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Reducing Stress and Burnout in Hospice and Palliative Care Through Education

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Walden University

College of Nursing

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Marvet Wint

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Abstract

Reducing Stress and Burnout in Hospice and Palliative Care Through Education

by

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MSN, Walden University, 2006

BSN, Herbert Lehman College, 2004

Project Submitted in Partial Fulfillment
of the Requirements for the Degree of
Doctor of Nursing Practice

Walden University

May 2021

Abstract

Burnout, a syndrome described as a state of mental and or physical exhaustion, impacts the workforce of hospice and palliative nurses where employees' behaviors and professional efficacy reflect poorly on their work. The prevalence of burnout among hospice nurses led to the development of this project. The Maslach Burnout Inventory (MBI) served as a reference guide for developing the content, which addressed whether a staff education program at this Southeastern United States facility, would affect a change in knowledge among hospice nurses reduce burnout. Knowles's theory of adult learning framed this education program on self-care and stress management. Focus was placed on the adult learners' ways of processing and practicing interventions presented through education. Questions were presented electronically, in a pretest/posttest design, with MBI as the guiding format. 30 nurse participants responded. Descriptive statistics showed an increase in the staff's knowledge on stress management and self-care. Although only 60% of the nurse participants reported taking time for themselves daily after education, this was an increase from 43.3% prior. The participating hospice nurses attributed stress levels to their job at a lesser degree after the educational intervention. The staff demonstrated an expected increase of 10% in knowledge of burnout symptoms after the education exercise. This project has the potential to effect positive social change by improving the staff's knowledge of self-care activities and stress management to prevent burnout. Patients and hospice organizations may benefit from staff who effectively implement stress management strategies through better patient care and employee retention, respectively.

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Dedication

This project is dedicated to my parents, Sam and Olga. It is also dedicated to my children David, Melissa, Marie, and Rodson. My siblings, this is also for you because you all took our parents' place and encouraged me every step of the way. My two classmates, CP and KB, who provided educational and emotional support from the beginning, I thank you.

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Section 1: Nature of the Project

Introduction

Burnout, stress, and staff turnover affect nurses and the care they provide to patients. Burnout syndrome has been a significant issue in the healthcare work environment, and its occurrence has grown substantially by 60%–70% since 2010 (Gutsan et al., 2018). Emotional exhaustion and burnout are particularly prevalent among nurses who provide palliative care to individuals (Parola et al., 2017). Palliative care is focused on symptom management, pain relief, patient comfort, and on quality of life, whether the patients are diagnosed with a serious, chronic disease or who are facing a life-limiting diagnosis (Kelly-Zukowski, 2019). Hospice care is the philosophy of care directed toward persons who are at the end of life, have a terminal prognosis, and are given a life expectancy of less than 6 months (Kelly-Zukowski, 2019).

Hospice and palliative nurses have a high patient-to-nurse ratio, and nurses may experience emotional exhaustion and compassion fatigue, which are two manifestations of burnout (Gutsan et al., 2018; Sansó et al., 2015). Nurses who provide care to patients experiencing end-of-life and other traumatic events may also neglect their own health (Sansó et al., 2015). Patients receiving care from a provider suffering from burnout were likely to report low provider professionalism or low patient satisfaction with the care received (Heath, 2018). Self-care may help to mitigate stress and burnout among hospice and palliative nurses. Hotchkiss (2018) theorized that self-care practices reduce stress and the associated burnout and increase the clinicians' quality of life. Hotchkiss also theorized that nurses who practice self-care are more likely to combat stress and burnout.

These findings confirm an earlier study by Stamm (2010), who found that nurses who engaged in frequent self-care strategies experienced higher professional quality of life and less stressful events.

For this project, I developed an evidence-based staff educational program focused on self-care strategies to decrease stress for nurses providing care to hospice and palliative care patients. Education and guidance on self-care for nurses who are regularly exposed to stressful experiences in a palliative care nursing environment had the potential to decrease the associated stress and burnout (Schwerdtfeger & Oseland, 2013). I provide an overview of the project in Section 1, which includes the problem statement, purpose, nature of the doctoral project, and the significance of the identified issue of stress in hospice and palliative care nursing specialty.

Problem Statement

Burnout is a syndrome in which most individuals experience a loss of their optimism, passion for life, and sense of purpose (Rholetter, 2013). Ackerman (2019) linked burnout to caring professions, such as nursing, social workers, teachers, and pastors, because these professions require emotional commitments to the group being served. Nursing staff in hospice and palliative care are therefore among the group at greater risks of physical and emotional burnout (Cross, 2019; Ingebretsen & Sagbakken, 2016). These specific types of burnout are more complex, impactful, and damaging to healthcare personnel, some research shows (Rholetter, 2013). Rodriques et al (2018) noted that physical and emotional exhaustion may lead the nursing staff to become cynical and detached, and they may develop contempt for themselves and for the

persons they are committed to helping.

Employee burnout is multifaceted, with many possible contributors. Yeatts et al. (2018) proposed that the contributing factors impacting burnout are variable and share causal relationships. Yeatts et al. stated that providing adequate staffing, perceived fair pay, enough work resources, management support, and adequate training may result in a decline in staff burnout. Maslach (2013) identified three dimensions of burnout, which are emotional exhaustion, depersonalization, and reduced personal accomplishment. Maslach theorized that some risk factors leading to burnout include being overworked, experiencing stress, presence of injustice, weak social support, lack of control, conflicting values, and minimal monetary rewards or acknowledgment. In addition, Maslach identified other factors such as employee esteem, commitment to the organization, length of employment, and age as being significantly associated with burnout.

Stress is not just a response to stimuli but is highly dependent on the healthcare workers' perception of the stressful event (McEwen & Wills, 2014). The hospice and palliative care nursing staff's responses to the physical and emotional stressors experienced may predict the outcome of self-care as well as patient care (Ackerman, 2019). Coping is described as the positive management of stressors and effective coping alleviates the problem whether it was physically or emotionally based (McEwen & Wills, 2014). The relationship between stress and coping must be balanced to alleviate exhaustion and burnout. Although palliative care professionals are required to implement and maintain effective self-care strategies, little or no evidence exists to guide them through the process (Mills et al., 2018).

Mills et al. (2018) deemed burnout as a clinical diagnosis and recognized that its effects can be mitigated when treated with successful self-care practices. Effective self-care practices include a variety of strategies that could be used both within and external to the workplace settings (Mills et al., 2018). Agbonluae et al. (2017) listed some of these effective management strategies as avoidance, stress management, and ideal self-care stress coping approaches. Agbonluae et al. also observed that the most effective way to cope with work-related stress is to deal with the source of stress or control one's reaction to it. It is imperative that healthcare workers become cognizant of self-care measures to manage elements of burnout. Self-care is frequently overlooked by the staff, and this may negatively impact their ability to provide optimal care to their patients (Tillerman, 2017).

My practicum site was a private hospice and palliative care company located in Southeast United States that provided services to patients referred by hospitals for hospice or palliative care services after discharge. During informal conversations, some of the nursing staff told me that the problem of stressful burnout persisted at this practicum site and was evident in the staff turnover. Their report was corroborated by the current director of nursing staff (DNS), who identified that in the exit interviews, the ex-staff members reported that their main reasons for the change in position were physical or emotional exhaustion and stress. The staffing coordinator reported that the facility did not currently have a formalized process to assist the staff in handling work-related stress.

Despite the significant evidence supporting the benefits of self-care, stress management, and coping techniques (Auerbach & Miller, 2019; Dearholt, 2019), the nursing staff in this facility were not using stress management and self-care strategies to

assist them in managing burnout. I undertook this evidence-based education project to address this gap in practice. The project may provide nursing staff with self-care strategies that they can use to decrease the impact of the stressors associated with their work specialty.

Purpose

Nurses working in hospice and palliative care are at an increased risk for the development of physical and emotional burnout (Ingebretsen & Sagbakken, 2016). Their focus is on delivering optimal care to their patients, and they frequently overlook their own needs (Ingebretsen & Sagbakken, 2016). Self-care practices within the palliative care workforce are often acknowledged by nurses but are underutilized because no formalized process exists to guide staff in their implementation (Mills et al., 2018). The purpose of this DNP project was to develop an evidence-based staff educational program focused on self-care strategies to decrease stress for nurses providing care to hospice and palliative care patients. The practice-focused question was, Will an evidence-based educational program, focused on self-care and stress management strategies, increase the nurses' knowledge of strategies that can be used to cope with the stressors experienced in a hospice and palliative care setting? Providing nurses with the self-care strategies to decrease their daily employment stress has the potential to decrease the associated risk of experiencing burnout and increase retention.

Nature of the Doctoral Project

The purpose of this DNP project was to develop an evidence-based staff educational program focused on self-care strategies to decrease stress for nurses

providing care to hospice and palliative care patients. Data for this DNP project came from two sources: (a) informal interviews with staff at the facility and (b) various database searches. Informal interviews with staff and administration provided information about staff turnover and contributing factors. The results revealed that the staff experienced work-related stress and had a high rate of turnover. No resources or formalized process was in place to assist the staff in managing the work-related stress they experienced. I also conducted various database searches to find information for this project. Databases that were used included CINAHL Complete and MEDLINE Complete, both of which I accessed through Walden University Library, as well as Nursing Reference Center Plus and Google Scholar. Searches in these databases were conducted using keywords such as *burnout*, *compassion exhaustion*, *stress management*, *self-care*, *hospice*, and *palliative nurses*.

This doctoral project was in alignment with the Walden University *Manual for Staff Education: Doctor of Nursing Practice (DNP) Scholarly Project*. Key components included my identification of the relevance of the problem, development of the proposal, implementation, and evaluation of the effectiveness of the project. I formulated learning objectives and formative evaluation tools. I developed this education program using a PowerPoint presentation and composed a pretest-posttest to evaluate the nurses' understanding of the information presented. I met with the owner and management team of the organization and discussed the purpose of the project and my plan to educate the staff about different stress management strategies they could employ when coping with the occupational stress they experienced. I also discussed the objectives with the

organization's leaders. They agreed that this issue was problematic and agreed with my plans to educate the staff on strategies that could be used to decrease their stress. The facility agreed to identify three experts to review the educational material to determine the validity of the content of the material. I revised the educational material based on the experts' recommendations. In addition, the revised content was evaluated for validity and usability by key stakeholders/end users. I made revisions based on the recommendations of the end users/stakeholders. Lastly the project was finalized.

