

Reducing Perceived Stress, Burnout, and Improving Joy in Work for Nurse Leaders:

A Wellness Initiative

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MBSR FOR NURSING LEADERS

Table of Contents

Background and Significance ..... 6

Problem Statement ..... 8

Purpose Statement..... 9

Literature Review..... 11

Define..... 12

Measure ..... 14

Analyze ..... 15

Improve ..... 16

Control ..... 17

Synthesis of Evidence ..... 17

Definition of Key Terms ..... 18

Theoretical Framework ..... 19

Project Description and Design ..... 21

Project Goals and Outcomes ..... 22

Outcome objectives..... 23

Setting ..... 23

Sample Population ..... 23

Timeline ..... 23

Procedures..... 24

Measurements ..... 26

PSS..... 27

UWES-9..... 27

MBSR FOR NURSING LEADERS

Weekly participation survey ..... 28

MBSR program evaluation survey..... 28

Quadruple Aim survey ..... 29

MBSR follow-up survey..... 29

Fiscal Considerations ..... 30

Sustainability..... 30

Ethical Considerations ..... 31

Evaluation Plan ..... 32

Outcome Measures..... 32

Analysis..... 32

Data and Statistical Stewardship..... 33

Ongoing Monitoring and Sustainability..... 34

Findings..... 35

Demographics ..... 37

Project Outcomes and Deliverables ..... 37

Problem statement findings..... 37

Purpose findings..... 37

*Question* ..... 38

*Reduced stress, burnout, and increased joy*..... 38

*Engagement*..... 38

*Sustained change* ..... 38

*IHI Quadruple Aim* ..... 38

*Baseline PSS* ..... 39

MBSR FOR NURSING LEADERS

*Baseline UWES-9* ..... 39

*Weekly participation survey responses* ..... 39

*MBSR program evaluation survey* ..... 40

*IHI Quadruple Aim responses* ..... 40

*Follow-up survey responses* ..... 40

*Weekly engagements* ..... ~~40~~41

*Attrition* ..... 41

*Comparing results* ..... 41

Project Objectives ..... 41

Outcome objectives ..... 41

*PSS* ..... 42

*UWES-9* ..... 43

*IHI Quadruple Aim Survey* ..... 43

Key Facilitators and Barriers ..... 43

Unintended Consequences ..... 44

Recommendations and Implications ..... 45

Discussion of Final Outcomes and Deliverables of Project ..... 45

*Unintended Consequences and Lessons Learned* ..... 45

KTA Framework ..... 45

Recommendations for Future Practice ..... 46

Implications for Practice ..... 46

References ..... 48

Appendix A ..... 59

MBSR FOR NURSING LEADERS

Appendix B ..... 60

Appendix C ..... 63

Appendix D ..... 64

Appendix E ..... 65

Appendix F ..... 70

Appendix G ..... 72

Appendix H ..... 78

Appendix I ..... 83

Appendix J ..... 88

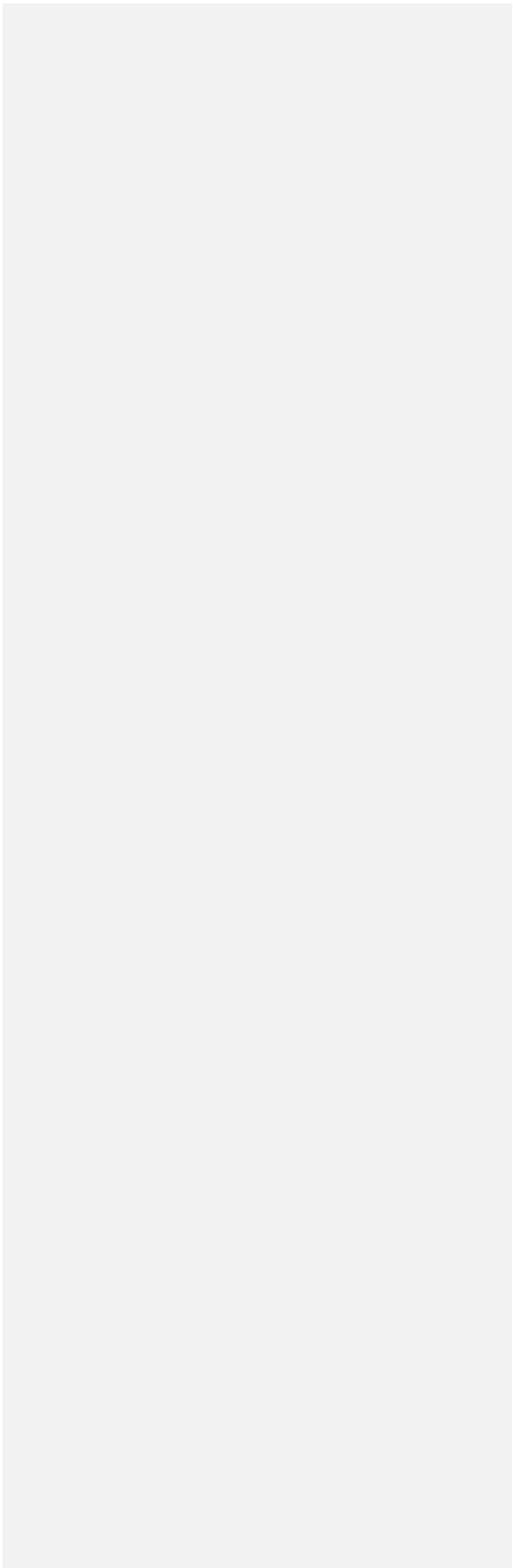
Appendix K ..... 91

Appendix L ..... 92

Appendix M ..... 94

Appendix N ..... 96

