

2016

# Self-Care Activities and Nurse Manager Well-Being

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# Walden University

College of Health Sciences

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Gretchen Johnson

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2016

Abstract

Self-Care Activities and Nurse Manager Well-Being

by

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MSN, Ferris State University, 2010

BSN, Grand Valley State University, 2005

Project Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Nursing Practice

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## Abstract

The role of the nurse manager is important in organizations and influences outcomes such as the safety and quality of care provided on a unit, satisfaction, turnover of nursing staff, and overall health of the work environment. Stressors for managing nurses can impair physical and emotional health and lead to poor patient and staff satisfaction, safety, and outcomes. The evidence-based practice project will explore nurse managers' well-being and self-care activities. The theoretical framework of the project is the Relationship-Based Care Model as well as Kotter's change theory. The literature suggests that self-care activities can reduce stress and improve well-being. A group of nurse managers who have accountability for inpatient hospital units will be recruited to participate in the project through public discussion boards and email groups of organizations that support nurse leaders. They will be educated through a self-guided learning module about stress and self-care and then will be asked to participate in self-care activities 3 times weekly for 4 weeks. Following the education, the nurse managers will complete a researcher-crafted posteducational assessment to evaluate whether the education and activities met their needs, whether they learned new information, and the helpfulness of the project. Nurse managers participating in regular self-care are able influence positive social change by role modeling healthy coping skills to nurses providing direct care to patients. Self-care promotes effective stress management and contributes a healthier work environment.

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## Section 1: Overview of the Evidence-Based Practice Project

### **Introduction**

Nurse managers fulfill an important role in the overall health in the work environment. The nurse manager directly influences recruitment and retention of staff, patient outcomes, nursing staff performance, employees' job satisfaction, and patient satisfaction with care (Skytt, Ljunggren, & Carlsson, 2007). However, the responsibility of the job can bring about great stress that can negatively affect those factors. In particular, the stress level of the nurse manager can adversely affect the morale of the work unit, patient and employee satisfaction, nurse retention, and patient outcomes (Kath, Stichler, & Ehrhart, 2012). The stressors that nurse managers experience can also lead to their own poor health, job dissatisfaction, and turnover (Kath et al., 2012). Although multiple studies cite negative effects of nurse managers' levels of stress or burnout, few studies have reviewed interventions to promote well-being. Evidence suggests that nurse managers' overall well-being benefits from regular self-care activities (Brown, 2009). The purpose of this paper is to outline the proposed Doctorate of Nursing Practice (DNP) evidence-based practice scholarly project, which will educate nurse managers about stress, self-care, and well-being and them in regular self-care activities.

### **Problem Statement**

Since the 1980s, the role of the nurse managers has expanded, resulting in increased demands and increased stress experienced by those nurse managers (Kath et al., 2013). Expectations of nurse managers include oversight of one or more nursing units in a hospital, leadership, mentoring and coaching of subordinate nurses, leading their unit to meet organizational goals, human resources management of the unit, budget planning and management, increasing the level of professionalism of staff on the unit, attending multiple

meetings regularly, and communication and embedding of the organization's culture into the unit so that all staff embrace it (Kath et al., 2013). Nurse managers at a hospital in Grand Rapids, Michigan, where I completed my practicum, exhibit problems found in the literature. The hospital is a 200-bed freestanding psychiatric facility with seven inpatient units serving individuals with mental illnesses, from children to older adults. Of the seven nurse managers, one has been a manager for nearly 10 years, one for 3 years, and the rest for 3 years or less (M. Smith, personal communication, December 15, 2015). None of the managers came to the organization with any nurse management experience and none of them started the role with the hospital's minimum requirements for leadership, which require a graduate degree, two years in nursing leadership, and two years as a psychiatric nurse. In interviews with these managers, many reported feelings of stress, feeling ill-prepared for the role, and negative effects of the physical and emotional stress.

Nurse managers provide an important link between senior leadership and staff nurses (Lee & Cummings, 2008). The link includes nurse managers carrying out the mission, vision, values, and initiatives set by or in collaboration with senior leaders (Warshawsky, Lake, & Brandford, 2013). Although stress is experienced in all nurse leaders, nurse managers, in particular, may be less equipped to deal with the stress due to lack of management experience (Kath et al., 2012). Nurses are often promoted to managerial positions due to strong clinical skills but lack any formal management training (McGuire, Houser, Jarrar, Moy, & Wall, 2003). Nurse managers experience high expectations and multiple competing demands, leading to stress that can negatively affect the work environment on the unit, their relationship with staff, and their own physical and emotional health. Nurse managers may have limited or no access to stress reduction activities to help effectively manage high levels of stress. Some even report feelings of

helplessness when thinking about the stress of the role (McGuire et al., 2003). Although nurse managers know the importance of self-care and even encourage staff members and patients to engage in those activities, they often personally forgo those practices due to workload, lack of support, and family concerns (Brown, 2009). In one practice setting in Grand Rapids, a nurse manager reported self-care courses such as yoga had been offered during lunch breaks (M. Smith, personal communication, December 15, 2015). Although multiple managers enrolled and paid for the course together, none were able to complete the series of classes due to meetings scheduled during the lunch breaks, emergencies on the units immediately prior to the class, and believing that there was too much work to do during the class time (M. Smith, personal communication, December 15, 2015).

For the nurse manager, the compounding stress can lead to symptoms such as fatigue, headaches, heartburn, insomnia, irritability, detachment, tardiness, absenteeism, drug and alcohol abuse, and inability to connect with others (Brown, 2009). Organizations find that nurse managers have short tenure in the role (Brown, Frazer, Wong, Muise, & Cummings, 2012). In fact, the average length of time in the position is five years with many reporting stress and job dissatisfaction as a reason for leaving (Warshawsky & Havens, 2014). On average, nurse managers job vacancy rates nationally are at 8.3% (Zastocki & Holly, 2010). In one hospital in Grand Rapids, advertised nurse manager positions can remain unfilled for six months or longer. During this time, managers may assume responsibility of multiple units or departments to meet organizational needs (M. Smith, personal communication, December 15, 2015). High stress, extra demands due to vacancies, and open positions do not promote well-being. When nurse managers have a compromised sense of well-being, the effects can take a toll on patients, staff members, and the work environment. Nurse managers' poor performance and inability to support

staff stems from emotional and physical stress reactions (Kath et al., 2012). Under an unhealthy and ineffective nurse leader, units experience negative morale, increased turnover, poor patient satisfaction scores, and lower employee satisfaction (Kath et al., 2012). Healthy relationships between nurse managers and staff create the environment where partnerships occur to achieve quality patient outcomes and create a healthy work environment (Warshawsky et al., 2013). However, the nurse manager who is overwhelmed has difficulty fostering those relationships that lead to positive outcomes. Nurse managers' stress related behaviors can also influence absenteeism and physical health complaints of employees reporting to them (Schreuder et al., 2011). Smith, a nurse manager at a hospital in Grand Rapids, reports high job stress which led to irritability, impatience, and a general "grouchy" attitude towards peers, staff reporting to her, and senior leaders (personal communication, December 15, 2015).

Although the role of the nurse manager is pivotal in organizations, there continues to be a decreasing amount of qualified individuals to fill the roles (Zastocki & Holly, 2010). A large number of experienced nurse managers are planning to retire within the decade, leaving organizations struggling to fill the roles (Zastocki & Holly, 2010). Retaining effective nurse managers is critical to decrease vacancies and reduce turnover. Nursing practice is greatly affected by the lack of qualified and prepared nurse managers in that ineffective managers lead to increased nurse turnover, patient and staff dissatisfaction, poorer patient outcomes, and unhealthy work environments (Kath et al., 2012). In light of national nursing shortages, organizations are focused on creating healthy work environments that lead to job satisfaction and decrease in nurse turnover. One way to promote job satisfaction for nurse managers is to help them cope with stress. Learning to manage stress helps nurse managers accomplish goals, achieve physical and mental health, and have overall greater success (Sherrod & Campbell,

2015). Engaging in behaviors to promote health and wellness can lead to overall well-being (Sherrod & Campbell, 2015). Organizations that promote self-care for nurse managers can help them effectively combat job stress, promote well-being and greater job satisfaction, and promote retention of these nurses. Although evidence suggests that self-care could combat the ill effects of stress, many nurse managers do not engage in those activities. Nurse managers may not engage in self-care activities because of poor organization support, lack of time, poor work/life balance, and a difficult workload (Brown, 2009). At the same time, learning to engage in self-care is often not a part of academic curriculum nor is it often the subject of continued education and learning for nurse leaders (Rosenblatt & Davis, 2009).

