated that neither party takes into consideration the "*emotional workload"* and only focuses on numbers, when it comes to patient to nurse ratio. A psychiatric nurse stated, *"it may be an emotional workload, like what we sometimes feel. For us they have set numbers in mind that they know how many nurses they need for the day when it comes to numbers… even if you are at a high emotional workload, it needs to be taken into consideration as well".* A psychiatric nurse commented on the psychiatric nursing nature, where *"there are lots of times where we only have 12 patients but the emotional load on the nurse is really heavy and I feel that gets missed a lot in psychiatric nursing".* Moreover, psychiatric nurses felt unsupported when it came to emotional workload and voiced concerns regarding this contributing to burnout.

Lack of Control over Work Schedule

Psychiatric nurses and key stakeholders also recognized the fact that due to being short staffed, a lack of control over their work schedule has also contributed to burnout, *"nurses are constantly running, no breaks, mandated",* and *"with a shortage of workers, people are overworked, working short, and unable to get days off".* This can affect their work-life balance as psychiatric nurses are unable to leave work at their scheduled time due to mandation when they have no nurse to replace them. This then affects psychiatric nurses being able to attend scheduled plans and commitments, *"sometimes nurses are working short staffed, or mandated, and they're also exhausted. They're not getting time off for events that they need to go to, family functions, annual leave, et cetera".* This has led to *"a lot of low job satisfaction and a lot of turnover with staff"*.

Lack of Managerial/Organizational Support for Mandation

Psychiatric nurses emphasized the need for managerial and organizational recognition regarding mandation. Commented on, was the lack of empathy, the lack of safety, and simply the lack of organizational recognition when it came to staff welfare working additional, unplanned, mandatory hours, after their posted shift. A psychiatric nurse mentioned that it would be a safe and humane gesture to be offered a taxi voucher after working all night and into the next morning because the organization could not provide staff relief to go home when scheduled to do so, "w*hen people are being mandated and stuff all the time, here, have a meal, here, do you feel like you can drive home, what can we do to make this safer for you?".* A psychiatric nurse commented on the need for a monetary fund to be set up so that whilst working those mandatory, additional hours, staff can order some take-out as they have not planned to be at work that long, *"buy us lunch, create a fund, have someone check to see if we are hydrated, it's really simple".*

Theme 2: Common Reasons for Nurse Burnout in Psychiatric Nursing

Psychiatric nurses and key stakeholders discussed common reasons for nurse burnout in psychiatric nursing. Highlighted reasons were increased exposure to violence, aggression and trauma, and emotional exhaustion.

Increased Exposure to Violence, Aggression and Trauma

Psychiatric nurses and key stakeholders agreed that psychiatric nurses are exposed to more violence, aggression and trauma than other nursing areas. For example, with reference to burnout, a key stakeholder commented that, *"trauma has played a huge impact, especially with the field that we work in. We, in mental health, have to accept more abuse than others on other floors, unfortunately that's the nature of what we work with. Unfortunately, there is some level of acceptance, not saying it should be that way, but with mentally ill people we cannot control their behavior".* It was noted that if a staff member gets physically hurt, they have to take time from

work and go to physiotherapy and massage therapy. Unfortunately, it was noted that it is not common practice to leave work due to psychological injuries. A key stakeholder mentioned that *"staff witnessing of suiciding, self-harming, patients being aggressive to staff and to other patients, people being trapped and held and struck is certainly impacting burnout".* A key stakeholder also mentioned that psychiatric nurses endure *"a lot of traumatic experiences".* They commented on specific experiences and noted that *"those things just don't go away and it's building over years and years".* The weight of this increased level of exposure to violence, aggression and trauma, contributes to psychiatric nurse burnout.

Emotional Exhaustion

Emotional exhaustion was noted in the consultations as a common reason for psychiatric nurse burnout. It was also noted as a problem contributing to, and developing from, the burnout experienced due to violence, aggression and trauma endured by psychiatric nurses. Caring for patients with various mental health illnesses and concerns can be emotionally draining, and, as one psychiatric nurse explained, *"you might have someone who's suicidal, depressed, someone that's grieving, someone that's borderline, someone that's psychotic, so like all day long you were putting facets of yourself into them to help support them therapeutically and losing bits and pieces of yourself at the same time".* The emotional drain and exhaustion of this type of caring does not diminish in psychiatric nursing. There *"needs to be a happy medium where you can be emotionally connected to your patients and have sympathy and empathy for them, but at the same time be able to leave it at the door when you go home at night because otherwise you do become really emotionally drained".* The psychiatric nurse, as patient carer, provides infinite, therapeutic, emotional support, culminating in emotional exhaustion.

Theme 3: Educational Needs of Psychiatric Nurses

Psychiatric nurses and key stakeholders were asked if they had received any education regarding nurse burnout, or psychiatric nurse burnout. They were also asked about education modality and educational content preferences. Subthemes generated were: *need for educational resource(s), educational modalities,* and *educational content.*

Need for Educational Resource(s)

There was an alarming, general consensus at the lack of nurse burnout education in general. Moreso, psychiatric nurse burnout education, being increasingly more specific in nature, was unheard of. For instance, 100% of consultees stated that they had not received, and were unaware of psychiatric nurse burnout educational resources. The consultees felt that the only education they had received on nurse burnout was in undergraduate school, and for some, that was almost 20 years ago and was limited. A key stakeholder mentioned that this education provided in undergraduate school also came too late in the program, and felt that earlier on, nursing students need to be made aware of what nurse burnout is, as this can also affect them as nursing students. All consultees demonstrated a high degree of interest and consensus on the need of a psychiatric nurse burnout educational resource. For example, responses included, "*it definitely would be beneficial, especially for psychiatric nurses, and especially for the trauma that we experience, compared to most areas", "absolutely needed", "yes, big yes"*, and *"absolutely"*. Some consultees did reference the EAP and Bridge the Gapp resources, yet commented on how these resources are not promoted and the consultees stated their unawareness of the efficacy of these particular resources for psychiatric nurse burnout, *"I think we've done some EAP sessions, cumulative debriefing that we requested", "maybe I could find something on Bridge the Gapp".* The result is a need for an educational resource that is at the fingertips of psychiatric nurses. A psychiatric nurse referenced this, regarding psychiatric nurse burnout

education in their consultation, *"no, for psych nurses specifically. If they do exist, they're not openly, readily available to us, specifically at work. Human resources, management, NLHS, clinical nurse specialists, all need to be promoting this".* A psychiatric nurse mentioned that *"we know lots about what's out there for our client population, but we don't know a lot about what's out there for ourselves".* A key stakeholder stated, "*I don't even know how much I can contribute to this question, cause I don't know a whole lot of resources, which is horrible, but being flat out busy, those things are being put on the back burner".* The need for a psychiatric nurse burnout resource is evident. It should be promotable and readily available.

Educational Modalities

There were different education modalities referenced in the consultations. For example, an *"interactive workshop with case studies", "pamphlet or a grab-and-go", "something easily accessible and in your face. Something like a pocketbook with resources that you can put your hand on quickly and easily",* and "*a pocket resource or something to put on your tag could be great, or a powerpoint lecture in a 1-hour classroom setting would be great".* It was noted by key stakeholders that lectures or in-person education would be difficult to achieve for everyone. For example, "*it's a challenging one cause I want to say in-person discussion or case studies or classes, but the difficulty is getting time off and getting all the staff to attend. If it was mandatory, I can see it working if staff are paid, but if you have no choice then are they really engaging?".* As this quote causes pause for reflection regarding the efficacy and utility of integrating the logistics of a particular spectrum of learning modalities, a pocketbook could efficiently serve the purpose of filling the educational void and becoming a much needed and useful tool to identify, prevent, and mitigate the effects of nurse burnout, specifically, psychiatric nurse burnout.

