2020

# Enhancing the Resilience of Acute Care Psychiatric Nurses Through a Brief Gratitude Intervention

Patricia D. Sullivan
*Walden University*

# Walden University

College of Health Sciences

This is to certify that the doctoral study by

Patricia Sullivan

has been found to be complete and satisfactory in all respects,
and that any and all revisions required by
the review committee have been made.

Review Committee
Dr. Tanya Cohn, Committee Chairperson, Nursing Faculty
Dr. Maria Revell, Committee Member, Nursing Faculty
Dr. Francisca Farrar, University Reviewer, Nursing Faculty

Chief Academic Officer and Provost
Sue Subocz, Ph.D.

Walden University
2019

Abstract

Enhancing the Resilience of Acute Care Psychiatric Nurses Through a Brief Gratitude

Intervention

by

Patricia Sullivan


RN, MS, NEA-BC




Proposal and Findings Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Nursing Practice



Walden University

February 2020

Abstract

Stressors affecting healthcare providers have accelerated in recent years, causing increasing rates of burnout and emotional exhaustion. Evidence suggests that improving general mental well-being of nurses could enhance their resilience and ability to cope in stressful situations. Psychiatric nurses are at risk by caring for involuntary and manipulative patients who can be violent and abusive. The purpose of this project was to improve psychiatric nurses' mental well-being through the implementation of a gratitude practice and examined the effect of this brief gratitude intervention on their mental well-being. Models informing this project were human caring theory, resilience theory, and positive psychology models of gratitude benefits. Thirty psychiatric nurses participated; they were told to privately note 3 things they were grateful for in a gratitude journal each day. The Warwick-Edinburgh Mental Well-Being Scale was administered pre- and postintervention, and chi-square analysis was performed, converting sum scores into categories (low-moderate-high); statistical significance was not demonstrated (Pearson chi-square = .1.176, Crarmer's $V$ of .183). Nonparametric Wilcoxin Signed Rank Test and Mann-Whitney U also compared scores of pr-e and posttests. The Wilcoxin Signed Rank revealed significant differences ($Z = -1.402$, $p = .027$) but only had 6 matched pairs. Mann-Whitney U showed no significant differences between the pre- and posttest scores ($U = 108$, $p = .161$). Limitations were the inability to match identification numbers except for 6. Recommendations are gratitude education and repeat the study. This could begin to affect positive social change by promoting self-care of the nurses via incorporating principles of positive psychology into daily practice.

Enhancing the Resilience of Acute Care Psychiatric Nurses Through a Brief Gratitude

Intervention

by

Patricia Sullivan

RN, MS, NEA-BC

Proposal and Findings Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Nursing Practice

Walden University

February 2020

Dedication

This study is dedicated to the hard-working psychiatric nurses who journaled about gratitude, who through their openness to participation in this project have made a contribution to the wellbeing of the psychiatric nursing profession.

Acknowledgments

Table of Contents

List of Tables

Section 1: Nature of the Proposal

**Introduction**

Stressors affecting nurses, physicians, and other healthcare workers are receiving increasing attention in recent years. It is a concern driven by under-resourced environments, financial pressures, increasing technology and regulatory burdens, and increasing levels of patient acuity (Gray, 2012; West, 2016). Shanafelt and Noseworthy (2016) estimate that rates of physician and nurse burnout range from 35%-75% as a result of stress, manifested by physical and emotional problems, disengagement with patients, and, ultimately, leaving the profession. Institutional attention to wellbeing of healthcare providers has been recommended as an important safety metric—a Quadruple Aim—to be added to the Triple Aim of improving healthcare, as equally important as improving population health, quality and safety, and reducing cost (West, 2016).

Lee et al. (2015) concur that significant workplace stress from many sources troubles healthcare professionals. Some professionals may respond negatively to these stressors with resulting poorer health and significant patient safety concerns, while others seem to thrive in these situations. Developing a workforce with higher levels of general mental well-being could enhance their resilience and ability to cope in stressful situations (Gao et al., 2017).

The concept of resilience, which originated in the behavioral sciences, is defined as the key to explain why some people are able to rebound and even thrive as they deal with various life challenges, including significant trauma and ill health (Windle, Bennett, & Noyes, 2011). While many definitions of resilience exist, a common theme expressed

is that this dynamic process enables individuals to overcome challenges and is a necessary attribute of healthcare staff (Gao et al., 2017). As Schultze-Lutter, Schimmelmann, and Schmidt (2016) noted, mental well-being is often used as a proxy for resilience and will be further described as part of this capstone project. My practice problem was to explore the effects of a brief gratitude intervention in enhancing nurses' mental well-being and resilience.

## Problem Statement

Psychiatric nurses are at risk of developing emotional exhaustion due to the stresses inherent in their healthcare settings, which can lead to disengagement with patients, decreased teamwork, and potential safety issues, as well as decreased personal physical and emotional health. Retention and recruitment to these stressful settings is at risk at a time when the number of patients seeking psychiatric care is increasing (Prosser, Metzger, & Gulbransen, 2017).

Developing the ability to self-generate positive emotion could improve nurses' mental well-being and compassion according to Rao and Kemper (2017). My selected issue was resilience, which has been studied as a middle range theory. This theory originated in the behavioral sciences and is defined as the key to explain why some people "bounce back" and deal with various life challenges, including significant trauma and ill health (Windle et al., 2011). Research on the concept has increased, especially within the last 20 years and is now receiving increasing interest from policy makers in relation to its effect on health and mental well-being of a population. The concept of resilience in nursing has been studied in recent years and supports the need for

management to develop appropriate interventions to build resilience in nursing staff to effect improved nurse retention, especially given a looming nursing shortage in the immediate years ahead. (American Association of Colleges of Nursing, 2012) Nursing satisfaction and engagement ultimately affects patients and their health outcomes, including metrics of patient safety) . As Sheppard noted (2015), nurses who feel satisfied with their work feel energized and fully engaged with their patients.

In psychiatric settings, the interpersonal connections between nurses and patients are a strong component in healing, although this can be an exhausting process for nurses. Connecting with the emotional pain of patients who can be potentially violent and abusive requires a high level of skill and internal strength and resilience. While nursing can be both emotionally and physically exhausting in all specialties and settings, the psychiatric nurse-patient relationship can pose additional personal challenges to the clinician, requiring self- awareness and resilience.

Through an evidence-based intervention, this capstone project was intended to enhance the bedside nurses' passion for their work and empathy with persons living with a serious mental illness and/or addiction. It is essential that nurses be supportive and effective in their therapeutic relationships with these sometimes emotionally challenging patients while preserving their own mental well-being (Prosser et al, 2017)..

In the organization under study for this project, a 1,000 bed East Coast urban academic medical center, the Department of Nursing's mental well-being score (i.e., resilience/emotional exhaustion) of 52% was lower than the industry standard of 58% on the Safety Attitude Questionnaire (Sexton et al., 2006). The psychiatric nursing staff

scores shared these troubling rates of emotional exhaustion (personal communication, director of professional programs, April 17, 2017). Profit et al. (2010) demonstrated a relationship between poor safety culture scores and high burnout rates. The strongest links were low job satisfaction related to burnout, but the study also demonstrated lower but moderate links between burnout and teamwork (Profit et al., 2014). In the psychiatric setting, poor teamwork can lead to more chaotic environments as patients respond to staff engagement or disengagement.

Zerach and Shalev (2015) compared posttraumatic stress disorder symptoms in a descriptive comparative study in two groups of nurses: psychiatric nurses ($n = 90$, research group) and community clinic nurses ($n = 108$, comparison group). Using self-report questionnaires measuring posttraumatic stress disorder, posttraumatic growth, health locus of control, professional quality of life, life events, and exposure to stress, psychiatric staff reported higher levels of posttraumatic stress disorder with a mean of 2.16 (*SD* 2.82) compared to 1.14 (*SD* 1.70) in the community health nurses. This was attributed to greater exposure to physical and verbal aggression by patients on a more chronic basis. This risk for pathology was linked to potential staff burnout and turnover and the potential for clinical errors.

In addition to other workplace stressors, psychiatric patients can be challenging to treat. Sometimes psychotic, addicted, manipulative, depressed, or demoralized, and occasionally hospitalized against their will, they can become physically and verbally aggressive toward the staff. In a study of 188 psychiatric nurses by Itzhaki et al. (2015), 88.1% of nurses had experienced verbal violence and 58.4% had experienced physical

violence within the past year, contributing to job stress and decreased life satisfaction. According to Ray, Wong, White and Heaslip (2013), this increased risk for nursing staff to develop burnout, which can result in higher staff turnover rates as well as lower morale, decreased productivity, and less compassionate care for patients.

The interpersonal relationship between staff and patients is central to patient healing in psychiatric nursing, but sometimes these interpersonal connections can threaten the health of the nursing staff (Van Sant & Patterson, 2013). Psychiatric nursing is complex, involving patient education and sometimes persuasion to accept medications, managing patient aggression, dealing with a milieu of medically and psychiatrically ill patients, adapting to shift work, and navigating staff dynamics, all of which can deplete nurses' energy leading to emotional exhaustion. Additional stressors are the lack of community resources including insufficient inpatient hospital beds and long-term outpatient management programs for these stigmatized and vulnerable patients. Zerach and Shalev (2015) recommended developing resilience education programs for nurses to mitigate their stressful environments. Furthermore, focusing on mental well-being is crucial as mental well-being of the nursing staff can influence positive personal and team functioning (Putz, O'Hara, Taggart & Stewart-Brown, 2012.

## Purpose Statement

The purpose of this DNP project was to implement an evidenced-based quality improvement intervention focused on journaling about gratitude that would increase the mental well-being of psychiatry nursing staff treating adult patients with acute psychiatric illnesses. In addition to the patient characteristics that can threaten staff's mental well-

being and sometimes safety, the nature of the intensive use of self by nursing staff to connect with patients can be draining. This result can affect not only the healthcare workers, but the patients, as the affected workers can become cynical, distancing, and not effective.

Fredrickson's (2001) "broaden and build" theory posits that positive emotions expand to improve social, psychological, and physical hardiness. This positive psychology movement, focusing on studying human strengths and flourishing rather than focusing on problems, has contributed to a body of research on positive emotion and how it can contribute to mental well-being (Elosua, 2015; Fredrickson, 2009; Seligman, 2011; Seligman & Csikszentihaly, 2000). Journaling about gratitude is one well-researched positive psychology intervention. Expressing gratitude can be a reflective practice, noting what is meaningful and important in a person's life (Sansone & Sansone, 2010). Evidence is strong (Elosua, 2015) that promoting the use of gratitude journaling among nursing staff in the chosen organization can influence their psychological sense of mental well-being and increase their ability to generate positive emotion. Prosser et al. (2017) support the need for individual interventions as well as structural and administrative changes to ensure safe working environments for psychiatric staff.

## Nature of the Doctoral Project

This doctoral capstone project focused on improving the mental well-being of psychiatric nurses through a quality improvement intervention involving education and experiential practice with keeping a gratitude journal. While there are many interventions that could focus on creating a healthy work environment, this project gave the individual

nursing staff the opportunity to privately journal and discover for themselves if the practice has benefits for them, psychologically, physically, or spiritually. I solicited the staff to take a short, anonymous mental well-being survey prior to beginning the practice. I also collected basic demographic data. I explained the benefits of gratitude in an introductory educational session with the staff. I distributed small gratitude journals; the instructions included the suggestion that the study member write three things they are grateful for every day. All psychiatric nursing staff who did not attend the grand rounds were also offered the small gratitude journals with instructions and a personal educational session. All shifts were included on the three psychiatric units, involving potentially 80 staff. All staff were invited to complete the same mental well-being survey after 6 weeks. Data was collected from all as to how often they were able to journal and whether they found it beneficial.