### **Purpose Statement and Project Objectives**

The purpose of this evidence-based practice project is to educate nurse managers about stress and self-care while gaining a four-week commitment to engage in regular self-care activities. The guiding question for this project is: Will self-care activities help nurse managers cope with stress and achieve well-being? The first project objective is to educate nurse managers about role stress and how self-care promotes well-being. Key stake holders in this project include me in implementing the project, nurse managers in the hospital setting at the practicum site, nurse managers from other hospital settings, and the individuals to whom the nurse managers report. The nurse managers from the hospital in Michigan have expressed interest in the project and will be invited to participate in the project. It will be important for their supervisors to be aware and supportive of the project as it will require a minimal amount of time during work. The nurse managers may also need encouragement to care for selves as they have reported struggling with this in the past.

Nurse managers will be asked to complete one questionnaire prior to starting self-care activities. The questionnaire is a tool (Appendix A) developed by Koloroutis et al. (2012) to measure how individuals are paying attention to and working on the areas of mind, body, and spirit. Koloroutis et al. (2012) believed that health care workers must first care for self to provide care to others. The questionnaire was developed by Koloroutis et al. (2012) for the purpose of helping the individual identify both strengths and weaknesses in each of the areas. Completing the survey helps to bring attention and awareness to areas of the mind, body, or spirit that the individual should focus energy and action on in order to achieve balance. In completing the questionnaire, nurse managers will be able to recognize a focus area that will help with what type of self-care intervention to select. For example, if the body category scores the lowest, the nurse manager may want to select an intervention of walking 30 minutes. Written permission to use the tools for this evidence-based practice project was obtained via email from Koloroutis.

The second project objective is to engage nurse managers in practicing self-care activities. I will use the American Nurses Association's (ANA's) self-care guide for nurses, which provides suggestions of self-care activities for each of the categories of mind, body, and spirit (Richards, Sheen, & Mazzer, 2014). To accomplish this objective, the nurse managers will participate in learning sessions via reviewing a PowerPoint module. The sessions will focus on purpose of the project, provide information from research on nurse manager stress, discuss definitions of self-care and well-being, and provide information about the expectations around self-care. Nurse managers will have an opportunity to select a self-care activity from a menu of suggested activities from the ANA's self-care guide based on their own needs; scores from the mind, body, spirit scale; and their likelihood to complete the activities. Those who choose to focus on the body will use Richards et al.'s physical self-care suggestion and will walk during

their self-care time. Managers who decide to work on the mind will be asked to write in a gratitude journal during their self-care time. Writing in a gratitude journal involves simply writing down appreciations or specific people, things, or events the individual is thankful for. Finally, those who wish to work on spirit will be asked to develop a spiritual practice to participate during self-care time. Individuals working on the spirit can choose prayer or meditation. They will be asked to engage in the self-care activity during their work hours for 30 minutes three times weekly. The time frame was chosen as this can be completed during a break time during the work day. The nurse managers will be asked to self-report their participation in a grid that will be provided for them. This stage of the project will last four weeks.

The third objective is to evaluate the project through a post education and self-care activity assessment. The nurse managers will answer questions about whether the education session met its stated objectives and whether the education was clear. The tool also asks about whether the project was helpful for the individual and asks for comments about this. Finally, the tools ask managers why they chose to participate in the project.

Although this project is targeted at nurse managers, it may be transferred to other disciplines and other categories of nurses in the future. For example, social workers and recreational therapists manage departments at the hospital in Grand Rapids. These individuals have the same budget, employee, and organizational responsibility as nurse managers have, and they are exposed to the same stressors as nurse managers. Further projects could explore whether self-care activities promote well-being in any middle managers in health care. Another group that can benefit from self-care is registered nurses providing direct patient care. Recently, there has been more literature that addresses effects of stress, compassion fatigue, and burnout in nurses. Self-care has been found to be an important aspect of preventing compassion fatigue and burnout



(Richards et al., 2014). When nurse managers role model self-care for nurses reporting to them, it encourages staff nurses to also participate in self-care. Therefore, there would be benefits to future engagement of nurses providing direct care in a self-care project.

### **Significance and Relevance to Practice**

Promoting well-being in nurse managers can positively influence the future of nursing and future of patient care. Self-care has recently been a focus of nursing practice due to research and evidence pointing to the negative experiences of burnout and stress when self-care is neglected. By making choices to care for self, nurses promote personal well-being, which leads to interpersonal and professional growth (Brown, 2009). The focus on well-being and self-care can potentially decrease stress, burnout, and improve retention (Brown, 2009). Nurse managers who practice self-care role model healthy behaviors to other nurses and encourage them to participate in self-care as well.

Topics such as compassion fatigue and burnout in the nursing profession have been addressed recently in the literature. Richards et al. (2014), along with the ANA, have developed a self-care guide to address prevention of compassion fatigue and burnout. The authors focus on emotional, mental, spiritual, and physical self-care. Engaging in self-care activities daily is a short-term strategy that can lead to long-term prevention of burnout and compassion fatigue (Richards et al., 2014).

Because the nurse manager position has a short expected tenure, affecting nurse manager turnover rates can be a first step in providing stability to units. Turnover in nurse managers creates barriers to positive relationships and positive patient outcomes (Warshawsky, Rayens, Stefaniak, & Rahman, 2013). Interpersonal relationships between nurse managers and staff members are critical for retention of unit staff, but development of these relationships take time

(Warshawsky & Havens, 2014). Those relationships are key to fostering a partnership between leaders and staff to promote quality outcomes and a healthy work environment. Effective succession planning for nurse managers also is a result of positive relationships and seeing nurse managers who have achieved well-being (Warshawsky & Havens, 2014).

Nurse managers report experiencing high levels of stress related to competing demands inherent to the role (Kath et al., 2012). The role has widened greatly during the last several decades and now encompasses responsibility for budget management, patient safety and quality of care, patient and family satisfaction, recruitment and retention of staff members, translating organizational mission, vision, and goals into practice, meeting physician expectations, and maintaining a healthy work environment (Kath et al., 2013). Negative outcomes occur in these areas when nurses show evidence of the job strain, intent to find other work, high levels of stress leading to physical and psychological illness, and poor satisfaction with work-life balance (Codier, Kamikawa, & Kooker, 2011). Yet if nurse managers can cope in healthy ways, they have the potential to have a positive influence on those areas.

Potential positive social change as a result of this project include creating healthier work environments in hospital units, enhanced physical and emotional health of nurse managers, nurse leaders role modeling and encouraging positive self-care to frontline nurses, and quality patient care and outcomes. Richards et al. (2014) encourage nurses to care for self, stating that to provide meaningful care and contribution to others, nurses must first make changes in their own lives. Self-care truly supports the Code of Ethics for Nurses in that the nurse should treat him/herself in the same way the nurse cares for others (ANA, 2001). Nurse managers participating in the project have the opportunity to create within self and the staff that report to them an entire culture where care of self is supported, promoted, and celebrated.

## **Project Question**

The question I will use to guide the project is: In nurse managers, will self-care activities three times weekly for 30 minutes during a 4-week timeframe improve well-being?

## **Evidence-Based Significance of the Project**

Little research has been conducted to evaluate effectiveness of stress reduction techniques on nurse managers (Warshawsky & Havens, 2014). Although nurses have the knowledge about the importance of self-care and often teach patients these practices, many abandon these practices due to work load and lack of support (Brown, 2009). Unfortunately, nurse managers may be role modeling negative behaviors and actions and conveying that health is not valued in their neglect of self (Brown, 2009).

Brown (2009) suggests that nurse managers should spend time engaging in self-care and self-renewal to promote well-being and combat deleterious effects of stress and job dissatisfaction. Use of coping skills and self-care can even increase a nurse manager's productivity and improve work quality (Simons, 2005). The scholarly project of engaging nurse managers in self-care activities can help translate the research around stress and self-care into evidence-based practices.

## **Definitions of Terms**

*Change:* Whether in the context of discussing organizational change or personal change, *change* is the act of remaking self or organization to meet some type of demand (Kotter, 2007). Organizations may make changes to help compete in a new market or stay on top of a current market (Kotter, 2007). Individuals may make personal changes in order to be more effective in work or personal life (Richards et al., 2014).

*Mind, body, spirit:* A tool used to measure well-being is the mind, body, spirit, balance tool. This tool measures how individuals care for the areas of mind, body, and spirit. *Care of body* is defined as the use of nutrition, rest, exercise, and monitoring of health (Koloroutis et al., 2012). *Caring for the mind* refers to the awareness and intention to thoughts, attitudes, values, and beliefs (Koloroutis et al., 2012). Finally, *care of the spirit* entails developing the emotional and spiritual part of self and can involve religious practices (Koloroutis et al., 2012).

*Nurse managers:* *Nurse managers* are individuals in a middle level of management. They have staff members who report to them and have administrators above them (Rosenblatt & Davis, 2009). Further, nurse managers generally have leadership responsibility of one or more units in a larger organization (Kath et al., 2013). Responsibilities include leadership of subordinate staff members; collaboration with an interdisciplinary team; human resource management; budget and financial planning; performance and quality improvement; staff development; meeting attendance; and translating mission, vision, and values into the work culture (Kath et al., 2013).

