

Rational Emotive Behaviour Therapy Based Intervention Module to Enhance Psychological Well Being and to Reduce Job Burnout Among Nurses

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ABSTRACT

Nurses constitute the largest workforce within the healthcare system and play a critical role in ensuring the delivery of safe, effective, and compassionate patient care. The demanding nature of the nursing profession exposes them to numerous occupational stressors, placing their mental health and psychological wellbeing at considerable risk. Prolonged exposure to workplace stressors may result in burnout, anxiety, depression, distress and diminished professional effectiveness, adversely affecting not only nurses themselves but also patient outcomes and healthcare organizations. Therefore, the development of effective psychological interventions aimed at promoting wellbeing and preventing job burnout among nurses is of paramount importance. Rational Emotive Behaviour Therapy (REBT) approach that focuses on identifying and modifying irrational beliefs, has demonstrated effectiveness in enhancing emotional resilience and psychological functioning. Against this background, the present study aimed to develop an REBT-based module designed to reduce job burnout and enhance psychological wellbeing among nurses. From rapport building to termination, this module presents nine sessions and each session plan in detail with objectives, content, techniques, activities and expected outcome. The module seeks to equip nurses with cognitive, emotional, and behavioural skills that facilitate adaptive coping, rational thinking, and improved mental health, thereby contributing to both individual wellbeing and the quality of healthcare delivery.

Keywords: Rational Emotive behaviour therapy, burn out, psychological wellbeing, rational and irrational beliefs, Nurses

INTRODUCTION

Nursing is widely recognized as one of the most demanding yet rewarding professions in healthcare. Nurses spend long hours caring for patients, supporting families during times of pain and suffering, and responding to complex clinical situations that require both technical expertise and emotional sensitivity. The continuous exposure to physical demands, emotional suffering, critical decision-making, and workplace pressures can significantly affect nurses' psychological health (Dall'Ora et al., 2020). Consequently, maintaining the psychological wellbeing of nurses has become an important concern for nurses and healthcare institutions.

In recent years, job burnout has emerged as one of the most prevalent occupational hazards among nurses; the World Health Organization (2019) recognizes burnout as an occupational phenomenon resulting from chronic workplace stress that has not been successfully managed. Nurses often work in environments characterized by heavy workloads, staff shortages, shift duties, high patient acuity and increasing professional expectations. Over time, these persistent stressors may lead to emotional exhaustion, feelings of detachment from work, and a diminished sense of professional accomplishment (Woo et al., 2020). Burnout not only affects the mental and physical health of nurses but also compromises patient care, job satisfaction, organizational commitment, and staff retention (Chen & Meier, 2021). Thus, addressing burnout is not merely an organizational necessity but also a moral imperative to protect the wellbeing of those who care for others.

Along with the growing concern of burnout, psychological wellbeing has gained increasing attention as a vital indicator of nurses' overall health and wellbeing. Psychological wellbeing extends beyond the absence of mental illness and encompasses positive psychological functioning, including self-acceptance, autonomy, purpose in life, personal growth, environmental mastery, and meaningful interpersonal relationships (Ryff, 1989). Nurses who experience higher levels of psychological wellbeing are better equipped to cope with occupational stress, maintain compassionate patient care, build positive professional relationships, and sustain their commitment to the profession (Castillo-González et al., 2024); but prolonged stress and burnout can erode these positive psychological resources, leaving nurses vulnerable to emotional distress, reduced motivation, and poorer quality of life (Cohen et al., 2023).

Considering these realities, there is an increasing need for interventions that not only reduce psychological distress but also strengthen the internal resources that enable nurses to thrive in demanding healthcare environments and one such intervention is Rational Emotive Behaviour Therapy (REBT), developed by Albert Ellis in 1955. REBT is based on the principle that it is not events themselves that cause emotional distress, but rather the beliefs individuals hold about those events (Ellis & Dryden, 2007). According to REBT, people often experience emotional difficulties when they interpret situations through irrational beliefs. The irrational beliefs are particularly relevant to nursing professionals, who frequently face high expectations, performance pressures, and emotionally charged situations.

The foundation of REBT is the ABC model, which explains how an Activating Event (A) influences an individual's Beliefs (B), leading to emotional and behavioural Consequences (C) (Dryden, 2024). Through the process of identifying, challenging, and replacing irrational beliefs with more rational and flexible alternatives, individuals can develop healthier emotional responses and more adaptive coping strategies. REBT promotes self-acceptance, resilience, emotional regulation, and realistic thinking, all of which are essential qualities for nurses working in high-stress environments (Ellis & Dryden, 2007).