Gratitude interventions involve writing about things on a regular basis for which the individual feels grateful. Gratitude is generally defined as appreciating what is meaningful and important in a person's life (Sansone & Sansone, 2010). According to Fredrickson (2001), a leader in the positive psychology movement, positive emotions, such as gratitude, can lead to better mental and physical health and can contribute to increased social support as individuals engage more fully with those around them. Thus, I proposed that journaling three good things a day that they are grateful for over 6 weeks would improve the mental well-being of the psychiatric nursing staff.

Therefore, the practice-focused question for this evidenced-based quality improvement evidence translation project was:

PFQ: Does a brief quality improvement gratitude intervention focused on journaling improve the mental well-being of psychiatric nurses treating adult patients with acute psychiatric illnesses?

**Significance**

Issues relating to nursing stress and challenges in the current environment and strategies to ameliorate those stressors are an appropriate focus of evidence validation. In the academic medical center being examined that comprises approximately 3,200 nurses, turnover rates are slowly increasing, from 12% in FY 2015 to 14% in FY 2017, only slightly below national averages for academic medical centers (personal communication, lead recruiter, June 22, 2018). Psychiatric nursing turnover rates are similar.

In the fall of 2016, the Johnson Foundation convened a retreat for a group of nursing leaders to draw attention to these challenges, seeking solutions to reduce nursing burnout as a nursing shortage looms (American Journal of Nursing [AJN], 2017). While many solutions focused on organizational management surfaced, personal strategies to keep nurses healthy also emerged. One such strategy was the need for individual nurses to practice mindfulness, focus on the positive, practice self-care, and support the team. While the evidence translation project focused on the capacity of individual nurses to practice gratitude, it is speculated that their individual mental well-being can enhance the entire work team's functioning as well as enrich their ability to deliver compassionate and safe care to patients. This intervention for nurses can enlarge and test the validity of one of the suggestions generated that improving "from the inside out" can improve

nurses' mental well-being and thus their work environment with implications for improved nursing engagement and better patient outcomes.

**Summary**

Out of a tradition of selfless devotion to patient care has arisen a culture for nursing and medicine that can sacrifice personal work-life balance and the health of the practitioner. Stress is mounting for all healthcare providers, as numbers of acutely ill patients increase, particularly in the hospital setting. Additional stressors include fiscal, regulatory, and technological complexities. Reported rates of nursing and physician burnout are reported in the literature (Shanafelt & Noseworthy, 2016). The need to address issues related to nursing and physician burnout have been recently recognized and are driving solutions to improve staff mental well-being This gratitude intervention could change the culture on the psychiatric nursing units as the staff focus on "what is going well" and ways to express gratitude to themselves and others on their teams.

Section 2: Background and Context

**Introduction**

In 2012, the American Organization of Nurse Executives identified creating a healthful practice environment that can attract and retain nurses and promote their professional growth and continuous learning as a major research priority. At the same time, nurses and other members of the healthcare team are facing mounting stress in the workplace (Lowe, 2013). Reasons for this stress include increased workloads due to staffing shortages (American Association of Colleges of Nursing [AACN], 2012), organizations' financial pressures, increasing technological and regulatory burdens, and increasing levels of patient acuity. As a result of these stressors, rates of nursing and physician burnout range from 35%-75% (Shanafelt & Noseworthy, 3016) causing physical and emotional problems, burnout, disengagement with patients, and, ultimately, the provider leaving the profession.

Stress not only affects the providers but also the quality of patient care in general. Patient safety, including infection rates, pressure ulcer development, and patient mortality, is negatively influenced by staff disengagement (Park et al., 2014) Profit et al. (2014) demonstrated "a significant association between high burnout scores and poor culture of safety scores" (p. 810), with the strongest relationship between burnout and job satisfaction, but "moderate links to teamwork, trust in leadership and working conditions were remarkable" (p. 810). They posited that safety culture can predict care quality, with highest negative patient outcomes linked to emotional exhaustion and burnout (Profit et al., 2014).

Additional factors driving these increases in stress include increasing patient complexity and acuity in the inpatient setting as less acute care shifts to outpatient sites (Sexton et al., 2016). Patients who are treated in hospitals tend to be the most acutely ill, as they have shortened lengths of stay in sometimes underresourced environments (Sexton et al., 2016). With the increase in acuity, moral and ethical complexity has increased, as increased technological choices and treatments are available to patients and families that the healthcare team must manage.

The difficulties in attracting and retaining nursing staff affects nursing care delivery daily. Working with inadequate staff is a major stressor that is expected to continue to get worse. The nursing shortage is expected to increase to 250,000 to 400,000 registered nurses by 2025 (AACN, 2012). Nursing turnover is expensive, costing between $80,000-$100,000 to recruit, onboard, and orient each new nurse in the academic medical center that was the site of the capstone project (personal communication, director of professional programs, April 17, 2017), but of course varies by region of the country. This nursing shortage increases as many nurses are nearing retirement age, and demand for nurses will continue to increase as the population in this country ages. According to AACN (2012), 75% of nurses believe that the nursing shortage presents problems for work life and the quality of patient care they can deliver. In addition, staffing in hospitals is required around the clock, making work life balance difficult for nurses.

While working with patients in healthcare is inherently stressful, the work can also be personally and professionally rewarding to the practitioners. Nurses who can adapt and thrive in these stressful environments are described as resilient (Lowe, 2013).;

Lowe (2013) and Stock (20127)speak to the importance of creating work environments that support nursing resilience and mental well-being. In fact, the World Health Organization (WHO) has identified the importance of measuring national mental well-being as a broader description of health (Vik & Carlquist, 2017), more important even than measuring economic measures of progress.

It is important to note at the outset that the importance of creating a safe working environment for nurses and all healthcare workers underlies any efforts to increase the mental well-being of nurses through this intervention. Resources and staffing for the nurses must be adequate for any intervention to be effective. Workplace safety must be ensured.

This capstone project is intended to validate the evidence related to a gratitude intervention for acute care psychiatric nurses with the goal of enhancing their mental well-being and resilience. From a review of the literature, Rao & Kemper (2017I hypothesized that developing the ability to self-generate positive emotion could assist nurses in reducing stress and potentially improve nurses' mental well-being). Addressing and supporting the nurses to become more internally mindful and engaged can help increase their personal energy, creating a much stronger practice environment and increasing their ability to deliver compassionate care while caring also for themselves. The goal is to support the bedside psychiatric nurses' passion for their work and empathy with persons (their patients) living with a serious mental illness and/or addiction so that the nurses can be effective and supportive in their therapeutic relationships while preserving their own mental well-being.

In Section 2, the concepts and theories that informed this project are defined, the relevance of the topic to nursing practice is described, the local background and context are detailed, and my role as the DNP student in the clinical setting is elaborated upon. In this section, the influence of the my practicum experiences as supporting this choice of topic are described, as well as my clinical background and experiences.

## Concepts, Models, and Theories

The use of theory and concepts can offer a way to understand and organize nursing knowledge and actions (Fawcett & Garrity, 2009) and clarify any definition of the evidence under study. Fawcett and Garrity (2009) described theory as having discrete and specific concepts that evolve through the research process. Concepts, particularly those in the behavioral sciences, can appear to be abstract with ambiguous meanings and need to be clearly defined so that all interventions are understood. An evidence-based project and nursing practice deliberately use theories about human behavior so that actions are evidence-based. Nursing decisions need to be based on the best available evidence that is substantiated by research. A clearly defined theoretical concept can drive the development of a clear research question (Fawcett & Garrity, 2009). It is critically important that all concepts have clear definitions; otherwise, there is room for misinterpretation.

Several concepts, models, and theories are defined in this capstone project. These concepts include that of mental well-being and gratitude, with a review of the evidence that support the definitions. Knowledge evolves from an analysis of the strengths of the evidence using an evidence-based model, such as the *Johns Hopkins Nursing Evidence-*

*Based Practice: Models and Guidelines* (Dearholt & Dang, 2012). This model can be used in evaluating evidence related to nursing practice by ranking the focus of the article, noting findings and research methods, assessing strengths and weaknesses, and assigning an evidence level. The levels range from Level 1 to Level 5. Dearholt and Dang (2012) describe Level 1 as the strongest evidence level, which includes experimental studies with randomized controlled trials and systematic review of randomized controlled trials, with or without meta-analysis. At the other end of the spectrum are level are five studies and papers based on experiential and nonresearch evidence, including literature reviews, quality improvement, program or financial evaluations, case reports, or opinions of nationally recognized expert(s) based on experiential evidence (Dearholt & Dang, 2012). The quality guides for the levels range from high quality to low quality with major flaws (Dearholt & Dang, 2012). This evidence-based model offers a way to compare the strength of the evidence used in any evidence-based project.

Within the existing literature are several concept analyses of resilience in healthcare that link to a nursing theoretical concept, which lends strength to the study. For example, Lowe (2013) links cultivating resilience in nursing to Watson's human caring theory (1988). Polk (1997) connects a nursing model of resilience to Newman's (1986) paradigm of a unitary evolving pattern of person-environment interaction. Polk (1997) also connected the "energy fields" of resilience to M. Rogers's (1970) theory of human beings as dynamic energy fields, interacting with energy fields in the environment. According to McEwen and Wills (2014), providing definitions and concept

analyses can then move the concepts toward developing a middle range theory of resilience.

The weaknesses of the literature search are the paucity of quantitative research articles with testable hypotheses. While the literature notes the importance of supporting resiliency-enhancing programs in nursing, there have been few actual interventions with a high level of evidence. The highest level of evidence in the research articles was Level 4 with many descriptive studies, with limited sample sizes in some.

**The Relationship Between Well-Being and Resilience**

The concept of resilience originated in the behavioral sciences and is defined as the key to explain why some people "bounce back" and deal with various life challenges, including significant trauma and ill health (Windle et al., 2011). Resilience can be defined as a resource that can assist individuals in maintaining or regaining facets of their mental well-being (Schultze-Lutter et al., 2016). Research on the resilience concept has increased, especially within the last 20 years, and is now receiving increasing interest from policy makers in relation to its effect on the mental well-being and health of a population.

As Schultze-Lutter et al. (2016) note, while the concepts of resilience and mental well-being have become concepts that are used commonly in a wide range of scientific studies, there can be a lack of consensus on the understanding of these terms. While it has been recommended that management in all fields implement resilience enhancing programs, conceptual frameworks are muddier. Resilience can be defined as a resource

that can assist an individual maintain or regain facets of his/her mental well-being (Schultze-Lutter et al., 2016).

Foureur, Besley, Burton, Yu, and Crisp (2013) recommend looking at enhancing resilience of individuals and organizations through the lens of positive psychology (Seligman, 2001), focusing not only on deficits and problems but on factors that assist individuals to flourish. This new focus on mindfulness and positivity has also been the focus of a recent nursing study by Rushton, Batcheller, Schroeder and Donohue (2015), utilizing teaching mindfulness practices to intensive care unit staff. Hart, Brannan, & Chesney (2014) echo the importance of studying resilience in nursing, which is generally defined as the ability to bounce back and successfully cope with adverse circumstances.

**Mental Well-Being**

Mental well- being is often used as a proxy for resilience, somewhat interchangeably. As Schultze-Lutter et al. (2016) note, while the terms mental well-being and resilience are used often in scientific literature, there are few universal definitions of both terms, although there is need to further research the concepts throughout the life cycle and in different contexts. Schultze-Lutter et al. (2016) note that mental well-being has been identified by descriptions rather than definitions, but conceptualizes that resilience on one end of a balance is affected by challenges and mediated by subjective mental well-being. Schultze-Lutter et al. (2016) conceive that subjective mental well-being is always changing and "the beam balance represents the person's drive to return to a set point of well-being, maintaining homeostasis" (p. 465).

Brennan (2017) describes the relationship of resilience to mental well-being. Brennan (2017) believes that resilience relates to a person's coping ability with difficult situations, while mental well-being relates to a state of feeling satisfied and fulfilled psychologically, physically, and emotionally. Brennan's (2017) evidence-based descriptive article points to the need of organizations to develop resilience-promoting activities including reflective supervision, training and education. Good leadership helps staff identify stress and offer solutions, including mindfulness and other self-care strategies for nurses, as well as thoughtful supervision (Brennan, 2017).

