Employee Recognition and Reducing Mental Health Provider Burnout After COVID-19

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Chair: Dr. Rodney Olin, RN, DNP, PMHNP

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Abstract

Background: The COVID-19 pandemic dramatically increased the incidence and severity of already-high healthcare provider burnout rates. Outpatient mental health providers experienced comparable levels of burnout throughout COVID-19 and will field the increased demand for mental health services in the recovery period after COVID-19, limiting the ability for these providers to address their own burnout. Organizational interventions that strive to reduce burnout, such as employee recognition initiatives, have greater impact than individual efforts in decreasing provider burnout. *Methods:* This pilot quality improvement project gathered baseline employee data prior to an educational presentation to supervisors on the impact of employee recognition on burnout to be able to assess the relationship between increased supervisor awareness of burnout and recognition, recognition efforts by supervisors, and employee burnout ratings. *Intervention:* 10 supervisors attended a virtual presentation that defined and discussed provider burnout, the impact of employee recognition, and the results of the initial employee survey. Employees were re-surveyed 8 weeks after the education presentation to assess for changes in supervisory recognition behaviors and level of employee burnout. *Results:* Overall burnout and disengagement increased, while emotional exhaustion and supervisor recognition behaviors remained unchanged. *Conclusions:* Efforts to clarify the employee perspective and increase leadership support for organizational interventions will help improve upon the knowledge gained through this project to inform the next initiative.

For the purposes of this project, the term "recognition" encompasses any organization, leadership, or supervisor-led effort to show acknowledgement, appreciation, gratitude, and/or the value of employees. Annual raises, performance-based bonuses or rewards, and celebrating years of service are not included, as they are standardized, conditional and/or transactional. In addition, a "supervisor" refers to a clinical staff member to whom others report.

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Introduction

Dr. Herbert Freudenberger (1974) coined the term "burnout" to define the type of professional fatigue healthcare workers (HCW) develop from chronically high unresolved professional stress. Currently, the World Health Organization considers burnout a medical syndrome comprised of emotional exhaustion, professional disengagement or detachment, and decreased subjective and/or objective efficacy (Robinson, 2023a; Robinson, 2023b; Sklar et al., 2021; WHO, 2019). The COVID-19 global pandemic (COVID-19) exacerbated existing burnout amongst outpatient (OP) mental health providers (MHP). Researchers predicted "an ensuing mental health epidemic" would occur after the crisis stage of COVID-19 (Billings et al., 2021). As the world began to recover, the number of people seeking OP mental healthcare (MHC) dramatically increased and has remained high, further pushing the timeline for MHPs to address their own mental health needs and subsequently increasing the likelihood of prolonged burnout (Berlin et al., 2022; NIOSH, 2022; Li et al., 2021; NIHCM, 2021). MHP burnout, especially therapist disengagement, can have detrimental effects on treatment outcomes (Delgadillo et al., 2018).

Nature and Significance of Burnout in Healthcare

The WHO (2019) added burnout as an occupational hazard citing increased association with negative and dangerous individual, organizational, and community outcomes. HCW burnout is associated with increased risk for developing cardiac diseases, diabetes, and depression, with a subsequent increased risk for suicide; burnout is linked to decreased effort and productivity, increased absenteeism and turnover, and higher incidences of unprofessionalism; finally, burnout is correlated with higher organizational costs, revenue losses, and economic instability (Leclerc et al., 2022; Prasad et al., 2021; National Academic Press, 2019; WHO, 2019). MHP and HCW burnout was a national issue long before COVID-19, with up to 38% of MHPs reporting burnout between 2015-2018 (Zivin et al., 2022). During 2020, burnout reports increased to nearly 50% of all HCWs (Prasad et al., 2021; Primary Care Collaborative, 2020). More recently, researchers found 84% of HCWs were experiencing burnout due to

larger workloads and professional disconnection related to virtual platforms over the course of COVID-19, increasing burnout severity by 37% (Leclerc et al., 2022).