Research has demonstrated the effectiveness of REBT in reducing stress, anxiety, depression, and occupational burnout while enhancing psychological wellbeing and resilience across various populations (David et al., 2018). For nurses, REBT offers a practical and empowering framework that helps them recognize unhelpful thought patterns, manage workplace stress more effectively, and cultivate healthier perspectives toward professional challenges. Instead of attempting to eliminate workplace stressors entirely, REBT equips nurses with the cognitive and emotional skills needed to respond to these challenges in a constructive manner.

In a profession dedicated to caring for others, it is equally important to care for the caregivers themselves. Developing an REBT-based module specifically designed for nurses may provide an effective strategy for enhancing psychological wellbeing and reducing burnout. By fostering rational thinking, emotional resilience, and adaptive coping, such interventions have the potential to improve not only the lives of nurses but also the quality of care they provide to patients and communities. This article presents a REBT based module to reduce burn out and enhance psychological wellbeing among nurses.

RATIONAL EMOTIVE BEHAVIOUR THERAPY BASED INTERVENTION MODULE :

Session plan is given below:

Session 1: Orientation and Rapport Building

- Objective: Establish therapeutic relationship.
- Content/techniques: Introduction to REBT, discussion regarding occupational stressors, and emotional difficulties.
- Activities: pre therapy induction activities, clinical interview, assessment of stressors.
- Expected outcome: Subject becomes comfortable and motivated to participate.

In the first session rapport is established, induction procedures are used to make the subject comfortable, REBT theories are explained. Nature and process of therapy is explained. Nurse's understanding about the therapy, misconceptions etc are addressed. Stressors in the work filed is explored. Nurse is asked to elaborate the stressors, the problems, complaints, the situations when it became worse, the situations when it improves, how these stressors are affecting her life, the life goals, how these goals are affected etc.

Session 2: Psychoeducation on Job Burnout and Psychological Wellbeing

- Objective: Increase awareness regarding burnout and wellbeing.
- Content/techniques: Meaning, symptoms, causes, and effects of job burnout are explained; importance of psychological wellbeing is also explained.
- Activities: motivating to share workplace experiences and the feelings of burnout.
- Expected outcome: Increased understanding of stressors, burn out and emotional health and well being.

In the second session, the phenomena of burn out and psychological wellbeing is explained. (tools to assess job burn out and psychological wellbeing can be used here)

Session 3: Help the nurse to understand the relationship between thoughts, emotions, and behaviours.

- Objective: Explanation of the ABC model of REBT.
- Content/ techniques: Explanation of the ABC model of REBT.
- Activities: Identifying activating events related to workplace stress.

- Expected outcome: Nurse recognizes how beliefs influence emotional reactions, not activating events.

During the third session, ABC model of Rational emotive behaviour therapy and ABC model of problems are explained. ABC model of emotional and behavioral disturbance is taught. Here, the client is helped to understand the connection between A, B and C, especially the “B”.

“A” stands for the Activating Event. These activating events are tending to help the client to achieve a particular goal or to block him/her from achieving the goal. These activating events are may be present events, his/ her own thoughts, behaviors or feelings about these events or memories of past events. Then Beliefs are explored. Beliefs (B) are cognitions or ideas or thoughts about the “A”. These Beliefs (B) exert high influences on his/her cognitive, emotional and behavioral consequences (C). “B”s are the mediators between Activating events and Consequences. So “B”s are the cause of “C”s. Consequences “C”s are may be cognitive, behavioral or affective consequences. They originate from the interaction of Activating events and Beliefs. there are two main types of Beliefs- Rational beliefs and irrational beliefs.

Main Rational beliefs are of the following nature:

1. Non-evaluative observations.
2. Non evaluative Inferences.
3. Positive preferential evaluations (they are flexible and non-absolute and rational).
4. Positive Musturbatory evaluations.
5. Negative preferential evaluations.

Main Irrational beliefs are of:

1. Negative Musturbatory evaluations (they are absolute and dogmatic).
2. Negative absolute inferences.

These two patterns are particularly damaging because they extend beyond the actual evidence available, interfere with the client’s objectives, and are often maintained with strong and unquestioned belief.

How psychological disturbance happens? Psycho-educating about the dynamics.

