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Staff Development Introducing Self-Care Within the Nurse Residency Curriculum

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Walden University
2019

Abstract

Staff Development Introducing Self-Care Within the Nurse Residency Curriculum

by

Lauren E. Rogers

MS, University of Cincinnati, 2015

BS, Cleveland State University, 2009

Project Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Nursing Practice

Walden University

May 2019 2018

Abstract

Caregiver burnout is an issue for health care organizations, negatively influencing cost, engagement, and workforce stability. Nurse residency programs are intended to address the gap in practice between academia and clinical practice and provide social support during this transitional time. Self-care education can positively affect novice acute care nurses' transition into their new professional role while building connections with the health care organization during the first year of employment. The purpose of this project was to develop a staff educational module to address the nursing practice problem of evidence-based self-care education within a nurse residency curriculum at the doctoral site. The practice focus question for this project was can evidence-based staff development project be developed identifying self-care strategies for novice acute care nurses within a nurse residency program. Orem's theory of self-care, which highlights the importance of taking time to care for self as integral to human functioning, and Watson's caring theory, which emphasizes the loving care of self as a vital prerequisite for caring for others, were the theoretical frameworks. This module was developed based on existing peer-reviewed journals, national organizations' position statements, white papers, and expert opinion and was synthesized using Melynk's hierarchy of evidence for intervention studies tool. This module was developed and shared with doctoral site stakeholders. The recommendation was to integrate this educational product into the existing nurse residency program. The positive implications this project has for the nursing profession include improved well-being and job satisfaction for the novice acute care nurses and potential long-term effects on organizational cost related to turnover.

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Dedication

This work is dedicated to my loving husband. Without you, none of this would be possible.

Acknowledgments

I would like to thank Dr. Anne Vitale for her tireless patience through this process. She has guided and taught me with such patience along the way.

Thank you to my preceptor, John Davis, who walked this journey with me. You have encouraged me, stood by me, as colleague and friend.

To my husband, thank you for making a space for me to achieve my dreams even in this chaos we call our life. I simply could not have done this without you.

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Section 1: Introduction

Introduction to Topic

Acute care registered nurses are exposed to stressors including ethical dilemmas, patient suffering, and death. The effects of these emotional and psychological stressors are significant (Boyle, 2015). Responses to long-term caregiver exposure to stress include lack of empathy, exhaustion, headaches, gastrointestinal complaints, and sleep disturbances, which can lead to caregiver compassion fatigue, burnout, and, ultimately, turnover (Boyle, 2015). Education for nurses regarding self-care modalities is an effective way to counter the effects of compassion fatigue (Houck, 2014).

Novice acute care nurses (NACNs) are especially vulnerable to the effects of compassion fatigue and burnout (Meyer, Li, & Klaristenfeld, 2015). During the first year of employment, NACNs may feel incompetent in their clinical skills, unable to balance the stress of skill inadequacy with witnessed patient suffering and death (Meyer et al., 2015). NACNs may experience negative health consequences from burnout; many may leave the health care organization or the nursing profession (Laschinger & Grau, 2012). Approximately 50% of NACNs will experience burnout during their first year of employment (Laschinger, Grau, Finegan, & Wilk, 2010). Health care organizations that value nurse residency programs (NRPs) enable caregivers to develop coping skills, during this vulnerable time, positively affects the NACN's physical and mental well-being (Laschinger et al., 2010). When organizations support NRPs, they increase the likelihood that NACNs will transition to independent professional practice (Laschinger et al., 2012).

The nature of this doctoral project was an evidence-based staff development curriculum based on self-care modalities for NACNs within an NRP. Through the staff development project, I focused on developing an educational product that could educate NACNs on stress and strategies for practicing theory-based self-love and self-care. The social implications of addressing burnout in the NACN were improved caregiver satisfaction, engagement, and intent to stay.

Problem Statement

Local Nursing Practice Problem

The nursing practice problem was that self-care strategies are not taught to the NACNs during the NRP. Researchers have shown that targeting nurse turnover related to burnout must be addressed early and on three levels: intrapersonal, interpersonal, and organizational (Dwyer & Hunter Revell, 2016). The existing NRP at the doctoral site, a small, 120-bed hospital within a large urban academic hospital system in the Midwest United States, addresses the organizational and interpersonal aspects of burnout, but it does not include the intrapersonal influences of turnover, namely self-care strategies and self-love. This is an important time for the NACNs, when early connections are being made to the organization. High turnover rates of NACNs are indicative of a local organizational issue of new caregiver burnout during this vulnerable first year, according to the director of nursing at the doctoral site.

Local Relevance

The existing NRP provides educational support to the NACNs. The first year of practice is a difficult time for the NACN, who is expected to practice independently yet

must often rely on more seasoned nurses (Dywer et al., 2016). NRPs must address the intrapersonal factors contributing to burnout including stress management and coping mechanisms and avoid focusing solely on interpersonal and organizational factors (Dywer et al., 2016).

The doctoral site data reflected the need for a staff development project to reduce turnover in NACNs by increasing intrapersonal self-love. In 2016, the site's larger health care system hired 1207 nurses, approximately 78% of the nurses hired were NACNs, and the turnover rate within the first year of employment was 26% ($n = 245$), according to the site's internal human resource data. Nurse turnover costs an organization between approximately $66,000 and $91,000 per employee (Opperman, 2016). Based on that estimate, the practicum system's first-year turnover cost between $5.4 and $15.7 million dollars in 2016. The lower cost associated with reduced nurse turnover could offset additional salary needed to support self-love and self-care educational training costs.

Nurse burnout has serious implications for the nursing profession. The doctoral site does not collect caregiver burnout data; however, nationally, it is estimated that 34% of nurses experience burnout annually (Aiken et al., 2014). Self-care education is an effective modality to decrease burnout in health care professionals (Asuero et al., 2014; Gabel, 2013). Educational programs targeted to NACNs during NRPs must address burnout to reduce attrition and stabilize the nursing profession workforce (Dwyer et al., 2016).

Significance to the Field of Nursing Practice

Acute care NRPs improve the NACNs' perceptions of their ability to provide competent patient care, manage patient workload, and use coping resources (Cochran, 2017). NRPs reduce first year turnover of NACNs by focusing on clinical orientation and professional development (Cline, Frentz, Fellman, Summers, & Brassil, 2017). NRPs encourage shared experiential learning, trust building, collegiality with peers, coping skills, and increased autonomy (Anderson, Hair, & Todero, 2012). The three domains of effective acute care NRP include the (a) concepts of self-identity, personal experience, autonomy, and stress; (b) performance including critical thinking and communication; (c) and last, organizational intent to stay, return on investment, and patient safety quality indicators (Anderson et al., 2012). Concepts of self-love and self-care fall within the domain of self-identify (Anderson et al., 2012) but have not been integrated into the existing doctoral site's NRP, according to the director of nursing.

Lowering NACNs turnover creates a more stable working environment for frontline nurses, positively affecting the nursing profession (Boyle, 2015). Self-care interventions such as walking, meditation, gratitude journaling, purposeful breathing, and yoga decrease burnout (Penprase, Johnson, Pittigilo, & Pittigilo, 2015). Self-care training may lead to increased job satisfaction, better overall physical health, and lower incidents of burnout (Penprase et al., 2015).

Purpose

Gap in Practice

The gap in practice identified at the doctoral site is organizational support needed to educate NACNs with evidence-based, self-care strategies within the NRP. NACNs transitioning from academia to clinical practice are often without the support needed from both the academic institution and the health care organization (Onda, 2012). The Institute of Medicine (IOM) challenged health care organizations to address this transition to clinical practice gap, or *theory practice gap*, by establishing NRPs to support new graduate nurses (IOM, 2010). The doctoral site has an established NRP; however, it does not provide education on strategies for self-care to prevent caregiver burnout.

Practice-Focused Question

The practice-focused question for this capstone project was as follows: Can evidence-based self-care strategies targeted to address burnout in NACNs be developed within an NRP curriculum?

Potential to Address Gap in Practice

Addressing the issue of NACNs' burnout in the acute care setting was the intended focus of this self-care staff development education. By decreasing levels of staff burnout through self-care modalities, this capstone project may help prevent acute care nurses from leaving their positions due to burnout (Aiken et al., 2012). Reducing staff turnover may lower the high organizational cost of turnover (Opperman et al., 2016).

Nature of the Doctoral Project

Sources of Evidence

I reviewed primary evidence within the literature on the effectiveness of self-love and self-care on decreasing NACNs' burnout in the acute care setting. Relevant nursing and health care databases including the Cumulative Index to Nursing and Allied Health Literature (CINAHL), ProQuest, and Medline databases provided nursing research and secondary articles on the topic. I reviewed white papers published related to self-care strategies for NACNs. I also reviewed high relevancy journals and nursing association official websites specific to self-care and staff development, such as the *Journal for Nursing Education and Professional Development* and the American Holistic Nurses Association (AHNA). The AHNA official website contains peer-reviewed research specific to self-care interventions for acute care nurses and highlights the need for self-care practice in the clinician to provide better care to patients (AHNA, 2017).

Approach to Organization and Analysis of Research

It was necessary to have a systematic approach to review existing literature. To prioritize strength of literature and analyze applicability, I used the hierarchy of evidence for intervention studies tool by Melnyk and Fineout-Overhold (2015), which assigns nominal level ratings to evidence, ranging from randomized control trials to qualitative research studies. The doctoral project intervention of incorporating self-care education in a staff development project was developed to address the gap in practice of including self-love and self-care within an NACN NRP.

Significance

Stakeholders and Potential Impact

Nurse burnout is relevant to three stakeholder groups including NACNs, nurse educators, and nursing leaders. Nursing leadership may be affected by reducing the costs of turnover in NACNs. Decreasing NACNs' turnover may reduce time spent by nurse leaders recruiting and onboarding and reduce nurse educators' time spent orienting and coaching replacement nurses after the NACN has left the organization.

NACNs may be affected by this staff development project. The first year is a transitional time when NACNs advance their clinical knowledge and establish relationships with those they work (Read et al., 2016). NACNs socialize, learn from senior staff, and develop self-confidence as a clinician during this time (Read et al., 2016). Self-care strategies may be used by NACNs to promote feelings of calmness and self-awareness (Myers, 2017). Self-care practices may strengthen the emotional resolve of NACNs, allowing one to connect to their personal mission of caregiving to the organization's mission of quality patient care (Lanier, 2018).

Contribution to Nursing Practice

Self-care strategies for NACNs within an NRP may affect the nursing profession by decreasing nurse burnout. Burnout is characterized by feelings of indifference to patient suffering, inability to connect emotionally with others, and cynicism (Cowgill, 2016). Inability to connect empathetically with patients and families may prevent effective patient care delivery. Higher patient satisfaction and employee engagement are associated reducing burnout (Cowgill, 2016). Self-care strategies promote nurse

satisfaction (Myer, 2017) and decrease the number of nurses leaving the profession (Bohnenkamp, 2016), and they may potentially encourage students to enter the nursing field.

Transferability to Similar Practice Areas

In this doctoral capstone project, I focused on NACNs. However, these concepts may be transferable to other health care professionals and clinical settings including ambulatory nursing, advanced practice, unlicensed assistive personnel, physicians, and health care leadership at the doctoral site and could potentially be expanded to other organizations. Undergraduate nursing curriculum does not widely include self-care training (Ashcroft & Gatto, 2015) and self-care is only beginning to increase in prevalence in physician pre-vocational education (Outram & Kelly, 2014). Interdisciplinary self-care education supports a team approach that is less likely susceptible to burnout (Bohnenkamp, 2016). This project can be applied to educational programs and residencies that are currently in developmental stages.

Implications for Positive Social Change

Potential positive social change resulting from this project include improved emotional well-being of NACNs and reduced attrition. Self-care practice can improve the emotional health by lowering stress and depression (Myers, 2017). Practicing self-care can also increase alertness, focus, memory, and learning capacity, and it can deepen reserves of empathy and compassion (Myers, 2017).

Nationally, nurse turnover is trending upward, especially in the first year of practice (Schulze, 2017). Addressing this issue both locally and national may help to

decrease the financial effect of nurse turnover. Reducing organizational cost of turnover at the doctoral site could potentially equate to millions of dollars saved annually if expanded to the entire health care system, according to the doctoral site's director of nursing. This doctoral capstone project aligns Walden University's mission, to positively affect society through evidence-based practice (Walden University, 2017).

Summary

NACNs burnout is a threat to the financial stability of health care organizations. Local data identified the practice gap of support for self-care education within the existing NRP. Integration of self-care education into NRPs may positively affect the nursing profession through emotional well-being and decreased burnout. Transferability of self-care education within an NRP may be expanded to developing residencies and has applicability to pre-licensure education for nurses and physicians.

In Section 2, I will highlight the theoretical framework and the models used to develop the evidence-based staff development project. I will also define terms and concepts.

Section 2: Background and Context

Introduction

The practice problem at the forefront for this doctoral capstone project was the lack of organizational support for educating NACNs regarding the use of self-care strategies in an NRP. NRPs provide a structured framework for NACNs transitioning to clinical practice from academia (Dwyer & Hunter Revell, 2016). NRPs do not provide self-care education to address the increased level of stress NACNs experience during their first year of employment when they are vulnerable to compassion fatigue and burnout (Meyer et al., 2015). The practice-focused question for this capstone project was as follows: Can evidence-based self-care strategies targeted to address burnout in NACNs be developed within an NRP curriculum? My purpose in this project was to design an evidence-based staff development project focused on self-care strategies to support NACNs during this transitional time.

In Section 2, I will review the concepts, theories, and models that informed this staff development project, and I will expand on this project's relevance on nursing practice. I will explore local background and context that affect this project, including influential factors such as demographics, environment, and culture. Last, I will identify the role of the doctoral student and relevant team members.

