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# Evaluation of a Peer Support Group Implementation to Reduce Burnout in Nursing Staff on an Acute Inpatient Mental Health Unit

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# Evaluation of a Peer Support Group Implementation to Reduce Burnout in Nursing Staff on an Acute Inpatient Mental Health Unit

A DNP Project Submitted to the
Graduate Faculty
of Jacksonville State University
in Partial Fulfillment of the
Requirements for the Degree of
Doctor of Nursing Practice

By

Marilyn D. Scott

Jacksonville, Alabama

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## Abstract

**Background*:*** Burnout is feeling emotionally overwhelmed and exhausted due to stress in the workplace. Caring for acute psychiatric patients can impact the mental health of nursing staff and contribute to high-stress levels. Nursing burnout contributes to staffing shortages and increased risk for adverse patient safety events in an acute inpatient mental health unit.

**Purpose:** The purpose of this Doctor of Nursing Practice (DNP) Quality Improvement (QI) project was to evaluate the impact of a peer support group on burnout reduction in the nursing staff working in an acute inpatient mental health unit.

**Methods*:*** A peer support group was implemented in an acute inpatient mental health unit. Education was provided on coping strategies excerpted from *Taking Charge of My Life & Health* (TCMLH). The Maslach Burnout Inventory (MBI) pre-and post-assessment tool was used to measure emotional exhaustion, depersonalization, and personal accomplishment.

**Results*:*** Key results using the MBI assessment tool showed no statistically significant difference in pre- and post-assessment in emotional exhaustion, depersonalization, and personal accomplishment. There was no statistical significance in the reduction of adverse safety events.

**Conclusion:** The implementation of a peer support group did not show statistical significance in reducing burnout in an acute inpatient mental health unit. However, the project did support clinical significance in promoting positive communication and building relationships to create a safe working environment. More studies are recommended with extended time to evaluate the impact of peer support groups in reducing burnout.


***Keywords****:* Burnout, nurse burnout, acute mental health, mental health nurses, stress

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# Evaluation of a Peer Support Group Implementation to Reduce Burnout in Nursing Staff on an Acute Inpatient Mental Health Unit

Burnout and stress among nursing staff affect the delivery of quality and safe patient care in the inpatient psychiatric unit (Dyrbye, 2019). The 2021 All-Employee Survey (AES) results for the acute inpatient mental health unit showed that 56% of the staff reported not experiencing the three symptoms of burnout but had some symptoms. (All Employee Survey, 2021). In comparison, the 2022 AES results showed that 21% of the staff reported not experiencing the three symptoms of burnout, indicating that the nursing staff is experiencing more burnout symptoms (All Employee Survey, 2022). The lower the percentage number in the AES survey, the higher the number of burnout symptoms.

Insufficient staffing contributes to burnout which can lead to adverse patient safety events, including patient-to-patient assaults, patient-to-staff assaults, and suicide attempts (Acustaf Report, 2021). Furthermore, staffing shortage have forced a regional veterans hospital to divert inpatient mental health beds, impacting access to care for veterans with acute psychiatric needs (Acustaf Report, 2021). In 2022, the leadership of a regional veterans hospital recommended interventions to reduce nurse burnout and thereby improve staff retention and decrease patient safety adverse events.

Peer support is defined as social or emotional relationships between people who share similar concerns with mutual respect and desired change (Pereira et al., 2021). Peer support groups were originated by Jean Baptiste Pussin at a psychiatric hospital in late 18th century in France (Davidson et al, 2006). The first peer support groups in community mental health settings were implemented in 1990 by consumers with diagnoses of mental illness offering support to peers with similar diagnoses. These peer support groups were intended to increase the sense of hope and belonging and improve the self-care of the participants (Davidson et al., 2006). This DNP project focused on implementing a peer support group for

nurses in an acute inpatient mental health unit. The goal of the project was to reduce burnout and thereby increase staff retention and decrease adverse safety events.

## Background

Caring for acute psychiatric patients can impact the mental health of nurses, contributing to high-stress levels and burnout. The World Health Organization (WHO) declared burnout a global health issue, especially among nurses (Woo et al., 2020). Mental health nurses face low staffing levels with aggressive and violent patient behaviors (Crange & Foster, 2022). Because mental health nurses work in a high-risk environment, their stress, anxiety, and frustration levels can sometimes be at an all-time high. The Annual All Employee Survey (AES) results in 2018 revealed burnout in the healthcare system, with workload as the primary contributor to burnout at 30.9% (Zivin, 2022). A systematic review and meta-analysis study concluded that emotional exhaustion was prevalent in 40% of mental health professionals (O'Connor, 2018).

Burnout is a psychological syndrome characterized by emotional exhaustion, overburden, and depersonalization in professionals working with others in challenging situations (O'Connor et al., 2018). Nurse burnout is a serious global healthcare issue. Montgomery and Patrician (2020) conducted a study in eight countries and reported that 30% to 60% of nurses experienced high levels of burnout. Shah et al. (2021) performed a cross-sectional study and reported that burnout contributed to 68.6% of nurses leaving their jobs. Furthermore, Montgomery and Patrician (2021) completed a cross-sectional survey of 928 nurses in Alabama, with findings indicating that 60% of nurses experience high-level burnout and 25% of those rates negatively affect patient safety. Lopez et al. (2019) estimated burnout among mental health nurses at 25%.

Staff burnout impacts the quality of care delivered to mental health patients (Dyrbye, 2019). Burnout contributes to increased mistakes, decreased patient satisfaction, and elevated

absenteeism, impacting patient outcomes (Lopez et al., 2019). The leadership team at a regional veterans administration hospital identified staffing insufficiency as a contributing factor to patient safety adverse events, as reported through incident reports, disruptive behavior reports, and issue briefs (Scott, 2022a).

## Needs Analysis

The first step in this DNP project was to conduct a needs assessment. The strengths, weaknesses, opportunities, and threats (SWOT) analysis (see Appendix A) was achieved through interviews and data review with the chief nurse of mental health services, the associate chief of staff in mental health, and the nurse executive (C. Berry, personal communication, June 1, 2022). In October 2021, during a patient safety meeting with mental health leadership and the facility leadership, patient safety concerns and nursing burnout were identified in the acute inpatient mental health unit. Reports of patient-to-patient assaults, employee-to-patient assaults, employee altercations, and falls in the acute inpatient mental health unit were included in the Joint Patient Safety Reports (JPSR) incident reporting system. The daily nursing report showed staffing shortages in the inpatient mental health unit. Nurse Managers were placed in the staffing pool to cover the deficit. Overtime hours were used to supplement the staff to provide safe care for mental health patients.

The stress level of nursing staff in the acute inpatient mental health unit impacted attendance and patient safety. The nurses' stress level contributed to high call-out rates constituting 6,350.57 unplanned absentee hours over the past 12 months in the acute inpatient mental health unit. The number of absentee hours equates to 38% of unplanned leave, leaving an insufficient staff to care for veterans during the past 12 months (Acustaf, 2022). The call-out rate on the inpatient mental health unit was higher than the call-out rate on other inpatient units, with

the nursing home call-out rate being 17.1% and the medical-surgical unit rate at 21.9% for the same period (Scott, 2022a). Caring for patients with severe depression, suicidal ideations, psychosis, and bipolar disorders increased burnout experienced by the nursing staff. The Disruptive Behavior Event Committee (2022) data reported 96 adverse patient safety events compared to 50 adverse patient safety events in 2021 (Disruptive Behavioral Report, 2022) (see Appendix B).

Mental health staffing is a national concern in the veterans' health administration system. Studies showed that 258 acute mental health beds have closed due to staffing shortages throughout the 18 networks in the VHA System (Veterans Health Administration, 2022). The bed closures affect productivity and delay care for veterans with acute psychiatric needs. The inpatient psychiatric unit has 30 operational beds; however, the average daily census is 20 beds due to staffing challenges (Daily Census Report, 2022). The facility director, chief of staff, nurse executive, and chief nurse of mental health at a regional veterans' administration hospital reported a need for intervention as mental health nurses experienced stress attempting to meet the demands of the high-risk patient population. Peer support groups have been successful in the Veterans Health Administration (VHA) systems in mitigating burnout in mental health professionals (Zivin, 2022). Peer support groups consist of individuals with similar job responsibilities and interests sharing and helping each other while exhibiting mutual respect (Agarwal et al., 2020).

The acute inpatient mental health nursing staff experienced shortages causing patient safety concerns. Studies have shown positive outcomes from the intervention of peer support groups to reduce job-related stress and burnout (Pereira et al., 2021). Implementing a peer

support group decrease stress and burnout among the nursing staff in the inpatient mental health unit (Jackson, 2018).

## Problem Statement

Members of the acute inpatient mental health nursing unit at a regional hospital for veterans were experiencing high levels of burnout. Studies have shown positive outcomes from the use of peer support groups to reduce job-related stress and burnout (Pereira et al., 2021). In other words, research indicated that implementing a peer support group can decrease stress and burnout among the nursing staff in an acute inpatient mental health unit (Jackson, 2018).

The Population, Intervention, Comparison, Outcome, Time (PICOT) question for the project implementation was as follows: Will the nursing staff on the acute inpatient unit have reduced burnout with a peer support group compared to having no peer support group within six weeks? The purpose of this project was to evaluate how a peer support group impacted stress and burnout on nursing staff in an acute inpatient mental health unit. The expected outcome was decreased burnout as measured by the Maslach Burnout Inventory (MBI) administered pre-and post-implementation of the peer support group over six weeks.

