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Managing Nurse Leader Stress to Promote Leader Retention

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This is to certify that the doctoral study by

Rebecca Sue Hawkins

has been found to be complete and satisfactory in all respects,
and that any and all revisions required by
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Abstract

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MSN, MBA-HCA, University of Phoenix, 2006

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Project Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Nursing Practice

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Abstract

Nurse leaders are a health care group that has been provided limited support to manage stress and burnout symptoms, yet the impact of leader stress burden on staff satisfaction, patient outcomes, and their own health is vital to the provision of safe, high-quality health care. The problem of leader fatigue and burnout is the ability to retain current leaders and recruit the next generation. The purpose of this staff education project was to address leadership burnout due to stress and the lack of knowledge of how to manage stress in the moment. A combination of Watson's theory of caring and Ray's theory of bureaucratic caring provided the foundation for the project. The participant group included seven nurse leaders from four critical access hospitals in the central United States. The education provided was a PowerPoint presentation and small group discussion of applicable tools to manage stress and workloads. The tool to measure improvements in leader knowledge was an amalgamation of existing, validated stress-identification and job-related questionnaires. Data were analyzed using descriptive statistics. The overall stress score changed from an average of 51% to 19%. Another finding was the likelihood of nurse leaders continuing in their position or looking for promotion in leadership increased from 28% to 43%. The implications for positive social change are that a short education program supporting leader development can have significant impact on leader retention.

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Dedication

This work is dedicated to those who have come before as guides and mentors. A wise person once said that we become who we are by learning and growing from those who came before us. I have been blessed to be coached, mentored, guided, and supported by great nurses of all backgrounds and specialties. This work is dedicated to them, for being a beacon of whom I wish to become. Thank you.

Acknowledgments

This work would not have been possible without the unending support of my academic chair and committee. Dr Robert McWhirt provided direct and pointed feedback to make me a better scholar, writer, and leader. Thank you for your time and dedication, as well as a sense of humor, through all the ups and downs of life.

The many nurses who served as sounding boards, cheerleaders, and professional refuge; although there are too many to name without taking up pages, I hope that you know who you are and what you mean to me personally and professionally. One mentor does need to be noted by name: Dr. Candace Hennessy, you have been my inspiration and guide. I hope that you can know what an impact you have had on me and countless others; your legacy is the excellence you have proctored. May we carry your memory forward in a manner to make you proud.

Finally, there would be no words to write without the support of my family. Bill and Lucas, you encouraged me to start with the words, “what could it hurt.” Thank you. I cannot describe or adequately define on paper what you and your support mean to me. I am a better person because of you both.

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Section 1: Nature of the Project

The impact of poorly managed stress is impactful on long-term health and wellness as well as on the job satisfaction of health care staff and leaders (Meese et al., 2021). Much of the research and improvement practices have been focused on the impact of toxic stress and burnout as they relate to the direct care clinician, be it physician, nurse, or nursing assistant (Heiss & Clifton, 2019). Nurse leaders are a health care group that has been provided limited support to manage stress and burnout symptoms, yet the impact of the nurse leader stress burden on staff satisfaction, patient outcomes, and their own health is vital to the provision of safe, high-quality health care (Warden et al., 2021).

Recent research showed that the demographic of nurse leaders is placing nursing on a precipice of change due to high rates of retirement and resignation. More than half of current nurse leaders plan to leave their jobs within 5 years (Warden et al., 2021). There are a variety of reasons for this high rate of turnover, and long-term success of the profession is reliant on strong, competent leaders to support and guide frontline staff (Meyer & Shatto, 2022). The pandemic of 2020 and 2021 caused more leader stress, increased turnover, and reduced resilience of both staff and leaders (Shivola et al., 2022). The additional stressors of the current work environment have created an urgent need to retain high-performing managers, provide opportunities for those who are interested in leadership, and design appropriate transitions for those who are ready for a change.

Problem Statement

Nurse leaders are looked to as the champions of organizational change and as the responsible parties for ensuring the satisfaction of patients, providers, and staff (Cupit et

al., 2019). There is increasing attention being paid to the needs of nurse leaders and the level of their burnout (Warden et al., 2021). There is a new understanding that the nursing shortage is impacting not only the staff at the bedside but also the succession-planning process (Brzozowski et al., 2018). Nurse leaders are required to support 24-hour operations of high-quality, cost-effective care with fewer resources at their disposal (Steege et al., 2017).

The global problem of nurse leader fatigue and burnout is the ability to retain and recruit the next generation of nurse leaders. According to the most recent data, most of the nursing workforce is over the age of 45 (Smiley et al., 2018). The American Organization of Nurse Leaders released their annual survey results, which reflected a feeling of frustration with nursing leadership roles; there is a feeling of not being treated fairly with others in nonnursing leadership roles as well as feelings of a lack of advancement available (Rosa-Besa et al., 2021). On average, nurse leaders intend to stay in their positions for 5 years or less (Martin & Warshawsky, 2017). For health care to continue to advance and support a growing population, nurse leaders who are eager and engaged in the process are vital, and work environments need to be recreated to meet the needs of changing leadership.

Nursing leadership has not been supported by a specific nursing theory that pertains to the unique needs of a nursing leader. The use of a defined nursing leadership theory is foundational to building the additional skills and capabilities of high-functioning nurse leaders. The lack of nursing leadership theory reduces the nurse leader’s capacity to move nimbly through the challenges facing nursing and health care to

support staff entirely and holistically using the Ray theory of bureaucratic caring (Smith & Johnson, 2018).

Purpose Statement

The purpose of this staff education project was to address leadership burnout due to stress and the lack of knowledge of how to manage stress in the moment. Numerous articles and studies showed the impact of retention of staff and burnout in frontline staff, but there were fewer studies showing the impact of burnout on nurse leaders. The lack of understanding of the impact on nurse leaders limits understanding of the burden on leadership and the influence that nurse leaders have on their direct reports, organizations, and health care systems. Improving balance for nurse leaders through the understanding of their workload, stressors, and tactics to self-manage the daily and long-term stress may have a significant impact on the retention and satisfaction of leaders and their roles. The practice-focused question addressed in this project was the following: Will a nurse leader education program increase knowledge of stress identification and stress management after the education program?