Appendix O ..... 106



### Mindfulness-Based Stress Reduction for Nursing Leaders: A Wellness Initiative

Nursing is a caring profession that often requires putting the needs of others before one's own. Caregivers face high levels of emotional and physical demands (Roberts & Grubb, 2014). Over a period of time, job stress can have a negative impact on health (Roberts & Grubb, 2014). Chronic workplace stress can lead to burnout (Day, Crown, & Ivany, 2017). An abundance of evidence suggested that stress and burnout affect many healthcare disciplines (Hung & Chen 2017; Jimenez, Bregenzer, Kallus, Fruhwirth & Wagner-Hartl, 2017), and nurses have higher levels of burnout than other healthcare professionals (Aiken, Clarke, Sloane, Sochalski, & Silber, 2002).

#### **Background and Significance**

The incidence of job stress and burnout in nurses can be as high as 40% (Duarte & Pinto-Gouveia, 2016). Burnout may lead to emotional exhaustion, cynicism, and increased staff conflicts (Day et al., 2017). Nursing burnout impacts personal wellbeing and the quality and efficacy of patient care (Kreitzer, 2015). Burnout may lead to decreased staff engagement, which has been linked to lower patient experience, decreased productivity, and an increase in workplace accidents (Perlo et al., 2017). Burnout can also decrease empathy, which has been associated with poor patient outcomes (Bodenheimer & Sinsky, 2014); some patients reported experiences of care providers who are "too busy to actually care" (Kreitzer, 2015, p. 2). Burnout increased staff dissatisfaction, and nurses reported missing important changes in patient conditions (Bodenheimer & Sinsky, 2014). Nurse burnout has been linked to increased 30-day mortality rates (Aiken et al., 2002).

Burnout can increase turnover, creating more work for those left to care for patients (Bodenheimer & Sinsky, 2014). Occupational stress and burnout can be caused by demanding

work with low levels of support and resources (Schaufeli, Bakker, & Van Rhenen, 2009). One study revealed that a clinical atmosphere of busyness or stress was related to lower work satisfaction and motivation (Hung & Chen, 2017). The costs of workplace stress and burnout can create increased absenteeism, decreased presenteeism, rising insurance claims, and higher compensation claims (Aikens et al., 2014). Great Britain's Health and Safety Executive reported that stress, anxiety, and depression create more missed working days than any other illness complaint (Aikens et al., 2014). One study found that workers reporting high stress cost \$413 more in annual medical expenditures than those not at risk (Goetzel et al., 2012).