Concepts, Models, and Theories

Concepts and Theories that Inform Project

Orem, a nursing theorist, identified the concept of self-care during their seminal work in 1959. Later, Orem succinctly defined *self-care* as "human beings attending to and dealing

with themselves" (as cited in Denyes, Orem, & SozWiss, 2001, p. 48). This definition highlights that the person is both the one acting and the one acted upon, both the cause and the effected (Denyes et al., 2001). Self-care focuses on regulation of human functioning through deliberate action even in a changing environment, positively contributing to life, health, and well-being (Denyes et al., 2001). Self-care is a learned behavior and should be practiced with deliberate intent (Denyes et al., 2001). Self-care needs may change as situations change (Denyes et al., 2001). NRPs' long duration and focus on first year assimilation into practice may allow the structured opportunity to educate and practice self-care behaviors (Dwyer & Hunter Revel, 2016).

Orem's foundational theory of self-care has been used to inform this project. Self-care requisites (also referred to as self-care) are those actions that support the full function of self through actions that increased regulation of function (Denyes et al., 2001). Orem (1991) identified eight self-care requisites needed to perform self-care: maintenance of air, water, food, bowel movements; balance of activity and rest; time alone and time with others; preservation of human life, performance, welfare; and promotion of optimal human functioning.

Self-care behaviors may be generalized to a population; however, to be useful to the individual, they must be tailored to the individual person (Denyes et al., 2001). Orem's theory of self-care is relevant to this staff development project because it emphasizes the importance of self-care even in a continuously changing environment. Performing self-care behaviors assists in achieving optimal human function (Denyes et

al., 2001), and this is important while the NACN is still acclimating into their clinical profession.

Synthesis of Primary Writing

Watson's theory of caring science framework will help to guide the development of this self-care education. In Watson's theory, nursing care is provided in three domains: self, role, and system (Nelson & Watson, 2011). The self-domain encompasses the needs of loving care toward self as a person and as a healer (Nelson & Watson, 2011). The role domain is the meaning of being a professional, and the system domain encompasses enhancing practices that support the profession (Nelson & Watson, 2011).

Understanding one's self needs can influence patient care provision. Self-awareness can assist nurses' in identify themselves as an instrument of caring and healing (Nelson & Watson, 2011). Effective professionals are intentionally mindful in their practice, compassionate and deliberate, and attuned to their spirituality and sense of purpose (Nelson & Watson, 2011). The professional is acutely aware of how their actions affect their patients and families as well as their self (Nelson & Watson, 2011).

At the center of Watson's theory is the concept of transpersonal caring relationships. Defined as fully connecting with the spirit of another, *transpersonal caring relationships* are characterized by authentic mindfulness for the moment and value of the personal meaning of others (Sitzman & Watson, 2013). Watson (1999) emphasized the need for the nurse to live the theory of caring science by loving self, through mindfulness, meditation, centering, connection with nature, and prayer to fully practice healing science with others.

Watson's caring model highlights that nursing is practiced using a core and trim model. The core is the inner, nourishing portion, made up of all of Watson's Caritas, intentional care for one's self and for others (Sitzman & Watson, 2013). The 10 principles of Caritas Processes are the core and help to guide the practice of healing science directed at both the nurse-patient relationship and the nurse-self relationship (Sitzman & Watson, 2013). The core is the constant and deliberate action of caring, transcending time, and looking the same in all practice areas (Sitzman & Watson, 2013). The trim is all nursing clinical knowledge and technical skill, which may vary in different practice settings and with time (Sitzman & Watson, 2013). The core and the trim represent the microcosm of nursing practice, each not able to exist without the other (Sitzman & Watson, 2013).

Caritas Process 1, particularly relevant to this staff development project, highlights the role of self-love as essential to the caring theory and core to nursing practice (Sitzman &Watson, 2013). Practicing self-love, treating oneself with loving kindness, recognizing the vulnerabilities of one's self, and accepting one's self at current state is vital to the caring theory (Nelson & Watson, 2011). Caritas Process 1 is especially important because caring relationships with patients cannot occur if nurses are not able to care for self, attending to their mind, body, and spiritual needs (Nelson & Watson, 2011).

Failure to attend to the needs of self can have negative consequences on the profession of nursing (Sitzman & Watson, 2015). If nurses continue to fail to attend to the wholeness of self, through acts of loving kindness, it is an obligation of the profession to make deliberate effort to change the culture of nursing (Nelson & Watson, 2011).

Nurses must learn to care, love, forgive, and show mercy and compassion to self before those actions can be given to another (Sitzman & Watson, 2013).

Nurses often believe that they should be self-sacrificing, putting the care of others above the needs of their own (Blum, 2014; Maslach, 2015; Penprase et al., 2015; Sitzman & Watson, 2013). Nurses become worn-down and fatigued by the demands of caring for others, while not showing loving care to themselves (Watson, 2008). Caring for self, according to Watson (2008), is being openly present, compassionate, and gentle with one's self, honoring the feelings that accompany lived experiences, whether that is love, pain, or joy (Watson, 2008).

Definition of Terms

Burnout: Emotional exhaustion, depersonalization, reduced personal accomplishment, and cynicism towards others (Maslach, 2017).

Caregiver burnout: Becoming exhausted by external demands especially in careers with continuous, direct interaction with others (Freudenberger, 1974). Caregiver burnout is influenced by the interactions an employee has with their work environment, time pressures, staffing resources, or coworker personalities (Lanier, 2017).

Compassion fatigue: Also referred to as *secondary trauma* (Lanier, 2017), differentiated from *burnout* in that it involves frequent exposure to the devastating and life-altering consequences of illness or injury experienced by those who provide care to others (Joinson, 1992).

Nurse residency programs (*NRPs*): Defined by the American Association of Colleges of Nursing (AACN, 2018) as evidence-based curriculum that supports the

transition from academia to independent clinical practice with a focus on leadership,

patient outcomes, and professional development.

Novice acute care nurse (*NACN*): The doctoral field site's department of nursing

education and professional development internally defines *novice acute care nurses* as

new graduate nurses working in the acute care setting in their first full year of

employment or nurses transitioning from subacute care to the acute care setting

regardless of prior subacute experience.

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Relevance to Nursing Practice

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History of the Problem

Burnout is identified as the reason more than half of NACNs leave their position

within 1 year of being hired (van Wiljan, 2017). NACNs may feel "reality shock,"

because their understanding of the practicing nurse's role conflict with the difficult reality

of patient suffering, miscommunication with the interdisciplinary team, violence, or

disrespect (van Wiljan, 2017). Repeated exposure to morally distressing situations can

build up with time, becoming a catalyst for burnout (van Wiljan, 2017). To connect with

their team and share their experiences, NACNs may unload their feelings of distress on

other nurses with whom they work, creating a burnout contagion effect (van Wiljan,

2017). In a systematic review, Halter et al. (2017) found that the strongest determinant

for turnover was related specifically to stress, burnout, and job dissatisfaction.

Burnout-related turnover has perpetuated the national nursing shortage. The

United States is projected to have a nursing shortage through 2026 (United States Bureau

of Labor Statistics, 2018). Turnover rates for nurses with less than 1 year of employment

have risen 10% in the last 2 years, nearing 30% nationally (Advisory Board, 2018),

whereas the average age of practicing nurses has increased by almost 2 years (American

Nurses Association, 2018). Health care organizations must have plans to reduce NACNs'

turnover in light of the growing nurse shortage (Fallatah, Laschinger, & Read, 2017) and

projected dramatic vacancies due to retirement (McMenamin, 2014).

To support and retrain NACNs during this ongoing national shortage, health care

organizations have implemented transition to practice programs nationally.

Approximately 48% of hospitals have an established NRP (Advisory Board, 2017).

Novice nurses who have completed an NRP are associated with higher observed clinical

competency compared with nurses in organizations without an NRP (Advisory Board,

2017). NRPs must provide emotional support and coping mechanisms for NACNs

through preceptor relationships building, debriefing as a group after a learning

experiences, formal mentorship, and career planning support (Advisory Board, 2017).

Although NRPs are highly effective at reducing first year turnover, elements are missing

from the primarily clinical focus of NRPs (Advisory Board, 2017). NRPs must address

the social and emotional stressors of clinical practice and help the novice nurse to build

personal connections to organizations to avoid turnover (Advisory Board, 2017).

Providing nursing care requires more than clinical skills to complete tasks; it requires the

ability to recognize and care for self before attending to the needs of others (van Wiljan,

2017). Education specific to self-love and self-care is important to decrease the negative

effects of witnessing traumatic events (Meyer et al., 2015). Health care organizations

must emphasize the importance of supportive work environments to assist NACNs'

transition to practice including self-care to decrease job stress and burnout (Meyer et al., 2015). The doctoral site does not currently include self-care education within the existing NRP for NACNs, according to the site's director of nursing.

Current State

NRPs have been integrated into health care organizations in varying degrees across the nation (Advisory Board, 2017). The Institute for Medicine's 2010 report reinforced the need to bridge the gap between academia and clinical practice (IOM, 2010). NRPs support novice nurses as they integrate into their professional work setting and are exposed to stressors associated with patient care delivery (AACN, 2017). Approximately 50% of novice nurses experience burnout during their first year of employment (Laschinger et al., 2010). Self-care education is effective at reducing caregiver burnout (Laschinger et al., 2010). Health care organizations that embed self-care in NRPs are less likely to lose NACNs during their first year (Laschinger & Gray, 2012).

In a systematic review of strategies for self-care for the new graduate nurse, Mellor, Gregoric, and Gillham (2017) summarized findings within themes. Mellor et al. (2017) concluded that educational interventions are effective at both recognition and regulation of emotions in NACNs. Additional themes contributed to the NACNs' transition stress, including strategies to manage moral distress and foster moral courage, including the self-expectations NACNs place on their performance (Mellor et al., 2017). NACNs may use group discussion and reflection to explore feelings, share experiences, and increase a sense of moral courage, despite self-expectations (Mellor et al., 2017).

Allowing time for discussion of mindfulness and the reality of patient care was demonstrated as effective in supporting the NACNs' transition to practice (Mellor et al., 2017). Role playing difficult situations and allowing discussion on how to respond, including use of coping mechanisms may be both therapeutic and empowering for NACNs (Mellor et al., 2017).

The proposed recommendations for change at the practicum site hospital was to address NACNs' burnout using Orem's theory of self-care and Watson's caring theory within an NRP. Learning to show one's self loving kindness may allow the nurse to become more fully present with the patient (Sitzman et al., 2013). Nurses must be taught not only the clinical skills—the trim, but also the compassionate, healing caring of self and others—the core (Sitzman & Watson, 2013). Practicing self-care allows the nurse to become more fully functional (Orem, 1991). NRPs provide an optimal framework for teaching concepts of self-care (Dwyer et al., 2016).

Previous Strategies and Standard Practices

Nurse researchers highlights the effectiveness of integrating self-care into NRPs. Self-care training has been extensively studied in novice and experienced nurses in a variety of care settings with similar results, emphasizing the need for improved self-care educational support for all health care providers (Gracia-Gracia & Olivan-Blazquez, 2017). Use of technologies such as online modules or smart phone applications have been used in nurse-driven education for self-care in patients with chronic conditions (Wang et al., 2018) but has not been widely researched in NACNs. The year-long structure of the practicum site's NRP includes frequent touch points with NACNs and may provide an

opportunity to revisit self-care modalities at regular intervals, reinforcing the importance of regular practice.

Organizations have addressed burnout and compassion fatigue using self-care training in the past. Houck (2014) offered self-care training as a resource to acute care nurses. Dwyer et al. (2016) integrated self-care education during an NRP to provide coping skills for the heightened stress experienced during the first year of employment. Didactic and self-study style educational sessions have been shown to decrease burnout (Asuero et al., 2014). Complimenting an NRP with self-care education leads to increased job satisfaction and better overall physical health of the NACN (Penprase et al., 2015).

The practicum site's system has previously attempted interventions to address the gap in practice of self-care to address caregiver burn out in the broader caregiver population. Yoga classes, nutritional counselling, increased exercise, and weight management programs are all offered as part of the employee benefits package. However, due to the broad nature of these approaches, NACNs may not have previously taken part in these programs or seen them as supportive modalities to self-care (J. Davis, personal communication, June 1, 2018). Reflective journaling is included as a minimum expectation for NACNs during their residency; however, the focus of these is solely clinical competency including diagnosis identification and appropriate clinical action (J. Davis, personal communication, June 1, 2018).

Gap in Practice

Self-care strategies, although cited as being vital to NACNs' transition to practice (Meyer et al., 2015), have not been integrated into the curriculum framework of this

NRP. Organizational support for self-care education may be tied to increased retention (Meyer et al., 2015). Providing an evidence-based self-care staff development program may help leverage organizational leadership support by demonstrating the financial implications of NACNs' turnover (Cline et al., 2017; Cochran, 2017; Crimlisk et al., 2017).

Local Background and Context

Local Evidence and Relevance

The practicum site's NRP focuses on clinical competency and critical thinking acquisition and does not address the emotional resiliency needed to provide patient care. According to the practicum site's internally reported data, the rate of first year NRP turnover at the practicum site healthcare system is 26%, equivalent to 245 novice nurses. This turnover costs the organization between $5.4 and $15.7 million dollars based on Opperman et al.'s (2016) estimates of cost associated with nurse turnover. NRPs must address the contributing factors leading to burnout during this vulnerable first year (Dwyer et al., 2016).

Currently, there is no mechanism at the practicum site that encourages nurses to participate in self-care despite self-care education beginning to be included in undergraduate nursing curriculum. Self-care is also not included within the organization's professional practice model published on the doctoral site's internal intranet webpage. Information on AHNA endorsed academic nursing programs are published but there are no transition to practice programs listed as endorsed (AHNA, 2018). The practicum site does not collect data related to nurse burnout currently according to the enterprise

Magnet program coordinator (M. Webber, personal communication, June 1, 2018). Exit

interviews are conducted by nursing leadership but do not assessment information related

to caregiver burnout (J. Davis, personal communication, May 31, 2018).

Institutional Context

The Commission on Collegiate Nursing Education (CCNE) grants accreditation to

NRPs (CCNE, 2015). CCNE (2015) mandates that NRPs be a minimum of 12 months in

length. Accredited NRPs must demonstrate support of NACNs through role transition,

addressing the unique needs of novice nurses, and support role integration, assimilation

into the workgroup, and demonstrate the ability to foster values of the nursing profession

(CCNE, 2015). Although CCNE (2015) identified 12 goals for accreditation of NRPs,

supporting the novice nurse emotionally through this vulnerable transition is not a

requirement for accreditation. The practicum site system is currently working towards

applying for accreditation status (J. Davis, personal communication, April 23, 2018).