Knowledge is imperative for healthcare workers to implement self-care measures to manage elements of burnout they encountered in their work environment. Palliative care professionals are obliged to employ and sustain effective self-care strategies; however, they often do not have the necessary resources (Mills et al., 2018). This DNP project has the potential to fill this gap in practice.

Significance

Burnout is a dynamic, national nursing crisis that is cyclic, slowly progressing, and usually misdiagnosed by clinicians (Godbersen, 2013). Stress that originates from long-term self-sacrificing work, coupled with prolonged exposure to difficult heart-rending situations, leads to burnout and fatigue (Negri, 2018). These symptoms are usually experienced by nurses working in hospice and palliative care (Ingebretsen & Sagbakken, 2016).

This project has the potential to effect positive social change for three groups: patients, nurses, and facility leaders. The result of this education project may provide the nursing staff with the knowledge needed to develop self-care strategies that could be used

to cope with work-related stress. When staff have the strategies necessary to decrease their stress, they may be more capable to provide safe, continuous patient care (Wilkie,2020). Recruiting, hiring, orienting, and retraining employees is costly to any facility (Taylor. 2017). Providing education to the facility staff that could decrease their stress has the potential to increase the facility's retention rate and decrease the recurring costs associated with recruiting and orienting new nurses.

Summary

Burnout is a syndrome accompanied by physical and emotional exhaustion that could result in affected individuals experiencing a loss of optimism, passion for life, and sense of purpose. (Mills et al., 2018; Rholetter, 2013). Nursing staff in hospice and palliative care are at greater risks of burnout (Ingebretsen & Sagbakken, 2016). These nurses have a high patient-to-nurse ratio and may experience emotional exhaustion and compassion fatigue, which are two manifestations of burnout (Gutsan et al., 2018; Sansó et al., 2015).

Nurses working in the target facility identified that a problem of stressful burnout persisted at the practicum site. They acknowledged the need to decrease the stress they experience; however, no formalized process existed to assist them in handling work-related stress. Therefore, they were not knowledgeable about the self-care strategies that could be implemented to manage the stress they encountered. The purpose of this DNP project was to address this gap by developing an evidence-based staff educational program focused on self-care strategies to decrease stress for nurses providing care to hospice and palliative care patients. Experts and key stakeholders/end users reviewed the

program to ensure its validity and usability. This project educated nurses about self-care strategies they could apply to decrease their employment-related stress and associated burnout and increase retention. In Section 2, I discuss the theory underpinning the project, the project's relevance to nursing practice, the local background and context, and my role as the DNP student.

Section 2: Background and Context

Introduction

Burnout continues to be a problem in the nursing community, affecting the caregivers and care rendered (Monsalve-Reyes et al., 2018). Burnout includes emotional, physical, and psychological exhaustion (Cañadas-De La Fuente et al., 2015). The challenges associated with the emotional attachment and connection experienced by the nurses while caring for the patients could lead to burnout (Paterson & Zderad, 2018). Providing care to patients in hospice and palliative settings requires emotional and personal commitment from nurses, which could be challenging and result in staff overlooking their own personal care needs (Solli & Hvalvik, 2019).

The purpose of this DNP project was to develop an evidence-based staff educational program focused on self-care strategies to decrease stress for nurses providing care to hospice and palliative care patients. The practice-focused question was, Will an evidence-based educational program focused on self-care and stress management strategies increase the nurses' knowledge of strategies that can be used to cope with the stressors experienced in a hospice and palliative care setting? This section includes concepts, models, and theories that underpinned this project. The relevance of the project to the nursing practice, the local background and context, and my role as a DNP student are also highlighted.

Concepts, Models, and Theories

As the foundation of research, theories assist a researcher in designing and reaching a conclusion. (Polacsek et al., 2018). Malcolm Knowles developed core work

on adult education and learning for over 30 years. He first introduced the concept of adult learning, now known as andragogy, in the early 1970s (Knowles et al., 2005). The idea was innovative and ignited much research and controversy. The definition of andragogy was not largely accepted and was extensively analyzed and criticized. Andragogy has been alternately described as a set of assumptions (Brookfield, 1986), a set of guidelines (Merriam, 2002), a philosophy (Pratt, 1993), and a theory (Knowles, 1979). Regardless of the numerous definitions, the main assumption of andragogy is that a set of core adult learning principles applies to all adult learning situations. This reasoning presented an alternative to the instructional design of the methodology-centered perspective used in other learner age groups (Knowles et al., 2005).

Knowles based his theory of adult learners on six principles of andragogy: (1) the learner's need to know, (2) the learner's self-concept, (3) the learner's prior experience, (4) the learner's readiness to learn, (5) the learner's orientation to learning, and (6) the learner's motivation to learn. This personal adult learning style developed by Knowles has the potential to advance adult learning wherever it is practiced. I used the first, third, and sixth principles to guide the development of this education project. Based on the first principle, the nurses at the project site acknowledged that they are working in a stressful environment and had little or no processes in place to help them cope with the stress they were experiencing. They recognized the need to develop and utilize coping strategies presented in this program. Based on the third principle, the nurses understood that their continued exposure to the stressful working environment would lead to physical and emotional exhaustion and eventually to their experiencing burnout. Based

on the sixth principle, the nurses recognized the need to manage the work-related stressors they experienced in their work environment. Identifying the gap, as well as knowing the learners' background and the learners' disposition, informed my creation of the teaching material. The goal of developing this educational material was to provide hospice and palliative nurses with strategies of self-care and stress management that could be used to assist them in coping with the stressors of their work environment.

Relevance to Nursing Practice

Hospice and palliative care staff experience work-related stressors in their work environment (Friesz, 2019). These stressors can be challenging to nursing facilities including the project site because they can adversely affect staff retention and patients' safety. Prolonged exposure to stressful situations could lead to staff burnout, illnesses, turnover, and absenteeism, making it more difficult for facility leaders to retain and recruit prospective staff (Nowrouzi et al., 2015). Staff turnover in the United States has increased the patient-to-nurse ratio placing further stress on the remaining coworkers (Gutsan et al., 2018). Older adults from baby boomers are living longer, and their preference has been to receive end-of-life care in their homes provided by attentive, skilled caregivers (Friesz, 2019; Gutsan et al., 2018; Nowrouzi et al., 2015). With the trend in in-home care, work-related stress is inevitable and will thus require change in nursing practice because of its effect on staff retention, staff satisfaction, patient satisfaction, and safety (Levasseur, n.d.). The negative aspects of stress in hospice and palliative nursing were manifested in the cost of turnover, recruitment, and replacement of new staff at the project site, according to the director of nursing staff. Hospice and

palliative nurses who are not educated to effectively manage the stressors they encounter in their work environment could provide substandard care to their patients (Hare, 2020). Ultimately, negative symptoms of stress such as poor self-care, mood swings, isolation, and detachment could become evident (Friesz, 2019). Nurses who have the education needed to manage the stress they encounter are more poised to implement these self-care strategies as needed (Hare, 2020).

Smith (2016) found that staff engagement and profitability were significantly correlated. Smith noted that increased involvement or engagement resulted in increased production, fewer callouts, fewer sick days, less absenteeism, and more staff satisfaction. Educating staff to use self-care strategies is fiscally less costly to the institution than the costs of recruitment (Gutsan et al., 2018).

Staff's job performance was affected when the staff experienced increased stress and burnout (Wei et al., 2016). To alleviate stress and staff burnout, they suggested educating the staff about effective stress management strategies, as that would be profitable to all stakeholders. Hospice and palliative care specialty require the healthcare professionals to be committed because their end-of-life patients desire significant human, personal engagement that propels their empathetic care (Gutierrez-Lemes et al., 2018). Nurses who are not stressed are more attentive and provide more meaningful care.

Akbar et al. (2017) concluded, after conducting a grounded theory study, that educating the nursing staff about self-care practices would help the staff to cope with job stress. Akbar et al. noted that the coping processes nurses adopted after being educated helped them to lighten the burden of work-related stress. Some effective strategies listed

in prior research include setting limits, developing, and maintaining health habits, and lastly making time for oneself, hobbies, and pleasurable interests (Rowe, 2017). Also, Chen et al. (2015) investigated the effects of aromatherapy on nurses experiencing work-related stress. Chen et al. concluded that aromatherapy concepts and techniques were an effective stress-coping strategy to include in continuing education courses for nursing.

The American Nurses Association (2017) had an initiative on stress management entitled Healthy Nurse, Healthy Nation, which was an ongoing national effort developed to improve the health of the nation's over 4 million registered nurses. The staff behind the initiative focused on five areas for self-care practices to decrease the stress experienced by nurses in their work environment: physical activity, nutrition, rest, quality of life, and safety. The initiative illustrates that nurses have the propensity to lead healthcare changes as role models, advocates, and educators. Nurses who practice healthy behaviors have the potential to serve as role models for patients, families, and communities.

Local Background and Context

Nurses may be educated in how to identify the end-of-life patients' needs and the families' needs, but they are not cognizant of their own needs (Hinkle, 2013). The nursing staff at the research site were more adept with caring for their patients; although they were aware of their need to take care of themselves, they were not comfortable taking the time to do so. These nurses were prepared to care for the ailing patient at end of life, but ill-prepared to render the same services to themselves (Jeffers & Ferry, 2014). Acknowledging that their work-related stress was actual and could be inescapable, it was imperative that hospice and palliative nurses attained work-life balance to be able to

provide optimal care to patients (Dearholt, 2019; Sherrod & Campbell, 2015).

The setting for the completion of the project was at a private hospice and palliative care company nestled in the Southeast United States. The company serves patients in its domicile. This unit is comprised of stakeholders, inclusive of licensed practical nurses, registered nurses, advanced practice registered nurses, physicians, and social workers.

During my practicum at this facility, I informally interviewed staff members who shared that working in hospice and palliative care was incredibly stressful. The staffing coordinator confirmed that stress experienced by the staff had led to irreplaceable turnovers. This resulted in difficulty retaining adequate staff to assign to patients and the caregivers who remained were stretched thin. The facility is continuously recruiting and orienting staff at a substantial cost, according to the staff development coordinator, in charge of hiring, training and education. Educating staff to use self-care strategies was fiscally less costly to the institution than the costs of recruiting. As nurses became prepared to handle stressors and were supported by their employers, their work-life balance would evidently improve (Kinman & Leggetter, 2016). The result of this project had the potential to increase retention and decrease turnover. Having a consistent staff impacted the quality of care provided to the patients and decreased the cost to the organization for recruiting and orienting staff. The turnover rate and the stated reasons for the turnover were driving forces behind my wanting to research this topic.

