

Interdisciplinary Plan to Reduce Nursing Burnout

Name
Institution
Course
Instructor
Date



Hello Everyone! The purpose of my presentation is to discuss the interdisciplinary plan aimed at reducing nursing burnout at Valley View Medical Centre. Burnout has reached a crisis level across the country, threatening nurse retention, patient safety and care quality. The nursing unit, medical staff, HR unit and behavioural health unit are incorporating their expertise to deal with this issue. Our aim is to sustainable culture change harnessing evidence-based leadership frameworks and team-based actions. It is not only the well-being of the staff that is improved but also the outcome of the patients and organisational performance. To provide best possible care to our patients in a considerate manner, we have taken an initiative. The initiative is meant to promote operational excellence in our facilities. This will also keep our nursing workforce motivated, supported and strong.

Understanding Nurse Burnout



The Crisis

Physical, emotional, and mental exhaustion from chronic workplace stress and lack of support. (Alharbi et all., 2025)



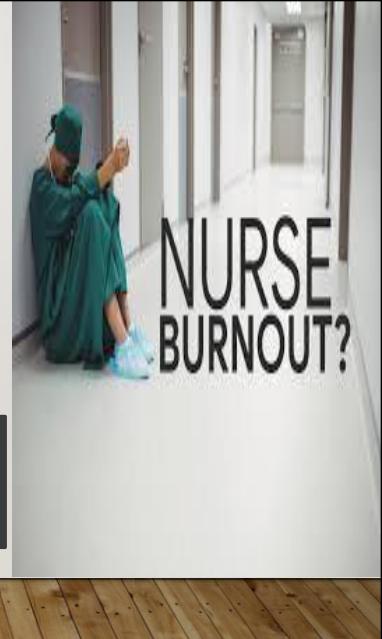
National Impact

Nearly 40% of nurses are affected nationwide, threatening patient safety and care quality.



Consequences

Increases turnover, absenteeism, and clinical errors across healthcare systems.



Nurse burnout occurs when the physical, emotional and mental state of nurses becomes excessively fatigued, due to stress in the workplace. Currently, nearly 40% of the nation's nurses experience burnout, which directly affects patient safety and quality of care. The relentless demands, lack of sleep and emotional labour cause people to disengage and quit. When nurses are burned out, the entire healthcare system suffers. Absenteeism rises, medical errors increase and staff are unhappy. Amina et al. (2022) Targeted interventions can be formed by understanding the root causes. When you address workload, emotional wear and tear, and inefficiencies in the system, we can create a more positive environment that will promote professional fulfilment, teamwork as well as enhancing patient outcomes across the departments.

Why Valley View Must Act Now

Financial Impact

Each nurse replacement costs approximately **\$75,000**, driving up operational expenses and reducing care consistency.

High turnover correlates with more clinical errors and lower patient satisfaction scores (Alqahtani et al., 2023).

Cultural Impact

Burnout reduces teamwork and morale across departments, affecting our reputation and mission.

Leadership engagement is critical to creating sustainable change and improving staff well-being.



Valley View has essential measures to combat burnout. Replacing one single nurse costs \$75,000 in financial terms and adds to operational costs. The expensive process of replacing staff is also bad for patient care over time. Burnout affects the culture of an organization by undermining morale, teamwork, and trust. Valley View can lead in keeping nurses and ensuring their well-being, if it acts now. By making an effort to reduce burnout, leaders are demonstrating they care. After that, you get more engagement, performance, and reputation. We should act now before burnout affects nurses and their patients.

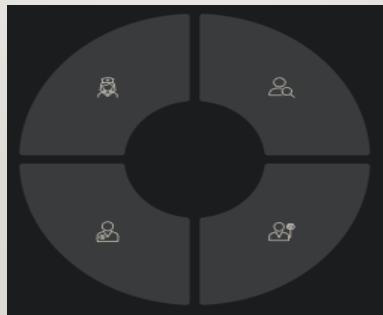
Why Interdisciplinary?

