

A Program for Nurse Managers:
How to Improve Nurse Wellbeing

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Abstract

Burnout is a public health epidemic that threatens the wellbeing of nurses and can lead to depression and suicide. Healthcare leaders must address staff burnout as it increases nurse turnover, shortage of nurses, and poor patient outcomes. The specific aim for this quality improvement (QI) project was to implement a program that could guide a nurse manager on how to improve wellbeing in their nursing staff as measured by: (a) Improved wellbeing scores to a composite score of 3.5 or greater as indicated by follow-up Culture Pulse surveys distributed in 2021; & (b) Reduced absenteeism among nursing staff by 18%. Five surveys identical to the organizations Culture Pulse Survey that measured wellbeing were sent to staff each month starting in January 2021 and ending in May 2021. The average composite score from all five surveys was 2.8, which resulted in an overall improvement. Absenteeism was reduced during implementation by 39%. This QI project guides nurse managers in the evidence-based interventions that can promote wellbeing in their staff.

Keywords: wellbeing, burnout, nurse managers, nurses, authentic leadership, Maslow's hierarchy

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Section I. Introduction

Burnout is a public health epidemic that threatens the wellbeing of nurses and can lead to depression and suicide (Dzau et al., 2018). Burnout is costly to healthcare organizations as its expenses can be accumulated from turnover, absenteeism, healthcare costs, and poor patient outcomes (Gu et al., 2019). Healthcare organizations must become proactive with burnout by focusing on wellbeing as it impacts the economic stability of our healthcare systems and economy.

Background

Burnout is an important topic of interest for nurse managers as it increases nurse turnover, shortage of nurses, and poor patient outcomes (Gu et al., 2019). Whenever nurses experience prolonged psycho-physical discomfort there is a risk for increased absenteeism and decreased work performance (Bonetti et al., 2019). Burnout can be triggered by several events, including excessive workload, inadequate recognition, lack of feedback, and contrast between personal values and organization needs (Bonetti et al., 2019).

As the evolving and unpredicted COVID-19 pandemic hit our nation in February 2020 there is a potential for a severe psychological impact on mental health and wellbeing in nurses (Balasubramanian et al., 2020). Nurses are faced with the stress of usual practice in a high-risk unfamiliar environment (Balasubramanian et al., 2020). In addition, nurses can experience adverse effects from altered socialization with friends and family, and an irregular engagement of wellness activities, such as exercise. In response, healthcare organizations must minimize the effects of burnout from the COVID-19 pandemic by focusing on wellbeing in nursing staff.

Organizational Needs Statement

A small community hospital, part of a large academic based health care system in the Southeastern United States, has a mission to care for patients and the health of the community. The hospital's vision is to be the best community hospital by providing patients with competent and quality medical staff. The 2019 Culture Pulse Survey, developed by Press Ganey, indicated worrisome scores, regarding nurses' feelings of wellbeing for several units within the targeted project hospital. In addition, the results of the survey showed that 40.6% of staff reported burnout. This magnet appraised hospital has the desire to improve wellbeing in their valued staff (V. Orto, personal communication, April 28, 2020).

The Institute of Hospital Improvement (IHI) has set a goal called the Triple Aim which involves improving patient experiences, population health, and reducing healthcare costs (Rathert et al., 2018). The Triple Aim has now shifted to a Quadruple Aim, with the fourth dimension focusing on the wellbeing of health care providers (Rathert et al., 2018). Promoting nurse wellbeing aligns with Healthy People 2030's vision and mission statement: "Vision: a society in which all people can achieve their full potential for health and wellbeing across the life span; Mission: to promote, strengthen, and evaluate the nation's efforts to improve the health and wellbeing of all people" (National Academies of Sciences, Engineering, and Medicine, 2020, p. 6). In addition, Healthy People 2030 has listed wellbeing as one of their leading health indicators (National Academies of Sciences, Engineering, and Medicine, 2020).

Problem Statement

The Culture Pulse survey measures staff perception in four areas of work culture: wellbeing, safety, management/leadership skills, and workplace security; each are individually scored, based on a scale "1" (low) to "5" (high). This health care system identified a score below

“4” on any area as a potential area for concern. The 2019 Culture Pulse survey results for a targeted surgical unit received a low score of wellbeing of 2.7.

Purpose Statement

The specific aim for this quality improvement (QI) project was to implement a program that could guide a nurse manager on how to improve wellbeing in their nursing staff as measured by: (a) Improved wellbeing scores to a composite score of 3.5 or greater as indicated by follow-up Culture Pulse surveys distributed in 2021; & (b) Reduced absenteeism among nursing staff by 18%.

Section II. Evidence

Literature Review

The purpose of the literature review was to identify evidence-based interventions that nurse managers could use to reduce burnout and promote wellbeing among nurses. In PubMed, the key words used were obtained from the Medical Subject Headings (MeSH) and were the following: nurses, leadership, and “burnout, professional”. After appropriate MeSH terms were identified, MeSH terms were combined with the Boolean operator "AND", which resulted to 87 articles. The results were narrowed down by the date of the article, so all articles before 2015 were excluded. In addition, only articles of the English language and human species were included. These inclusion and exclusion criteria narrowed the results to 17 articles. This search was replicated in Cumulative Index of Nursing and Allied Health Literature (CINAHL) which produced one result, and in PsychINFO which produced 31 results. After removing seven duplicates among the databases, 42 articles remained. The remaining articles were screened to ensure that each article had a level of evidence of IV or greater and was peer reviewed.

Additional articles were found using a basic search through the educational institution's library (see Appendix A).

Current State of Knowledge

Wellbeing is the experience of health, happiness, and prosperity (Davis, 2019). There are five types of wellbeing that include emotional, physical, social, workplace, and societal. Emotional wellbeing is ability to practice stress-management techniques, have resilience, and generate the emotions that lead to happiness. Physical wellbeing is the ability to improve the functioning of your body through healthy eating and exercise. Social wellbeing is the ability to communicate, develop meaningful relationships, and maintain a support network. Workplace wellbeing is the ability to pursue personal interests, values, and purpose to gain enrichment professionally. Finally, societal wellbeing is the ability to actively participate in a community's culture and environment (Davis, 2019).

In contrast, burnout is a state of physical and emotional exhaustion and depletion due to constant occupational stress (Gu et al., 2019). Occupational stress impairs nurses' wellbeing and includes anxiety, depression, poor sleep quality, and somatic symptoms (Gu et al., 2019). Somatic symptoms associated with burnout include tachycardia, headache, nausea, and muscle pain (Bonetti et al., 2019).

Current Approaches Found in Literature

The literature review showed that nurse managers should adopt an authentic leadership style in efforts to inspire their team, create a healthy work environment, guard against burnout, and decrease an intent to leave the workplace (Laschinger et al., 2016; Lee et al., 2019). Laschinger et al. (2016) and Lee et al. (2019) found that authentic leadership contributed to positive and supportive environments that improve nurse and organizational outcomes. Effective

communication, genuine collaboration, and leadership positively improve the working environment (Barrientos-Trigo et al., 2018).

Nurse managers can promote mental and emotional wellbeing by engaging their employees. Laschinger et al. (2016) and Wei et al. (2019) found that an effective strategy for engagement was when nurse managers helped nurses identify their personal strengths and encouraged them to use their strengths in the work setting. Empowering nurses is another form of engagement. Orgambídez-Ramos et al. (2017) found that there was a negative correlation to burnout when nurses had access to information, support, resources, and opportunities.

Wei et al. (2019) implemented seven resilience building strategies in efforts to reduce burnout: “facilitating social connections, promoting positivity, capitalizing on nurses’ strengths, nurturing nurses’ growth, encouraging nurses’ self-care, fostering mindfulness practice, and conveying altruism (p. 683)”. Specific resilience tools that were effective included, “Random Acts of Kindness”, “Three Good Things,” and “Practicing Gratitude” (Wei et al., 2019). Self-care was promoted when nurses utilized their lunch breaks for a half-mile walk outside the hospital (Wei et al., 2019). Nurse managers mentioned that genuine and meaningful recognitions were great ways to show nurses that they care (Wei et al., 2019). Nurse managers should role model resiliency practices that promotes self-care (Steege et al., 2017).