*Self-care:* The ANA's self-care guide for nurses defines *self-care* as the ability to engage in healthy, meaningful relationships with others, listening to one's own body, and recognizing and intervening when noticing signs of exhaustion (Richards et al., 2014). Self-care in literature has a wide variety of definitions, but the main themes emerging to define the concept are that self-care interventions are individual, situation, and culture specific; are influenced by the individual's knowledge, values, skills, and level of motivation; and focus on aspects under the individual's control (Wilkinson & Whitehead, 2009). Richards (2013) describes self-care as the purposeful participation in activities that promote well-being and balance when faced with emotional and physical stressors. *Self-care* is defined as more than pampering the self which has

only short-term benefits, but partaking in activities that help soothe and cope with stress (Richards, 2013). Using coping skills for self-care such as walking, talking with a friend, gardening, exercise, writing, and other activities can also help nurse managers decrease stress and avoid burnout (Rosenblatt & Davis, 2009).

*Stress:* The term *stress* was developed by an endocrinologist Selye in the 1930's (LeBlanc, 2009). After studying responses in animals to noxious stimuli, Selye developed a definition of *stress* for humans. In the theoretical model, stress is a result of demands placed on an individual and their environment and the individual's capacity and resources to meet those demands (LeBlanc, 2009). The experience of stress is heavily influenced by the person's perceptions. Individuals with the capacity to meet the demands experience stress positively and are in a state of eustress (LeBlanc, 2009). Experiences of stress where the individual does not have the resources to meet the demands leads to negative feelings of distress (LeBlanc, 2009). Another way to describe stress is the act of exposing an individual to psychological or physical forces, the inability to handle the forces presented, and a response from the individual (Goodnite, 2013).

*Well-being:* *Well-being* is defined as happiness, contentment, or satisfaction that comes with optimal health and levels of functioning (McDowell, 2010). *Well-being* is derived from one's own ideals of satisfaction and contentment and thus be subjective in nature. The Centers for Disease Control and Prevention (CDC; 2013) has a much simpler definition of *well-being*, stating that it is the individual's perception that life is going well. Well-being combines physical, psychological, and emotional health to a more robust and holistic perception of healthy (CDC, 2013). The importance of well-being is in the ability of the individual to better cope with stress

(McDowell, 2010). It is also correlated with longevity, perceptions of health, healthy behaviors, productivity, physical and mental health, and social connections (CDC, 2013).

### **Assumptions**

In this project, I assumed that the sample of nurse managers will respond truthfully to the questionnaire and to the post-education assessment. I also assumed that those who agree to participate in the project will accurately report self-care activities. Because the tools will be delivered electronically, it is assumed that participants will have access to and ability to use the internet and technology such as a computer or electronic tablet. In addition, I assumed that participants are physically, mentally, and emotionally able to participate in the project and in self-care interventions. Finally, the assumption is that the participants are able to read and respond in English to the tools used.

### **Delimitations**

The evidence-based practice project includes only nurse managers of hospital units. It excludes nurses in any other area of practice, managers who are not nurses, and nurse managers who manage areas outside of inpatient hospital units. The reason for selecting only nurse managers of inpatient hospital units is due to the specific interest of mine and the wide range of literature on nurse manager stress. The project specifically involved self-care interventions for stress but does not include any other interventions to manage stress. The tools to evaluate the education are mostly numerical responses but allow sections for comments. These tools allow for a faster response due to limits of the length of the project.

### **Limitations**

One of the challenges of understanding well-being is that each individual's definition of *well-being* is subjective and unique to that individual. Well-being is one's own reality and their

reactions to that (McDowell, 2010). Therefore, the rating scales used in this evidence-based practice project are subjective in nature and depend on the individual's reality at the time the data are collected.

Another limit to the project is the small sample size and limited ability to generalize the findings. A challenge in obtaining participants is in the problem of stress and busyness of nurse managers. Many may not participate due to the time requirement of 30 minutes three days per week. Other nurse managers may not feel supported by their own supervisor to participate in the project. In one study, 636 nurse managers from 36 hospitals were invited to participate and 75% of those ended up being willing to participate (Kath et al., 2012). If the information about the project is widely spread, it is hopeful that many will participate to provide greater richness to the data.

### **Summary**

Nurse managers with accountability for inpatient hospital units are important in creating a healthy work environment, ensuring quality outcomes, improving employee morale, translating the mission, vision and values of senior leadership to frontline staff, and many other responsibilities (Kath et al., 2012). The stress that accompanies the wide range of accountability and authority along with the competing demands of the role can negatively affect the nurse manager's physical and psychological health, work performance, and employee and patient outcomes (Kath et al., 2012). The literature suggests self-care activities can reduce negative effects of stress and improve well-being. An evidence-based practice project involving nurse managers will evaluate the effect of education about and engagement in self-care activities on well-being.

## Section 2: Review of Scholarly Evidence

### **Introduction**

The practice problem driving the evidence-based practice project is stress in nurse managers leading to turnover, job dissatisfaction, poor physical and emotional health, job dissatisfaction in direct reports, patient dissatisfaction, and poor patient outcomes (Kath et al., 2012). Stress reduction techniques should be adopted for nurse managers as this has been found to improve job performance and patient satisfaction, decrease turnover, and improve the health of the work environment (Tang, Tegeler, Larrimore, Cowgill, & Kemper, 2010). Self-care activities have been found to reduce stress and prevent burnout (Richards et al., 2014). To address this, the practice question for the evidence-based practice project asks whether education and self-care activities will improve well-being in nurse managers.

The purpose of the doctoral project is to engage nurse managers in participating in regular self-care and to evaluate the activity's effect on nurse manager well-being. A review of nursing literature finds multiple articles addressing stress in nurse managers, effect of poor performing nurse managers on patient and staff outcomes, and information about the need for stress and self-care activities. Literature from areas outside of nursing management provided information about stress and self-care. Theoretical frameworks of Kotter's Change Management Theory and Relationship-Based Care (RBC) will also be explored. The purpose of this section is to review relevant literature and discuss guiding theoretical frameworks for the evidence-based doctoral project.

### **Specific Literature**

Despite the general agreement in literature about the importance of the role and negative outcomes of ineffective and unhealthy managers, universal practice guidelines to support nurse



managers do not exist. This is likely due to the existence of more studies on organizational effects from poor performing nurse managers than studies that answer the question of how to support the nurse managers (Kath et al., 2013). Much of the research related to nurse manager stress, intent to leave their role, and dissatisfaction in work has been published in the last 10 years. There is limited research supporting activities to help with the level of stress. In the research, one major theme that continues to emerge is the challenge of work-life balance in nurse managers and its effect on job satisfaction and intent to stay in the role.

Warshawsky and Havens (2014) studied nurse manager job satisfaction and their intent to leave their role. A survey was sent out electronically to 291 nurses in hospitals in the United States. Of these nurses, 72% were planning to leave their position within five years (Warshawsky & Havens, 2014). Burnout was cited most frequently as the reason for leaving the role. The researchers recommended that the workload of nurse managers be evaluated and career counseling should be supplied for them (Warshawsky & Havens, 2014).

In 2012, Kath et al., conducted a quantitative, cross-sectional survey to evaluate the moderators of the negative outcomes of stress in nurse managers. Nurse managers from 36 hospitals were sampled with multiple stress, job satisfaction, and mental and physical health tools (Kath et al., 2012). Literature suggests that nurse managers experienced high levels of stress. Factors that buffered the stress were age, autonomy, social support, and job predictability (Kath et al., 2012).

Kath et al., (2013) studied the most important predictors of stress in nurse managers. They completed a quantitative, cross-sectional study to evaluate the factors of role ambiguity, role conflict, role overload, organizational constraints, and interpersonal conflicts (Kath et al., 2013). With 480 nurse managers participating in the study, role overload was found to be the

strongest predictor of stress. The authors recommended that organizations help managers relieve their stress load (Kath et al., 2013).

A systematic review of 13 qualitative and quantitative studies of nurse manager retention was completed by Brown et al. (2013). The key issues from the studies were found to be job satisfaction, work culture, lack of time, desire to be valued as an employee, work/life balance, and organizational commitment (Brown et al., 2013). Due to the lack of literature, the authors suggested that more studies should be completed to further understand nurse manager retention. However, the general themes encouraged organizations to support nurse managers and promote work/life balance (Brown et al., 2013).

Warshawsky, et al. (2013) conducted a secondary analysis of two cross-sectional studies of 127 nurse managers to better understand their practice environments. The study was conducted because while there is much known about nurse practice environments little information exists about nurse managers' environments. Multiple themes resulted from the analysis. Nurse managers enjoyed spending time coaching and mentoring staff, wanted to be empowered by administrators, desired a reasonable workload, needed adequate budgetary resources, and positive relationships with other nurse managers and physicians (Warshawsky et al., 2013). The authors concluded that the role of the nurse manager has expanded with time and can impede productivity (Warshawsky et al., 2013).