Despite not being accredited by CCNE, the practicum site has demonstrated a

commitment to nursing education as an organization. The practicum site's system has

been named a National League for Nursing Center of Excellence (NLN COE) for the

organization's exemplar commitment to the professional development of nurses (J. Davis,

personal communication, April 23, 2018). Organizational characteristics of NLN COEs

include commitment to relationship building, fostering connections, innovation, and

system thinking (Merriam, Kelly, Kelman, & Rusin, 2016). NLN COEs encourage

community learning, where both student and teacher benefit (Merriam et al., 2016). NLN

COEs use innovation deliberately and conscientiously with the goal to improve quality

patient care delivery (Merriam et al., 2016). Because of the lack of regulatory standards related to NRPs and self-care, it may be important to expand on the characteristics of NLN COEs when developing the self-care curriculum. The American Association of Holistic Nurses (AAHN) includes self-care as part of the scope and standards of practice for the professional nurse (AAHN, 2015). Cino (2016) found that holistic self-care has a place as a nursing competency for the practicing nursing professional.

Despite the lack of national benchmarks for NRPs, the demographics of nursing turnover nationally and locally support the need for self-care support as part of the NRP. According to the practicum site's internally reported human resource data, millennial nurses, aged 20 to 40 years old, comprise 49% of the nursing workforce and have a higher turnover rate of 56%, compared to other generations. The practicum site uses benchmark turnover data from the Advisory Board (2018), a best practice advisory firm for comparative benchmarking, for registered nurse turnover. The Advisory Board's national benchmarking metric of novice nurse turnover is less than 20% within the first year of employment (Advisory Board, 2018). Locally, this figure is a percent of total employee turnover and includes only those who leave the organization but does not include transfers within the organization, in a rolling previous 12 months (J. Davis, personal communication, April 23, 2018).

The commitment to the nursing profession was evidenced locally by their national nursing designation even amidst high level of turnover. The practicum site's largest hospital is an American Nurse Credentialing Center (ANCC) Magnet designated facility and all other community system hospitals are Pathways designation (J. Davis, personal

communication, April 23, 2018). Magnet designated hospitals demonstrate commitment to excellence in nursing practice as part of a strategic vision to improve patient outcomes (ANCC, 2018). ANCC Magnet hospitals value transformational leadership, structural empowerment, professional development and support staffing resources (ANCC, 2018). Magnet facilities have lower nurse turnover, burnout, and higher nurse satisfaction (ANCC, 2018).

The mission, vision, and value of the practicum site's healthcare system focuses on the care of the patient and lifelong development of the caregiver (J. Davis, personal communication, April 23, 2018). The mission statement emphasizes the importance of quality patient care delivery and continued educational development of caregivers (J. Davis, personal communication, April 23, 2018). The organization's strategic vision focuses on several domains including quality, innovation, teamwork, service, compassion, and integrity (J. Davis, personal communication, April 23, 2018). The organization's mission and vision aligns with the focus of this doctoral project to provide support for continued education of NACNs through the NRP, emphasizing the importance of individual self-care to the provision of quality patient care delivery.

Operational Terms

There are no locally used operational terms.

National Context of the Problem

Health care organizations must be effective stewards of their new graduate nursing resource pool, retaining those they hire (McMenamin, 2014). New graduate nurses are the largest population of nurses entering acute care health care organizations

and NRPs support their successful transition to professional practice (VanCamp &

Chappy, 2017). NRPs provide supportive mechanisms for NACNs during their transition

into an organization including leadership support, professional development, peer

mentorship, and empowerment to perform their job (Fiedler, Read, Lane, Hicks, & Jeiger,

2014). Supporting NACNs through NRPs with targeted education on self-love, may also

help to reduce the burden of turnover for health care organizations (Cline et al., 2017;

Cochran, 2017; Crimlisk et al., 2017). Additionally, the American Association of Holistic

Nurses professional organization supports including self-care for the professional nurse

as part of the scope and standards of practice (AAHN, 2015).

NACNs' experience of participating in an NRP is important to emphasize. NRPs

increase NACNs' self-perception of clinical competency, confidence, and ability to

participate in interdisciplinary collaboration (Hopkins & Bromley, 2016). NACNs in

NRPs reported increased sense of belonging and ability to build meaningful relationships

with colleagues, and more supportive relationships with their nurse leadership (Lin,

Viscardi, Kredier, & McHugh, 2014). They have improved communication skills with

co-workers, physicians, patients, and families and increased satisfaction with recognition

and praise (Lin et al., 2014). Peer support is also noted as a result of NRP participation

and increased retention and job satisfaction in NACNs (Fiedler, Read, Lane, Hicks, &

Jeiger, 2014). NACNs that completed NRPs have advanced professional development

including professional organization membership, certification in specialty, degree

advancement, participation in career ladder, and preceptorship (Fiedler et al., 2014).

Role of the DNP Student

Professional Context and Relationship

The context for this project was the acute care setting, with a specific focus on the development and retention of NACNs within an NRP. I worked in nursing professional development and nursing leadership for the past 7 years at the practicum site and witnessed NACNs be unsuccessful during their first year. Turnover of NACNs at the site remains above the national average at greater than 20% despite interventions aimed at reducing turnover including standardized new hire competency testing, lengthened orientation, and existing residency implementation (J. Davis, personal communication, June 1, 2018). NACNs' retention is of high importance both organizationally and personally. I feel that NACNs are inadequately prepared for the demands of acute care nursing and do not have exposure to self-care modalities that are needed to function in this high-stakes, ever changing work environment.

NRPs benefit both NACNs and the organization. Site with NRPs had higher employee satisfaction metrics (Hopkins & Bromley, 2016). Post-NRP NACNs had decreased intent to leave, increased confidence, higher clinical competency, and were more comfortable collaborating with the interdisciplinary team (Hopkins & Bromley, 2016).

Doctoral Student and Relationships, Evidence, and Practicum

My role as the doctoral student was to develop an evidence-based module that may be integrated into the existing NRP to support self-care during the vulnerable first year of employment. I leveraged my knowledge of organizational context and

experiences from the practicum to engage stakeholders in addressing the needs of both nurse leaders and NACNs. I had interactions with stakeholders as part of my practicum experience and found consistent themes of nurse burnout, deficits in coping strategies to care for self, and feelings of hopelessness in bedside nurses. Nurse leaders expressed concerns regarding high turnover and felt unable to provide adequate support for NACNs during their first year due to the nurse leader workload and volume of incoming NACNs.

I have professional relationships with many nurse leaders at multiple hospital sites within the system in my professional role. These relationship helped to gained leverage and support as a doctoral student. I participated in the professional development portion of the existing NRP, but do not have any ownership in the program or ability to initiate changes in a professional capacity. Executive nursing leadership endorsed my leadership role in developing evidence-based self-care strategies in the NRP curriculum planning and development process.

My motivation for this project was to understand how health care providers can care for ourselves more effectively in order to provide care to others. Watson's caring theory emphasizes the choice made by the nurse to enter into a healing moment, both with one's self and the patient, seeing ones' self and one's dilemmas in others, keeping the humanness of both rather than objectify others (Sitzman et al., 2013). I personally felt the effects of burnout and had to teach myself how to more effectively care for myself though self-love and compassionate care, acknowledging my humanity. I noticed through the initial literature search, the importance of playing calming music, starting an essential oil diffuser, or sipping an aromatic tea, and its effect on my personal sense of stress and

well-being. Although these modalities of self-care are effective for me, self-care strategies come in many forms. Watson's caring theory and Caritas Processes can help the nurse to engage in transpersonal caring moments for self (Sitzman et al., 2013). I wanted to instill a sense of value in caring for one's self as vital to our role of caregiver. I was motivated by having a sound, evidence-based foundation that supported self-care modalities within the first year for NACNs.

Potential Bias

My experience supporting self-care could have been possible bias. I was aware of possible biases and took actions to ensure applicability, validity, and generalizability of qualitative research. One method of eliminating bias used was the Melnyk hierarch of evidence tool (Melnyk & Fineout-Overholt, 2015). This unbiased and systematic approach allowed me to objectively review literature to reduce potential bias. My preceptor reviewed my work to assure personal bias did not enter into this project.

<div align="center">Role of the Project Team</div>

Use of the Team

I utilized a project team to help develop this project. Members of this team included representation from key stakeholders including the doctoral student, nursing leadership, nursing education leadership, and NACNs. Nursing leadership stakeholders were particularly important in operationalizing the staff development project and identifying a timeline and metrics to measure success. The NACNs' feedback was helpful in designing the content, proposed delivery, and helped to ensure this staff development project meet the needs of NACNs.

Process for Presenting Information to Team and Timeline

Initially, the background, evidence, and information was shared with members of the team. Nursing leadership needed to identify NACNs who could assist on the team and in what capacity. Information was provided to the team to gain project support; therefore, it was vital that this information was relevant and applicable. Local data and national trends in turnover were used to align with site strategic initiatives. The team members gave feedback on past experiences, and perceptions of the project to share as part of the design. The team was asked to approve the final educational product.

The timeline for team review was two part: initial meeting with feedback, doctoral student changes, and final approval. The initial meeting was intended to communicate current state and gain feedback on the plan, confirm metrics, and finalize the timeline. This was done in person for rapid follow-up. Providing background data and plan overview allowed the team to provide approval. The doctoral student made any necessary changes.

<div align="center">

Summary

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NRPs provide support and increase satisfaction during the vulnerable first year of employment, decreasing potential burnout and increasing the likelihood of retaining NACNs. Staff development projects that are evidence-based and grounded in theory, including Orem's self-care and Watson's caring theory, led to a well-developed educational plan to support the NACN's transition to practice. Local and national data indicated that NACN turnover was problem not likely to change without interventions to address burnout. Previous strategies attempted by the practicum site including healthier

lifestyle, reinforced need for nutritional and physical well-being and clinical reflective journaling had not been effective. In order to address this gap in practice through a staff development project, a collaborative, team approach, with key stakeholder representation was vital.

In Section 3, I will review sources of evidence to be used in planning this staff development project. The sources, frequency, and organizational reporting of the data will be explained. I will also define how data specific to this project was collected and assessed. I will define the participants and procedure used as well as analysis and synthesis of research.

Section 3: Collection and Analysis of Evidence

Introduction

Burnout in NACNs is both an ethical and financial issue for health care

organizations and specifically at the practicum site. NRPs provide support for NACNs

during the vulnerable first year of employment through clinical and professional

development. Local and national data, however, indicated there was a practice gap of

providing self-care and self-love education within an NRP. Orem's self-care theory and

Watson's caring provide the theoretical framework for analyzing how NACNs' inclusion

within an NRP addressed the issue of caregiver burnout.

In Section 3, I will review the sources of evidence including organizational

operational data that informed this project design. In addition, I used existing literature

published on the topic. I identified the inclusion and exclusion criteria and databases that

I used. Last, I will outline the analysis and synthesis of the data from this doctoral

project.

Practice-Focused Question

Local Practice Problem

There is an established, 12-month NRP at the practicum site. Self-care and self-

love are vital to the clinician, allowing themselves to be cared for before providing care

to others (Sitzman &Watson, 2013). However, the existing NRP fails to support NACNs

in providing self-care. An evidence-based self-care staff development program assisted in

gaining local leadership support to address this gap in practice. The practice-focused

question was: Can evidence-based self-care strategies targeted to address burnout in NACNs be developed in an NRP curriculum?

Purpose and Alignment with Practice-Focused Question

My purpose in this project was to design an evidence-based staff development project that addressed self-care strategies for NACNs, to prevent burnout and support NACNs during this transitional time. I sought to address the gap in practice by providing evidence that supported self-care education for NACNs and provide this to the organization's leadership. Addressing burnout by providing organizationally supported self-care education for NACNs was the intended focus of this educational development session. I did so with the target goal of decreasing the number of NACNs who leave their positions due to burnout within their first year of employment (Aiken et al., 2012).

Operational Definitions

Caregiver: Any employee who supports the provision or delivery of patient care (J. Davis, personal communication, April 23, 2018).

First Year RN turnover: The rate of nurses who leave the organization within their first year of employment (John Davis, personal communication, April 23, 2018). This figure is a percentage of total employees and includes only those who leave the organization, not including any who transfer within the organization, within a rolling previous 12 months (J. Davis, personal communication, April 23, 2018). National benchmarks for first year RN turnover are set by outside organizations (Advisory Board, 2018).

Nurse residency program: The doctoral capstone site's NRP is a 12-month educational curriculum where new graduate nurses or nursing transferring care areas attend quarterly educational days (J. Davis, personal communication, April 23, 2018). The topics of these days range from clinical skill development and professional practice to death and dying (J. Davis, personal communication, April 23, 2018).

Sources of Evidence

Alignment With Project Purpose

I relied on existing nursing and research literature, organizational specific scorecard data, professional nursing organizations official websites, and white papers to guiding the design and recommended implementation of this staff educational project. My purpose in this project was to synthesize the literature to develop an evidence-based self-care module, grounded in theory, to support NACNs' transition to practice that could be implemented at the doctoral site. One imperative factor of the design and ultimately gaining nursing leadership support of this project was ensuring that the content and delivery methodology was evidence-based and reflected the most up-to-date research, and tailoring the training to the unique needs of NACNs at the practicum site.

Collection and Analysis to Address Practice-Focused Question

Collection and analysis of existing literature was paramount in the design and development of this project. The findings from the literature review identified existing resources, previous design outcomes and limitations, and prominent researchers in the area of self-care and self-love for NACNs. Analysis of literature using the hierarchy of

evidence for intervention studies tool helped to prioritize applicability of existing research (Melnyk & Fineout-Overhold, 2015).

Published Outcomes and Results

Existing literature was reviewed for applicability to this design including evidence-based, adult learning theories, applicable delivery methods, evaluation tools, and potential barriers or limitations. Watson's caring theory and Orem's self-care theory were used as the theoretic framework. Prominent researchers in the field of self-care and nurse residencies and professional nursing organizations informed the literature review and planning.