Intervention for QI Project

Overall, the literature review supports that poor nurse management will negatively influence worker wellbeing (Lee et al., 2019). Lee and Ji (2018) identified that a key component to reducing nurse burnout is the actions of a nurse manager. Adams et al. (2019) found that nurse managers feel responsible for supporting nurse wellbeing but uncertain of how to provide the needed support. There are inconsistencies and practice variations in the interventions nurse

managers chose to promote wellbeing (Adams et al., 2019). Evidence showed that nurse managers are poorly prepared to support nurse wellbeing and lack organizational support (Adams et al., 2019). In response, the intervention for this QI project was to design a wellbeing program for nurse managers. The program will guide nurse managers in using authentic leadership skills and standardize the strategies that promote nurse wellbeing.

As nurses are trained to care for a person holistically, nurse managers must also use a holistic approach for their staff that focuses on emotional, physical, social, workplace, and societal wellbeing. The wellbeing program compiled several strategies found in the literature that: 1) Contributed to a positive work environment; 2) Promoted employee engagement; & 3) Assisted nurses with resilience. Specific strategies included encouraging a manager to use authentic leadership skills such as trust, transparency, consistency, effective communication, and self-reflection (Laschinger et al., 2016). The nurse manager and team lead reviewed webinars that instructed them about different resilience tools and how they can influence their staff to use these tools (Steege et al., 2017). The manager and team lead were instructed to encourage their staff to take a full 30-minute lunch break. The manager and team lead were also encouraged to perform leadership rounding, promote employee celebrations, and recognize employees for their hard work (Barrientos-Trigo et al., 2018). In addition, the nurse manager was expected to help a specific employee with professional growth and development (Orgambidez-Ramos et al., 2017).

Evidence-based Practice Framework

Maslow Hierarchy of Needs

Maslow (1943) stated that people are motivated to achieve certain needs: physiological, safety, love and belonging, esteem, and self-actualization. These needs are often displayed in a pyramid to represent five separate levels. Once a need is fulfilled then motivation is found by

completing the next level up. Physiological needs are at the bottom of the pyramid representing biological requirements for human survival. Physiological needs are the most important and all other needs become secondary until these needs are met. The second level is safety denoting the need for protection and security. The third level is love and belonging; people need social interactions and feelings of belongingness. The fourth level is the need for esteem for oneself, and respect from others. At the top of the pyramid, the fifth level is self-actualization with the realization of personal potential and self-fulfillment. Maslow (1943) describes this level as the desire to accomplish everything possible and reach one's fullest potential.

Authentic leaders are characterized by high levels of self-awareness, meaning they have reached Maslow's highest level of needs (Laschinger et al., 2016). Maslow's hierarchy considers the complete physical, emotional, social, and intellectual qualities of an individual and how they impact wellbeing. Maslow's (1943) theory is a great guide for nurse managers in assessing an employee's specific level of need and using a correlated wellbeing strategy to meet their need.

Plan, Do, Study, Act Cycle

The Plan, Do, Study, Act (PDSA) cycle is a method that is used for QI projects (IHI, 2019). The PDSA framework is often used to make small changes and measure improvements while the project progress to larger scale changes (IHI, 2019). This QI project was a follow-up PDSA project that implemented employee engagement strategies and reduced absenteeism on a general surgery unit (King et al., 2020). King et al. (2020) determined that according to the PDSA cycle, the next steps for the QI project should involve more measurements and a larger population. The PDSA cycle is an ideal framework because the manager's needs, employees' needs, and current work environment requires an ongoing assessment, and the wellbeing

strategies should be tailored to meet those needs. Barrientos-Trigo et al. (2018) recommends continuous QI in efforts to promote nurse wellbeing.

Ethical Consideration and Protection of Human Subjects

The maintenance of confidentiality was assured as the findings were reported in aggregate. All questionnaires were coded to guarantee anonymity with no personal identifications collected. There were no consequences from implementing strategies that promote wellbeing in nurses as the interventions were equal and beneficial to all individuals within the population. The project was approved by the site champion, who is also the Chief Nursing Officer (CNO) at the project site (see Appendix B).

This QI project was determined to meet QI exempt definitions by the health care system's Institutional Review Board (IRB), Pro00106728 (see Appendix C). The first step for the IRB approval involved the completion of the project site's required Collaborative Institutional Training Initiative (CITI) modules. Also, the project site required two forms for the IRB review process: IRB approval form and project proposal form. Once this project was considered IRB exempt by the project site then IRB approval was granted by the educational facility (see Appendix D). The educational facility required additional CITI modules and a quality IRB worksheet for their approval process.

Section III. Project Design

Project Site and Population

This QI project was performed at a small community hospital, part of a large academic based health care system in the Southeastern United States. This acute care facility has 369 inpatient beds and offers a comprehensive range of medical, surgical, and diagnostic services, including orthopedics, obstetrics, and heart and vascular services with over 1,900 employees.

One main facilitator to this QI project is that the health system has created an interdisciplinary team that is focused on promoting wellbeing in the health system's staff. The project site's Healthcare Safety and Quality Team has created an extensive website which provides many free wellbeing resources for nurse managers and employees. Some of the interventions for this project were extracted from the website such as webinars and resilience tools. One of the largest barriers to this project was the COVID-19 pandemic. The surgical unit chosen for this project was highly impacted by COVID-19 as staff faced potential exposure, deployment, and the uncertainty of working in an unfamiliar environment.

Description of the Setting

The environment for this QI project was on a surgical unit at the hospital. The unit contained 41 inpatient beds. This unit accommodated patients recovering from various neurological and orthopedic surgeries. The average daily census was 18 patients, that included both regular and stepdown accommodations.

Description of the Population

There were 60 nurses' total which roles consisted of one manager, one clinical team lead, 37 registered nurses (RNs), and 21 nursing assistants (NAs). Staff were diverse in age, backgrounds, race, and ethnicity; the majority were female (n = 57). The health system has a clinical ladder that allows nurses to advance their career from a Clinical Nurse I (CNI) to a Clinical Nurse IV (CNIV). This advancement is awarded based on years of service, project implementation, and unit, committee, and community involvement. There were only two CNIIIs and one CNIV, which indicates a large potential for individual growth and development.

Project Team

The project team consisted of the project manager who was a Doctor of Nursing Practice (DNP) student. The project manager was responsible for designing the nurse manager program, providing the educational material that the nurse manager needed to implement wellbeing strategies, and acted as a coach and guide for the nurse manager during the implementation period. In addition, the project manager was available to assist the nurse manager with any task that would allow them to dedicate more of their time to the wellbeing program. The project site champion was also the CNO at the acute care facility. The unit's nurse manager and clinical team lead were primarily responsible for implementing the project interventions. The nurse director of the unit was an important member of the team as their approval and support was needed for the project's success. Finally, the IRB approval and project design advice were provided by the health system's nurse research scientist.

Project Goals and Outcome Measures

The implemented strategies used by the nurse manager to promote nurse wellbeing was assessed using both qualitative and quantitative methods. Qualitatively, interviews and observations were conducted to seek the managers' and employees' perceptions of the current work culture. These perceptions were an important process measure to effectively conduct the PDSA cycle each month. Quantitatively, the Culture Pulse Survey provided a composite score that analyzed staff wellbeing on a numeric scale. In addition, employee attendance data was gathered to see if there was a percentage decrease after wellbeing strategies were implemented. The two main goals of this QI project were to: 1) Improve wellbeing scores on the targeted unit to a composite score of 3.5; and 2) Reduce absenteeism among nursing staff on the same unit by 18%.

Description of the Methods and Measurement

The Culture Pulse Survey measured staff perception in four areas of work culture: wellbeing, safety, management/leadership skills, and workplace security; each are individually scored, based on a scale “1” (low) to “5” (high). This health care system identified a score below “4” as a potential area for concern. The Culture Pulse Survey contained six questions that measured an employee’s wellbeing; all answer selections are captured in a Likert scale (see Appendix E). The defined scores for each of the six questions along with the unit’s overall composite score was reported for evaluation and compared to the targeted benchmark score of 3.5.