Congress passed a groundbreaking legislation, the Palliative Care and Hospice Education and Training Act, designed to make palliative care and end-of-life care more

accessible to patients and families by supporting outreach and enhanced education for healthcare professionals (Shiley Institute, 2020). To the delight of healthcare advocates and educators, this legislation was cosponsored and received bipartisan support in congress and was known affectionately as the PCHETA bill. This bill expanded opportunities for education in hospice and palliative care. The aim was to better educate patients and families about palliative care's benefits and to teach healthcare professionals caring strategies for this population without compromising their own health (Shiley Institute, 2020).

Definitions

Burnout: A condition that results from prolonged, excessive exposure to stress and exhibits mental symptoms of powerlessness, detachment, and isolation (Kandola, 2018).

Emotional exhaustion: Synonymous to burnout and results from the extended fatigue, lack of empathy that can occur, at times accompanies depression related to employment (Stamm, 2010).

Hospice: The philosophy of care directed toward persons who are at the end of life, have a terminal prognosis, and are given a life expectancy of less than 6 months (Kelly-Zukowski, 2019)

Palliative: Care focused on pain relief, patient comfort, with a focus on quality of life, whether the patients are diagnosed with a serious, chronic disease or who are facing a life-limiting diagnosis (Kelly-Zukowski, 2019).

Self-care strategies: Practices that persons use to take care of their bodies and

minds to have them run efficiently (Tillerman, 2017). Such strategies include eating right, stress reduction exercises, regular physical and mental exercises, and personal time outs when needed.

Stress: The negative response to a physical, environmental, or mental condition. Stress is a person's method of reacting or attempting to cope with threats, challenges, or psychological interruptions to what is deemed a deviation from the norm (Abriyani, 2012).

Stress Management: The ability to cope with the stressors that are being faced. These include positive adaptability to threats and situations that arise, using tools learned or knowledge from past experiences (Tillerman, 2017).

Stressors: Factors that increase one's mental, physiological, or physical anxiety or tension. Stressors can be external (environmental, psychological, or social situations) or internal (illnesses or trauma). Stressors in humans are caused from strenuous contacts between persons and their environment that exceed their adaptive abilities and threaten their welfare (Abriyani, 2012).

Work-related stress: A condition characterized by physical, psychological, or social suffering or dysfunction that arises from occupational demands. Work-related stress is a complex phenomenon that develops when multiple psychosocial risk factors coexist and interact (World Health Organization, 2020)

Role of the DNP Student

The American Association of Colleges of Nursing (AACN, 2004) set forth Essentials of Doctoral Education for Advanced Nursing Practice, which identified some

academic roles into which doctoral-prepared nurses should fit. Of these roles, the ones essential to my practice were: (a) the interprofessional collaboration for improving patient and population health outcomes, and (b) clinical prevention and population health for improving the nation's health (AACN, 2004). Though I worked as an advance practice registered nurse, my interaction with the staff catapulted me to the position of a resource nurse. I considered part of my professional responsibility was to be supportive and to educate the nursing staff in every way.

For this project, I functioned as a researcher, leader, educator, and evaluator. As a researcher, I reviewed the literature for evidence-based information related to reducing work-related stress for hospice nurses. In addition, I informally obtained information from the hospice staff related to the stress, their experiences, and the contributing factors. In my role as a DNP leader, I compiled and coordinated this project. I communicated my findings about the need for the education program to the owner/operator of the facility. I collaborated with the administrative staff regarding plans to effectively develop and implement the program. As an educator, I developed the education program that was centered on managing work-related stress encountered by hospice and palliative caregivers and implemented it using a PowerPoint presentation. In the role of evaluator, I statistically evaluated the results of a pretest and posttest created using the forms.google.com program to determine the effectiveness of the education in increasing the staff knowledge. I utilized the staff's evaluation of the course to determine the need for revision of the program before future presentation.

My communication with the staffing coordinator revealed that the nurses were

experiencing work-related stress and associated the stress with frequent staff turnover at the facility. The nurses communicated that they were not using self-care strategies to cope with the stress they experienced. I pursued this project to identify ways to use self-care strategies to make positive changes to these nurses, patients, and healthcare.

A bias that I encountered, was my inclusion of activities that were personally preferential as coping strategies in the education program that may not be beneficial to others. Hence, I reviewed the literature to locate evidence-based interventions rather than use those of my personal preferences. Having experts review the content of the education program ensured validity and objective perspectives of the developed program.

Summary

This doctoral project's focus was to develop and implement an education program on stress management and self-care to hospice and palliative nursing staff that had the potential to decrease burnout and subsequent turnover experienced in this local facility. This project had relevance to nursing because of its impact on staff, patients, and the facility. Staff retention drove patient satisfaction with continuity of care and limited turnover, which impacted the facility's fiscal expenditures. Three principles of Knowles's andragogy model guided my understanding of how to view the individuals participating in the course as adult learners. When designing the teaching program, I focused on their need to know, readiness to learn, and motivation to learn. I functioned as a researcher, leader, educator, and evaluator to assess, coordinate, implement, and analyze, the data gathered. In section 3, I will discuss the practice-focused question, sources of evidence, and Analysis and Synthesis.

Section 3: Collection and Analysis of Evidence

Introduction

The probability of hospice and palliative care staff experiencing some aspect of stress is high, due to their constant interactions with death and dying. The prevalence of stress and burnout among nursing professionals is high regardless of gender, age, marital status, work shift, and healthcare service areas (Chen et al., 2015). Furthermore, hospice and palliative care staff's purported personality traits of agreeability and conscientiousness may predict their predisposition to experience stress and burnout (Figley, 2013). Globally, healthcare organizations are challenged to achieve nurse workforce stability, work-life balance, safety, and quality of care (Van Bogaert et al., 2013). To achieve this balance and stability, the staff must be educated on strategies of stress management and self-care. The purpose of this DNP project was to develop an evidence-based staff educational program focused on self-care strategies to decrease stress for nurses providing care to hospice and palliative care patients. In this section, I discuss the practice-focused question, sources of evidence, and evidence generated.

Practice-Focused Question

Nurses working in the practice site reported, through informal interviews, that they were experiencing work-related stress and that resulted in burnout. They acknowledged the need to decrease the work-related stress they experienced but lacked the ability to impact this stress with appropriate strategies. To address this gap, I developed an evidence-based staff educational program focused on self-care strategies to decrease work-related stress for nurses providing care to hospice and palliative care

patients. The program is designed to educate nurses about options and self-care strategies they could employ when faced with stress in their work environment.

The practice-focused question was, Will an evidence-based educational program, focused on self-care and stress management strategies, increase the nurses' knowledge of strategies that can be used to cope with the stressors experienced in a hospice and palliative care setting? Education on stress management and self-care for hospice and palliative nursing staff has the potential to increase their knowledge, and their ability to cope with the stress they experience in their work environment. Education may also decrease burnout and decrease subsequent turnover of the hospice and palliative care staff.

Sources of Evidence

Evidence obtained for this DNP project came from two sources: literature searches and personal informal interviews. I included databases such as CINAHL Complete and MEDLINE Complete, which I accessed through Walden University Library, along with Nursing Reference Center Plus, the websites of the American Nurses Association and National Institutes of Health, and Google Scholar. In searching for literature, I sought relevant, peer-reviewed journal articles published within the past 5 years (2015-2020). I included articles from journals such as *Journal of Professional Nursing*, the *Journal for Nurse Practitioners*, and *The Journal of Hospice and Palliative Nursing*. I conducted searches in the databases using keywords such as *burnout*, *emotional exhaustion*, *stress management*, *self-care*, *work-related stress*, *hospice*, and *palliative nursing*. I selected a total of over 50 references related to workplace stress and

coping strategies to guide the development of this project using the analysis, design, development, implementation, and evaluation (ADDIE) (Sheng-Chieh et al., 2016) model of education program development.

Using the MBI as a guide, I developed the teaching program (i.e., the objectives, PowerPoint presentation, and pre- and posttests) based on Knowles's (2005) theory of the adult learner. To inform and improve the staff's knowledge, I followed Walden University's guidelines for developing a staff education project. A commonly used conceptual framework model, the ADDIE model was best suited to develop the teaching program. The ADDIE model provides an applicable recommendation for developing effective teaching and training tools (Lasky, 2020). Each step in the ADDIE model culminated directly into the next step of the model. The progression of each step was not necessarily linear. Some degree of flexibility exists in this model, which makes each stage applicable to the adult learner.

Using information obtained from my review of the literature on stress, evidence of stress, and interventions to counteract stress positively, I developed the questions on the pretest and posttest with MBI as a guiding reference (see Appendix A). The intended goal of the project was providing education to the nursing staff on self-care strategies for preventing work-related stress: the causes, signs, symptoms, and effective management. I used a before and after measurement design (pretest-posttest) to determine whether an increase in nursing staff knowledge occurred after the education program. The measurement tool's purpose was to collect data on the nurses' level of information on the topic, before and after the education was presented to them. This tool was made up of 18

questions. I created the questions from the information received from the staff with the purpose of collecting data on the nurses' knowledge on the topic. The responses demonstrated that the nurses were experiencing work-related stress.

I presented the teaching program as a Microsoft Office PowerPoint presentation, in electronic form only. This format ensured that the nurses' access to the information was ongoing. The PowerPoint and posttest took 10 minutes to review and respond. I did not have access to the staff's work email; therefore, I sent the pre- and posttest links to the DNS, and he sent them to the staff via their work email. Prior to the pretest being emailed, I sent a flyer to the DNS to be forwarded to the staff, informing nurses of the purpose of the program and the procedure. The link to the pre- and posttest provided access to the Google Forms website where the pretest was located. I alone had access to the results of the tests. The staff had 8 days to complete the pretest. After those 8 days, the DNS sent out the PowerPoint presentation to the staff. Staff also had 8 days to review the program before the DNS sent the staff the link to the posttest. I retrieved both the results of the pre- and posttests from the Google Forms website. I was able to determine the effectiveness of the stress management education program by comparing the percentage difference between the results of the pre- and posttest. This comparison allowed me to determine if a difference was evident in the staffs' knowledge regarding various self-care/stress management strategies that could be used to decrease work-related stress.

Evidence Generated for the Doctoral Project Participants

The nursing staff for this practice site consisted of advance practice registered

nurses, registered nurses, and licensed practical nurses. The inclusion criteria for this project were that nurses be employees of this practice site and work directly with hospice and palliative care patients. The DNS identified three individuals who served as experts and three end users/key stakeholders who provided formative evaluation of the information to ensure content validity and usability.