Nature of the Doctoral Project

The amount of literature focused on nurse leader burnout, stress reduction, and role satisfaction was limited. Peer reviewed English language articles between 2016 and 2022 were utilized. The keywords queried included *nurse leader*, *nurse manager*, *stress*, *resiliency*, *cumulative trauma*, and *leader bullying*. The peer-reviewed articles were sourced using the following databases: Google Scholar, CINAHL, PubMed, and EMBASE.

The organization, collection, and analysis of the data was driven through currently accessible technology. The nurse leaders from the critical access facilities were contacted by email with a link to an electronic survey for both the pre- and posteducation assessment. These data were then analyzed for improvement in leader understanding and knowledge.

The understanding of the gaps in knowledge were identified through the preeducation survey. The needs were covered in the education provided, and nurse leaders validated their understanding of what stress is and steps that they can take to mitigate the daily impact. This education resulted in a reduction in nurse leaders looking to leave leadership in the future.

Significance

Nurse leaders are the structure that supports and fulfills the coordination of clinical bedside roles to the administrative needs of organizations. Disruption to the relationship between clinical teams and leadership has an emotional, physical, financial, and quality impact on the leader, their staff, and the populations that they serve (James et al., 2021). Historically, there has been a direct correlation between the skill and engagement of the leader and the outcomes experienced by patients and the satisfaction of the frontline staff (Warden et al., 2021). Burnout is not an exception to this; burnout and the impact to leaders can be directly correlated to the outcomes and experiences of the patients and staff and to the leaders themselves.

The impact of work stress is most readily noted in the physical and personal well-being of nurse leaders. Stress is a natural response to support responding to events with

urgency. The pathology comes in when stress is left unchecked and impacts the leader's ability to adapt and reduces the ability to respond (Dimino et al., 2021). The unmanaged stress can lead to digestive issues and sleep disruption. Sleep can be disturbed due to long hours and 24-hour accountability requiring leaders to be connected to technology consistently (Rosa-Besa et al., 2021).

The physical impact of stress has been shown to affect cortisol levels. Cortisol is a hormone that influences the metabolism and the immune system (Cockerham et al., 2018). The negative impact to the metabolic system can lead to insulin resistance and diabetes as well as weight gain and abdominal obesity (Cockerham et al., 2018). The effect could be counteracted with increased activity or exercise, but due to the hours that nurse leaders work, it is often difficult to find time for meaningful activity. This creates a cycle of stress and maladaptive responses that can be difficult to disrupt so that the leader can return to a homeostatic state.

This physical impact leads to an emotional impact. This effect may be less obvious but has an equal or greater impact than the physical responses. The emotional response can be attributed to the nurse leader failing to see their work as meaningful (Bernard, 2019; Kelly et al., 2021). Nurse leaders come from the bedside with orientation to the tactile aspects of the role, but not to the impact that moving into a leadership role will have on their emotional well-being. Nurses close to the patient and families get recognition for their skills and abilities to provide care; however, nurse leaders do not get the positive reinforcement in the same manner and must rely on other means to find role fulfillment. Finding fulfillment in a leadership position is not a skill taught to new nurse

leaders in a structured or consistent manner (Peltzer et al., 2018). The methods used by a staff nurse to identify a job well done or a successful day are not adequate to provide fulfillment for a nurse leader. A staff nurse may be able to leave a shift knowing that a life was saved or that a new mom successfully breastfed for the first time or may receive a compliment for being compassionate and caring. There has been long-term research clarifying the relationship between recognition and staff retention (Sherwood et al., 2021). There has also been historical focus on the frequency with which nurse leaders should be recognizing their staff for optimal impact on retention (Kester & Wei, 2018). In the discussion of recognition, there has been no discussion of how the nurse leader should focus feedback on their success to feel those same benefits of appreciation (Kelly et al., 2019).

An inability to find fulfillment as well as being in a role that frequently responds to complaints and the struggles of others can lead to frustration and compassion fatigue. Nurse leaders, being clinicians, are subjected to the same emotional traumas as bedside nurses, but with the additional responsibility to support the direct care team as well as be accountable to the decisions that are being made that impact staff (Kelly et al., 2019). This compounded stress has not been well researched or recognized but has been noted as a reason for nurse leaders' burnout. The clinical teams expect their leaders to lead by example, which is demonstrated by being present or being part of the work. The senior leadership also expects the nurse leader to be highly involved in the day-to-day work of the bedside teams yet also be fully dedicated and accountable to the strategic plans of the organization.

The compounded expectation of bedside staff and senior leaders leads to gaps in job control and role conflict through competing priorities and expectations for nurse leaders. The need to buffer between potential conflicting expectations is to work harder to meet the needs of both groups, which can lead to negative self-perception due to a lack of meeting those needs (Kelly et al., 2019; Peltzer et al., 2018). The inability to meet the needs of all stakeholders can also lead to the leaders being seen as ineffectual rather than stretched beyond their capacity (Cockerham et al., 2018; Hill et al., 2020; Warden et al., 2021). Most nurse leaders pride themselves on being historically high performers, and the impact of not being effective or successful can lead to a negative mindset and depression (Sherman & Cohn, 2021). These emotional responses are part of the downward spiral that impacts the teams being led and the interactions with patients, families, and providers. Negative team interactions degrade staff morale and impact patient outcomes and team retention (Vaclavik et al., 2018).

Poor staff morale is a driver of turnover. Recent data showed that leadership positions are difficult to fill, averaging 6 months (Warden et al., 2021). The fiscal impact is significant as well, with the average cost of replacement being 75% to 125% of the manager salary (Phillips et al., 2018). This is factored on top of the difficulty in recruiting bedside staff. The COVID-19 pandemic lengthened the time to recruit and increased the cost to bring on new nurses. The requirement for nurse leaders to be able to fill beds and provide safe, high-quality care increases the stress and responsibility of the leader. The outcome is many leaders find themselves performing in the staff role as well as having to

perform the work of a leader. The burnout and long hours lead to increase nurse leader turnover (Adriaenssens et al., 2017; Prochnow et al., 2021; Raso, 2021).