I used key words such *as nurs**, *nurse residency program, nurse retention, self-care*, *self-love* and *burnout* to identify relevant existing literature within research databases such as CINAHL, ProQuest, and PubMed. Research with similar target populations provided a guide for identifying evidence-based interventions that were used in this doctoral staff education project. Organizational data included total number of NACNs onboarded and nurse turnover within the first year of employment. Additional sources of evidence included publications on the official American Association of Holistic Nurses website and white papers published by various other organizations on nurse retention and self-care.

Scope of Review

Search criteria for inclusion included primary research published in a peer-reviewed journal between 2013 and 2018, written in English. This comprehensive and exhaustive literature review focused on articles on (a) self-care education as the

intervention, (b) delivery methods of self-care education, and (c) discussions of self-care specifically for the NACN. Methodology for demonstrating effectiveness was also prioritized in this literature review as it provided insight to addressing the gap in practice of leadership support of self-care education. The literature review was exhaustive and comprehensive in nature.

Analysis and Synthesis

The system used for organizing, tracking, and analyzing the evidence was the evidence for intervention studies tool by Melnyk and Fineout-Overhold (2015). This tool, in the form of a table, guides researchers to assign nominal level ratings to evidence, ranging from randomized control trials to qualitative research studies. I used this tool to review literature for applicability to the practice-focused question. This tool was used to organize and summarize findings in existing literature during my comprehensive literature review. This allowed me to organize my findings for myself and for the practicum site.

By using an organizational tool, I was able to synthesize information and determine whether a gap existed in the literature related to this project and assured the integrity of the evidence. The tool itself includes an analysis portion for the reviewer to assign a nominal rating based on the quality of the research. Melnyk and Fineout-Overhold's tool uses nominal ratings, Level I though Level VII, reflecting strength of study design, with systematic reviews and random control trials at the Level I and Level II rating, and expert opinion at Level VII (Melnyk & Fineout-Overhold, 2015). The results from my literature review identified gaps in the existing literature type and

supported the existence of literature on use of self-care strategies within an NRP. This tool allowed me to note whether any information was missing from existing literature and manage the large amount of published research on the topic. Analysis of the literature was comprehensive and exhaustive in addressing this practice-focused question. I incorporated professional nursing organization's recommendations and white papers statements on the topic as part of my comprehensive literature review and synthesized these recommendations into the evidence based practice recommendations.

Summary

Review and synthesis of current literature related to caregiver burnout and NRPs, using Melynk's evidence for intervention tool helped to assure my recommendations for addressing the practice gap were applicable and evidence-based. Local level organizational data supported the identification of the gap in practice of supporting NACNs during the vulnerable first year of employment. Synthesis of applicable literature on how to address the practice-focused question was needed to gain organizational support.

In Section 4, I will review the findings and implications of the literature review. I will identify any limitations to the recommendations and discussed the process of working with the doctoral project team. I will highlight the strengths and weaknesses of this project, the implications for positive social change, and recommendations for future research.

Section 4: Findings and Recommendations

Introduction

My purpose in this evidence-based staff development project was to address the local nursing practice problem that self-care strategies are not taught to NACNs during the NRP. Early self-care education for NACNs has been effective at decreasing nurse turnover related to burnout during the first year of clinical practice (Dwyer & Hunter Revel, 2016). The doctoral site has significant executive nursing leadership support for NACNs and the current NRP provides an excellent clinical introduction to quality patient care, yet the existing NRP lacks dialogue regarding self-love and self-care as vital to reducing the risk of burnout. The first year is a vulnerable time for NACNs as they discover the gap between academia and clinical practice and assimilate to the organization's vision and values. Often, a NACN may find assimilation overwhelming and leave the organization. The rate of NACNs' turnover during the first year is considerably higher than the organization's target and indicative of the issue of burnout during this time, according to the director of nursing at the doctoral site.

The practice-focused question I sought to address in this staff development project was as follows: Can an evidence-based support program focused on self-care for the NACN be developed and integrated into an NRP? The local practice problem is that the existing NRP lacks vital self-care education for NACNs. My purpose in this doctoral capstone project was to analyze the existing literature on this topic and determine whether the evidence supports inclusion of self-care education for NACNs within the NRP. This literature review informed the development of a staff educational session for

NACNs focused on self-care, which at my recommendation, was implemented at the

doctoral site. The Walden University IRB approval number is #01-01-19-0627454.

I found sources of evidence to inform this staff development educational session

in a literature review using internet databases available through Walden University. The

databases included Cumulative Index to Nursing and Allied Health Literature (CINAHL),

PubMed, and ProQuest. Key words that I used during my search included *nurse, novice*

nurse, nurse residency program, transition to practice, new graduate nurse, self-care,

self-love, mindfulness, and *reflective journaling.* I reviewed the reference list from

articles that I had identified as relevant to this topic to see if additional articles should be

included in my literature review. I also reviewed the websites of several national health

care and nursing or health care organizations, including the American Association of

Holistic Nurses, American Association of Colleges of Nursing, Press Ganey, the

Advisory Board, the American Nurses Association, and The Joint Commission, for

statements on self-care for the novice nurse that could be integrated into my literature

review. I spoke with nursing leaders at the project site to better understand themes they

found important to include in the educational session as experts in the field.

I used Melynk's evidence for intervention tool (Melnyk & Fineout-Overholt,

2015) to assign levels of evidence to the literature review (see Appendix A). This tool

was used to synthesize literature and to ensure recommendations were reflective of sound

evidence in existing literature and demonstrated a comprehensive literature review to

address the local practice problem. I used key words and synonyms to expand results. I

reviewed the results and narrow the results down based on relevancy to this topic.

Sources that were used to inform this literature review included peer-reviewed articles published within the past 5 years, white papers, contributions from nursing and health care professional organizations, and expert opinions from professionals with considerable work in the field of self-care, such as Melnyk (Hrabe, Melnyk, Buck, & Sinnott (2017), Belton (2018), and Bernard and Martyn (2018). Evidence was assigned a rating of I to VII. Evidence with a rating of I was of higher strength than that of an article with a rating of V. (Hrabe et al., 2017).

Findings and Implications

I used the key words that I mentioned previously and restricted the search to sources published in English with a publication date between 2013 and 2018 for my initial literature review. This preliminary search yielded more than 400 results. Next, I reviewed article titles, and in some cases abstracts, for applicability to the topic of self-care in NACNs. After this exhaustive review, I used 17 articles to develop my evidence-based staff development program for NACNs. I reviewed two articles at Level I rating, two articles at Level II, zero at Level III, three articles at Level IV, three articles at Level V, four articles at Level VI, and three articles at Level VII.

The literature review supports the inclusion of an evidence-based self-care education for NACNs within an NRP as a modality to decrease burnout. Although the highest level of evidence is randomized control trials, there were only two examples of this level of evidence found in the literature. However, higher levels of nonresearch, qualitative studies improved my confidence in recommending this type of staff development project to the doctoral site. The existing literature review results were

organized using Melynk's evidence for intervention tool (Melnyk & Fineout-Overholt, 2015) to make recommendations to the doctoral site to improve support using self-care education for NACNs in assimilating into their new role.

I found literature with specific instances where evidence-based self-care education improved retention within the organization and helped NACNs adapt to their professional setting (Belton, 2018; Bolden, Cuevas, Raia, Meredith, & Prince, 2016; Cheeks et al., 2010). Even with this wide-ranging literature review, higher levels of evidence are needed to completely understand the importance of self-care education on NACNs. A synthesis of the literature review findings was included within this section as are detailed descriptions and levels of evidence within Melnyk & Fineout-Overholt (2015) hierarchy of evidence for intervention tool (see Appendix A).

Three themes emerged throughout the review and are detailed in the subsections below. In the first subsection, I described the importance of educational intervention (Kravits, McAllister-Black, Grant, & Kirk, 2010; Lamke, Catlin, & Mason-Chadd, 2014; van det Riet, Levett-Jones, & Aquino-Russell, 2018) and the importance of educational timing (Bolden et al., 2016; Cheeks & Dunn, 2010). The second subsection highlights the different delivery modalities defined by the literature (DuBois & Gonzalez, 2018; Farina, Minerva, Glunt, & Bernando, 2018; Klatt et al., 2017; Morrison Wylde, Mahrer, Meyer, & Gold, 2017). The last subsection includes recommendations about the duration of the education (Cheeks & Dunn, 2010; Chesak et al., 2015; DuBois & Gonzalez, 2018; Farina et al., 2018; Gauthier, Meyer, Grefe, & Gold, 2015; Kabat-Zinn, 1982; Kravitz et al., 2010; Morrison Wylde et al., 2017). I used these themes to determine the recommended

content, modality, and duration of the education at the practicum site. One final

subsection includes literature generally related to health care workers.

Individual Importance and Timing of Self-Care Education

Evidence-based practices detailed within the literature demonstrated that self-care

education positively influences the well-being and retention of NACNs. In a quasi-

experimental study, nurses who were taught self-care techniques had decreased emotional

exhaustion and depersonalization, or feelings of distance or detachment from their work

(Kravits et al., 2010). Similarly, in a quasi-experimental pilot study, nurses who

participated in self-care training experienced significantly more positivity, gratitude,

motivation, and calmness as well as significantly less fatigue, anxiety, anger, and stress

symptoms based on comparing pre training levels to post training levels (Lamke et al.,

2014). Authors of both a systematic review and an integrated literature review reached

similar conclusions about the importance of mindfulness training for nurses: mindfulness

training improves mood, self-efficacy, and empathy and decreases anxiety, stress, and

depression (van det Riet et al., 2018).

A number of studies stressed the importance of properly timing self-care

education in an NRP. The Veteran's Administration integrated a reflective journaling

program as a self-care strategy for NACN during a 12-month internally developed NRP

(Bolden et al., 2011). In this qualitative pilot study, NACN participants self-reported that

reflective journaling increased feelings of empowerment and coping as well as enhanced

critical thinking after participating in a reflective journaling training session as part of the

NRP (Bolden et al., 2011). Two day-long self-care retreats, timed during the first month

and near the 1-year mark, were mandatory for NACNs at one hospital, and retention rates improved from 65% to above 95% at 3 years post-implementation (Cheeks & Dunn, 2010). The first stages of a NACN's tenure at their new organization offered an opportunity to implement self-care strategies that improved the likelihood of remaining with the organization (Cheeks & Dunn, 2010).

Delivery Modalities of Self-Care Education

This literature review also highlighted the most effective delivery modalities for self-care education. One of the most prevalent technique of self-care education for nurses is mindfulness training. DuBois and Gonzalez (2018) reported successful implementation of a self-care program and found that participants ($n = 61$) rated the resiliency training program as excellent in content relevance to their role as caregiver (70%), application to nursing practice (65%), effective teaching modalities (65%), and indicated that training should be continued (90%) immediately post intervention. A post survey was completed six months after the intervention and cohort participants self-reported increased ease of asking peers for help, ease of communication with physicians and ancillary staff, and decrease levels of personal stress with sustained improvement six months post intervention (DuBois & Gonzalez, 2018). Similarly, 71% of the 545 nurses that participated in a 15-minute mindfulness training program perceived the training program as having benefit or great benefit (Farina et al., 2018). This robust study demonstrated that a brief training program may be as effective as longer mindfulness training programs. Other authors of mindfulness training implementation had similar experiences (Cheeks & Dunn, 2010; Morrison Wyde et al., 2017; Klatt et al., 2017).

Multiple delivery modalities have been used including in person (Cheeks & Dunn, 2010; Chesak et al., 2015; DuBois & Gonzales, 2018; Farina et al., 2018; Kravitz et al., 2010), combination of in person and self-study (Lampke et al., 2014) and using technology such as smartphones (Morrison Wylde et al., 2017). All have been effective at reducing self-reported stress levels (Cheeks & Dunn, 2010; Chesak et al., 2015; DuBois & Gonzales, 2018; Farina et al., 2018; Kravitz et al., 2010; Lampke et al., 2014; Morrison Wylde et al., 2017).

Duration of Self-Care Education

The most common models used for mindfulness training was the eight-week Mindfulness-Based Stress Reduction Training Model developed by Jon Kabat-Zinn (Kabat-Zinn, 1982). The training detailed in this study required a great deal of investment from the health care organization. Mindfulness training programs may be made more effective by increasing accessibility to practicing nurses, training and practicing the techniques frequently within one single session. Length of training and practice time varied in the literature from five minutes (Morrison Wylde et al., 2017), 15 minutes (Farina et al., 2018), 90 minutes (Chesak et al., 2015), 6 hours (Kravitz et al., 2010), 8 hours (Cheeks & Dunn, 2010)16 hours (DuBois & Gonzalez, 2018), to over 28 hours (Gauthier et al., 2015). All lengths of time for the intervention had positive outcomes in the respective study pointing to the fact that an ideal amount of time for training and practice has not been identified within the literature thus far. The effectiveness of the shorter training sessions supported this proposed four 2 hour-long staff development program sessions.

Self-Care Education for Other Disciplines of Health Care

This extensive literature review found several articles pertinent to the importance of self-care for other disciplines within the health care team. McConville, McAleer, & Hahne (2017) conducted a systematic review of randomized control trials for health care students and found that mindfulness training positively influenced depression, anxiety, self-efficacy, and empathy. Press Ganey's (2018) white paper stated that promotion of self-care, resiliency, and well-being at the organizational level had a positive effect on the quality of patient care delivery. Although the groups in these articles did not pertain to the intended population of this literature review, this doctoral student felt the research was important to include because of the effect each caregiver within the interdisciplinary team has on each other and the care of the patient.

The Joint Commission also published resources for health care organizations to promote resiliency among the health care team to prevent burnout (Marrow, Call, Marcus, Locke, 2018). Seeking to support the "Quadruple Aim" of providing staff wellness through advocacy, collaboration, and innovation, a Resiliency Center was formed at one academic medical center to address burnout with a system-level approach (Marrow et al., 2018). Mindfulness-Based Stress Reduction programs were developed and education was implemented at the local, unit level with demonstrated improvements in employee resiliency, team building, and burnout (Marrow et al. 2018).