Studies showed that nurses in supervisory positions encounter stress and burnout (Agency for Healthcare Research and Quality [AHRQ], 2008). First-line nurse managers are at risk for high levels of stress and burnout due to substantial healthcare responsibilities and challenges (Adrianenssens, Hamelink, & Van Bogaert, 2017). Clinical and administrative nurses face pressures related to productivity-oriented, metrics-driven, and financially focused work (Bazarko, Cate, Azocar, & Kreitzer, 2013). Nurse leaders influence the quality and safety of care, and the well-being of staff (Adrianenssens et al., 2017). Nursing leaders with high levels of stress may have negative impacts on direct care nursing staff. Nursing leaders need to help prevent burnout and support joy in the work environment (Kelly & Adams, 2018).

The Institute for Healthcare Improvement (IHI) created a Triple Aim framework with the goal of enhancing the patient experience, improve population health, and reduce health care costs (Bodenheimer & Sinsky, 2014). Staff burnout can decrease patient satisfaction, reduce health outcomes, and increase cost, thus compromising the Triple Aim (Bodenheimer & Sinsky, 2014). Many have felt that improving joy and addressing stress and burnout should be added to the Triple Aim to create a Quadruple Aim (Bodenheimer & Sinsky, 2014; Sikka, Morath, & Leape,

2015). Nearly a decade after the Triple Aim was created, the IHI published a Framework for Finding Joy in Work. One of the nine framework components includes employing mindfulness techniques to improve wellness and resilience (Perlo et al., 2017).

Workplace joy and mindfulness can improve the quality and safety of patient care because when people have joy in their work, they are more alert, curious, collaborative, and team-oriented (IHI, 2016). When joy erodes, quality decreases (IHI, 2016). In an environment of high distractions, high stakes, busyness, and alarms, mindfulness, and focus are imperative (Pipe, 2019). High-risk moments that directly impact patient safety occur during patient transitions and procedural time-out (IHI, 2017). “These moments are safe and effective only if team members are mentally present and listening” (IHI, 2017). If staff are mindful and focused, patients benefit (Pipe, 2019). Mitigating stress and optimizing emotional well-being can benefit the organization from both cost and performance perspectives (Aikens et al., 2014).

### **Problem Statement**

The focus of this project was a Magnet®-designated world-class academic-based multi-site health system. The site of this project was one campus that includes a hospital and outpatient clinic with over 40 specialties in the southeast U.S. During informal conversations with nursing leaders, there have been statements like “there is not enough time in the day to take care of myself”, “there are too many initiatives”, and “too many tasks”. Several nursing leaders have stated that it was hard to keep up with requests, daily tasks, and professional development activities. Furthermore, the numerous ways nurses are connected (e.g., email, instant message, text message, and phone) creates additional stress (personal communications, 2019).

Every two years, an all-staff employee engagement survey has been administered through a survey company, to assess the culture of the organization. Results from the 2017 survey

showed an increase in perceived burnout compared to the 2015 results. In December 2018, the Chief Nursing Officer for the organization stated that it was important that nursing leaders take care of themselves and maintain wellness, so they can effectively care for others (Johnson, 2018). One of the key components of the organization's strategic nursing plan was to use new interventions to maintain wellness as a strategy. Priorities included resiliency and bringing more joy to the workplace, where staff feel supported and look forward to coming to work (Johnson, 2019). Nursing leaders must prioritize self-care, so they can be well and lead others effectively.

#### **Purpose Statement**

Mindfulness has been defined as being attentive in the moment without judgment (Quality and Safety Education for Nurses [QSEN], 2014). Jon Kabat-Zin, who created mindfulness-based stress reduction (MBSR), defined mindfulness as “discovery and cultivation through paying attention in a particular way: on purpose, in the present moment, and non-judgmentally” (Kabat-Zin, 2013, p. xxvii). MBSR provided an evidence-based method combining mindful meditation, yoga, focused breathing, and other methods of relaxation (Bazarko et al., 2013). Practicing mindfulness decreases the negative response to stress, and mindfulness-based interventions have been effective at reducing stress and burnout (Allexandre et al., 2016).