Occupational stress impairs nurses’ wellbeing and includes anxiety, depression, poor sleep quality, and somatic symptoms (Gu et al., 2019). Burnout is associated with poor health outcomes such as exhaustion, fatigue, and social withdrawal and linked to higher rates of absenteeism (Bonetti et al., 2019; King et al. 2020). “Absenteeism is defined as an absence from work due to valid illness or taking an unscheduled day-off” (Bonetti et al., 2019; King et al. 2020, p. 357). “Absenteeism complicates the work routine and overburdens the nurses who are present, which can have a domino effect for burnout” (King et al., 2020, p. 357). The benchmark of reducing absenteeism by 18% was established from a previous QI project: King et al. (2020) exceeded their benchmark and reduced absenteeism by 27.5%. Employee attendance was examined using the facility's attendance software program. Whenever an employee is absent from a shift the nurse manager or team lead was responsible for entering a specific code into the attendance software program. The program then can generate a report on each employee and the date they were absent from their shift.

Discussion of the Data Collection Process

The project site granted permission to use the exact six questions from the Culture Pulse Survey to measure nurse wellbeing for this QI project. A mirrored survey was developed using Qualtrics and was sent to all nurses on the selected unit; the nurse manager and team lead were included in all data collections. The first survey was sent on January 5, 2021 at the project implementation start date. Then subsequent surveys were sent to nursing staff every month, February 1, March 1, and April 1, 2021. The last survey was sent on project end date, April 30, 2021. Each survey went live for 10 days and closed on the 10th day at 7pm. Staff were reminded to take the survey during rounding and through emails.

Employee attendance was examined using the facility's attendance software program. Pre-intervention absenteeism for January 5, 2020 to April 30, 2020 was compared with post-intervention absenteeism during the same timeframe, January 5, 2021 to April 30, 2021. Data inclusion for project outcomes was limited to employees who worked on the unit before October 5, 2019 and continued employment through post-implementation date April 30, 2021. New employees that were still in their probationary period during the pre-implementation or those terminated during the implementation phase were excluded. There was a total of 27 employees that met this criterion for data collection.

Implementation Plan

The project manager used Maslow's hierarchy as the framework to guide the nurse manager in wellbeing strategies for their employees. The interventions for this project are listed for each level of Maslow's hierarchy moving down the pyramid: self-actualization, esteem, love and belonging, safety and security, and physiological (see Appendix F).

Self-Actualization

Nurse managers should support employee self-actualization at the highest level of Maslow's hierarchy (King et al., 2020). “When employees achieve self-actualization, perception of stress is low, and productivity and growth are high” (King et al., 2020, pp.357-358; Phillips, 2018). Interventions to promote self-actualization involved encouraging the nurse manager to watch one assigned resilience webinar each month and then introducing the resilience tools discussed in the webinar to staff members. The project manager and nurse manager encouraged staff participation through emails, during staff meetings, posted flyers, and daily huddles. The specific tools used during the project were three good things, personal strengths, mindfulness, and acts of kindness. The project manager was responsible for designing emails, creating flyers, and presenting at staff meeting to encourage staff participation. The nurse manager was expected to work with one nurse that was interested in professional growth and development. The nurse manager helped this employee with a specific goal such as clinical ladder growth, certification exam, or obtaining an advanced degree. The nurse manager was expected to have one-to-one time with the employee in a private location such as the nurse manager’s office. The manager worked with this one employee for at least 15-minutes, bi-weekly, until the employee met their desired goal. After that employee met their goal then the nurse manager would identify another employee to work with. The nurse manager was expected to spend 15-minutes in reflective writing about the wellbeing interventions in efforts to promote their own personal growth development. The reflections were shared during the QI project’s monthly meetings with the project manager to gain insight of project’s progress.

Self-Esteem

Nurse managers can help an employee reach the esteem level when there is a work culture that supports wellness (King et al., 2020; Phillips, 2018). “Esteemed employees are secure with themselves and confident in their roles” (King et al., 2020, p. 358; Phillips, 2018). Interventions that supported an employee’s esteem needs involved the nurse manager choosing one of three interventions and performing this intervention at least once a month. The first option was that the nurse manager could write a letter of gratitude to an employee. The instruction for the gratitude letter was that it needed to be specific of what the nurse manager appreciated about the employee. Another option was that the nurse manager could nominate an employee for an award and send them the completed nomination form. The third option involved bringing a gift to an employee that was specific to the employee’s personal interest. The project manager was available to support the nurse manager by providing educational materials and templates for these interventions.

Love and Belonging

Nurse managers can help employees feel love and belonging when they promote teamwork (King et al., 2020; Phillips, 2018). “Organizational support raises employees' commitment to the organization, which decreases stress and withdrawal behaviors, such as absenteeism” (King et al., 2020 p. 358). The nurse manager was instructed to have the team lead plan an onsite celebration. The recommendations for the celebration were celebrate a staff member's birthday, recognize staff for having a month without any patient falls, and a baby or wedding shower. The project manager rounded on staff to seek ways to celebrate the staff. In addition, the project manager helped the team lead by planning, bringing in snacks and decorations, and participating in the employee celebrations.

Safety

Nurse managers must create a safe and secure work environment (King et al., 2020; Phillips, 2018). “This includes an environment free from physical and verbal abuse; in health care settings, abuse has been reported from patients, visitors, and coworkers” (King et al., 2020, p. 358; Laschinger & Read, 2016). During this project, the nurse manager demonstrated and expected respectful communication. Interventions at this level involved having the nurse manager spend at least 30-minutes each workday rounding on staff. The project manager participated in the rounding experience as an opportunity to bond with the staff. During the rounding experience they were expected to ask employees if they needed anything and show an effort to meet that employee’s need. Also, during rounding the nurse manager was encouraged to have a personal conversation with an employee about their family, health, pets, vacations, etc. During this conversation it was important that the nurse manager showed transparency and shared something personal about themselves.

Physiological

“At the physiological level on Maslow’s hierarchy, an employee is missing their most critical needs” (King et al., 2020, p. 358). “Employee stress is high and being able to show up for work and being productive is less likely” (King et al., 2020, p. 358). The nurse manager instructed the charge nurse to encourage each employee to take a full 30-minute lunch break. Taking a lunch break is essential to an employee wellbeing, as it allows the employee to recharge and improves their resilience (Wei et al., 2019). The employee was expected to hand-off their phone to assigned coverage and the nurse manager was expected to intervene if a lunch was not taken. The project manager hosted a contest among the staff so whenever a staff member took a lunch

break, they would receive a ticket. Whoever had the most tickets at the end of the project would receive a 25-dollar gift card as their reward.

Timeline

The timeline for this project occurred over four consecutive periods. The first period started on May 18, 2020 and ended July 31, 2020; the project manager's activities during this timeframe were dedicated to identifying a problem and doing a literature review to learn evidence-based solutions that promote nurse wellbeing. The second period began on August 1, 2020 and ended on December 25, 2020; the project manager's activities during this timeframe involved designing the project, building a project team, and gaining IRB approval. The third period began on January 5, 2021 and ended on April 30, 2021; this was the project implementation period. Activities during this period involved the nurse manager implementing the interventions prescribed by the project manager. The project manager supported and guided the nurse manager during the implementation period. Monthly meetings were conducted by the project manager with the project team to get qualitative data about the process. After each meeting, the project manager collected information from the nurse manager and team lead about the program's progress and a new PDSA cycle was started to improve the program's chance for success. Additional data was collected from The Culture Pulse Survey wellbeing questions as they were sent to staff through email each month. The total timeframe for the implementation period was four months, January 5, 2021 to April 30, 2021 (see Appendix G). The fourth period began May 5, 2021 and ended July 30, 2021. During this period, the project team analyzed the collected data for results and dissemination.

Section IV. Results and Findings

Results

Wellbeing

The first defined outcome was to improve wellbeing scores to a composite score of 3.5 or greater. A total of five surveys produced results that measured the wellbeing of nurses on a surgical unit. The survey contained six questions with five Likert style answer choices. The answers were assigned a designated score of 1 to 5; answers that were negatively correlated with wellbeing were scored low, while answers that were positively correlated with wellbeing scored high. For example, question one states, “Events in my work unit/department affect my life in an emotionally unhealthy way”; the scores were as follows: a) Disagree strongly was scored as 5; b) Disagree Slightly was scored as 4; c) Neutral was scored as 3; d) Agree Slightly was scored as 2; and e) Agree Strongly was scored as 1 (see Appendix E). The mean score from the six questions was used to calculate the overall composite score for each individual survey.