The discussion of workers well-being is a timely one with the American Nurses Association (ANA), a national nursing organization, starting a wellness campaign to reduce burnout in the nursing profession (ANA, n.d.). The ANA described a healthy

nurse in their campaign as "one who actively focuses on creating and maintaining a balance and synergy of physical, intellectual, and emotional personal and professional well-being" (ANA, n.d.). The intent of the Health Nurse, Healthy Nation campaign is to connect nurses with organizations in the targeted areas of self-care including physical activity, sleep, nutrition, quality of life, and safety (ANA, n.d.). The Code of Ethics for Nurses with Interpretive Statements, published by the ANA in 2015, has a provision statement specific to nurses needs to care for themselves. Nurses are equally responsible to care for self as they are to care for other (Foweler & ANA, 2015). This includes a responsibility to promote health and safety, character, integrity, and to continue to grow both personally and professionally (Fowler & ANA, 2015). This position statement highlights the importance of care of self as integral to the nursing care of others.

Unanticipated Limitations

There were several unanticipated limitations to this literature review. High levels of evidence were lacking in the existing literature. Qualitative research and pilot studies were found in the literature review, but it was difficult to find randomized control trials or systematic reviews related to the topic. Many of the articles were related to pilot studies that did not include randomization or a control group. Additionally, the major limitations cited in the research are relatively small samples in single-center settings, which significantly limits generalizability of results (McConville, McAleer, & Hahne, 2017; van det Riet, Levett-Jones, & Aquino-Russell, 2018). Due to the limitations, the generalizability or transferability of the findings may be limited.

Implications for Individuals, Communities, and Systems

The potential implications of this exhaustive literature review were evidence-based support for inclusion of self-care education within an NRP. Self-care education was effective at reducing the burden of caregiver burnout for NACNs (Belton, 2018). The duration, modality, and delivery differ in the literature, but there was overwhelming support for self-care educational training (Mellor, 2017). Self-care educational modalities support coping skills and resiliency for the NACN both personally and professionally (Chesak et al., 2014). Self-care techniques allow the nurse to address the needs of self before tending to the needs of others (Watson, 1999). Reducing burnout in the individual can help to promote well-being, potentially increasing their likelihood to maintain employment (Press Ganey, 2018).

Systems also may be positively affected by this work. Training and retaining nurses is extremely expensive for health care organizations that are already challenged with high operating costs (Opperman et al., 2016). Reducing expenses associated with onboarding NACNs could be passed along to the patient with lower overall health care costs. Health care systems may benefit from expanding implementation of self-care education as part of their general onboarding procedure to reduce the cost of turnover related to burnout. The implications for this doctoral site as part of a larger health system may include expanding implementation of self-care education for NACNs as a standard part of the NRP at all of their hospital locations.

Implications for Positive Social Change

This project demonstrated several of Walden University's (n.d.) key positive

social change features for effective change agents including scholarship, practice, and

collaboration. Scholarship, described as the ability to apply theory and research (Walden,

n.d.), was demonstrated by this doctoral project through the systematic literature review

and specific, actionable recommendations made to the doctoral site to address the gap in

practice. This resulted in an increased understanding for individuals and systems of the

positive effect that self-care education can have on NACNs' assimilation into practice.

For the individual NACNs, this project provided improved understanding of strategies for

integrating self-care into daily practice.

Secondly, the concept of practice to positively drive social change applies to the

ability to translate knowledge into action (Walden, n.d.). Practice, as a positive social

change, was demonstrated by the doctoral student's application of nursing theory and

literature into an educational plan and curriculum building for self-care education. This

project was developed using sound literature review methodology and was reflective of

the existing literature that supported providing self-care staff development programs

within an NRP to help build a more resilient, mindful, and compassionate nursing

workforce (Chesak et al., 2014). Other organization may benefit from this work as they

may be able to implement this evidence-based program into their NRP.

Lastly, "collaboration," defined as working with others to build networks (Walden

University, n.d.), is the final example of positive social change that was demonstrated by

this project. This doctoral student brought together key stakeholders to collaborate and

support NACNs' transition to practice. Communities that work together create value in self-care and nurture well-being as necessary to sustain self-care behaviors (Hrabe, Melnyk, Buck, & Sinnott, 2017). Organizations that value care of the individual may create cultures where the individual feels empowered and valued (Chesak et al., 2014). Health care teams that are empowered to discuss feelings of burnout collectively may create stronger health care teams, have heightened sense of psychological security, and create more trust to speak up for themselves and for the patient's safety and well-being (Marrow et al., 2018).

Scholarship, practice, and collaboration, all key concepts of Walden University's Features of Social Change, were demonstrated in the completion of this doctoral project. This educational session directly aligns with Walden University's mission to positively influence society through evidence based practice and with the Doctorate of Nursing Practice essentials of staff education to improve health within populations (Walden University, n.d.). This positive social change had an effect on the individual, the organization, and potentially the system.

Recommendations

The gap in nursing practice which was the focus of this doctoral project was the organizational support for self-care education for NACNs as part of the NRP. A comprehensive review of literature was completed and there was evidence-based support for the inclusion of self-care education to aid in NACNs' transition to practice. The proposed recommendations to address this gap in practice was an evidence-based educational program that could be integrated into the existing NRP.

The educational product was developed based on the synthesis of existing literature. An educational teaching plan (see Appendix B) was developed by this doctoral student that can be used in a didactic, classroom setting. The educational plan was developed based on the summary of this exhaustive literature review and course objectives were based on the theoretical framework of Dorothea Orem and Jean Watson. The educational product was developed by the doctoral student and was informed by the collaborative work of the site team including nursing leadership, nursing education, and a NACN representative. This educational product used multiple teaching modalities including didactic, participatory, and guided facilitation. Use of multiple modalities increases the likelihood that the learner will be actively engaged despite a variety of learning styles (Opperman et al., 2016). Design of this session was intended to engage the learner and stimulate robust discussion within the group setting.

The detailed recommendations were shared with the doctoral site to inform the design and implementation of this project and are detailed below. The educational product was provided to the site team and was implemented at the site based on the doctoral student's recommendations. The staff development session was taught by a Clinical Nurse Specialist (CNS) and a Nursing Professional Development Specialist (NPDS), both of whom have expertise in nursing education and currently provide support to NACNs at the doctoral site. The extensive synthesis of literature recommends 8 hours of training (Cheeks & Dunn, 2010; Kravitz et al., 2010). For ease of implementation, this doctoral student prepared 4, two hour modules focused on the domains of healthy lifestyles as informed by the Wellness Program for Transitioning Nurses by Windy,

Craft, and Mitchell (2019) and the ANA Health Nurse, Healthy Nation™ campaign.

These topics include physical activity and sleep (ANA, n.d.; Cheeks & Dunn, 2010;

Melynk et al., 2013), nutrition and exercise (ANA, n.d.; Bolden et al., 2011; Farina et al.,

2018), and self-care modalities (Chesak et al., 2014; Kravitis et al., 2010; Lamke et al.,

2014; van det Riet et al., 2018).

Evaluation Recommendations

The scope of this doctoral project was the development of an educational product

for the NACN that could be integrated into an NRP. Evaluation of the effectiveness of the

intervention may be achieved using Kirpatrick's level of evaluation (Ochylski,

Aebersold, Kuebric, 2017). Kirpatrick's Level I is reaction to or satisfaction with a

training program and Level II is learning, or the students understanding of the content

(Ochyliski et al., 2017). Kirpatrick Level I and Level II will be used in the pretest and

posttest content. A proposed tool for evaluation was provided to the doctoral site and

included a pretest and a posttest evaluation (Appendix C).

The intent of a pretest and posttest evaluation was to assess what the NACN

learned during the educational session (Holtschneider & Park, 2019). The pretest and

posttest content aims to evaluate the educational effect on the learner (Holtschneider &

Park, 2019). Results from this pretest and posttest may be used to guide future iterations

or to make changes to the content, delivery, or duration of the staff development project

(Holtschneider & Park, 2019). Nurse educators must be able to demonstrate outcomes

and disseminate the results of educational interventions to stakeholders (Harper &

Maloney, 2016).

Contribution of the Doctoral Project Team

The planning and implementation of this staff development project required a team approach and included multiple stakeholder: nursing leadership, a NACN representative, local level educators, and the doctoral student. Each stakeholder had unique perspective applicable to planning and implementation and provided useful feedback to the doctoral student throughout the development process. Executive nursing leadership, namely the Chief Nursing Officer, provided executive level support and financial backing for the program. Her expressed written support was also needed for doctoral site Institutional Review Board approval of the project prior to applying for Walden IRB approval.

Roles and Responsibilities of Team Members

Each member of the project team had specific responsibilities that contributed to the end educational product. The primary team, consisting of the doctoral student, the hospital based Clinical Nurse Specialist (CNS) and Nursing Professional Development Specialist (NPDS), met frequently to review the course content, clarified questions, and offered their expert opinion on the development of the educational product. The CNS and the NPDS provided recommendations and resources for developing evidence-based course objectives for each of the four sessions. Examples of suggestions included revisions to wording on the pretest and posttest and evidence-based educational techniques to engage the NACNs. The CNS and NPDS also recommended including a doctoral site specific resource guide that could be given to the NACN as part of the

educational product. This was outside the scope of this project but will be developed by the site CNS and NPDS as part of their implementation plan.

The secondary project team included a NACN representative, nurse leaders, and the Chief Nursing Officer. The role of this team was to review the educational product and provide feedback. Examples of their feedback included questions related to the evaluation tool and strategies to incorporate this content into the doctoral site's annual nursing performance evaluation process. I reviewed the staff development pretest and posttest but and informed them that the annual evaluation was outside the scope of this project.

Project Team's Recommendations for Final Product

The project team's feedback was integral in the final product development. The doctoral student shared the educational product with the primary team and secondary team at one final meeting. Their feedback and questions were specific to evaluating the acquisition of knowledge and operational questions specific to implementation of the educational product. The project team reviewed the pretest and posttest and made recommendations on areas that were confusing, or the intent of the question wasn't clear. The project team reviewed the teaching plan in its entity and provided feedback on self-care methods that may not have been included such as nutrition and sleep especially for NACNs who may be working a rotating shift schedule. The project team reinforced their support of the program and leadership emphasized the need for NACNs to be provided organizational support for self-care as part of a healthy working environment.

Extension of Educational Product

The scope of this doctoral staff development project extended only to the development of the educational program at the doctoral site. The recommendation was to implement this educational intervention for all NACNs at the doctoral site as part of their NRP. The local CNS and NPDS plan to highlight this educational session to the larger enterprise nursing education department for implementation at other hospital sites within the health system. The doctoral site currently plans on continuing this educational session at this time although the timing of future courses has not been finalized.

Strengths and Limitations of the Project

There are several strengths for this staff development project. One strength is that the educational product was developed based on an extensive review of the literature on the topic of self-care for NACNs. Recommendations that informed this paper came from professional nursing organization position statements, white papers published on this topic, and existing literature from experts in the field of self-care. The American Nurses Credentialing Center published a position statement recommending stress management curriculum be included as NRPs (Windey & Craft, 2019). Also, the content of this educational product was developed in a way that it could be easily transferable to other health care organizations' NRPs for implementation.

An additional strength for this project was the overwhelming support that was provided from all project team stakeholders at the doctoral site. The team, including the Chief Nursing Officer, had robust discussion about the current state of the existing NRP and the practice gap related to self-care education. As stated above, the team provided

quality feedback as this doctoral student developed the educational product. The project team was engaged in the future implementation and positive effects this educational project could have on NACNs at the doctoral site. Their willingness to share this work in the future with other hospitals within the system could potentially affect many more NACNs in the future.

One additional strength is that these types of staff development programs exist within the literature. The NRP at the Veteran's Administration (VA) provided a solid example of emerging programs that included this kind of self-care education for NACNs. The VA's NRP integrates reflective journaling throughout the 3 progressive phases of development for NACNs within the first year of practice (Bolden et al., 2011). The content of this NRP helps to connect the NACN to the larger organization's mission and vision (Bolden et al., 2011). Reflective journaling was used to enhance critical thinking as well as self-debrief on growth throughout the NACN's first year of practice (Bolden et al., 2011). Proactively encouraging journaling within the NRP aids in developing coping skills for the NACN (Bolden et al., 2011). This innovative and evidence-based approach to support NACNs during NRP has served as an example for this doctoral student's educational product.

A limitation for this educational program was that there was a lack of high-levels of existing literature, with most falling in Level IV, a single descriptive or qualitative study, or level VII, expert opinions, based on Melnyk & Fineout-Overholt (2015) hierarchy of evidence for intervention tool. White papers and position statements from professional nursing organizations were used to ensure there was high levels of evidence

to inform this educational product. The complexity of terms used in the literature required the doctoral student to adjust key words to ensure an inclusive review had been completed based on Boolean language. NRP were called a variety of things in the literature and did not exclusively apply to NACNs. Consultation with the doctoral site librarian assisted this doctoral student in ensuring this literature review was exhaustive in nature.

Recommendations

There are several recommendations for future research on the topic of self-care for the NACN specifically the importance of timing and the method of delivery. Future research and organizational projects should be completed with high levels of evidence including randomized control trial or with quasi-experimental methodology. This would help to add to what is currently known about the effect of self-care staff development programs for NACNs. Potential future projects should focus on evaluating the effect of self-care education for NACNs and their intent to stay in their position or their turnover rate compared to those who do not receive self-care education in their NRP. An additional recommendation is to evaluate teaching and delivery strategies related to NACNs' satisfaction with the program as well as knowledge acquisition on the pretest and posttest.

Section 5: Dissemination Plan

Dissemination Plan

Organizational Dissemination

Organizational support for this staff education project was instrumental in the development and vital to the continued support of this work. This educational project was disseminated at the doctoral site as part of the continued and ongoing improvement of the year-long NRP for the NACN. It was integrated into the NRP at the hospital level as part of the local level supportive education for NACNs and was facilitated by the nursing education and professional development staff.

The target audience for dissemination of this project was the hospital-based nursing professional development specialists and the NACNs. Additional stakeholders were integral for dissemination of this project included the chief nursing officer and nursing leaders. Current nursing professionals at the doctoral site may also be secondary stakeholders as their work environment may be positively influenced as NACNs with improved self-care skills enter their work environment.