Educational Content

A total of 75% of participants felt that defining burnout and listing signs and symptoms of burnout should be "*first and foremost".* All consultees then mentioned to then move forward with *"coping skills", "strategies", "self-care resources"*, and notably, *"self-care ideas so that you don't have to think so hard about it. Sometimes when you're so burned out, being handed an idea would be best".* A key stakeholder mentioned including a scale so that psychiatric nurses could *"measure their level of burnout".* Two consultees focused on the need for debriefing information, "*I think different levels of debriefing and how to conduct different levels of debriefing would be helpful… because sometimes we don't have time for a big debrief, so some guidance on how to make a short debriefing effective*". A stakeholder mentioned, *"important points to talk about in a debriefing"*, and as well as *"checking in on the emotional wellbeing of each other*". Following an event, the type of limited debriefing which ensues is a brief discussion of the event, and not of the psychiatric nurses' internalization of the event. For example, *"usually it's talking about what happened, how we can do better, what went wrong, but I also think it's important that during these, that staff talk about themselves, and how they feel, and what they should do, and encourage each other".* A pocketbook could act as a tool to facilitate a more useful debrief for psychiatric nurses.

Implications for the Development of an Educational Resource

The consultations with participants informed the development of an educational resource for psychiatric nurse burnout. The results of the consultations demonstrated the value and need for the development of an educational resource for psychiatric nurse burnout. For psychiatric nurses to understand the effects of burnout on them, their patients, the health care system, and their general life and well-being, they need to be provided with a resource. Otherwise, the effects of their burnout and their strategies to deal with it become unfocused, far-reaching and arbitrary.

Based on participants' responses, inclusion of a burnout definition, signs and symptoms, a scale to measure their level of burnout, additional resources and interventions for burnout was incorporated in the developed educational resource. As noted by a stakeholder, feasibility and time requirements needed to be considered for the chosen education modality. Therefore, an inexpensive, personalizable pocketbook was the chosen education modality.

Ethical Considerations

Ethical principles of privacy, confidentiality, and respect were adhered to during all interactions and communication with participants. Permission to conduct the consultations was obtained from the psychiatric unit manager at the Western Memorial Regional Hospital. Efforts were made to ensure that the consultations were conducted in a private space to ensure confidentiality. Consultees were informed that participation was voluntary and that they were able to withdraw consent at any point during the consultation. Data remained confidential, was stored on a password-protected computer and was only shared with my supervisor. Additionally, participants were informed that field notes would be destroyed when the project was complete and that any themes, sub-themes or quotes would be anonymized. As this project could have evoked an emotional response, the participants were provided with the phone number for NLHS EAP (Corner Brook: (709 637 5306, Toll Free: 1 866 637 5306). The HREA Screening Tool was also used to determine ethical considerations for this project (see Appendix A). As it was deemed an educational project, it was exempt from ethical clearance.

Conclusion

The results of the consultations enabled me to identify the awareness and experience of burnout of the respective participants, as well as their perceived educational needs for an educational resource addressing burnout. The consultation results highlighted an evidence-

practice gap that justified the need for the creation of an educational resource to support psychiatric nurse burnout. The consultations allowed me to gain insight for the preference of an education modality that would work best for the psychiatric nurse practice area. Participants suggested content they wished to see included within this modality. The chosen education method of delivery is a pocketbook that is readily accessible and promotable for the identification, prevention and mitigation of psychiatric nurse burnout.

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Appendix A: Health Research Ethics Authority (HREA) Screening Tool

Student Name: Chelsea Hobbs-Regular

Title of Practicum Project: *Who cares for the carers? Development of an educational resource: identification, prevention and mitigation of burnout for psychiatric nurses in Newfoundland and Labrador Health Services.*

Date Checklist Completed: June 6, 2024

This project is exempt from Health Research Ethics Board approval because it matches item number 3 from the list below.

1. Research that relies exclusively on publicly available information when the information is legally accessible to the public and appropriately protected by law; or the information is publicly accessible and there is no reasonable expectation of privacy.
2. Research involving naturalistic observation in public places (where it does not involve any intervention staged by the researcher, or direct interaction with the individual or groups; individuals or groups targeted for observation have no reasonable expectation of privacy; and any dissemination of research results does not allow identification of specific individuals).
3. Quality assurance and quality improvement studies, program evaluation activities, performance reviews, and testing within normal educational requirements if there is no research question involved (used exclusively for assessment, management or improvement purposes).
4. Research based on review of published/publicly reported literature.
5. Research exclusively involving secondary use of anonymous information or anonymous human biological materials, so long as the process of data linkage or recording or dissemination of results does not generate identifiable information.
6. Research based solely on the researcher's personal reflections and self-observation (e.g. auto-ethnography).
7. Case reports.
8. Creative practice activities (where an artist makes or interprets a work or works of art).

For more information please visit the Health Research Ethics Authority (HREA) at https://rpresources.mun.ca/triage/is-your-project-exempt-from-review/

Appendix B: Inquiry Email for Psychiatry Unit Manager

Dear: Psychiatry Unit Manager
Date: June 12, 2024
Title: ***Who cares for the carers? Development of an educational resource: identification, prevention and mitigation of burnout for psychiatric nurses in Newfoundland and Labrador Health Services.***

My name is Chelsea Hobbs-Regular. I am a student in the Master of Science in Nursing program at Memorial University and I am currently working on my practicum project. As part of this project, I am developing an educational resource for burnout for psychiatric nurses. The goal of this project is to help identify, prevent and mitigate burnout amongst the psychiatric nurse population.

I respectfully ask for your permission to conduct select consultations with colleagues in our department. This would assist me in creating a useful educational resource. The consultations will be informal and conducted in-person, or by phone. Since the duration of the consultations will be between 15 and 30 minutes, if participants agree to conduct them in the workplace, I shall use break times to avoid work disruption. I am seeking your permission to do so.

Nurses' participation will be voluntary. Notes taken during the consultations will only be shared with my project supervisor. In addition, the collected notes will be kept in a password-protected computer and deleted once I finish my practicum project.

I look forward to hearing from you with an affirmation of my request. Please contact me if you have any questions.

Sincerely,
Chelsea Hobbs-Regular, BNRN
MScN student, MUN Faculty of Nursing, St. John’s
709-668-0639
crhr04@mun.ca
chelsea.hobbsregular@westernhealth.nl.ca

Appendix C: Recruitment Email for Psychiatric Nurses

Dear: Psychiatric Nurse
Date: June 14, 2024
Title: ***Who cares for the carers? Development of an educational resource: identification, prevention and mitigation of burnout for psychiatric nurses in Newfoundland and Labrador Health Services.***

My name is Chelsea Hobbs-Regular. I am a student in the Master of Science in Nursing program at Memorial University and I am currently working on my practicum project. As part of this project, I am developing an educational resource for burnout for psychiatric nurses. The goal of this project is to help identify, prevent and mitigate burnout amongst the psychiatric nurse population.

I am seeking your assistance as a consultee as I gather information to develop this resource. I am interested in learning about your perceptions of, and experience with, burnout as a psychiatric nurse. From this, I would like to discuss your preferred educational methods to deal with the challenges of burnout within our setting. The single, informal consultation will consist of approximately 12 questions and will take approximately between 15 and 30 minutes to complete. This consultation can be conducted in-person, or by phone and your participation is voluntary. You can withdraw your consent at any time during the consultation.

Please be assured that consultation notes will be shared with only my project supervisor and with your permission. Consultation information will be kept on my password-protected computer and will be deleted once I complete this practicum project.

I look forward to hearing from you. Please contact me if you have any questions.

Sincerely,
Chelsea Hobbs-Regular, BNRN
MScN student, MUN Faculty of Nursing, St. John's
709-668-0639
crhr04@mun.ca
chelsea.hobbsregular@westernhealth.nl.ca

Appendix D: Recruitment Email for the Psychiatry Unit Manager and the Clinical Nurse Specialist

Dear: Psychiatry Unit Manager and the Clinical Nurse Specialist
Date: June 14, 2024
Title: ***Who cares for the carers? Development of an educational resource: identification, prevention and mitigation of burnout for psychiatric nurses in Newfoundland and Labrador Health Services.***

My name is Chelsea Hobbs-Regular. I am a student in the Master of Science in Nursing program at Memorial University and I am currently working on my practicum project. As part of this project, I am developing an educational resource for burnout for psychiatric nurses. The goal of this project is to help identify, prevent and mitigate burnout amongst the psychiatric nurse population.