Nursing

Frontline insights on staffing and emotional strain

Medical Staff

Communication and collaborative care protocols



Human Resources

Workforce planning and retention strategies

Behavioral Health

Psychological support and wellness programs

Interdisciplinary teams improve job satisfaction and patient outcomes

while promoting shared accountability and innovation.

Tackling burnout requires collaboration across disciplines. Teams from different fields help bring in different things from which better solutions can be made for the organisation's problems. Nurses work on the front lines and understand the issues related to staffing, as well as the emotionality of the work. The medical staff give them communication and cooperation skills. HR creates plans to find and keep workers on the job. Behavior health people provide psychosocial support programs. A combination of efforts will produce solutions to individual needs and systems as well. When you work with different experts, there is more trust, communication and problem-solving. As a result, this has created satisfaction and a better outcome for the patient. Valley View provides integrated quality care. The teams can create a framework to help nurses establish healthy practices.



Project Objective and Expected Outcomes

20% 15% 10%

Burnout Reduction

Decrease in self-reported burnout within 12 months

Retention Increase Increase

Improved staff satisfaction and continuity of care

Lower Absenteeism

Reduced sick days and unplanned absences

Strengthen interdepartmental collaboration, promote positive work culture, and enhance patient satisfaction aligning with Valley View's performance improvement goals.

We set measurable, evidence-based goals in our strategy. Within 1 year, we desire to see 20% less self-reported burnout, 15% improved retention, and 10% less absence. When we meet these objectives, teamwork improves, a one-team culture is created, and patient satisfaction is enhanced. Valley View's performance enhancement priorities support these goals and reflect a commitment to the staff and the organization. We will evaluate success through surveys, HR metrics, and employee engagement metrics. Ultimately, this project will show that when organizations are committed to supporting nurses, the quality and safety of care is better and the organization is sustainable over the long term.

Evidence-Based Leadership Framework



Unfreeze

Prepare teams for cultural and behavioral change through awareness

Change

Implement interventions with transformational and servant leadership

Refreeze

Sustain improvements through shared ownership and accountability

"Transformational leadership inspires vision and professional growth, while servant leadership focuses on empathy and team well-being."

Lewin's Change Theory combined with inclusive CNO leadership promotes sustainability and engagement.



We incorporate Lewin's Change Theory as well as transformational and servant leadership. The change process consists of three steps: Unfrozen, raising awareness and readiness for change by preparing teams; Change, intervene through empathy, vision and empower; refreeze, sustaining new habits through common ownership. Transformational leadership inspires progress and professional advancement. On the other hand, servant leadership emphasizes caring for others and human flourishing. Combining these ensures sustainable engagement. The executive officers of CNO will model behaviours to reinforce accountability and generate an inclusive culture where every person feels able to contribute

Key Interventions and Strategies

Resilience Workshops

Implement mindfulness and stress management training for all nursing staff

SBAR Communication

Standardize communication protocols for clarity and patient safety

Flexible Scheduling

Redesign shifts to support better work-life balance

Peer Support

Create reflection sessions and psychological safety culture

Continuous Feedback

Use digital surveys and bi-weekly interdisciplinary meetings

The plan contains main approaches to reduce burnout. Nurses can acquire stress management techniques through resilience workshops. You can clearly and consistently convey messages in the clinic using SBAR communication. Flexible scheduling helps maintain a balance of work and life. Schedules can also be adjusted to compensate for fatigue and absenteeism. Safe spaces where experiences can be reflected on and shared will be provided through peer support programming. Eventually, the staff will be informed of the interventions used via digital surveys and bi-weekly meetings (Alqahtani et al., 2023). All strategies rely on evidence and work together to build emotional resilience, professional satisfaction, and collaborative effectiveness. They also promote healthier professional and patient workplaces.