Dissemination to Broader Nursing Profession

Presentation of this literature review and staff education project nationally may be relevant to the American Association of Holistic Nurses or the Association of Nursing Professional Development Specialist. In addition, strategies for addressing turnover are important for nurse leaders (Tyndall, Scott, Jones, & Cook, 2019) and would align with the national Association of Nurse Executives' conference. The doctoral site for this intervention is also a Pathways to Magnet, designated acute care facility so submitting to

present at the national Pathways or Magnet conference may be an effective method to disseminate this work because of its importance to nurse leaders as they support healthy work environments for the NACN (Bamford, Wong, & Laschlinger, 2013). This project may be appropriate for a podium or poster presentation. Submission of manuscripts for publication with any of these nursing organizations' publications may be an effective method for dissemination especially as nurse educators are challenged to demonstrate their work's positive effect on organizational strategies such as retention (Opperman et al., 2018).

Analysis of Self

As I near the end of this doctorate in nursing practice journey, I reflected on my growth as a scholar, nursing professional, and project manager. Nurse leaders have a tremendous influence on retention of NACNs by fostering healthy, supportive work environments through communication (Tyndall, et al., 2019). This doctoral project journey allowed me the opportunity to grow exponentially in these important areas in my role as a scholar and as a nurse leader, specifically communication and fostering a healthy work environment. I have been provided the opportunity to study extensively the positive effect that a healthy work environment and supportive leadership can have on NACNs; transition to practice and acclimation into health care organizations through the coursework of this DNP program.

I improved my ability to communicate within teams and throughout the organization as I have progressed through this DNP project. I developed relationships with key stakeholders and improved my ability to communicate orally and in writing in

the professional setting. I developed and honed my academic voice through feedback and revisions, and this has positively affected on my ability to communicate in my professional role. I developed a deeper understanding of change management, specifically in large health care organizations, and I improved my ability to systematically evaluate literature to support evidence-based practice. I am able to apply this skill to my professional role when evaluating organizational initiatives or changes to ensure changes have sound, evidence-support.

This DNP project helped to develop my role as project manager. Setting realistic expectations about what could be accomplished in a quarter was difficult in the beginning and I encounter many setbacks, specifically related to obtaining institutional review board (IRB) approval at my site while also working within the guidelines of Walden University. Progress was slow moving at times; however, working through this process helped me to understand the need to plan for delays especially when working within multiple organizations with different workflows. I found it helpful to use the Quarterly Plan template as a working document and to celebrate incremental success along the way.

I experienced significant growth as a practitioner and scholar while completing this DNP project. I completed an exhaustive literature review, summarized the findings, and presented results to support a change in practice based on sound research. This experience and skill development will be helpful to me in my professional life. I am now able to identify needed changes, review literature to support intervention, and create a sound plan to address the gap in practice. In addition, I was exposed to the IRB approval

process and the steps along the way to obtaining approval. I am better prepared to support nurses interested in nursing research after experiencing this journey myself.

Completion of the Project

This DNP program journey challenged me to complete what I have started regardless of the difficulties that I encountered. This program has certainly not been an easy one, but this project and corresponding coursework enabled me to build on my knowledge of evidence-based practice. I learned to more effectively receive feedback, use resources, and make changes as needed to provide doctoral level products that are backed by sound-evidence. It has broadly reinforced the supportive network of friends, family, and colleagues who were willing to assist me in different capacities along the way.

I am proud of the growth I have seen in myself as this project and journey come to an end. My long-term professional goal was to obtain my doctorate of nursing practice degree. Now that this journey is coming to an end, I hope to continue to pursue my professional development by becoming published in a peer-reviewed nursing journal. This doctoral capstone prepared me for this next step in my professional development.

I learned a great deal about myself throughout this process. I struggled in the beginning at the difficulty at the standard of writing needed at the doctoral level. I previously never had my writing scrutinized so closely. I took feedback from the project Chair seriously and found each revision to be less difficult. I learned this caliber of writing was not something I could jump in and out of easily. I found it helpful to set aside dedicated, uninterrupted time to work on large sections of the paper at a time. I found that

using the resources available to me, whether the templates, webinars, office hours, or the librarian extremely helpful and this was not a journey that I could do without help.

Summary

Self-care education for NACNs is an important intervention to address the critical issue of caregiver burnout especially during the vulnerable first year of employment. After a comprehensive and exhaustive review of the literature and synthesis of the findings, I developed a staff development product that will address the gap in practice of self-care education for NACNs as part of an NRP. This educational program may be incorporated into future offerings of the doctoral site's NRP. Completion of this project aligns with my professional goals as a nurse leader to support NACNs by providing a positive work environment and supporting and retaining NACNs during their first year of practice by emphasizing the need for self-care.

References

Advisory Board. (2017). Win millennials' loyalty: Best practices for retaining you, early
   tenure nurses. Retrieved from https://www.advisory.com/-/media/Advisory-
   com/Research/NEC/Research-Study/2017/NEC-Win-Millennials-Loyalty.pdf

Advisory Board. (2018). About Advisory Board. Retrieved from
   https://www.advisory.com/about-us

Aiken, L. H., Sermeus, W., Van den Heede, K., Sloane, D. M., Busse, R., McKee, M., . .
   . Kutney-Lee, A. (2012). Patient safety, satisfaction, and quality of hospital care:
   Cross sectional surveys of nurses and patients in 12 countries in Europe and the
   United States. *BMJ (Clinical Research Ed.), 344*, e1717. doi:10.1136/bmj.e1717

Aiken, L. H., Sloane, D. M., Bruyneel, L., Van den Heede, K., Griffiths, P., Busse, R., . .
   . RN4CAST consortium. (2014). Nurse staffing and education and hospital
   mortality in nine European countries: A retrospective observational study. *Lancet
   (London, England), 383*(9931), 1824-1830. doi:10.1016/S0140-6736(13)62631-8

American Holistic Nurses Association. (2017). Holistic self-care for nurses. Retrieved
   from http://www.ahna.org/Membership/Member-Advantage/Whatisself-care

American Holistic Nurses Association. (2015). *Holistic nursing: Scope and standards of
   practice*. Silver Springs, MD: Author.

American Nurses Association. (n.d.). *Healthy work environment.* Retrieved from
   https://www.nursingworld.org/practice-policy/work-environment

American Nurses Credentialing Center. (2018). ANCC magnet recognition programs.
   Retrieved from https://www.nursingworld.org/organizational-programs/magnet/

Anderson, G., Hair, C., & Todero, C. (2012). Nurse residency programs: An evidence-based review of theory, process, and outcomes. *Journal of Professional Nursing: Official Journal of the American Association of Colleges of Nursing, 28*(4), 203-212. doi:10.1016/j.profnurs.2011.11.020

Ashcraft, P. F., & Gatto, S. L. (2015). Care-of-self in undergraduate nursing students: A pilot study. *Nursing Education Perspectives, 36*(4), 255-256.doi: 10.5480/13-124

Asuero, A. M., Queralto, J. M., Pujol-Ribera, E., Berenguera, A., Rodriguez-Blanco, T., & Epstein, R. M. (2014). Effectiveness of a mindfulness education program in primary health care professionals: A pragmatic controlled trial. *The Journal of Continuing Education in the Health Professions, 34*(1), 4-12. doi:10.1002/chp.21211

Bamford, M., Wong, C., & Laschlinger, H. (2013). The influence of authentic leadership and areas of worklife on work engagement of registered nurses. *Journal of Nursing Management*, *21*(3), 529-540. https://doi.org/10.1111/j.1365-2834.2012.01399.x

Belton, S. (2018). Caring for the caregivers: Making the case for mindfulness- based wellness programing to support nurses and prevent staff turnover. *Nursing Economic$, 36*(4), 191-194. http://www.nursingeconomics.net/cgi-bin/WebObjects/NECJournal.woa

Bolden, L., Cuevas, N., Raia, L., Meredith, E., & Prince, T. (2011). The use of reflective practice in new graduate registered nurses residency program. *Nursing Administration Quarterly*, *35*(2), 134-139.

https://doi.org/10.1097/NAQ.0b013e31820feb5e

Bohnenkamp, S. (2016). *Decreasing moral distress: What do we need to do to keep our nurses at the bedside?*. Pitman, NJ: Jannetti Publications, Inc Boyle, D. A. (2015). Compassion fatigue: The cost of caring. *Nursing, 45*(7), 48-51. doi:10.1097/01.NURSE.0000461857.48809.a1

Boyle, D. A. (2015). Compassion fatigue: The cost of caring. *Nursing, 45*(7), 48-51. Retrieved from https://journals.lww.com/nursing/pages/default.aspx

Cheeks, P., & Dunn, P. S. (2010). A new-graduate program: Empowering the novice nurse. *Journal for Nurses in Staff Development*, *26*(5), 223-227. https://doi.org/10.1097/NND.0b013e3181993b72

Cino, K. (2016). Learning balance: self-case in nursing curriculum. *Beginnings. 36*(4). 14-15. Retrieved from http://www.ahna.org/Portals/66/Docs/Membership/Archives/Beginnings/2016_August_Beginnings.pdf?ver=2016-12-15-120231-42

Cline, D., Frentz, K. L., Fellman, B., Summers, B., & Brassil, K. (2017). Longitudinal outcomes of an institutionally developed nurse residency program. *Journal of Nursing Administration, 47*(7), 384-390. doi:10.1097/NNA.0000000000000500

Cochran, C. (2017). Effectiveness and best practice of nurse residency programs: A literature review. *MEDSURG Nursing, 26*(1), 53-63. Retrieved from http://www.medsurgnursing.net/cgi-bin/WebObjects/MSNJournal.woa

Commission of Collegiate Nursing Education. (2015). Standards for accreditation of entry to practice nurse residency program. Retrieved from

http://www.aacnnursing.org/Portals/42/CCNE/PDF/CCNE-Entry-to-Practice-
Residency-Standards-2015.pdf

Cowgill, C. (2016). Provider burnout: Understand the implications. *Oregon State Board of Nursing Sentinel, 35*(3), 6-7. doi: 118570131

Crane, R. S., Brewer, J., Feldman, C., Kabat-Zinn, J., Santorelli, S., Williams, J. M. G., & Kuyken, W. (2017). What defines mindfulness-based programs? The warp and the weft. *Psychological Medicine*. https://doi.org/10.1017/S003329171600331.

Crimlisk, J. T. (2017). Nurse residency program designed for a large cohort of new graduate nurses: Implementation and outcomes. *MEDSURG Nursing, 26*(2), 83-104. doi: 1092-0811

Duarte, J., Pinto-Gouveia, J., & Cruz, B. (2016). Relationships between nurses' empathy, self-compassion and dimensions of professional quality of life: A cross-sectional study. *International Journal of Nursing Studies, 60*, 1-11. doi:10.1016/j.ijnurstu.2016.02.015

Denyes, M. J., Orem, D. E., Bekel, G., & SozWiss. (2001). Self-care: a foundational science. *Nursing Science Quarterly*, *14*(1), 48–54. https://doi.org/10.1177/089431840101400113

Dubois, C. A., & Gonzalez, J. F. (2018). Implementing a Resilience-Promoting Education Program for New Nursing Graduates. *Journal for Nurses in Professional Development,34*(5), 263-269. doi:10.1097/nnd.0000000000000484

Dwyer, P. A., & Hunter Revell, S. M. (2016). Multilevel influences on new graduate nurse transition: A literature review. *Journal for Nurses in Professional*

Development, 32(3), 112-121. doi:10.1097/NND.0000000000000265

Fallatah, F., Laschinger, H. K. S., & Read, E. A. (2017). *The effects of authentic leadership, organizational identification, and occupational coping self-efficacy on new graduate nurses' job turnover intentions in Canada.* https://doi-org.ezp.waldenulibrary.org/10.1016/j.outlook.2016.11.020

Farina, S. M., Minerva, E., Glunt, J., & Bernardo, L. M. (2018). Introducing Mindfulness Practices for Self-Care: Outcomes of a Brief Education Session. *Journal for Nurses in Professional Development*, *34*(4), 194–198. https://doi.org/10.1097/NND.0000000000000456

Fiedler, R., Read, E. S., Lane, K. A., Hicks, F. D., & Jegier, B. J. (2014). Long-term outcomes of a post-baccalaureate nurse residency program: A pilot study. *The Journal of Nursing Administration, 44*(7/8), 417-422. doi:10.1097/NNA.0000000000000092

Fowler, M.D.M. & American Nurses Association. (2015). Guide to the code of ethics for nurses with interpretive statements: development, interpretation, and Application. (Vol. Second Edition). Silver Spring, Maryland: *American Nurses Association.* Retrieved from http://ezp.waldenulibrary.org/login?url+http://search.ebscohost.com/login.aspx?direct=tru&db=nlebk&AN=1021763&sites=eds-live&scope=site

Gabel, S. (2013). Demoralization in health professional practice: Development, amelioration, and implications for continuing education. *The Journal of Continuing Education in the Health Professions, 33*(2), 118-126.

doi:10.1002/chp.21175

Gauthier, T., Meyer, R. M. L., Grefe, D., & Gold, J. I. (2015). An On-the-Job

Mindfulness-based Intervention for Pediatric ICU Nurses: A Pilot. *Journal of*

Pediatric Nursing, *30*(2), 402–409. https://doi.org/10.1016/j.pedn.2014.10.005

Halter, M. Boiko, O., Pelone, F. Beighton, C., Gale, J., Drennan, V. & Gourlay, S.

(2017). The determinants and consequences of adult nursing staff turnover: a

systematic review. *BMC Health Services Research, 1*.doi:10.1186/s12913-017-

2707-0

Harper, M. & Maloney, P. (2016). *Nursing professional development: Scope and*

standards of practice (3rd ed.). Chicago, IL; Association for Nursing Professional

Development.