I am seeking your assistance as a consultee as I gather information to develop this resource. I am interested in learning about your perceptions of, and experience with, burnout as a psychiatric nurse. From this, I would like to discuss your preferred educational methods to deal with the challenges of burnout within our setting. The single, informal consultation will consist of approximately 18 questions and will take approximately between 15 and 30 minutes to complete. This consultation can be conducted in-person, or by phone and your participation is voluntary. You can withdraw your consent at any time during the consultation.

Please be assured that consultation notes will be shared with only my project supervisor and with your permission. Consultation information will be kept on my password-protected computer and will be deleted once I complete this practicum project.

I look forward to hearing from you. Please contact me if you have any questions.

Sincerely,
Chelsea Hobbs-Regular, BNRN
MScN student, MUN Faculty of Nursing, St. John's
709-668-0639
crhr04@mun.ca
chelsea.hobbsregular@westernhealth.nl.ca

Appendix E: Interview Guide for the Consultations

For all participants

Firstly, I wish to thank you for your participation and taking the time to answer these questions. My goal for this project is to create an educational resource to identify, prevent and mitigate burnout amongst the psychiatric nurse population. Before we start the consultation, I want to inform you that your participation is voluntary. Please answer the questions to the best of your ability. I would like to add that I will be taking notes during this consultation. These notes will be transcribed in a Word document and stored on a password-protected computer. Access to these notes will be limited to my supervisor Dr. Ahtisham Younas and myself. When my practicum project is completed, the collected notes will be deleted.

The questions we cover may generate emotional responses. Please note that you may stop the consultation at any time for any reason. You can also choose not to answer questions that make you uncomfortable. If you need additional support after this consultation, please contact the Newfoundland and Labrador Health Services Employee Assistance Program (Corner Brook: (709) 637 5306, Toll Free: 1 866 637 5306).

Before the consultation questions are asked, do you have any questions, comments or concerns?

1. How would you define burnout?
2. What does burnout mean to you? What personal or vicarious experience have you had with burnout?
3. Have you ever received any education regarding burnout?
4. Do you feel that burnout is an issue in your workplace? To what degree?

5. Are you aware of any burnout educational resources for nurses in general? What about for psychiatric nurses? What are the strengths/limitations of those resources?
6. Do you feel that an educational resource for burnout for psychiatric nurses would be beneficial? If so, which mode of delivery for education would you prefer? (e.g., interactive lecture, pocketbook, discussion, case studies)
7. Within the educational resource, what content would be most beneficial to learn about, in your opinion? (e.g., debriefing, self-care, etc.)
8. Do you have any suggestions regarding managerial support on the topic of burnout?
9. How do you envision your nurse manager supporting staff and their learning needs regarding burnout? What about organizational support?
10. Do you feel Newfoundland and Labrador Health Services is taking steps to identify, prevent or mitigate nurse burnout?
11. How do you feel the organization can take action to help with burnout?
12. Do you have any other comments regarding burnout or educational resources?

Thank you for your time today!

Additional questions for the clinical nurse specialist and unit manager

13. What modes of education delivery or teaching methods have proven successful for you in our practice setting?
14. Reflecting upon your nursing experience, how have you personally supported nurses when they have been dealing with challenging situations which contribute to burnout?
15. How do you support nurses in mitigating burnout?

16. What is your opinion on the actions that Newfoundland and Labrador Health Services can or should take to address burnout?
17. Do you have any opinions or recommendations for the development of my educational resource, as I wish it to be a useful informative tool?
18. How receptive do you feel frontline nurses will be to an educational resource for burnout?

Appendix F: Example of Content Analysis

Theme	Quotes to Support Theme	Interpretive Description
Common Reasons for Nurse Burnout in Psychiatric Nursing	*"We know lots about what's out there for our client population, but we don't know a lot about what's out there for ourselves"* *"Still, it needs to be like a happy medium where you can be emotionally connected to your patients and have sympathy and empathy for them, but at the same time be able to leave it at the door when you go home at night because otherwise you do become really emotionally drained"* *"Trauma has played a huge impact, especially with the field that we work in. We, in mental health, have to accept more abuse than others on other floors…"* *"...unfortunately, that's the nature of what we work with. Unfortunately, there is some level of acceptance…"* *"You might have someone who's suicidal, depressed, someone that's grieving, someone that's borderline,*	Can be linked to a level of "acceptance" of trauma, abuse, and self-neglect that contribute to psychiatric nurse burnout. Emotional exhaustion interrelates with lack of psychiatric nurse burnout education, in caring for psychiatric patients.

	someone that's psychotic, so like all day long you were putting facets of yourself into them to help support them therapeutically and losing bits and pieces of yourself at the same time"	

Appendix D

Resource

Who cares for the carers?

A pocketbook used to identify, prevent, and mitigate psychiatric nurse burnout.

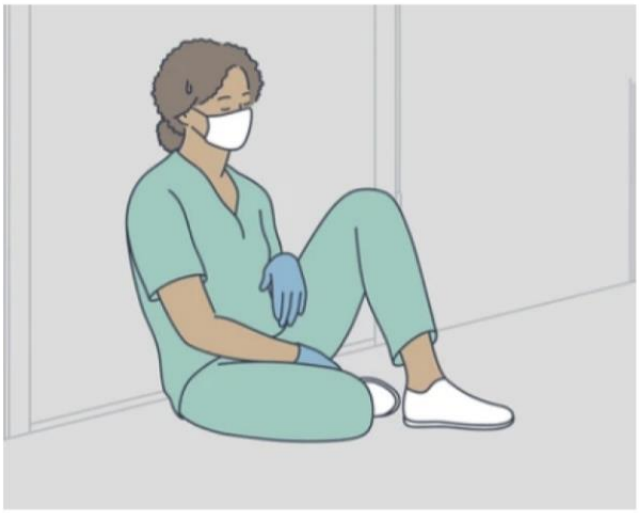


Figure 1: *Note:* Example of a burned out nurse. Reprinted from Shutterstock (2024). https://www.shutterstock.com/image-vector/doctor-burnout-stress-hard-conditions-during-1874610577. Copyright (2024) by Shutterstock. Reproduced image.

Developed by Chelsea Hobbs-Regular, BNRN

2024

Table of Contents

Introduction

Psychiatric nurse burnout affects nurses themselves, their patients, the health care system and their work-life balance (Dyrbye et al., 2019; Friganović et al., 2020; Garcia et al., 2019; Jun et al., 2021; Kelly et al., 2021; Ryu & Shim, 2021). Common contributing factors to burnout throughout the literature include: traumatic and critical events (Kobayashi et al., 2020; Tsukamoto et al., 2022), heavy workloads and low staffing levels, (Chen & Fang, 2016; Dall'Ora et al., 2020) and poor work-life balance (Boamah et al., 2022; Matsuo et al., 2021).

The Focus

Abuse and trauma exposure are consistent in psychiatric nursing practice, and psychiatric nurses are exposed more often than nurses in other practice areas across many countries and cultures (Itzhaki et al., 2018; Lu et al., 2019). This poses an increased risk for psychiatric nurses

to develop a multitude of mental and physical health concerns following exposure to trauma (Lu et al., 2019).

The focus of this pocketbook is to provide resources that assist psychiatric nurses in identifying, preventing and mitigating burnout.

The Identification

What is burnout?

- Freudenberger (1974) coined the term 'burnout' to describe the chronic stress experienced in occupations involving numerous direct interactions with people.
- Burnout is typically conceptualized as a syndrome characterized by emotional exhaustion, depersonalization, and reduced personal accomplishment (Jennings, 2008). This occurs due to chronic work stress, and repeated exposure to critical events, including workplace violence (Antai-Otong, 2001; Edú-Valsania et al., 2022).