Here, the therapist psychoeducation about the nature and causes of psychological disturbances. Neurotic disturbance happens due to the devout, absolutistic evaluations of perceived events in our lives. These evaluations are in the form of dogmatic “have to’s”, “should’s”, “Must’s”, “ought’s”, or “got to’s”. These cognitions hinder the pursuit of our purposes and goals. “Absolutistic philosophy” will lead to psychological disturbance.

“Philosophy of Musturbation” will definitely lead to a lot of irrational conclusions that originate from the “Must’s”. Such cognitions will definitely spoil the purposes and goals. The major derivatives are: “Awfulizing”, “I can’t-stand-it-it is”, and “Damnation”.

Awfulizing happens when a perceived event is being rated as 100% bad- really a magical conclusion and truly exaggerated thought. “I can’t stand it, it is” is a state where the person cannot experience any happiness at all, because the person believes that that particular incident “must” not happen. “Damnation” is the tendency for humans to rate himself/ herself as an ‘underserving’ or ‘un deserving’ if “self or other does something that must not do or fails to do something that they must do; damnation can also be applied to world or life conditions that are rated as being ‘rotten’ for failing to give the person what he or she must have” (Ellis & Dryden, 1997). These three irrational derivatives are stemming from the philosophy of “Must”. However, these three are interdependent. “In therapy, the clients are shown that how these three are stemming from Must’s, these can be changed if the client give up his/ her absolutistic demands on other people, himself and on the universe; the therapist will encourage the client to have strong and persistent desires, preferences, wishes, and also to avoid feelings of withdrawal, detachment, and lack of involvement”(Ellis & Dryden, 1997).

Cognitive distortions leading to psychological disturbance according to Ellis & Dryden are:

“All-or- none thinking, Jumping to conclusions and negative non sequiturs, Fortune- telling, Focusing on the negative, Disqualifying the positive, Allness and neverness, Minimization, Emotional reasoning, Labeling and overgeneralization, Personalizing, Phonyism and perfectionism” (Ellis & Dryden, 1997).

The “should’s”, “ought’s” and “must’s” are the core of irrational beliefs. After explaining all these points and how the stressors affect nurse in her current situation is also discussed. Homework assignment is given to identify her irrational/ rational beliefs by filling the personality data form developed by Ellis. (Irrational Belief Inventory also can be used).

Session 4: Identifying Irrational Beliefs Related to Burnout and psychological distress affecting psychological wellbeing.

- Objective: Help nurse to recognize irrational beliefs contributing to burnout and poor wellbeing.

- Content/techniques: Identification of irrational beliefs in the areas of acceptance, frustration, injustice, achievement, worth, control, certainty and catastrophizing are explored through personality data form developed by Albert Ellis.
- Activities: Thought monitoring, discussion of workplace situations, and self-reflection sharing.
- Expected outcome: Nurse identify irrational beliefs associated with stressors, burnout and domains of psychological wellbeing.

During the fourth session, the homework assignment of the nurse is examined to find out her rational or irrational beliefs.

Session 5: Disputing Irrational Beliefs

- Objective: Challenge and modify irrational beliefs.
- Content/techniques: Logical disputing, empirical disputing, pragmatic disputing techniques.
- Activities: Cognitive restructuring exercises, Socratic questioning, and role play.
- Expected outcome: Reduction in irrational thinking and emotional distress.

In this fifth session, REBT self-help form is to be filled by the nurse (developed by Ellis) The nurse is asked to complete the “C” (Consequences) section first, i.e., disturbed feelings or self-defeating behaviour that the nurse produced and would like to be changed. Then to fill “A” (activating events or stressors). Then she is asked to write down irrational beliefs or B, then D column is to be filled to change the irrational beliefs, after she has to fill “E” column. At the end, “F”- new feelings and behaviours are also to be shared. The same form is given to the nurse to repeat it at home as assignment.

Session 6: Developing Rational Beliefs

- Objective: Replace irrational beliefs with rational alternatives.
- Content/techniques: rational, emotive, behavioural techniques are used.
- Activities: Rational-emotive imagery, and affirmation exercises.
- Expected outcome: improved emotional regulation and positive thinking.

During this sixth session, again the disputing techniques are used, irrational beliefs are replaced with rational beliefs using various techniques. After placing the client’s problems into ABC

framework, the intervention starts. Disputing techniques are used. initially, the irrational beliefs are assessed and disputed and rational alternative beliefs are installed.

Major techniques in REBT

1. Cognitive/Rational techniques:

A. Disputing of irrational beliefs.

Three sub categories are there for disputing the irrational beliefs- detecting, debating and discriminating.

