The Effect of Resilience Training Programs on Nurse Burnout: A Literature Review

Lakeview College of Nursing

Da'Zja Lawson

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Professor Travis Whisman

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Research is a fundamental aspect of nursing that is ongoing to develop and inform best practices. According to Polit and Beck (2021), a literature review summarizes and analyzes research on a specific topic. It identifies trends, gaps, and evidence in a particular field and provides the foundation for future research. Polit and Beck (2021), also believes that, in nursing, literature reviews can support clinical decision making, inform evidence based practice, and identify areas for future research. Literature reviews can also help researchers to narrow their research questions, avoid duplication, and provide and provide a context for their findings One area of continuing study in the nursing field is methods to decrease nurse burnout using resilience training programs. With rising stressors in healthcare, resilience training has been seen as an opportunity to target and improve nurses' mental health, job satisfaction, and patient care (Westphal et al., 2022). This paper will look at the effects of resilience training programs on nurse burnout by reviewing available evidence, program efficacy, and practice implications. Westphal et al. (2022) emphasized that nursing professionals regularly face burnout, which harms their wellness and diminishes the quality of patient care. Factors such as increased workloads and emotional demands combined with a lack of mental health resources leave nurses feeling emotionally drained and depersonalized and cause a reduction in their professional effectiveness. This literature review evaluates how resilience training programs affect mental health results and burnout reduction among nursing staff. This study examines three quantitative research articles published within the past five years to assess how structured interventions affect nurse well-being while providing data for evidence-based clinical setting enhancements.

Resilience Training and Mindfulness-Based Interventions to Reduce Burnout in Nurses: A Randomized Controlled Trail

Westphal et al. (2022) completed a randomized controlled trial to discover if a mindfulness-based resilience training intervention changed burnout levels in nurses. Westphal et al., (2022), research involved 125 registered nurses randomly assigned to the intervention or control group. Eight-week MBRT sessions were provided to the intervention group, whereas the control group did not receive any training (Westphal et al., 2022). Researchers gathered initial data through the Maslach Burnout Inventory (MBI) and executed follow-up assessments three months after the intervention finished.

Key Points

The study was performed in the United States, and the participants were chosen to determine if mindfulness-based resilience training (MBRT) affected burnout and resilience in critical care nurses (Westphal et al., 2022). In a randomized controlled study design, 101 critical care nurses were recruited and randomly allocated into an intervention or waitlist control group using computerized randomization (Westphal et al., 2022). The inclusion criteria were being employed full-time in a high-acuity intensive care unit, reporting symptoms of stress or burnout, and availability to complete an eight-week training course (Westphal et al., 2022). The intervention group was given eight weeks of MBRT, including 90-minute weekly group sessions on mindfulness meditation, cognitive behavioral skills, and group discussion, with additional practices between sessions (Westphal et al., 2022). The control group was placed on the waitlist to access the MBRT later and received no other support during the study period (Westphal et al., 2022).

The primary outcome measures were burnout and resilience with the MBI and Connor-Davidson Resilience Scale (CD-RISC) at baseline and post-intervention (Westphal et al., 2022). Statistical data were analyzed using linear mixed-effects models to compare within- and

between-group differences over time (Westphal et al., 2022). The researchers found that nurses who completed the MBRT intervention had significantly lower levels of emotional exhaustion and depersonalization and higher scores of resilience than the control group ($p < 0.05$) (Westphal et al., 2022). These results suggest that MBRT can be a practical and feasible way to reduce burnout and promote psychological resilience in critical care nurses (Westphal et al., 2022).

Assumptions

The primary assumption of the authors in this research is that the degree of burnout and resilience in critical care nurses could be precisely measured with the help of validated and standardized self-assessment tools, such as MBI and CD-RISC (Westphal et al., 2022). They also presupposed that both the severity of the constructs measured by the instruments (i.e., emotional exhaustion and personal resilience) are equivalent across all hospital departments and can be readily applied to the clinical environment of critical care nurses (Westphal et al., 2022). It may also be assumed that the authors also considered the idea that participants in the study would genuinely and truthfully report their mental state and well-being as crucial for this intervention, as data collection methods and research design were entirely dependent on self-assessment tools (Westphal et al., 2022).