How does this relate to you?

- Nurses are the health care providers most exposed to critical and traumatic events, including workplace violence (Escribano et al., 2019; Hilton et al., 2020). This can lead to the development of compassion fatigue, post-traumatic stress disorder (PTSD) and, eventually, burnout (Tirgari et al., 2019).

- Compassion fatigue is also known as secondary traumatic stress (Ray et al., 2013). Compassion fatigue can occur when a nurse is exposed to the previous experiences and traumatic events that a patient has endured (Tirgari et al., 2019; Ray et al., 2013).
- Nurses may experience symptoms of compassion fatigue such as exhaustion, irritability, disrupted sleep, and resentfulness (Stoewen, 2020).
- The Diagnostic and Statistical Manual of Mental Disorders (DSM-5) lists criteria for classifying PTSD as a psychiatric disorder (American Psychiatric Association, 2013). PTSD is caused by exposure to an extremely threatening or horrific event or series of events (Tirgari et al., 2019).

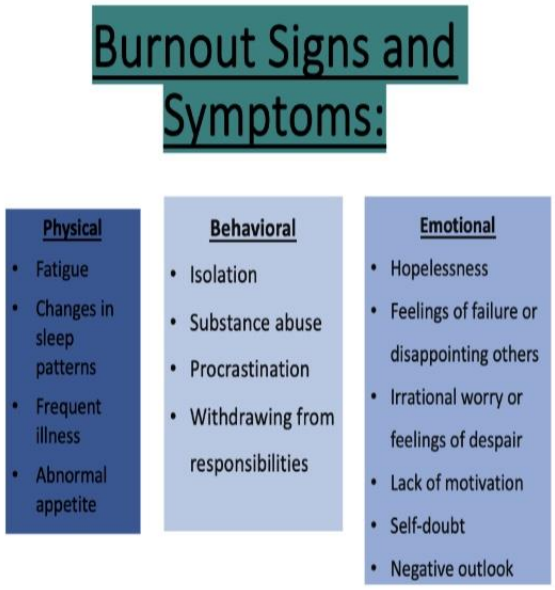


Figure 2: *Note*: Examples of burnout signs and symptoms. Adapted from Advantis Medical (2024).https://www.advantismed.com/blog/6-strategies-to-overcome-nurse-burnout-extend-your-career. Copyright (2024) by Advantis Medical. Adapted image.

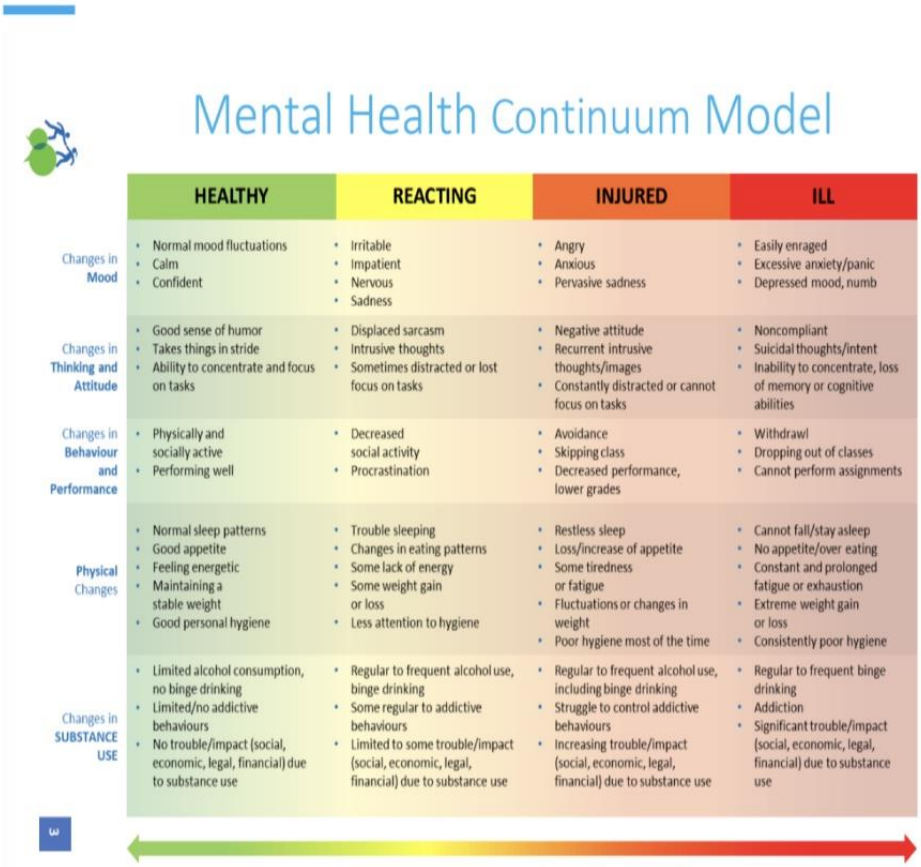


Figure 3: *Note*: Mental health continuum model. Reprinted from Mental Health Commission of Canada (2021). https://mentalhealthcommission.ca/wp-content/uploads/2021/08/tim_self-care-resilience-guide_0.pdf. Copyright (2021) by Mental Health Commission of Canada. Reproduced image.

Useful tip/resource!

- The Registered Practical Nurses Association of Ontario (n.d.) have created three modules focused on mental well-being that are also applicable to registered nurses. There are also more modules/YouTube videos that they have created that can help with developing your own resiliency plan and managing anxiety. Here is the link if you're interested (Figure 4):

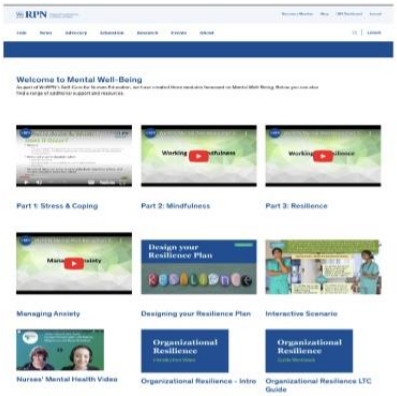
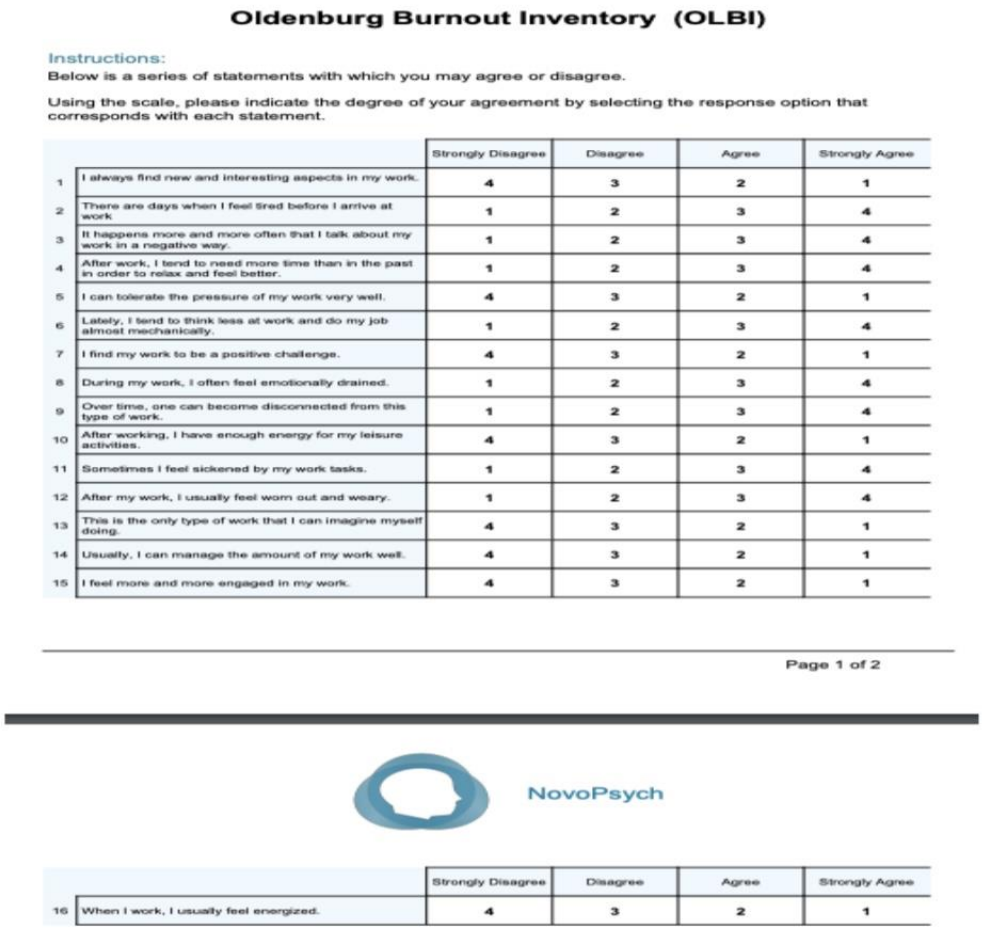