Chow et al. (2018) further defined the relationship between mental well-being and resilience in a descriptive cross-sectional descriptive study of 678 nursing students utilizing a resilience scale and a psychological mental well-being tool. Chow et al. (2018) note in their conceptual model that resilience is strengthened through overcoming adversity, cumulatively, and that mental well-being is thus enhanced. Senior students had significantly higher levels of perceived mental well-being, and that "multiple regression analysis on perceived mental well-being indicated self-reported resilience emerged as a significant predictor of perceived well-being" (Chow, et al, 2018, p. 1).

Gao et al. (2017) also conducted a cross-sectional study of 365 nurses examining the relationship between resilience, mental health, and general mental well-being using a self-report tool. They concluded that general mental well-being predicted better resilience and mental health (Gao et al. (2017). Gao et al. (2017) support the premise of building resilience, which is not a fixed unchangeable factor, but can be mediated by increasing general mental well-being.

Well-being indicators are identified by the WHO as a measure of the health of a society. Vik and Carlquist (2017) note the differences between hedonic and eudaimonic mental well-being, which are being studied by many academic disciplines including philosophy, psychology, sociology, and economics. The hedonic view is usually comprised by subjective mental well-being, that is the amount of positive emotion felt by a person in evaluating how well their life is going. The eudaimonic view of well-being looks at how well the person is functioning in life, so can be measured by social indicators, not only the feelings of positive or negative emotions (Vik and Carlquist (2017). Obviously the creation of interventions and measuring outcomes will be very different for the points of view. The WHO measures a number of targets. In the well-being realm, one subjective and five objective criteria are measured: "1) life satisfaction; 2) availability of social support; 3) percentage of population with improved sanitation facilities; 4) income distribution 5) unemployment rate; and 6) proportion of children of official primary school age not enrolled" (Vik and Carlquist, 2017, p. 282).

The WEMWBS (Tennant, et al, 2007) is a 14 item scale that measures aspects of positive mental health, including interpersonal relationships and ability to function in a positive way. This tool was developed for the United Kingdom as a way to monitor mental well-being in a population and determine the effects of mental health promotion activities. Developed by an expert panel utilizing current evidence-based literature, the tool is psychometrically robust (Tennant, et al., 2007).

**Gratitude**

Gratitude is generally defined as appreciating what is meaningful and important in one's life (Sansone & Sansone, 2010). Emmons and McCullough (2003) noted that gratitude, while not easily classified, "has been conceptualized as an emotion, an attitude, a moral virtue, a habit, a personality trait, or a coping response" (p. 377). According to Emmons and McCullough (2003), gratitude is a way of savoring positive life circumstances and suggest that experimental manipulation can help determine if the use of a gratitude intervention can have a causal effect on mental well-being. Fredrickson (2001), a leader in the positive psychology movement, states that positive emotions, such as gratitude, can lead to better mental and physical health and can contribute to increased social support as individuals engage more fully with those around them.

**Relevance to Nursing Practice**

A number of foundational nursing theories support linking and developing resilience and mental well-being as a way of decreasing stress in nurses. Lowe (2013) links cultivating resilience in nurses as linked to Watson's caring theory (1997) as an antidote to increasingly stressful work environments. Nursing mental well-being and a commitment to caregiver self-care by the nurse and the organization are essential in creating a caring relationship between the nurse and patient. Watson's theory (1988) includes carative factors which enhance individual mental well-being through a robust spiritual self-knowledge that can foster a dynamic caring relationship between patient and nurse or between nursing colleagues. Lowe (2013) also notes that this deeper connection with self can protect and enhance these special relationships. Promoting mental well-

being of the nurse through the gratitude intervention can thus enhance the nurse-patient caring relationship.

There have been few quantitative studies involving the concept of resilience, but more are being suggested. One recent study was done by Rushton et al. (2015), which found moral distress to be a significant predictor of all aspects of burnout. Rushton et al. (2015) found that greater resilience "protected nurses from emotional exhaustion and contributed to personal accomplishment" (p. 412).

Although the benefits of gratitude have been long noted by religious faiths, ethicists, and in popular culture, Emmons and McCullough's (2003) seminal study of gratitude and its benefits within the discipline of psychology is one of the first to examine rigorously the relationship between grateful thinking and psychological well-being. Emmons and McCullough (2003 experimentally tested gratitude, comparing whether study subjects who wrote about complaints, neutral life events, or blessings resulted in changes in measures of subjects' mental well-being. Three different groups were studied, including a cohort of older adults with chronic illnesses. All three cohorts who focused on gratitude consistently increased their mental well-being scores through the process relative to the groups who wrote about hassles or neutral events.

In O'Leary and Dockray's (2015) randomized controlled study involving 65 women, 18-45 years of age, two online interventions were studied involving mindfulness and journaling about gratitude over a three-week period. Both interventions demonstrated benefits with resulting decreased stress compared with controls. Rao and Kemper (2017) developed an online training program in meditation and gratitude practices for 177 health

professionals that significantly improved the practitioners' gratitude and mental well-being and ability to deliver compassionate care.

Watkins, Uhder, and Pichinevskiy (2015) conducted a randomized controlled clinical trial testing several types of gratitude interventions with controls with 129 participants and reported significance with the simple "gratitude 3 blessings" exercise, journaling about gratitude for one week. The authors found that gratitude enhanced the recall of positive memories and noted the prolonged effects of the subjects' sense of mental well-being five weeks after the study ended. Watkins et al. (2015) speculated that this grateful recounting was training individuals to notice and appreciate life's benefits.

In a systematic review of interventions to improve nurses' well-being, Romppanen and Haggman-Laitila (2016) note the variation in approach from person-directed to person and organization directed, to strictly organization directed. Moderate evidence was found to support mental well-being interventions at work, with the recommendation to develop standardized interventions and longer-term follow-up. Romppanen and Haggman-Laitila (2016) noted that the organizations could benefit by mental well-being interventions for nurses, bolstering employee commitment and reducing absenteeism for illness.

Evidence indicates that the ability to self-generate positive emotion could assist nurses in reducing stress and potentially improve their mental well-being and compassion (Rao & Kemper, 2017). Addressing and supporting of nurses to become more internally mindful and engaged can create a much stronger practice environment and increase the ability of the nursing staff to deliver compassionate care, while caring for themselves.

Repar and Patton (2007) found that journaling provided to stressed nurses in their work settings allowed them to reconnect spiritually and emotionally with the reasons they came into nursing, with the result of being better able to provide compassionate care to their patients. As a reflective practice, journaling is an intervention that is simple, easily accessible at work or home, and can be accomplished in a few minutes or less a day.

The gap in practice that this capstone hopes to address is the enhancement of mental well-being of the psychiatric nursing staff. A potential by-product of this enhancement is the hope that this will also help to decrease emotional distress and exhaustion of psychiatry nursing staff reported anecdotally by psychiatric nursing leadership and validated by 2017 surveys of safety culture within the host organization. Rates of turnover are increasing across the hospital, and the hospital nurses have been recently approached by a national nurses' union which hopes to capitalize on the nurses' dissatisfaction by lobbying for a pro-union vote. Nursing turnover across the hospital has been increasing from FY15 (12%) to FY 17 (14.4%). The most recent turnover rates from the Department of Psychiatric Nursing is 16.58% (personal conversation,, lead recruiter, , June 22, 2018). While this capstone focuses only on enhancing the mental well-being of the psychiatric nursing staff through a brief gratitude intervention, it is hoped that creating pockets of positive emotion will improve the practice environment (Frederickson, 2001). Other issues are being addressed by hospital leadership currently.

## Local Background and Context

As noted, burnout in healthcare is on the rise around the country. The setting for this capstone is a 1000 bed academic medical center in a medium-sized urban city on the

East Coast. The stress affecting nurses and other healthcare workers in recent years has been well described as needing attention (Gray, 2012; West, 2016). Shanafelt and Noseworthy (2016) have estimated that national rates of physician and nurses' burnout range from 35-75%, which were validated in the academic medical center to be studied through the Safety Culture Survey in 2017, with similar rates of emotional exhaustion identified across the organization (personal conversation, April 17, 2017, director of research and professional programs). Burnout rates have been increasing nationally over the last ten years (Shanafelt & Noseworthy, 2016). Some of the stressors driving these increases include increasing patient complexity and acuity in the inpatient setting as less acute care shifts to outpatient sites, (Sexton, et al, 2016). Patients who are treated in hospitals tend to be the most acutely ill, as they have shortened lengths of stay in sometimes under-resourced environments (Sexton, et al, 2016). With the increase in acuity, moral and ethical complexity has increased, as increased technological choices and treatments are available to patients, families, which the healthcare team manages.

The program that the writer implemented is the introduction of the practice of reflective gratitude journaling for the inpatient psychiatric nursing staff in the hospital, who staff the three acute adult inpatient units, approximately 120 staff. One of the units is acute general psychiatry, treating primarily schizophrenic patients, with co-morbid addictions. One of the other three units treats primarily geriatric psychiatry and pain treatment patients. The third unit's population are eating disorder, affective disorder, and young adult patients. A fourth unit is this writer's, which will not be included in the study. This is an extremely busy general psychiatric unit with patients with co-morbid

addictions. The nursing staff on this unit also staff the adult psychiatry emergency department, whose admissions have doubled within the last five years, from an average of 220 per month to an average of 430 patients per month. This stress of needing inpatient beds for approximately 40% of the patients seen has stressed the functioning of the entire department of psychiatry.

Psychiatric nurses are one group of clinicians who are at risk to develop burnout, due to the nature of the patient population. In a recent safety culture survey in the organization under study for this project, a large East Coast urban academic medical center, the nurses' rates of emotional exhaustion were noted to be higher than industry standards. The psychiatric nursing staff had rates of emotional exhaustion and burnout at the midpoint of the organization's results, overall about 65% (personal communication, Dr. Dang, Director of Professional Programs, April 17, 2017).

In addition to other workplace stressors, the psychiatric staff in this large urban hospital are stressed by the nature of the patient population. Psychiatric patients can be addicted, manipulative, depressed, demoralized or psychotic and can become physically and verbally aggressive. Rates of physical and verbal aggression are monitored closely, and interventions designed to minimize staff and patient harm. Two of the four units have full-time security staff who operate under the direction of the nursing staff. All staff participate in crisis prevention management training so that they can intervene early and effectively with agitated patients, in a manner that preserves patient dignity safely. Rates of seclusion and restraint have been continued to be reduced over the last ten years through continuous monitoring and training. In a study of 188 psychiatric nurses by

Itzhaki, et al, (2015), 88.1% of nurses had experienced verbal violence and 58.4% had experienced physical violence within the past year, contributing to job stress and decreased life satisfaction. Unfortunately, verbal violence within the academic medical center is a real concern.

## Role of the Doctor of Nursing Practice Student

This DNP student has been a nurse manager in the Department of Psychiatry on an acute general psychiatric unit and the adult psychiatry emergency department at this large academic medical center for the last 28 years. In my role, I see the nurses struggling with very concrete issues related to connecting with these patients who are addicted, depressed, demoralized or psychotic. Having a theory-base, like Hildegard Peplau's (1952) middle-range interpersonal relationship theory has helped us describe the importance of the nurse-patient therapeutic relationship as the foundation of practice. Dr. Peplau shifted the focus from what nurses "do" to patients to what nurses do "with" patients. This element of partnering with patients has provided the foundation of our crisis prevention management program, which successfully reduced the use of seclusion and restraint on our 88 bed inpatient units by about 90% from 2006-2009 (Lewis, Taylor & Parks, 2009). It's been my personal experience working with the nursing staff so closely through my nursing career that has fueled my passion to look at the issues as to how to improve the resilience of the psychiatric nursing staff. My worries are that if the staff are not fully healthy and whole, they will be drained by this very important work with vulnerable patients. I worry that their health—mental, spiritual, and physical—could be affected by this work.