Deficit/Conclusion

Westphal et al. (2022) make a convincing argument for the effectiveness of an eight-week mindfulness-based resilience training (MBRT) program in significantly reducing emotional exhaustion and depersonalization and increasing resilience among critical-care nurses. The randomized, wait-list-controlled trial, the sample size, and gold-standard instruments (MBI and CD-RISC) all add statistical and methodological strength to the study, and the effect sizes

observed are not only statistically but also clinically significant. On the other hand, several limitations in the study design restrict the generalizability of the authors' conclusions. First, all study participants in Westphal et al.'s 2022 research were from the intensive-care units of one health system; organizational and unit-level factors such as leadership, unit culture, and staffing ratios, all potential contributors to burnout, may differ in other hospitals and units. Second, all the outcome measures were assessed immediately after the intervention; according to Westphal et al (2022), without a follow up data collection interval, it is difficult to determine whether the resilience and well-being benefits are long lasting or if they decline after the initial "honeymoon" phase. Third, all measures were self-reported; objective data such as absenteeism, turnover intention, or patient-safety events were not collected or analyzed (Westphal et al., 2022). Finally, the authors did not report on the resources (protected time, facilitator training costs, etc.) needed to implement MBRT, which is information that would be required by a unit manager when deciding whether to implement the program at her unit (Westphal et al., 2022).

While more research is needed to address these gaps, the study supports the evidence base reinforcing nurse-focused, evidence-based well-being interventions. If not implemented in routine clinical practice, there is a risk that Westphal et al. (2022), research on such interventions will continue to accumulate without any impact on the rising rates of burnout and turnover, problems that ultimately compromise care quality and patient safety. The burden now falls on nurse leaders to complement individual-level programs like MBRT with organization-wide staffing and culture reforms, assess the sustainability of effects, and report implementation outcomes so that best practices can be scaled to diverse clinical environments (Westphal et al., 2022).

A Web-Based Resilience Training Program to Reduce Stress and Burnout

Among Hospital Nurses: A Pragmatic Randomized Controlled Trial

A quantitative study done by Mealer et al. (2020) explored the effects of web-based resilience training on stress and burnout among hospital nurses. Mealer et al. (2020) used this pragmatic approach to randomized controlled trials to determine whether online resilience modules could reduce emotional exhaustion and improve job satisfaction. In the study, 200 nurses were randomly assigned to either the intervention group, which completed six self-paced modules, or a waitlist control group. In the survey, Mealer et al. (2020) had modules that focused on teaching cognitive behavioral techniques, mindfulness practices, and positive coping strategies.

Key Points

Mealer et al.'s (2020) study showed that nurses in the intervention group experienced statistically significant decreases when under stress and emotional exhaustion. These improvements found in Mealer et al. (2020) were accompanied by increased job satisfaction and better use of coping mechanisms. Mealer et al.'s (2020) study showed that the digital format demonstrated potential as a scalable and accessible mental wellness solution for healthcare professionals.

Assumptions

Mealer et al. (2020) and other researchers believed that the digital interventions could be as effective as traditional in-person training. They also thought nurses would independently complete and engage with the web-based content as created. Mealer et al. (2020) and other

researchers also believed that resilience could be improved through digital delivery, cognitive behavioral, and mindfulness strategies.

Deficit/Conclusion

Mealer et al.'s (2020) study on resilience training program supports the feasibility and effectiveness of online resilience training as a viable approach to mitigate stress and burnout in hospital settings. The findings in Mealer et al.'s (2020) study show strong enrollment and retention rates and the practical implications of nursing leadership. Without accessible and cost-effective resilience resources, the nursing profession may face high turnover, diminished mental health outcomes, and low morale. Mealer et al.'s (2020) needs a randomized clinical trail to assess the effects of interventon to improve individuals level of reslilience and improving psychological outcomes such as symptoms of anxiety, depression, burnouts syndrom and PTSD.