Procedures

I implemented the following process after obtaining approval from Walden University's Institutional Review Board:

- The participants were nursing staff employed at the practice site. Recruitment for participation took place days before the dissemination of the pretest, at the facility's weekly staff meeting. A flyer was posted in the nurses' lounge with the information. They were presented with the purpose of the project, the time, where, and how information would be disseminated to them. They were informed of the voluntary nature of their participation and that their names would not be collected on the tests and there would not be anyway to determine their participating in the program. The sample group's inclusion criterion was nursing staff who worked directly with hospice and palliative patients. The sample size consisted of 30 nurses, including registered nurses, licensed practical nurses, and advanced practice registered nurses, who were active employees at a direct hospice and palliative care agency in the Southeastern United States.
- The content experts identified by the DNS conducted a formative review of

the educational program's objectives, pre and posttest, and information on the PowerPoint presentation to ensure content validity. I made revisions based on the experts' recommendations.

- The chosen hospice and palliative care experts vetted the questions prior to the presentation. Due to the extensive research conducted in the development of the MBI, in using the MBI as a reference in the developing the questions for the pre and posttests I focused on enhancing the project questions' validity. The selections were deemed appropriate because of the use of action verbs that allowed the staff to identify, describe and state their feelings from the provided options in the question. The experts analyzed possible responses prior to the questions being chosen. The trial took place with the same people, the experts, at the same time, from the specialty being surveyed, speaking to the tool's validity. Reliability was measured using the test-retest/pre and posttest format. The survey questions were mixed (qualitative and quantitative) and were utilized to allow the respondents to identify their emotional states and acknowledge the awareness of certain concepts pertaining to stress and burnout while at work.
- The PowerPoint presentation was sent to the chosen expert panel, end users/key stakeholders, identified by the DNS, to validate content and ensure usability. This expert panel consisted of hospice and palliative nurses who have worked directly at bedside in the specialty and have risen to management and an advanced practice registered nurse with a total of over 30 years of

experience in this specific specialty. These individuals work collaboratively at this site and voiced that the project would be beneficial to nurses and patients alike.

- I finalized the PowerPoint presentation based on the recommendations of the chosen experts.
- The participants' individual employment email accounts were used as the venue for disseminating the PowerPoint presentation and the links to the pre and posttests. Instructions on the pre and posttests informed the participants that by completing the test, they provide consent for the collection of the data. The participants from the hospice and palliative care agency were presented with information of their anonymity and that their responses would be sent directly to the password protected app to be analyzed. Per the Walden matrix, the collected information will be kept secured for 5 years from the collection date.
- The educational PowerPoint presentation included the most recent evidence-based practice guidelines on work-related stress management (Mimura & Griffiths, 2012). The program's PowerPoint was disseminated via the nurses' work emails through the DNS, due to the mandated social distancing rule because of the worldwide pandemic. In addition, this format allowed the staff to have access to the information at their leisure within the time allotted. Four days after the PowerPoint presentation and each test were sent to the staff, I emailed to the DNS a follow-up reminder encouraging participation to send to

the staff.

- I retrieved the results of the pretest from the password protected site and analyzed the nurses' responses prior to the education being presented. From the information seen, all the hospice and palliative care nurses were aware of the existence of work-related stress that accompanied their jobs.
- After the dissemination of the education program, I sent a posttest link to be shared with the staff. The response results were captured in the same password protected site, forms.google.com. I retrieved these results in the same process as the pretest and conducted a comparison of pretest-posttest responses. I displayed the graphed and numerical response results of each question adjacent to each other so the connection could be easily pinpointed.
- I retrieved the results of the pre and posttests from the website, compared them adjacently, and noted the variation percentage between each test question, depicting the increase or decrease in the staff's education. I performed this thorough analysis of each test question by the same method of comparing the percentage differences, stating what these variations indicated (see Appendix B). The responses were presented numerically and graphically, making the comparison visually evident.
- I made a descriptive comparison between the pretest-posttest responses and created an illustration of the percentage change and depictions. Answers to the pretest-posttest questions showed an increase in the nurses' knowledge after the educational program was presented. Some positive changes were seen in

the staff's responses after the information was presented to them, depicting the staff's education level on self-care and stress management was affected after the program was presented. From the forms.google.com data collection I saw evidence that an increase in knowledge occurred following the staff education.

Formulation of Specific Learning Objectives

At the end of the education program, the nursing staff was able to

- discuss work-related stress encountered in the hospice palliative work environment,
- discuss physiological and psychological manifestation of work-related stress for the nurse working in hospice and palliative care settings,
- discuss how patient outcome may be impacted by nurses experiencing work-related stress, and
- identify evidence-based strategies they may use to manage work-related stress.

Protection

The forms.google.com site uploaded the completed test files to Google Drive where the results of the tests were stored in secure data centers. I alone had access to the test scores. The scores were reported in aggregate form. The nurses' participation in the program was anonymous. There was no way to know the names of the nurses who participated in the pre and posttest. The names of the experts and the end users/stakeholders also did not appear on the evaluation forms. The names of the organization or the evaluator did not appear on any reports, presentation, or publications

of the results of this project. The results of the tests were kept on my personal computer that is password protected. The information will be stored for a period of at least 5 years as required by my university. At the end of the 5 years, the files will be deleted.

Analysis and Synthesis

The descriptive statistics provided evidence that an increase of knowledge occurred following the staff education. I collected the pre and posttest question results by the forms.google.com program and used them to determine the effectual difference in the nursing staff's knowledge after participating in the educational program. I tallied each response and developed a graph (pie chart or linear, displaying the percentage of participants' responses to each question. Google forms provided the total cumulative percentage of responses for the pretests and the total cumulative percentage for the posttests. I compared the cumulative percentage of the pretest to that of the posttest to determine if the nurses' knowledge increased after participating in the education.

Summary

Section 3 of this DNP project addressed the problem of work-related stress in hospice and palliative care nurses and the importance of their managing this condition to decrease burnout, decrease turnover and increase retention. The education was developed from information garnered from sources of evidence such as *Hospice and Palliative Nurses Association*, *Journal of Hospice and Palliative Care Nursing*, *National Association for Homecare and Hospice*, *American Nurses Association*, *American Association of Nursing Practice* and *Online Journal of Issues in Nursing*. Databases such as National Institute of Health, MEDLINE and CINAHL complete, MedPub, and search

engines such as Google Scholar and EBSCO Connect, on the research topic of self-care and stress management were very resourceful. Materials from these sources were used to guide this project. A step-by-step description of how the evidence was collected and evaluated was presented under the evidence generated for the project section. The evidence generated included a description of the participant group of nurses, the method of dissemination via staff's work emails, education material to be shared—PowerPoint presentation on self-care and stress management—and collection of data culminating in the analysis and synthesis of said data.

The before-and-after information gathering tools, pretest-posttest, were used as measurement tools for the evidence collected. To determine the effectiveness of the presentation, the data was evaluated and analyzed after collection. This project provided data and insights to support the organizations' success and its staff's educational growth. Hence, the findings will be discussed along with some recommendations and plans for dissemination in Sections 4 and 5.

Section 4: Findings and Recommendations

Introduction

In this section, I analyzed the findings of the doctoral project and offer recommendations based on the findings. The focus and practice problem of the project centered on hospice and palliative care staff's purported personality traits of agreeability and conscientiousness and whether these traits predicted their propensity to experiencing stress and burnout (see Figley, 2013). The incidents of hospice and palliative care staff experiencing some aspect of stress was predictable, due to their constant interactions with death and dying. The Agency for Healthcare Research and Quality concurred that said incidents were increasingly recognized among healthcare professionals, to the tune of 10–70% of nurses being affected by stress (Bridgeman et al., 2018). Globally, healthcare organizations were challenged to achieve nurse workforce stability, work–life balance, safety, and quality of care (Van Bogaert et al., 2013). To achieve this balance and stability, the staff must be educated on strategies of stress management and self-care.

The staff at the project site were focused on caring for their patients. In a statement given by a member of the leadership team, the nurses were aware of their need to take care of themselves, but they were not comfortable taking the time to do so. As Jeffers and Ferry (2014) observed, hospice and palliative care nurses were prepared to care for the ailing patient at end of life but were sometimes ill prepared to render the same services to themselves. Acknowledging their work-related stress as actual and at times inescapable was imperative to help hospice and palliative nurses attain work–life balance and to provide optimal care to patients (Dearholt, 2019; Sherrod & Campbell,

2015).

The research site for the project was a private hospice and palliative care company nestled in Southeast United States and served patients in their domicile. This unit was comprised of over 30 stakeholders, inclusive of registered nurses, advanced practice registered nurses, physicians, religious leaders, home health aides, and social workers. The staff provided direct care to these patients at end of life and those requiring chronic care symptom management.

Staff working at this practice site reported, through informal interviews, that they were experiencing work-related stress that at times resulted in burnout. They acknowledged the need to decrease the work-related stress they experience, but they lacked the ability to impact this stress with appropriate strategies. To address this gap, I developed an evidence-based staff educational program focused on self-care strategies to decrease work-related stress for nurses providing care to hospice and palliative care patients. I used the program to educate the staff on stress management options and self-care strategies that may be employed when faced with work-related stress. Self-care practices within the palliative care workforce were often acknowledged by nurses but were underutilized because no formalized process existed to guide nurses in their use (Mills et al., 2018). Increasing the staff's knowledge on coping strategies may help them to effectively manage work-related stress, decrease the possibility of burnout and staff turnover, and increase staff retention. Therefore, the purpose of this project was to develop an evidence-based staff educational program focused on self-care strategies to increase staff's knowledge and decrease work-related stress while providing care to

hospice and palliative care patients.

The practice-focused question was, Will an evidence-based educational program, focused on self-care and stress management strategies, increase the nurses' knowledge of strategies that can be used to cope with the stressors experienced in a hospice and palliative care setting? The provision of education on stress management and self-care to hospice and palliative staff has the potential to increase their ability to cope with the stress they experienced in their work environment. Such education may also decrease burnout and subsequent turnover of hospice and palliative care staff (Balicas, 2018).

Work-related stress in hospice and palliative care nurses was a problem for nurses working in a local hospital and palliative care facility. A search of literature and informal communication with the facility staff revealed that the work-related stress they experienced was associated with work burnout and attrition. Facility personnel selected by DNS provided preliminary evaluation of the program to verify validity and usability. A program (PowerPoint presentation and pretest-posttest) was delivered to the staff via their work emails by the DNS. I compared the cumulative percentage of the results of the pre- and posttest to determine the extent to which the staff's knowledge increased after reviewing the PowerPoint presentation (see Appendix C).