Available Knowledge of Employee Recognition

Billings et al. (2021) completed a systematic review and qualitative meta-synthesis of 46 studies of HCW experiences in previous healthcare crises (e.g., SARS or Ebola). The researchers connected a multitude of burnout mediators that could be applied to HCW burnout during COVID-19, specifically the impact of meaningful acknowledgement and tangible organizational support. When leaders consulted HCWs in decision-making processes, empowered their problem-solving skills, publicly acknowledged their contributions, and prioritized their mental, physical, and emotional safety, outcomes indicate that staff felt recognized, respected, competent, and autonomous with significantly reduced burnout and lower burnout severity (Billings et al., 2021).

Multiple studies echo this sentiment and replicate the effect meaningful employee recognition and acknowledgement have on employee retention, engagement, and loyalty across healthcare settings and specialties (al Fannah et al., 2022; Gabriel & Aguinis, 2022; Sija, 2022; Allan et al., 2021; Green et al., 2020; Maslach & Leiter, 2016). The value employees place on recognition is especially increased during a crisis. MHPs who do not feel seen or appreciated are significantly more likely to experience burnout, leave their employer, and/or leave the profession altogether (Sija, 2022). By assessing and addressing burnout levels, organizations can start implementing initiatives to better support their employees.

Rationale

Employee recognition programs are sustainable, uncomplicated, and highly tailorable organizational initiatives. Other organizational interventions include redirecting administrative tasks, eliminating workflow inefficiencies, and clarifying interdisciplinary responsibilities. Given the lack of baseline employee data, limited time frame, accessibility to the project site and staff, and the need for an unfunded intervention, targeting burnout fit within those requirements and aligned with the organization's goals and the current landscape of the mental health profession. Evidentiary support for a single intervention can be difficult to generalize based on the heterogeneity of research on burnout and

recognition, with variable measures, sample sizes, population types, settings, and details of interventions and implementation (National Academies Press, 2019).

Increasing organizational awareness of the research on burnout and acknowledgement, trends amongst MHPs, and the state of burnout and recognition within the organization could increase the occurrence, frequency, and quality of employee recognition and reduce MHP burnout. Historically, the blame of burnout and the ownership of solving it has been directed at the individual, despite the disproportionate control an organization's culture, infrastructure, work constraints, and flexibility have on burnout (National Academic Press, 2019). If that organization remains unchanged, individual employee efforts will have minimal effect, which is likely to increase disengagement and worsen burnout.

The project's intervention utilizes the Institute for Healthcare Improvement's Plan-Do-Study-Act (PDSA) cycle to build the framework and guide the project (IHI, n.d.). The 4 stages of this pilot project's PDSA cycle are (1) gathering baseline information through an Initial Employee Survey (I-ES) to guide the intervention and compare follow-up data, (2) presenting research findings on burnout and employee recognition and I-ES data to supervisors with pre- and post-presentation surveys, (3) conducting a Follow-up Employee Survey (F-ES) to assess for changes in supervisor recognition patterns and employee burnout, and (4) utilizing the project's data to direct future PDSA cycle interventions.

Specific Aims

After December 1, 2022, supervisors will report increased knowledge of burnout and employee recognition and likelihood they will utilize the information in their practice to decrease employee burnout. By February 7, 2023, employee surveys will show increased recognition occurring and decreased burnout.

Methods

Context

This project was implemented at a Pacific Northwest outpatient community mental health clinic that provides comprehensive MHC to nearly 2,000 Medicaid-covered children and families annually. Clinical MHPs include child, family, and school-based therapists, family support specialists, and care coordinators. COVID-19 disrupted the previously tight sense of community within the organization.

Virtual platforms and gathering restrictions made it difficult to connect with new-hires and maintain co-worker relationships. For many of the therapists, this is their first job after graduating. Historically, new graduates leave after 2 years, having met the hours required to be licensed. Over the course of COVID-19, turnover was even higher.

This project occurred during a unique time when staff were returning to work on-site, in a new building, and meeting co-workers offline for the first time. Most MHPs continued working a hybrid of virtual and on-site appointments. Since office doors are closed during sessions for privacy, often closed between sessions, and most staff eat lunch in their office, organic socializing between co-workers is low. These factors can prolong the sense of disconnection or isolation that staff felt while they were virtual during COVID-19, which can negatively affect burnout. At the time of the project, there were no formal or informal mechanisms to recognize employees. The organization had never gathered data regarding burnout, recognition, or staff perspectives.