The composite scores were, 2.4, 2.8, 2.7, 3.1 and 2.9 respectively with an average response rate of 37% (see Appendix H). The wellbeing scores increased from 2.4 in January 2021, to its highest of 3.1 in April 2021, with a final composite score of 2.9 in May 2021. Although the project goal of 3.5 was not met, the data showed an overall improvement in nurse wellbeing.

Absenteeism

The second defined outcome was to reduce absenteeism among nursing staff by 18%. There were 51 absences total among all eligible staff members during pre-intervention compared to 31 absences post-intervention, accounting for a reduction in absenteeism by 39%.

These results exceeded the project goal of 18% and accounts for a major reduction in absenteeism during the project timeframe.

Discussion of Major Findings

The wellbeing scores started with a lower score compared to the 2019 Culture Pulse Survey; this indicates the staff were still in a state of burnout at the beginning of the project. The mean score of each question increased slightly in the second survey. During this time, the team lead acted as the nurse manager and was able to implement all nurse manager strategies that were prescribed on the monthly manager checklist. The composite score decreased for the third survey because, during this time, the unit underwent a COVID outbreak, and a new nurse manager was hired. Due to these major changes, some of the interventions listed on the monthly manager checklist were not completed. April received the highest composite score as the new nurse manager was on-boarded and contributed to the project interventions. The hired nurse manager had many years of experience and naturally demonstrated the skills of an authentic leader. The results on the final survey decreased as the project manager was less involved with rounding and encouraging staff to participate in resilience tools. The decreased involvement from the project manager was to test how the team lead and nurse manager could function independently with the prescribed interventions listed in the monthly manager checklist. Attendance was measured in two different time periods and the data were not affected by the monthly PDSA cycles during the project timeframe.

There were several observed benefits that occurred from this project. One employee left the unit to take a promotion as a team lead and since the employee stayed within the health system, there were not any consequences associated with nurse turnover. Another employee was trained and promoted to the role of a charge nurse. During the project, one of the employees was

nominated and won a “Partners in Practice” award. In addition, several staff members reported they were taking their lunch breaks and enjoyed using the resilience tools.

Section V. Interpretation and Implications

Cost Benefit Analysis

There was minimum cost associated with the interventions that the nurse manager used to promote wellbeing. Requiring employees to take lunch breaks can save the organization money as 30 minutes will be deducted from the employee’s pay for each shift. The average nurse receives \$30 per hour (Nurse.org, 2020); therefore, \$15 is saved for every nurse that utilizes their lunch breaks. Some cost was accumulated with the monthly employee celebrations, as well as employee gifts and recognition. Approximately \$250 was spent towards employee celebrations, rewards, and recognition during the four-month timeframe of this QI project (see Appendix I). The project manager incurred most of the cost associated from this project except for the \$50 spent on the March recognition party, which was supplied by the site champion.

The most expensive cost from this QI project can be accumulated from the amount of time that each nurse manager invests in wellbeing strategies. The manager performed rounding on staff daily for 30 mins; watched webinars 1-hour in length monthly; worked with one high performing employee for growth and development for 15-minutes bi-weekly; encouraged their staff to use resilience tools for a total of 1-hour each week; spent approximately 1-hour each month planning an employee celebration; and 1 hour each month in meetings and self-reflection. The total time that the nurse manager spent implementing wellbeing strategies was approximately 16.5 hours each month. If the average \$30 per hour nurse salary is used (Nurse.org, 2020), then the acute care facility spent approximately \$500 monthly on the nurse manager for this project and a total of \$2,000 over the four-month implementation period.

It is important to consider that more time implementing wellbeing strategies could lead to less cost associated with burnout consequences such as nurse turnover, patient dissatisfaction, and time spent with disciplinary actions related to absenteeism. The average cost of turnover for a bedside nurse ranges from \$38,900 to \$59,700, which results in the average hospital losing \$5.13 to \$7.86 million annually (Hoff & Robinson, 2018). The National Taskforce for Humanity in Healthcare (2018) estimated that nurse burnout costs hospitals \$9 billion a year and the healthcare industry at-large about \$14 billion a year.

Resource Management

The wellbeing interventions for this project did not require any additional resources outside from what the facility already provided. The nurse manager watched a series of resilience webinars that were accessed from a free website for all staff members. The facility already owned the rights to Zoom, Qualtrics, and the attendance tracking software that was used for this project.

One important resource management consideration during this project is nurse staffing levels. The American Nurses Association (ANA; n.d.) states staffing issues are a major concern for health care systems. A large body of research has documented relationships between higher staffing levels and better patient outcomes, including shorter hospital stays, lower rates of patient mortality, and reduced in-hospital complications such as patient falls, hospital-acquired pneumonia, and cardiac arrest (Spetz, 2021). In addition, multiple research studies prove that adequate nurse staffing can reduce nurse burnout (Boamah et al., 2017). Unfortunately, the unit chosen for this project was in a severe staffing shortage and did not have a permanent nurse manager for half of the project timeframe.

Implications of the Findings

Implications for Patients

The data assessed in this project did not measure patient satisfaction scores. However, research shows that reduced nurse burnout is related to better patient outcomes (Boamah et al., 2017). During this project timeframe, the unit received a PressGaney report showing substantial improvements with their patient satisfaction scores in the areas of nurses treating patients with courtesy and respect, responsiveness to patient calls, and teamwork.

Implications for Nursing Practice

Nurse managers should adopt authentic leadership styles to reduce burnout and enhance nurse wellbeing (Laschinger et al., 2016; Lee et al., 2019). This project showed that Maslow's hierarchy can be used as a guide to standardize the process and strategies that nurse managers use to promote wellbeing. Nurse managers can assess each employee's level of need and meet that employee's need using prescribed interventions at each level.

Implications for Healthcare Systems

An insight gained from this project is that healthcare systems could benefit from investing in a wellbeing ambassador. A wellbeing ambassador could teach nurse managers how to promote wellbeing in nursing staff. During this project, the project manager acted as a wellbeing ambassador by encouraging and providing resources to the nurse manager through a standardized wellbeing program. A wellbeing ambassador could continuously assess nursing units through wellbeing surveys and then intervene when necessary. An ambassador can aid in maintenance of a standardized wellbeing program that is simple and easy to use by all nurse managers.

Sustainability

The implementation of this project should be sustainable for nurse managers. Nurse managers should be encouraged to focus more of their time towards employee wellbeing and reducing burnout. The health system provides all nurse managers with designated budgets that funds employee celebrations and recognitions. In addition, nurse managers should practice personal reflection to enhance their own resilience and consider methods that promote wellbeing in their nursing staff (Steege et al., 2017).

Dissemination Plan

The stakeholders interested in this wellbeing program are the healthcare leaders at the project site and at the educational facility of the project manager. The first step was to present at the educational facility with a poster board that displayed pertinent data from the QI project. The second step will involve presenting project data to the site champion (CNO) to gain support for dissemination to other nurse leaders within the health system. In addition, this paper will be submitted to a peer reviewed nursing journal in efforts to reach other nurse managers and leaders nationally (see Appendix J).

Section VI. Conclusion**Limitations**

There were several limitations involved with this QI project. The first limitation observed during this QI project was that an authentic leader was a key component to the success of this program designed for managers. One month prior to the start of this project, the unit's nurse manager had taken another position, and another unit's nurse manager was appointed the role of interim manager. Therefore, the unit's clinical team lead was the primary driver of the

project interventions. In March 2021, a new manager was hired, and the team lead did not receive the desired position of being the unit's nurse manager.

Second, COVID greatly affected employee wellbeing and had a major impact on the project's results. The unit experienced a COVID outbreak in their staff in February, when eight staff members tested positive for COVID within a two-week timeframe. In addition, absenteeism has other causes outside of burnout and COVID, such as childcare, illness, and injury. One strategy used for data consistency was to measure absences on two separate occasions during the same exact time periods. Therefore, sensitivities related to the time of year were reduced, such as inclement weather.

Another limitation that occurred during this project was that, shortly after the nurse manager left, the unit's staffing level dropped to 45% capacity, which placed more work strain on the remaining staff and clinical team lead. In addition, at the start of the project, the unit's surgery team decided to place a hold on elective surgeries until the high volume of COVID patients decreased. This decision forced the unit's nursing staff to care for an unfamiliar patient population.