Figure 4: *Note:* Example of modules. Reprinted from Registered Practical Nurses Association of Ontario (n.d.). https://www.werpn.com/education/practice-resources/self-care-for-nurses/mental-well-being/. Copyright (2024) by Registered Practical Nurses Association of Ontario. (n.d.). Reproduced image.

How do I measure my level of burnout?

To measure the burnout of adults employed in various settings, the Oldenburg Burnout Inventory (OLBI) is a 16-item scale designed to measure both physical and cognitive aspects of

burnout as well as disengagement from work (Demerouti et al., 2010).



Oldenburg Burnout Inventory (OLBI)

Instructions:

Below is a series of statements with which you may agree or disagree.

Using the scale, please indicate the degree of your agreement by selecting the response option that corresponds with each statement.

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

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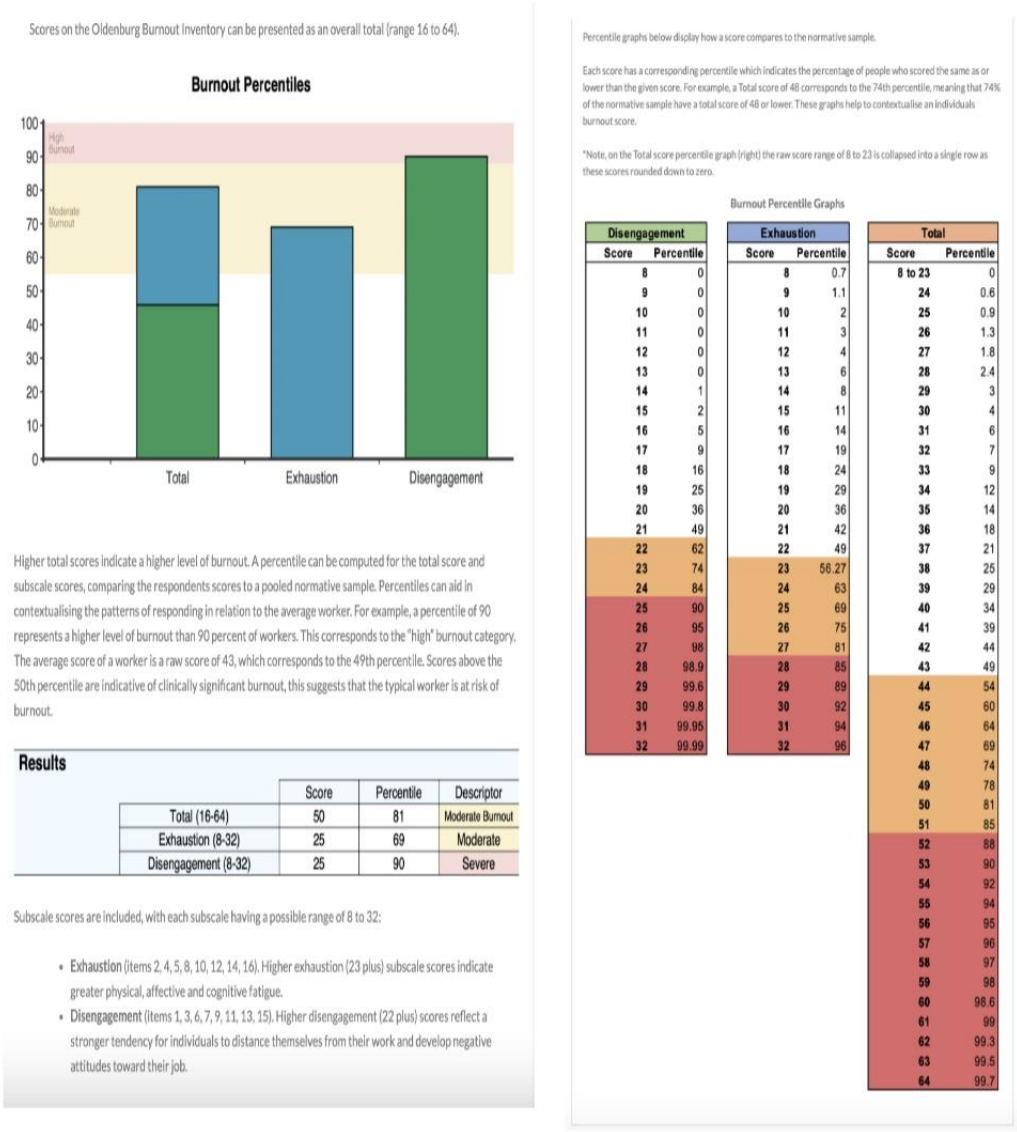
		Strongly Disagree	Disagree	Agree	Strongly Agree
16	When I work, I usually feel energized.	4	3	2	1

Figure 5: *Note*: Oldenburg burnout inventory. Reprinted from NovoPsych (2023). https://novopsych.com.au/assessments/well-being/oldenburg-burnout-inventory-olbi/. Copyright (2023) by NovoPsych. Reproduced image.

Demerouti, E., Bakker, A. B., Vardakou, I., & Kantas, A. (2003). The convergent validity of two burnout instruments: A multitrait-multimethod analysis. *European Journal of Psychological Assessment, 19*(1), 12.



Scores on the Oldenburg Burnout Inventory can be presented as an overall total (range 16 to 64).

Burnout Percentiles

Higher total scores indicate a higher level of burnout. A percentile can be computed for the total score and subscale scores, comparing the respondents scores to a pooled normative sample. Percentiles can aid in contextualising the patterns of responding in relation to the average worker. For example, a percentile of 90 represents a higher level of burnout than 90 percent of workers. This corresponds to the "high" burnout category. The average score of a worker is a raw score of 43, which corresponds to the 49th percentile. Scores above the 50th percentile are indicative of clinically significant burnout, this suggests that the typical worker is at risk of burnout.

Results

	Score	Percentile	Descriptor
Total (16-64)	50	81	Moderate Burnout
Exhaustion (8-32)	25	69	Moderate
Disengagement (8-32)	25	90	Severe

Subscale scores are included, with each subscale having a possible range of 8 to 32:

- **Exhaustion** (items 2, 4, 5, 8, 10, 12, 14, 16). Higher exhaustion (23 plus) subscale scores indicate greater physical, affective and cognitive fatigue.
- **Disengagement** (items 1, 3, 6, 7, 9, 11, 13, 15). Higher disengagement (22 plus) scores reflect a stronger tendency for individuals to distance themselves from their work and develop negative attitudes toward their job.

Percentile graphs below display how a score compares to the normative sample.

Each score has a corresponding percentile which indicates the percentage of people who scored the same as or lower than the given score. For example, a Total score of 48 corresponds to the 74th percentile, meaning that 74% of the normative sample have a total score of 48 or lower. These graphs help to contextualise an individuals burnout score.