Many nurses who find themselves in the leadership role have not had formal preparation or mentoring. Unlike other professions where there is a clear succession plan or where individuals are on a development track, nursing has historically grown leaders from within their rank and file (Cummings et al., 2021; Shen et al., 2018). Those who are strong clinicians become charge nurses, and strong charge nurses get tapped to be supervisors or managers. This lack of formal preparation and succession planning is endemic to many facilities, which leads to additional turnover in the leadership ranks (Shen et al., 2018). In 2017, the evidence was that it took an average of 6 months to recruit a new nurse leader with an annual cost of $8 million nationally (Warden et al., 2021). The COVID-19 pandemic also impacted nurse leader recruitment and retention. A study published in late 2021 showed that more than half of nurse leaders surveyed were planning to leave their jobs within 5 years, and most of those were going to leave within 2 years (Warden et al., 2021). This professional compression means that there will be increased time for recruitment and the cost for that recruitment will increase commensurately.

Although the obvious stakeholders to this work are nurse leaders, there are secondary stakeholders who include the frontline team members, executive teams, and the communities that are served. The impact of good leaders has been connected directly to these groups. The results of educating leaders regarding stress and burnout factors may

be transferrable to other mid-level leaders in health care as well as to other highly technical and matrixed industries.

Summary

The work of the nurse leader is the foundation to creating healthy work environments and safe places for care and healing. The ability to create the types of environments that are beacons for nurses and support bedside nurse retention begins with the recruitment, development, and retention of nurse leaders. Nurse leaders often begin their leadership journey without formal training or mentorship. This creates an experience in which leaders feel inadequate in their role and less prepared to perform in key areas. This lack of preparation and support creates a professional atmosphere that does not support the retention of leaders.

The purpose of this project was to better understand the impact of burnout on nurse leaders and to provide an educational program to support stress reduction and personal well-being. The anticipated outcome was improved satisfaction with the role of leader, increased satisfaction with work balance, and a decreased desire to leave leadership roles. Section 1 introduced the practice gaps, the purpose, and the significance of this leadership-focused project. Section 2 includes a description of the theories framing this project, the evidence supporting the need for addressing the problem, and the background for the project. The role of the doctor of nursing practice (DNP) student and the role of the expert panel are also discussed.

Section 2: Background and Context

The American Organization of Nursing Leadership has identified nurse leader burnout and fatigue as a significant risk to ongoing health care operations (Hardesty et al., 2018). Although there has been a considerable amount of research and interventions, little has been done to assess or address the concerns and frustrations of nurse leaders (Adriaenssens et al., 2017). *Nursing Management* magazine conducted a Wellness Survey of nurse leaders in 2018 and again in 2020. The first was done without the knowledge of the looming pandemic, but this survey provided a valuable insight as to the baseline of nursing leadership prepandemic. The second survey was beneficial in revealing the impact of changes on the nurse leaders throughout the United States (Raso, 2021).

Historically, the management of stress and burnout prevention for leaders has been defined as an individual strategy rather than an organizational investment (Kelly et al., 2019). Burnout characteristics have been portrayed as an individual flaw rather than an organizational failure. The recent Nurse Leader wellness survey has shown nurse leaders failing to care for their well-being, which leads to an inability to care for others (Raso, 2021). These factors lead to nurse leaders leaving their roles and an increasing inability to recruit new leaders. The remaining leaders are encountering broadening workloads, worsening staffing, increasing regulatory requirements, and more stringent fiscal guardrails (Jappinen et al., 2021). An integrated approach to nurse leader wellness is a fundamental need that is faced by both the individual leader as well as the larger organization.

The research obtained from exit interviews of those leaving their positions reflected lack of quality down time, frustration with staffing barriers, limited time for creative processing of problems, and limited time for professional growth (Warden et al., 2021). The secondary findings came from the recruitment process for frontline leaders. Prospective candidates cited 24-hour accountability, lack of structured time off, wage compression, and questions about the support of nurse leaders and the value of the role of the nurse leader (Dimino et al., 2021).

Concepts, Models, and Theories

Nursing leadership has not had a dedicated theory. Leaders have not incorporated the concept of theory applicability into daily leadership practices. Nursing theory supports the work of patient-facing nurses by providing a basis of structure in how care is delivered. Without a defined theory of leadership, a combination of Watson's theory of caring and Ray's theory of bureaucratic caring was used to support the current project (see Barnett et al., 2021; Turkel, 2007).

Watson's Theory of Caring

The Watson model is the care model that has been adopted by the target organization. This model consists of 10 caritas processes that focus on the holistic care of an individual and community (Barnett et al., 2021). This care is focused on creating meaningful relationships and authentic relationships between a caregiver and a care recipient. The foundation of the Watson theory is that there is a holistic thought that must be undertaken to build relationships that are grounded in the individual's bio-psycho-spiritual-social need (Riegel et al., 2018). This foundation allows the nurse leader to look

within themselves and set a foundation for interactions with staff. This theory supports the development of a meaningful interpersonal relationship. However, for the nurse leader, the relationship between the Watson model and the role of the nurse leader does not consider the business aspects on which nurse leaders have a responsibility and impact.

Ray's Theory of Bureaucratic Caring

The gap in the applicability of the Watson model to the role of nurse leader created a need for an additional theory to overlay the current nursing theory in place at the target facility. Ray based her theory on the work of Watson. Ray's theory was developed to support caring in the context of an organization and the challenges and complexities inherent in organizations (Turkel, 2007). Ray identified nine concepts that include social-cultural, legal, technological, economic, and political in addition to caring for the spirit and physical state of being (Turkel, 2007). This is a fundamental addition to the Watson theory, which defines the unique needs that nurse leaders have when health care is looked at as a caring business entity (Turkel, 2007).

A theory that meets the business and nursing needs of the nurse leader supports a grounded foundation for which an education and practice model can be built. In the same way a nursing theory is used in organizations to set the tone and direction of how nursing care is to be delivered, a nursing leadership theory sets the tone and belief of how administrative care is delivered to staff and how relationships are understood. A strong nursing administrative theory integrates a caring philosophy with an ethical value system that promotes synergy between nurse, leader, and patients served (Turkel, 2007).