My practicum experiences during this DNP education have also validated the importance of a positive psychology intervention that can enhance the nurses' resilience. During my four practicum courses, I was able to work with Dr. C. Rushton, ethics expert and the director of the Mindful Ethical Practice and Resilience Academy (MEPRA). The MEPRA program is a research project designed by Dr. Rushton and her team for hospital nurses to identify areas of moral distress, and gain new skills in resilience and coping. Within the program, the nurses practice their new skills, learn to identify their own values, as well as learning to pause with daily meditation and gratitude practice (prompts are sent to their emails daily), and other skills to build their resilience muscles. I was a facilitator and observer in two of these experiential and didactic sessions, and also conducted a qualitative analysis of the ethics dilemmas that the staff nurses brought to the program. These experiences deepened my commitment to enhance bedside nurses' resilience. One of the best practices that followed this program was the implementation of gratitude practices on nursing units by MEPRA graduates, which fueled my interest in positive psychology (Frederickson, 2001).

The potential bias is my personal experience with the psychiatric nurses who staff my units. While their struggles have been validated by the work that I did with the MEPRA group, I cannot project that the nurses on the other psychiatric units experience the stressors in the same way as my own staff. I did not include my own staff in the mental well-being surveys or collecting of data related to the use of gratitude journaling because it could be seen as coercion.

**Summary**

Examining the evidence, the ability to self-generate positive emotion could help the nurses to reduce stress and improve their mental well-being. Hopefully nurses will give this reflective practice a try, connecting with the spiritual and emotional reasons that they became nurses. Their journaling was private, in an intervention that is simple, easily accessible at work or home, and can nurture them as well as the relationships they have with their team members and their patients.

Section 3: Collection and Analysis of Evidence

**Introduction**

Stressors are mounting for all healthcare providers as numbers of acutely ill patients increase, particularly providers in the hospital setting. Stressors include mounting fiscal, regulatory, and technology complexities (Gray, 2012). Reported rates of nursing and physician burnout are reported in the literature (Shanafelt & Noseworthy, 2016) The need to address issues related to nursing and physician burnout have been recently recognized and are driving a search for solutions to improve staff resilience. Rates of nursing and physician burnout range from 35%-72% (Shanafelt & Noseworthy, 2016). The high levels of stress experienced by nurses can lead to physical and emotional problems, burnout, and disengagement with patients, which can contribute to nursing turnover as well as compromising patient safety (Park, et al, 2014). Patient outcomes are poorer when staff are disengaged and burned out (Profit et al, 2010). Considering the role that the nurse-patient relationship contributes to patient care outcomes, patient care will suffer if this is not addressed.

Psychiatric nurses are at risk to develop burnout, due to the nature of their patient population, who may be addicted, depressed, demoralized, or psychotic. Additional stressors include the lack of community resources, including decreasing numbers of inpatient hospital beds for these stigmatized and vulnerable patients. In addition to the complex personal, ethical, and societal issues that caring for psychiatric patients raise, the vulnerability of the nursing staff can be complicated by workplace violence, both verbal and physical (Itzhaki et al, 2015). Workplace violence can cause job stress, affecting the

nurse's life satisfaction and also contributing to compassion fatigue and burnout. Costs are high for the organization as well as to the individual nurse's physical and mental health, affecting job satisfaction and retention (Ray et al., 2013).

Prosser et al. (2017) noted the need to boost the resilience and well-being of psychiatric nursing staff, considering the rates of psychiatric illness in the Canadian population and decreasing numbers of nurses working in psychiatric specialty practice. Few studies address the specific needs of psychiatric staff to develop resilience in their setting. In their qualitative study, they identified the need for psychiatric staff to develop resilience through a reflective practice, emphasizing positivity as a way to stay true to themselves and their value of connection to patients (Prosser et al. (2017). Organizations must empower nurses to care for themselves as well as their patients. As positive psychology researcher Frederickson (2001) emphasized, tiny doses of positive emotion daily, as well as leadership commitment to change, can improve the healthcare climate.

In Section 3, I address the practice-focused question and gap in practice. I restate the purpose of the DNP project, which was to introduce an evidence-based quality improvement intervention focused on journaling about gratitude by the psychiatric nursing staff. I discuss the source of evidence including the use of the WEMWBS. The evidence that hopefully will be generated will be outlined, including the participants and procedures to be used. The systems to be used to analyze and synthesize the evidence will be discussed, and the project summarized.

**Practice-Focused Question**

The clinical practice question addressed was whether a brief gratitude intervention based in positive psychology research can enhance the mental well-being of acute care psychiatric nursing staff. This would constitute a quality improvement project addressing a potential gap in practice, which is the vulnerability of the psychiatric nursing staff to develop emotional distress and exhaustion. This has been reported anecdotally by psychiatric nursing leadership and validated by the 2017 surveys of safety culture.. Increasing rates of nursing turnover in the Department of Psychiatry have been most recently reported as 16.58% for FY18 (personal communication, lead recruiter, June 22, 2018), up from 12% in FY15.

The purpose of this DNP project was to implement an evidence-based quality improvement intervention focused on journaling about gratitude that would increase the mental well-being of psychiatry nursing staff treating adult patients with acute psychiatric illnesses. The structure of the intervention involved educating the staff about the importance of a gratitude practice, encouraging staff to participate, and distributing small gratitude journals to each. Prior to the distribution of the journals, staff were asked to take a short survey measuring mental well-being (the WEMWBS). After 6 weeks, they were invited to share their experience as to whether they participated in keeping the journal and retake the WEMWBS. The surveys and other data collection were identified by a personal number chosen by the voluntary participants so that all data wouldbe linked. The journaling was done privately by the participants as a personal reflective practice. This practice was well validated through evidence from the literature (AJN, 2017; Elosua,

2015; Emmons & McCullough, 2003; O'Leary & Dockray, 2015) as a way to enhance positivity in the individual nurses that can enrich their ability to deliver compassionate and safe care to patients. This intervention can enlarge and test the validity of one of the suggestions made by the Johnson Foundation (AJN, 2017) that improving "from the inside out" can ameliorate nurses' mental well-being and thus their work environment, with its implications for improved nursing engagement and better patient outcomes.

**Sources of Evidence**

The WEMWBS was developed in 2007 to measure mental wellbeing in people aged 13-74 in the United Kingdom to support the development of evidence-supported positive mental health (Ng Fat, Scholes, Boniface, Mindell, & Stewart-Brown, 2017). Developers of the tool (Putz et al., 2012) noted that mental well-being is but one aspect of overall well-being and describes "positive states of being, thinking, behaving and feeling" (p. 4). The fourteen item positively worded tool was designed to measure the effects of interventions that can influence mental well-being by administering the tool before and after the proposed intervention.

The doctoral capstone project was focused on improving the mental well-being of the psychiatric nursing staff in the academic medical center through a quality improvement intervention involving education and experiential practice with keeping a gratitude journal. Gratitude interventions involve writing about things on a regular basis for which the individual feels grateful. Gratitude is generally defined as appreciating what is meaningful and important in a person's life (Sansone & Sansone, 2010). According to Fredrickson (2001), positive emotions such as gratitude can lead to better

mental health. I proposed that keeping a gratitude journal over the course of six weeks would improve the mental well-being of the psychiatric nursing staff. One of the tools' developers, Stewart-Brown, has agreed that the tool should work for the purposes as outlined (personal communication S. Stewart-Brown, July 9, 2018), and I obtained permission to use the tool (Appendix A).

**Evidence Generated for the Doctoral Project**

The purpose of this DNP project was to implement an evidenced-based quality improvement intervention focused on journaling about gratitude that that would increase the mental well-being of psychiatry nursing staff treating adult patients with acute psychiatric illnesses. The mission of this project was to assist the nursing staff in connecting spiritually and emotionally with the reasons they came into psychiatric nursing in the hope of boosting their ability to provide compassionate care to their patients.

**Participants.** The target population for the evidence-based project was the inpatient nursing staff in the Department of Psychiatry in an academic medical center. The potential number of nurses who could participate in the gratitude intervention, including pre- and posttesting, were about 60 nursing staff. There are actually four units in the department, but my unit was excluded from the pre- and posttest using the WEMWBS measures of well-being. The staff from my unit had the option to use the gratitude journals but were excluded from the evidence assessment using the WEMWBS.

The potential participants were invited to participate in their regular staff meeting by me. In this scripted presentation, I identified the benefits of gratitude as a regular

practice in a short and evidence-based talk. Staff were educated about the relationship between teamwork and a healthy work environment, including the health of individual members. In an interactive format, staff identified methods to create space in their day for a reflective practice. In this educational session, I emphasized principles of positive psychology and benefits of regular gratitude practice. After the presentation, interested staff received an email with a link to complete the WEMWBS and received a small personal gratitude journal to use privately. Staff were educated about the follow-up session, which would occur in 4 weeks.

The nursing management group also received a presentation of this program, and helped me by identifying times of their weekly staff meetings.. I attended the weekly staff meetings, gave a presentation, and, using the same procedure— consent/WEMWBS/distribution of gratitude journals—enrolled others in the study. A short one-page introduction to the program was created in packets along with consent form, the WEMWBS, and journals that could be used to reach staff who did not attend either the educational sessions or staff meetings. I enlisted the support of the unit-based educators in this distribution so that the nurse managers would not be seen as coercive as a supervisor supporting this project, which was completely voluntary and private. Through this process, I had hoped that 60 nursing staff would be recruited for the gratitude intervention. That would have been a heterogeneous convenience sample involving nurses from three different psychiatric units. These potential participants were the subjects this writer hoped to influence, enhancing their mental well-being through the gratitude intervention.

**Procedures.** The WEMWBS (Tennant, et al, 2017) is a 14 item scale that measures aspects of positive mental health, both from a hedonic and eudaimonic perspective. The hedonic perspective is that aspect of subjective experience of happiness and life satisfaction; the eudaimonic perspective measures more positive psychological functioning, including good relationships with other people and competence (Putz et al., 2012). This tool measures both within the 14 questions and was developed as a way to monitor the effects of mental health promotion activities in the United Kingdom. Developed through research at Warwick and Edinburgh Universities, the WEMWBS tool is psychometrically robust (Tennant, et al, 2007) and is an appropriate tool to measure any enhancement of mental well-being through the gratitude intervention.

The tool was validated in to be used with individuals 13 years of age and older. Pre and post-test with any intervention must occur at minimum of two week intervals, and the participants must be willing to participate in the evaluation of the project (Putz et al., 2012). Collecting pre and post intervention data can help identify strategies that are most helpful in boosting mental well-being, which is the focus and purpose of this DNP capstone.

Construct validity testing compared the relationships by testing correlations between the WEMWBS and other scales that measured aspects of mental health. The scale correlations confirmed significance with these scales, showing that WEMWBS measured both hedonic and eudaimonic aspects of mental well-being (Stewart-Brown & Janmohamed, 2008). The consistency of the WEMWBS to identify mental well-being as a construct was measured by Cronbach's alpha coefficient at .089, within the range of 0

to 1 (Stewart-Brown & Janmohamed, 2008). Test-retest reliability was stable at one week, noted by calculating the correlation between scores by same group of people tested after one week, indicating that the scores were not random or transient (Stewart-Brown & Janmohamed, 2008). Face validity as affirmed through focus groups, determining that scales items measured the concept, found the scale clear and user-friendly (Stewart-Brown & Janmohamed, 2008).

**Protections.** Participants were recruited from the nursing staff who are employed at the academic medical center. They were recruited after the initial educational session about gratitude at staff meetings and by email solicitation on the three psychiatric units that this DNP student has no administrative responsibility for managing. The nursing staff on the writer's home units were offered the gratitude journal but did not participate in the WEMWBS data collection.