*Note, on the Total score percentile graph (right) the raw score range of 8 to 23 is collapsed into a single row as these scores rounded down to zero.

Burnout Percentile Graphs

Disengagement	
Score	Percentile
8	0
9	0
10	0
11	0
12	0
13	0
14	1
15	2
16	5
17	9
18	16
19	25
20	36
21	49
22	62
23	74
24	84
25	90
26	95
27	98
28	98.9
29	99.6
30	99.8
31	99.95
32	99.99

Exhaustion	
Score	Percentile
8	0.7
9	1.1
10	2
11	3
12	4
13	6
14	8
15	11
16	14
17	19
18	24
19	29
20	36
21	42
22	49
23	56.27
24	63
25	69
26	75
27	81
28	85
29	89
30	92
31	94
32	96

Total	
Score	Percentile
8 to 23	0
24	0.6
25	0.9
26	1.3
27	1.8
28	2.4
29	3
30	4
31	6
32	7
33	9
34	12
35	14
36	18
37	21
38	25
39	29
40	34
41	39
42	44
43	49
44	54
45	60
46	64
47	69
48	74
49	78
50	81
51	85
52	88
53	90
54	92
55	94
56	95
57	96
58	97
59	98
60	98.6
61	99
62	99.3
63	99.5
64	99.7

Figure 6: *Note:* Oldenburg burnout inventory burnout percentiles. Reprinted from NovoPsych (2023). https://novopsych.com.au/assessments/well-being/oldenburg-burnout-inventory-olbi/. Copyright (2023) by NovoPsych. Reproduced image.

Notes:

The Prevention

1) Policies
    - The Western Zone of NLHS has policies for employee wellness. Three examples of these are 1) RESPONDING TO ABUSIVE PHONE CALLS (3-04-60) Policy, 2) FATIGUE MANAGEMENT (3-04-70) Policy, and 3) EMPLOYEE ASSISTANCE PROGRAM (EAP) REFERRAL PROCESS (3-04-110) Policy.
2) Practicing Self-Care
    - The College of Nurses of Ontario (2020) has created a self-care fact sheet that includes guiding questions for reflection, as well as strategies to manage stress (Figure 7).
    - The Mental Health Commission of Canada (2021) created a Mental Health First Aid COVID-19 Self-Care & Resilience Guide (Figure 8 and Figure 9).

.....Next is a snapshot of these self-care strategies.....

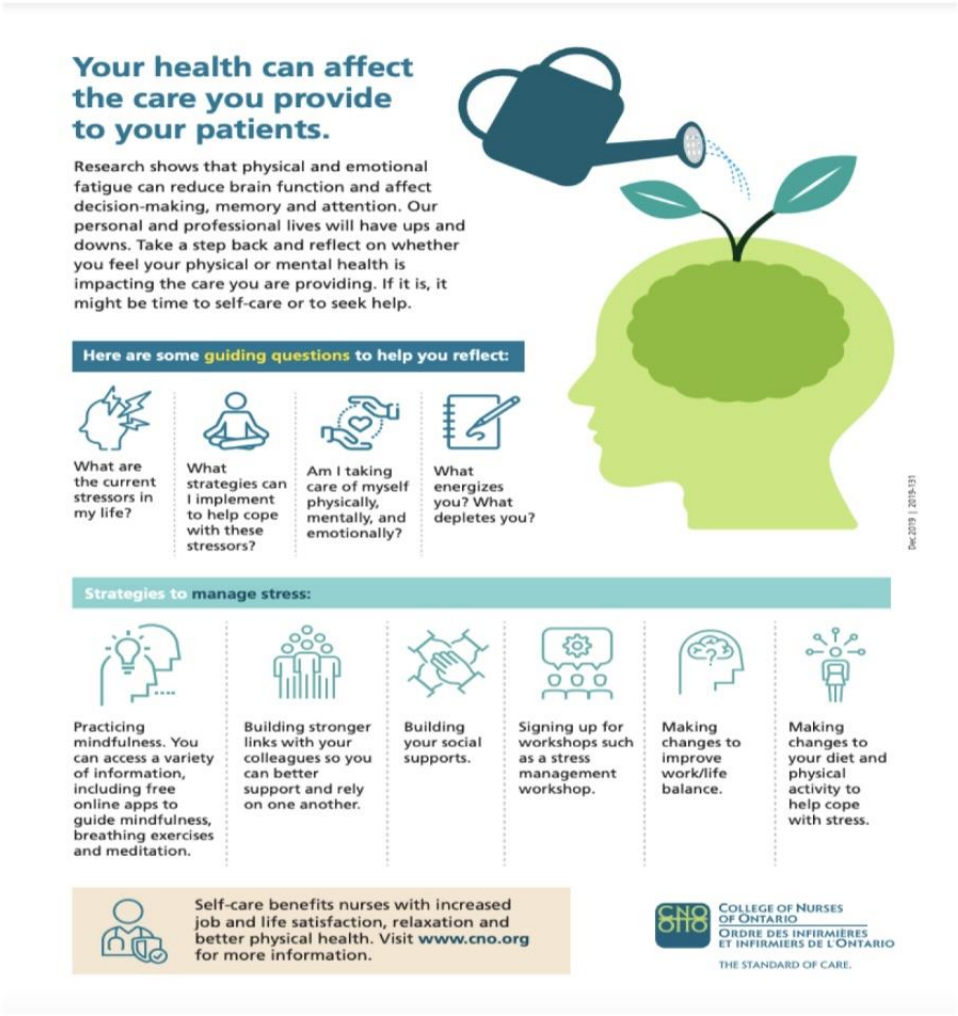


Figure 7: *Note*: Self-care fact sheet. Reprinted from College of Nurses of Ontario (2020). https://www.cno.org/globalassets/4-learnaboutstandardsandguidelines/prac/learn/sap/self-care-fact-sheet-en.pdf. Copyright (2020) by College of Nurses of Ontario. Reproduced image.

Self-Care and Resilience

When life gets busy and our sense of well-being and balance is affected, we often forget to take care of ourselves or we look for quick fixes or solutions to problems. Building self-care into your daily or weekly routine can greatly improve resilience and prevent burnout.

Create a self-care and resilience plan: Use this worksheet to map out how and when to use these self-care practices and resilience building strategies. Identify what you need support with and find people and resources that can support you. Take time to discover these supports now so they will be easier to access when you actually need them.

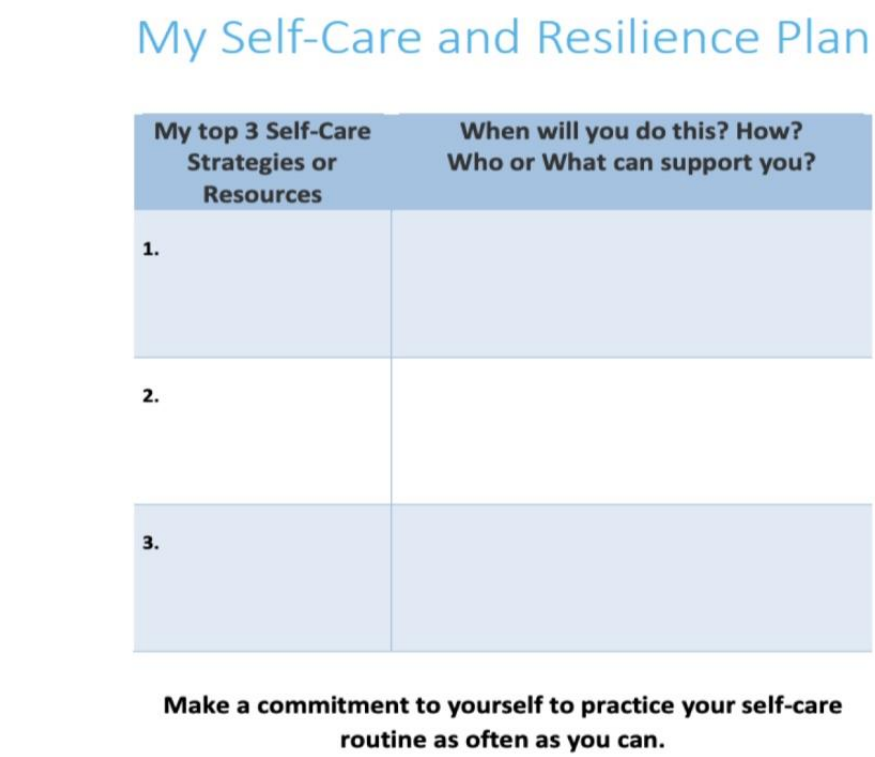
Put a checkmark next to the items that you think might be helpful and that you are willing to try. Pick some key ones for you – many strategies may look interesting but focus on those you feel you will have time to work on and incorporate them into your daily or weekly routines:

- Write in a journal
- Volunteer for a cause meaningful to you
- Make a gratitude list
- Take a fresh air break
- Meditate or listen to guided visualization
- Cuddle with pets
- Treat yourself to a nice meal
- Take a nap
- Listen to music
- Practice yoga
- Lay in the grass
- Photography
- Read a good book
- Write a blog
- Spend time outdoors, if possible
- Go for a drive
- Exercise
- Join an online social club
- Nutrition – increase healthy food choices
- Turn off electronic devices
- Have a movie marathon
- Play a game
- Dance
- Wear something that makes you feel confident
- Join an online support group
- Have a virtual game night with friends
- Work in the garden
- Get creative: draw, paint, write a song, or cook a new meal
- Try a new hobby
- Have an adventure day
- Creative arts
- Spend time with your children – read to them, listen to their laughter, play with them, etc.
- Create a poster with images of a positive vision
- Listen to enjoyable podcasts or videos

Source: Adapted from Self-care starter kit, Homewood Health

Next Step: On the next page, list your top 3 items and plan when, how and who can support you.

Figure 8: *Note*: Self-care and resilience sheet. Reprinted from Mental Health Commission of Canada (2021). https://mentalhealthcommission.ca/wp-content/uploads/2021/08/tim_Self-care-resilience-guide_0.pdf. Copyright (2021) by Mental Health Commission of Canada. Reproduced image.



My Self-Care and Resilience Plan

My top 3 Self-Care Strategies or Resources	When will you do this? How? Who or What can support you?
1.	
2.	
3.	

Make a commitment to yourself to practice your self-care routine as often as you can.

Figure 9: *Note*: Self-care and resilience plan. Reprinted from Mental Health Commission of Canada (2021). https://mentalhealthcommission.ca/wp-content/uploads/2021/08/tim_self-care-resilience-guide_0.pdf. Copyright (2021) by Mental Health Commission of Canada. Reproduced image.

Notes:

The Mitigation

1) Mindfulness-Based Interventions

- Research suggests that mindfulness-based interventions can support work-life balance and enable nurses to detach from work to mitigate burnout (Green & Kinchen, 2021).
- Examples can include: mindfulness breathing therapy (which can include music therapy), mindfulness coloring, mindfulness meditation, and yoga (Green & Kinchen, 2021; Wang et al., 2023).

Figure 10: *Note*: Example of mindfulness coloring sheet. Reprinted from Recipes for Wellbeing (2022). https://www.recipesforwellbeing.org/wp-content/uploads/2022/03/Mindful-Colouring-%E2%80%A2-Just-Breathe.png. Copyright (2022) by Recipes for Wellbeing. Reproduced image.

Useful tips/resources!

1) Here is a link to a 35-minute, free yoga video!

   - **Source:** Jess Yoga. (2020). *Restorative Yoga + Meditation | No Props 35-Minute Relaxing Practice.* [YouTube Video]. https://www.youtube.com/watch?v=rrLkhg3fA0M

2) Here is a Three-Minute Breathing Space information sheet (Figure 11):

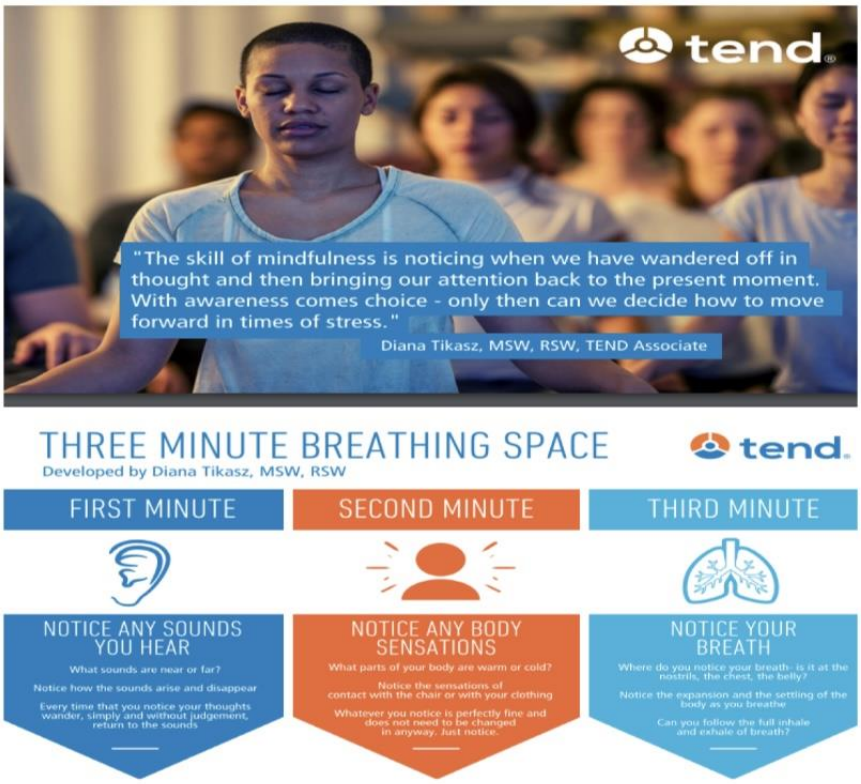


Figure 11: *Note*: Example of three-minute breathing space. Reprinted from Tend Academy LTD (2020). https://www.tendacademy.ca/wp-content/uploads/2020/04/Three-Minute-Breathing-Space-postcard-TEND-2020.pdf. Copyright (2020) by Tend Academy LTD. Reproduced image.

2) Debriefing

- Debriefings can be used as a safety management tool in areas and organizations with high levels of risk and hazard (Kolbe et al., 2021).
- Ugwu et al. (2020) stated that "debriefing has been identified as a major tool used in identifying medical errors, improving communication, reviewing team performance, and providing emotional support following a critical event" (p. 1).
- Debriefing with staff working in clinical settings can reduce post-traumatic distress symptoms (Scott et al., 2022).

Useful tips/resources!

- Here are some poster examples of 1) low impact debriefing (Figure 12), 2) hot, walk and talk protocol (Figure 13), and 3) hot debriefing (Figure 14).

Notes:

Figure 12: *Note*: Example of low impact debriefing. Reprinted from Tend Academy LTD (2019). https://www.tendacademy.ca/wp-content/uploads/2019/07/Low-Impact-Debriefing-2019.pdf. Copyright (2019) by Tend Academy LTD. Reproduced image.

Figure 13: *Note:* Example of hot, walk and talk. Reprinted from Tend Academy LTD (2024). https://tendtoolkit.com/hwt-postcard/. Copyright (2024) by Tend Academy LTD. Reproduced image.