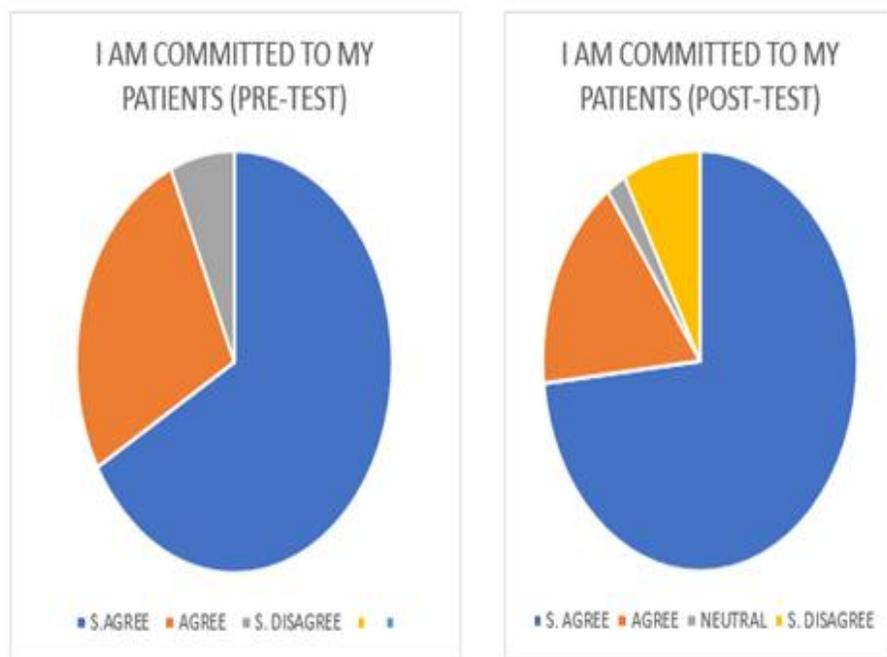
Findings and Implications

Responses to the questions on the pretest-posttest had the options of *strongly agree* (SA), *agree* (A), *neutral* (N), *disagree* (D) and *strongly disagree* (SD). Over 90% of hospice nurses in the research sample agreed or strongly agreed that they were committed to their patients (see Figure 1). Nurses who are highly committed to their

patients tend to be more invested in their care and outcomes and may be affected by poor outcomes (Kieft et al., 2014).

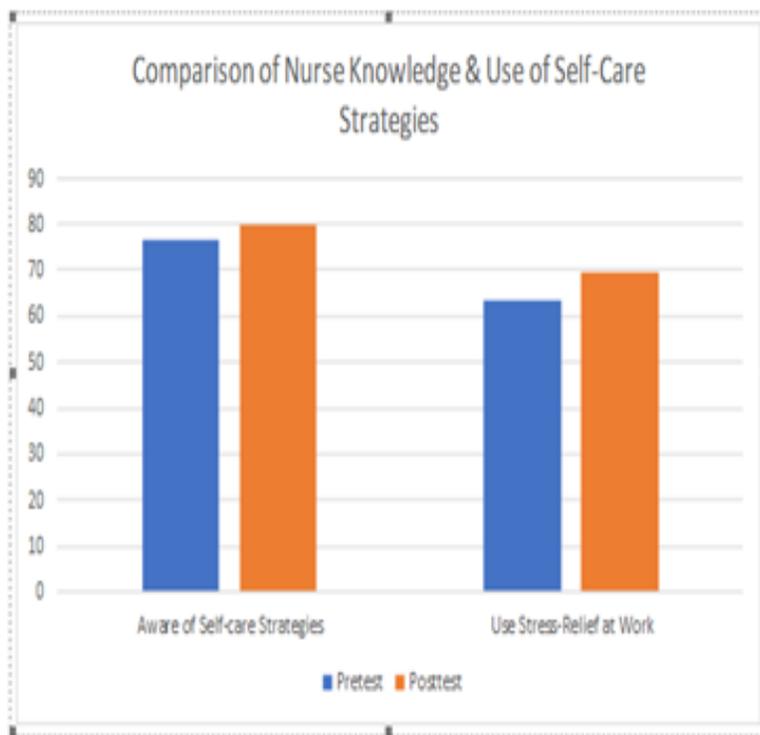
Figure 1

Commitment of Hospice Nurse Participants



On the pretest, 90% of the participants correctly defined burnout, and 36.7% correctly defined compassion fatigue. On the posttest, 86.6% of participants correctly defined burnout, and 40% correctly defined compassion fatigue showing clarity in the respondents' knowledge on the definition of burnout and compassion fatigue (see Figure 2). On the pretest, 70% of participants related anguish to working in the specialty, while only 43.45% made that correlation in the posttest (see Appendix B). When asked if they

felt emotionally drained or exhausted from their work, more participants, over 60%, agreed or strongly agreed in the pretest than in the posttest, which was over 50% (see Appendix B). The number of participants disagreeing with both statements increased after the educational intervention. Of the respondents, 63.3% reported on the pretest that learning about self-care strategies could help them manage stressful work-related situations, and this number increased to 83.45% in the posttest. Based on an analysis of the data, fewer nurses related their stress levels to working in the specialty after the educational intervention and more nurses recognized the value of self-care strategies in helping them handle work-related stress.

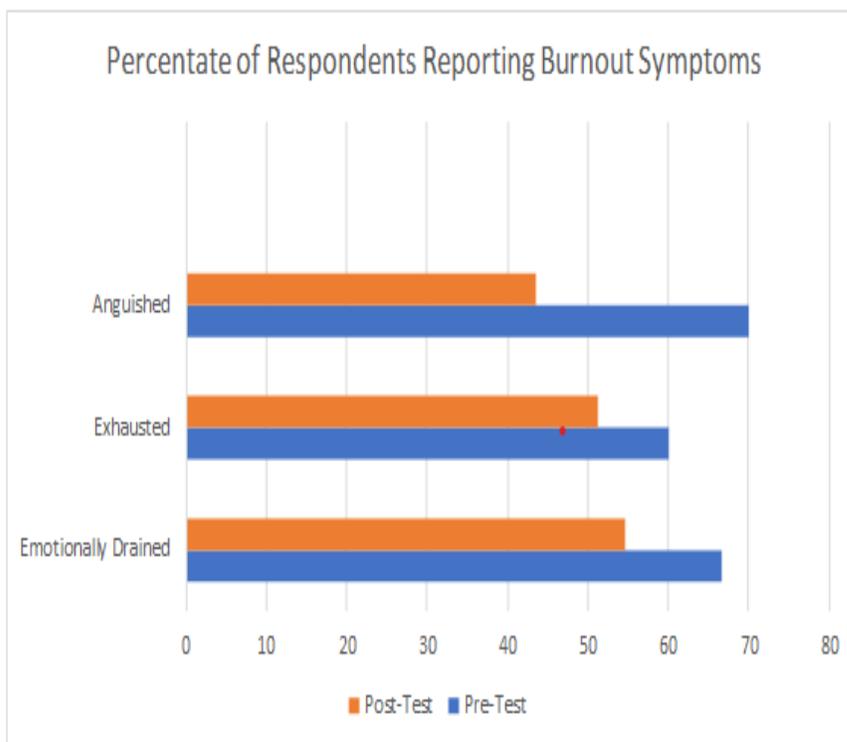
Figure 2*Knowledge of Self-Care**Strategies*

Based on the test responses, there was a 10% increase from pretest to posttest in the percentage of hospice nurses who were able to correctly identify the portion of the population that experiences work-related stress. In the pretest 73.3% of the participants identified their job as the main source of their stress, while 83.3% did in the posttest. The educational intervention was helpful in honing stress-identifying skills among the nurses. Whereas a higher percentage of the nurses related most of their stress to the specialty in the pretest, after the education, some nurses who were able to use the tools learned to rule

out/in work-related stress. Through their survey responses over 50% of hospice nurse participants indicated they were experiencing some symptoms of burnout and 83.45% felt that education about self-care strategies would be helpful to them in handling stressful situations. Based on an analysis of the data, the participating hospice nurses attributed stress levels to their job at a lesser degree after the educational intervention. In general, more than half of the nurses surveyed identified work as being a major source of stress in their lives. The staff also identified the main symptoms of work-related stress and burnout as their experiencing anguish, physical/mental exhaustion, and feelings of being emotionally drained each workday (see Figure 3).

Figure 3

Common Symptoms of Stress and Burnout

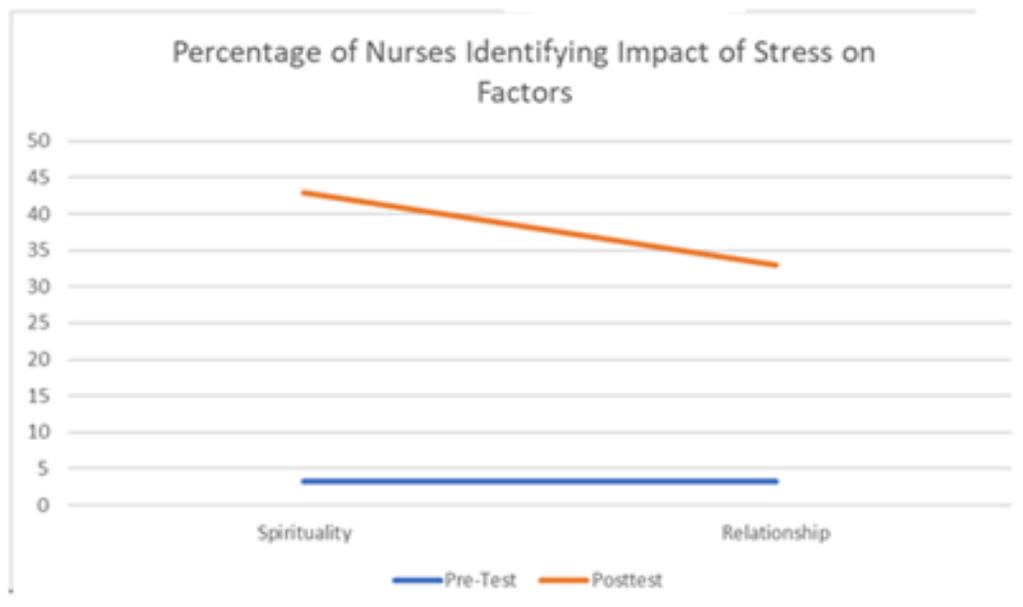


Work-related stress was evident, the staff was cognizant of the strategies in dealing with these stressful situations; however, the implementation of these strategies was not being utilized effectively. Stress affected staff members—physically, mentally/psychologically, physiologically, not at all, spiritually, in relationships. These were the items of choice that the nurses were asked to choose from to identify how they were affected. The listed systems affected by stress were the respiratory, cardiovascular,

endocrine, integumentary, and nervous. The nervous system was the top choice with 80% of the staff members on both the pre and posttests. This system was overly complex and coordinated one's actions and one's sensory information and behavior. This system impacted the body's different parts and triggers other system's reactions.