One longitudinal, quasi-experimental study of 23 nursing units in two separate hospitals found that nurse manager turnover had an effect on pressure ulcer and fall rates (Warshawsky et al., 2013). The authors stressed the importance of nurse manager retention and stability in order to promote patient safety. They also suggested that long-term succession planning and strategies for interim management should be in place (Warshawsky et al., 2013).

In a cross-sectional study of nurse managers, the effects of various characteristics, such as role, job, and organization, were evaluated to determine the effect on stress and well-being (Van Bogaert et al., 2014). The authors found that one in six nurse managers suffered the physical and emotional symptoms of exhaustion. They also found that stress exposure for periods of time led to difficulty with decision making process and poor health (Van Bogaert et al., 2014). Although this study did not make recommendations to promote well-being, the authors suggested that further studies should evaluate interventions.

A qualitative descriptive study conducted interviews with 21 nurse managers from three distinct hospitals seeking to discover what decision making process nurse managers use to handle difficult work situations (Shirey, Ebright, & McDaniel, 2013). Shirey et al. discovered that exhausted nurse managers with high stress could not be effective in their roles without support and resources to handle the demands of the nurse manager role. In this study, many nurse managers reported feeling overwhelmed and unsupported (Shirey et al., 2013). Factors that affect the decision making of the nurse manager included experience, organizational supports, and the difficulty level of the work. Recommendations of the study included providing nurse manager fellowships, certification and educational courses, and mentorship opportunities (Shirey et al., 2013).

Warshawsky, Havens, and Knafl (2012) provided an electronic survey that measured work engagement, relationships, and proactive work behavior to 323 nurse managers. The purpose of this study was to evaluate how nurse managers' engagement and productivity in work was affected by relationships (Warshawsky et al., 2012). Minimal literature has addressed what factors engage and motivate nurse managers. The authors found that interpersonal relationships

with nurse leaders was motivating and lead to improved engagement (Warshawsky et al., 2012). Nurse manager job performance improves with positive relationships with nurse administrators.

Communication in the health care setting directly affects teamwork, organizational culture, and patient outcomes (Hartung & Miller, 2013). A descriptive qualitative study was conducted on six nurse managers to better understand communication and how this affected a healthy work environment (Hartung & Miller, 2013). Nurse managers stated that communicating with a large number of staff could be overwhelming. Study findings suggest that communication is important for a healthy work environment and organizations have the opportunity to support managers in improving communication practices (Hartung & Miller, 2013).

A comparative study of nurse managers and frontline nurses found that nurse managers and nurses both need control over their work and supervisory support to cope with high job stress (Johansson, Sandahl, & Hasson, 2013). Nurse managers are at risk for poor health due to the amount of stress experienced in the job. Poor health leads to ineffective work performance and affects direct reports (Johansson et al., 2013). In this study, nurse managers reported the ability to cope with high stress without physical stress symptoms but also reported having greater control in their day to day work (Johansson et al., 2013). Implications for nursing practice included the need for clinical supervision, autonomy in practice, and control over work (Johansson et al., 2013).

In one qualitative content analysis, questionnaires and letters from 32 managers who had resigned from their roles were reviewed (Skytt et al., 2007). Reasons for leaving their roles included lack of supervisory support, personal reasons, and reorganization of departments (Skytt et al., 2007). The nurse managers reported that the relationship with the supervisor, educational opportunities, and opportunities to develop were important and led to greater satisfaction. Skytt

et al. (2007) found the relationships and support of the supervisor was important to nurse managers.

A systematic review of nurse manager job satisfaction was conducted by Lee and Cummings (2008). Specific factors that led to job satisfaction from the literature included span of control, support from the organization, and empowerment in work (Lee & Cummings, 2008). The systematic review can provide valuable information for organizations in the recruitment and retention of nurse managers.

Another systematic review of the literature analyzed studies related to empowerment of nurse managers (Trus, Razbadauskas, Doran, & Suominen, 2012). Nine studies were reviewed. In those studies, nurse manager empowerment was positively correlated with perception of organizational support, job satisfaction, satisfaction with the manager role, and self-efficacy (Trus et al., 2012). At the same time, empowerment was negatively correlated with emotional exhaustion and personal health (Trus et al., 2012). The authors concluded that more studies should be conducted to understand how nurse managers perceive empowerment and the ways in which it influences the nurse manager role.

A descriptive correlational research study was conducted to evaluate symptoms and understand the prevalence of depression in nurse managers (Nourry, Luc, Lefebvre, Sultan-Taieb, & Bejean, 2014). Information was gathered from 296 nurse managers in five separate hospitals. Of those nurses, nearly a third had symptoms of depression (Nourry et al., 2014). In addition, 18% experienced an imbalance of effort and reward (Nourry et al., 2014).

Organizations should make efforts to prevent depressive symptoms.

Judkins (2004) conducted a descriptive study looking at the relationship between hardiness and stress in nurse managers. An association was found between low levels of stress

and high hardiness (Judkins, 2004). Nurse manager hardiness can reduce or even prevent the negative effect of stress which can include psychological and physical health symptoms (Judkins, 2004). Hardiness was described as goal orientation, commitment, and control (Judkins, 2004). Organizations seeking to improve health of nurse managers may seek to teach hardiness to nurse managers.

Older studies have shown positive influence of self-care on the level of stress and perception of work-life balance (Brown, 2009). Brown conducted a phenomenological study of self-care in nurse managers. The researcher met with 10 nurse leaders during a 10-week time period. Brown concluded that self-care within the work environment can decrease the experience of stress and job burnout (Brown, 2009). She also found that self-care can help improve retention. Further, nurses are encouraged to engage in self-care practices to role-model these behaviors in patients they care for (Repique & Matthew, 2015). In much of the research in the past five years, multiple tools are referenced to evaluate levels of stress and burnout, intent to leave the role of nurse manager, job satisfaction, and overall health of the nurse manager. These tools could be used in development of practice guidelines for self-care in nurse managers to evaluate outcomes of the self-care activities.

### **General Literature**

The field of psychology has a great deal of research related to stress and its influence on individuals (LeBlanc, 2009). Research has found that there is a link between job stress and mental health (LeBlanc, 2009). The research in psychology related to stress can be effective in understanding the problem of the stress experienced by nurse managers. While the experience of stress is individualized, it is clear that stress leads to poor performance (LeBlanc, 2009).

In a review of two studies of occupational stress, Motowidlo, Manning, & Packard (1986) found that stress lead to depression and decreased job performance. The authors met with 104 nurses in the first study who provided descriptions of 608 stressful work events (Motowidlo, et al., 1986). Questionnaires were then completed that asked for self-evaluation of the frequency of stressful events, the physical effects of the events, and the extent to which stress in the job was experienced. The second study evaluated the relationships between events and questionnaires from the first study.

The ANA developed a guideline for self-care for nurses (Richards, et al., 2014). The guidelines outlines the negative influences of stress, compassion fatigue, and burnout. Most of the text is focused on evidence-based self-care strategies to help nurses maintain well-being include interventions for mind, body, spirit, and emotions (Richards, et al., 2014). While this text is not a research study, it is rooted in research and theory around self-care. The text is not directed at nurse managers, but is focused on nurses. The guideline will be a tool that can be used to help nurse managers select appropriate self-care activities.

### **Literature Summary**

Based on the review of literature related to nurse managers, there is agreement that high stress is inherent in the nurse manager role. The literature is also clear that the role of the nurse manager continues to expand over time and the stress associated with this leads to poor performance. The poor performance of nurse managers impacts the health of the work environment, turnover, retention, and satisfaction of staff, and patient outcomes. Nurse manager physical, psychological, and emotional health is influenced by stress. Factors that inspire satisfaction and retention of nurse managers include empowerment, relationships with supervisors, and work/life balance. The literature also suggests that need for self-care

interventions to help nurse managers deal with stress and to reduce the negative effects of it. Nurse manager stress reduction and strategies to improve satisfaction and retention have not historically been studied or referenced in the literature. Synthesizing literature helps to provide next steps in addressing this practice issue. The evidence-based practice project focuses on the self-care recommendations in nursing literature to address stress experienced by nurse managers.

### **Conceptual Models and Theoretical Frameworks**

#### **Relationship-Based Care**

The theory or model selected to drive the evidence-based practice project of evaluating the influence of self-care interventions on nurse managers' well-being is Relationship-Based Care (RBC). RBC is a model of care that focuses on the three key relationships which are relationship with patients and families, relationships with colleagues, and relationship with self (Koloroutis, 2004). RBC is comprised of theories from nursing and psychology including Swanson's Caring Theory, Watson's Caring Science Theory, Leinenger's Transcultural Nursing Theory, and Roger's work in psychology (Koloroutis, 2004). As a model, RBC focuses on the importance of self-care and well-being in those working in the caring profession. The framework teaches that in order to be an effective caregiver, one must first care for mind, body, and spirit (Koloroutis et al., 2012). RBC teaches that well-being occurs when there is a balance of mind, body, and spirit. This can be achieved through intentional behaviors such as adequate sleep, journaling, exercise, good nutrition, mindfulness, self-compassion, and reflection (Koloroutis et al, 2012). The premise of RBC is that knowledge of self and self-care behaviors are the foundation to quality patient care, healthy team relationships, and well-being (Ledesma, 2011). The focus on self-care makes this framework an excellent choice for the evidence-based practice project.