## Aims and Objectives

The DNP project focused on decreasing burnout and reducing adverse patient safety events in the acute inpatient mental health unit. A plan was developed for implementing a peer support group for the identified targeted population. The DNP student identified the place, dates, and times that meetings would take place. *Taking Charge of My Life and Health (TCMLH)* was the text used to provide education on coping strategies and team-building exercises (United States Department of Veterans Affairs, 2021). The objectives of this DNP project were as follows:

- To implement a peer support group in an acute inpatient mental health unit.
- To distribute educational materials on coping strategies to reduce stress and burnout.
- To apply techniques for coping strategies learned from TCMLH.
- To evaluate outcomes using the pre- and post-MBI assessment measuring exhaustion, personal accomplishments, and depersonalization.
    - The goal was for 85% of the nursing staff to experience decreased burnout.
- To evaluate adverse patient safety events using the data from DBR pre and post intervention.
    - The goal was to reduce adverse patient safety events by 75% within six weeks of participation in the peer support group.

## Review of Literature

Nursing burnout is found in every area of healthcare. However, studies have shown positive outcomes from the use of peer support groups to reduce job-related stress and burnout (Pereira et al., 2021). Indeed, studies have shown that using peer support groups can decrease depression, improve self-care, and increase hopefulness in participants (Davidson al, 2012).

The author of this DNP project conducted a literature review to identify peer-reviewed research studies that focused on peer support groups, burnout, and stress reduction in work settings and with mental health nurses. The review was conducted using CINAHL, PubMed, PsycINFO, Google Scholar, and Cochrane databases. Twenty-three articles were reviewed using the following keywords: *burnout, stress, inpatient mental health, exhaustion, acute inpatient psychiatric unit, peer support groups, peer coaches, and peer mentoring.* Sixteen of the articles applied to the project. The articles selected were dated within the last five years. One sentinel

article was published more than five years ago. The highest evidence articles reviewed were systematic reviews and meta-analyses.

**The Effectiveness of Peer Support Groups on Burnout**

Emotional support is essential in reducing burnout in nursing staff. Peer support groups were found to be successful with providing staff with a sense of relief at being able to express feelings following stressful events in emergency medical service nursing staff (Carvello et al., 2019). The authors used trained facilitators to provide emotional support to help staff manage stress. This study was limited to nursing staff providing emergency care to pediatric patients. In a similar study, Grabble et al. (2021) evaluated the use of the Community Resiliency Model (CRM) of mindfulness and exteroceptive signals to regulate autonomic stress. The researchers found that the CRM successfully improved mental well-being and decreased secondary traumatic stress in frontline workers. A qualitative study using a small participant group (n=9) examined the implementation of the Sustaining Resilience at Work (StRaW) peer support group and found it minimized stressors and promoted resilience (Agarwal et al., 2019). Similar results were shown in a longitudinal quasi-experimental post-design project conducted by Sundgren et al. (2021) examining the relationship between reflective practice groups (RPGs) and nurses' quality of professional life due to burnout. The work of Sundgren et al. (2021) and Agarwal et al. (2019) showed the effectiveness of peer support groups in clinical aspects of the nursing profession.

Other researchers examined the effectiveness of different methods of peer support groups. The Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) checklist was used in the systematic search of the articles. A common trend identified was that online or mixed peer support groups participated more than in-person peer support groups (Pereira et al., 2021). The implication drawn from this finding was that facilitators and peer

support group participants might be more comfortable sharing online rather than in person. The conclusions of Grabble et al. (2021) on mindfulness and Sundgren et al. (2020) on RPGs are significant in choosing strategies within the peer support group to reduce burnout. Leadership can be a deterrent to or asset in burnout. Vigor and peer support groups can strengthen transformational leadership and burnout. Tafvelin et al. (2019) studied the effect of transformational leadership on employee burnout. The researcher concluded that vigor and peer support groups could strengthen transformational leadership and burnout.

**The Impact of Peer Support Groups on Inpatient Mental Health Units**

Peer support groups were originally facilitated by consumers with mental illness who had been trained become peer support staff (Davidson et al., 2006). The randomized control study conducted by Davidson et al. (2006) reported positive outcomes in transforming consumers receiving services for mental illness into providers delivering group support to their peers. Shalaby and Agyapong (2019) used a systematic review to explore the effects and value of peer support services (PSS) facilitated by and offered to those with for mental health illnesses. The study supports the inclusion of peer support workers in mental health. However, because the researchers did not define inclusion or exclusion criteria in the literature review, identifying the target population for the peer support group may pose a challenge. In contrast, Lyons et al. (2021) study on peer support interventions for people experiencing mental health conditions concluded that peer support groups make small improvements to overall recovery but do not help in individual empowerment. This finding was significant in understanding the possible limitations of peer support group participation.

Researchers have also examined the use of peer support groups to support healthcare professionals. Adamouski-Marion (2021) focused on using the CARE (compassion, action,

resilience, empathy) schema to train peer support groups for healthcare professionals involved in adverse events such as medication errors, death, or suicide. Steps Toward Recovery (STR), a recovery-oriented clinical and personal recovery program for inpatient mental health, focused on stress ratings, quality of care, and satisfaction with nursing care and work (Salberg et al., 2022). The researchers conducted a qualitative study with a pre-and post-design using the Maslach Burnout Inventory (MBI) tool to measure the stress levels of the participants in the STR program (Salberg et al., 2022). The study results showed that STR programs can be beneficial to the nursing staff in psychiatric inpatient care. However, the MBI findings showed no statistically relevant difference in stress rating, care quality, and nursing care satisfaction.

**Peer Support Group Interventions to Reduce Stress and Burnout**

Peer support group facilitators provide participants with strategies to help them reduce stress and burnout. Mindfulness, RPGs, and self-care strategies have been successful in reducing stress and burnout in peer support groups (Abadi et al., 2020; Jackson, 2018, & Di Nota et al., 2020). The facilitator-led peer support using the Taking Charge of My Life and Health (TCMLH) coping strategies effectively empowered positive attitudes, self-efficacy, and self-care strategies. Jackson (2018) and Sundgren et al. (2020) incorporated reflective practice techniques in peer support group settings. The studies showed that RPGs effectively allowed peer support participants to share experiences mutually (Jackson, 2018) and improved job satisfaction, self-efficacy, and empowerment (Sundgren, 2020). Both studies were significant for incorporating RPGs in peer support groups to promote mutual sharing between participants.

Education on effective communication skills and other coping strategies has been shown to be important in peer support groups. In the StRaW study conducted by Agarwal et al. (2019), education on positive communication techniques was used by peer group participants to enhance

their resilience. Exercise and coping strategies were provided to improve participants' physical and mental well-being. The author suggested that the StRaW program benefited employees' well-being and resilience. Grabble et al. (2021) examined participants who received in-classroom education on self-care skills, biological responses to stress, and the Resilient Zone for stress tolerance concepts. The results concluded that the interventions improved mental well-being and decreased secondary traumatic stress and somatic symptoms. In comparison, Webster et al. (2019) evaluated similar interventions in communication, reflective practice, and therapeutic relations in an online peer support group for newly qualified nurses. The findings indicate that the interventions for online support groups were beneficial for peer group participants and improved accessibility for nurses off duty.

This literature review focused on studies that examined the use of peer support groups to reduce employee burnout and increase employee retention. Although peer support groups were originally used to help persons who experienced mental illness, they are now used for other organizations seeking ways to help reduce stress and burnout, increase staff retention, and strengthen workplace safety (Bledin, 2019). In fact, both in-person and online peer support groups have been successful (Pereira et al., 2019). Although one author suggested that peer support groups may not be effective in reducing stress (Lyons et al., 2021), the literature overall supported implementing peer support groups in acute mental health and other healthcare settings to minimize burnout and work related stress.

## Theoretical Model

### Albert Bandura's Social Learning Theory

Albert Bandura's Social Learning Theory guided this evidence-based project on evaluating the use of a peer support group to reduce burnout in the nursing staff in an inpatient

mental health unit. Social Learning Theory proposes that learning occurs through perceived, observed, and modeled behaviors from role models (Butts & Rich, 2018). Bandura's theory addresses learning a new skill through the influence of others (Koutroubas & Galanakis, 2022).

**Theory Driven Approach**

Bandura's theory guided the project in learning new behaviors. The four phases in Social Learning Theory, attention, retention, reproduction, and motivation drove the project to reduce burnout in nursing staff. *Attention* was the first phase of this theory; during the attention phase, observations and learning occurred. The facilitator set a positive tone for the peer support group and demonstrated the behaviors participants were expected to adopt.

The second phase was *retention,* which directed information retrieval and habits (Butts & Rich, 2018). The participants demonstrated behaviors and coping strategies during the peer support group sessions. *Reproduction* was the third phase. During this phase, participants repeated and rehearsed the behaviors needed to produce change. The participants used coping strategies, and behaviors learned in the peer support group in the home and work environment. *Motivation* was the fourth phase. During this phase, participants were motivated through self-efficacy and sharing to demonstrate what they have learned. Self-efficacy is the belief system within a person that motivates behavioral changes (Butts & Rich, 2018).

**Basis of Argument**

Based on Bandura's Social Learning Theory, this author expected that employees not committed to the organization's goals would exhibit a lack of commitment in their behavior. Bandura believed that self-efficacy was achieved by mastery of skill development through practice that boosts confidence. Schismschal et al. (2022) study on the correlation between grit,

nursing retention, and job satisfaction supported Bandura's theory. Grit is the combination of passion and perseverance to achieve long-term goals.

### Significance and Validity

Bandura's theory embraces change in human behaviors and promotes self-efficacy and modeling of observed behavior (Koutroubas & Galanakis, 2022). The peer support group project was designed to promote behavior change by providing opportunities for participants to share with peers and copy behavior from the facilitator. The Bandura theory has proven effective in similar projects (Schimschal et al., 2022).