The Effect of Resilience Training via a Mobile App on ICU Nurses' Stress and Anxiety: A Randomized Controlled Trial

The last article was a recent randomized controlled trial conducted by Mahdizadeh et al. (2024), which focused on how a resilience training program delivered through a mobile health app called mHealth impacted stress and anxiety in ICU nurses. The study by Mahdizadeh et al. (2024) was chosen because it is present and focuses on helping nurses manage mental health challenges**.**

Key Points

The study by Mahdizadeh et al. (2024) involved 60 ICU nurses from hospitals in Tehran who were randomly assigned and divided into either a control or intervention group. The intervention group in the Mahdizadeh et al. (2024) study used a mobile app that implemented short resilience lessons daily, called "micro-leaning." These lessons included in the study by

Mahdizadeh et al. (2024) were ways to manage stress, stay mindful, and improve coping skills. The Mahdizadeh et al. (2024) study lasted for several weeks. The study used a questionnaire called "DASS21" to measure the nurses' stress and anxiety levels before and after the training.

The results of the study done by Mahdizadeh et al. (2024) showed that nurses who used the app had significant decreases in both stress and anxiety, while on the other hand, the control group did not improve. Mahdizadeh et al.'s (2024) results suggest that using the mobile app for resilience training can be effective, especially for busy nurses in high-stress environments, such as the ICU.

Assumptions

Mahdizadeh et al. (2024) and other researchers believe that short, daily lessons implemented through a phone app could be as practical as in-person training. Mahdizadeh et al. (2024) and other researchers also believed that nurses would use the app regularly despite their demanding schedules. It shows in the study that Mahdizadeh et al. (2024) wanted digital learning to be a more convenient option for working nurses.

Deficit/Conclusion

One weakness of the study, conducted by Mahdizadeh et al. (2024), is the small sample size and the short follow-up period. The study by Mahdizadeh et al. (2024) doesn't give information on whether the positive result would be long-term, and the study was done in two hospitals in Iran, which might not be the same case in other hospitals. Mahdizadeh et al.'s (2024) study showed a strong potential for mobile-based resilience training.

Conclusion

The three quantitative research studies reviewed show that resilience training, delivered by in-person or online programs or through app-based interventions, can effectively reduce stress, emotional exhaustion, and anxiety among nurses. These interventions boost psychological resilience, job satisfaction, and coping capacity in high-stress healthcare environments. The presence of well-organized, easily accessible programs to help build resilience in nurses is positively linked to improved patient outcomes, as emotionally well nurses are more present, more attentive, and better able to provide high-quality, compassionate care.

These findings also have implications for how nursing is best practiced. The evidence from these studies supports the use of resilience training in nursing to help prevent burnout and maintain mental health. In addition, organizations can use evidence-based interventions to address workforce issues such as turnover, absenteeism, and morale. The studies reviewed highlight the need to tailor these interventions to nurses' specific needs and work settings, ensuring they are feasible, accessible, and retain their effectiveness.

The studies reviewed overall are examples of evidence-based practice and QI. Nurse leaders can use the main themes and findings to develop policies and training modules to promote wellbeing, staff retention, and a better organizational culture.

The overall healthcare system has a good impact on improving nurse resilience, including a more enduring nursing workforce and cost savings related to burnout and associated issues, such as turnover and absenteeism. Positive outcomes on mental health and overall wellbeing, which are associated with the benefits mentioned above, of interventions on resilience build-up in nurses include improved safe, effective, and high-quality care. The above key findings and recommendations of this literature review could be valuable to convince healthcare system

leaders to adopt, implement, and sustain resilience interventions as a regular and ongoing part of nurses' professional development and workplace health promotion initiatives.

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