RBC cultures encourage leaders to grow and live out the fullest potential (Koloroutis, 2004). Leaders who are effective are able to live out their beliefs and inspire their followers to do the same (Koloroutis, 2004). Nurse managers set the tone for the unit and for staff working with them. Nurse managers who are disempowered, disengaged, stressed, and burned out set that tone for their department. Similarly, nurse managers who are engaging, inspiring, positive, and caring set a positive tone for their departments (Koloroutis et al., 2004). These assumptions within RBC match with studies that have shown that managers experiencing stress that leads to ineffective leadership negatively influences the work environment (Kath, et al., 2012).

Throughout the project, the RBC model will be used as a framework. Education of nurse managers about the importance of self-care will be built on the principle of the relationship with self. Self-knowing and self-awareness are key components of this principle and will be taught to the nurse managers. Self-knowing refers to understanding one's own beliefs, values, and attitudes and the use of those to support personal and professional growth (Ledesma, 2011). Self-knowing leads to self-awareness which can support a balance of mind, body, and spirit. Nurse managers will begin to create self-awareness with the pre-implementation mind, body, spirit, balance tool (Koloroutis et al., 2012). Review of the results will guide participants in selection of a specific self-care behavior to address the area of mind, body, or spirit that needs attention to promote balance and well-being. One organization implementing changes using RBC found that retention, satisfaction, and loyalty were improved through improving the environment and supporting self-awareness (Ledesma, 2011).

### **Kotter's Change Theory**

One change theory that could be effective with the evidence based practice project is Kotter's Contemporary Change Theory. Kotter (2007) developed eight strategies to manage

change including creating a sense of urgency, forming a powerful coalition, creating a vision, empower action, create quick wins, build on the change, and make it stick. The first step in the EBP project is providing the nurse managers with reasons why self-care matters and the detrimental effects of stress. Creating a coalition could include engaging managers early in the process to support the project. These individuals can help positively influence the rest of the group. Developing a vision statement that involves the reduction of stress is the next step followed by encouraging individuals to take action for the benefit of their own health. Celebrating successes and building on those successes can help the change last. The use of Kotter's Contemporary Change Theory can help this project be successful.

Using change theories can help those leading change to facilitate the process in a systematic and strategic manner (Mbamalu & Whiteman, 2014). Kotter's Change Management Theory provides practical steps that guide the change, allowing the change facilitator to know exactly what step is next and where they are in the change process. Kotter's work is one of the most widely used change management theories in the United States (Mbamalu & Whiteman, 2014).

### **Local Summary of Evidence**

A review of literature found no specific reference to the local setting in West Michigan. In a hospital in Grand Rapids, discussions with nurse managers coincide what has been found in the literature. The nurse managers report high levels of stress and acknowledge physical and emotional symptoms that they believe are caused by stress. Examples of physical symptoms believed to be caused by stress include dental problems due to grinding teeth, weight gain, headaches, onset of diabetes, cardiac issues, and insomnia. The nurse managers also report

feelings of anxiety, low level depression, and use of alcohol to cope. Managers have discussed wanting to learn to handle the stress of work more effectively.

### **Role of the DNP Student**

The DNP student is participating in a practicum experience at the 200 bed hospital in Grand Rapids. The hospital is a non-profit faith-based organization that was established nearly 100 years ago (M. Smith, personal communication, December 15, 2015). The organization is governed by a board of directors and serves mentally ill individuals. The hospital has seven inpatient units with nurse managers over each unit. Originally, the entire DNP evidence-based practice project was going to take place at this site, but challenges with the organization's institutional review board (IRB) required me to find other sources of participants. The nurse managers I worked with in the practicum setting were still able participate in the project if they choose, but it could not be a hospital based project. After consulting with the preceptor and the course instructor, I was able to find other sources to gather local and state participants in the scholarly project. I am a member of various professional groups of nurse leaders and used the networks to ask for participants in the project. The educational component of the project took place on the campus and resources such as technology for an electronic education session was used.

Two major motivations for this project were my own experiences as a former nurse manager and experiences with nurse managers during the practicum setting. As a nurse manager, I experienced high levels of stress, competing demands, and difficulty in prioritizing tasks. The stress of the role led to experiences of insomnia, irritability, and difficulty finding work/life balance. During the practicum experience, I worked with nurse managers and observed their experiences of stress and its powerful effect on well-being. Nurse managers at the site spent time

talking with me about their feelings of stress, the physical and psychological effect it has on them, and their own challenges in the work setting. An additional motivation for me was the desire, as a nurse leader, to better support nurse managers in my own organization. The project provided an opportunity for me to learn ways to help improve nurse manager satisfaction, retention, and personal well-being.

Selection of self-care activities to promote well-being was selected because of experiences at the practicum site and my own experience as a nurse leader. Some of the literature pointed to the need for nurse administrators to support managers by providing role clarity, consistent support, and creating positive relationships (Brown et al., 2013). Yet it would be difficult for me to provide any activities where these factors could be controlled since the project would be focused on changes made with nursing administration versus activities completed by the nurse managers. Reading the literature about hardiness and reviewing the RBC model also guided me toward self-care as the project. Judkins' (2004) research around hardiness points to the need for nurse managers to take action to promote their own well-being such as setting goals and taking control of ones work. The RBC approach emphasizes the transformational leadership model. The transformational leadership model places the importance on the individual to make choices to carry out behaviors that emphasize positivity, leading with purpose, creating positive energy, and learning from actions (Koloroutis, 2004). Rather than focus on what others, including nursing administration, can do to make work-life better, these authors focus on individuals taking ownership of their well-being.

Bias may occur because of my experiences as a nurse manager. Therefore, I may have preexisting beliefs about the nurse manager experience such as the belief that the job is stressful and that stress leads to poor performance. Another source of bias was that the project reaches

more broadly than the practicum experience, but the project was developed while spending time with nurse managers during the practicum. In order to minimize bias, literature was reviewed prior to development of the project to look for themes found in research related to nurse managers. I also spent time talking with the preceptor about these issues to ensure objectivity.

### **Summary**

Review of the literature provides information about the experiences of nurses in the role of manager including the stress felt in the job and expectations of the role. The literature is also clear that stress leads to ineffective performance, poor patient outcomes, dissatisfaction of employees, and increased nurse turnover. Nurse managers have identified that stress has caused harmful physical, emotional, and psychological issues. The need for activities to support nurse managers was clear, yet very few articles address how to help nurse managers be more effective and improve their well-being. However, a few articles supported the need for nurse managers to develop self-care activities that could decrease the negative stress influence. My practicum experience and own knowledge of the role as a former nurse manager provided similar themes of stress and physical, emotional, and psychological effects of the role. Regular self-care activities can help address the gap in practice and meet the needs of nurse managers.

## Section 3: Approach

### **Introduction**

From a review of literature and experiences in a practicum setting at a hospital in Grand Rapids, the problem of stress in nurse managers should be addressed. If left unchecked, stress in nurse managers can cause poor work performance and unhealthy work environments, and it can negatively affect organizational and patient outcomes (Kath et al., 2012). The stress can also be harmful to the physical, emotional, and psychological well-being of nurse managers (Johansson et al., 2013). This project seeks to address stress by promoting self-care in nurse managers. The question guiding the project asks whether self-care activities will improve the well-being of nurse managers. Tools from the literature were used and activities based on recommendations from the ANA will guide the project. The purpose of this section of the paper is to discuss specific design methods for the evidence-based practice project.

### **Project Design and Methods**

The design for the evidence-based practice scholarly project was an educational session, followed by asking the nurse managers to engage in regular self-care. In this particular design, the education session and satisfaction with the project were reviewed with a post educational assessment. The ANA's self-care guide for nurses was used to help the nurse managers select self-care interventions. The evidence-based tool used had specific sections that target self-care interventions including physical, emotional, mental, and spiritual (Richards et al., 2014). One challenge of this type of project was that other factors could contribute to well-being.

### **Population**

The population of participants in this study were nurse managers with 24-hour accountability of an inpatient unit in a hospital facility. These participants were selected because

they matched the definition of nurse manager in the literature. To be included in the project, participants had to have an active registered nurse license and currently work as a nurse manager of an inpatient hospital unit. The participants also had to be able to physically and emotionally engage in the self-care activities.