Over 80% of respondents identified on the pretest and posttest that stress can affect hospice nurses physically, mentally, and physiologically. While only 3% of participants reported any impact of stress on spirituality and relationships in the pretest, after the educational intervention, 33% of these participants identified that stress impacted their relationships, and 43.3% identified an impact on spirituality. After the educational intervention, the participating nurses gained knowledge about the impact of stress on their spirituality and relationships.

At baseline, the participants had existing knowledge of the impact stress had on one's body systems: 70% to 88% correctly identified, the systemic impact on the cardiovascular, musculoskeletal, endocrine, respiratory, and nervous systems. The main area of knowledge deficit was depicted in spirituality and relationships. From the posttest, nurses' knowledge increased by 40%. Another area affected by stress was employee absenteeism. The percentage of nurses who demonstrated knowledge of the impact of stress on employee absenteeism increased from 12% to 33.3% from pre to posttest (see Figure 4).

Figure 4*Identifying Impact of Stress*

Based on analysis of the pretest and posttest data, most participants were able to identify helpful self-care practices of stress management: 60% to 63% of respondents selected games; 60% to 70% chose spa or self-time, while 90% to 93% identified the importance of taking time for self. Despite their knowledge of self-care stress management activities, only 60% of these nurses on the posttest reported taking ‘me time’ daily, an increase from 43.3% on the pretest. Nutrition appeared to be an ongoing challenge as 20% of participating hospice nurses reported consuming a balanced diet while on the job, a number that remained unchanged in the posttest. Finally, from the analysis of the data, the two most significant areas of knowledge increase among the participating hospice nursing staff, after the educational intervention were in the areas of: (a) being able to identify self-care strategies and (b) identifying self-care strategies that

may be implemented as stress relief while at work.

The measurement of the quality of stress experienced by the hospice and palliative care nurses as well as the quantity of the staff that had knowledge of self-care strategies and their effective application were addressed in some survey questions (see Figures 2 & 3). The implementation of the educational program showed an increase in the staff's knowledge, giving them the strategies that they can use to deal with work-related stress. The descriptive analysis was completed on the 30 responses garnered by the forms.google.com application. Per the Walden matrix, the collected information will be kept secured for 5 years from the collection date.

Recommendations

The premise of this project was to develop an evidence-based education program on self-care strategies that hospice and palliative nurses could employ when dealing with work-related stress. The responses varied in some items from strongly agree to strongly disagree. Other questions required the respondents to choose answers based on their knowledge of the subject of work-related stress, burnout, and self-care strategies. I did not use an established survey, but I did use the MBI to assist as I developed questions. I created questions to identify the staff's knowledge of symptoms of work-related stress, coping, and prevention mechanisms. Feedback on how I developed some of the questions indicated that in some instances the wording was lengthy and could be compacted and reworded. During the project evaluation stage, the participants recommended that the number of questions be lessened, that the lesson be presented in person so that a question-and-answer session could follow the presentation. This recommendation was legitimate. Having an interactive class

may have been more beneficial to the nurses. Unfortunately, in this time of the pandemic, face-to-face education had to be aborted because assembling all the staff at the same time presented a problem because of social distancing and lockdown, so a webinar was not a choice. More than 75% of the participating staff assessed the project positively. The participants also recommended adding open-ended questions to allow documentation of staff's comments.

The information presented on the PowerPoint had questions answer choices that were not clearly presented. This was pointed out by the experts identified by the facility. The staff education PowerPoint will be incorporated ongoing in the facility's trainings with new hires, and in annual staff training. The staff will not only become aware of the self-care strategies but will be more cognizant of their application of self-care interventions when they are faced with work-related stress. Their knowledge of accessible resources available to them at work increased, such as employee assistant programs, which were user friendly, adaptable, and relatable.

Strengths and Limitations of the Project

A strength of this project was the continued approach of the learning process, given the time spent with the nursing staff spanned over 2 years, plus the education program and survey time. The time researching articles and literature on work-related stress, hospice and palliative care, and stress management provided personal growth. I learned how to translate the data collected through analysis and synthesis. The vocabulary, interventions, and questions were so many that narrowing down the items took some time. I was learning while creating the educational program for the project.

Another strength was the accessibility, usability, and relatability of the topic. The length of time collecting data proved to be a strength and a limitation. Many other nurses, not employed at the facilities used as target group, asked to be involved in the project because of the relevance of the topic. The support garnered from the nursing staff was monumental and encouraging.

A limitation identified was the inability to present the education information in person as some nurses, who were not technologically inclined, had difficulty accessing and completing the process. The voice-over feature provided in the PowerPoint was not noticed by most of the participants. The DNS stated that time was spent assisting staff members accessing the link, remotely to maintain confidentiality.

The sample group's inclusion criterion was nursing staff who worked directly with hospice and palliative patients. The size of sample group and the situation in which the survey was presented allowed for limitations. The limitation came about because there was no way to confirm if the same persons completed the pretest, the education, and the posttest due to the anonymity factor. All results relied on the nursing staff's integrity, where their participation in all the sections were completed by each subject. The sample group's participation did not take place in a classroom setting as their job required them to travel to their patients. The tests and education were shared via email. The education and posttest were overseen by the DNS in the sense that the links were shared to staff by only the DNS, via their work email at their remote staff meeting. The staff's responses did not require identifiers, so their privacy was always protected. Some staff members were not technically inclined nor computer savvy, so participation lent itself to user error.

Not being able to present the information as planned left the information open to subjective interpretation by the reader/learner.

Summary

With the information gathered in this project, I was able to positively affect the staff of the facility. This project could help nurses identify and implement self-care strategies as they deal with work-related stress. A positive social change would occur as nurses implement these strategies to cope with the stressors that they face. Hospice and palliative nursing would always be stressful, but with education and the tools to manage work-related stress, staff and patient outcomes would be positively affected.

Section 5: Dissemination Plan

Introduction

In Section 5, I presented the plan to disseminate this work to the practice site. The purpose of the project was to show whether the presentation of education on stress management and self-care was effective in providing nurses with applicable strategies with which to positively manage work-related stress they encounter. I shared the findings with the leaders with the intention of encouraging and facilitating change in the nursing staff and ultimately the care they render. Due to the pandemic, provision of the educational PowerPoint material was only shared via email with the hope that the information would be printed and made available to all staff for future review. Last, making the information accessible to the staff during new hire orientation and annual mandatory staff education and training is another dissemination plan that may be effective in the application of self-care strategies in managing work-related stress. I also plan to submit the project for publication to scholarly journals.

Being part of a highly active health mission group could become stressful due to the time constraints and the number of individuals being served. Presenting this educational program on stress management and self-care could be beneficial to this group. I also hope to disseminate this information to other organizations or conferences hosting hospice and palliative nursing groups. I am currently employed by three organizations of this specialty, and I volunteer with others. I am in an integral and strategic position to share the education project with nursing staff who may be susceptible to experiencing work-related stress and may benefit from this education.

Analysis of Self

In 1995, while hospitalized, I was introduced to nursing. The impression given by the different levels of staff who came to my room varied, but one common thread was that the staff was overwhelmed by their job because of their commitment to caring for their patients. After discharge, I enrolled in nursing school and ultimately ended up focusing on hospice and palliative care. It was then that I realized and understood what the nurses were sharing when I was hospitalized and what was meant by work-related stress. As I became more aware of the committed nature of hospice nursing, the reality of the increased stress became more evident. The nurses at the field experience site concurred through discussion and informal interviews. My curiosity, vision, and relentless focus on inspiring others to decrease and manage stressful work-related situations propelled and drove my involvement in this project.

In 2018, I started on this doctoral journey and was given the opportunity to spend time with some compassionate, driven, and committed hospice and palliative nursing staff members, while doing my practicum field work. The impact of their commitment to care for the patients, their countenances, the persistent complaints, and the reasons given for staff shortage motivated me to place my focus on one of those reasons—work-related stress. Nursing is demanding and dealing with the morbidity of constant death and dying magnifies and intensifies the work-related stress faced.

I spent time with these staff members as they were put through varied emotions as they lost patients in their care. One staff member attributed the waves of emotions to a nursing shortage that increased their patient load. Though this may be true, other non-

nursing staff at the site were experiencing emotional fatigue too, hence the expansion of the inclusion criteria of the stress management/self-care education to include all staff members who provide direct care to hospice and palliative care.

In creating the education program, I sought to make it simplistic enough to be understood by all lay persons and not just nursing staff. Working in hospice and palliative care as a nurse practitioner has afforded me the chance to empower other staff members needing emotional support as they vented about the stressful situations encountered in their daily lives and the imbalance faced in their work–life. I learned to become a good listener while identifying the interventions needed to impact these nurses’ identified dilemma, work-related stress. I learned how to support, encourage, and empower others.

Spending time at Walden has groomed me educationally and increased my scholarly knowledge on the identification of problems, creation of interventions, assessment, and potential approaches related to the implementation of interventions. I have also learned about the evaluation of these processes and the outcome of the implementations. Walden encourages utilization of evidence-based practices and encourages students professionally to become change agents as they impact the profession of nursing. Widespread and visible are Walden alums, which is encouraging as their scholarly input is accessible as resource. I have accessed and utilized some Walden alumni’s works as resources in my project. From the start of the DNP project, I was poised for growth and professional development with the help of my professors, fellow nurses at the project site, and colleagues. This process has encouraged me to further research the topic of self-care strategies, stress management and the obstacles that

prevent healthcare workers' especially those in emotionally committed specialties, from implementing these strategies.

Summary

Education and guidance on self-care for nurses who are exposed to the stressful experiences encountered in hospice and palliative care nursing environments on a regular basis have the potential to decrease the associated stress and burnout (Figley & Kiser, 2013). Due to the compassion-loaded situations under which they perform daily and the emotional connection that they have with their patients, hospice and palliative care nurses often overlook self-care. Their vulnerability to work-related stress place them at risk of self-neglect (Schwerdtfeger & Oseland, 2013). Providing education on strategies that are implementable and result in the positive managing of work-related stress is beneficial to all stakeholders involved. Indeed, of the staff surveyed, 86% indicated that the implementation of the education impacted their management of work-related stress and acknowledged that self-care is of priority when dealing with such stressors. As the findings reinforce, decreasing stress and stressors increase staff retention and staff satisfaction and reduce turnover, staff shortage, and burnout, which have positive implications for nursing staff and patients.

