MINISTRY OF HEALTH MALAYSIA
INSTITUTE FOR HEALTH MANAGEMENT

The Hospital Ecosystem: Designing Salutogenic Workplaces to Mitigate Nurse Burnout in the Modern City

Psychoeducation-Based Person-Directed Burnout Intervention Package (P-BIP) for Nurses



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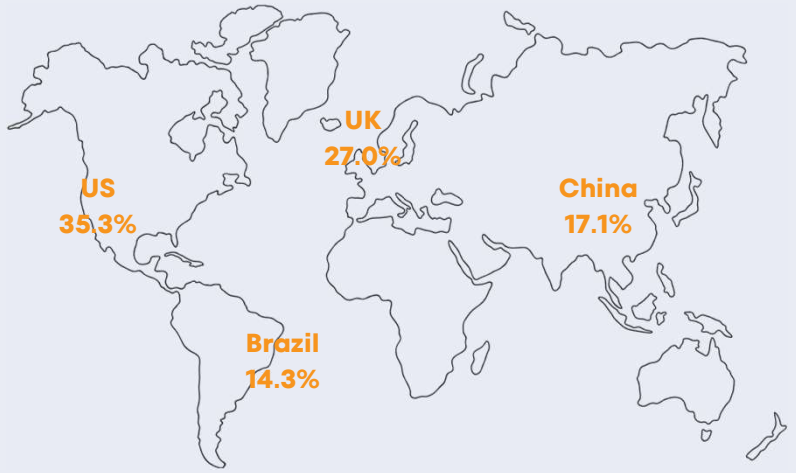
Introduction



BURNOUT

- Emotional Exhaustion
- Depersonalisation
- Reduced Personal Accomplishment

(Maslach, Jackson & Leiter, 1996)



Meta Analysis (Woo et al. 2020): Overall pooled-prevalence of burnout symptoms among nurses globally was 11.23%

Causes

(Maslach, Schaufeli & Leiter, 2001; WHO, 2019)

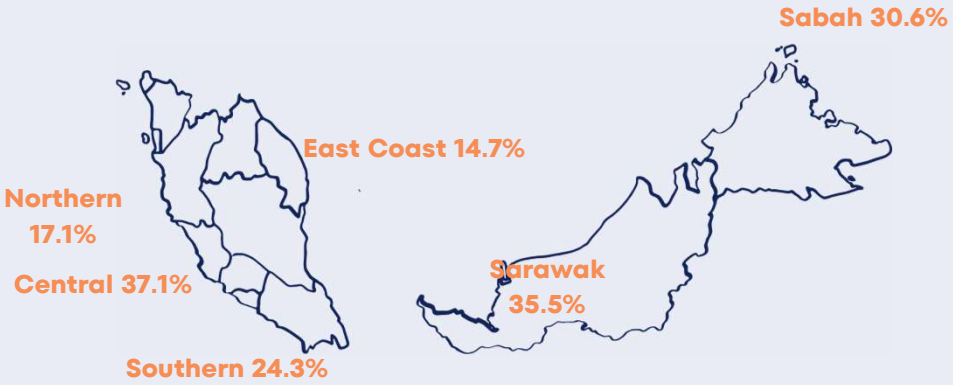
- Increased patient severity & complexity
- Challenging healthcare environment
- Longer working hours
- Heightened workloads

Consequences

(Kelly, Gee, & Butler, 2021):

- Potential medical errors
- Poor patient care
- Diminished job satisfaction
- Higher absenteeism & resignation

Nurse Burnout: Our Local Crisis



MALAYSIA 24.4%

PREVALENCE OF BURNOUT AND ITS ASSOCIATED FACTORS AMONG HOSPITAL AND PRIMARY CARE NURSES IN MALAYSIA (Zakaria et al. 2022)

A landmark 2019 study revealed that 1 in 4 Malaysian Ministry of Health (MOH) nurses suffered from severe burnout, threatening health service stability.