Relevance to Nursing Practice

The focus on nursing leadership burnout and retention has been gaining attention as the COVID-19 pandemic has altered the reality of health care. The first 2 years of the pandemic have been impacted by the increase in turnover and resignation of bedside staff. As the pandemic has waned without disappearing, the toll on nurse leader workload has started to gain attention as the rate of nurse leader retention has been impacted (Prochnow et al., 2021; Raso, 2021). Units left without leadership have demonstrated reduced quality in patient care, increased staff turnover, and higher cost of care (Labrague et al., 2020; Martin & Warshawsky, 2017). Those leaders who remain adapt to larger workloads, longer hours, and increased responsibility (Prochnow et al., 2021). Focusing on nurse leader retention and resiliency will have an impact on cost, quality, and engagement of patients and staff (Prochnow et al., 2021; Raso, 2021).

Local Background and Context

The focus of the current project was a subset of nurse leaders in the state of Wisconsin. There was not a formal statewide report on the open vacancies for nurse managers, but a review of organizational websites revealed approximately 165 leader positions open for 71 acute care hospitals. The search on organizational websites focused on keywords such as *supervisor*, *charge*, *lead*, *manager*, *director*, and *chief*. Organizations that have three or more sites had the greatest number of openings; nine organizations had 136 leader positions with current vacancies. These facilities included the state's Level I trauma centers, the states three Level 3 trauma centers, multiple cardiothoracic surgery centers, and the only burn center in the state. Gaps in leadership at

these crucial organizations impact the quality of care provided to hundreds of patients throughout the state.

The focus for this project was a subset of facilities in the state. This subset consisted of five critical access facilities in midcentral Wisconsin. These sites are within the same health care organization. For ease of reference, they were referred to as Facilities A through E. All facilities have a similar organizational structure. There is a director of nursing (DON) who is a registered nurse with a minimum of a master's degree. In these organizations, the DON is responsible for all nursing care delivery and has operational responsibility for all other services of the facility, including but not limited to surgery, materials management, environmental services, diagnostic imaging, and nutrition services.

There are typically managers reporting to each DON. There is a dedicated manager for the emergency department and a dedicated manager for the operating room and procedural areas. The inpatient manager is responsible for the remaining inpatient services. This is a unique position because the nurse manager must have knowledge of critical care, general medical surgical and obstetric nurse care, and models of care. This is an especially pronounced variation when staffing models and budgets are being developed. The model at the larger two facilities within the systems is that there is a one manager for each unit who is supported by team leaders and charge nurses. The impact of this variation is a need for the manager to have knowledge of multiple specialty areas while also being an expert generalist. This duality is challenging when recruiting and retaining high-functioning candidates.

All five facilities provide emergency services and general medical/surgical care. Two locations have small stepdown intensive care units that support short-term ventilator care. Three locations have small birthing units for noncomplicated pregnancies. Two locations support swing bed transitions of care for subacute-level patients. All sites transfer to the higher level of care centers for complex cardiac care, trauma services, and high-risk surgical and obstetric care. The receiving facilities are within the same health care system.

The average distance from these critical access facilities to the regional medical centers and education site is approximately 41 miles. The roads to these facilities are two-lane county highways with moderate road maintenance in the winter, and are frequently used by farming equipment and large-volume trucks in the other seasons. These factors make travel to the regional sites slow and inefficient for the leaders at the critical access sites to join events and meetings. This lack of integration in system events can leave leaders in the outlying areas feeling disconnected from the work occurring at the regional sites, and this disconnect adds to feelings of professional isolation. Facility demographics are shown in Table 1.

Table 1

Facility Demographics

Demographic	Facility A (ThedaCare Berlin)	Facility B (ThedaCare New London)	Facility C (ThedaCare Shawano)	Facility D (ThedaCare Waupaca)	Facility E (ThedaCare Wild Rose)
Bed capacity	25	25	25	25	25
Specialty services	ER OR ICU Med surg OB	ER OR Med surg/ swing bed	ER OR Med surg OB	ER OR ICU Med surg OB	ER Med surg/ swing bed Procedure
CN/TL	3	1	1	3	0
House sup	5	4	6	3	1
Mgr	3	1	3	3	0
DON	1	1	1	1	1
Total nurse lead	12	7	11	10	2
Distance from Level II trauma center	35 miles	29 miles	53 miles	41 miles	48 miles
County population	18,755	7,325* *town is split over two counties	40,899	51,245	24,193

Role of the DNP Student

The roles that I have held as staff nurse, nurse educator, and nurse leader have provided insight into the challenges and benefits that come with the roles. I began my work in leadership as a means of effecting change in the lives and well-being of those whom I worked beside and for. I have witnessed firsthand the burden that nurse leaders have when managing the fiscal and quality metrics of their units or divisions. I have also seen the cumulative toll that the nurse leader carries when supporting the emotional well-being of their staff. The focus of this project was to understand the impact of the burnout burden on nurse leaders and to deliver a product that can ease the burden that nurse leaders carry through improved identification and management of burnout.

As a nurse leader, I have dedicated my efforts both academically and professionally to providing knowledge and guidance to those who report to me on the value and need for self-care. The role that I undertook in this project was to assess the current state of the nurse leaders' well-being and provide an educational program that focuses on a holistic approach to self-care. My responsibility was to perform the assessments and to develop and present the educational materials.

The driving motivation for this work was based on the knowledge that leaders are retiring and there are fewer nurses interested in transitioning to leadership. The consequence is that the workload on existing leaders will grow to unmanageable levels and there will be more leaders looking to leave their positions. To mitigate this pending wave of resignations, I sought to provide an evidence-based approach to identifying and managing stress and burnout before the stress becomes unmanageable.

I am an employee of the organization where I conducted this project. I was not in a formal leadership role and did not have direct connections with the defined populations in this project. My knowledge of leadership but distance from the current leaders provided clarity in the education program. I had no personal relationships with the potential participants and was separate from the nursing leadership team, so there was no bias in feedback that was obtained.

Role of the Project Team

Upon receiving Walden Institutional Review Board approval, the expert panelists will be convened. The approved proposal will be sent to the expert panel along with the proposed pre and post educational assessments. The panel will consist of the Vice

President of Clinical Excellence and Education and additional members identified by the Vice President. The project team will review the pre- and post-educational assessment, the education program, and the course evaluation prior to implementation. Change suggestions in the assessments and materials will be completed prior to implementation.

Summary

Nurse leader stress and burnout has been an underrecognized and under managed crisis in the healthcare landscape. The unmanaged stress and work burden of leaders has led to increasing nurse leaders leaving their positions and a lack of nurses interested in undertaking leadership positions. The expectation is that with education and support, nurse leaders will identify workload stressors and will understand mitigation strategies.