### Guidelines for the Project

Social Learning Theory encompasses the areas of observation, imitation, and modeling (Koutroubas & Galanakis, 2022). The project's focus was the implementation of a peer support group that met weekly to reflect, share, engage in team building, and receive education on coping strategies to reduce burnout. The success of the peer support group motivated participants to share with others. After the repeated sharing sessions were completed, a transformation of behaviors was expected. Bandura's theory suggested that positive role models can assist employees who desire to change (Mi et al., 2022).

## Methodology

### Setting

The DNP project was implemented in a 30-bed acute inpatient mental health unit in a rural community regional veterans administration hospital. The unit provides 24-hour care to patients with mental health diagnoses. The nursing staff provides care during three shifts. The peer support group meetings were held in the education room in the inpatient mental health unit.

This conference room allowed participants to have space for interacting and minimized distractions during the peer support group sessions.

**Population**

The targeted population for this quality improvement (QI) project was nursing staff in the acute inpatient mental health unit. Participants were recruited from the nursing staff pool in the acute inpatient mental health unit. There were 59 nursing staff members assigned to the unit. Twenty-five nursing staff members consented to participate in the project. Participants consisted of registered nurses (RNs), licensed practical nurses (LPNs), and nursing Assistants (CNAs) in the acute inpatient mental health unit.

**Inclusion/Exclusion Criteria for the Population**

Inclusion criteria: The participants in this project were nursing staff in the acute inpatient mental health unit. The study included full-time RNs, LPNs, and CNAs who worked day and night shifts in the acute inpatient mental health unit.

Exclusion criteria: Mental health technicians, nurse managers, and unit clerks were excluded from this project.

**Project Design**

The DNP quality improvement project used pre- and post-design to evaluate how a peer support group promotes stress reduction and burnout in the nursing staff and impacts adverse patient safety events on an acute inpatient mental health unit. The MBI assessment was administered pre- and post-intervention. The DBR report of adverse patient events was compared pre- and post-intervention.

The Plan-Do-Study-Act (PDSA), a quality improvement model designed for testing change was the implementation framework that guided the project (Agency for Healthcare

Research and Quality [AHRQ], 2022). The *plan* phase of implementing the DNP project consisted of recruiting nurses, obtaining informed consent, and developing the peer group session. The DNP student completed the facilitator training for *Taking Charge of My Life and Health* whole health strategies. The study population for the DNP (QI) project was RNs, LPNs, and NAs recruited by sending invitations to all nursing staff for voluntary participation (see Appendix C). Informed consent was obtained from each participant (see Appendix D). A conference room that allowed participants to have space for interacting and that minimized distractions during the peer support group session was selected for the peer support group meetings.

The second phase of PDSA, the *do* phase was demonstrated by collecting baseline survey data using the Maslach Burnout Inventory Human Service Survey for Medical Providers (MBI-HSS-MP) (see Appendix E) and the monthly Disruptive Behavior Reports (DBR) (see Appendix F). The MBI-HSS-MP pre-survey was used to collect baseline data. The survey was comprised of 22 questions and was administered during week one at the beginning of the implementation of the project. The MBI-HSS-HP measured emotional exhaustion, depersonalization, and personal accomplishment (Dall' Ora, 2020). A link was provided to each participant by Mind Garden, Incorporated to complete the survey online. No identifying information was used. After collecting pre-survey data, the DNP student obtained monthly DBR data from the Disruptive Behavior Committee Coordinator. The DBR contained specific information about adverse events in the acute inpatient mental health unit.

Additionally, evidence-based education was provided to the peer support group on roles and responsibilities, meeting times, and whole health activities used in the group. The peer support group met weekly for six weeks. Sessions were held at 4:00 a.m. and 2:30 p.m. to

capture all shifts. Each session lasted 30-45 minutes. Sessions with the team-building activities were 45 minutes. The sessions without team-building exercises were held for 30 minutes. An agenda was provided each week (see Appendix G). Each session began with soft and soothing jazz music to set a relaxed atmosphere. Snacks were available for the participants. The weekly schedule included icebreaker, reflective practice, team-building, and whole health (breathing, mindfulness, communication techniques, and coping strategies) activities. The whole health activities were excerpted from *Taking Charge of My Life & Health* (United States Department of Veteran Affairs, 2021).

The *do* component of PDSA overlapped with the attention and retention concepts of Bandura's Theory. The participants dedicated their full attention to the pre-survey to ensure accurate data collection for desired social behavior. In this phase, the second stage of Bandura's Theory of retention was displayed as participants retained the newly learned behaviors (Butts & Rich, 2018). Additionally, the participants retained the behaviors and coping strategies learned during sessions in the peer support group (Koutroubas et al., 2022).

The third phase of implementation was the *study* stage of the PDSA. The post-implementation survey was administered to the participants who completed the pre-implementation surveys and participated in the sessions. Upon completing the sixth-week session, participants completed the MBI post-survey. The MBI pre-and post-surveys were compared and analyzed by Mind Garden. The pre-and-post- BR data was compared to measure improvement in patient safety events. The reports were submitted to the DNP student from the owner of the licensed MBI instrument. The DNP student and statistician reviewed and analyzed survey results and conclusions. A paired t-test was used for analysis. The third stage of the Social

Learning Theory was displayed in the phase where the participants' learned behaviors became a part of their daily practice in the *reproduction* phase (Koutroubas & Galanakis, 2022).

A conclusion was drawn during the final implementation stage and a standard of practice for sustainability was developed in the final *act* stage of the PDSA model. The final stage in Bandura's Social Learning Theory the *motivation* stage was also demonstrated during the *Act* stage of the PDSA approach. During this phase, participants were motivated to imitate and share new coping strategies and learned behaviors with other staff members (Butts & Rich, 2018).

The DNP student administered the MBI-HSS-MP pre and post assessment, provided education on whole health strategies, and guided team building activities. The PDSA model was a strength in the DNP student's project providing framework for organizing the weekly plan for the peer support group.

**Data Collection Process**

The purpose of this quantitative DNP project was to evaluate how a peer support group impacted stress and burnout on nursing staff in the acute inpatient mental health unit. To accomplish this, members of an acute inpatient mental health nursing unit were asked to complete the MBI -HSS-MP assessment tool pre and post peer support group intervention (Maslach, et al., 2022). Additionally, DBR data was also obtained from the Disruptive Behavior Committee to measure the number of adverse patient safety events that occurred per month over during fiscal years (FY) 2022 and 2023. The pre-test months were defined as September 2021-February 2022, while the post-test months were defined as September 2022-February 2023. Once the data was obtained, it was uploaded to Intellectus Statistics for analysis (Intellectus Statistics, 2022).

Twenty-five nursing staff members completed informed consent forms, two participants officially withdrew from the project and nine participants attended one or two sessions. Fourteen participants completed the MBI -HSS-MP pre- and post-assessment. Eight (57 %) of the 14 participants were RNs; one (7%) was an LPN, and five (36%) were CNAs.

The MBI -HSS-MP pre-assessment tool was administered to collect baseline data and post-intervention data. The MBI-HSS-MP pre-assessment was administered anonymously to twenty-five participants by Mind Garden, Incorporated, the owners and distributor of the MBI-HSS-MP assessment tool. Two participants withdrew from the project. Nine participants attended one or two sessions. Fourteen participants completed the sessions and MBI-HSS -MP post-assessment, which resulted in a sample size of 14. The DBR data was collected pre-and post-implementation of the peer support group. The DBR data was collected from the monthly JPSR reporting system for FY 2022 and 2023 through February 2023.

**Risks and Benefits**

Jacksonville State University's Institutional Review Board (IRB) committee approved the IRB application for this DNP QI project (see Appendix H). The Nurse Executive and Medical Center Director approved the Agency Letter of Support for the evidence-based project (see Appendix I). The DNP student completed the Collaborative Institutional Training Initiative Program (CITI) training as a requirement by JSU (see Appendix J). The evidence-based project was submitted to the regional VA hospital. The identifiable potential risk with this project was having information shared during the sessions being repeated outside of the session to non-program participants. Participation in the project was voluntary, with the requirement of informed consent. Participants were allowed to participate, change their minds at any time, and withdraw from participation. Participants were informed that if they did not wish to participate in

the project or withdrew from participation at any time, they would not incur penalty or loss of benefits to which they were otherwise entitled. Permission was obtained by Mind Garden with guidelines and restriction of the MBI tool and data security (see Appendix K).

**Compensation**

No monetary compensation was provided to participants in the DNP project. Snacks were provided to the participants during each session. Stress balls were provided to the participants during week one for motivation in the PEP group. Buttons were provided to the participants upon completion during the motivation phase.

**Timeline**

The evidence-based project started in the Summer Semester on May 22, 2022, with the site selection and preceptor. Project planning and design continued through the Fall Semester of 2022. The Project Defense Approval was completed on September 27, 2022. The agency approval was obtained. The JSU Institute Review Board granted an exemption in October 2022. Recruitment was initiated in November 2022. The project was implemented during the Spring Semester 2023, beginning on January 9, 2023, with completion on February 22, 2023. The peer support group met weekly for six weeks. Data collection and analysis were completed in April 2023. The DNP QI project was disseminated in the Summer Semester of 2023 (see Appendix L).

**Budget and Resources**

The projected budget for the DNP QI project was $816, with an actual expenditure of $1421.98 (see Appendix M). The MBI-HSS-MP licenses and group reports were purchased through Mind Garden, Incorporated contributing to the cost increase. A statistician was secured for data analysis and reports. The agency provided the AES report, DBR, and Staffing Methodology reports at no charge. Other costs incurred with the project included paper, copying,

links cartridges, snacks, and motivational items. The training room and audiovisual equipment were available at no additional cost.