Intervention

The project's formal intervention was the educational presentation for supervisors that reviewed and defined burnout, summarized data from the Initial Employee Survey (I-ES), and educated supervisors on the impact of employee recognition. This project used a combination of quantitative and qualitative assessments to gather comprehensive baseline data to measure the impact of the presentation. Both the I-ES and F-ES contained the Oldenburg Burnout Inventory (OLBI) (Demerouti et al., 2010), Likert Scale rating questions, short answer questions, and demographics. The OLBI assesses burnout by measuring emotional exhaustion and professional depersonalization/disengagement, both of which are connected to decreased quality patient care and poorer treatment outcomes (National Academies Press, 2019; Delgadillo et al., 2018; Demerouti et al., 2010). Emotional exhaustion and disengagement each have a maximum score of 32, and a total of 64 points possible (See Table 1). According to Demerouti et al. (2003), a total OLBI score <30 indicates low burnout, 30-44 indicates moderate burnout, and >44 indicates severe burnout (Glowazc et al., 2022; Demerouti et al., 2003; Hansez, 2001). Emotional

exhaustion ranges include low (<16), moderate (16-23), and high (>23). Disengagement ranges equate to low (<15), moderate (15-22), and high (>30).

Supervisors completed surveys immediately before and directly after the educational presentation to measure knowledge gained, assess burnout, and collect demographics and feedback regarding the presentation. The project lead introduced the project at the in-person all-staff meeting in October followed by sending an email to clinical staff that day with the I-ES link and information about the project, confidentiality, voluntary participation, a 1-week response deadline, and that 2 reminder emails would be sent before the deadline.

The project lead reviewed the data and pulled information from responses into the presentation for supervisors. The educational presentation occurred during the weekly supervisor meeting. Supervisors had time during the presentation timeslot to complete their pre- and post-surveys. The F-ES was to be presented to staff during the first all-staff meeting in 2023 and sent via email, similarly to the I-ES, however due to the meeting cancellation, the F-ES was sent via email only. The project lead collected and compared data to assess the effect of the supervisor presentation.

Study of the Intervention

The impact of the presentation was measured for knowledge gained in the post-survey and measured for any changes in supervisor behavior in the F-ES. Additionally, employees were asked to assess how/if changes in burnout were related to changes in supervisor recognition behaviors. Changes in OLBI scores and increased/improved recognition from supervisors quantitatively measured the effect of the presentation from the MHP perspective. All four surveys offered a combination of assessments to allow flexibility and opportunity for discovered measures by including objective or closed questions, Likert rating scales, and descriptive responses. To monitor for unintended consequences of the project, such as time taken away from other tasks to participate, staff and supervisors were provided the opportunity for respondents to offer feedback and share any unintended harm or opportunity costs that participation caused. The comprehensive comparison could inform the next PDSA cycle.

Measures

The outcome of the presentation was quantifiably measured through changes in employee OLBI scores and supervisors' understanding/awareness of employee burnout and recognition. Both employee surveys included an OLBI and both supervisor surveys asked them to define burnout and quality employee recognition. This data provided quantitative outcome measurements that indicated the impact of the presentation on supervisors and employees. Balancing measures assessed for any unexpected outcome of the intervention or project by asking staff about time taken away from other professional tasks, any increase in workload, and unintended harm or distress due to their participation. In addition, the surveys allowed participants to offer feedback, express unaddressed topics, and offer suggestions for improving the project.

The primary process measure was the percentage of clinical staff and supervisors who completed their respective initial survey, follow-up survey, and those who complete both. The processes of presenting both employee surveys at all-staff meetings, providing time during the designated presentation(s) to complete surveys, and sending scheduled reminder emails to staff and supervisors were intentional actions to promote the outcome of high participation rates. The surveys were formatted so that nearly all questions are "required" to ensure data is complete. The OLBI and Likert scale answer options had the same format and similar wording throughout the survey to reduce accidental inaccuracies and assess for consistency.

Analysis

Changes in OLBI scores and Likert Scale responses, along with direct questions (yes/no, true/false) are quantifiable, while open-ended questions provide supplemental qualitative information. By sorting responses into groups, such as OLBI score clusters, years of employment, professional role, specific question response(s), potential data patterns, clusters, and trends could be identified. Additionally, analyzing changes in participation percentages could indicate whether the process efforts were effective in maintaining or increasing participation. One factor that could have impacted data analysis was the anonymity of survey responses, as it limited the ability to follow-up on issues.