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Appendix A: Pretest-Posttest Questions

Pretest Questions: Impacting Stress and Burnout in Hospice and Palliative Care through Education

1. Learning about self-care strategies helps me deal with stressful situations?
2. I am committed to my patients
3. Which systems are affected by stress?
4. What is burnout?
5. Working in this specialty causes me some anguish
6. I take time daily for 'me' time
7. I consume a nutritionally balanced diet while on the job
8. What is compassion fatigue?
9. Stress affects staff members
10. I am aware of self-care stress relief strategies
11. What percentage of the population experiences work related stress?
12. Some staff members exercise to relieve work related stress
13. I can use stress relieving self-care strategies while at work
14. List self-care strategies that help with stress/burnout
15. I feel emotionally drained from my work
16. 1 in every 4 (25%) of workers take a mental day weekly
17. Each day I feel exhausted after work
18. What percentage of workers see their jobs as the main source of stress?

I created this instrument.

Appendix B: Pretest-Posttest Results by Question

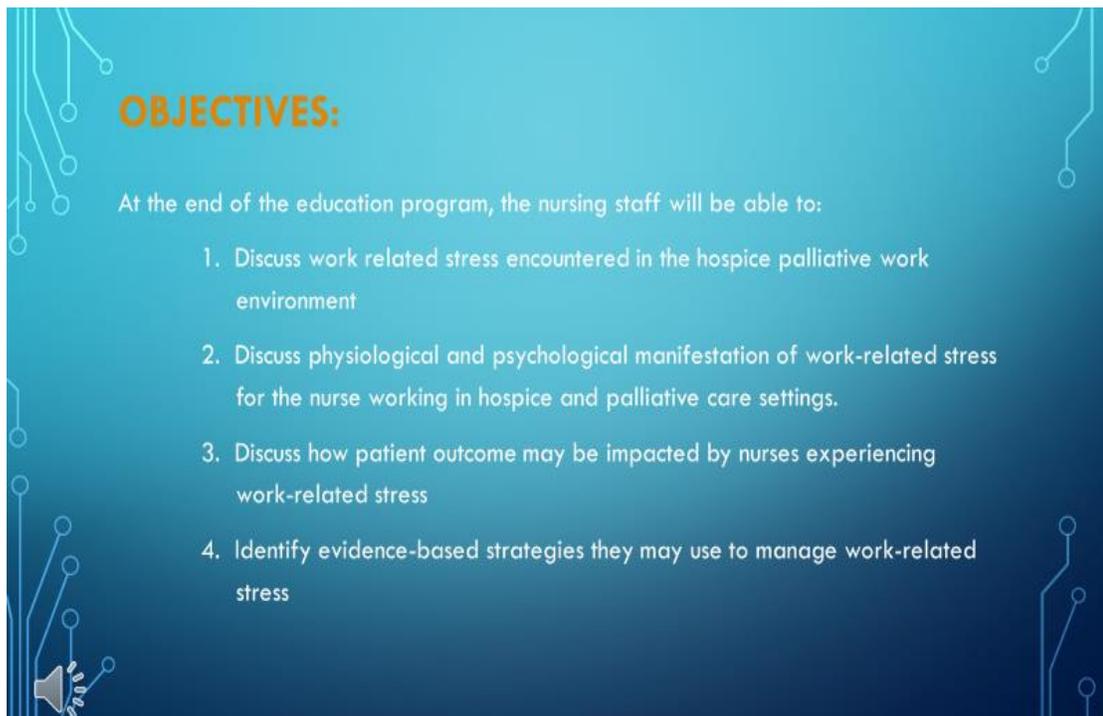
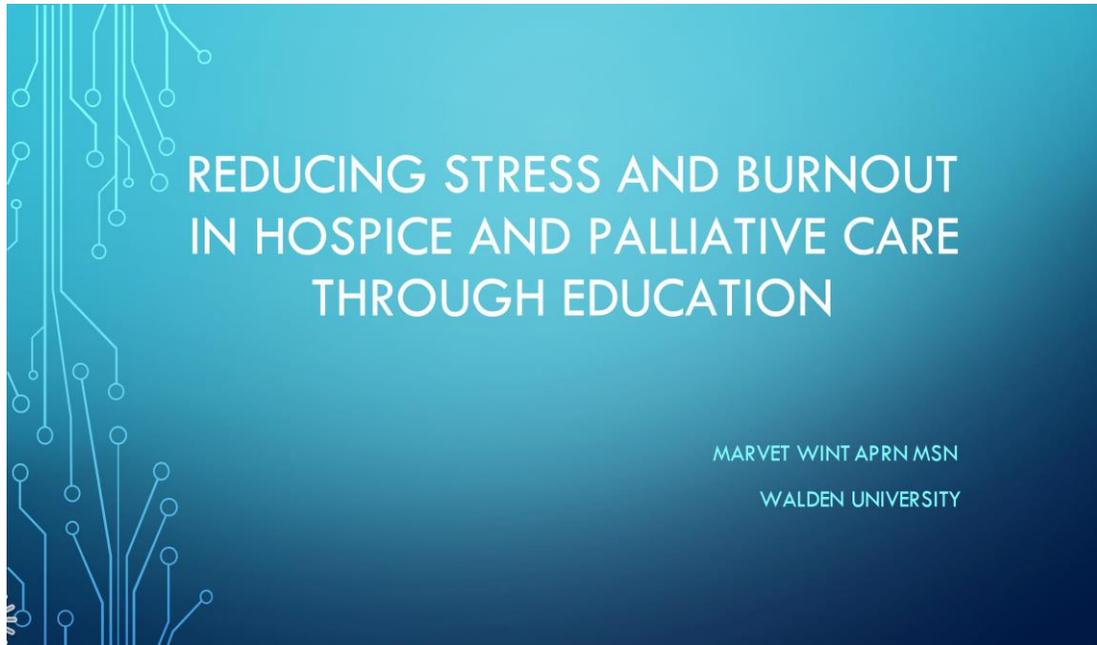
| | Pretest | Posttest | Difference |
|--|---------|----------|------------|
| Question 1: Learning about self-care strategies helps me deal with stressful situations | | | |
| Strongly Agree | 20% | 46.7% | +26.7% |
| Agree | 43.3% | 36.7% | -6.6% |
| Neutral | 26.7% | 13% | -14.7% |
| Disagree | 3% | 0% | -3% |
| Strongly Disagree | 7% | 3.3% | -3.7% |
| Question 2: I am committed to my patients | | | |
| Strongly Agree | 66.7% | 73.3% | +10.6% |
| Agree | 26.7% | 16.7% | -10% |
| Neutral | 0% | 2% | +2% |
| Disagree | 0% | 0% | 0% |
| Strongly Disagree | 6.6% | 8% | +1.4% |
| Question 3: Which systems are affected by stress? | | | |
| Cardiovascular | 86.7% | 73.3% | -13.4% |
| Musculoskeletal | 70% | 60% | -10% |
| Endocrine | 76.7% | 56.7% | -20% |
| Respiratory | 70% | 63.3% | -9.6% |
| Nervous | 80% | 80% | 0% |
| Question 4: What is burnout? | | | |
| Just a response to stimuli, dependent on worker's perception | 8% | 10% | +2% |
| Condition resulting from prolonged exposure to stress..... | 90% | 86.7% | -3.3% |
| Negative response to a physical environment or mental condition | 2% | 2.3% | +0.3% |
| Question 5: Working in this specialty causes me some anguish | | | |
| Strongly Agree | 16.7% | 16.7% | 0% |
| Agree | 53.3% | 26.7% | -26.6% |
| Neutral | 16.7% | 23.3% | +6.6% |
| Disagree | 10% | 20% | +10% |
| Strongly Disagree | 2.3% | 13.3% | +11% |

| | Pretest | Posttest | Difference |
|---|---------|----------|------------|
| Question 6: I take time daily for 'me time' | | | |
| Strongly Agree | 10% | 13.3% | +3.3% |
| Agree | 33.3% | 46.7% | +13.4% |
| Neutral | 26.7% | 23.3% | -3/4% |
| Disagree | 10% | 10% | 0% |
| Strongly Disagree | 10% | 6.7% | -3.3% |
| Question 7: I Consume a nutritionally balanced diet while on the job | | | |
| Strongly Agree | 3.3% | 6.7% | +3.4% |
| Agree | 16.7% | 13.3% | -3.4% |
| Neutral | 33% | 30% | -3% |
| Disagree | 20% | 40% | +20% |
| Strongly Disagree | 26.7% | 10% | -16.7% |
| Question 8: What is compassion fatigue? | | | |
| A secondary stress reaction resulting from providing care..... | 36.7% | 40% | +3.3% |
| An extreme state of unrelenting fatigue | 26.6% | 33.3% | +6.7% |
| Synonymous to burnout, results in extended fatigue, lack of empathy... | 36.7% | 26.7% | -10% |
| Question 9: Which systems are affected by stress? | | | |
| Physically | 90% | 86.7% | -3.3% |
| Psychologically/Mentally | 93.3% | 76.7% | -16.6% |
| Physiologically | 80% | 66.7% | -16.6% |
| Not at all | 0% | 0% | 0% |
| Spiritually | 3.3% | 43.3% | +40% |
| In relationships | 3.3% | 33.3% | +30% |
| Question 10: I am aware of self-care/stress relief strategies | | | |
| Strongly Agree | 13.3% | 13.3% | 0% |
| Agree | 63.3% | 66.7% | +3.4% |
| Neutral | 6% | 13.3% | +7.3% |
| Disagree | 10% | 0% | -10% |
| Strongly Disagree | 7.6% | 6.7% | -0.9% |