Recommendations for Others

The program taught nurse managers several strategies found in the literature that: 1) Contributed to a positive work environment; 2) Promoted employee engagement; & 3) Assisted nurses with resilience. Nurse managers must demonstrate authentic leadership skills such as trust, transparency, consistency, effective communication, and self-reflection (Laschinger et al., 2016). Nurse managers should use and teach their staff different resilience tools that enhance their wellbeing (Steege et al., 2017). Leadership rounding, employee celebrations, and employee

recognition are evidenced-based strategies that can improve nurse wellbeing (Barrientos-Trigo et al., 2018; Orgambidez-Ramos et al., 2017).

Recommendations for Further Study

There is limited research on programs for nurse managers that improve staff wellbeing. In addition, research should be done to test the functionality of a wellbeing ambassador. Therefore, this was a valuable project to test a standardized program that nurse managers could use to improve wellbeing. According to the PDSA cycle, the next steps for this project should involve more measurements and a larger population to determine if a nurse manager program can improve nurse wellbeing, reduce nurse absenteeism, and produce better patient care.

Final Summary

This project showed that nurse managers can impact the wellbeing of their staff through a standardized program based on Maslow's hierarchy of needs. Evidence-based practices that promote wellbeing is the best way to care for healthcare staff. This topic is important to research for fields outside of nursing, as employee wellbeing is important for all businesses.

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Appendix A
Literature Matrix

Authors	Year Pub	Article Title	Theory	Journal	Purpose and take home message	Design/Analysis /Level of Evidence	IV DV or Themes concepts and categories	Instr. Used	Sample Size	Sample method	Subject Charac.	Comments/critique of the article/methods GAPS
Lee, Chiang, & Kuo	2019	Relationship between authentic leadership and nurses' intent to leave: The mediating role of work environment and burnout.	Authentic Leadership	<i>Journal of Nursing Management</i>	Authentic leaders create a healthy work environment. Healthy work environment strategies include communication training, self-care skills, and improving professional confidence. Mindfulness or resilience training could provide a positive cognition for individuals.	Cross-sectional design	IV: authentic leadership DV: work environment, burnout, intent to leave.	The Authentic Leadership Questionnaire; The Practice Environment Scale of the Nursing Work Index; Maslach Burnout Inventory—Human Services Survey (MBI-HSS) (PES-NWI)	946 nurses	NA	878 females	Authentic leadership had a positive direct effect on work environment, which in turn had a direct negative effect on emotional exhaustion component of burnout. Limitations: Needs a longer period of time. Due to design, it is not possible to determine cause and effect. Sample selection bias because the nurses from the three hospitals belonged to the same management. Usefulness: Useful interventions. Synthesis: Authentic leadership, communication training, self-care skills, confidence can reduce burnout.
Wei, Roberts, Strickler & Corbett	2018	Nurse leaders' strategies to foster nurse resilience.	NA	<i>Journal of Nursing Management</i>	Strategies for reducing burnout: facilitating social connections, promoting positivity, capitalizing on nurses' strengths, nurturing nurses' growth, encouraging	Qualitative descriptive study	NA	Demographic form and in-depth face-to-face interview	20 nurse leaders	A purposive sampling method	18 Female	Nurse leaders are instrumental in building a resilient nursing workforce. Limitations: Limited to acute care inpatient hospital settings Usefulness: The strategies identified in this study are simple and cost-effective and can be easily implemented in any clinical settings. Synthesis: Nurse leaders play

Authors	Year Pub	Article Title	Theory	Journal	Purpose and take home message	Design/Analysis /Level of Evidence	IV DV or Themes concepts and categories	Instr. Used	Sample Size	Sample method	Subject Charac.	Comments/critique of the article/methods GAPS
					nurses' self-care, fostering mindfulness practice, and conveying altruism.							a pivotal role in adopting and implementing evidence-based strategies to promote nurses' resilience.
Orgambíz-Ramos, Borrego-Alés, Vázquez-Aguado, March-Amegual	2017	Structural empowerment and burnout among Portuguese nursing staff: An explicative model.	Structural Empowerment	<i>Journal of Nursing Management</i>	Training plans, the development of formal and informal support networks, and the availability of resources increase the levels of empowerment and decrease burnout.	Cross-sectional correlational study	IV: structural empowerment DV: burnout	Maslach Burnout Inventory; Conditions for Work Effectiveness Questionnaire-II; The CWEQ-II questionnaire measured global empowerment	297 participants	Three public hospitals in Portugal were surveyed	189 women ; Average age 37.42 years	Validates the structural empowerment model and its application in nursing staff. Limitations: The design prevents drawing conclusions regarding causality between structural empowerment and core burnout. The survey design was particularly sensitive to certain biases in the responses due to voluntarily participation. Usefulness: Managers should make an effort to create a work context that provides access to opportunities, resources and support. Synthesis: Provide nurses with access to information, resources, support, and opportunities

Authors	Year Pub	Article Title	Theory	Journal	Purpose and take home message	Design/Analysis /Level of Evidence	IV DV or Themes concepts and categories	Instr. Used	Sample Size	Sample method	Subject Charac.	Comments/critique of the article/methods GAPS
Lee & Ji	2018	The moderating role of Leader–Member exchange in the relationships between emotional labor and burnout in clinical nurses	Leader–member exchange	<i>Asian Nursing Research</i>	Emotional modulation efforts may be helpful for reducing burnout, with the regulation of emotional dissonance being more harmful. Use empathy with staff.	Cross-sectional study	IV: Leader-Member Exchange DV: Burnout	Professional Quality of Life Scale (ProQoL R-V); Leader–member exchange was measured using a tool consisting of a single factor of seven items.	165 nurses	Two tertiary hospitals in South Korea; Convenience sampling	All female; Mean age: 28.42; Mean years of experience: 5.80	<p>Negative correlation between leader–member exchange and burnout.</p> <p>Limitations: Burnout measured on an atypical measurement difficult to directly compare the scores.</p> <p>Usefulness: Results are in line with previous studies, which found that a positive relationship with one's superiors reduces burnout.</p> <p>Synthesis: Leaders must not leave the staff nurses to manage the emotional labor that will arise in the process of interacting with patients. Leaders must engage in empowering behavior, such as by enabling members to participate in decision-making within the nursing organization, helping them to obtain autonomy, and respecting their job capability.</p>

Authors	Year Pub	Article Title	Theory	Journal	Purpose and take home message	Design/Analysis /Level of Evidence	IV DV or Themes concepts and categories	Instr. Used	Sample Size	Sample method	Subject Charac.	Comments/critique of the article/methods GAPS
Adams, Chamberlain & Giles	2019	Understanding how nurse managers see their role in supporting ICU nurse well-being— A case study	NA	<i>Journal of Nursing Management</i>	This study suggests that NMs may be in an excellent position to support nurse well-being.	Qualitative multiple case study design	NA	In-depth interviewing with semi-structured questions	12 Nurse managers	Purposive sampling was used to recruit NMs working in Australian ICUs with at least one year of experience.	10 Female ; 7 aged 50-60	<p>NMs must be supported by upper management, given autonomy to make decisions that can improve nurse well-being, and provided with opportunities for professional development.</p> <p>Limitations: Small non-random sample size cannot be generalized and applied to a larger population. Self-selection of participants may bias the sample.</p> <p>Usefulness: If NMs are responsible for employee well-being, a clear role description including purpose and core functions of this role must be defined.</p> <p>Synthesis: NM well-being will have a positive flow-on effect for nurses' well-being, for retention rates amongst NMs and nurses, and for patient outcomes.</p>

Authors	Year Pub	Article Title	Theory	Journal	Purpose and take home message	Design/Analysis /Level of Evidence	IV DV or Themes concepts and categories	Instr. Used	Sample Size	Sample method	Subject Charac.	Comments/critique of the article/methods GAPS
Barrientos-Trigo, Vega-Vázquez, De Diego-Cordero, Badanta-Romero & Porcel-Gálvez	2018	Interventions to improve working conditions of nursing staff in acute care hospitals: Scoping review	NA	<i>Journal of Nursing Management</i>	Nurse managers should implement interventions at different organizational levels to improve the working conditions of nursing staff and health outcomes.	Scoping review	NA	NA	NA	(1) identifying the research question, (2) identifying relevant studies, (3) study selection, (4) charting the data, (5) collating, summarizing, and reporting the results.	NA	<p>NMs managers are called upon to create a work atmosphere that enables mind–body balance and development.</p> <p>Limitations: Literature Review</p> <p>Usefulness: Good working environment, such as having enough staff, nurses participating in the decision-making process, and good interdisciplinary communication can reduce burnout.</p> <p>Synthesis: In the macro-management interventions, include improving the patient–nurse ratios. At the meso-management level, it is proposed that horizontal hierarchies be enhanced and coaching-derived techniques be developed. Micro-management interventions suggest that techniques be aimed at seeking mind–body balance.</p>