Holtschneider, M. E., & Park, C. W. (2019). Evaluating Simulation Education in the

Workplace. *Journal for Nurses in Professional Development,35*(1), 44-45.

doi:10.1097/nnd.0000000000000509

Hopkins, J. L., & Bromley, G. E. (2016). Preparing new graduates for interprofessional

teamwork: Effectiveness of a nurse residency program. *The Journal of Continuing*

Education in Nursing, 47(3), 140-148.

doi:http://dx.doi.org.ezp.waldenulibrary.org/10.3928/00220124-20160218-10

Houck, D. (2014). Helping nurses cope with grief and compassion fatigue: An

educational intervention. *Clinical Journal of Oncology Nursing, 18*(4), 454-458.

doi:10.1188/14.CJON.454-458

Institute of Medicine (2010). The future of nursing. Retrieve from

http://www.nationalacademies.org/hmd/~/media/Files/Report%20Files/2010/The-

Future-of-

Kabat-Zinn, J. (1982). An outpatient program in behavioral medicine for chronic pain

patients based on the practice of mindfulness meditation: Theoretical

considerations and preliminary results. *General Hospital Psychiatry, 4*, 33-34.

Klatt, M. D., Weinhold, K., Taylor, C. A., Zuber, K., & Sieck, C. J. (2017). A Pragmatic

Introduction of Mindfulness in a Continuing Education Setting: Exploring

Personal Experience, Bridging to Professional Practice. *Explore: The Journal of

Science and Healing*, *13*(5), 327–332.

https://doi.org/10.1016/j.explore.2017.06.003

Kravits, K., McAllister-Black, R., Grant, M., & Kirk, C. (2010). Self-care strategies for

nurses: A psycho-educational intervention for stress reduction and the prevention

of burnout. *Applied Nursing Research*, *23*(3), 130–138.

https://doi.org/10.1016/j.apnr.2008.08.002

Lamke, D., Catlin, A., & Mason-Chadd, M. (2014). "Not Just a Theory": The

Relationship Between Jin Shin Jyutsu® Self-Care Training for Nurses and Stress,

Physical Health, Emotional Health, and Caring Efficacy. *Journal of Holistic

Nursing*, *32*(4), 278–289. https://doi.org/10.1177/0898010114531906

Lanier, J. (2018). Running on empty: Compassion fatigue in nurses and non-professional

caregivers. (2017). *ISNA Bulletin, 44*(1), 10-14. doi: 2575-2146

Laschinger, H. K., & Grau, A. L. (2012). The influence of personal dispositional factors

and organizational resources on workplace violence, burnout, and health

outcomes in new graduate nurses: A cross-sectional study. *International Journal*

of Nursing Studies, 49(3), 282-291. doi:10.1016/j.ijnurstu.2011.09.004

Laschinger, H. K., Grau, A. L., Finegan, J., & Wilk, P. (2010). New graduate nurses'

experiences of bullying and burnout in hospital settings. *Journal of Advanced*

Nursing, 66(12), 2732-2742. doi:10.1111/j.1365-2648.2010.05420.x

Levine, J. (2017). *Transition to practice--part 1 implementing the AAACN ambulatory*

care nurse residency program: The importance of a structural framework:

Perspectives in ambulatory care Jannetti Publications, Inc. doi: 0746-1739

Lin, P. S., Viscardi, M. K., & McHugh, M. D. (2014). Factors influencing job satisfaction

of new graduate nurses participating in nurse residency programs: A systematic

review. *The Journal of Continuing Education in Nursing, 45*(10), 439-50.

doi:http://dx.doi.org.ezp.waldenulibrary.org/10.3928/00220124-20140925-15

Morrow, E., Call, M., Marcus, R., & Locke, A. (2018). Focus on the Quadruple Aim:

Development of a Resiliency Center to Promote Faculty and Staff Wellness

Initiatives. *Joint Commission Journal on Quality and Patient Safety*, *44*(5), 293–

298. https://doi.org/10.1016/j.jcjq.2017.11.007

Martsolf, G. R., Nguyen, P., Freund, D., & Poghosyan, L. (2017). *What we know about*

postgraduate nurse practitioner residency and fellowship programs

doi:https://doi-org.ezp.waldenulibrary.org/10.1016/j.nurpra.2017.05.013

McConville, J., McAleer, R., & Hahne, A. (2017). Mindfulness Training for Health

Profession Students—The Effect of Mindfulness Training on Psychological Well-

Being, Learning and Clinical Performance of Health Professional Students: A

Systematic Review of Randomized and Non-randomized Controlled Trials.

Explore: The Journal of Science and Healing.

https://doi.org/10.1016/j.explore.2016.10.002

McEwen, M. & Wills, E.M. (2014). *Theoretical basis for nursing.* Philadelphia, PA,

Wolters Kluwer Health

Mellor, P., Gregoric, C., & Gillham, D. (2017). Strategies new graduate registered nurses

require to care and advocate for themselves: A literature review. *Contemporary*

Nurse. https://doi.org/10.1080/10376178.2017.1348903

Melnyk, B.M., Fineout-Overhold, E., Stillwell, S.B., & Williamson, K.M. (2010).

Evidence-based practice step-by-step: The seven steps of evidence-based practice.

American Journal of Nursing,110(1), 51-53. doi:

10.1097/01.NAJ.0000366056.06605.d2

Melnyk, B. M.*, &* Fineout-Overholt, E. (2015)*.* Evidence-based practice in nursing *&*

healthcare: A guide to best practice (3rd ed.)*.* Philadelphia*:* Wolters Kluwer

Health/Lippincott Williams and Wilkins.

Merriam, D. H., Kelly, K., Kelman, G. B., & Rusin, M. L. (2016). Intersection of quality

and excellence: Characteristics of redesignated national league for nursing centers

of excellence. *Nursing Education Perspectives, 37*(5), 278-280.

http://dx.doi.org.ezp.waldenulibrary.org/10.1097/01.NEP.0000000000000026

Meyer, R. M., Li, A., Klaristenfeld, J., & Gold, J. I. (2015). Pediatric novice nurses:

Examining compassion fatigue as a mediator between stress exposure and

compassion satisfaction, burnout, and job satisfaction. *Journal of Pediatric Nursing, 30*(1), 174-183. doi:10.1016/j.pedn.2013.12.008

Morrison Wylde, C., Mahrer, N. E., Meyer, R. M. L., & Gold, J. I. (2017). Mindfulness for Novice Pediatric Nurses: Smartphone Application Versus Traditional Intervention. *Journal of Pediatric Nursing*, *36*, 205–212. https://doi.org/10.1016/j.pedn.2017.06.008

Myers, R. E. (2017). Cultivating mindfulness to promote self-care and well-being in perioperative nurses. *AORN Journal, 105*(3), 259-266. doi:S0001-2092(17)30006-6

Nelson, J., & Watson, J. (Eds.). (2011). *Measuring caring: international research on caritas as healing*. Retrieved from https://ebookcentral.proquest.com

Ochylski, D., Aebersold, M., & Kuebric, M. B. (2017). Multidimensional Evaluation of Simulation-Based Course to Enhance Prelicensure Nursing Students' Clinical Skills. *Nurse Educator*. https://doi.org/10.1097/NNE.0000000000000379

Onda, E. L. (2012). *Situated cognition: Its relationship to simulation in nursing education* doi:http://dx.doi.org/10.1016/j.ecns.2010.11.004

Opperman, C., Liebig, D., Bowling, J., Johnson, C. S., & Harper, M. (2016). Measuring return on investment for professional development activities: Implications for practice. *Journal for Nurses in Professional Development, 32*(4), 176-184. doi:10.1097/NND.0000000000000274

Orem, D. E. (1991). *Nursing: Concepts of practice* (4th ed.). St. Louis, MO: Mosby-Year Book Inc.

Orem, D. E. (1995). *Nursing: Concepts of practice.* (5th ed.). St. Louis, MO: Mosby.

Orem, D. E. (2001). *Nursing: Concepts of practice.* (6th ed.). St Louis, MO: Mosby.

Outram, S., & Kelly, B. (2014). "You teach us to listen,... but you don't teach us about
    suffering": Self-care and resilience strategies in medical school curricula.
    Perspectives on Medical Education, 3(5), 371-378. doi:10.1007/s40037-014-
    0145-9

Penprase, B., Johnson, A., Pittiglio, L., & Pittiglio, B. (2015). Does mindfulness-based
    stress reduction training improve nurse satisfaction? *Nursing Management,
    46*(12), 38-45. doi:10.1097/01.NUMA.0000470772.17731.e6

Read, E., & Laschinger, H. K. S. (2017). Transition experiences, intrapersonal resources,
    and job retention of new graduate nurses from accelerated and traditional nursing
    programs: A cross-sectional comparative study. *Nurse Education Today, 59*, 53-
    58. doi:S0260-6917(17)30201-0

Reed, D. (2014). Healthy Eating for Healthy Nurses: Nutrition Basics to Promote Health
    for Nurses and Patients. *OJIN: The Online Journal of Issues in Nursing*.
    https://doi.org/10.3912/OJIN.Vol19No03Man07

Schulze, R. (2017). Advisory board: millennial nurses are headed for the exit. Here's how
    to stop them. Retrieved from
    https://www.advisory.com/dailybriefing/2017/09/14/millennial-nursing

Sitzman, K., & Watson, J. (2013). *Caring science, mindful practice: implementing
    Watson's human caring theory*. Retrieved from https://ebookcentral.proquest.com

van Wijlen, J. (2017). Healing the healer: A caring science approach to moral distress in

new graduate nurses. *International Journal for Human Caring, 21*(1), 15-19.

http://dx.doi.org.ezp.waldenulibrary.org/10.20467/1091-5710-21.1.15

Watson, J. (1999). *Nursing: Human science and human care: A theory of nursing.*

Retrieved from https://ebookcentral.proquest.com

Watson, J. P. R. A. F. (Ed.). (2009). *Assessing and measuring caring in nursing and*

health science: second edition. Retrieved from https://ebookcentral.proquest.com

Windey, M., Craft, J., & Mitchell, S. L. (2019). Incorporating a Wellness Program for

Transitioning Nurses. *Journal for Nurses in Professional Development.*

https://doi.org/10.1097/nnd.0000000000000498

Appendix A: Literature Review using Melynk's Hierarchy of Evidence Tool

Author(s) Year	Level of Evidence	Conceptual Framework	Design/ Method	Sample/ Setting	Major Variables Studied Operational Definitions	Measurement	Data Analysis	Intervention	Findings	Appraisal: Worth to Practice
Belton (2018)	VII	None	Expert opinion	Nurses	Mindfulness: mind-body approach to process experiences and reduce stressful reactions	None	None	Mindfulness training for nurses to decrease turnover	Health care organizations that implement internal or external mindfulness training programs demonstrate positive	Mindfulness training programs have a significant positive effect on nurses' well-being personally and professionally. Multiple formats are available including in-person, internet, intranet, or audio media. Return on investment needs to be more fully studied.
Bernard & Martyn (2018)	VII	None	Expert opinion	Nurses	Nurse residency program covers the first year of practice post licensure. Resiliency is the ability of an individual to respond to stressful situations.	None	None	Collaborative nurse residency program designed with hospital system and undergraduate nursing program	Resiliency training must be added to NRP to mitigate role of stress in novice nurse turnover	Collaboration between academic institutions and hospital systems are needed as part of nurse residencies. Coping strategies including resiliency training should begin in academia and last throughout the residency.
Boehm & Tse (2013)	V	Benner Novice to Expert	Systematic Review descriptive studies	Nurses: Peer reviewed articles published in English	Guided imagery is a spiritual technique for mind and body to promote relaxation and improve health	None	None	12 relevant articles included in thematic review	Recommendation for guided imagery to be included in nurse residency programs	Guided imagery education for novice nurses can be a useful tool to increase perceptions of proficiency and electronic formats may be a useful delivery modality for health care organizations.
Bolden, Cuevas,	VI	None	Qualitative	Nurses: Veterans	Reflective journaling to	None	None	Implementatio n of reflective	More research is needed to	Reflective journaling can be an effective tool at

Raia, Meredith, & Prince (2011)				Administration internal NRP	empower, heal, and cope during first 6 months of employment as RN			journaling within a Veterans Administration NRP	understand the effect of reflective journaling	teaching self-care and coping strategies as well as critical decision making as part of an NRP
Cheeks & Dunn (2010)	VI	Benner Novice to Expert	Qualitative ($n = 88$)	Nurses: Acute care hospital NACN	Self-care retreats during NACN 1st year of employment	Retention rates at one year employment	None	2 day long retreat days focused on self-care education for the NACN	Improved retention rates post intervention from 75% to 95%	Self-care education provided by the organization can increase feelings of empowerment in the NACN
Chesak et al., (2014)	II	None	Single Randomized control pilot study ($n = 40$)	Nurses: Urban academic medical center	Stress management and resiliency training (SMART) including training on stress, mindfulness, anxiety and resiliency	Perceived Stress Scale, Mindful Attention Awareness Sale, Generalized Anxiety Disorder 7-item scale, and the Connor-Davidson Resilience Scale	Paired t test at baseline and 12 weeks post intervention	Stress Management and Resiliency Training within an NRP	Decrease in stress and anxiety, increase in mindfulness	High percent of novice nurses volunteered to participate (73%) but high level were unable to participate in follow-up (83%). Planning for implementing a similar program should include follow-up plan to allow for attendance.
DuBois & Gonzalez (2018)	IV	None	Single Observational Qualitative ($n = 61$)	Nurses: Urban academic medical center	Resiliency training	Casey Fink Graduate Nurse Experience Survey	None	10 hours of resiliency education in two sessions within an NRP	90% of post-survey respondents ($n =33$) felt that the resiliency training should continue to be a portion of the NRP	Resiliency training demonstrated as enjoyable by participants, but more research needed to understand the effect and return on investment.
Farina, Minerva, Glunt, & Bernardo (2018)	VI	None	Single Qualitative ($n= 545$)	Nurses: Urban academic medical center; Not exclusively NACNs	Biofeedback cards indicative to level of stress pre and post intervention	Ordinal ratings of level of stress using bio-feedback	Wilcoxon rank sum test; significance level set at $p< 0.5$	Guided imagery and mindfulness breathing exercises taught during professional	Increase in biofeedback ratings of calm or relaxed from 39.5% pre to 92% post intervention. Decrease in	Limitation of one time intervention. Need additional study on the use over time.