All potential participants were asked if they would be willing to participate, ensuring anonymity of their responses. Consent was implied by completing the WEMWBS, which was outlined in the cover letter. Participants were assured that their data was secure and confidential. Putz et al., (2012) in their instruction manual for the WEMWBS suggests describing the tool as "statements about their thoughts and feelings over the last two weeks" (p. 6), and that they were asked to take the same survey at the end of four weeks. Participants could withdraw from participation at any time.. Occasionally the participants can experience distress with reflection on the questions, and resources at the organization were provided should the participant need them, on the consent form ((Putz et al., 2012).

Before the project can proceed, Walden IRB approval was sought. In addition, the organization site has additional requirements. The Psychiatry Department's research committee will confirm the institutional process, and a summary of the project will be presented. The Director of Nursing for Psychiatry approved the project, the hospital Research Committee approved the project, and institutional IRB approval application of the host organization was obtained..

## Analysis and Synthesis

The WEMWBS has 14 statements that the participant rates on a Likert scale, from None of the time (1 point), rarely (2 points), some of the time (3 points), often (4 points) to all of the time (5 points. All statements must be answered in order to get a viable score (Putz et al., 2012), as data analysis will be affected. The developers suggest that responders should be deleted if they did not complete the surveys in full at both points in time. This fact must be emphasized in the initial education. In addition to the WEMWBS, participants will be asked to complete a short survey at the six-week period that includes basic demographic data. This includes, age, sex, nursing role, and length of time in their current job. There will also be questions as to how often (days) that they journaled during the study period. They will also note if they enjoyed the process and whether they would continue independently.

Putz et al, (2012) suggest a tracking system that depends on paper filling out of the tool. They suggest creating WEMWBS "packs" for each individual. The two WEMWBS should be labeled with the time points (pre and post) with the demographic data and the tracking of the use of the gratitude journal at the post time point, labeling all

material with the participant ID number The participants they receive this pack when they start the project and it is stored in a locked file cabinet once the forms are completed. Separately, there will be kept a tracking sheet which is stored in a locked cabinet with the participants' name and ID number. Putz et al., (2012) suggest labeling each pack with a unique identifier, which is then stored separately. As an alternative to paper collection, the Qualtrics survey, which is online, could be used, which is licensed to the host organization. These options will be discussed with the Research Committee.

Putz et al., (2012) report that estimates of the study team that are meaningful from pre and post scores are changes from 3 to 8 points after the intervention. A change in mental wellbeing at this level could be said to have improved over the course of the project. Conversely, a decline of 3 to 8 points could indicate a meaningful decline. Statistically significant change will depend on the number of participants (Putz et al., 2012). If any report is issued about results, a copyright statement needs to be included, per the instructions: "The Warwick-Edinburgh Mental Well-being Scale was funded by the Scottish Executive National Program for improving mental health and well-being, commissioned by the NHS Health Scotland, developed by the University of Warwick and the University of Edinburgh, and is jointly owned by NHS Health Scotland, the University of Warwick and the University of Edinburgh" (Putz et al., 2012)

The data from individual scores and the change were entered into an Excel spread sheet, and results were presented as mean scores for the participants (Stewart-Brown & Janmohamed, 2008). The range can also be presented. Stewart-Brown and Janmohamed, (2008) note that the population mean average is around 51 and can depend on the group

being studied. When obtaining consent to use the tool, this writer agreed to share the top

level results of survey data. To date, no populations of nurses have been studied by the

developers.

## Summary

Stewart-Brown and Janmohamed, (2008) note that the WEMWBS is a

"psychometrically robust" (ii) scale that measures mental well-being. The purpose of this

writer's capstone DNP project is to implementing an evidenced-based quality

improvement intervention focusing on journal about gratitude that will enhance the

mental well-being of the psychiatry nursing staff. Considering the stressors and

challenges in the current healthcare environment, this intervention could enlarge and test

the validity of improvement of nursing staff "from the inside out." This gratitude

intervention, if successful, could assist in changing the culture on the psychiatric nursing

units as the staff focus on "what is going well" and ways to express gratitude to

themselves and others on their teams.

Section 4: Findings and Recommendations

**Introduction**

Stress affecting healthcare providers has been accelerating in recent years. This stress is due to a multiplicity of factors including financial pressures, under-resourced environments, an impending nursing shortage, and increasing levels of patient acuity (Gray, 2012; West, 2016). Stress has high costs to the organization as well as to the individual practitioners and the team. Shanafelt and Noseworthy (2016) estimated that rates of physician and nurse burnout range from 35%-75%, which can manifest as emotional and physical problems and practitioners ultimately leaving the profession. While organizations struggle with solutions to create healthier work environments for staff such as limiting hours worked per day, mandating breaks, and streamlining medical records documentation, other approaches look to increasing the staff resilience through personal self-care practices. Nursing mental well-being and a commitment to caregiver self-care by the nurse and the organization are essential in creating a caring relationship between the nurse and patient (Lowe, 2013).

Evidence indicates that the ability to self-generate positive emotion could assist nurses in reducing stress and potentially improve their mental well-being and compassion (Rao & Kemper, 2017). Addressing and supporting nurses to become more internally mindful and engaged can create a much stronger practice environment and increase the ability of the nursing staff to deliver compassionate care while caring for themselves. Repar and Patton (2007) found that journaling opportunities provided to stressed nurses in their work settings allowed them to reconnect spiritually and emotionally with the

reasons they came into nursing, with the result of being better able to provide compassionate care to their patients. As a reflective practice, journaling is an intervention that is simple, easily accessible at work or home, and can be accomplished in a few minutes or less a day.

Gratitude is generally defined as appreciating what is meaningful and important in a person's life (Sansone & Sansone, 2010). According to Emmons and McCullough (2003), gratitude is a way of savoring positive life circumstances, and they suggested that experimental manipulation can help determine if the use of a gratitude intervention can have a causal effect on mental well-being. Although the benefits of gratitude have been long noted by religious faiths, ethicists, and in popular culture, Emmons and McCullough's (2003) seminal study of gratitude and its benefits in the discipline of psychology is one of the first to examine rigorously the relationship between grateful thinking and psychological well-being. Emmons and McCullough (2003 experimentally tested gratitude, comparing whether study subjects who wrote about complaints, neutral life events, or blessings resulted in changes in measures of the subjects' mental well-being. Three different groups were studied, including a cohort of older adults with chronic illnesses. All three cohorts who focused on gratitude consistently increased their mental well-being scores through the process relative to the groups who wrote about problems or neutral events.

In O'Leary and Dockray's (2015) randomized controlled study involving 65 women 18-45 years of age, two online interventions were studied involving mindfulness and journaling about gratitude over a 3-week period. Both interventions demonstrated

benefits with resulting decreased stress compared to controls. Rao and Kemper (2017) developed an online training program in meditation and gratitude practices for 177 health professionals that significantly improved the practitioners' gratitude and mental well-being and ability to deliver compassionate care.

Watkins et al. (2015) conducted a randomized controlled clinical trial testing several types of gratitude interventions with 129 participants and reported significance effects with the simple "gratitude 3 blessings" exercise journaling about gratitude for 1 week. The authors found that gratitude enhanced the recall of positive memories and noted the prolonged effects of the subjects' sense of mental well-being 5 weeks after the study ended. Watkins et al. (2015) speculated that this grateful recounting was training individuals to notice and appreciate life's benefits.

Fredrickson (2001), a leader in the positive psychology movement, stated that positive emotions such as gratitude can lead to better mental and physical health and can contribute to increased social support as individuals engage more fully with those around them. This foundational evidence in the benefits of journaling about gratitude, rooted in positive psychology practices, drove the study design for this DNP capstone.

**Local Problem**

At this 1,000 bed academic medical center, stressors have increased for all caregivers and staff, as evidenced by consistent increases in rates of emotional exhaustion across all clinical settings and reflected in the safety culture survey scores. The Department of Nursing's mental well-being score (i.e., resilience/emotional exhaustion) of 52% was lower than the industry standard of 58% on the Safety Attitude Questionnaire

(Sexton et al., 2006). The psychiatric nursing staff scores shared these troubling rates of emotional exhaustion (personal communication, director of professional programs, April 17, 2017). Profit et al. (2014) demonstrated a relationship between poor safety culture scores and high burnout rates.

Concern over emotional exhaustion of the psychiatric nursing staff has been reported anecdotally by psychiatric nursing leadership as well, and all nursing leaders have been developing strategies to address staff stressors. In psychiatric settings, the interpersonal connections between nurses and patients are a strong component in healing, although these connections can be exhausting for nurses. Empathy for the emotional pain of patients who can be potentially violent and abusive requires a high level of skill and internal strength and resilience. While nursing can be both emotionally and physically exhausting in all specialties and settings, the psychiatric nurse-patient relationship can pose additional personal challenges to the clinician requiring self- awareness and resilience.

Developing a workforce with higher levels of general mental well-being could enhance their resilience and ability to cope in stressful situations (Gao et al., 2017). As noted, psychiatric nurses are at risk to develop emotional exhaustion due to the stress identified in their healthcare settings. Retention in and recruitment to these stressful settings is at risk at a time when numbers of patients seeking psychiatric care are increasing (Prosser et al., 2017). As a recent example, the numbers of patients seeking care in the hospital's psychiatric emergency department continue to increase. In May, 2019, 500 patients presented for treatment, an all-time high. The average number of

patients until late 2012 was about 220 patients per month, which has been steadily increasing. The inpatient psychiatric nurses on a single unit staff that area as well as their inpatient acute care setting.

Nursing turnover is a metric that hospital nursing leadership follow closely, as it is expensive to hire, onboard, and orient each new nurse; the cost is estimated to be about $80,000 per nurse (personal communication, Dr. Dang, 2017). Nursing turnover rates have been increasing, which is especially troubling with an impending nursing shortage on the horizon. A number of institutional incentives related to nursing professional development, safety, and salaries have been enacted in recent years. Nonetheless, nursing turnover rates have not significantly decreased. In fact, while the organization compares favorably with other academic medical centers, internally, rates of turnover continue to stress bedside nursing staff. Increasing rates of nursing turnover in the Department of Psychiatry have been most recently reported as 16.58% for FY 18 (personal communication,, lead recruiter, June 22, 2018), up from 12% in FY15.

**Gap in Practice to Address**

The purpose of this DNP project was to implement an evidence-based quality improvement intervention focused on journaling about gratitude that would hopefully enhance the mental well-being of psychiatry nursing staff treating adult patients with acute psychiatric illnesses, further validating the evidence of positive results from incorporating gratitude into a daily practice. This intervention was hoped to address, in one small way, the potential gap in practice: the vulnerability of the psychiatric nursing staff to develop emotional distress and exhaustion.

The clinical practice question to be addressed is whether a brief gratitude intervention based in positive psychology research can enhance the mental well-being of acute care psychiatric nursing staff. This would constitute a quality improvement project addressing a gap in practice, which is the vulnerability of the psychiatric nursing staff to develop emotional distress and exhaustion.

## Sources of Evidence

In preparation for this capstone project, a review of the scholarly evidence was conducted using Cinahl plus, Google Scholar, Cochrane, and Psych Info. Keywords were *well-being, resilience, nursing and resilience, psychiatry nursing and resilience, human caring theory, positive psychology, gratitude,* and *nursing burnout.* Individual researchers and scholars were studied in more depth: Watson (__1988___, human caring theory), Fredrickson (2009, positive psychology and the 'broaden and build" theory of infusion of positive emotions), and Seligman's work on human flourishing (2011), among many others.

Hospital leaders were also interviewed during the development of this DNP ject, including the lead recruiter for nursing, the director of professional programs and research. . Both supplied important information about trends in nursing turnover in the hospital and trends in perceptions of safe environments by nursing that demonstrated an increase in staff emotional exhaustion. Other expert consultants include Dr. Rushton, who leads the MEPRA), a 6-week program and research study for hospital nurses that focuses on developing mindfulness practices, increasing resiliency, and developing ethical

competency. Of note, the nurses participating in this academy are prompted to journal daily related to personal gratitude as a reflective self-care practice.