Ethical Considerations and Funding

Dr. Rodney Olin, DNP, supervised this project as the principal investigator. This project did not involve patients and was exclusive to clinical staff as participants. Participation in the project was entirely voluntary at each stage, including completing surveys and attending the educational presentation. All data collection was anonymous. Every effort was made to maintain privacy and prevent emotional distress or harm to participants. On August 25, 2022, the Oregon Health & Science University IRB determined this project was "not research involving human subjects" (IRB Study #00024816**)**. There are no personal or financial conflicts of interest to disclose, and the project was unfunded.

Results

Between November 1, 2022 and February 7, 2023, employee disengagement and overall burnout increased, while emotional exhaustion remained high, but stable (Employee OLBI Scores). The average OLBI score increased from 41.25 to 43.5 and disengagement increased from 18.8 to 20.8. Emotional exhaustion also increased slightly by 0.3, from 22.4 to 22.7. Given that 85% of F-ES participants completed the I-ES, we believe this to be a reliable snapshot of the status of burnout within this organization. 90% of I-ES respondents reported they were satisfied with the recognition they receive from their supervisor. Quantity/frequency of recognition was either stable (60%) or decreased (25%) and quality of recognition was either stable (75%) or decreased (20%). Decreased quantity or quality of employee recognition may be related to an increase in burnout and further assessment is needed to determine the relationship.

Employee responses to individual OLBI questions indicated an increase in severity of burnout. The F-ES OLBI indicated a 35% increase in employees' negative feelings about work. Staff expressing reduced interest in their work increased from 16% to 30% and disengagement increased from 40% to 52%, with no respondents feeling highly engaged at follow-up compared to 10% in November. The most drastic shift was overall staff energy which dropped from 42% to just 15% in February. The OLBI scores provided more concrete and quantifiable evidence regarding burnout outcomes. Qualitative responses aligned with OLBI scores, indicating consistency and reliability of responses.

Discussion

Summary

This pilot project aimed to clarify the relationship between employee recognition and burnout in outpatient mental health by educating supervisors on burnout, employee recognition, and the status of burnout in their organization followed with re-assessing incidence of employee burnout. The crucial first step in this project was gathering baseline data from staff, which had not occurred within this organization before and was necessary to direct the educational presentation and F-ES. The secondary aim was a measurable increase in supervisors' knowledge and utilization of the presentation's information in how they recognize the employees under their direct supervision. However low participation and potential for positive self-reporting bias significantly limited the generalizability of the supervisors' results. The overall desired outcome of this project was increased employee recognition by supervisors after the educational presentation and decreased employee burnout. Given the general rise in burnout and limited changes in recognition, the educational presentation was not a sufficient organizational intervention. Additional PDSA cycles are needed to better tailor an intervention to reduce burnout more effectively and measures to increase leadership support and engagement in future projects.

Interpretation

Awareness of effective interventions that can reduce burnout amongst OP MHPs are important considerations for leadership teams. These interventions can improve the wellness of their staff and reduce turnover (Sija, 2022; Billings et al., 2021; Green et al., 2020). Along with recognition programs, organizational interventions that aim to mediate drivers of burnout, such as the workplace culture, employee workloads, sense of community, and equity, reduce the emotional, mental, and physical outcomes of burnout within the individual MHP, decrease organizational costs, and systemically improve patient care outcomes (SAMHSA, 2022; Morrow et al., 2018). This project increased organizational awareness of burnout and employee recognition at all levels and might have influenced organic efforts by leadership or supervisors to restart a recognition program or prioritize financial bonuses. The project's

disrupted timeline and inadequate leadership support likely reduced the reliability and generalizability of results through decreased engagement in follow-up surveys.