There are many factors which impact nurse leader stress and dissatisfaction, but the work of this project is to start with recognition and management of one aspect. The stress burden is one factor that leaders can recognize and put actions into place. This work is not a panacea for leader retention but an important first step in putting actions into place to begin to help and heal the nurse leader workforce. Section 3 includes an explanation of how evidence will be collected and analyzed in the project.

Section 3: Collection and Analysis of Evidence

There is a need to identify and understand the amount of stress and symptoms of burnout in the nurse leader group to be able to define the education needs of the group. The purpose of this project is to provide education about stress identification and then measure the gain in knowledge for nurse leaders in critical access facilities. The focus of education will allow nurse leaders to obtain and implement a greater knowledge of stress triggers and strategies to assist in daily stress management. There will be a pre- and post-knowledge assessment to gauge the knowledge increase. This section will provide clarification of the practice question, review sources of evidence, and describe the collection of the responses.

Practice-Focused Question

The practice focused question for this project is: Will a nurse leader education program increase knowledge of stress identification and stress management after the education program? This question and the resulting education program will have a positive impact on the feelings nurse leaders have in their day-to-day work as well as having an impact on longer term retention of leaders.

Sources of Evidence

The American Organization of Nursing Leadership has identified nurse leader burnout and fatigue as a significant risk to ongoing healthcare operations (Hardesty, Englebright, Huffman & Davis, 2018). While there has been a considerable amount of research and interventions, little has been done to assess or address the concerns and frustrations of nurse leaders (Adriaenssens, Hamelink & Van Bogaert, 2017).

Historically, the management of stress and burnout prevention for leaders has been defined as an individual strategy rather than an organizational investment (Kelly, Lefton & Fischer, 2019). Burnout characteristics have been portrayed as an individual flaw rather than an organizational failure. An integrated approach to nurse leader wellness is a fundamental need that is faced by both the individual leader as well as the larger healthcare organization.

Participants

The focused participant group for this project is the nurse leaders of the five critical access hospitals of the target organization. Nurse leader titles that are being included are charge nurse, team lead, house supervisor, manager, and director of nursing. This is a sample of convenience for the leader who work in the critical access facilities. The focus of this education is to bring resources to critical access facilities which are frequently overlooked in both the general literature as well as within the target organization.

There are approximately 42 leaders with one of the titles identified for this work. As this is a sample of convenience, there will need to be a minimum of 20 participants to bring meaningful evidence of improvement. A breakdown by title would indicate the greatest number of participants would be under a manager or supervisor title. This would fit with the literature reviewed which had a primary focus on leaders closest to the bedside staff not in an executive position.

The time consideration for team members must incorporate that the charge nurse and house supervisor participants are hourly employees, and the other portion are salaried

leaders. Subjects will be informed that the time for participation will be approximately 15 minutes to complete both the pre- and post-educational survey and the time for the education program is planned for 60 minutes. The subjects will be informed that this time will be voluntary. Local leaders will be offered opportunities to have education provided during a prescheduled team meeting at each site. However, if there is not an ability to include this optional education, virtual meetings will be scheduled based on participant availability and location.

Procedure

The tool to measure improvements in leader knowledge is an amalgamation of existing, validated stress identification and job-related questionnaires. These questions have been put into an online survey tool (SoGoSurvey) to support anonymity of the participants. The survey consists of 20 questions. There are only two questions which require free text. Most questions are Likert scale assessment of workload and current stress levels. All questions will require a response to ensure that the data sets are complete and prevent missing information.

Educational Program

The education will be offered in 60-minute sessions. Participants will be able to participate in person or virtually. The session will be broken into parts: section one is the review of current findings based on the surveys completed by the leaders. This will be presented in comparison to national findings of stress and workforce wellbeing. Section two will be daily work skills and tips that leaders can use to create improved balance. Section three will conclude with general skills and techniques to find balance in the areas

which matter to these leaders. Additional support will be offered through local employee assistance programs.

Protections

To ensure the protection of the participants, this project was developed according to the staff education manual and in compliance with the Institutional Review Board of Walden University (05-20-22-0851449). To protect participant confidentiality, I did not disclose the names of the participating staff or any identifying information collected in the survey or education sessions. All questions or concerns discussed in the educational presentation remained confidential unless there was a clear threat to staff, patient, or participant well-being. All participants were informed of their confidential participation and their ability to withdraw from the project at any time.

Analysis and Synthesis

The survey was administered to identified nurse leaders over 10 working days. The survey process ensured anonymity of participants. The preeducation survey data were summarized and included in the introductory section of the educational program. The posteducation survey was conducted 2 weeks after the education program. The timing allowed for leaders to implement two to three mitigation tactics. The posteducation survey was available to participants for 10 business days. The data collected were inputted into Statistical Package for Social Sciences software for statistical analysis. This information was vital in identifying whether there was a change in leader knowledge of stress identification with focused education. This analysis provided an

answer to the practice-focused question based on the amount of change between the pre- and posteducational assessments.

Summary

I developed an educational program for entry-level and mid-level nurse leaders regarding stress identification and management techniques in rural critical access facilities in the Midwest United States. The practice-focused question was the following: Will a nurse leader education program increase knowledge of stress identification and stress management response after the education program with a goal of increasing work satisfaction and retention? Current literature and the American Organization of Nurse Leaders were the primary sources of evidence for this project. These references provided the current evidence and support for the educational program. Section 4 provides the review of findings, implications of findings, and recommendations for future work. There is also a discussion of this work, the contribution of the doctoral project team, and the strengths and limitations of the project.

Section 4: Findings and Recommendations

The purpose of this DNP project was to develop an evidence-based education program about nurse leader stress identification and management for critical access facilities in east central Wisconsin. The lack of stress knowledge and transparency of the impact of stress can lead to increasing rates of burnout and turnover in staff and leadership ranks. The practice-focused question was the following: Will a nurse leader education program increase knowledge of stress identification and stress management after the education program? The primary sources of evidence for this project were the research completed on nurse leader burnout from the *Journal of Nursing Administration*. Additional sources of evidence related to nurse leader stress and burnout and burgeoning research being completed on the impact of COVID-19 on the work life of nurse leaders. This project was developed according to the staff education manual and in compliance with the Institutional Review Board of Walden University. The presentation included current statistics of nurse leader stress, results of the organizational stress survey, an overview of the stress cycle, and mitigation strategies. The data used for this project were pre- and postsurveys to assess the knowledge gained and the impact the knowledge leaders have on stress and burnout. The presurvey was provided prior to the education session to assess the baseline level of stress knowledge and management strategies. The posteducation survey was provided approximately 2 weeks after the education session. The surveys were administered, documented, and analyzed through SoGoSurvey. Section 4 provides an overview of the findings, implications, recommendations, contribution of the project team, and strengths and limitations of the project.