## Study Process

A small study was implemented with psychiatry nurses in the academic medical center as this writer's capstone project. The purpose of this DNP project was to implement an evidence-based quality improvement intervention that offered the opportunity for inpatient psychiatry nursing staff treating adult patients with acute psychiatric illnesses to journal about their personal gratitude. Based on the evidence review, it was hypothesized that the mental well-being of the staff would be enhanced. This implementation would measure the nurses' mental well-being, pre and post intervention, measured by the WEMWBS.

This 14-iem scale measures aspects of positive mental health, both from a hedonic and eudaimonic perspective. The hedonic perspective is that aspect of subjective experience of happiness and life satisfaction; the eudaimonic perspective measures more positive psychological functioning, including good relationships with other people and competence (Putz et al., 2012). This tool measures both perspectives within the 14 questions and was developed as a way to monitor the effects of mental health promotion activities in the United Kingdom. Developed through research at Warwick and Edinburgh Universities, the WEMWBS tool is psychometrically robust (Tennant, et al, 2007) and is an appropriate tool to measure any enhancement of mental well-being through the gratitude intervention. The developers of the tool gave the writer permission for use and noted that this type of gratitude intervention was appropriate for its use, measuring pre

and post effects with the WEMWBS. Prior to beginning the intervention, IRB approval was obtained by the host organization as well as through Walden University (Walden University IRB approval number 02-12-11-19-0633027).

Gratitude interventions can involve writing about things on a regular basis for which the individual feels grateful. Gratitude is generally defined as appreciating what is meaningful and important in one's life (Sansone & Sansone, 2010). 2010). According to Fredrickson (2001), positive emotions, such as gratitude, can lead to better mental and physical health and can contribute to increased social support as they engage more fully with those around them. Thus, it was proposed that journaling three good things a day that they are grateful for, over four weeks, would improve the mental well-being of the psychiatric nursing staff.

**Data Collection**

A convenience sample (n=66) of inpatient acute care registered nurses in the department of psychiatry at this writer's academic medical center were offered this gratitude intervention. All of the nurses on three units were offered the intervention either in person by this writer during staff meetings or email invitation. As the intervention, staff were offered a small free gratitude journal, that was theirs to keep, with the request that they complete the WEMWBS, in the online Qualtrics computer program, before starting and at the end of the study period. All of their journal entries were completely private and would not be shared as part of the study, but by their taking the survey, indicated consent. The online survey results were accessible only by this writer. All staff were instructed to choose a number as their personal identification number, that they

could remember from pre to post test. This would ensure anonymity of participants, and none of the units were identified.

Because the journaling would be done privately by the participants, it was conceived as a reflective practice that would have a personal effect that participants would notice. This gratitude journaling practice was well validated through the evidence (AJN, 2017; Elosua, 2015; Emmons & McCullough, 2003; O'Leary & Dockray, 2015) as a way to enhance positivity in the individual nurses that could enrich their ability to delivery compassionate and safe care to patients. This intervention can enlarge and test the validity of one of the suggestions made by the Johnson Foundation (AJN, 2017) that improving "from the inside out" can improve nurses' mental well-being and thus their work environment, with its implications for improved nursing engagement and better patient outcomes. The purpose, as noted, of this intervention is to test the hypothesis that gratitude journaling would improve the nurses' mental well-being.

As noted, this writer met with the staff on these three inpatient psychiatric units during their staff meetings. This writer's unit was not included, due to concerns about staff potentially feeling coerced to participate by their manager. Nurses only were recruited for the gratitude practice and the study, although non-nurses were interested and will be included in any later (post DNP project) interventions. Small gratitude journals were distributed to those interested during the staff meeting, with the caveat that this was a private chance to journal, with the suggested journaling of three positive things that happened every day. The journals would be theirs to keep.

Before beginning, all staff were asked via email to complete an online Qualtrics survey with the questions from the WEMWBS and were informed of the need to retake the survey at the end of the four-week study period. Within the introductory cover letter was the instruction that their consent was provided by their willingness to participate. Staff were also informed that they could opt out at any time.

Additional emails were sent to all of the staff on each floor, who were not able to attend the staff meetings, discussing the process, with an invitation to take the WEMWBS online before beginning. Links to the survey were included in the email invitation. Extra journals were given to the unit educators so that others recruited through email could also be a part of the study, while ensuring anonymity.

Staff were instructed to choose an identification number that they could remember so that the same number would be used for the pre- and posttest. At the end of the study period, staff were invited again via email to re-take the WEMWBS as well as answer a few questions added to the Qualtrics survey related to basic demographics (age, sex) and journaling use: how often they journaled per week, whether it was their first exposure to keeping a gratitude journal, and whether they planned to continue the practice

A total of thirty journals were distributed to nurses for the three psychiatric units at the beginning of the study period, 45% of the total possible sample (30 out of 66). Twenty nurses completed the pre-test in Qualtrics with the WEMWBS questions, but the dates that the pre-test was completed varied over the course of four weeks as additional email invitations were sent out to all nurses to encourage maximum participation.

After four weeks, follow-up emails were sent to all the nurses, asking them to complete the post-test link, after they had used their journals at least four weeks. Since the participants were not identified, the email blasts were sent to the entire staff. This post-test also had five additional questions to complete: age, sex, how often they journaled, whether it was their first time completing a gratitude journal, and whether they planned to continue the practice. They completed the post-test in Qualtrics.

The results of both Qualtrics surveys were entered into an Excel data base that had been created by the developers of WEMWBS. Per the scoring instructions by the developers, the five-point Likert scale answers to the fourteen questions in the WEMWBS—from none of the time, rarely, some of the time, most of the time, to all of the time—were converted into numbers entered into the Excel spreadsheet by this writer. The spread sheet totaled the numbers and assigned each subject a total score, which was automatically converted to low, moderate or high.

**Data Analysis Plan**

Since the writer was trying to preserve anonymity of the subjects, numbers were not assigned for the pre and posttests in the online survey. Subjects were asked to choose a number that was meaningful to them to enter on the Qualtrics surveys. This was done so that they would enter the same number on pre and post-tests, so that a paired analysis of the effect of the intervention could be done.

All data was imported into SPSS IBM Version 25 (2019) for data analysis. Demographic statistics were completed as additional questions in the post-test, including age, sex, journal use (number of days per week, first time use, and whether the subjects

planned to continue). Specifically, descriptive statistics were employed for all demographic questions.

Several analytical strategies were used to examine the scores of the pre and post-tests before and after the gratitude intervention. First, a Chi-Square analysis was done after converting the sum scores into categories of low-moderate-and high scores on the WEMWBS. This was used to assess for inferences about potential differences between categorical variables in a contingency table that was cross-tabulated (Polit, 2010).

Second, to assess for paired differences pre and post the intervention, a non-parametric Wilcoxin signed rank test was performed on the six paired samples. This test was chosen as it is the nonparametric equivalent of the paired $t$ test and can be used in smaller sample sizes. It is calculated by converting scores to median ranks and comparing them at two time intervals across the same sample (Polit, 2010). However, there were a limited number of matched pairs (six), thus, it was decided to also assess the pre and post assessments using the non-parametric Mann-Whitney $U$. The Mann-Whitney $U$ compares two independent groups using the whole sample, not just the matched pairs. All tests were performed to determine statistical significance of the intervention (gratitude journaling) at the p-value level of .05 or less.

**Findings**

The total number of pre- ($n = 20$) and posttests ($n = 15$) for the study totaled 35, including six subjects who completed both the pre and post-tests under the same identification number. Demographic and additional questions were answered by those completing the posttest only. The age of subjects ($n = 15$) ranged from 21 to 60,

noted in categories with a median age range of participating subjects of 41-50 years

(SPSS 25, 2019). Fourteen women (93%) and 1 man (7%) were part of the group. The

range of days per week journaling was from 1 to 7, with a median days' practice of three

days/week (Table 1). Nine of the fifteen (60%) were using a gratitude journal for the first

time, and ten (67%) of the fifteen planned to continue. See Table 2 below.

Table 1.  Psychiatric Nurses Number of Times per Week Journaling About Gratitude

| Days per week nurses' reported gratitude journaling | Number of nurses | Percent of sample | Cumulative percent |
|:---:|:---:|:---:|:---:|
| 1 | 3 | 20% | 20% |
| 2 | 4 | 26.7% | 46.7% |
| 3 | 1 | 6.7% | 53.3% |
| 4 | 3 | 20% | 73.3% |
| 5 | 2 | 13.3% | 88.7% |
| 7 | 2 | 13.3% | 100% |
| Total | 15 | 100% | |

*Note.Statistics (SPSS):* Mean: 3.3333; Median: 3.000; Minimum: 1; Maximum: 7

Table 2.  Nurses' Previous History of Using a Gratitude Journal and Intent to Continue the Practice

| First time gratitude journal use | | Plan to continue gratitude journal | |
|:---:|:---:|:---:|:---:|
| Yes | 9 (60%) | Yes | 10 (67%) |
| No | 6 (40%) | No | 4 (27%) |
| | | Missing | 1 (7%) |

*Note. n* = 15.

In SPSS a Chi-Square analysis was done for categorical variables, converting the

numerical scores measuring positive mental health (WEMWBS) into categories. The

converted low, moderate, and high scores of the sample, were compared at two times, pre

($n = 20$) and posttest ($n = 15$), As a nonparametric test used to make inferences about a

potential relationship between categorical variables in a contingency table that is cross-

tabulated (Polit, 2010), the changes did not show significance. As noted in Table 4, while

there was a shift overall to higher scores, statistical significance was not achieved of the

change (Pearson Chi-Square=.1.176, with asymptotic (2-sided) significance of .555,

Cramer's V of .183). Thus, the null hypothesis that there is no difference in pre and post

categorical WEMWBS scores, failed to be rejected. Results of the Chi Square analysis

are noted in Table 3.

Table 3. Crosstabs Case Processing Summary for the Warwick-Edinburgh Mental Well-Being Scale Pretest and Posttest Scores

| Variable Name | Pretest | Posttest | *p*-value | Effect size |
| --- | --- | --- | --- | --- |
| Score category, | | | *p*-value =1.176 | Cramer's V = |
| *n*(%) | 8(40%) | 4(26.7%) | | .183 |
| Low score | 11 | 9 (60%) | | |
| Moderate score | (55.5%) | 2 (13.3%) | | |
| High score | 1 (5.0%) | | | |

*Note. N = 35, SPSS.*

A Wilcoxin Signed Rank Test revealed significant differences ($Z = -1.402$, $p = .0$

27) pre and post WEMBS paired mean scores. This rejects the null hypothesis and

supports the change due to the gratitude intervention. However, this was an extremely

small sample ($n = 6$) of paired means. Because of the rules related to non-parametric

testing (Pollit, 2010), in that the entire two groups cannot be matched due to differences in identification numbers, the Wilcoxin Signed Rank Test cannot be performed on the entire study group (n=35).

The Mann-Whitney $U$ test showed there were no significant differences between the pre and post test scores ($U = 108$, $p = .161$) of the entire two groups. Since the $U$ statistic generated by SPSS (2019) is higher than 90, it is not significant. The Mann-Whitney $U$ Test, as a nonparametric test that compares two independent groups similar to the $t$ test, tests the null hypothesis that the two populations are distributed identically against the hypothesis that they are not distributed identically (Pollit, 2010). These pre and post groups were not entirely independent, due to the six matched pairs. Thus, the scores (pre-test to post-test) did not show a significant shift or significance with either the Chi-square analysis on Mann-Whitney U nonparametric tests.

**Limitations**

Because the nurses chose their own pre- and posttest number to place on their Qualtrics surveys, a problem was created. Only six of the fifteen post-tests were linked to a pre-test with the same identification numbers, so a paired $t$ test could not be used for the entire pre-post sample. Six pairs were an extremely small sample. Because of the rules related to non-parametric testing, in that the two groups cannot be matched due to differences in identification numbers, the Wilcoxin signed rank test could not be performed on the entire study group, although it could be performed on the six paired samples with matching identification numbers. It could be assumed that the same group was sampled, but since the identification numbers didn't match, this can't be confirmed.