Limitations

Limitations of the project include relying on self-reported data which is naturally biased, reduced sample sizes at follow-up, and timing. Multiple scheduling issues occurred over the course of the project, including the project lead's start date, rescheduling the fall and winter all-staff meetings, and disrupted timing during project presentations. A delayed start date at the project site required the project to be designed with little to no context or understanding of the organization, leading to a broader and more generic I-ES. The lack of leadership support in designating adequate time and space to present the employee and supervisor surveys likely led to decreased follow-up participation. Participation in the supervisor post-survey was significantly reduced when the meeting leader moved forward with agenda items, preempting designated survey completion time. This severely restricted the generalizability of primary outcome measures regarding the effect of the presentation on supervisor knowledge and understanding individual supervisor burnout. From there, the project trajectory relied more heavily on outcomes from employee surveys. F-ES data collection and dissemination was changed from in-person and email to email only, further limiting the generalizability of outcomes.

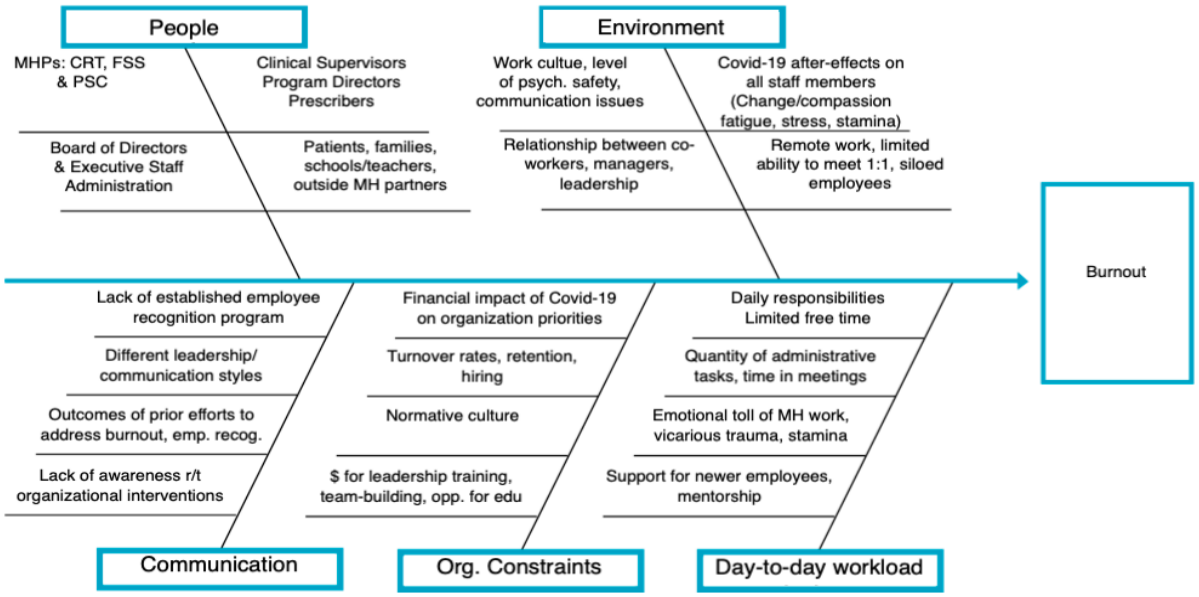
Conclusions

This project provided insight into employee burnout and perspectives which can inform future PDSA cycles and potential interventions aimed at reducing emotional exhaustion and depersonalization within the organization. Honing process measures and ensuring leadership support will be essential to improve engagement and participation in future efforts. Burnout is present across healthcare settings, specialties, and roles. Prioritizing organizational and systemic interventions to understand and decrease burnout has the potential to have wide-spread positive effect within the organization, individual clinicians, and patient care interactions and outcomes (SAMHSA, 2022; Morrow et al., 2018). Future PDSA cycles to address burnout could assess the impact of increased paid time off (PTO), which was a

preferred form of recognition in this project's I-ES but was not a feasible intervention for a student-led project. This could be simply increasing staffs' PTO bank, adding a quarterly company-wide mental health day, or scheduling half-days before a holiday weekend. The employee perspective is invaluable. Seeking their input and incorporating it will improve the efficacy of burnout-reduction interventions.