| | Pretest | Posttest | Difference |
|--|---------|----------|------------|
| Question 11: What percentage of the population experience work related stress | | | |
| 75% | 53.3% | 36.7% | -16.7% |
| 62% | 30% | 53.3% | +23.3% |
| 35% | 16.7% | 0% | -16.7% |
| 26% | 0% | 10% | +10% |
| 10% | 0% | 0% | 0% |
| Question 12: Some staff members exercise to relieve work related stress | | | |
| Strongly Agree | 16.7% | 33.3% | +16.6% |
| Agree | 66.7% | 50% | -16.7% |
| Neutral | 10% | 10% | 0% |
| Disagree | 6.6% | 0% | -6.6% |
| Strongly Disagree | 0% | 6.7% | +6.7% |
| Question 13: I can use stress-relieving self-care strategies while at work | | | |
| Strongly Agree | 13.3% | 26.7% | +13.4% |
| Agree | 40% | 43.3% | -3.3% |
| Neutral | 16.7% | 16.7% | 0% |
| Disagree | 13.3% | 6.6% | -6.7% |
| Strongly Disagree | 5.7% | 6.7% | -1% |
| Question 14: List self-care strategies that help with stress/burnout | | | |
| Mind games such as scrabble | 63.3% | 60% | -3.3% |
| Take time for yourself | 90% | 93.3% | +3.3% |
| Visit the spa for self-time | 60% | 70% | +10% |
| Isolate yourself | 16.7% | 16.7% | 0% |
| Do not share your issues with anyone | 0% | 0% | 0% |
| Question 15: I feel emotionally drained from my work | | | |
| Strongly Agree | 23.3% | 8% | -15.3% |
| Agree | 43.3% | 46.7% | +3.4% |
| Neutral | 26.7% | 33.3% | +6.6% |
| Disagree | 6.7% | 10% | +3.3% |
| Strongly Disagree | 0% | 2% | +2% |

| | Pretest | Posttest | Difference |
|---|---------|----------|------------|
| Question 16: One in every 4 (25%) workers take a mental day weekly | | | |
| Strongly Agree | 2% | 6.6% | +4.6% |
| Agree | 10% | 26.7% | +16.7% |
| Neutral | 8% | 13.3% | +5.3% |
| Disagree | 46.7% | 36.7% | -10% |
| Strongly Disagree | 33.3% | 16.7% | -16.6% |
| Question 17: Each day I feel exhausted after work | | | |
| Strongly Agree | 23.3% | 8% | -15.3% |
| Agree | 36.7% | 43.3% | +6.6% |
| Neutral | 30% | 23.3% | -6.7% |
| Disagree | 10% | 23.3% | +13.3% |
| Strongly Disagree | 0% | 2.1% | +2.1% |
| Question 18: What percentage of workers see their jobs as the main source of stress? | | | |
| 50% | 30% | 26.7% | +3.3% |
| 100% | 10% | 0% | -10% |
| 75% | 53.3% | 43.3% | -10% |
| 25% | 6.7% | 26.7% | +20% |
| 0% | 0% | 0% | 0% |

Appendix C: Education Material on Self-Care & Stress Management



VOCABULARY:

- Burnout
- Emotional exhaustion
- Physical exhaustion
- Stress
- Stressors
- Stress Management
- Work-related stress

THIS IS ALL ABOUT YOU!!



Feeling tired all the time?

Feeling incomplete?

Feeling challenged?

Feeling Overwhelmed?

Feeling unsatisfied with yourself?

Feeling that you can't cope?

Feeling exhausted a lot?

IF YOU ANSWERED 'YES' TO ANY OF THOSE QUESTIONS,
YOU ARE EXPERIENCING SOME FORM OF STRESS.



Let us learn how to cope with stress before we get to this stage.

- 1 **Nervous system.** The heart may beat faster, and blood pressure rises to ready the body to fight the perceived threat.
- 2 **Musculoskeletal system.** Muscles tense and can trigger tension headaches.
- 3 **Respiratory system.** Breathing quickens.
- 4 **Cardiovascular system.** Heart rate increases.
- 5 **Endocrine system.** Signals sent from glands to the body cause a release of cortisol into the body to fight the perceived threat.
- 6 **Gastrointestinal system.** Eating habits may change, and the feeling of "butterflies" in your stomach may occur.



STRESS

- The negative response to a physical, environment or mental condition. It is a person's method of reacting or attempting to cope with threats, challenges, psychological interruptions to what is deemed a deviation from the norm (Abriyani, 2012).
- Stress is not just a response to stimuli but is highly dependent on the healthcare workers' perception of the stressful event (McEwen & Wills, 2014).


 An illustration of a woman with a distressed expression, depicted with multiple arms. She is holding a smartphone, a laptop, a briefcase, and another smartphone. The background is a dark blue gradient with white circuit-like lines and nodes, symbolizing digital stress or multitasking.

SIGNS OF STRESS AND BURNOUT

- Increased anger, irritability, personal and professional conflicts
- Decreased tolerance
- Increased absenteeism
- Increased turnover
- Compromised care for patients
- Reduced feelings of empathy
- Increased errors
- Fear and dread of work attendance
- Physiological symptoms of headaches, insomnia, weight disturbances.


 A photograph of a person in a striped shirt resting their head on their hands on a desk, appearing exhausted. The background is blurred with warm lights. White circuit-like lines and nodes are overlaid on the left side of the image.

BURNOUT

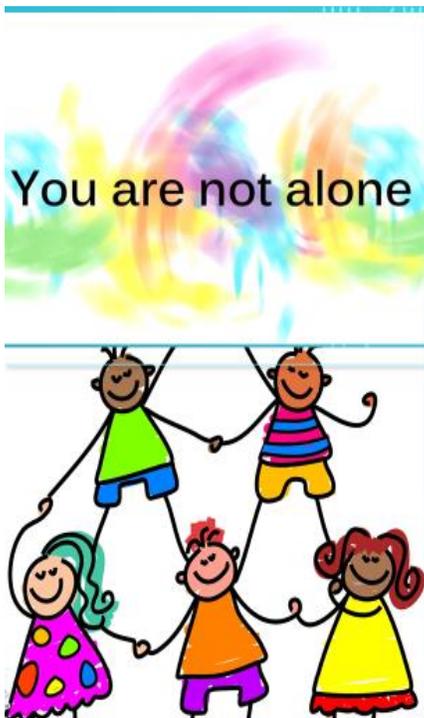
- A condition that results from prolonged, excessive exposure to stress and exhibit mental symptoms of powerlessness, detachment, and isolation (Kandola, 2018).
- Burnout is described as a syndrome accompanied by physical and emotional exhaustion that may result in affected individuals experiencing a loss of optimism, passion for life/enjoyment/employment, and sense of purpose. (Mills et al., n.d.; Rholetter, 2013).

CAUSES OF WORK-RELATED STRESS & BURNOUT

- Staff shortage
- Staff turnover
- Time mismanagement
- Compassion fatigue
- Working overtime
- Work life imbalance

EMOTIONAL AND PHYSICAL EXHAUSTION

- Is synonymous to burnout and results from the extended fatigue, lack of empathy that can at times accompany depression related to employment (Stamm, 2010).
- Physical exhaustion is an extreme state of unrelenting fatigue that leaves you physically drained which can be brought on by mental exhaustion.



You are not alone

WHAT NOT TO DO WHEN STRESSED

- Do not isolate yourself from others
 - They may need to socialize with you as much as you need them
- Do not wallow in self-pity
 - No man or woman is an island
- Acknowledge that you are in need
 - No one is above requiring support
- Do not engage in unmeaningful conversation
 - Take the time to teach others how to support you constructively
- Do not ignore others when they attempt to connect
 - Be the friend you would like to be your friend



A NATIONAL INITIATIVE

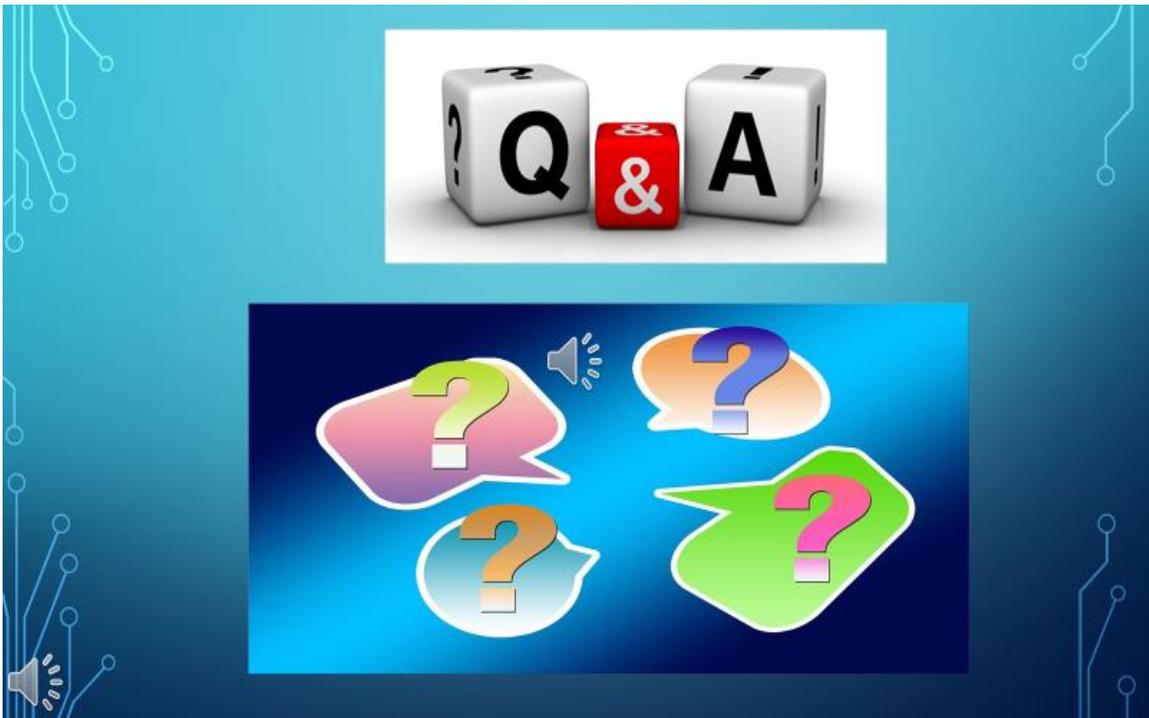
- Healthy Nurse, Healthy Nation (ANA, 2017) is an ongoing national effort developed to improve the health of the nation's over 4 million registered nurses.
- The focus is on self-care practices that will help to decrease the stress experienced by nurses in their work environment.
 - physical activity,
 - nutrition,
 - rest,
 - quality of life,
 - and safety

Your health affects the nation. Manage your stress!!



SUMMARY

- Become aware of the forms of possible work-related stressors that hospice and palliative care workers may experience
- Become knowledgeable of the self-care strategies that can be employed to positively impact this necessary phenomenon,
- Managing work-related stress decreases turnover and burnout while increasing patient and staff satisfaction and retention
- Make time to take time for yourself
- A better you makes for positive patient outcomes



COURSE EVALUATION

- Please click the link and take the 5-question survey:

- <https://forms.gle/eghJqGa2C3GkZJ3e7>