25%

1 in 4 MOH Nurses Burned Out

Beyond broad structural and organizational reforms, optimizing the internal psychological and cultural micro-environment is vital to empower individual autonomy and sustain workforce resilience.

Reorienting the Burnout Approach

Pathogenic Model

Focus: Treating pathology after exhaustion occurs.

View: Stress seen purely as damage.

Action: Passive risk mitigation and symptom management.



Salutogenic Model

Focus: Active health creation and resource mobilization.

View: Stress managed through internal coherence.

Action: Strengthening systemic coping mechanisms.

Rationale for P-BIP

- Lack of standardised guidelines worldwide
- Organisational-level interventions require time, money, and political commitment
- Designing targeted burnout interventions for nurses
- Considering local cultural perceptions & societal expectations

Psychoeducation --> primarily educational, aiming to equip individuals with knowledge about mental health conditions, symptoms, and management options, enhancing understanding and self-management capabilities (Donker et al., 2009; Lukens & McFarlane, 2004)

Person-directed intervention --> immediate, feasible response to healthcare burnout by bolstering nurses' resilience and self-care, hence improving well-being (West et al., 2016; Reith, 2018)

Study Objectives

To develop a Psychoeducation-Based Person-Directed Burnout Intervention Package (P-BIP) that is feasible to be implemented among MOH hospital nurses to manage burnout