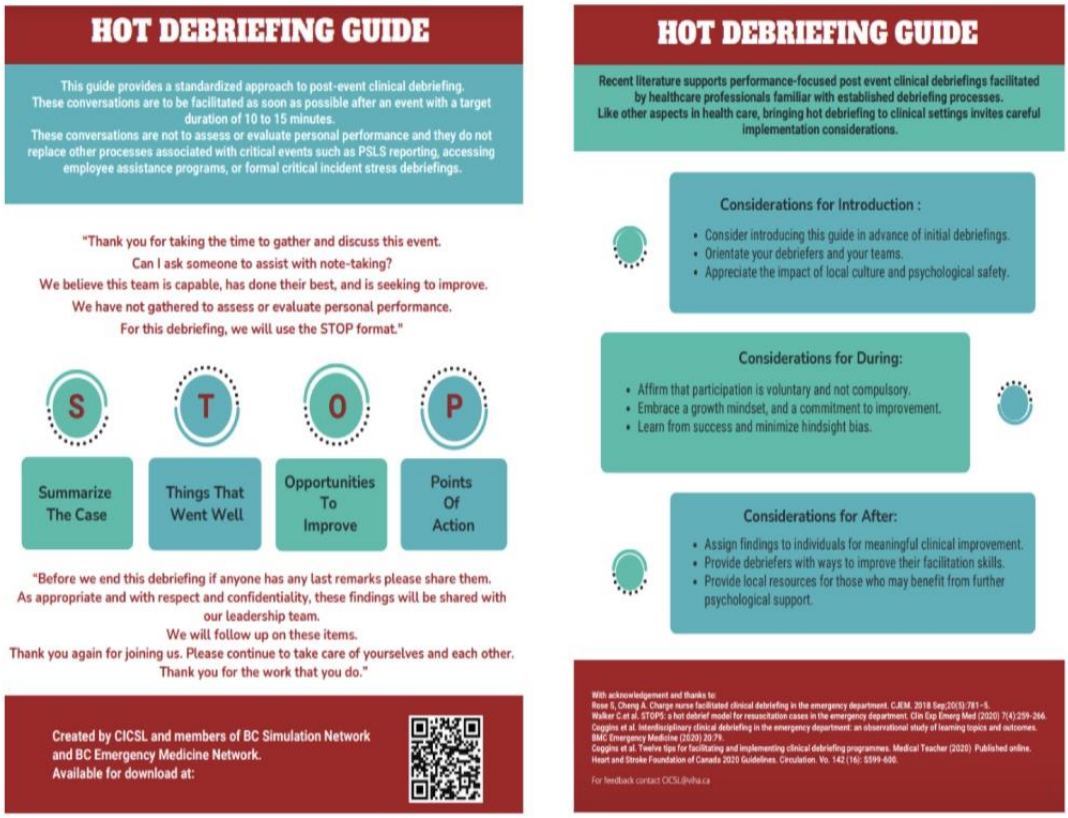


Figure 14: *Note*: Example of a hot debriefing guide. Reprinted from Tend Academy LTD (2024). https://www.vch.ca/en/media/17471. Copyright (2024) by Tend Academy LTD. Reproduced image.

3) Code Lavender

- A Code Lavender is a crisis intervention tool to help with self-care for nurses (Davidson et al., 2017).
- Taking a moment to nourish the minds and spirits of psychiatric nurses during stressful working hours is important.
- The Code Lavender intervention includes creating a quiet, relaxing room where staff can enter to have a moment and reset their mind (Stone, 2018).
- A Code Lavender team is usually composed of representatives from different disciplines such as spiritual care, employee assistance, volunteers and medical staff (Stone, 2018).
- Therapies usually offered as part of a Code Lavender include, but are not limited to: a purposeful physical presence, individual or team support, debriefing, complementary therapies, prayer and other affectively based interventions, and tea and snacks.

Useful tip/resource!

Figure 15: *Note*: Example of a code lavender kit. Reprinted from Ebbony and Lune (2024). https://www.ebbonyandlune.com/blog/code-lavender. Copyright (2024) by Ebbony and Lune. Reproduced image.

4) Aromatherapy

- Aromatherapy, or therapeutic use of inhaled essential oils, is a common way to reduce stress due to its low side effects (Ghavami et al., 2022).
- Aromatherapy consists of using essential oils, which are extracted from plants, to support physical, emotional and spiritual well-being (Hedigan et al., 2023).
- A commonly studied essential oil is lavender (Ghavami et al., 2022; Hedigan et al., 2023).
- Aromatherapy can be given via massage or for bathing and inhalation purposes (Ghavami et al., 2022; Hedigan et al., 2023).

Figure 16: *Note*: Picture of lavender. Reprinted from Google Image (2024).https://www.google.com/search?q=lavender+google+images&rlz=1C5CHFA_enCA949CA949&oq=lavender+google+images&gs_lcrp=EgZjaHJvbWUyBggAEEUYOTIICAEQABgWGB4yDQgCEAAYhgMYgAQYigUyDQgDEAAYhgMYgAQYigUyDQgEEAAYhgMYgAQYigUyDQgFEAAYhgMYgAQYigUyCggGEAAYogQYiQUyCggHEAAYgAQYogTSAQkzNjI5ajBqMTWoAgiwAgE&sourceid=chrome&ie=UTF-8. Copyright (2024) by Google Image. Reproduced image.

Notes:

Take Home Message

This pocketbook is intended as an individual, informational and beneficial tool wherein resources can be accessed at one's fingertips. If you, or someone you know, is experiencing symptoms of burnout, then this pocketbook resource can become your personal assistance reference tool. Hope you enjoy!

Repository of Provincial and National Contacts and Resources

Important Phone Numbers

- **Newfoundland and Labrador Mental Health Crisis Line:** 1-888-737-4668
- **Mental Health and Addictions (NL) Services triage line:** 1-844-353-3330
- **Kids Help Phone:** 1-800-668-6868
- **Crisis Services Canada:** 1-833-456-4566 or text 45645
- **First Nations and Inuit Hope for Wellness Help Line:** 1-855-242-3310
- **Canada Drug Rehab Addiction Services Directory:** 1-877-746-1963
- **National Eating Disorder Information Centre:** 1-866-633-4220

- Other numbers you may wish to add:
  - _____
  - _____

Informational Resources

- **Bell Let's Talk:** https://letstalk.bell.ca/
- **Canadian Association for Suicide Prevention (not a crisis line):** 613-702-4446
- **Canadian Mental Health Association:** 416-646-5557
- **Canadian Psychological Association:** 1-888-472-0657
- **Mood Disorders Society of Canada:** 613-921-5565
- **Schizophrenia Society of Canada:** 1-800-263-5545
- **Mental Health Commission:** 613-683-3755
- **Canadian Mental Health Association - Newfoundland and Labrador Division:** 1-877-753-8550
- **Health Workforce Canada:** https://healthworkforce.ca/resources/
- **Mental Health Commission of Canada:** Has resources such as Mental Health First Aid COVID-19 Self-Care & Resilience Guide. Available at https://mentalhealthcommission.ca/wp-content/uploads/2021/08/tim_self-care-resilience-guide_0.pdf
- **Saskatchewan Union of Nurses:** Wellness spotlight webpage. Includes videos regarding anxiety, yoga, Ted Talks, and other resources, tips, tools and suggestions for managing mental health and wellbeing. Available at https://sun-nurses.sk.ca/member-resources/wellness
- **United Nurses of Alberta:** Mental health and self-care resources. Available at https://www.una.ca/1112/mental-health-and-selfcare-resources-for-una-members
- **Registered Practical Nurses Association of Ontario:** Link contains three modules that are focused on mental well-being as well as other resources. Available at https://www.werpn.com/education/practice-resources/self-care-for-nurses/mental-well-being/
- **Association of Psychology in Newfoundland and Labrador** - Find a Psychologist: 709-739-5405
- **Bridge the Gapp:** An online resource designed to support mental wellness. You can find this at https://nl.bridgethegapp.ca/

- **Employee Assistance Program (EAP) with NLHS:** The EAP assists with a broad range of personal and work-related issues. The program offers critical incident stress debriefing and grief counseling as well as counseling; Corner Brook: (709) 637 5306, Toll Free: 1 866 637 5306).
- ***My*GovNL (**Government of Newfoundland and Labrador resources for health care professional's): https://www.gov.nl.ca/hcs/mentalhealth-committee/mentalhealth/

- Other resources you may wish to add:
  - _____
  - _____

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