The guidelines for the Mann-Whitney $U$ require that the groups being compared be two independent groups. A limitation of performing this test is that the two groups were not completely independent as noted, with the six pairs, so did not meet all of the rules for nonparametric testing. Again, it is also assumed that the same group of nurses took the pretest and the posttest but didn't remember their identification number from the first time they answered, but this assumption cannot be proven.

The implications of this lack of significance in the larger groups are unclear. Staff anecdotally were very interested in the practice when introduced to the concept, and the unit educators requested additional gratitude journals for their staff. A total of thirty gratitude journals were distributed to the staff, which is 44% of the potential sample (n=68) of psychiatric nurses. Unfortunately, the improvement of mental wellbeing of the nursing staff through this intervention cannot be demonstrated statistically. The paired means (n=6) showed the greatest shift with significance of .027 on a Wilcoxin Signed Rank test, which rejects the null hypothesis and supports the change due to the gratitude intervention. A definite limitation is the small sample size.

**Implications/Discussion**

A strength of this small study is the tool used to measure aspects of positive mental health which were hypothesized to have been affected by the intervention of the gratitude journaling practice, which had been well-validated in the initial evidence review. The WEMWBS (Tennant, et al, 2017) is a tool that had been developed in the United Kingdom as a way to monitor effects of mental health promotion activities. It is psychometrically robust (Tennant, et al, 2007) and appropriate to use to measure the

effects of this gratitude intervention. The tool was short, easy to understand, and took less than ten minutes to answer.

Of interest, the population mean average in the United Kingdom is about 51 total points and a 3 to 8 points change in individual scores was noted to be meaningful (up or down) (Tennant, et al, 2007). In my small study, the mean score scores shifted as 20 subjects completed the pretest and 15 the posttest. The total mean shifts of these semi-independent groups, hand-calculated was 46.05 (pretest scores) to 51.07 (posttest scores).

The strength of this project is that it is timely and has the potential to contribute to social change by helping to create a more positive team environment by improving the positive mental health of the team members by focusing on gratitude. While the improvement of mental wellbeing of the nursing staff through this intervention cannot be demonstrated statistically, the interest in the practice could be amplified by repeating the study with a larger group, including all psychiatric staff. Since the median age of those nurses participating was between 41-50 years of age, and the average age of the overall nurses might be younger, perhaps the journaling process is not the best way to express gratitude. The question to be answered is whether the age of participants was a significant variable in receptivity to a journaling practice. Some units in the hospital are doing "gratitude circles" in their daily huddles, and use kudos' boards to express gratitude to staff who go above and beyond. These are small, but potentially powerful interventions in a complex organization that is paying active attention to the mental well-being of all of its caregivers.

Another strength of this project is the relationship that this writer has developed with the creators of the WEMWBS, which hopefully can lead to other more robust projects with larger sample sizes. This validation of the evidence related to gratitude practices will support the continued implementation of such practices in various forms throughout the organization. noticing what is going well. This project can be seen as a pilot that requires more study, with a more rigorous control over creation of identification numbers for study samples and expansion beyond psychiatric nurses to other psychiatric staff.

**Recommendations**

The incorporation of regular gratitude practices into the organizational culture of the healthcare organization still shows great promise, despite this small sample size and lack of significance. As Dr. Fredrickson's (2001) "broaden and build" theory posits, positive emotions can expand to improve social, psychological and physical hardiness (Fredrickson, 2001). The Johnson Foundation in the fall of 2016 convened a retreat of nursing leaders to draw attention to the challenges of burnout and emotional exhaustion in healthcare (AJN, 2017). While many solutions focused on organizational structures emerged, much attention was also paid to improving the health of nurses by practicing self-care, mindfulness, and supporting the team. While the proposed evidence translation project focused on the capacity of individual nurses to practice gratitude, it is speculated that individual mental well-being can enhance the entire work team's functioning, as well as nourish their ability to deliver compassionate care to patients. In the host organization, many strides have been made over the past year improving the safety climate and

salaries. But much attention is also being paid to nurses' well-being. Improving the

nurses' ability to change "from the inside out" can improve work environments.

As noted, improving the wellbeing of nurses and nursing staff requires a

multifaceted approach. The host institution has now launched an Office of Well Being,

with a new nurse leader. This writer has been invited to join a small subgroup "Gratitude

Meeting Study Group", which has just met for the first time. One member is a business

consultant who has done gratitude research and its application to business practices, to

improve business related outcomes. Another member is the director of our organization's

"Institute of Johns Hopkins Nursing" who sponsor and create education for large

American and international audiences. She and I were partners in creating a resilience

education program for psychiatric nursing staff about ten years ago. Another "advisory

group" member, of which I am a part, is a fellow DNP student who is doing a

mindfulness meditation project for her DNP capstone for neurosciences staff. This group

is in its early brainstorming stage, and we will be developing a proposal to spread

resilience practices within our organization. One interesting suggestion is that the group

could pull together all of the DNP capstone projects that relate to resilience and well-

being for nurses in our organization.

Of course, nurses need fair scheduling practices, equitable salaries, collegial

support and innovation, all possible and happening in our dynamic academic medical

center. The complexity of the environment, financial pressures, nursing turnover, to name

a few stressors have not gone away. These principles of positive psychology practices

and the implementation of gratitude practices are simply one contribution to improve the

organizational culture of nursing and affect positive social change.

Section 5: Dissemination Plan

Disseminating the results of my project is an important part of the cycle of evidence-based practice. My project relates to creating a healthy work environment for nurses and is based in the evidence generated in the literature in positive psychology as well as in nursing management and psychiatry nursing journals. There is also evidence generated in organizational management journals. Considering where to disseminate the work is rooted in analyzing the sources of the articles where most of the evidence originated. The key to beginning to disseminate is to understand the audience.

This study and its results should first be shared with the psychiatry nursing leadership in my organization. The gap in practice, which are the high rates of emotional exhaustion of the nursing staff, must continue to be attacked on many fronts. First, this small study can be seen as a pilot that can inform the development of a more expansive education program about gratitude for the Department of Psychiatry nursing staff. The program can be more formally presented, with the results of the small pilot as well as the evidence from the literature about the importance of gratitude. A short PowerPoint presentation can be created that can be the basis of a more formal presentation to all staff who can be invited to take place in a repeat study, with a goal of greater participation. In this proposed larger follow-up study, the data collection and identification numbering of surveys will be more tightly controlled. Of course, institutional IRB approval will be sought again; perhaps the original approved institutional IRB can be altered, pending reapproval.

The interest of the staff to continue the practice, although a small number, should be emphasized. The study results should then be shared with the psychiatry nursing staff, who should be queried as to their perceptions of impediments to participating in keeping a gratitude journal. It is hypothesized that writing in a journal might not be a habit for many, especially younger staff. When examining the age of participants, it is clear that their average age is older than the majority of staff. I did not overly "sell" the gratitude practice when introducing the project, inviting staff to experience it for themselves. When the results are disseminated in grand rounds, the evidence related to gratitude will be emphasized. In a proposed series of focus groups to follow, staff will be queried as to how to notice what they are grateful for, perhaps through a phone application. It is important to emphasize to staff that being grateful internally does not negate the importance of ensuring a safe working environment with appropriate staffing levels by nursing and hospital administration.

Appropriate audiences outside of the host organization include psychiatric nurses' organizations, such as the American Psychiatric Nurses Association, the American Nurses Association and their subcommittee on creating a healthy work environment, and nursing management organizations such as American Organization of Nurse Executives. All of these organizations have journals associated with them and host yearly conferences, so an abstract could be created and submitted.

The International Positive Psychology Association, which meets every 2 years, has been a source of inspiration for me, having attended two of their very large conferences. I presented a poster at this conference 4 years ago related to using the

principles of positive psychology to improve staff relationships in a high stress

environment that is between the nursing staff in the adult emergency department and the

psychiatry nursing staff at our hospital. This same topic was presented as a breakout

session at a large national conference hosted by the International Society of Psychiatric-

Mental Health Nurses in Seattle in 2015.

**Analysis of Self**

Throughout this entire DNP education, I have been researching and writing about

strategies to improve the organizational culture in nursing to encourage creation of

practices to increase nurses' resilience. This has been my interest and focus since I

obtained my masters' degree in nursing in 1989, where the topic for my capstone paper

was *Organizational culture:  setting the environment for professional nursing practice*

(Sullivan, 1988), describing how professional practice models supported critical thinking

of staff in decision-making. This work—both resilience strategies for nurses and shared

governance models—is the foundation of my ongoing (29 year) career as a nurse

manager in a challenging academic urban environment in acute adult psychiatry,

including managing a psychiatric emergency department and inpatient unit.

During my DNP education I have had the good fortune to have as my preceptor,

Dr. Rushton, whose work in creating the MEPRA kept appearing in my literature

searches related to nursing resilience programs (Rushton et al, 2015). This program

within my organization has trained a small group (about 250) nurses (out of about 3,200

nurses) in resilience-enhancing strategies. This program assists staff in developing and

identifying personal values and identifying and addressing ethical issues and practices of

self-care and mindful meditation and gratitude. As a result of these nurses spreading what they have learned with their colleagues, one intensive care unit has instituted gratitude circles and gratitude huddles. Other staff send each other "mindful minute" reminders as part of a "Care" committee, caring for patients (patient satisfaction), each other on the team, and encouraging others to care for themselves. There are thus many pockets of "light" and hope within this stressful environment, and my recommendation would be to "broaden and build" (Fredrickson, 2001) upon these successes.

## Summary

While a small study, this gratitude intervention should be seen as a pilot that supports the emphasis on gratitude as a regular cultural practice on the nursing units at this large academic medical center (approximately 1,000 beds). This study should be repeated with a larger sample size and a more robust data collection plan. Through education and dissemination of early results, staff can identify the practices that they can operationalize personally and professionally to improve their own personal fulfillment as nurses, benefitting themselves, patients, their teams, and the organization.

References

American Association of Colleges of Nursing. (2012). Nursing shortage fact sheet.

Retrieved from http://www.aacn.nche.edu

American Journal of Nursing (2017). Report draws attention to nurse burnout, seeks to

restore joy to profession. *AJN Off the Charts*. Retrieved from

https://ajnoffthecharts.com/report-draws-attention-to-nurse-burnout

American Organization of Nurse Executives. (2012). AONE 2012 education and research

priorities. Retrieved from http://www.aone.org.education/index/html.

Brennan, E. J. (2017). Towards resilience and wellbeing in nurses. *British Journal of*

*Nursing, 26*(1), 43-47. doi:10.12968/bjon.2017.26.1.43

Chow, K. M., Tang, W. K. F., Chan, W. H. C., Sit, W. H. J., Choi, K. C., & Chan, S..

(2018). Resilience and well-being of university nursing students in Hong Kong: a

cross-sectional study. *BMC Medical Education 18* (13), 1-8, doi:10.1186/s12909-

018-1119-0.

Dearholt, S. & Dang, D. (2012). *Johns Hopkins nursing evidence-based practice: Models*

*and Guidelines* (Appendix C, 2nd ed). Indianapolis, IN: Sigma Theta Tau,

International.

Elosua, M. (2015). The influence of gratitude in physical, psychological, and spiritual

well-being. *Journal of Spirituality in Mental Health, 17,* 110-118.

doi:10.1080/19349637.2015.957610

Emmons, R. & McCullough, M. (2003). Counting blessings versus burdens: An

experimental investigation of gratitude and subjective well-being in daily life.

*Journal of Personality and Social Psychology, 84*(2), 377-379.
doi:10.1037//0022-3514.84.2.377

Fawcett, J. & Garrity, J. (2009). Chapter 1: Research and evidence-based nursing
*practice.* In *Evaluating research for evidence-based nursing* (pp. 3–20).
Philadelphia, PA: F.A. Davis.