## Evaluation Plan

### Statistical Considerations

Descriptive statistics (means and standard deviations) were used to calculate the continuous dependent variables used to measure the impact of the pre-and post-intervention on emotional exhaustion, depersonalization, and personal accomplishment (Intellectus Statistics, 2023). The purpose was to determine the average scores across the participants before performing the hypothesis test (paired t-test). A pro to using descriptive statistics was determining whether there was a significant difference between the two groups before performing the t-test. The con to using descriptive statistics for the project was that it needed to provide the full representation of the data (i.e., range, median, and mode were not performed). The statistical analysis that best supported the project was the paired t-test. Three separate paired t-tests were conducted to determine if significant differences existed between the variables pre- and post-intervention and the impact on emotional exhaustion, depersonalization, and personal accomplishments.

### Data Maintenance and Security

Data was stored and maintained confidentially. The data was stored on a password-protected universal serial bus (USB and a password-protected site at the agency. The preceptor, quality management chief, and DBR coordinator had access to the data for DBR. Mind Garden stored the MBI data on a password-protected website. The DNP student and statistician and Mind Garden staff had access to the MBI data. All data will be destroyed six months after the DNP project's completion following the hospital's guidelines and directives.

# Results

## Results of Data Analysis

The MBI pre-and post- assessment data were analyzed with descriptive statistics. In preparing for the data analysis, composite scores were calculated for the three burnout subscales of emotional exhaustion, depersonalization, and personal accomplishment according to instrument instructions (Maslach et al., 2022). Specifically, the nine questions associated with emotional exhaustion, five questions relating to depersonalization, and the eight questions relating to personal accomplishment were averaged to create a total composite score for each. Prior to the hypothesis testing, means and standard deviations were calculated for the variables of interest and reliability analyses were conducted for each of the composite scores.

The participants' responses for emotional exhaustion pre had an average of 2.28 (SD = 1.10), while emotional exhaustion post had an average of 2.17 (SD= 1.57). Therefore, the mean difference for emotional exhaustion between the pre and posttest was 0.11. The observations for depersonalization pre had an average of 1.01 (SD = 0.84). However, the observations for depersonalization post had an average of 1.10 (SD = 0.81). This suggests that the average difference for depersonalization between the pre and posttest was -0.09. Next, personal accomplishment pre had an average of 5.01 (SD = 0.66), while personal accomplishment post had an average of 4.84 (SD = 0.81). Therefore, the mean difference for personal accomplishment between the pre and posttest was 0.17. Finally, the observations for adverse patient safety event pre had an average of 7.00 (SD = 4.15). However, the observations for adverse patient safety events post had an average of 7.33 (SD = 3.14). This indicates that the average difference in adverse patient safety events between the pre and posttest was -0.33. The summary statistics can be found in Table 1.

**Table 1**

*Summary Statistics Table for Interval and Ratio Variables*

| Variable | *M* | *SD* | *n* |
|---|---|---|---|
| Emotional Exhaustion | | | |
| Pre | 2.28 | 1.10 | 14 |
| Post | 2.17 | 1.57 | 14 |
| Depersonalization | | | |
| Pre | 1.01 | 0.84 | 14 |
| Post | 1.10 | 1.19 | 14 |
| Personal Accomplishment | | | |
| Pre | 5.01 | 0.66 | 14 |
| Post | 4.84 | 0.81 | 14 |
| Adverse Patient Safety Events | | | |
| Pre | 7.00 | 4.15 | 6 |
| Post | 7.33 | 3.14 | 6 |

The data analysis indicates the intervention did not have a statistically significant effect on nurses' feelings of burnout. A two-tailed paired samples *t*-test was conducted to examine whether the mean difference of emotional exhaustion pre and emotional exhaustion post was significantly different from zero. The result of the two-tailed paired samples t-test was not significant based on an alpha value of .05, t (13) = 0.38, p = .709, indicating the null hypothesis

cannot be rejected. This finding suggests the difference in the mean of emotional exhaustion pre, and the mean of emotional exhaustion post was not significantly different from zero (See Table 2).

**Table 2**

*Two-Tailed Paired Samples t-Test for the Difference between Emotional Exhaustion Pre and Emotional Exhaustion Post*

| Emotional Exhaustion Pre | | Emotional Exhaustion Post | | | | |
|---|---|---|---|---|---|---|
| *M* | *SD* | *M* | *SD* | *t* | *p* | *D* |
| 2.28 | 1.10 | 2.17 | 1.57 | 0.38 | .709 | 0.10 |

A two-tailed paired samples *t*-test was conducted to examine whether the mean difference of depersonalization pre and depersonalization post was significantly different from zero. The result of the two-tailed paired samples t-test was not significant based on an alpha value of .05, t (13) = -0.28, p = .785, indicating the null hypothesis cannot be rejected. This finding suggests the difference in the mean of depersonalization pre, and the mean of depersonalization post was not significantly different from zero (See Table 3).

**Table 3**

*Two-Tailed Paired Samples t-Test for the Difference between Depersonalization Pre and Depersonalization Post*

| Depersonalization Pre | | Depersonalization Post | | | | |
|---|---|---|---|---|---|---|
| *M* | *SD* | *M* | *SD* | *t* | *p* | *D* |
| 1.01 | 0.84 | 1.10 | 1.19 | -0.28 | .785 | 0.07 |

A two-tailed paired samples *t*-test was conducted to examine whether the mean difference of personal accomplishment pre and personal accomplishment post was significantly different from zero. The result of the two-tailed paired samples t-test was not significant based on an alpha value of .05, t (13) = 1.04, p = .319, indicating the null hypothesis cannot be rejected. This finding suggests the difference in the mean of personal accomplishment pre, and the mean of personal accomplishment post was not significantly different from zero (See table 4).

**Table 4**

*Two-Tailed Paired Samples t-Test for the Difference between Personal Accomplishment Pre and Personal Accomplishment Post*

| Personal Accomplishment Pre | | Personal Accomplishment Post | | | | |
|---|---|---|---|---|---|---|
| *M* | *SD* | *M* | *SD* | *T* | *p* | *D* |
| 5.01 | 0.66 | 4.84 | 0.81 | 1.04 | .319 | 0.28 |

A final two-tailed paired samples *t*-test was conducted to examine whether the mean difference of adverse patient safety event pre and adverse patient safety event post was significantly different from zero. The result of the two-tailed paired samples t-test was not significant based on an alpha value of .05, t (5) = -0.18, p = .866, indicating the null hypothesis cannot be rejected. This finding suggests the difference in the mean of adverse patient safety events pre and the mean of adverse patient safety events post was not significantly different from zero (see Table 5).

**Table 5**

*Two-Tailed Paired Samples t-Test for the Difference between Adverse Patient Safety Event pre and Adverse Patient Safety Event post*

| Adverse Patient Safety Event pre | | Adverse Patient Safety Event post | | | | |
|---|---|---|---|---|---|---|
| *M* | *SD* | *M* | *SD* | *T* | *p* | *D* |
| 7.00 | 4.15 | 7.33 | 3.14 | -0.18 | .866 | 0.07 |

## Discussion

The Population, Intervention, Comparison, Outcome, Time (PICOT) question for the project implementation assessed throughout this manuscript was as follows: Will the nursing staff on the acute inpatient unit have reduced burnout with a peer support group compared to no peer support group within six weeks? The project's goals were to implement a peer support group in an inpatient mental health unit to reduce burnout, reducing adverse patient safety events. A quantitative study was conducted to measure the goals using the MBI-HSS-MP assessment tool for measuring burnout and the DBR for measuring adverse patient safety events.

The population in the study on the acute mental health unit consisted of RNs (57 %), LPN (7%), and CNAs (36%). The results from the pre-and post-assessment of MBI and DBR showed no statistical significance in reducing burnout with a sample size of *n*= 14. Also, there was no statistical significance in the DBR comparison of the adverse patient events with n=6. However, the project showed clinical significance in the MBI pre- and post-assessment. Emotional exhaustion results indicated that lower was better (Maslach, 2022). The results showed the mean pre-intervention 2.28 and post-intervention 2.17 (Table 2). The results

indicated there was some improvement in burnout. Depersonalization (lower is better) showed a mean pre-assessment 1.0 and post-assessment1.10 (Table 3), which showed an increase. However, the project results should be interpreted carefully because the results indicated poor to questionable reliability of the questions in this section. For personal accomplishments (higher is better), the mean was 5.04 or pre-assessment, and 4.84 post-assessment =4.84 (Table 4), indicating no changes during the study.

The results for all four analyses were not statistically significant, suggesting that there were no differences in nurses' emotional exhaustion, depersonalization, personal accomplishment, or adverse patient events prior to and following the peer support group intervention. This indicates that the intervention did not have a statistically significant effect on nurses' feelings of burnout.

There was clinical significance in the results of emotional exhaustion. The MBI pre-assessment results indicated high levels of emotional exhaustion. The nine questions in this section focused on the emotional drain, stress, frustration, working with others, working too hard, frustration on the job, working with people directly, and feeling at the end of the rope (Maslach et al., 2022). The facilitator of the DNP project provided education on TCMLH coping strategies to peer support group participants on breathing, personal health inventory, mindfulness, values, loving-kindness, food/water, family/ friend, and co-workers (United States Department of Veteran Affairs, 2022). This resulted in decreased burnout post-intervention. The peer support participants were energetic and motivated at the end of each session. These results are similar to other studies with peer support groups with small samples (Agarwal et al., 2019)

Depersonalization results directed at peer support participants lost enthusiasm and impersonal feelings (Maslach. 2022). The five questions were directed at job-hardening

emotions, becoming callous toward people since taking the job, feeling patient blame for some of their problems, feelings of treating patients as impersonal objects, and not caring what happens to some patients. The results did not show improvement in the study for depersonalization. An unexpected result, which indicates a slight increase in burnout post-intervention. The small sample size and tool reliability for depersonalization may be contributing factors. However, the clinical significance of peer support groups in increasing depersonalization is using a reflective practice group model for a peer support group (Sundgren et al., 2020). Reflective practice sessions were used in the acute mental health unit peer support group to improve sharing and bonding through mutual experiences. The peer support participants expressed feeling valued as mental health nurses.