Root Cause Analysis

Cause & Effect Diagram



Surveys & Tools

Oldenburg Burnout Inventory

(Demerouti et al., 2010)

Instructions: Below you will find a series of statements with which you may agree or disagree. Using the scale, please indicate the degree of your agreement by selecting the number that corresponds with each statement.				
	Strongly Agree	Agree	Disagree	Strongly Disagree
I always find new and interesting aspects in my work	1	2	3	4
There are days when I feel tired before I arrive at work	1	2	3	4
It happens more and more often that I talk about my work in a negative way	1	2	3	4
After work, I tend to need more time than in the past in order to relax and feel better	1	2	3	4
I can tolerate the pressure of my work very well	1	2	3	4
Lately, I tend to think less at work and do my job almost mechanically	1	2	3	4
I find my work to be a positive challenge	1	2	3	4
During my work, I often feel emotionally drained	1	2	3	4
Over time, one can become disconnected from this type of work	1	2	3	4
After working, I have enough energy for my leisure activities	1	2	3	4
Sometimes, I feel sickened by my work tasks	1	2	3	4
After my work, I usually feel worn out and weary	1	2	3	4
This is the only type of work I can imagine myself doing	1	2	3	4
Usually, I can manage the amount of my work well	1	2	3	4
I feel more and more engaged in my work	1	2	3	4
When I work, I usually feel energized	1	2	3	4

OLBI Subscales and Cutoff Scores

Oldenburg Burnout Inventory: Subscales and Cutoff Scores
(Glowacz, Schmits, & Kinard 2022; Demerouti et al., 2003; Hansez, 2001)

Subscales	Low	Moderate	High
Emotional Exhaustion (8)	<16	16-23	23<
Disengagement (8)	<15	15-22	30<
Total	<30	30-44	44<

Initial Employee Survey

Short answer:

1. How would you describe your current level of burnout?
2. How have you been recognized by this organization (e.g. shout-outs in company-wide emails or newsletter, 1:1 feedback, awards, notes, etc.)
3. Does recognition by supervisors help reduce and/or prevent employee burnout within the mental health field? How?
4. What type of employee recognition/acknowledgement/appreciation efforts are most meaningful to you?

Demographics:

I am a:

___ Child/Family Therapist ___ Family Support Specialist ___ Care Coordinator ___ Peer Support

As of November 1, 2022 – I will have worked at this organization for:

___ Less than 1 year ___ 1-4 years ___ 5-9 years ___ 10-15 years ___ Over 15 years

I plan to be working at this organization 1 year from now: ___ yes ___ no

If you answered no, do you plan to:

___ Retire
___ Leave your position to work somewhere else in the mental health field
___ Return to school
___ Work in an entirely different field (e.g. business, journalism, architecture, etc.)
___ Other _____.

Oldenburg Burnout Inventory:

Employee Recognition:	Strongly Agree	Agree	Disagree	Strongly Disagree
I am satisfied with how my direct supervisor recognizes me/ my contributions.	1	2	3	4
My direct supervisor acknowledges my progress or improvement efforts, even if I don't meet expectations.	1	2	3	4
I feel that my contributions are often overlooked by supervisors/leadership.	1	2	3	4
When I feel that my work is unappreciated by my organization, I am less likely to try harder in the future.	1	2	3	4
I am satisfied with how frequently I am recognized for my contributions by my direct supervisor.	1	2	3	4
When I think about the rest of 2022, I don't see my level of burnout decreasing.	1	2	3	4
My level of burnout increased over the course of the COVID-19 pandemic.	1	2	3	4
In the "post-pandemic" era, I believe my level of burnout will naturally decrease without much effort.	1	2	3	4
I feel that my organization actively works to decrease employee burnout.	1	2	3	4
Being appreciated by my supervisors or leaders decreases how burnt out I feel.	1	2	3	4

Follow-up Employee Survey

Current Burnout:
How would you compare your current level of burnout and the level of burnout you felt in November of 2022?