Findings and Implications

There were seven nurse leaders who completed this program. The job titles included DON, manager, and house supervisor. The breakdown of participants consisted of two DONs, four managers, and one house supervisor. These participants represented four of the five critical access facilities and four clinical areas that included medical/surgical, emergency services, surgery, and administration. All participants were provided the Walden University consent form prior to anonymous questionnaires and the initiation of the education project. Participation was voluntary and could be withdrawn at any time in the project. The presurvey questions were organized into sections. The first section focused on the demographics of the respondent. The second section focused on workload and support. The third section focused on daily stress identification and management. The final section focused on burnout symptoms and management of those symptoms. The postsurvey focused on acknowledgement of stress and burnout symptoms as well as capacity to manage stress.

The presurvey was completed approximately 4 weeks prior to the education session. Table 2 shows the average scores of the pre- and postsurvey. The “often” and “very often” responses were used to assess the impact of stress and burnout. The preeducation stress scores ranged from 86% to 14%. The mean was 51%. Approximately 2 weeks after the education session, the postsurvey was completed. The posteducation survey stress scores ranged from 71% to 0%, with a mean of 19%. The data indicated an improvement in stress symptom identification and personal management of stressors. The other significant finding was the likelihood to stay in leadership. The preeducation

agreement was 28%, and the posteducation agreement was 43%. This was an improvement of 54% of nurse leaders looking to stay within a leadership position.

Table 2

Pre- and Posteducation Survey Data

Question	Preeducation (*N* = 7)	Posteducation (*N* = 7)
Feeling worn out	86%	71%
Difficulty focusing	57%	43%
Feeling low energy	43%	14%
Making mistakes	29%	14%
Decreased quality of work	29%	0%
Anxiety going to work	57%	0%
Anxiety going home	29%	14%
Feeling disengaged	57%	0%
Feeling irritable	71%	14%
Feeling frustrated	71%	43%
Feeling lonely	14%	0%
Likelihood to remain in leadership	28%	43%

Recommendations

This education was provided to seven nurse leaders. The review of the data and feedback shows the need for nurse leaders to have formal education related to stress awareness and management techniques. The ongoing turnover of nurse leaders is unsustainable if bedside nurses are to be supported in a manner that focuses on patient care and quality. The recommendation is that the organization implement manager education and ongoing support programs for nurse leaders. Nurse leader development should be considered a system priority equal to other clinical competencies. The education and support can be extended to other leaders, both clinical and nonclinical, to

ensure there is ongoing support and training in critical components to reduce stress-impacted turnover.

Contribution of the Doctoral Project Team

The doctoral team consisted of two DNP-prepared nurse leaders who provided evaluations of pre- and posteducation surveys. There was also a master's prepared nurse with expertise in process improvement and leadership who provided review and feedback on the education PowerPoint.

Strengths and Limitations of the Project

This project had both strengths and weaknesses. The project had clearly developed objectives. The project materials were the preeducation survey, education presentation, posteducation evaluation, program evaluation, and reference list with links to resources reviewed. Another strength of the project was the incorporation of current COVID-19 literature. The rapid change of workload for nurse managers during the pandemic was not something nurse leaders were prepared for, and the addition of information from across the United States as well as details from international nurses was valuable to nurse leaders in rural areas to know they were not alone in the feelings they had in managing workloads and stressors. Lastly, the format of the presentation via the telecommunication platform Zoom allowed leaders from significant distances to meet with me and one another.

The limitations for this project included the small sample size. The education was planned for a total of 25 participants across five locations. The small sample size was due to planned vacations and significant changes in number of leaders due to resignations and

position changes. Additional education is needed for the leaders who did not participate. Another limitation of the program was the lack of diversity. All of the participants were non-Hispanic White. The lack of diversity could impact the stressors identified and the management of stress and burnout. Further research should be done to identify stress and burnout in leaders who are members of other racial and ethnic groups in rural areas. This is important because the health care organization strives to reflect the populations served in both staff and leader positions. Two of the rural facilities serve communities with significant First Nations populations.

Summary

The education program resulted in an increase in understanding of stress and burnout symptoms among rural nurse leaders, which was an identified need based on the literature review. The need was addressed through the evidence-based education project. The overall stress score changed from an average of 51% to 19%. Another significant finding was the likelihood of nurse leaders remaining in their position or looking for promotion in leadership increased from 28% to 43%. With the future of nursing reliant on strong nurse leaders, even modest improvements in leader retention are vital. This project shows that a short education program supporting leader development can have a significant impact on leader retention.

Section 5: Dissemination Plan

The purpose of this project was to increase nurse leader knowledge of stress and mitigation strategies through an education program. To support ongoing collaboration and support of nurse leaders, a dissemination plan was developed to share results, raise understanding, and support expansion of education. The results will be shared with the vice president of nursing excellence and clinical education. The goal of this sharing will be to provide support for manager onboarding and ongoing support measures. This project will also be shared at the Rural Healthcare Network roundtable of nurse executives. This will provide me the opportunity to collaborate with and support other nurse leaders regarding the impact of nurse leader stress and the value of identifying and helping address nurse leader stressors. I plan to publish my project by April 2023 in either the *Journal of Nursing Administration* or in *Nursing Management*. This publication will allow me to share my knowledge and expertise and contribute to the nursing leadership profession. Publication will also have the benefit of highlighting the often underrecognized work of nurses and leaders in rural and critical access facilities.

Analysis of Self

A DNP-prepared nurse makes significant contributions to nursing by implementing evidence-based practice measures that shape the future of nursing. Through this project, I have evolved as a leader, scholar, and educator. This has prepared me to move my practice and leadership forward to an executive nurse role. As a DNP nurse leader, I am better prepared to advocate for and collaborate with teams of all leadership levels, including C-suite and government affairs. My passion for nursing

leadership stems from leaders who have been supportive advocates and nursing champions throughout my career. Without nurse leaders to nurture the next generation, the nursing profession will not be able to sustain the quality and dedication nurses have stood for.