The MBI tool is composed of eight questions to measure personal accomplishment. The higher the score, is better burnout reduction (Maslach et al, 2022). The eight questions measured feeling exhilarated after working closely with patients feeling very energetic, accomplishing worthwhile things on the job, easily understanding how patients think, can create a relaxed atmosphere with patients, dealing very effectively with the problems of patients, feeling positively influencing other people lives through work, and dealing with emotional issues very calmly. The results were unanticipated with the decrease in personal accomplishment. The peer support participants showed minimal improvement in individual achievement. This finding correlated with a previous study of the Steps Toward Recovery (STR) using the MBI tool, resulting in no statistical significance in reducing stress (Salberg et al., 2022). The short time frame of the study and low sample size may be factors. However, peer support groups are clinically significant for mental health nurses in managing workplace stress (Bui et al., 2022).

The DBR measured adverse patient safety events in the mental health unit. The results were compared over six months, counting patient-to-patient assaults, patient-to-employee assaults, and employee-to-employee events. The averages of the events that occurred between September and February of FY 22 were compared to events in September -February FY 2022. The results indicated an increase of 22% in FY 23, showing no statistical significance. More time is needed to evaluate the impact of the peer support group on the reduction of patient safety events. Peer support groups are clinically significant in reducing adverse patient safety events with supportive team cohesiveness and employee satisfaction and turnover, therefore positively impacting the reduction of patient safety adverse events (Montgomery et al., 2022).

Additionally, a staffing shortage and scheduling challenges in the acute inpatient mental health unit resulted in a small sample size. The mental health nursing staff was motivated to participate in the peer support group. However, the nurse managers did not adjust the weekly schedule for maximum participation. Co-worker relationships, collaboration, and communication challenges were barriers to increased sample size.

The PEP group demonstrated enthusiasm about the coping skills and communication techniques learned in the peer support group. The participants shared their experiences and strategies with non-participants. Peer support participants were inspired to share information with other staff members and encouraged to display behavior change. Upon completing the four phases, participants wore buttons as a visible symbol of their changed or changing behavior after participating in the peer support. The project will be sustained and used to impact employee burnout.

## Implications for Clinical Practice

Peer support groups for nursing staff can be beneficial in clinical practice. Participants in the QI project learned the benefits of using whole health coping strategies in a safe setting with peers to reduce burnout. Nursing staff on an acute inpatient mental health units experience high levels of stress caring for patients with mental illnesses. The peer support groups offer nursing staff a safe place to reflect, share concerns, and make resolutions to minimize burnout. The peer support group is also beneficial to the nursing staff in acute inpatient mental health unit to improve self-care for a work-life balance. Due to burnout, nurses will retire, leave jobs, or change professions. Therefore, nurse burnout will impact access to care, safety of patients, and quality of healthcare. Reducing burnout in acute inpatient mental health units can improve job satisfaction and nurse retention, decreasing patient safety adverse events (Jun et al., 2021).

## Implications for Healthcare Policy

Burnout can impact the safety of nurses and patient care. Nurses working in acute inpatient mental health units experience levels of stress. However, nurses in an acute inpatient mental health unit can learn coping strategies for self-care to reduce burnout and improve job satisfaction. Peer support groups can offer coping strategies and support from peers during stressful times. Policies are needed for healthcare organizations to incorporate sufficient time in the schedules for nursing staff to participate in peer support groups. There is an indication for hospitals to implement policies to support strategies to offer a supportive work environment to reduce burnout in nurses (Montgomery & Patrician, 2020).

Implementing evidence-based policies is a priority in preventing the burnout crisis and adverse health outcomes among healthcare workers in the United States (U.S. Surgeon General

Advisory, 2022). Peer support groups have successfully managed occupational stress and improved the mental health of healthcare employees (Agarwal et al., 2020).

### Implications for Quality/Safety

Patient safety is a priority in the operations and practices of an acute inpatient mental health unit. This QI project data does not show statistical significance in the reduction of burnout. However, reducing nursing burnout and improving the work environment can reduce adverse patient safety ratings in healthcare organizations (Montgomery et al., 2022).

### Implications for Education

The Taking Charge of My Life and Health (TCMLH) Program provides various coping strategies to reduce stress and burnout (United States Department of Veterans Affairs, 2021). This QI project supports educating facilitators on TCMLH's whole health strategies used in peer support groups. Due to the time limitation, the full TCMLH program was not implemented. Only excerpts were adopted in the peer support group. Education on the benefits of peer support groups can be extended to nursing school programs and staff education in hospitals.

## Limitations

The main limitation of this project was the brief time of the study. The peer support group sessions took place over six weeks for 30–45-minute sessions. Twenty-five staff members consented to participate, two participants withdrew from the project, and nine could not attend due to scheduling conflicts. The peer support group study was conducted on the night and day shifts to accommodate the staff. Due to the time of the study, the adverse patient safety events were only evaluated over six months. More time in the study would have provided more accurate findings on patient safety events.

## Dissemination

The findings of this quality improvement project will be presented at the hospital level to the medical center director, nurse executive, chief of education, chief of mental health service line, and network of whole health coordinators. The DNP project manuscript will be disseminated to the Library Repository System at JSU for public access. A poster or video presentation will be presented at Jacksonville State University's Virtual Dissemination Day on July 13, 2023.

## Sustainability

The participants and leadership supported the implementation of a peer support group in the acute mental health unit. The participants were motivated to continue with the *PEP* support group to increase morale and retain staff. The sustainability of this project is high for implementing a peer support group. Developing a standard of practice (SOP) is recommended to implement peer support groups on units throughout the hospital using the whole health concepts to provide coping strategies to reduce burnout. The acute inpatient mental health unit leadership has identified a facilitator to lead and implement peer support in this unit. The organization's overall goal is to implement peer support groups throughout the facility based on the benefits and success of the DNP QI project peer support group implemented in the acute inpatient mental health unit.

## Plans for Future Scholarship

This DNP project focused on reducing burnout by implementing a peer support group in an acute inpatient mental health unit. While the data was not statistically significant, establishing peer support groups in an acute mental health unit was clinically significant. Further studies can be conducted in other highly stressful areas of healthcare such as emergency rooms, intensive

care units, and long-term care units. The time for the study can be extended to monitor and evaluate the impact of peer support groups on burnout and the rate of adverse patient safety events. Additionally, more studies may review the impact on the nurse staffing methods and its impact on peer support group. Future studies may also focus on the effects of peer support groups with other healthcare disciplines beyond nursing staff.

## Conclusion

Albert Bandura's Social Learning Theory guided the DNP quality improvement project. This theory promoted learning new behaviors to reduce stress and burnout in four phases: attention, retention, reproduction, and motivation (Butts & Rich, 2018). The study did not show statistical significance in the reduction of burnout. The goal was not met in the reduction of adverse patient safety events. However, the project did show clinical significance for peer support groups. The project identified concerns in the acute inpatient mental health unit with co-worker relationships, collaboration, and communication that contributed to staff dissatisfaction and incohesive work relationships. These factors impact staff retention and morale, which can be factors that increase adverse patient safety events**.** The participants were motivated to incorporate the new behavior for coping and relationship building upon the completion of the project. Further studies are recommended on peer support groups in other clinical areas within mental health service over a longer period with a larger sample size.

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# Appendix A

SWOT Analysis

| Internal | External |
|---|---|
| **Strengths**<br>• Mental Health leadership desires an improvement in the workforce and delivery.<br>• Experience Nurse Educator<br>• Associate Chief Nurse, Nurse Managers, and Associate Chief of Staff of Mental Health desires to improve operations to a state of excellence | **Opportunities**<br>• Staff training on roles and responsibilities on the acute inpatient mental health unit<br>• Training on deescalating techniques for improved safety outcomes<br>• Interventions are needed to reduce stress and improve morale for nursing staff |
| **Weakness**<br>• Charge nurses lack confidence in delegating task.<br>• The Inpatient Mental Health Unit lacks concrete processes for interdisciplinary team roles and responsibilities.<br>• Time management and critical thinking skills are insufficient.<br>• Adverse patient safety events have increased over the past year | **Threats**<br>• Noisy environment leads to patient agitation and disruptive behaviors<br>• Unit structure proposes challenging to manage with staffing shortage |

## Appendix B

Disruptive Behavior Report- Adverse Patient Safety Events

### Disruptive Behavior Report
### Acute Inpatient Psychiatry Unit

| Inpatient/Acute Psychiatry FY 21 | OCT 20 | NOV20 | DEC 20 | JAN 21 | FEB 21 | MAR 21 | APR 21 | MAY21 | JUN 21 | JUL 21 | AUG 21 | SEP 21 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Total Reports | 3 | 3 | 0 | 8 | 0 | 5 | 0 | 2 | 6 | 4 | 5 | 11 |
| Verbal Disruptive Reports | 3 | 3 | 0 | 7 | 0 | 4 | 0 | 2 | 4 | 2 | 4 | 9 |
| Physical Disruptive Reports | 2 | 1 | 0 | 7 | 0 | 5 | 0 | 2 | 6 | 2 | 3 | 7 |
| Containment Reports | 0 | 1 | 0 | 3 | 0 | 3 | 0 | 2 | 4 | 2 | 1 | 0 |

| Inpatient/Acute Psychiatry FY 22 | OCT 21 | NOV 21 | DEC 21 | JAN 22 | FEB 22 | MAR 22 | APR 22 | MAY22 | JUN 22 | JUL 22 | AUG 22 |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Total Reports | 4 | 7 | 4 | 3 | 14 | 18 | 19 | 6 | 3 | 0 | 18 |
| Verbal Disruptive Reports | 3 | 7 | 3 | 3 | 12 | 16 | 17 | 6 | 3 | 0 | 17 |
| Physical Disruptive Reports | 4 | 2 | 2 | 1 | 8 | 9 | 8 | 0 | 1 | 0 | 7 |
| Containment Reports | 1 | 2 | 0 | 0 | 3 | 0 | 9 | 0 | 0 | 0 | 6 |

| | FY 21 TOTALS | FY 22 TOTALS THROUGH AUGUST |
|---|---|---|
| Total Reports | 47 | 96 |
| Verbal Disruptive Reports | 38 | 87 |
| Physical Disruptive Reports | 35 | 42 |
| Containment Reports | 16 | 21 |