Mindfulness and leadership are linked because one person changing can provide the catalyst for others to change (Pipe, 2019). A study concluded that employee performance and well-being was related to leader mindfulness (Matthias, Narayanan, & Chaturvedi, 2014). Nurse leaders can create an environment that supports optimal nurse practice by facilitating mindful practice (Pipe, FitzPatrick, Doucette, Cotton, & Arnow, 2016). Higher leader mindfulness, indicated by the “Mindfulness Attention Awareness Scale” (MAAS), was shown to lower

employee emotional exhaustion and deviance while improving work-life balance and overall job performance ratings (Matthias et al., 2014).

Mindfulness-based interventions have been effective in decreasing stress and increasing well-being in a broad range of populations and environments (Duarte & Pinto-Gouveia, 2016). The purpose of this Doctor of Nursing Practice (DNP) quality improvement (QI) project was to reduce perceived stress and burnout, and increase joy in work among members of a nursing leadership team from inpatient, procedural, and ambulatory settings at a northeast Florida health system.

A review of the literature combined with the organizational nursing strategic plan for 2017-2019 fostered development of the following clinical questions that guided the project:

1. Does MBSR reduce perceived stress and burnout, and increase joy in work in nursing leaders?
2. Will nursing leaders remain engaged in an existing self-directed eight-week online program at this institution?
3. Will nursing leaders continue to use these resources after the end of the pilot of this quality improvement intervention?
4. In what ways do nursing leaders describe how mindfulness-based stress reduction strategies enhance IHI's Quadruple Aim, including the patient experience, improving population health, reducing health care costs, and improving joy in work?

A question was designed to identify keywords and terms to search for evidence base to guide this QI project. Will members of a nursing leadership team (P) who take part in an 8-week online MBSR program (I) reduce perceived stress and burnout, while improving joy in work (O)?

### Literature Review

The literature search utilized PubMed and the Cumulative Index to Nursing and Allied Health Literature (CINAHL) with keywords including *burnout*, *stress*, *mindfulness*, *joy in work*, and *MBSR*. Boolean search methods included *MBSR OR mindfulness AND nursing* resulting in 436 results from PubMed and 132 from CINAHL; *MBSR AND healthcare professionals* with five results from PubMed and three results from CINAHL; and *mindfulness AND joy AND nursing* with three results from PubMed and one from CINAHL. Inclusion criteria were that articles were in the English language, on the topic of MBSR or mindfulness-based interventions, and full-text that were published within the last five years. Article results were reduced by excluding those that did not report on studies of the effectiveness of mindfulness-based interventions. The literature review included 10 articles located in earlier searches (Aikens et al., 2014; Allexandre et al., 2016; Duarte & Pinto-Gouveia, 2016; Gauthier et al., 2014; Koncz et al., 2016; Lamothe et al., 2016; Smith, 2014; Stillwell et al., 2017; Song & Lindquist, 2015; van Dongen et al., 2016). All chosen articles from the review of the literature (ROL), focused on a common theme, MBSR, or mindfulness-based interventions. After duplicates from previous searches were removed, 27 articles remained to inform this project.

### Lean Six Sigma and MBSR

The Lean Six Sigma “Define-Measure-Analyze-Improve-Control” QI model, was used to evaluate the literature. *Define* provides an overview of the reviewed articles. *Measure* includes a summary of the measurement tools used in the literature. *Analyze* includes reviewing the results of the research. *Improve* identifies how MBSR improves outcomes and how the project can improve upon current literature by publishing the results of the intervention to enhance the evidence base. *Control* includes information about post-intervention outcomes. The goal was to

decrease perceived stress and burnout while improving joy in work among nurse leaders, therefore positively influencing the quality and safety of care (Adrianenssens et al., 2017).