Detecting: here the dysfunctional beliefs like should's, have to's, must's, ought's, are detected.

Debating: here, the therapist asks a number of questions to challenge the irrational beliefs. The important questions are: "where is the evidence?", "in what way is this belief accurate or inaccurate?", "what makes it so?" etc. Such questions are asked till the client realizes about her irrationality of her beliefs.

Three Major arguments re used when debating: empirical (asking for evidence of her beliefs- "where is the evidence to support the existence of your belief? Is it consistent with reality?), pragmatic (does the belief help me? Or where is holding this belief getting me?) and logical (Is this belief logical? Does it logically follow from your rational belief?).

Discriminating: In the Discriminating process, therapist helps the client to distinguish between her absolutistic values (needs, demands and imperatives) and non-absolute values (wants, preferences, desires and likes).

B. Semantic techniques

Major semantic techniques used are "**defining** to help clients to use her language in a less self-defeating manner; **referenting** is employed to list both negative and positive referents to counteract her tendency to focus on positive aspect of a harmful habit and to neglect its serious negative aspects"(Ellis & Dryden, 1997).

C. Imagery techniques:

Major Imagery techniques are: **Rational-emotive imagery** where client achieves practice by changing "unhealthy" negative emotions to "healthy" emotions as consequences even while retaining a clear image of the negative Activating event. **Time projection Imagery** where "instead of challenging the dysfunctional belief at the stage of occurrence of the awful event, the therapist temporarily go along with this, and help the patient to imagine/ picture what

life might be like at regular intervals even after the awful event occurred, so that they can experience that life will go on even after the so called awful event has happened” (Ellis & Dryden, 1997).

Cognitive homework

- Disputing one’s own irrational beliefs is a home work
- Bibliotherapy: clients are asked to read self-help books or watch videos that help to dispute the irrational beliefs
- Listening to audio clips of REBT lectures

2. **Emotive techniques:**

Major emotive techniques used are **Humorous Methods** like *Exaggeration* where client is asked to exaggerate the irrational thoughts to the point of absurdity e.g., if a client believes that she “must be perfect at everything”, she will be asked to imagine herself as a completely perfect being, which will make her understand the unrealistic nature of her belief; *Irony and sarcasm* to point out the illogical nature of the beliefs; and *role playing with humor*.

Self-Disclosure where the therapist admit that he had the similar issues or events in life but he overcame it using REBT to dispute irrational beliefs of the nurse.

3. **Behavioral techniques**

Major behavioral techniques used are In Vivo desensitization, Flooding, Homework assignments, stay in their exercises where patient is asked to remain in the discomfort situation to tolerate it, Anti-procrastination exercises where the client is asked to start a work instead of postpone it to tolerate the discomfort, use of rewards and penalties, skills training etc.

Session 7: Enhancing Psychological Wellbeing

- Objective: Promote emotional wellbeing and reduce burn out.
- Content/ techniques: psychoeducation about rational beliefs, health, and insight creation.
- Activities: self-care planning, training given to continuously monitor beliefs. □

Expected outcome: improved psychological wellbeing and reduced burn out.

Seventh session focused on sustaining and enhancing psychological wellbeing and reducing burn out, and psychoeducation on rational beliefs is given.

Psychoeducation on Rational beliefs

Instead of philosophy of Musts, a philosophy of “desiring”, or “relativism” is taught. “This philosophy acknowledges that humans have a large variety of desires, wants, preferences, wishes, and so forth; but if he refuses to escalate these non-absolute values into grandiose dogmas and demands, he will become less psychologically disturbed; they may however experience healthy negative emotions like regret, annoyance, sadness, disappointment etc., when his desires are not fulfilled. But these healthy negative emotions have constructive motivational properties to achieve their goals and purposes.” (Ellis & Dryden, 1997).

Three derivatives of the Philosophy of Desiring

1. “Rating or evaluating ‘badness’ is the rational alternative to ‘Awfulizing’; here, if the client does not receive what she wants, but she acknowledges it as “bad”, still, does not rate this as “awful”, here, the client adheres to the philosophy of ‘Desiring’, the client will be made understood that ‘stronger his desire, greater will be his rating of badness when he does not get what he wants” (Ellis & Dryden, 1997).
2. “Tolerance” is the rational alternative to ‘I can’t-stand-it-it-is’. The client first acknowledges that “an undesirable incident or event occurred or likely to occur, second, she believes that the incident or event should empirically occur if it does, and third, rates the event along the badness continuum, fourth, attempts to change the undesired incident or event or accepts the grim reality if it cannot be modified, and, fifth, actively pursues other goals even though the situation cannot be altered” (Ellis & Dryden, 1997).
3. “Acceptance” is the rational alternative to “Damnation”. The client accepts herself and others as fallible beings. She is taught to accept the life condition as it is. she accepts that the world is a highly complex one, and laws that exists are outside of his personal control. Acceptance does not mean resignation. “Philosophy of acceptance means that the person acknowledges that whatever exists empirically should exist but does not absolutely have to exist forever” (Ellis & Dryden, 1997).