(Permission granted by agency)

**Appendix C**

DNP Project Recruitment Flyer

# "Let's Peers Encouraging Peers It Up" and Knock Out

# "BURNOUT"

You are invited to participate in a

**Peer Support Group Study**

for

Nursing Staff

Acute Mental Health Inpatient Unit

Registered Nurses, Licensed Practical Nurses, Nursing Assistants

| Meeting Dates & Times 4:00am & 2:30pm | |
|---|---|
| January 9, 2023 | January 11, 2023 |
| January 16, 2023 | January 18, 2023 |
| January 23 2023 | January 25, 2023 |
| January 30, 2023 | February 1, 2023 |
| February 6, 2023 | February 8, 2022 |
| February 13, 2023 | February 15, 2022 |

*Dates are subject to change

*Participation is Voluntary. You may withdraw from participation in the project at any time without fear of penalty or loss of benefits.

## Appendix D

Participant Consent Form

### Consent Form

This consent form is a partial fulfillment of a consent process for a Doctor of Nursing Practice (DNP) student project and will inform participants as to the purpose of this practice improvement project enabling participants to decide if they wish to volunteer for this project.

In case of any questions that may arise during this practice improvement project you should feel free to ask the principal investigator at any time and be provided with answers you clearly understand in their entirety. After all your questions have been answered, you may participate in the educational session if you still wish to participate in the DNP Practice Improvement Project.

### Participant Consent Form

**Title of Study:** Evaluation of a Peer Support Group Implementation to Reduce Burnout in Nursing Staff on an Acute Inpatient Mental Health Unit

**Principal Investigator:** The Principal Investigator is Marilyn Scott, a graduate student from the College of Health Professions and Wellness, School of Nursing at Jacksonville State University.

**The Purpose of the DNP Project:**
The purpose of this DNP practice improvement project is to demonstrate the benefits of a peer support group in helping nursing staff reduce burnout and improve morale in the workplace. The purpose of this form is to obtain your written consent for your voluntary participation in this quality improvement study.

**Location of DNP Project:** The Peer Support Group Study will be held in building 120, room W237 on the inpatient mental health unit.

**Description of the DNP Project Procedure:** Participation is voluntary. Once written consent is given, you will be asked to complete a pre-assessment on burnout and attend a 30–45-minute face-to-face support group that will be conducted weekly for six weeks. After the sixth session, you will be asked to complete a post-burnout assessment.

**Length of Time of Participation in the DNP Project:** Participants will spend (10-15) minutes on the MBI pre-survey. During peer support group sessions, participants will spend (5) minutes on an Ice-Breaker exercise, (10) minutes on reflective practice, (20) minutes on education on whole health coping strategies, and (10) minutes on teambuilding activity**.** At the end of the sixth week, participants will complete the MBI post-survey (10-15) minutes**.**

**Potential risks:** Participation in this project is voluntary. No foreseeable risks (physical, psychological, or social harm, discomfort, or inconvenience) to participants have been identified regarding participation in the DNP Project. All information obtained during the practice improvement project will be kept confidential and destroyed after the completion of the process improvement project.

**Confidentiality:** No identifiable information will be collected. The burnout assessments are anonymous. A link will be provided to the participants without identifiers. Data will be stored on a password protected secured drive within the facility. Access is only available to the primary investigator, preceptor, and statistician for data analysis. The data will be stored for six months after the completion of the study and then destroyed.

**Benefits of the DNP Practice Improvement Project:** Results from this study can benefit individuals working in a stressful environment by improving self-care, reducing stressors, and improving morale in the workplace. Reduced burnout leads to improved quality and safe patient outcomes.

**What will happen if you do not wish to participate in the project or if you later decide not to stay in the project?** Participation in this project is voluntary. Participants are given a choice to participate and may change their minds at any time and withdraw from participation. If you do not wish to participate in the project OR withdraw from participation in the project at any time, you may do so without fear of penalty or loss of benefits to which you are otherwise entitled.

**Who can you call if you have any questions?** If you have any questions about your participation in this DNP Practice Improvement Project, or in the event of a project related injury or emergency, please call the Principal Investigator:

MARILYN SCOTT (mscott11@stu.jsu.edu; 334-467-2615)

**1. Subject Consent Signature Page:**

I understand the purpose and implications of the discussed DNP Quality Improvement Project/Intervention. My questions have been answered, and I agree to take part in this DNP Quality Improvement Project/Intervention.

Subject Name:_____

Subject Signature:_____ Date:_____

**2. Signature of Investigator/Individual Obtaining Consent:**
I have explained the purpose, mechanics, and implications of this DNP Quality Improvement Project/Intervention to relevant stakeholders to the best of my ability. I have addressed concerns with the parties involved.

Investigator/Person Obtaining Consent (printed name): Marilyn Scott

Signature:_____ Date: _____

**SIGNATURE PAGE OF CONSENT FORM**
FOR RESEARCH INVOLVING ADULTS
Permission Form for
Research on

Evaluation of a Peer Support Group Implementation to Reduce Burnout in Nursing Staff on an Acute Inpatient Mental Health Unit
Title of Project

---

I have read a description of the research project/study, and I understand the procedure described on the attached pages. I also have received a copy of the description.

I _____ agree to participate in the study.
Complete Name

_____ _____
Signature Date

## Appendix E

Maslach Burnout Inventory Pre- and Post-Assessment

| Participants | Emotional Exhaustion | | Depersonalization | | Personal Accomplishment | |
|---|---|---|---|---|---|---|
| | Pre | Post | Pre | Post | Pre | Post |
| 1 | 2.7 | 1.8 | 1.2 | 0.2 | 5.3 | 5 |
| 2 | 1 | 0.4 | 0.6 | 0.6 | 3.8 | 4.4 |
| 3 | 1.7 | 0.8 | 0 | 1.6 | 5.5 | 4.9 |
| 4 | 2.8 | 3.7 | 2 | 1.4 | 5 | 5.4 |
| 5 | 2.8 | 1.3 | 1 | 0 | 5.5 | 5.4 |
| 6 | 2.3 | 0.2 | 0 | 0 | 5.6 | 5.9 |
| 7 | 3.8 | 4.9 | 1.4 | 4.2 | 5.5 | 4.6 |
| 8 | 4.6 | 5 | 2.4 | 2.8 | 4 | 3 |
| 9 | 2 | 3.3 | 0.4 | 1.4 | 4.8 | 3.6 |
| 10 | 1.9 | 1.4 | 1 | 1.2 | 5.1 | 4.5 |
| 11 | 2.2 | 2 | 0.2 | 0.8 | 5 | 5.8 |
| 12 | 2.6 | 2.6 | 2.2 | 0.8 | 3.9 | 4.5 |
| 13 | 0.4 | 0.6 | 0 | 0 | 5.4 | 5.3 |
| 14 | 1.1 | 2.4 | 1.4 | 0.4 | 5.8 | 5.4 |

## Appendix F

Disruptive Behavior Report

| DATES | SEPT 2022 | OCT 2022 | NOV 2022 | DEC 2022 | JAN 2023 | FEB 2023 | MAR 2023 | APR 2023 | MAY 2023 | JUN 2023 | JUL 2023 | AUG 2023 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| FY 23 | 6 | 3 | 5 | 10 | 9 | 11 | | | | | | |
| DATES | SEPT 2021 | OCT 2021 | NOV 2021 | DEC 2021 | JAN 2022 | FEB 2022 | MAR 2022 | APR 2022 | MAY 2022 | JUN 2022 | JUL 2022 | AUG 2022 |
| FY 22 | 11 | 4 | 7 | 4 | 3 | 13 | 18 | 21 | 7 | 3 | 2 | 17 |
| | | | | | | | | | | | | |

(Permission granted by the agency)

## Appendix G

Educational Materials

**Peers Encouraging Peers (PEP)**

**Peer Support Group Quality Improvement Study**

**Week one**

**Agenda**

**January 9th and January 11th Sessions**

(358) Jazz Music | Smooth Jazz Saxophone | Relaxing Background Music with the Sound of Ocean Waves - YouTube

| | |
|---|---|
| Maslach Burnout Instrument Pre- Survey (MBI) | 10 Minutes |
| Ice Breaker Exercise | 5 minutes |
| Reflective Practice | 5 minutes |
| Education | 20 minutes |
| | Ground Rules<br>What is a Peer Support Group<br>Purpose of Peer Support |
| Coping Strategy (Whole Health) | Breathing Exercises |
| Closing | |

**Facilitator Notes**

1. Informed Consents are completed.
2. MBI Pre-Assessment
3. Ice-Breaker
    a. Introductions of Name

   b. Role at VA
   c. What Brings you joy?