As I look to the completion of this terminal degree, I see myself continuing to evolve and grow as a leader who will have a lasting impact on others. The completion of this final project has given me a sense of pride that the work has been well received and has had a positive impact on developing leaders. I am also filled with a sense of excitement in knowing that small changes can have long-ranging impacts. In looking back through my academic journey, I have gained skills and knowledge that have allowed me to be confident as a subject matter expert and feel that the voice of the nurse leader is heard at all levels of organizations. Working on the development and dissemination of this project has been energizing and has ensured me that I will have an impact on leadership and creating change.

Summary

This project has resulted in an improvement in knowledge that will continue to improve the well-being of nurse leaders in rural facilities. The dissemination plan will ensure others are informed of the importance of education regarding stress and burnout with the goal of reducing nurse leader turnover. Through this work to educate about stress, I have been able to positively impact and empower nurse leaders to improve their lives to ensure there are nurse leaders for the future.

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Appendix A: Preeducation Survey

1. Unique identifier (Please use an identifier of your choosing that you will remember or write down. This data is only used to validate pre and post survey completion.)

2. Gender (Select one option)

□ Male □ Female □ Non-binary / third gender □ Prefer not to say

3. Type of unit: (Select one option)

□ Inpatient (includes med/surg, OB, and/or ICU) □ Emergency Department □ Surgery

4. How long have you been a nurse?

5. Highest level of completed education? (Select one option)

□ ADN □ BSN □ Bachelor (non-nursing) □ MSN □ Master (non-nursing) □ Doctorate (nursing or non-nursing)

6. How long have you been in a leadership position?

7. What leadership position do you currently hold? (Select one option)

□Charge nurse □ Team lead □ House supervisor □ Manager □ Supervisor

□ Director □ Other (Please specify) _____

8. I have a window in my office? (Select one option)

□ Yes □No □ I don't have an office

9. I have routine access to nature for more than 30 minutes a day. (Select one option)

□ Yes - I have a window □ Yes - I spend some time outside before or after work □ Yes - I am able to get outside a bit during the day □ No - I get less than 30 minutes/no window □ Other (Please specify) _____

10. I have family photos or important pictures in my office? (Select one option)

□ Yes - Both □ Yes - Family □ Yes - Important □ No - No Pictures □ No - No office