Recognition Comparison:
1. In the past 3 months, the amount/frequency of recognition I received from my supervisor has
___ Increased ___ Decreased ___ Stayed the same ___ Other: _____
2. In the past 3 months, the quality of recognition I received has
___ Increased ___ Decreased ___ Stayed the same ___ Other: _____

Oldenburg Burnout Inventory:

Employee Recognition:	Strongly Agree	Agree	Disagree	Strongly Disagree
I feel that my contributions are often overlooked by supervisors/leadership	1	2	3	4
I feel engaged in/dedicated to my work, but I am emotionally exhausted	1	2	3	4
I feel like I have close bonds/friendships with my peers	1	2	3	4
My level of burnout has increased since November 1, 2022	1	2	3	4
In 3 months, I expect to feel more burnt out than I do now	1	2	3	4
I feel that my organization has taken steps to decrease employee burnout over the past 3 months.	1	2	3	4
In the past 3 months, my direct supervisor has increased and/or improved how they recognize my work	1	2	3	4

Demographics:
I am a:
___ Child/Family Therapist ___ Family Support Specialist ___ Care Coordinator ___ Peer Support
My duration of employment at this organization on November 1, 2022 was approximately _____
(e.g. 6 months, 1.5 years, 3 years & 4 months, etc.)
In my role, I:
___ am a supervisor ___ am NOT a supervisor
(For comparative data) I:
___ was able to participate in the first staff survey in November
___ was NOT able to participate in the first staff survey in November

Supervisor Pre- & Post-Presentation Surveys

Supervisor Pre-Presentation Survey

Definitions:

. The term "burnout" is defined as:
. Meaningful employee recognition includes:

True / False

. I have opportunities to recognize the staff I supervise: True / False
. Recognizing my staff decreases my personal level of burnout: True / False
. There are times I would have liked to recognize one of my staff, but was not able to: True / False
. I have an organized way of recognizing my staff: True / False
. My own level of burnout prevents me from trying to decrease my staff's level of burnout: True / False

Demographics:

. As of November 1, 2022, I will have worked at this organization for _____ year(s)
. I primarily supervise: ___ Family support specialists ___ Child/family therapists ___ Clinical support staff (e.g. medical assistants, care coordinators) ___ Other supervisors ___ Other: _____

Supervisor Post-Presentation Survey

Definitions:

. The term "burnout" is defined as:
. Meaningful employee recognition includes:

Feedback:

. What aspects of burnout/employee recognition were not adequately addressed by this presentation?
. What suggestions or feedback do you have for the presenter, the project, and/or future efforts to address burnout/employee recognition?

Oldenburg Burnout Inventory

Demographics:

. As of November 1, 2022, I will have worked at this organization for _____ year(s)
. I primarily supervise: ___ Family support specialists ___ Child/family therapists ___ Clinical support staff (e.g. medical assistants, care coordinators) ___ Other supervisors

After this presentation:	Yes	No
I am more likely to use employee recognition strategies in the future.		
I am more likely to change how I recognize my staff, based on what I learned from this presentation.		
I am more likely to increase how frequently I recognize my staff, based on what I learned from this presentation.		
I can better explain the basics of burnout and employee recognition to someone who did not see the presentation.		
I have a clearer understanding of how my staff are currently feeling with regards to burnout/recognition.		
Attending this presentation increased my workload today, due to the time it took away from my professional tasks.		
Attending this presentation was useful for my day-to-day professional practices.		
The staff survey results made me feel like my efforts to recognize them are not seen/ appreciated/ understood.		
This presentation was respectful of my time.		

I felt _____ by the staff survey results (surprised, upset, demoralized, empowered, proud, etc.)

Project Timelines

Proposed Timeline August 2022-March 2023	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar
Finalize project design and approach	X							
Complete IRB determination or approval	X							
Complete initial surveys	X	X						
Educational presentation pre & post-surveys with supervisors			X					
Re-survey employees				X				
Final data analysis Write sections 13-17 of final paper Prepare for project dissemination					X	X	X	
Final presentation								X

Final Timeline August 2022-March 2023	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar
Finalize project design and approach Complete IRB determination/approval	X	X						
Complete initial surveys			X	X				
Educational presentation Pre & post-surveys with supervisors					X			
Re-survey employees							X	
Final data analysis Write sections 13-14 of final paper Prepare for project dissemination							X	X
Final presentation								X

Results

Employee OLBI Scores

Subscales	Low	IES	FES	Moderate	IES	FES	High	IES	FES
Emotional Exhaustion (8)	<16	2 (6.45%)	0 (0%)	16-23	12 (38.71)	9 (45%)	23<	17 (54.84%)	11 (55%)
Disengagement (8)	<15	6 (20%)	0 (0%)	15-22	18 (58.06%)	15 (75%)	22<	7 (22.58)	5 (25%)
Total	<30	3 (9.68%)	0 (0%)	30-44	16 (51.61%)	11 (55%)	44<	12 (38.71%)	9 (45%)