Implementation Timeline

Months 1-3

Phase 1: Team setup, stakeholder alignment, and training launch

Months 7-12

Phase 3: Evaluate impact, adjust strategies, and integrate feedback

1

2

3

Months 4-6

Phase 2: Initiate communication protocols and wellness interventions

Committee led by CNO and supported by HR and Behavioral Health. Regular check-ins ensure alignment with objectives.

Shared governance committees review progress, and staff feedback is integrated at every stage (Amina et al., 2022)



The project unfolds in three structured phases. Part 1 (Months 1–3) - Forming the team, aligning stakeholders and launching training. Phase 2 (Months 4-6) develops channels of communication, wellness programme, flexible scheduling. What will happen on Month 7-12? (10 Words) A Committee led by the CNO with support from HR and Behavioral Health will oversee accountability. (1) Check-ins, governance reviews, and ongoing communication could allow for a flexible locally informed response (Endrejat & Burnes, 2022). Cultural integration and gradual learning are supported by this step-by-step plan. Making wellbeing a part of daily processes is necessary for this to happen.

Budget and Resource Management

Investment

\$30,000 annual cost

Behavioral health consultant (10 hrs/month)

Wellness materials (~\$1,000)

Return

\$75,000+ potential savings

- Reduced turnover costs
- Improved patient outcomes
- Enhanced staff retention

Utilizes existing HR and digital infrastructure. Investment justified by long-term financial and clinical benefits. (Endrejat et al., 2022)



The plan calls for an annual investment of \$30,000 for a behavioral health consultant (10 hours/month) and wellness materials. A small investment generates huge returns even if you invest in it. Every annual investment of under \$75,000 helps reduce turnover costs. In the future, patient outcomes will improve by 40%. Moreover, it makes memorize and motivate people while lowers missing and hiring fees. Using existing HR systems and digital solutions available within the organization will ensure that overheads are minimized, thus cost-effective (Alharbi et al, 2025). The allocation set out in this budget clearly reflects Valley View's strategic focus on people as a financial and moral imperative. The costs of implementation are small compared to the long-term benefits of greater workforce stability and care quality.



Call to Action: Building a Resilient Future

- Nurse burnout is preventable with collaborative effort
- Interdisciplinary teamwork builds resilience and safety
- Evidence-based leadership ensures cultural change
- Success benefits staff, patients, and organization



We need your support: Approve and champion the burnout reduction plan. Together, we can strengthen care quality and staff well-being at Valley Vie Medical Center.

In conclusion, nurse burnout is something we can prevent. If Valley View backs this burnout reduction plan, the hospital will reinforce its culture, improve the health of its patients and lead the health industry. An evidence-based leadership approach aids in sustainable change. It is built upon empathy, communication, accountability. I strongly encourage all leaders and departments to endorse this initiative as your participation is very critical. We should try making a world where every Nurse feels valued and respected and that they are empowered to take great, quality and patient-centered care every day

REFERENCES

- Alharbi, B.A.A., & McKenna, N. (2025). A systematic review of mindfulness-based interventions to reduce ICU nurse burnout: global evidence and thematic synthesis. *BMC Nursing*, 24(1), 1-12. <https://doi.org/10.1186/s12912-025-03507-w>
- Alqahtani, H. M. H., Alharbi, A. S., Alherz, S. S., Alqasir, M. A. A., Alsufayan, M. F., Aldosari, A. O., ... & Alzubidi, A. H.A. (2023). Optimizing workforce well-being and retention in integrated health systems: A multidisciplinary approach to combating burnout. *International Journal of Health Sciences*, 7(S1), 3881-3907. <https://doi.org/10.53730/ijhs.v7nS1.15445>
- Amina, A., Kasseem, A., & Sleem, W. (2022). Applying Lewin's change management theory to improve patient's discharge plan. *Mansoura Nursing Journal*, 9(2), 335-348.
- Endrejat, P. C., & Burnes, B. (2022). Kurt Lewin's ideas are alive! But why doesn't anybody recognize them?. *Theory & Psychology*, 32(6), 931-952. <https://doi.org/10.1177/09593543221118652>