01 To identify the preferred intervention strategies to be included in the P-BIP

02 To produce a comprehensive module for the implementation of P-BIP

03 To evaluate the feasibility of the P-BIP for MOH hospital nurses

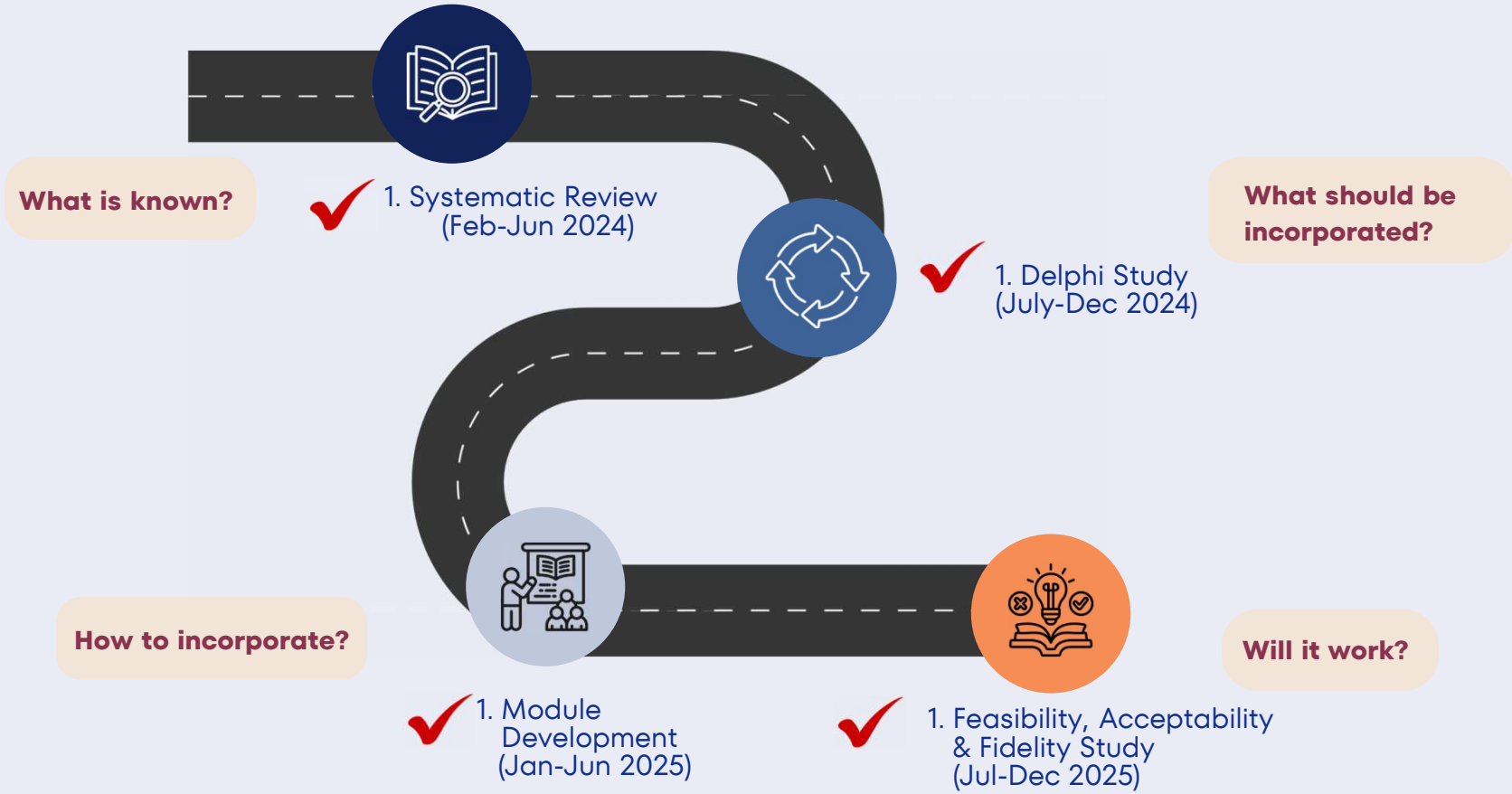




P-BIP aims to strengthens coping and self-management skills of nurses through a psychoeducation-based, person-directed approach, to equip them better to manage work-related stress, reduce burnout risk, and enhance psychological well-being.

Methodology

Translating psychosocial research interventions into real world settings is a complex process that requires both **evidence-based intervention** and **implementation strategy.**



Results and Discussion

Phase 1: Systematic Review

Understanding the Evidence

Key processes:

- Identifying effective intervention components and strategies in the literature
- Examining the range and characteristics of psychoeducational approaches
- Providing an evidence base for subsequent module development