IES = Initial Employee Survey FES = Follow-up Employee Survey

OLBI Score Breakdown: Severity

Low		IES n=31	FES n=20	Change	
Emotional Exhaustion (8)	<16	(6.45%)	**(0%)**	-6.45%	**No one scored low in any category at follow-up** Disengagement **-20%**
Disengagement (8)	<15	(20%)	**(0%)**	-20%	
Total OLBI	<30	(9.68%)	**(0%)**	-9.68%	

Moderate		IES n=31	FES n=20	Change	
Emotional Exhaustion (8)	16-23	(38.71)	(45%)	+6.29%	All scores increased **Moderate disengagement (+17%)**
Disengagement (8)	15-22	**(58.06%)**	**(75%)**	**+16.94%**	
Total OLBI	30-44	(51.61%)	(55%)	+3.39%	

High		IES n=31	FES n=20	Change	
Emotional Exhaustion (8)	23<	(54.84%)	(55%)	**+0.16%**	All scores increased
Disengagement (8)	22<	(22.58)	(25%)	**+2.42%**	
Total OLBI	44<	(38.71%)	(45%)	**+6.29%**	

Letter of Support from Clinical Agency

Date: October 20, 2022

Dear Julia Hinson

This letter confirms that I, Tracy Arney (Clinical Director), allow Julia Hinson (OHSU Doctor of Nursing Practice Student) access to complete her DNP Final Project at [redacted]. The project will take place from approximately September 1, 2022 – January 31, 2023. This letter summarizes the core elements of the project proposal, which I have already reviewed.

Project Plan:

- Identified Clinical Problem: This project will focus on burnout amongst outpatient mental health providers in the post-COVID-19 recovery period and how employee recognition can be mediate the impact of burnout. In addition, the project will assess whether increasing supervisor awareness of burnout and recognition impacts the level of burnout within the organization.
- Rationale: Assessing for burnout and increasing education about implementable interventions will inform the overall goal of decreasing provider burnout. Based on the theory of Transformational Leadership, utilizing employee feedback in combination with educational information can assist an organization in understanding their own employee burnout levels and develop tailored interventions that will most positively impact the organization.
- Specific Aims: Managers and supervisors will report increased knowledge and understanding of burnout and the impact of meaningful employee recognition. Clinical employees will report decreased levels of burnout and increased occurrence of supervisors recognizing employees.
- Methods/Interventions/Measures: The pilot intervention is an educational presentation for supervisors, managers, and leadership team members that covers the literature review of the clinical problem, the conclusions from the initial employee surveys, and the impact of employee recognition on reducing burnout. Participants will complete brief pre- and post-assessments of their knowledge of burnout and employee recognition. The Oldenburg Burnout Inventory (OLBI) measures burnout, emotional exhaustion, and disengagement. A semi-structured Employee Recognition Survey (ERS) will give employees the opportunity to offer feedback through yes/no, true/false, and scaled agree/disagree questions, as well as open-ended questions to allow for additional thoughts or ideas. Utilizing these tools before and after the educational presentation will measure changes in burnout levels and employee recognition.
- Data Management: Data from the OLBI and ERS surveys will be delivered in person (hard copies) or virtually via an emailed link, to account for employees who work remote and on site. Responders will not be asked to provide identifying information and employees on-site will be able to seal their responses in an envelope and drop it in the student's mailbox. Clinical employees will participate at will without undue pressure or negative outcomes.
- Site Support: Julia Hinson has access to the employee email database and calendar and is on site weekly. She will work with the DNP project preceptor (Tracy Arney) to schedule the presentations to staff, managers, and leadership.

During the project implementation and evaluation, Julia Hinson will provide regular updates and communicate any necessary changes to the DNP Project Preceptor. [redacted] looks forward to working with this student to complete their DNP project. If I have any concerns related to this project, I will contact Julia Hinson and Rodney Olin (OHSU faculty & DNP Project Chair).

Regards,

Tracy Arney, LICSW, CMHS Electronically Signed: October 20, 2022
DNP Project Preceptor

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