									development days	biofeedback rating os tense or stressed from 60.4% pre to 8% post	
Hrabe, Melnyk, Buck, & Sinnott (2017)	VI	Cognitive Behavioral Theory	Single Qualitative ($n = 61$)	Nurses: University medical center exclusively NACNs	2 day wellness retreat. Topics including physical health, nutrition, energy management, personal purpose and values.	General Anxiety Disorders (GAD-7) scale	Paired t test at baseline and six months post intervention	Energy management educational and goal setting educational session "Nurse Athlete" for new graduate nurses	Significant decrease in depressive symptoms 6 months post intervention	Community support for physical and mental wellbeing in new graduate nurses can decrease depressive symptoms, which may ultimately decrease burnout in the novice nurse.
Kravitis, McAllister-Black, Grant, & Kirk (2010)	IV	Cognitive model of stress and coping. Trans theoretical model of change	Single Qualitative ($n = 248$) 51% were new graduate RNs	Nurses: NACNs at a comprehensive cancer center	Burnout: complex psychological state comprised of emotional exhaustion, depolarization, and decreased personal accomplishment. Emotional exhaustion is the basis of burnout and occurs as the result of repeated exposure to stressors	Malasch Burnout Inventory	Paired sample t test; Cronbach's coefficient alpha: Pearson's product-correlation coefficient	Six-hour class on positive self-care behaviors including relaxation, guided imagery, personal wellness plan, and art therapy including	Emotional exhaustion significantly reduced after intervention ($p < 0.0005$)	Systemic efforts are needed to support positive self-care behaviors in nursing and avoid burnout
Mellor (2017)	II	None	Single Systematic Review	Literature Review	Transition to practice programs are health care organization based programs that support	None	None	None	Recommendations from literature review include strategies for new nurses to have personal emotional self-	Further research should be conducted on specific strategies to teach new nurses in these important domains.

								novice nurses transition from academia to clinical practice as a professional nurse.		support and reflection.	
Morrison Wylde, Mahrer, Meyer, & Gold (2017)	IV	None	Single Quantitative (*n* = 95)	Nurses: Pediatric NACNs at an urban children's hospital	Mindfulness is a deliberate focus on the current moment with positivity and openness	Five Facet Mindfulness Questionnaires	Bivariate correlation analysis	Smart phone versus traditional delivery mindfulness based education for novice pediatric nurses	Smart phone delivery mindfulness training showed significantly more "acting with awareness" than traditional delivery	Smartphone delivery of mindfulness training may provide an effective mode for organizations to provided training when compared to traditional modes	
Press Ganey (2018)	I	None	White Paper (*n* = 17,483)	Nurses	Resiliency balances stressors in the work environment and enhances engagement	Press Ganey Employee Engagement Survey & NDNQ RN Survey	Eight-item validated tool to measure resiliency within an employee engagement survey	Measured activation and decompression survey responses across length of survey, shift, and age	Providing nurses at all levels with formal resiliency training should be included within the organization's operational budget	Nurse leaders should target interventions to improve engagement and resiliency in RNs at the decline of activation at 6 months of employment	
Richez (2014)	V	None	Qualitative (*n* = 575)	Nurses: Health care system	Narrative pedagogy is learning through reflection of one's own experience	None	None	Transition educational day (8 hours) 3 months in to new employment or movement to a new position. Concepts of narrative pedagogy, meditation, and guided imagery are introduced	Anecdotal positive narratives about the experience	Increasing nurses resiliency may increase the likelihood of nurses intent to stay	

Salentik (2018)	VII	None	Expert opinion	Nurses: Perioperative novice nurses	Mindfulness is a feeling of presence in the moment to bring calm	None	None	None	Self-care strategies including mindfulness and professional development may be effective in decreasing burnout in the novice nurse.	Health care organizations can support novice nurses through strategies for improving resiliency.
van der Riet et al. (2015)	V	Mindfulness-Based Stress Reduction Program	Single Qualitative (*n*= 10)	Nurses: Undergraduate nursing students	Mindfulness is a useful strategy for reducing stress and improving self-efficacy	Group interview correlated into themes	None	Seven 1-hour mindfulness trainings with didactic and experiential components	Participants report increased ability to tend to the needs of self and to be present in the moment with others both professional and personally.	Mindfulness training can also be effective as an educational intervention when introducing new clinical content or skills.
van der Riet, Levett-Jones, & Aquino-Russell, (2018)	I	Whittemore & Knafl's Framework for Integrative Reviews	Systematic Review	Nurses and Nursing Students	Mindfulness is engagement in the present moment to achieve non-judgmental openness	None	None	None	Mindfulness training programs have a significant effect on stress, depression, anxiety, burnout, and improved well-being.	Mindfulness trainings are relatively cost-effective modalities to build residency and improve health professionals' wellbeing but is underutilized.

Note. From "Melnyk, B. M*., &* Fineout-Overholt, E. (2015). Evidence-based practice in nursing & health care: A guide to best practice (3rd ed.). Philadelphia*:* Wolters Kluwer Health/Lippincott Williams and Wilkins." Used with permission.

Appendix B: Teaching Plan for Self-Care Education for the Novice Acute Care Nurse

Day 1: Theoretical Framework: Self-care Theory by Dorothea Orem

Goal: To provide NACN with an introduction to self-care theory by Dorothea Orem

Objectives: At the conclusion of this activity, participants will be able to:
1. Summarize Doreothea Orem's theory of Self-care
2. Describe key concepts of Orem's self-care and self-care requisites
3. Apply the theoretical framework to an example situation in their professional and person life

Objective	Content Outline	Evidence	Applicable Evaluation Question
Introduction	**Review Course Objectives**		
Summarize Doreothea Orem's theory of Self-care	**Doroetha Orem: Self-care (Lecture)** • Define self-care: "human beings attending to the needs of self" • Focuses on deliberate action to positively contribute to health and well-being • Self-care is a learned behavior and must be practiced deliberately	(Denyes, Orem, & SozWiss, 2001)	Questions 1, 2, 3
Describe key concepts of Orem's self-care and self-care requisites	• Self-care needs and methods may change depending on the circumstance • Self-care requisites include maintenance of air, water, food, bowel movements; balance of activity and rest; time alone and time with others; preservation of human life, performance, welfare; and promotion of optimal human functioning. • Self-care can be taught in generalized terms but must be tailored to the needs of the individual		
Apply the theoretical framework to an example situation in their professional and person life	**Self-Care Exercise: (Participatory)** • Facilitator guided: Students should complete reflective journaling in response to the following prompt: Describe how your self-care activities have changed as you have acclimated from your role as student to your role as professional. **Debrief (Group Discussion):** • How can this be applied to our daily professional practice? • What affect could it have on you as a person or professional?	(Bolden et al., 2011)	

Day 2: Theoretical Framework: Caring Theory by Jean Watson

Goal: To provide NACN with an introduction to caring theory by Jean Watson

Objectives: At the conclusion of this activity, participants will be able to:
4. Summarize Jean Watson's caring theory
5. Describe key concepts of the caring theory including Caritas and the core and trim model
6. Apply the theoretical framework to an example situation in their professional and person life

Objective	Content Outline	Evidence	Applicable Evaluation Question
Introduction	**Review Course Objectives**		
Summarize Jean Watson's caring theory	**Jean Watson: Caring Theory (Lecture)** • Nursing care is provided in three domains: self, role, and system	(Nelson & Watson, 2011)	Question 4
	• Self-domain encompasses the need for loving care towards self as person and healer		
	• Role domain is the meaning of being a professional, and the system domain, encompasses enhancing practices that support the profession		Question 5
	• Effective professionals are intentionally mindful in their practice and aware of how their actions affect	(Sitzman & Watson, 2013)	
	• Transpersonal caring relationship: defined as authentic mindfulness for the moment and the value of the personal meaning of others		
Describe key concepts of the caring theory including Carias and the core and trim model	• Nurses need to live the theory of caring science by loving self, through mindfulness meditation, centering connecting with nature, and prayer to fully practice healing science with others		Question 6
	• Core and Trim Model: Core is the inner, nourishing portion made up of Watson's Caritas, is the intentional care for one's self and others		Question 7
Apply the theoretical framework to an example situation in their professional and person life	• Trim is the clinical skill and knowledge. Both core and trim cannot exist without the other **Self-Care Exercise: (Participatory)** • Facilitator guided: Students should complete reflective journaling in response to the following prompt: Describe how the core and trim model effect the relationship you have with your patients.		

	Debrief (Group Discussion): • How can this be applied to our daily professional practice? • What affect could it have on you as a person or professional?		

Day 3: Implications of Self-Care for NACNs during Transition

Goal: To provide NACN with an introduction to implication for self-care for transitioning NACNs

Objectives: At the conclusion of this activity, participants will be able to:
1. Identify risk factors that contribute to NACN burnout
2. Describe importance of self-care during transitional times for NACNs
3. Practice a self-care strategy to apply to personal or professional life

Objective	Content Outline	Evidence	Applicable Evaluation Question
Introduction Identify risk factors that contribute to NACN burnout	**Review Course Objectives** **NACN Burnout (Lecture)** • The first year of employment is the time for NACNs to grown clinical knowledge, build relationships, socialize, and increase confidence • NACNs are especially susceptible to burnout which is described as indifference to patient suffering, inability connect emotionally with others, and cynicism. • Burnout is defined as Emotional exhaustion, depersonalization, reduced personal accomplishment, and cynicism towards others • The first year of practice is an especially vulnerability time to burnout and compassion fatigue due to part to the gap between academia and clinical practice.	(Read et al., 2016) (Cowgill, 2016) (Maslach, 2017)	Question 8
Describe importance of self-care during transitional times for NACNs	• Nurses feel that they should be self-sacrificing, putting the needs for others above their own needs. • Education specific to self-love and self-care is important to decrease the negative effects of witnessing traumatic events. • Self-care can help to increase personal resolve, calmness, and self-awareness, allowing connections to be formed with the organization.	(Meyer et al., 2015) (Blum, 2014; Maslach, 2015; Penprase et al., 2015; Sitzman & Watson, 2013). (Meyer et al., 2015)	
Practice a self-care strategy to apply to personal or professional life	**Self-Care Exercise: (Participatory)** • Introduction to guided imagery as a method of self-care • Facilitator guided: guided imagery session provided by site Wellness Institute **Debrief (Group Discussion):** • How would the described example been different had you cared for yourself first?	(Lanier, 2018, Myers, 2017) (Cheeks & Dunn, 2010)	

Day 3: Modalities for Self-Care

Goal: To provide NACN with an introduction to self-care modalities and their use

Objectives: At the conclusion of this activity, participants will be able to:
1. Identify modalities for self-care
2. Identify a self-care strategy that can be implemented after completion of the course
3. Identify strategies for self-care related to personal preference

Objective	Content Outline	Evidence	Applicable Evaluation Question
Introduction Identify modalities for self-care	**Review Course Objectives** **Self-care modalities within the literature (Lecture)** • ANA (n.d.) defines a health nurse as "one who actively focuses on creating and maintaining a balance and synergy of physical, intellectual, emotional, social, spiritual, personal and professional wellbeing." • ANA Healthy Nurse, Healthy Nation campaign connects nurse with individuals and supportive organizations to improve the health of the nation's nurses. Nutrition and Exercise: • Nurses often work long, variable hours which can contribute to poor nutritional decisions. 　o ANA's recommendations for improved nutritional health include balanced diet with fresh fruit and vegetables, increased water intake, decreased snacking, decreased alcohol intake, and decreased portion sizes • Physical activity is especially important for nurses who work variable shifts which can interfere with the body clock and decrease metabolism, likelihood of diabetes, and high blood pressure • Physical activity programs such as cardio or yoga are effective at reducing nurse burnout. Rest and Sleep • According to the ANA (n.d.), the benefits of adequate sleep	(ANA, n.d.)	Question 9

	include increased concentration, alertness, mood, energy, stamina, motivation, and ability to learn • Seven hours of restful sleep is recommended • Strategies for increasing sleep successes include avoiding nicotine and alcohol, exercise earlier in the day, maintain a cool, dark environment, keep a pad of paper at the bedside to capture thoughts, and keep a consistent routine. Other self-care methods to explore • Mindfulness, being deliberately mindful in the moment, has a positive effect on well-being for NACNs • Reflective journaling is effective at reducing caregiver burnout and increasing critical thinking in NACNs		Question 10 Question 11
Identify a self-care strategy that can be implemented after completion of the course Identify strategies for self-care related to personal preference		(Bolden et al., 2011) **Debrief (Group Discussion):** • What self-care strategies do you already do? What self-care strategies would you like to start? How will you make time for self-care?	

Appendix C: Pretest and Posttest

1. Dorothea Orem described self-care as:
    a. Attending to the needs of others
    b. Attending to the needs of self
    c. Doing everything for your self
    d. Doing everything for others

2. Self-Care, according to Orem, is described as _____ action.
    a. Deliberate
    b. Conscious
    c. Repeated
    d. Intentional

3. Human beings are born with the knowledge of how to care for themselves.
    a. True
    b. False

4. According to Jean Watson, nursing care is provided in which three domains?
    a. Self, others, environment
    b. Self, community, world
    c. Self, system, others
    d. Self, role, system

5. Which of Watson's domains refers to the enhancement of the nursing profession?
    a. Self
    b. Others
    c. System
    d. Community

6. What is an example of living Watson's caring theory?
    a. Meditation and mindfulness
    b. Attention to detail
    c. Caring for others first
    d. Maintaining unattainable expectations of self

7. Which of the below is an example of trim in Watson's Core and Trim Model?
    a. Providing basic care to support activities of daily living for a patient
    b. Knowledge of the electronic medical record
    c. Understanding psychosocial reasons for readmission to the hospital

    d. Certification in delivery of chemotherapy medications on an oncology
       floor

8. Identify signs of burnout:
    a. Stoicism
    b. Excitement
    c. Cynicism
    d. Compassion

9. Long work hours and variable shifts put nurses at risk for developing all but
what?
    a. High blood pressure
    b. High cholesterol
    c. Lower metabolism
    d. Diabetes

10. How many hours of sleep is recommended by the American Nurses Association
Healthy Nurse, Healthy Nation campaign?
    a. Six
    b. Seven
    c. Eight
    d. Ten

11. Which of the following self-care strategies is defined as being deliberately present
in the moment
    a. Yoga
    b. Guided imagery
    c. Mindfulness
    d. Reflective journaling