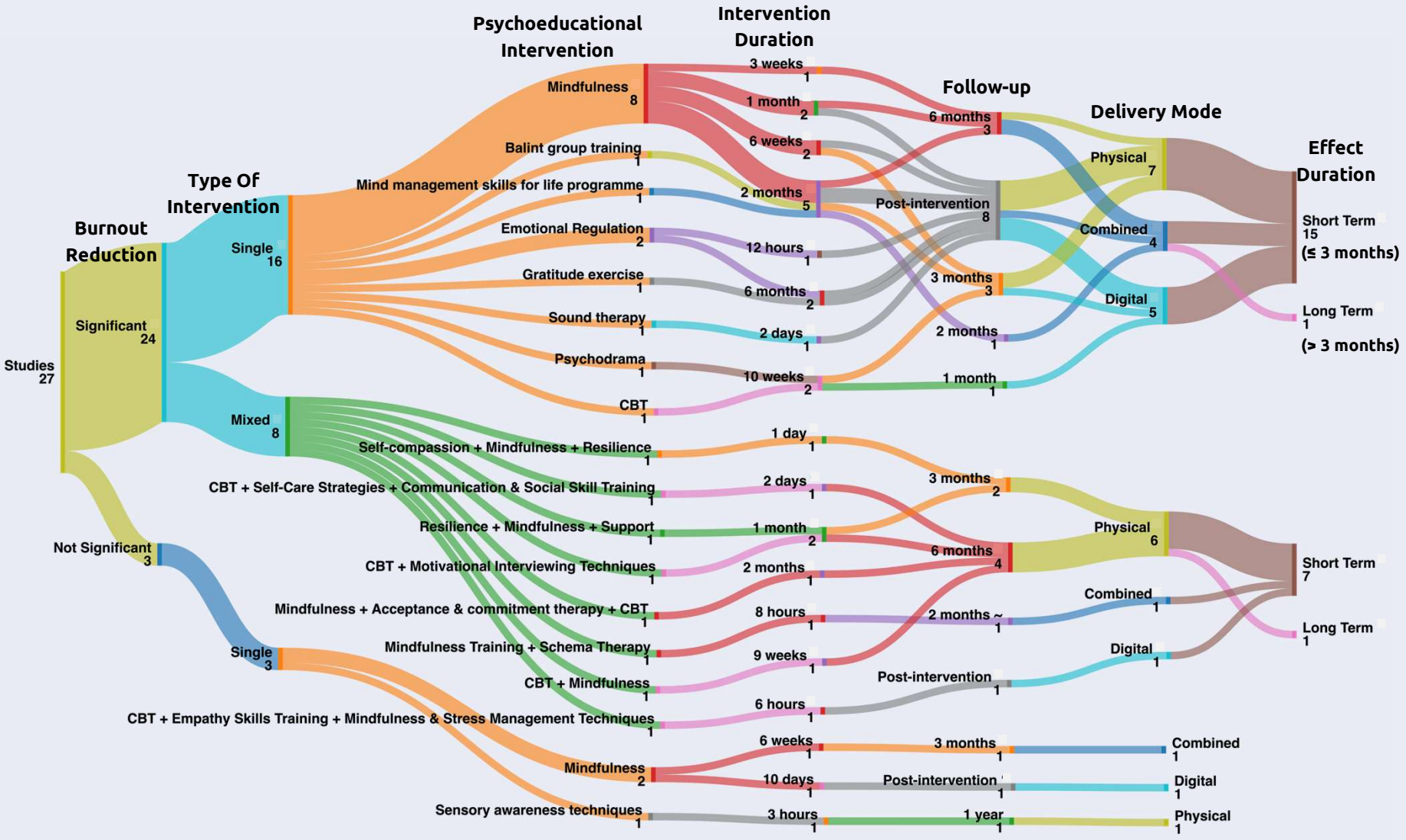


24 out of 27 studies showed statistically significant **burnout reduction** post-intervention

An initial pool of **142 psychoeducational activities** was extracted for further refinement by experts

Identifying General Resistance Resources (GRRs)

OVERVIEW OF INCLUDED STUDIES, AS SHOWN BY SANKEY DIAGRAM



Phase 2: Modified Delphi

Adapting to Context

Step 1: Qualitative Assessment
Multidisciplinary experts, including mental health professionals, occupational safety and health professionals, and nursing stakeholders refined **142 psychoeducational activities to 44** based on local context relevance and feasibility

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Step 2: Ranking Evaluation
Three iterative rounds of evaluation and ranking involving 146 panels were conducted via an online REDCap survey.
36 activities achieved agreement and endorsed by Delphi panel.

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Step 3: Consensus Meeting
Finalisation of intervention activities to be incorporated into P-BIP through expert consensus.
Another 3 activities achieved panel consensus, giving rise to **39 psychoeducational activities in total**.

- Rigorous, structured consensus-building process
- Inclusion of diverse stakeholders and experts - *Nursing, Psychiatrists, Psychologists, Academician, Counsellors, OSH*
- Adaptation of global available best practices to Malaysia's healthcare context
- Ensured cultural and contextual relevance in intervention selection



Comprehensibility:
Bridging Scientific Credibility and Local Relevance



Coping Skills
- Coping Skills

Reflective practice
- Establishing Reflective Practice

Gratitude Exercise
- Positive Reflections

Social support
- Social Support Groups
- Connections and Support Through Interaction with Support Networks