Authors	Year Pub	Article Title	Theory	Journal	Purpose and take home message	Design/Analysis /Level of Evidence	IV DV or Themes concepts and categories	Instr. Used	Sample Size	Sample method	Subject Charac.	Comments/critique of the article/methods GAPS
Steege, Pinekentein, Arsenault Knudsen & Rainbow	2017	Exploring nurse leader fatigue: A mixed methods study.	Occupational Fatigue in Nursing	<i>Journal of Nursing Management</i>	Administrators must promote and role model resiliency practices to promote self-care.	Qualitative descriptive study	NA	Occupational Fatigue Exhaustion Recovery (OFER) scale	21 Nurse Administrators	Voluntary recruitment	10 managers and 11 executives	<p>The potential for a trickle-down effect of nurse leader fatigue may have negative consequences for nursing practice and quality outcomes both at the individual and organizational level.</p> <p>Limitations: Recruitment of participants from one Midwestern state may limit generalization. Small sample size.</p> <p>Usefulness: Shared coverage is recommended. Organizational policies and practices should limit weekly hours worked to align with national scheduling recommendations</p> <p>Synthesis: Significant need for organizational-level support to evaluate and redesign leadership structures and workload.</p>

Authors	Year Pub	Article Title	Theory	Journal	Purpose and take home message	Design/Analysis /Level of Evidence	IV DV or Themes concepts and categories	Instr. Used	Sample Size	Sample method	Subject Charac.	Comments/critique of the article/methods GAPS
Laschinger, Cummins, Leiter, Wong, MacPhee, Ritchie, Wolff, Regan, Rhéaume-Brüning, Jeffs, Young-Ritchie, Grinspun, Gurnham, Foster, Huckstep, Ruffolo, Shamian, Burkoski, Wood & Read	2016	Starting Out: A time-lagged study of new graduate nurses' transition to practice.	New Graduate Successful Transition and Retention Model	<i>International Journal of Nursing Studies</i>	This is evidence can help nursing management develop strategies to create healthy, satisfying work environments for new graduate nurses.	Time-lagged study	IV: Personal factors, Work environment, Occupational coping self-efficacy, Work life experiences DV: Job-related retention outcomes	Authentic Leadership Questionnaire Structural empowerment – Conditions for Work Effectiveness Questionnaire-II Person-job fit – Areas of Work life Scale Maslach Burnout Inventory (MBI) Job turnover intentions	406	Random Sampling	RNs with 3 years of experience currently working in direct patient care	The purpose of this study was to investigate factors influencing new graduate nurses' successful transition to their role and to determine predictors of job satisfaction and turnover intentions. Limitations: Self-report questionnaires and the relatively low survey response rate. Self-report measures are susceptible to response bias. Usefulness: Work environment factors (cynicism) and intrapersonal strengths played important roles across outcomes. Synthesis: Authentic leadership play a protective role against burnout.

Authors	Year Pub	Article Title	Theory	Journal	Purpose and take home message	Design/Analysis /Level of Evidence	IV DV or Themes concepts and categories	Instr. Used	Sample Size	Sample method	Subject Charac.	Comments/critique of the article/methods GAPS
Bonetti, Tolotti, Valcarengh, Pedrazzani, Barello, Ghizzard i, Graffigna, Sari & Bianchi	2019	Burnout precursors in oncology nurses: A preliminary cross-sectional study with a systemic organizational analysis.	NA	<i>Sustainability</i>	Management is fundamental to the prevention of burnout in the job environment. Management should adopt a leadership style to improve and maintain this positive work environment.	Cross-sectional study	IV: Job Conditions, Primary Nursing model DV: Burnout	Burnout Potential Inventory (BPI)	103	Convenience sampling	78.8% women Average age of 47 years	<p>The aim of this study was to measure the presence of nurses’ burnout to formulate organizational strategies to prevent the syndrome onset, and to evaluate the effect of recent organizational changes on the burnout.</p> <p>Limitations: The data collected represented a small sample.</p> <p>Usefulness: Participatory and genuine leadership style is related to low levels of burnout.</p> <p>Synthesis: The leadership style of nursing middle management can considerably impact relational issues.</p>

Authors	Year Pub	Article Title	Theory	Journal	Purpose and take home message	Design/Analysis /Level of Evidence	IV DV or Themes concepts and categories	Instr. Used	Sample Size	Sample method	Subject Charac.	Comments/critique of the article/methods GAPS
Gu, Tan & Zhao	2019	The association between occupational stress and psychosomatic wellbeing among chinese nurses: A cross-sectional survey.	NA	<i>Medicine (Baltimore)</i>	Strategies that promote nurses' coping abilities are needed to increase nurses' psychosomatic wellbeing.	Cross-sectional survey	IV: Occupational Stress DV: Psychosomatic wellbeing	Nurse Job Stressor Questionnaire (NJSQ) 9- and 15-item Patient Health Questionnaires (PHQ-9 and PHQ-15) 7-item Generalized Anxiety Disorder (GAD-7) scale 19-item Pittsburgh Sleep Quality Index.	2889 nurses	Stratified cluster sampling	96.7% women Mean age 31.20	The aim of this study measured workload and time pressure, professional and career issues, patient care and interaction, interpersonal relationships and management problems, resource and environment problem and psychosomatic wellbeing among nurses. Limitations: Cross-sectional survey and does not show causal relationships. Sample bias as it was a voluntary survey. Usefulness: Strengthening nurses' interpersonal communication skills may help offset occupational stress, which might buffer the effects of depression, anxiety, and poor sleep quality. Synthesis: Nurses' psychosomatic health should be considered by administrative leaders, because it is closely related to patients' outcomes.

Authors	Year Pub	Article Title	Theory	Journal	Purpose and take home message	Design/Analysis /Level of Evidence	IV DV or Themes concepts and categories	Instr. Used	Sample Size	Sample method	Subject Charac.	Comments/critique of the article/methods GAPS
Rathert, Williams & Linhart	2018	Evidence for the Quadruple Aim: A Systematic Review of the Literature on Physician Burnout and Patient Outcomes.	NA	<i>Medical Care</i>	Poor patient experiences, poor population health, and high health care costs lie within the organizations that produce burned-out physicians and staff.	Literature Review	Physician burnout Residents Physician stress	PRISMA guidelines	1201 articles were reviewed	PubMed CINAHL PsycINFO	28 studies included 12 different countries 14 from the US	<p>This study's aim was to investigate linkages between physician burnout and patient outcomes through a systematic review of the literature.</p> <p>Limitations: Limited by the retrieved studies and the extent to which the information in them was reported.</p> <p>Usefulness: The well-being of health care providers must be a priority; more evidence is needed for developing interventions that will improve the lives of health care providers and their patients.</p> <p>Synthesis: The work environment for care providers plays a foundational role in the care they deliver.</p>

Appendix B
Organizational Letter of Approval

[Redacted]

Date: June 11th, 2020

[Redacted]

College of Nursing:

have reviewed Ashley King's DNP Project Proposal, "A Program for Nurse Managers: How to Improve Nurse Well-being". Ms. Ashley King has organizational support and approval to conduct their Doctor of Nursing Practice student project within our institution. Our organization's liaison, or project champion, for the project is Victoria Orto, CNO at Duke Regional Hospital.

We understand that the timeframe for this project is from the date of this letter through July 30, 2021. Implementation at the project site will occur January 2021 through April 2021, unless otherwise negotiated. We understand that for Ms. Ashley King to achieve completion of the DNP program, dissemination of the project is required by the University and will include a public presentation related to the project and submission to the ECU digital repository, The ScholarShip. In addition, we understand that ECU College of Nursing encourages students completing exemplary scholarship to develop a manuscript for publication, but that is not a requirement. Our organization understands and agrees that the student will not use our organization's name in the formal project paper or any subsequent posters, presentations, or publications.