Subjects for the project were recruited through nurse manager and nurse leader organizations. This method of obtaining participants helped me obtain participants who did not have a personal relationship with me and reduced the risk of conflict of interest. Due to the nature of the project and the ability to fill out questionnaires electronically and conduct education remotely, participants did not need to be found from a single geographic location. I sent requests for participants through various organizations and contacts such as Association of Behavioral Healthcare (ABH), Association of Ambulatory Behavioral Healthcare (AABH), and the American Psychiatric Nurses Association (APNA). In the past, students have asked for study participants through each of these organizations with great success. The goal for the project was to have 20 nurse managers participate. In total, 24 individuals participated and 18 individuals actually completed the entire project.

### **Data Collection**

Prior to engaging in self-care, managers were asked to complete a self-assessment about their mind/body/spirit balance to determine what type of self-care activity to complete. This data was for the purpose of the participant only and was not collected by me. The tool was sent electronically to the participants. After completing the education session and engaging in self-care for four weeks, the participants were asked to complete a post education assessment evaluating the education and their satisfaction with the project (see Appendix B). The most practical approach to collecting data from the sample was through online self-administered

questionnaires. The assessment was entered into SurveyMonkey and sent to participants to answer. Participants were consented by sending a consent letter by email for them to print off that fully explained the project. The online assessment had a statement in the survey that stated by starting the survey the individual consented to the project. Each individual received an email from me with a link to the survey. The link was only sent to eligible participants with instructions to not forward the survey. I also offered a phone number and email address to be available to participants for questions. Participants were not asked to provide their names on the surveys and thus were anonymous. The SurveyMonkey account is password protected so that others cannot log in and see results. Thus, to provide ethical protection for the participants, I was blinded to survey responses and unable to link survey responses to a particular participant. Further, specific information from the participant was not provided to the participant's supervisor or organization. Participants were informed that they could choose to withdraw from the program at any time and they simply would not be asked to not complete a post survey. No incentives were offered to participants. Data were stored electronically on my computer throughout the course of the project and would be destroyed by deleting files after five years. IRB approval was obtained from Walden University prior to the start of the project.

### **Data Analysis**

Data analysis for the project was minimal due to the nature and the scope of the DNP project. Analysis included review of the post-education assessment from participants. This assessment asked questions about whether the objectives of the education and project were met, whether the content was clear, and whether participants learned new information. The assessment also included questions about whether the project was helpful for the nurse manager



and asked why they participated. Participants also had opportunities to include qualitative data in the form of comments.

My preceptor is a PhD prepared nurse who teaches nursing research and statistics at a university. Her knowledge and experience were a great asset to this evidence based practice project. She provided advice to me in review of the data. Both collection and review of the data supported meeting the gap in practice identified as stress in the role of nurse manager. Currently, minimal literature exists that provides information to address this need. The data collection and review provided answers to the project question of whether self-care activities and education were helpful for nurse managers.

### **Project Evaluation Plan**

Upon completion of the project, I evaluated the post-education assessments with the help and supervision of the preceptor. The assessments showed whether the project met its stated objectives of teaching nurse managers about the importance and need for self-care due to the demands and stress of the role. The assessments also showed if the intervention was perceived to be helpful and whether it provided new information. The section that allowed comments provided additional qualitative data. The information from the assessment will be helpful in directing future projects.

### **Summary**

Multiple research studies validate that nurse managers experience high levels of role stress. At the same time, there is a gap in literature and practice with activities to help nurse managers effectively cope with that stress. The role stress can lead to problems for patients, staff members, and for the nurse manager including health problems, staff turnover, difficulty recruiting and retaining nurse managers, and poor patient outcomes (Kath et al., 2012;

Warshawsky & Havens, 2014). Some literature suggests that self-care activities can promote well-being and reduce stress (Brown, 2009). This paper explored the completion of an evidence-based practice project to evaluate the implementation of self-care interventions on nurse manager well-being. Guided by the RBC Framework and Kotter's Change Theory, the project evaluated through the use of validated tools, the influence of self-care activities. I used a convenience sample of nurse managers to participate. The project has the potential to positively influence nursing practice for the future improving well-being, which could lead to reduction of nurse manager turnover, improved role satisfaction, and creation of healthy work environments. The question guiding the project is: In nurse managers, will self-care activities three times weekly for 30 minutes during a four-week timeframe improve well-being? The purpose of the project was to educate nurse managers about the stress of the role and the benefits of self-care and then engage the nurse managers in regular self-care activities.

## Section 4: Findings and Recommendations

### **Introduction**

Nurse managers are important leaders in health care organizations, maintaining responsibility and accountability for nurse and unit outcomes (Warshawsky & Havens, 2014). With a current shortage of both nurses and nurse leaders, hospitals are concerned with developing new leaders and retaining current leaders to ensure continuous quality health care outcomes (Cummings et al., 2008). Much information in the literature explained that nurse managers experience stress; that stress caused negative outcomes to the manager, unit staff, unit outcomes, and patient outcomes; and that organizations should discover ways to support and retain nurse managers (Kath et al., 2012). Yet, the literature provided minimal information about effective strategies to retain nurse managers. More recently, focus shifted to the importance of self-care for nurses. Self-care helps nurses become resilient, handle stress, and have more energy (Richards et al., 2014). For nurse managers, self-care activities are considered to be an immunization against job stress in that they strengthen the manager (Rosenblatt & Davis, 2009).

### **Sources of Evidence**

Evidence to support the DNP project was discovered through review of literature, review of current practice, observation and practicum hours in a clinical setting, and selection of theories to provide a framework. The literature search was conducted using the CINAHL and Medline databases. Terms that were searched in various combinations include nurse manager, stress, well-being, job satisfaction, turnover, retention, Relationship-Based Care, and self-care. When reviewing the literature, articles selected were mostly those written within the last five to seven years, contained literature reviews or original research, or were those that contained concept

analysis. Although most of the selected article dealt specifically with nurse managers, a few articles were chosen that were relevant but written for other fields.

In tandem with reviewing literature, observation of nurse managers supported what has been shown in research. The nurse managers at the practicum site discussed high levels of stress and shared how it influenced them physically and mentally. The RBC Model based on Swanson's Theory of Caring, Watson's Caring Science Theory, and Leininger's Transcultural Nursing Theory focuses on the need for caregivers to engage in self-care to care for others and prevent compassion fatigue (Koloroutis, 2004). Kotter's Change Theory was also employed to encourage long-lasting behavior changes that encompass regular self-care activities even after the project was complete.

### **Findings and Implications**

After posting information about the project on the APNA discussion board, the ABH and AABH email listservs, 24 individuals volunteered to participate in the project by sending an email request to me. The individuals were sent the consent letter as approved by the university's IRB, the self-study module that explained stress in nurse managers, the importance of self-care, and information about the project, a mind/body/spirit self-assessment, and a sheet to track four weeks of self-care. The participants were asked to print the consent, review the module, complete the assessment, and commit to three days of self-care a week for four weeks. Each week, I sent participants a message encouraging self-care and providing information about the importance of self-care. At the end of the four weeks, participants were asked to complete an assessment of the project through an online survey. Although I knew the names and emails of those who volunteered to participate, there was no way to know who completed the surveys or link the surveys to any individuals. At the end of the project, 18 of the 24 participants completed

the online evaluation of the project. Because the project was not conducting original research, 18 participants were enough to support the project and to provide data, which will drive future project replication.

### Findings from Data

Because the purpose of the DNP project was to translate research into EBP, this project includes minimal, low level data analysis. Upon reviewing the submitted surveys, I noted that although 24 individuals volunteered to participate in the project, only 18 completed the online survey. I assumed that the six individuals either decided to not participate in the project or did not complete the entire project. The first question asked if the individual was a nurse manager with accountability for an inpatient unit. All but one individual answered positively to this question. The next questions were related to the education session and results are shown in Table 1.

Table 1

#### *Educational Session Feedback*

	Strongly disagree	Disagree	Neutral	Agree	Strongly agree	Total	Weighted average
The education met its stated objectives	0.00% 0	0.00% 0	0.00% 0	35.29% 6	64.71% 11	17	4.65
I understand the purpose of the self-care project	0.00% 0	0.00% 0	0.00% 0	23.53% 4	76.47% 13	17	4.76
I am able to define stress	0.00% 0	0.00% 0	0.00% 0	29.41% 5	70.59% 12	17	4.71
I am able to define well-being	0.00% 0	0.00% 0	0.00% 0	35.29% 6	64.71% 11	17	4.65

The participants were asked if they could identify three ways that stress effects their lives. Although one participant skipped this question, 14 answered they strongly agreed and three

answered that they agreed. When asked if able to identify why self-care is important, 11 participants strongly agreed, six agreed, and one individual abstained from answered the question. All participants believed the content was relevant with 11 answering “strongly agree,” six answering “agree,” and one abstaining. For the questions about clarity in presentation and whether content was adequately covered, nine participants strongly agreed, eight agreed, and one did not answer.