CBT Techniques

Identifying Unhelpful Thoughts
- Cognitive Reframing of Unhelpful Thoughts

Reflective Practice
- Establishing Reflective Practice

Interpersonal Skills
- Interpersonal Skills
- Developing Empathy Skills
- Developing Effective Communication Skills
- Conflict Resolution Approaches

Building Resilience
- Introduction To Resilience and Its Components
- Identifying Personal Capabilities
- Teaching Anxiety Coping Skills
- Anger Management Skills
- Efficacy Elevation
- Empowerment

Spiritual Support
- Religious / Spiritual Support

Relaxation Techniques
- Deep Breathing Exercise
- Progressive Muscle Relaxation
- Self-Massage

ACT
- Principles Such as Accepting One's Emotions and Being Present
- Emotional Regulation: Recognise the Impermanence of Emotions
- Emotional Regulation: Acceptance and Tolerance of Emotion Responses
- Emotional Skills Management: Skills to Cope with Unpleasant Emotions
- Emotional Skills Management: Modification of Attention
- Self- Compassion Skills: Self-Validation & Identify and Combat Self-Critism
- Choosing A Valued Direction
- Taking Action Aligned with Values
- Psychological Flexibility Training

Self-care
- Promoting Self-Care Practices
- Self-Care And Revitalisation Through - Exercise
- Self-Care And Revitalisation Through - Appropriate Dietary Regimens
- Sleep Formula: Unwinding Routines Before Bedtime
- Sleep Formula: Cognitive, Physical, And Emotional Fatigue Management
- Sleep Formula: Promoting Sleep According to Homeostatic and Circadian Factors

Multidimensional strategy: covering emotional regulation, interpersonal skills, resilience, coping skills, self-care etc.

Phase 3: Module Development

Structuring the Learning

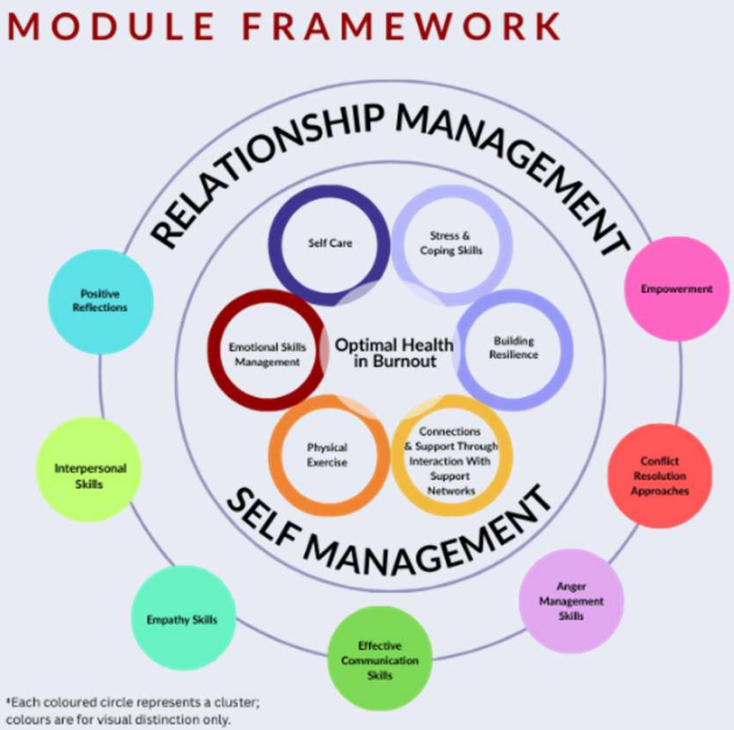


Figure 1: Module Framework Incorporating Endorsed Psychoeducational Interventions adapted from Optimal Health Programme[2]

Organisation of Endorsed Activities into Domains

39 endorsed psychoeducational activities were reviewed and organised into two main domains:

- **Self-Management**
- **Relationship Management**

Consolidation into OHP-Based Clusters

Activities within the two domains were consolidated into **13 clusters** guided by the **Optimal Health Programme framework:**