Our organization has deemed this project as a program development for quality improvement. Our organization is aware that this project will be processed first through our organizational approval process and then through the ECU College of Nursing process, which may include a formal review through University and Medical Center Institutional Review Board of East Carolina University (UMCIRB), if needed. Our organization does have an Institutional Review Board (IRB). We are aware that in the absence of an organizational IRB, the project will be submitted through the ECU College of Nursing review process which may include UMCIRB review if needed.

Thank you,

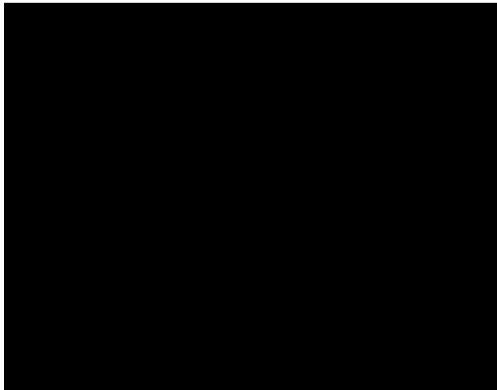
[Redacted]

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Appendix C

Project Site's IRB Exemption Letter



DECLARATION OF ACTIVITY NOT MEETING THE

activity does not meet the definition of research as described in 45 CFR 46.102(d), 21 CFR 50.3(c) and 21 CFR 56.10(c) and satisfies the Privacy Rule as described in 45 CFR 164.514.

Protocol ID: Pro00106728

Reference ID: Pro00106728-INIT-1.0

Protocol Title: A Program for Nurse Managers: How to Improve Nurse Wellbeing

Principal Investigator



This IRB declaration is in effect from September 03, 2020 and does not expire. However, please be advised that any change to the proposed research will require re-review by the IRB.



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Appendix D

Educational Facility's IRB Exemption Letter

Based on your responses, the project appears to constitute QI and/or Program Evaluation and IRB review is not required because, in accordance with federal regulations, your project does not constitute research as defined under 45 CFR 46.102(d). If the project results are disseminated, they should be characterized as QI and/or Program Evaluation findings. Finally, if the project changes in any way that might affect the intent or design, please complete this self-certification again to ensure that IRB review is still not required. Click the button below to view a printable version of this form to save with your files, as it serves as documentation that IRB review is not required for this project. 9/17/2020

Appendix E

Qualtrics Survey

- 1.) Events in my work unit/department affect my life in an emotionally unhealthy way.
 - a.) Disagree strongly (5)
 - b.) Disagree Slightly (4)
 - c.) Neutral (3)
 - d.) Agree Slightly (2)
 - e.) Agree Strongly (1)

- 2.) I feel fatigued when I get up in the morning and have to face another day on the job.
 - a.) Disagree strongly (5)
 - b.) Disagree Slightly (4)
 - c.) Neutral (3)
 - d.) Agree Slightly (2)
 - e.) Agree Strongly (1)

- 3.) I feel frustrated by my job.
 - a.) Disagree strongly (5)
 - b.) Disagree Slightly (4)
 - c.) Neutral (3)
 - d.) Agree Slightly (2)
 - e.) Agree Strongly (1)

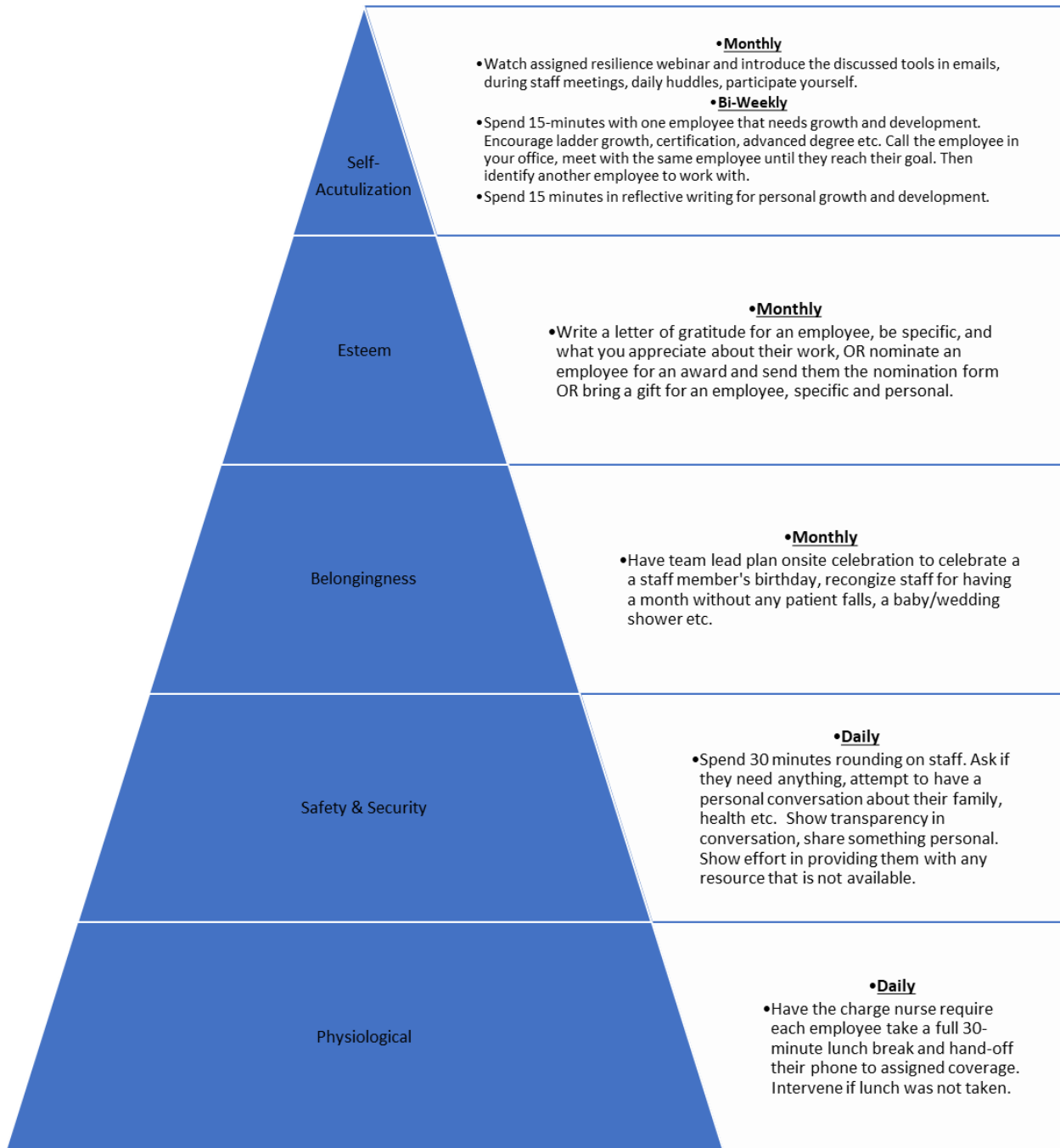
- 4.) I feel burned out from my work.
 - a.) Disagree strongly (5)
 - b.) Disagree Slightly (4)
 - c.) Neutral (3)
 - d.) Agree Slightly (2)
 - e.) Agree Strongly (1)

- 5.) I feel I am working too hard on my job.
 - a.) Disagree strongly (5)
 - b.) Disagree Slightly (4)
 - c.) Neutral (3)
 - d.) Agree Slightly (2)
 - e.) Agree Strongly (1)

- 6) I am aware of resources to support my well-being.
 - a.) Disagree strongly (1)
 - b.) Disagree Slightly (2)
 - c.) Neutral (3)
 - d.) Agree Slightly (4)
 - e.) Agree Strongly (5)