Foureur, M., Besley, K., Burton, G., Yu, N., & Crisp, J. (2013). Enhancing the resilience
of nurses and midwives: pilot of a mindfulness-based program for increased
health, sense of coherence and decreased depression, anxiety and stress.
*Contemporary Nurse, 45*(1), 114-125. doi:10.5172/conu.2013.45.1.114

Fredrickson, B. L. (2001). The role of positive emotions in positive psychology: the
broaden-and-build theory of positive emotions. *American Psychologist, 56,* 218-
226. doi:10.1037//0003-066x.56.3.218

Fredrickson, B. (2009). *Positivity.* New York, NY: Three Rivers Press.

Gao, Ding, X., Chai, J., Zhang, Z., Zhang, H., Kong, Y., & Mei, S. (2017). The influence
of resilience on mental health: The role of general well-being. *International
Journal of Nursing Practice, 23*:12535, 1-7. doi:10.1111/ijn.12535

Gray, J. (Ed.) (2012). Building resilience in the nursing workforce. [Editorial]. *Nursing
Standard 26*(32), 1. doi:10.7748/ns2012.04.26.32.1.p80

Itzhaki, M., Peles-Bortz, A., Kotisky, H., Barnoy, D. Filshtinsky, V., & Bluvstein, I.
(2015). Exposure of mental health nurses to violence associated with job stress,
life satisfaction, staff resilience, and post-traumatic growth. *International Journal
of Mental Health Nursing, 24,* 403-412. doi:10.1111/inm.12151

Lee, K., Forbes, M. L., Lukaseiwicz, G. J., Williams, T., Sheets, A., Fischer, K, & Niedner, M. F. (2015). Promoting staff resilience in the pediatric intensive care unit. *American Association of Critical Care Nurses, 24*(5), 422-430. doi:10.4037/ajcc2015720

Lewis, M., Taylor, K., & Park, J. (2009). Crisis prevention management: a program to reduce the use of seclusion and restraint in an inpatient mental health setting. *Issues in Mental Health Nursing, 30*(3), 159-164. doi:10.1080/01612840802694171

Lowe, L. (2013). Creating a caring work environment and fostering nurse resilience. *International Journal for Human Caring 17*(4),52-59.

McEwen, M. & Wills, E. (2014). *Theoretical Basis for Nursing* (4th ed.). Philadelphia, PA: Wolters Kluwer Health.

Newman, M. (1986). *Health as Expanding Consciousness*. St. Louis: Mosby.

Ng Fat, L., Scholes, S., Boniface, S., Mindell, J., & Stewart-Brown, S. (2017). Evaluating and establishing national norms for mental well-being using the short Warwick-Edinburgh Mental Well-Being Scale (SWEMWBS): Findings from the Health Survey for England. *Quality of Life Research 26*, 1129-1144. doi:10.1007/s11136-016-1454-8

O'Leary, K & Dockray, S. (2015). The effects of two novel gratitude and mindfulness interventions on well-being. *Journal of Alternative and Complementary Medicine, 21*(4), 243-245. doi:10.1089/acm.2014.0119

Park, S., et al . Concurrent and lagged effects of registered nurse turnover and staff on

    unit-acquired pressure ulcers. *Health Services Research 49* (4), 1205-1222.

Peplau, H. (1952). *Interpersonal Relations in Nursing.* New York, NY: G.P. Putnam &

    Sons.

Polit, D. (2010). *Statistics and data analysis for nursing research* (2nd ed.). Upper Saddle

    River, NJ: Pearson Education.

Profit, J., Sharek, P. J., Amspoker, A. B., Kowalkowski, M. A., Nisbet, C. C., Thomas, E.

    J., . . . Sexton, J. B. (2010). Burnout in the NICU setting and its relation to safety

    culture. *BMJ Quality Safety. 23,* 806-813. doi:10.1136/bmjgs-2014-0002831

Prosser, S., Metzger, M., & Gulbransen K. (2017). Don't just survive, thrive:

    Understanding how acute psychiatric nurses develop resilience. *Archives of*

    *Psychiatric Nursing 31,* 171-176. doi:10.1016/j.apnu.206.09.010

Putz, R., O'Hara, K., Taggart, F. & Stewart-Brown, S. (2012). *Using WEMWBS to*

    *measure the impact of your work on mental wellbeing: a practice-based user*

    *guide.* Coventry, United Kingdom: Coventry City Council, Warwick Medical

    School, & NHS Coventry. Retrieved from

    https://www.corc.uk.net/media/1244/wemwbs_practitioneruserguide.pdf

Rao, N. & Kemper, K. (2017). Online training in specific meditation practices improves

    gratitude, well-being, self-compassion, and confidence in providing

    compassionate care among health professionals. *Journal of Evidence-Based*

    *Complementary & Alternative Medicine, 22*(2), 237-241.

    doi:10.1177/2156587216642102

Ray, S., Wong, C., White, D., & Heaslip, K. (2013). Compassion satisfaction, compassion fatigue, work life conditions, and burnout among frontline mental health care professionals. *Traumatology 19*(4) 255-267. doi:10.1177/1534765612471144

Repar, P. & Patton, D. (2007). Stress reduction for nurses through Arts-In-Medicine at the University of New Mexico Hospitals. *Holistic Nursing Practice, 21*(4), 182-186. doi:10.1097/01.hnp.0000280929.68259.5c

Rogers, M. (1970). *An Introduction to the Theoretical Basis for Nursing.* Philadelphia: Davis.

Romppanen, J. & Haggman-Laitila, A., (2017). Interventions for nurses' well-being at work: a quantitative systematic review. *Journal of Advanced Nursing 73* (7) 1555-1569. doi:10.1111/jan.13210.

Rushton, C., Batcheller, J., Schroeder, K. & Donohue, P. (2015). Burnout and resilience among nurses practicing in high-intensity settings. *American Journal of Critical Care, 24* (5), 412-420.

Sansone, R. Sansone, L. (2010). Gratitude and well-being: The benefits of appreciation. *Psychiatry 2010, 7* (11), 18-21.

Schultze-Lutter, F., Schmmelmann, B., & Schmidt, S. (2016). Resilience, risk, mental health and well-being: associations and conceptual differences. *European Child and Adolescent Psychiatry,25,* 459-466. doi:10.1007/s00787-016-0851-4.

Seligman, M. (2011). *Flourish: A visionary new understanding of happiness and wellbeing.* New York, NY: Free Press.

Seligman, M. & Csikszentmihalyi, M. (2000). Positive psychology: An introduction. *American Psychologist, 55,* 5-14.

Sexton, J.B., Helmreich, R.I., Neilands, T., Rowan, K., Vella, K. Boydon, J., . . . Thomas, E. (2006). The safety attitudes questionnaire: Psychometric properties, benchmarking data, and emerging research. *BMC Health Services Research, 6.* doi:10.1186/1472-6963-6-44

Shanafelt, T. & Noseworthy, J. (2016). Executive leadership and physician well-being: nine organizational strategies to promote engagement and reduce burnout. *Mayo Clinic Proceeding, XXX2016,* 1-18. Retrieved from https://www.mayoclinicproceedings.org/article/S0025-6196(16)30625-5/pdf

Sheppard, L. (2015). Compassion fatigue among registered nurses:  connecting theory and research.  *Applied Nursing Research 28,* 57-59.

Stewart-Brown, S. & Janmohamed, K. (2008). Warwick Edinburgh Mental Well-Being Scale (WEMWBS), User Guide, Version 1. Warwick Medical School, University of Warwick, Scotland.

Sullivan, P. (1988).  *Organizational culture:  setting the environment for professional nursing practice* (Unpublished master's thesis).  University of Maryland, Baltimore,  Maryland.

Tennant, R., Hiller, Fishwick, et. al. (2007). The Warwick-Edinburgh Mental Well-being Scale (WEMWBS): development and UK validation. *Health and Quality of Life Outcomes 2007, 5*(63). doi:10.1186/1477-7525-5-63.

Terry, A. (2015). *Clinical research for the doctor of nursing practice* (2nd Ed.).

Burlington, MA: Jones & Bartlett Learning.

Van Sant, J.&. Patterson, B.(2013)  Getting in and getting out whole: Nurse-patient

connections in the psychiatric setting, *Issues in Mental Health Nursing,* 34(1), 36-

45.  doi.org/10.3109/01612840.2012.715321

Vik, M. H., & Carlquist, E. (2018). Measuring subjective well-being for policy purposes:

The example of well-being indicators in the WHO "Health 2020" framework.

*Scandinavian Journal of Public Health, 46,* 279-286.

doi:10.1177/1403494817724952

Walden University (2012). Retrieved from http://handbook.url.Waldenu.edu.

Watkins, P., Uhder, J., & Pichinevskiy, S. (2015). Grateful recounting enhances

subjective well-being: the importance of grateful processing. *Journal of Positive

Psychology, 10*(2), 91-98. doi:10.1080/17439760.2014.927909

Watson, J. (1988) New dimensions of human caring theory.  *Nursing Science Quarterly I,*

175-181.

West, C. P. (2016). Physician well-being: Expanding the triple aim. *Journal of General

Internal Medicine 31*(5), 458-459. doi:10.1007/s11606-016-3641-2

Windle, G., Bennett, K., & Noyes, J. (2011). A methodological review of resilience

measurement scales. *Health and Quality of Life Outcomes,9*(8).

doi:10.1186/1477-7525-9-8

Zerach, G. & Shalev, T. B-I. (2015). The relations between violence exposure,

posttraumatic stress symptoms, secondary traumatization, vicarious post traumatic

growth and illness attribution among psychiatric nurses. *Archives of Psychiatric*

*Nursing, 29,* 135-142. doi:10.1016/j.apnu.2015.01.002

# Appendix A: Permission to Use the WEMWBS

**Pat Sullivan**

| | |
|---|---|
| **From:** | no-reply@warwick.ac.uk |
| **Sent:** | Tuesday, July 10, 2018 10:42 AM |
| **To:** | Pat Sullivan |
| **Subject:** | Submission (ID: 461441966) receipt for the submission of /fac/med/research/platform/wemwbs/researchers/register |

Thank you for completing this registration. You now have permission to use WEMWBS in the manner detailed in your submission.

Question: Name:
Answer:
 Patricia Sullivan, RN, MS

Question: Email address:
Answer:
 psulliv@jhmi.edu

Question: Institution/Organisation
Answer:
 The Johns HOpkins Hospital

Question: Name:
Answer:

Question: Email address:
Answer:

Question: Institution/Organisation
Answer:

Question: Type of Study
Answer:
 Intervention study (WEMWBS before and after)

Question: Description of proposed project:
(For translations, please state the language concerned)
Answer:
 Doctor of Nursing Practice evidenced-based project capstone. Intervention will be to educate nursing staff about the benefits of keeping a gratitude journal, distributing journals, do pre and post test using WEMWBS, with the suggested completion of gratitude journals, completed privately by nursing staff. The title of the project is "Enhancing the Resilience of Acute Care Psychiatric Nurses: Exploration of a Brief Gratitude Intervention"; this intervention hopes to enhance mental well-being of the psychiatric nursing staff over a 6-week period.

Question: Description of participants
Answer:
 psychiatric nursing staff in adult inpatient facility

Question: Location

1

Answer:
The Johns Hopkins Hospital

Question: Gender
Answer:
male and female

Question: Ages
Answer:
18-69

Question: Approximate Start Date
Answer:
16/09/2018

Question: WEMWBS version
Answer:
7 items

Question: Expected number of people to be studied
Answer:
60

Question: Other information as relevant
Answer:
Developing the ability to self-generate positive emotion could improve nurses' mental well-being and compassion. In psychiatric settings, the interpersonal connections between nures and patients are a strong component in healing.

Question: Are you willing for us to share top level details of your research
Answer:
Yes