- Day 1: Self-Management - 6 clusters
- Day 2: Relationship Management - 7 clusters

Development of the Two-Day Module Components

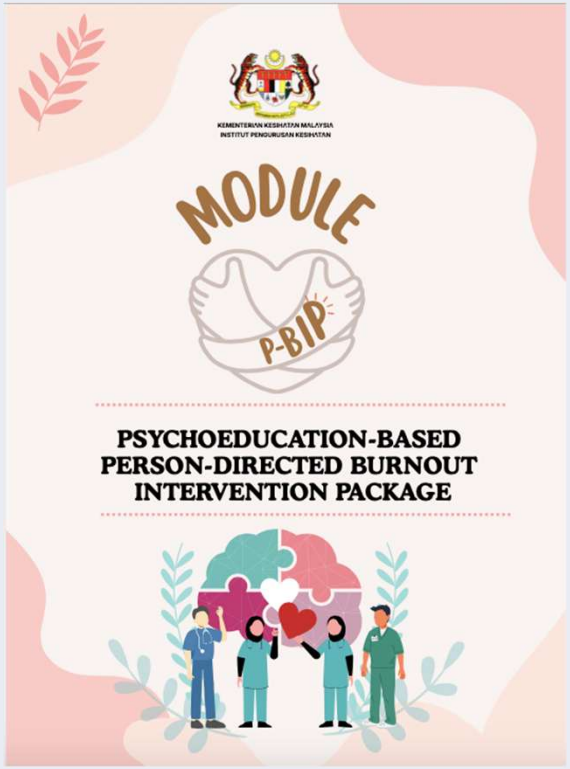
Subject matter experts collaborated to define:

- Learning objectives and intended learning outcomes
- Session structure, duration and delivery methods
- Materials and implementer requirements

Implementation Module



P-BIP Module



Participant Toolkit



SALUTOGENESIS

Comprehensibility • Meaningfulness

Phase 4: Feasibility Study

From Concept to Reality

Participant Recruitment
Recruitment of participants for the P-BIP feasibility study (n=21)

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Quantitative Evaluation
Assessment of the **acceptability** (Theoretical Framework of Acceptability, TFA) and **fidelity** (NIH Behaviour Change Consortium (NIH-BCC) Delivery Fidelity Assessment)

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Qualitative Evaluation
In-depth interviews and focus group discussions to evaluate the **feasibility, acceptability, and fidelity** of P-BIP.

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Preliminary Outcome Evaluation
Evaluation of preliminary outcomes (**Burnout Level**) with **MBI-HSS (MP)**



Feasibility

High feasibility (recruitment 95.5%, follow up 100%), exceeding typical retention rates in stress-management interventions for healthcare professionals (West et al., 2016).



Acceptability

Significant improvements in all TFA constructs, including perceived effectiveness and affective attitude, indicating that P-BIP was well received, aligned with nurses' values and perceived as manageable (Dyrbye et al., 2017).



Fidelity

Results showed high fidelity (>90%), with high rater agreement (κ = 0.724), mirroring high protocol adherence reported in other structured nurse resilience programs (Chesak et al., 2015; Magtibay et al., 2017).



Early Burnout Outcomes

Emotional exhaustion, depersonalisation, and personal accomplishment domains shifted from moderate to low burnout levels, consistent with meta-analytic evidence of short-term burnout reduction following psychoeducational programmes for nurses (Aryankhesal et al., 2019)