Appendix F

Program Checklist for Nurse Managers



Appendix G
Project Timeline

List the tasks	Person responsible	Due Date
Attend Unit's Staff Meetings (announce upcoming project and 1 survey)	Project Manager, Nurse manager & Clinical Team Lead	12-10-20
Project Implementation Start Date-Kick-off meeting	Project Manager, Project Site Champion, Nurse Director, Nurse manager & Clinical Team Lead	1-5-2021
Send 1st Culture Pulse Survey to Staff	Project Manager	1-5-2020
Watch assigned resilience webinar- "Three Good Things"	Project Manager, Nurse manager, Clinical Team Lead	1-5-2021 due by 1-9-2021
Introduce and encourage the resilience tools to staff- "Three Good Things"	Project Manager, Nurse manager, Clinical Team Lead	Daily at work until 1-31-2021
Spend 15-minutes with one employee that needs growth and development.	Nurse manager	By 1-15-2021
Spend 15-minutes in reflective writing for personal growth and development.	Nurse manager	By 1-15-2021
Write a letter of gratitude for an employee OR nominate an employee for an award and send them the nomination form OR bring a gift for an employee, specific and personal.	Project Manager & Nurse manager	By 1-31-2021
Plan an onsite celebration.	Project Manager & Clinical Team Lead	By 1-31-2021
Spend 30 minutes rounding on staff.	Project Manager & Nurse manager	Daily at Work until 1-31-2021
Require 30-minute lunch break.	Project Manager & Charge Nurse	Daily at Work until 1-31-2021
Spend 15-minutes with one employee that needs growth and development.	Nurse manager	By 1-31-2021
Spend 15-minutes in reflective writing for personal growth and development.	Nurse manager	By 1-31-2021
Attend Unit's Staff Meetings	Project Manager, Nurse manager & Clinical Team Lead	1-9-21; 1-11-21; 1-14-21
Perform Weekly Rounding on Staff and Nurse manager	Project Manager	Each week 1-5-21 to 4-30-21
Send Weekly Emails to the Nurse manager to Encourage their staff in using Resilience tools	Project Manager, Nurse manager	1-5; 1-12; 1-19 & 1-26
Second Nurse manager Committee Meeting	Project Manager, Project Site Champion, Nurse Director, Nurse manager & Clinical Team Lead	2-1-2021
Project Implementation 2 nd PDSA	Project Manager	2-1-2021
Send 2nd Culture Pulse Survey to Staff	Project Manager	2-1-2020
Watch assigned resilience webinar-Signature Strengths	Project Manager, Nurse manager, Clinical Team Lead	2-1-2021 due by 2-5-2021
Introduce and encourage the resilience tools to staff-Signature Strengths	Project Manager, Nurse manager & Clinical Team Lead	Daily at work until 2-28-2021
Spend 15-minutes with one employee that needs growth and development.	Nurse manager	By 2-15-2021

List the tasks	Person responsible	Due Date
Spend 15-minutes in reflective writing for personal growth and development.	Nurse manager	By 2-15-2021
Write a letter of gratitude for an employee OR nominate an employee for an award and send them the nomination form OR bring a gift for an employee, specific and personal.	Project Manager & Nurse manager	By 2-28-2021
Plan an onsite celebration.	Project Manager & Clinical Team Lead	By 2-28-2021
Spend 30 minutes rounding on staff.	Project Manager & Nurse manager	Daily at Work until 2-28-2021
Require 30-minute lunch break.	Project Manager & Charge Nurse	Daily at Work until 2-28-2021
Spend 15-minutes with one employee that needs growth and development.	Nurse manager	By 2-28-2021
Spend 15-minutes in reflective writing for personal growth and development.	Nurse manager	By 2-28-2021
Attend Unit's Staff Meetings	Project Manager, Nurse manager & Clinical Team Lead	2-11-21; 2-13-21; 2-15-21
Perform Weekly Rounding on Staff and the Nurse manager	Project Manager	Each week 1-5-21 to 4-30-21
Send Weekly Emails to the Nurse manager to Encourage their staff in using Resilience tools	Project Manager, Nurse manager	2-5; 2-12; 2-19 & 2-26
Third Nurse manager Committee Meeting	Project Manager, Project Site Champion, Nurse manager & Clinical Team Lead	3-1-2021
Project Implementation 3 rd PDSA	Project Manager	3-1-2021
Send 3rd Culture Pulse Survey to Staff	Nurse manager	3-1-2020
Watch assigned resilience webinar- Mindfulness	Project Manager, Nurse manager & Clinical Team Lead	3-1-2021 due by 3-5-2010
Introduce and encourage the resilience tools to staff- Mindfulness	Project Manager, Nurse manager & Clinical Team Lead	Daily at work until 3-31-2021
Spend 15-minutes with one employee that needs growth and development.	Nurse manager	By 3-15-2021
Spend 15-minutes in reflective writing for personal growth and development.	Nurse manager	By 3-15-2021
Write a letter of gratitude for an employee OR nominate an employee for an award and send them the nomination form OR bring a gift for an employee, specific and personal.	Project Manager & Nurse manager	By 3-31-2021
Plan an onsite celebration.	Project Manager & Clinical Team Lead	By 3-31-2021
Spend 30 minutes rounding on staff.	Project Manager & Nurse manager	Daily at Work until 3-31-2021

List the tasks	Person responsible	Due Date
Spend 15-minutes with one employee that needs growth and development.	Nurse manager	By 3-31-2021
Spend 15-minutes in reflective writing for personal growth and development.	Nurse manager	By 3-31-2021
Attend Unit's Staff Meetings	Project Manager, Nurse manager & Clinical Team Lead	3-11-21; 3-13-21; 3-15-21
Perform Weekly Rounding on Staff and the Nurse manager	Project Manager	Each week 1-5-21 to 4-30-21
Send Weekly Emails to the Nurse manager to Encourage their staff in using Resilience tools	Project Manager, Nurse manager	3-5; 3-12; 3-19 & 3-26
Fourth Nurse manager Committee Meeting	Project Manager, Project Site Champion, Nurse manager & Clinical Team Lead	4-1-2021
Project Implementation 4 th PDSA	Project Manager	4-1-2021
Send 4th Culture Pulse Survey to Staff	Project Manager	4-1-2020
Watch assigned resilience webinar-Acts of Kindness	Project Manager, Nurse manager & Clinical Team Lead	4-1-2021 due by 4-5-2021
Introduce and encourage the resilience tools to staff- Acts of Kindness	Project Manager, Nurse manager & Clinical Team Lead	Daily at work until 4-30-2021
Spend 15-minutes with one employee that needs growth and development.	Nurse manager	By 4-15-2021
Spend 15-minutes in reflective writing for personal growth and development.	Nurse manager	By 4-15-2021
Write a letter of gratitude for an employee OR nominate an employee for an award and send them the nomination form OR bring a gift for an employee, specific and personal.	Project Manager & Nurse manager	By 4-30-2021
Plan an onsite celebration.	Project Manager & Clinical Team Lead	By 4-30-2021
Spend 30 minutes rounding on staff.	Project Manager & Nurse manager	Daily at Work until 4-30-2021
Require 30-minute lunch break.	Project Manager & Charge Nurse	Daily at Work until 4-30-2021
Spend 15-minutes with one employee that needs growth and development.	Nurse manager	By 4-30-2021
Spend 15-minutes in reflective writing for personal growth and development.	Nurse manager	By 4-30-2021
Attend Unit's Staff Meetings	Project Manager, Nurse manager & Clinical Team Lead	4-8-21; 4-10-21; 4-12-21
Perform Weekly Rounding on Staff and the Nurse manager	Project Manager	Each week 1-5-21 to 4-30-21
Send Weekly Emails to the Nurse manager to Encourage their staff in using Resilience tools	Project Manager, Nurse manager	4-2; 4-9; 4-16; 4-23; & 4-30
Project End Date & Final Qualtrics Survey Sent to staff	Project Manager	4-30-2021

Appendix H

Wellbeing Survey Results

Culture Pulse Survey: Wellbeing Composite Scores

Month 2021	Composite Score	Response Rate %
January	2.4	48
February	2.8	33
March	2.7	35
April	3.1	35
May	2.9	35
Project Average	2.8	37

Appendix I

Project Budget

	January	February	March	April	Total
Employee Gifts	25	0	0	0	
Birthday Celebrations	38	32	44	36	
Recognition	0	0	50	25	
Total	63	32	94	61	250

Appendix J
Dissemination Plan

Date	Activity
6/9/2021	Create PowerPoint for Senior Leadership Presentation
7/7/2021	Create Poster Board for Presentation at Educational Facility
7/15/2021	Educational Facility Presentation
TBD	Presentation to Senior Leadership at Facility Site
8/10/2021	Submit to Nursing Journal for Publication