4. Reflective Practice- Reflective practice is important because it gives us a chance to identify which areas of the setting need improving and enables us to assess our own performance personally and what we need to improve on; reflecting on these things helps to identify what training we may need to take (Sundgren et al. 2020).
   a. How do you feel about that?
   b. What helped?
   c. What did not help?
   d. What do the rest of you think about what was just said?
5. Ground Rules
6. What is a Peer Support Group
   a. Peer Support is different from the support you get from counselors, doctors, and case managers. It is more than just being friends. In Peer Support you understand each other because, although everyone has their own unique stories, you have similar experiences that can create a bond that allows you to learn together.
   b. People with similar experiences get together in person or electronically to share their experiences, to learn together how to move past the difficulties this has created in their lives, to give each other hope, and to support each other as they do the things they want to do and make their lives the way they want them to be.
   c. Sharing mutual experiences for resolutions
7. Whole Health Coping Strategy- Taking Charge of Your Health- Your mind can affect your body. Sometimes when you think about stressful things, your heart rate and blood pressure go up. You can use the power of your mind to lower blood pressure or control pain. Learn to use the connection between your body, brain, and mind. Warriors and athletes use the power of the mind

to visualize a successful mission or event. Mind-body practices tap into the power of the mind to heal and cope.

a. Review Facilitator Guide
b. Review Participant Guide
c. Review Resiliency
d. Need Imagery
e. Need Music
f. Copy the Circle of Health

**Week Encouraging Peers (PEP)**

**Peer Support Group Quality Improvement Study**

**Week two**

**Agenda**

**January 16th and January 18th Sessions**

(372) Relaxing Jazz Music - Background Chill Out Music - Music For Relax, Study, Work - YouTube

| | |
|---|---|
| Ice Breaker Exercise | 5 Minutes |
| Coping Strategy (Breathing) | 5 minutes |
| Reflective Practice | 10 minutes |
| Education | 10 minutes |
| Coping Strategy (Whole Health) | Personal Health Inventory |
| Closing | |

**Facilitator Notes**

8. Icebreaker
    a. Ask about moments when they were mindful last week (page 15).
    9. Breathing Exercises (Page 67 of TCMLH Facilitators Guide).
10. Reflective Practice- Reflective practice is important because it gives us a chance to identify which areas of the setting need improving and enables us to assess our own performance personally and what we need to improve on; reflecting on these things helps to identify what training we may need to take (Sundgren et al., 2020).
    a. How do you feel about that?
    b. What helped?
    c. What did not help?

d. What do the rest of you think about what was just said?

11. Personal Health Inventory

    a. Follow questions on page 13.

    12. Whole Health Coping Strategy- Taking Charge of Your Health- Your mind can affect your body. Sometimes when you think about stressful things, your heart rate and blood pressure go up. You can use the power of your mind to lower blood pressure or control pain. Learn to use the connection between your body, brain, and mind. Warriors and athletes use the power of the mind to visualize a successful mission or event. Mind-body practices tap into the power of the mind to heal and cope (United States Department of Veteran Affairs, 2021).

    a. Copy the Circle of Health

    b. Personal Health Inventory

**Peers Encouraging Peers (PEP)**

**Peer Support Group Quality Improvement Study**

**Week Three**

**Agenda**

**January 23rd and January 25th Sessions**

https://youtu.be/jQ1FCJZC2Pc

| | |
|---|---|
| Ice Breaker Coping Strategy (Breathing) | 5 minutes |
| Reflective Practice | 10 minutes |
| Education | 10 minutes |
| Coping Strategy (Whole Health) | Identifying Values |
| Team Building | 15 minutes |
| | Communications- Rosalyn Alford-EEO |

**Facilitator Notes**

1. Icebreaker Breathing
    a. Ask about moments when they were mindful last week (page 15 in TCMLH).
    b. Breathing exercise
2. Reflective Practice- Reflective practice is important because it gives us a chance to identify which areas of the setting need improving and enables us to assess our own performance personally and what we need to improve on; reflecting on these things helps to identify what training we may need to take (Sundgren et al. 2020).
    a. How do you feel about that?
    b. What helped?

c. What did not help?

d. What do the rest of you think about what was just said?

3. Identifying Values

    a. *Follow questions on page 16 in TCMLH.*

4. Whole Health Coping Strategy- Taking Charge of Your Health- Your mind can affect your body. Sometimes when you think about stressful things, your heart rate and blood pressure go up. You can use the power of your mind to lower blood pressure or control pain. Learn to use the connection between your body, brain, and mind. Warriors and athletes use the power of the mind to visualize a successful mission or event. Mind-body practices tap into the power of the mind to heal and cope (United States Department of Veteran Affairs, 2021).

    a. Copy of Values Conflict worksheet

5. Communication Techniques- Rosalyn Alford

**Peers Encouraging Peers (PEP)**

**Peer Support Group Quality Improvement Study**

**Week Four**

**Agenda**

**January 30 and February 1, 2023, Sessions**

(16) Jazz Instrumental: 3 HOURS of Jazz Music Playlist for Relaxing Happy Summer Chill Out - YouTube

| | |
|---|---|
| Ice Breaker Coping Strategy (Breathing) | 5 minutes |
| Reflective Practice | 5 minutes |
| Education | 10 minutes |
| Coping Strategy (Whole Health) | Identifying Values |
| Team Building | 15 minutes |
| | Communications- Rosalyn Alford-EEO |

**Facilitator Notes**

1. Icebreaker Breathing
    a. Ask about moments when they were mindful last week (page 15).
    b. Breathing exercise
    c. Something that you are grateful for during the past week.
2. Reflective Practice- Reflective practice is important because it gives us a chance to identify which areas of the setting need improving and enables us to assess our own performance personally and what we need to improve on; reflecting on these things helps to identify what training we may need to take.

a. How do you feel about that?

b. What helped?

c. What did not help?

d. What do the rest of you think about what was just said?

3. Identifying Values

    a. *Follow questions on page 16 in TCMLH.*

    4. Whole Health Coping Strategy- Taking Charge of Your Health- Your mind can affect your body. Sometimes when you think about stressful things, your heart rate and blood pressure go up. You can use the power of your mind to lower blood pressure or control pain. Learn to use the connection between your body, brain, and mind. Warriors and athletes use the power of the mind to visualize a successful mission or event. Mind-body practices tap into the power of the mind to heal and cope (United States Department of Veteran Affairs, 2021).

    a. Copy of Values Conflict worksheet

5. Communication Techniques- Rosalyn Alford

**Peers Encouraging Peers (PEP)**

**Peer Support Group Quality Improvement Study**

**Week Five**

**Agenda**

**February 6th & February 8th, 2023**

(358) Jazz Music | Smooth Jazz Saxophone | Relaxing Background Music with the Sound of Ocean Waves - YouTube

| | |
|---|---|
| Ice Breaker Coping Strategy (Changed Behavior) | 5 minutes |
| Reflective Practice | 5 minutes |
| Education | 10 minutes |
| Coping Strategy (Whole Health) | Loving Kindness |
| Team Building | 20 minutes |
| | Communications- Rosalyn Alford-EEO |

**Facilitator Notes**

1. Ice-Breaker – 1 changed behavior.
    a. Ask about moments when they were mindful last week (page 15in TCMLH).
    b. Breathing exercise
    c. Something that you are grateful for during the past week.
2. Reflective Practice- Reflective practice is important because it gives us a chance to identify which areas of the setting need improving and enables us to assess our own performance personally and what we need to improve on; reflecting on these things helps to identify what training we may need to take.

   a. How do you feel about that?
   b. What helped?
   c. What did not help?
   d. What do the rest of you think about what was just said?

3. Loving Kindness Meditation
   a. Follow script page 73 in TCMLH.
4. Whole Health Coping Strategy- Taking Charge of Your Health- Your mind can affect your body. Sometimes when you think about stressful things, your heart rate and blood pressure go up. You can use the power of your mind to lower blood pressure or control pain. Learn to use the connection between your body, brain, and mind. Warriors and athletes use the power of the mind to visualize a successful mission or event. Mind-body practices tap into the power of the mind to heal and cope (United States Department of Veteran Affairs, 2021).
   a. Loving Kindness Meditation Script
5. Communication Techniques- Rosalyn Alford

**Peers Encouraging Peers (PEP)**

**Peer Support Group Quality Improvement Study**

**Week Six**

**Agenda**

**February 13th & February 15th 2023**

(358) Jazz Music | Smooth Jazz Saxophone | Relaxing Background Music with the Sound of Ocean Waves - YouTube

| | |
|---|---|
| Ice Breaker (Recap) | 5 minutes |
| Reflective Practice | 5 minutes |
| Education | 10 minutes |
| Coping Strategy (Whole Health) | Food and Water<br>Family, Friends, Co-Workers Relationship |
| Team Building | 15 minutes |
| | Communications- Rosalyn Alford-EEO Arnisha Henry |

**Facilitator Notes**

1. Ice-Breaker – Recap on Coping Strategies
    a. Breathing
    b. Personal Health Inventory
    c. Mindfulness
    d. Values
    e. Loving-Kindness
    f. Food and Water/ Family Friends and Co-workers
2. Reflective Practice- Reflective practice is important because it gives us a chance to identify which areas of the setting need improving and enables us to assess our own performance