Comprehensibility • Meaningfulness • Manageability

Conclusion

COMPREHENSIBILITY

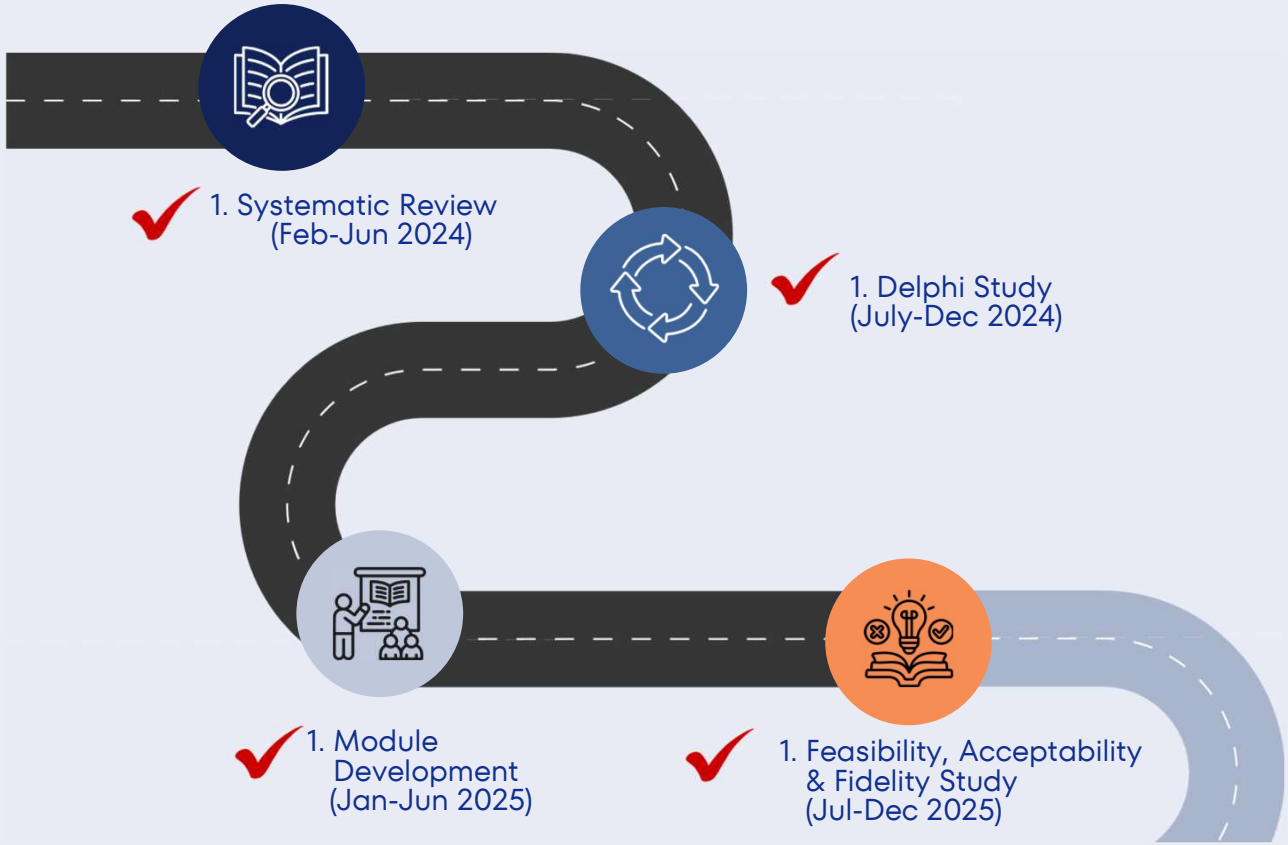
International evidence aligns with local workplace culture, values, and organisational dynamics, making it easily understood and culturally coherent.

MANAGEABILITY

Validated for real-world impact to fit the reality of local constraints, making solutions attainable for local nurses without additional burden.

MEANINGFULNESS

Preserving core intention while ensuring practicality in delivering genuine strategies that resonate with the lived experiences and values of Malaysian nurses.



Quasi Experimental Study: Effectiveness Evaluation

Questions, reflections, and implementation discussions are welcome.

Thank You



Highest appreciation to our research team, participants, and stakeholders for the support.
Special thanks to the Director General of Health Malaysia for permission to present this study.