Criteria for psychological health is also taught.

1. Self- Interest
2. Social interest
3. Self-direction

4. High frustration tolerance
5. Flexibility: be flexible in our thinking, be open to change, Do not make rigid rules for themselves.
6. Acceptance of uncertainty
7. Commitment to creative pursuits
8. Scientific thinking
9. Self- acceptance
10. Risk-taking
11. Long-range hedonism
12. Non-utopianism
13. Self-responsibility for own emotional disturbance:

Insight creation to avoid perpetuation of psychological disturbance

Insight is created to make the client understand how the psychological disturbance is perpetuated. Psychological problems are perpetuated, because (1) “they maintain their disturbances by creating their own theories concerning the nature of the problems and whom it can be attributed” (Ellis & Dryden, 1997). They believe that A causes C. so they try to change

A rather than B. They lack insights. So, we have to create first insight that “psychological disturbances are often primarily determined by the absolutistic beliefs that people hold about negative life events – (B determines C)” (Ellis & Dryden, 1997). (2) Some people may have insight number one, but lacks another insight – “people remain disturbed by re-indoctrinating themselves *in the present* with their absolutistic beliefs” (Ellis & Dryden, 1997). “They may see their problems are determined by their Beliefs, but they perpetuate the problems by searching the historical roots or antecedents of these beliefs” (Ellis & Dryden, 1997). (3) Even if clients have both these insights, they lack another insight, that “only if they diligently work and practice in the present as well as in the future to think, feel and act against their irrational beliefs are they likely to change them and make themselves significantly less disturbed” (Ellis & Dryden, 1997). These three insights are created in the sessions.

During this session, strengthening phase of rational beliefs happens. The following processes are done:

1. The nurse (client) identifies problematic emotions and behaviours and finds out the activating events and the role of irrational beliefs.

2. The client disputes these irrational beliefs and alternative rational beliefs are practiced.
3. Therapist helps the client to internalize the REBT process. So a re-education of REBT happens here.
4. Strengthening of the rational beliefs and weakening of the irrational beliefs.

In short, during this session, a philosophic change is achieved by educating them to:

1. Make the nurse realize that she creates her own psychological disturbances even though in some cases the environmental conditions have contributory roles.
2. Help the nurse realize that they possess the capacity to overcome and modify their own emotional and psychological difficulties.
3. Make her understand that behavioral and emotional disturbances are stemming mainly from absolutistic, dogmatic and irrational beliefs.
4. Help to identify irrational beliefs of the nurse and to discriminate these irrational beliefs.
5. Dispute the irrational beliefs using logical, realistic and heuristic methods and also to fight against him.
6. Work towards the internalization of his new rational beliefs through the application of behavioral, cognitive and emotive techniques.
7. Continue this process of challenging irrational beliefs and replace them with rational beliefs in the future.

Session 8: Relapse Prevention and Maintenance

- Objective: Prepare nurses to manage future stressors effectively.
- Content/techniques: Review of REBT principles, identifying relapse triggers, maintenance strategies.
- Activities: Development of personal coping plans and stress management schedule.
- Expected outcome: Increased confidence in handling future workplace stress.

The major task of this phase is to train the nurse to become his/her own therapist in the future. Once the client has achieved the confidence of handling her problems using REBT.

Session 9: Termination and Evaluation

- Objective: Evaluate therapeutic progress and conclude intervention.

- Content/ techniques: summary of sessions, feedback, reinforcement of learned skills.
- Activities: Post-assessment, feedback session, discussion of future goals.
- Expected outcome: Reduced burnout symptoms and sustained psychological wellbeing.

CONCLUSION

This is a module developed to enhance psychological wellbeing and reduce job burn out among nurses and it is based on Rational emotive behaviour therapy developed by Ellis. In this therapy, instead of making changes in the external world, changes are brought within the nurse by replacing irrational beliefs with rational beliefs.

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