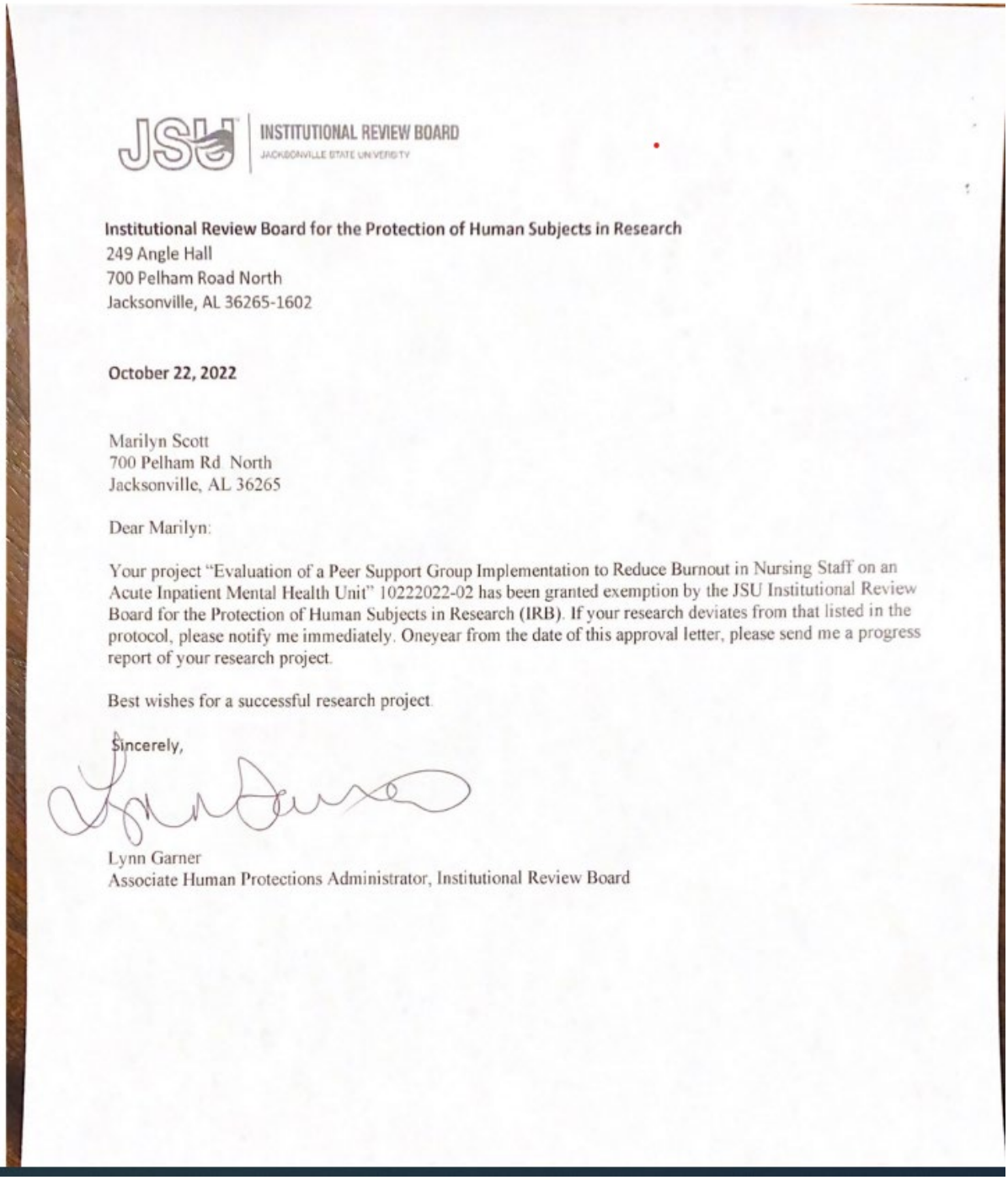
personally and what we need to improve on; reflecting on these things helps to identify what training we may need to take.

   a. How do you feel about that?
   b. What helped?
   c. What did not help?
   d. What do the rest of you think about what was just said?

3. Food & Water/ Family, Friends, Co-Workers
   *a. Follow script page 35 in TCMLH.*
4. *Follow Script page 41-42 in TCMLH.* Whole Health Coping Strategy- Taking Charge of Your Health- Your mind can affect your body. Sometimes when you think about stressful things, your heart rate and blood pressure go up. You can use the power of your mind to lower blood pressure or control pain. Learn to use the connection between your body, brain, and mind. Warriors and athletes use the power of the mind to visualize a successful mission or event. Mind-body practices tap into the power of the mind to heal and cope (United States Department of Veteran Affairs, 2021).
   a. Food & Water/ Family, Friends, Co-Workers Script
5. Communication Techniques- Rosalyn Alford/Arnisha Henry

# Appendix H

JSU IRB Approval Letter



JSU | INSTITUTIONAL REVIEW BOARD
JACKSONVILLE STATE UNIVERSITY

**Institutional Review Board for the Protection of Human Subjects in Research**
249 Angle Hall
700 Pelham Road North
Jacksonville, AL 36265-1602

**October 22, 2022**

Marilyn Scott
700 Pelham Rd North
Jacksonville, AL 36265

Dear Marilyn:

Your project "Evaluation of a Peer Support Group Implementation to Reduce Burnout in Nursing Staff on an Acute Inpatient Mental Health Unit" 10222022-02 has been granted exemption by the JSU Institutional Review Board for the Protection of Human Subjects in Research (IRB). If your research deviates from that listed in the protocol, please notify me immediately. Oneyear from the date of this approval letter, please send me a progress report of your research project.

Best wishes for a successful research project.

Sincerely,

Lynn Garner
Associate Human Protections Administrator, Institutional Review Board

# Appendix I

Agency Approval Letters

**Department of Veterans Affairs**

**Memorandum**

[redacted]
Central Alabama Veterans Healthcare System
2400 Hospital Road
Tuskegee, Alabama 36083

September 29, 2022

Dear Sir or Madam,

This letter confirms my wholehearted support for Jacksonville State University graduate nursing student Ms. Marilyn Scott. Ms. Scott has received our approval to focus on "Evaluation of a Peer Support Group Implementation to Reduce Burnout in Nursing Staff on an Acute Inpatient Mental Health Unit", over the coming year.

We are excited to support her as she works toward improving patient care delivery in our facility.

Please let me know if I can assist in any way.

Sincerely,

LAUNDRENA LAPRADD 113766
Digitally signed by LAUNDRENA LAPRADD 113766
Date: 2022.09.30 14:29:07 -05'00'

[redacted]

Department of Veterans Affairs

# Memorandum

[redacted]

September 29, 2022

Dear Sir or Madam,

This letter confirms my wholehearted support for Jacksonville State University graduate nursing student Ms. Marilyn Scott. Ms. Scott has received our approval to focus on "Evaluation of a Peer Support Group Implementation to Reduce Burnout in Nursing Staff on an Acute Inpatient Mental Health Unit", over the coming year.

We are excited to support her as she works toward improving patient care delivery in our facility.

Please let me know if I can assist in any way.

Sincerely,

[redacted]

## Appendix J

CITI Training Certificate

CITI PROGRAM

Completion Date 26-Aug-2022
Expiration Date 25-Aug-2025
Record ID 50638469

This is to certify that:

**Marilyn Scott**

Has completed the following CITI Program course:

Not valid for renewal of certification through CME.

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

Under requirements set by:

**Jacksonville State University**

CITI
Collaborative Institutional Training Initiative

Verify at www.citiprogram.org/verify/?w332ee9b5-c97a-4adb-b61f-74d7cc84c3e8-50638469

# Appendix K

Permission Letter



**Permission for Marilyn Scott to reproduce 1 copy within three years of October 5, 2022**

**For Publications:**
We understand situations exist where you may want sample test questions for various fair use situations such as academic, scientific or commentary purposes. No items from this instrument may be included in any publication without the prior express written permission from Mind Garden, Inc. Please understand that disclosing more than we have authorized will compromise the integrity and value of the test.

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

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

**All Other Special Reproductions:**
For any other special purposes requiring permissions for reproduction of this instrument, please contact info@mindgarden.com.

## Appendix L

Project Timeline

| Project Task | Percentage of Completion | Date |
|---|---|---|
| Selected Site /Preceptor | 100% | 22-May-22 |
| Brainstorming /Problem Statement Draft | 100% | 29-May-22 |
| Needs/Gap Analysis Completed | 100% | 09-Jun-22 |
| Stakeholder's Meeting | 100% | 05-Jun-22 |
| Informal Evidence Search | 100% | 20-Jun-22 |
| Evidence Synthesis Table | 100% | 26-Jun-22 |
| Preceptorship Onboarding | 100% | 27-Jun-22 |
| Met with Preceptor | 100% | 28-Jun-22 |
| Met with Preceptor | 100% | 29-Jun-22 |
| Met with Quality Management Chief via Phone | 100% | 29-Jun-22 |
| PICO Question Draft | 100% | 03-Jul-22 |
| PICO Question Final | 100% | 09-Jul-22 |
| Draft Proposal | 100% | 18-Jul-22 |
| Stakeholder's Meeting | 100% | 22-Jul-22 |
| Revised Draft Proposal; | 100% | 28-Aug-22 |
| Project Defense Approval | 100% | 27-Sep-22 |
| Stakeholder Meeting | 100% | 06-Oct-22 |
| Institution Review Board(IRB) Granted exemption | 100% | 22-Oct-22 |
| Stakeholder Meeting | 100% | 11-Jan-22 |
| Stakeholder Meeting | 100% | 28-Nov-22 |
| Project Recruitment Completed | 100% | 04-Jan-23 |
| Project Implementation | 100% | 09-Jan-23 |
| Project Completion | 100% | 22-Feb-23 |
| Stakeholder Meeting | 100% | 22-Feb-23 |
| Stakeholder Meeting | 100% | 05-Apr-23 |

# Appendix M

Budget and Resources

| Item | Cost |
|---|---|
| Maslach Burnout Inventory Licenses x 50 | $150.00 |
| Maslach Burnout Inventory Report | $400.00 |
| Statistician @$50/hr. | $350.00 |
| Copying Paper Case | $42.99 |
| Ink Cartridges | $227.00 |
| Snacks | $100.00 |
| Stress Balls | $36.99 |
| Buttons | $27.00 |
| Educational Materials (Pads, Sanitizer, Pens) | $80.00 |
| USB Drive | $8.00 |
| Room/Space | $0.00 |
| Computers | $0.00 |
| Agency Reports | $0.00 |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| **Total** | **$1421.98** |