When asked whether the program met the needs of the nurse managers, only 15 participants answered. Of those, 14 answered positively and one answered negatively. Comments attached to the question included “I exercise every day, and even changed my exercise routine. I saw no change in my stress level”; “It made me think that I should take a break even when I felt very busy”; “Liked accountability component”; “Becoming more mindful of self-care”; “It put some accountability on me to set aside time for self-care”; and “It provided a much needed reminder about how self-care is important in my life.” In responding to whether the program provided new information, again only 15 participants answered, with eight saying yes and seven saying no. Comments included “That self-care is extremely important and I need to take breaks and take care of myself at work”; “Gave good instruction on how to do meditation”; “I am a nurse and I am focused on self-care routinely”; and “I am an old dog and have been studying this topic for a long time.” The next question asked about whether the program was helpful. Of the 15 responses, 14 stated yes and one answered no. Responses included “I didn’t realize I was so stressed”; “It helped to have support as a nurse manager, since I do not have many peers”; “another method of accountability”; and “it provided a good reminder.”

Finally, the participants were asked why they participated in the project. Participants responded with the following comments: “I believed that it would be a worthwhile program that

I could learn from and share with others”; “To gain insight, modify my exercise/stress relief regimen”; “I was hoping to find new and better ways to deal with stress and prevent burnout. I was hoping to see a difference in my own stress level”; “Lower my stress—managers care a lot about others but forget to practice self-care”; “I wanted to be a part of a DNP project and learn about self-care for managers”; “Believe in the importance of self-care”; “To help me better identify my stressors and how to take time for myself on a regular basis”; “Because my stress at work continues to grow and resources continue to dwindle”; “Because it is difficult to balance competing priorities”; “I teach self-care to patients. I need to practice what I teach”; “For personal reasons”; “To continue to focus on self-care. I recently experienced a stressful event and I immediately took care of others and not myself. I wanted to regain my attention to myself”; “I value the importance of self-care for managers as they are typically the ones left to carry all of the stress. They’re usually asked to sacrifice their own health and sanity for the sake of the unit’s well-being”; and “I am interested in the topic and wanted to support nursing research.”

### **Unanticipated Findings**

Each week of the project implementation, I sent emails to the participants that included evidence for the need for self-care and encouragement to continue the activities. Several participants responded to share progress, which self-care activities they were engaging in, and even encouraged me to care for self. The participants’ caring comments for me were unanticipated and surprising. This perhaps speaks to the caring nature of nurses that even during a self-care project they would reach out to another encourage self-care.

Although accountability was not initially an element of the project, I sent weekly reminders and encouragement to the participants as a means of keeping individuals on track so

the project could be completed. Several participants mentioned that accountability or knowing that others were also engaging in self-care was a helpful component of the project.

### **Implications of Results**

The survey responses provide meaningful information about the project. First, within one week of requesting participants in the project, 24 individuals responded that they were interested in participation. The eagerness to participate was echoed in comments when asked why individuals agreed to participate. Of the 14 comments, 12 mentioned some level of stress or a recognition of a need for self-care behaviors. The comments mirror the RBC conceptual model which discusses the specific need to use self-care activities to manage stress to be effective workers in a health care environment (Koloroutis et al., 2012). All questions about the education module had positive responses and all but one participant felt the program met his or her needs.

The results indicate that the program was needed and desired by the nurse managers. Many of the comments in the responses were similar to statements made in the literature. Managers stated they felt stressed, that balancing competing priorities was stressful, and that they often put the unit or others ahead of self-care. Kath et al. (2012) explained that nurse managers experience high stress and challenges with balancing multiple demands. Brown (2009) reported that nurse managers forgo self-care to meet others' needs. The RBC Model asserts that the opposite is true (Koloroutis et al., 2012). For individuals to truly be able to meet the needs of others, they must engage in self-care first (Koloroutis et al, 2012). This project used the model with nurse managers to demonstrate the rationale for participating in self-care and making that a priority. The RBC Model provided a method to show how self-care interacted with care for patients and care for colleagues. Because comments in the post-assessment reflected the nurse



managers' attitudes that caring for others was important, the RBC model was helpful to describe how self-care and care for others are related.

Kotter's (2007) Change Theory was used to help drive and promote change through the project. One of the first steps of this model is to describe the need for change. The educational model at the beginning of the project provided the participants with information from research and literature about the need for self-care and the negative influence that stress has on nurse managers. Kotter (2007) also stresses the importance of communication and celebrating small successes. After participants were consented, they were asked if they would like to receive weekly emails to encourage their progress. All participants elected to receive the emails and many often replied to the emails. Participants also mentioned on the post-assessment that they appreciated the accountability and encouragement through emails and that it helped them continue. Being purposeful in using a change theory for this project was shown to be helpful for many participants.

Multiple participants asked if they could replicate the project with nursing staff or other team members. One nurse manager participant reported she had already been sharing information about the project with colleagues and they were interested in implementing within their health system. Nurse managers are not the only individuals that can benefit from self-care activities. All nurses are at risk for stress, fatigue, and burnout by the nature of work that involves constantly giving of self to care for others (Richards, et al., 2014). Another implication is that this type of project would be useful and valuable for nurses working on the unit.

### **Implications for Positive Social Change**

Each participant has the opportunity to replicate this project with colleagues or with unit staff. All materials are being given to participants with instructions of how to implement a self-

care project. One participant even reported that she would like to pass it along to nursing students who rotate on her unit. Incorporating self-care into the routine of nurses can help promote balance, well-being, and enable nurses to continue to make meaningful contributions in their work and personal lives (Richards, et al., 2014). Nurse managers could role model self-care which will encourage nurses to also engage in self-care activities. In the same way that compassion fatigue and burnout negatively influence nurses, patients, and organizations, self-care and well-being in nurse managers can influence patients and organizations in a positive manner (Richards, et al., 2014). This leads to healthier, happier, and more balanced nurses providing care to others.

### **Recommendations**

Due to the positive feedback from the project and the support in literature of the need for self-care in nurse managers, it is recommended that the project be replicated with others groups of nurse managers. Since multiple participants mentioned appreciation for accountability in the project, future implementations could include in-person trainings with small group accountability for self-care. In-person trainings would also allow opportunities for more question and answer time as well. Specific self-care activities were chosen based on mind/body/spirit scale scores. In the future, participants could choose from a broader range of self-care activities such as the ones recommended by Richards, et al., (2014) in the ANA's self-care guide. Future research should focus on developing a correlation between self-care and well-being since this was not within the scope of this project. Following further research, clinical practice guidelines can be developed that incorporate self-care as a competency for nurse managers.

Another recommendation is for nurse managers to replicate the project with unit staff. Evidence from the literature suggests that all nurses need self-care, not just managers (Richards,

et al., 2014). If nurse managers have first participated and recognize the value, they can more effectively share the project with others. Nurse managers have requested the materials to use, so I am modifying the materials for distribution and use with unit nurses. This will be developed and disseminated in the future. It will be important to publish the results of the project as well as the materials that have been developed to preserve the integrity of the program and prevent the program from being changed or used in ways it was not intended.

### **Strengths and Limitations**

#### **Strengths**

One of the strengths of the project was that it was a topic of interest for multiple participants. The speed at which individual responded indicated a high level of interest in the topic and project. Another strength of the project is that participants were found throughout the United States including California, Pennsylvania, Michigan, and Illinois showing the need for the project is widespread. Evaluation of the project was positive, with nearly all responses being agree or strongly agree. Comments from participants indicated they felt the project was needed due to stress and a desire to care for self regularly.

#### **Limitations**

A limitation of the project was the small sample size. The project initially had 24 individuals interested in participating, but only 18 completed the post-assessment. Additionally, several of the questions were not answered by all 18 individuals. With more participants and more individuals completing the surveys, richer data could have been obtained. Another limitation of the project was its virtual nature. Due to challenges with the IRB process of the practicum site, participants were found from other venues instead of having a group of participants locally. It was a challenge to decide how to obtain participants and how to develop

the project. Many of the participants worked in behavioral health. Participants made comments about teaching self-care to patients and that may mean an increased interest in self-care.

### **Future Recommendations**

In the future, it may be beneficial to implement this project in person versus using an online module. It also could be beneficial to work with a group of individuals together for mutual accountability. Providing a wider variety of self-care activities and allowing participants to have more choices in self-care activities may provide a better experience for participants. Other tools to measure success of the project could be used such as tools created that evaluate job satisfaction and intent to leave the nurse manager role (Warshawsky & Havens, 2014). Use of these tools could help establish if self-care promotes job satisfaction and retention. Further research on this topic can help nurse scholars understand the concept of nurse manager well-being.