11. Me and my personal needs are valued by the organization. (Select one option)

Strongly Disagree Disagree Neutral Agree Strongly Agree

12. Me and my personal needs are valued by the team I lead. (Select one option)

Strongly Disagree Disagree Neutral Agree Strongly Agree

13. I feel lonely at work (Select one option)

Strongly Disagree Disagree Neutral Agree Strongly Agree

14. I have a trusted friend/peer at my job location: (Select one option)

□ 2 OR MORE □ 1 □ 0

15. I am happy. (Select one option)

Strongly Disagree Disagree Neutral Agree Strongly Agree

16. I feel connected to others. (Select one option)

Strongly Disagree Disagree Neutral Agree Strongly Agree

17. I feel invigorated after working with those I lead (Select one option)

Strongly Disagree Disagree Neutral Agree Strongly Agree

18. I find it difficult to separate my personal life from my life as a leader. (Select one option)

Strongly Disagree Disagree Neutral Agree Strongly Agree

19. I feel trapped by my job as a leader. (Select one option)

Strongly Disagree Disagree Neutral Agree Strongly Agree

20. I like my work as a leader. (Select one option)

Strongly Disagree Disagree Neutral Agree Strongly Agree

21. I am the person I always wanted to be. (Select one option)

Strongly Disagree Disagree Neutral Agree Strongly Agree

22. My work makes me feel satisfied. (Select one option)

Strongly Disagree Disagree Neutral Agree Strongly Agree

23. I feel worn out because of my work as a leader. (Select one option)

Strongly Disagree Disagree Neutral Agree Strongly Agree

24. I feel overwhelmed because my workload seems endless. (Select one option)

Strongly Disagree Disagree Neutral Agree Strongly Agree

25. I believe I can make a difference through my work. (Select one option)

Strongly Disagree Disagree Neutral Agree Strongly Agree

26. I feel “bogged down” by the system. (Select one option)

Strongly Disagree Disagree Neutral Agree Strongly Agree

27. I have thoughts that I am a successful leader. (Select one option)

Strongly Disagree Disagree Neutral Agree Strongly Agree

28. I am a very caring person. (Select one option)

Strongly Disagree Disagree Neutral Agree Strongly Agree

29. I am happy that I chose to do this work (Select one option)

Strongly Disagree Disagree Neutral Agree Strongly Agree

30. Organizational priorities are clearly defined and stable week to week. (Select one option)

Strongly Disagree Disagree Neutral Agree Strongly Agree

31. I have adequate time to work on organizational priorities. (Select one option)

Strongly Disagree Disagree Neutral Agree Strongly Agree

32. I always find new and interesting aspects in my work (Select one option)

Strongly Disagree Disagree Neutral Agree Strongly Agree

33. It happens more and more often that I talk about my work in a negative way (Select one option)

Strongly Disagree Disagree Neutral Agree Strongly Agree

34. After work, I tend to need more time than in the past in order to relax and feel better (Select one option)

Strongly Disagree Disagree Neutral Agree Strongly Agree

35. I can tolerate the pressure of my work very well. (Select one option)

Strongly Disagree Disagree Neutral Agree Strongly Agree

36. I find my work to be a positive challenge. (Select one option)

Strongly Disagree Disagree Neutral Agree Strongly Agree

37. During my work, I often feel emotionally drained. (Select one option)

Strongly Disagree Disagree Neutral Agree Strongly Agree

38. After working, I have enough energy for my leisure activities. (Select one option)

Strongly Disagree Disagree Neutral Agree Strongly Agree

39. After my work, I usually feel worn out and weary. (Select one option)

Strongly Disagree Disagree Neutral Agree Strongly Agree

40. This is the only type of work that I can imagine myself doing (Select one option)

Strongly Disagree Disagree Neutral Agree Strongly Agree

41. Usually, I can manage the amount of my work well. (Select one option)

Strongly Disagree Disagree Neutral Agree Strongly Agree

42. I feel more and more engaged in my work. (Select one option)

Strongly Disagree Disagree Neutral Agree Strongly Agree

43. When I work, I usually feel energized. (Select one option)

Strongly Disagree Disagree Neutral Agree Strongly Agree

44. How many hours do you spend on work in a week? (Select one option)

□ 20-30 □ 31-40 □ 41-50 □ 51-60 □ more than 60

45. How much of your workday is spent on personal/professional development for you and your team? (Select one option)

□ 0% □ 1%-25% □ 26%-50% □ 51%-75% □ more than 75%

46. I have attended the following non-employer required education in the past 5 years (Select all that apply):

□ Local/State conference INPERSON □ Local/State conference VIRTUAL □ Regional conference INPERSON □ Regional conference VIRTUAL □ National/International Conference INPERSON □ National/International Conference VIRTUAL □ It has been more than 5 years since I have attended an educational event □ I have never attended a formal conference anywhere.

47. I have defined work/life boundaries. (Select one option)

□Yes □No □Depends on the person who is asking □Other (Please specify) _____

48. My boundaries are respected. (Select one option)

Strongly Disagree Disagree Neutral Agree Strongly Agree

49. I am interrupted during off hours: (Select one option)

□ Never □ Almost Never (less than weekly) □ Sometimes (2-3 times a week) □ Very Often (4-5 times a week) □ Always (6 or more times a week, including weekends)

50. I have used vacation/PTO/LTO time in the previous year: (Select one option)

□ 0 hours □ 8 hours □ 16 hours □ 24 hours □ 32 hours □ 40 hours □ more than 40/less than 80 □ 80 hours □ More than 80 hours

51. I have adequate time to recharge. (Select one option)

Strongly Disagree Disagree Neutral Agree Strongly Agree

52. I have experienced the following in the previous 4 weeks: (select all that apply)

□ Feeling worn out □ Difficulty focusing □ Feeling low energy at work □ Feeling low energy at home □ Making mistakes □ Decreased quality of work □ Anxiety coming in to work □ Anxiety going home □ Feeling disengaged □ Feeling irritable □ Feeling frustrated □ Feeling lonely □ None of the above

53. The three most significant feelings I have experienced are:

□ Feeling worn out □ Difficulty focusing □ Feeling low energy at work □ Feeling low energy at home □ Making mistakes □ Decreased quality of work □ Anxiety coming in to work □ Anxiety going home □ Feeling disengaged □ Feeling frustrated □ Feeling irritable □ Feeling lonely

54. I will be staying in nursing leadership for at least the next 5 year (current position or promotion). (Select one option)

Strongly Disagree Disagree Agree Strongly Agree Don’t Know

55. Tools and resources I use to manage stress include:

56. Describe how you are respected by the organization.

57. Describe how you are respected by your team.

58. What would help me be a better and more satisfied leader is:

59. Please provide any additional insight that you would like to share about stress in nursing leaders, what would make a nurse leader’s life better.

Appendix B: Posteducation Survey and Evaluation

1. Unique identifier (This is the identifier you selected for the first survey. This data is only used to validate pre and post survey completion.)

2. I learned something new about reducing stress and burnout. (Select one option)

□ Yes □ No □Unsure

3. I have been able to apply the following methods to begin to reduce stress at work:

□ Journaling/Gratitude reflection □ Access to nature (direct/indirect)/natural light □ Meditation practices □ Increase exercise/stretching □ Keeping personal recognitions □ Negotiate with one up/saying no □ Delegation □ Use aromatheraputics □ Use ambient sounds/sound bathing □ Door notices □ Increasing hydration □ Watching nutrition choices □ Calendar management/color coding tasks □ Pomodoro/time management techniques □ Standardizing sleep practices □ Chuck-it bucket/list generation □ Other (Please specify) _____

4. I have experienced the following in the previous 2 weeks:

□ Feeling worn out □ Difficulty focusing □ Feeling low energy at work □ Making mistakes □ Decreased quality of work □ Anxiety coming in to work □ Anxiety going home □ Feeling disengaged □ Feeling irritable □ Feeling frustrated □ Feeling lonely □ None of the above

5. The three most significant feelings I noted have been:

□ Feeling worn out □ Difficulty focusing □ Feeling low energy at work □ Making mistakes □ Decreased quality of work □ Anxiety coming in to work □ Anxiety going

home □ Feeling disengaged □ Feeling irritable □ Feeling frustrated □ Feeling lonely □ None of the above

6. Since the education session, these feeling have gotten: (Select one option)

Significantly worse Slightly worse No Change Slightly Improved Greatly Improved

7. I feel the session objectives were met (Identify stress markers Identify burnout markers Identify strategies to manage stress) (Select one option)

Strongly Disagree Disagree Agree Strongly Agree Don't Know

8. I feel the education was a good use of my time: (Select one option)

Strongly Disagree Disagree Agree Strongly Agree Don't Know

9. What was the highlight of this session:

10. What would I have liked to have covered that was not, or could be covered in future work

11. I enjoyed the format of this session: (Select one option)

Strongly Disagree Disagree Agree Strongly Agree Don't Know

12. Overall the session will support and impact my ability to manage stress: (Select one option) Strongly Disagree Disagree Agree Strongly Agree Don't Know

13. I am _____ likely to stay in leadership going forward. (Select one option)

Much less Less No change More Much more

14. This course/session: (Select one option)

□ Met my expectations □ Exceeded my expectations □ Did not meet my expectations

15. Ethnic origin: (Select one option)

□ White □ Hispanic or Latino □ Black or African American □ Native American or American Indian □ Asian/Pacific Islander □ More than one of above □ Prefer not to answer □ Other (Please specify) _____

16. Marital Status: (Select one option)

□ Single □ Married or domestic partnership □ Widowed □ Divorced □ Separated □ Prefer not to answer

17. I have responsibilities/childcare needs which I consider when thinking about work related stressors: (Select one option)

□ Pets □ No Children □ Ages 0-4 □ Kindergarten age □ Elementary school age □ Middle school age □ High school age □ College age □ Grown but NOT Gone □ Grown and Gone □ The GRANDest of grandkids □ Prefer not to answer