### **Dissemination Plan**

Two key reasons for disseminating information are to present the information to stakeholders and others in the academic community and to share the information with others in the professional community (Zaccagnini & White, 2011). Another benefit to sharing information is that it provides the DNP prepared nurse the opportunity to network with others that have similar interests. As a scholar-practitioner, it is important to share new knowledge with others so the broader community of health care providers and patients can benefit from the knowledge. This project will be disseminated through presentations at conferences. Two of the organizations where participants were obtained from are the Association of Ambulatory Behavioral Healthcare (AABH) and the Association of Behavioral Healthcare-Michigan (ABH). Both groups are comprised of leaders in health care and topics such as self-care have been interesting to the

group. A proposal was also submitted to present at the national American Nurses Association Conference. The presentations will be completed by using PowerPoint software and talking through the presentation. One of the strengths of this plan is that I am passionate about self-care and this excitement will come through in the presentation.

Another idea for project dissemination is to write a brief article for publication in the *Nursing Management Journal*. This journal typically publishes shorter articles. *Nursing Management* reaches a wide audience of nurse leaders who may be interested in a self-care for nurse managers project. This type of publication can be very effective at disseminating information as long as the publication is chosen carefully and the topic matches the audience needs (Zaccagnini & White, 2011).

## **Analysis of Self**

### **Self-Analysis**

The scholarly project development, implementation, and analysis were learning opportunities. While I have previously had to lead and develop projects as solutions to practice problems in the work environment, this project encouraged me to think as a scholar. The process allowed for all the time needed to develop and implement the project in a thoughtful, systematic, and supported manner. AACN's Essential I defines the DNP prepared nurse's role in the scientific underpinnings of nursing practice and Essential III addresses learning to read and review research and evidence based practice (AACN, 2006). In particular, the DNP nurse is able to use research and evidence to solve problems in practice. The process of developing the project helped me to meet these essentials. In previous projects, I did not always have the time, support, or patience to thoroughly develop a project at this level. Support from the instructor, committee members, and the preceptor provided guidance in a way that helped strengthen the project.

Learning the process of developing an EBP project will help meet my future goals. During this past term, I started a new chapter in my professional nursing career as a Director of Nursing in an organization that manages multiple behavioral health units at multiple hospitals. Completion of the DNP degree and explanation of the scholarly project helped me achieve this new milestone and skills learned will help me be successful in the role. First, my new professional role includes responsibilities of regularly finding solutions to practice problems. I have already begun to use this process to create projects grounded in theory and rooted in nursing research. Another goal of is to replicate this project with unit nurses. I will be working with nurse managers and directors to implement this project at each of the hospitals managed by the organization.

### **Insights**

Multiple challenges were encountered through the project development and implementation. One of the first challenges was the disappointment over not being able to implement the project at the practicum site. While I was able to problem solve and develop a solution, it changed the project from being an onsite educational session to developing a self-led computer based learning module prior to the self-care activities. Several steps in the process took more time than anticipated and led to significant changes in the project. For example, multiple iterations of the project were developed during the IRB approval process. This included changing the entire evaluation portion of the project. Through these challenges, I learned to think creatively, ask for help and support, and to be persistent. Mostly, I learned to manage disappointment and to be patient while following a process. I learned that it can take time to produce quality work and to allow myself and others the time needed to complete work

accurately. The completion of the EBP project helped prepare me both in practice and in scholarship for my future as a nurse leader.

### **Summary**

Stress in nurse managers is common and leads to multiple negative effects to the mental and physical well-being of nurse managers, the health of the work environment, satisfaction and retention of nursing staff, and even patient outcomes (Kath, et al., 2012). Nurse managers experience this stress because of the ever increasing demands of the role, ambiguity, and difficulty with balancing competing demands (Codier, et al., 2011). Some literature suggests that nurse managers should engage in self-care to decrease the negative influence of stress (Brown, 2009). To further explore this practice problem, an evidence-based practice project was developed to engage nurse managers in regular self-care activities.

A group of nurse managers volunteered to participate in the project. Using RBC as a framework for the project, the managers participated in a self-led module. This module provided information about stress in nurse managers, the importance of self-care, and the details of the project. Each participant completed a mind/body/spirit assessment to choose which self-care activity to select. Tracking sheets to document self-care three times weekly for four weeks were also given to participants. Following the four weeks of self-care, managers completed an evaluation of the project. Evaluations showed that participants found the project helpful. Participants also reported that they were interested in the project due to high levels of stress and a recognition of the need for self-care. Multiple participants asked for permission to replicate this project with their staff or colleagues. The EBP project has the potential to continue in different capacities in the future and can positively influence nursing practice and improve well-being of nurses.

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## Appendix A

### Personal Assessment: Balancing Body, Mind, and Spirit

Rate each indicator below on a scale of 1-5 based on how often it is true for you

1=Rarely 2= Sometimes 3= Often 4=Most of the time 5= Almost always

#### Body

- \_\_\_ I make healthy food choices.
- \_\_\_ I get enough sleep (typically 7 hours) and feel rested.
- \_\_\_ I engage in active physical exercise at least 3 times a week.
- \_\_\_ I have a high level of physical energy throughout my shift.
- \_\_\_ I enjoy and use humor, I find reasons to laugh and have fun.
- \_\_\_ I apply physical techniques to manage stress and refresh my body (eg deep slow breathing, stretching)
- \_\_\_ I practice meditation and/or prayer. I understand it is healthy for my body
- \_\_\_ I consistently practice preventative care for myself (e.g. self-examinations and regular health checkups)
- \_\_\_ I avoid harmful addictive substances
- \_\_\_ I can ask for help when I need it

Total Score:

Scoring key:

- 42-50 Keep up the good work—this is an area of strength. Identify strategies for sustaining
- 33-41 Appreciate your strengths and sustain them. Identify 1-2 priorities for improvement
- 25-32 Reflect on what influences your choices. Identify 1-2 priorities for improvement
- <25 This area needs attention. Identify 1-2 priorities for improvement

#### Mind

- \_\_\_ I find my work and/or activities mostly stimulating
- \_\_\_ I know what helps me to focus and I take the required actions to achieve focus
- \_\_\_ I have a positive mindset and am generally content with life.
- \_\_\_ During periods of stress and/or conflict, I recognize my sphere of influence, identify choices, and act on them.
- \_\_\_ I prioritize and take time for personal renewal
- \_\_\_ I know my core values and beliefs and live according to them
- \_\_\_ I do what it takes to work through complex, difficult situations
- \_\_\_ I know and maximize my strengths
- \_\_\_ I understand that peoples' perceptions vary and, therefore, I keep generally an open mind and suspend judgment.
- \_\_\_ I can choose to mentally detach and leave my problems at work

Total Score:

Scoring key:

- 42-50 Keep up the good work—this is an area of strength. Identify strategies for sustaining  
 33-41 Appreciate your strengths and sustain them. Identify 1-2 priorities for improvement  
 25-32 Reflect on what influences your choices. Identify 1-2 priorities for improvement  
 <25 This area needs attention. Identify 1-2 priorities for improvement

### Spirit

- \_\_\_ I know my purpose in life  
 \_\_\_ I generally feel confident and competent  
 \_\_\_ I participate in spiritual practices that are meaningful and fulfilling to me  
 \_\_\_ I let go of things that are beyond my control  
 \_\_\_ I share my thoughts and feelings with other trusted people in my life; I have people in my life who care about me.  
 \_\_\_ I generally allow myself to be vulnerable and open to others  
 \_\_\_ I am aware of and responsible for my own mistakes; I use my personal “failures” as an opportunity to grow and learn  
 \_\_\_ I am able to forgive others and myself; I accept others and myself as imperfect  
 \_\_\_ I listen with attention and an open mind and heart

Total Score:

Scoring key:

- 42-50 Keep up the good work—this is an area of strength. Identify strategies for sustaining  
 33-41 Appreciate your strengths and sustain them. Identify 1-2 priorities for improvement  
 25-32 Reflect on what influences your choices. Identify 1-2 priorities for improvement  
 <25 This area needs attention. Identify 1-2 priorities for improvement

(Koloroutis et al., 2012).

## Appendix B

**Posteducation Assessment**

1. By completing this assessment, I am consenting to participate in this self-care project.
2. I am currently a nurse manager as defined by having responsibility and accountability for an inpatient unit with nursing staff reporting to me and leadership who I am accountable to. (Yes) (No)

	Strongly Disagree			Strongly agree	
3. The education met its stated objectives	1	2	3	4	5
a. I understand the purpose of the self-care project	1	2	3	4	5
b. I am able to define stress	1	2	3	4	5
c. I am able to define well-being	1	2	3	4	5
4. I can list three negative ways that stress impacts my work	1	2	3	4	5
5. I am able to explain why self-care is important	1	2	3	4	5
6. The content of the presentation was relevant to me	1	2	3	4	5
7. The presentation was clear and concise	1	2	3	4	5
8. The content was covered adequately	1	2	3	4	5
9. Did the program meet your needs? (yes) (no) comment _____					
10. Did the program provide new information (yes) (no) comment _____					
11. Was this program helpful for you? (yes) (no) comment _____					

12. Why did you want to participate in this program? \_\_\_\_\_