### **Define**

**Effects of MBSR implementation.** Twenty-seven studies were examined to evaluate the effects of MBSR implementation. Of these, 11 were randomized control trials (RCT) (Aikens et al., 2014; Alexandre et al., 2016; Amutio et al., 2015; Eriksson et al., 2018; Erogul et al., 2014; Lebares et al., 2018; Lin et al., 2018; Song et al., 2015; Valley & Stallones, 2017; van Dongen et al., 2016; Yang et al., 2018), eight were quasi-experimental (Crowder & Sears, 2017; Duarte & Pinto-Gouveia, 2016; Gauthier et al., 2014; Koncz et al., 2016; Raab et al., 2015; Trowbridge et al., 2017; Wang et al., 2017; Wright 2018), two were qualitative (Valley & Stallones, 2018; Verweij et al., 2018), one was cross-sectional (Benzo et al., 2018), one was mixed-methods design (Dyess et al., 2018), one was a proof-of-concept design (Kemper & Yun, 2015), two were systematic reviews (Lamonthe et al., 2016; Stillwell et al., 2017), and one was a literature review (Smith 2014).

The first systematic review included 39 studies published between 1998-2014 with inclusion criteria, including MBSR-based interventions with healthcare providers or healthcare students published in the English language (Lamonthe et al., 2016). The second systematic review included eight studies published between 2007-2016 with inclusion criteria of self-care, graduate students, use of the Perceived Stress Scale (PSS), quantitative analysis, conducted in the United States, English language, and peer-reviewed (Stillwell et al., 2017). The literature review included empirical articles published between 1998-2009, with nurses or nursing students, the use of MBSR, or any modifications derived from MBSR (Smith 2014).

Study participants included Dow Chemical company employees (Aikens et al., 2014), call center employees (Allexandre et al., 2016), physicians (Amutio et al., 2015), healthcare providers (Benzo et al., 2018), clinical social workers (Crowder & Sears, 2017), oncology nurses (Duarte & Pinto-Gouveia, 2016), acute care nursing leaders (Dyess et al., 2018), psychologists (Eriksson et al., 2018), first-year medical students (Erogul et al., 2014), pediatric intensive care unit nurses (Gauthier et al., 2014), medical students (Kemper & Yun, 2015), university employees (Koncz et al., 2016), surgical interns (Lebares et al., 2018), nursing (Lin et al., 2018; Wang et al., 2017), mental healthcare professionals (Raab et al., 2015), nursing students (Song et al., 2015), pediatric medical social workers (Trowbridge et al., 2017), healthcare workers (Valley & Stallones, 2017; Valley & Stallones, 2018), government research institute employees (van Dongen et al., 2016), medical residents (Verweij et al., 2018), midwives (Wright 2018), and psychiatric nurses (Yang et al., 2018). The systematic reviews included students from several disciplines, including nursing (Lamothe et al., 2016) and graduate students (Stillwell et al., 2017). The discipline studied in the literature review included nurses (Smith, 2014).

**Length of MBSR interventions.** MBSR interventions ranged from four to 12 weeks in length. The majority of MBSR interventions described in the literature review were conducted over eight weeks. Studies included seven hours of classroom time, with 11 hours of home practice (Aikens et al., 2014), eight-week web-based program (Allexandre et al., 2016), 45 minutes of daily practice (Amutio et al., 2015), eight-week standard MBSR course (Benzo et al., 2018; Erogul et al., 2014; Lin et al., 2018; Raab et al., 2015; Song et al., 2015; Valley & Stallones, 2017; Valley & Stallones, 2018; van Dongen et al., 2016; Verweij et al., 2018; Wang et al., 2017; Yang et al., 2018), eight group sessions weekly for two-and-a-half-hours (Crowder & Sears, 2017), six-week on-site MBSR group intervention (Duarte & Pinto-Gouveia, 2016), 12

weeks of simple meditation practice (Dyess et al., 2018), six weeks web-based mindful self-compassion program (Eriksson et al., 2018), four weekly five-minute facilitated mindfulness exercises on-site (Gauthier et al., 2014), eight-weeks of hybrid online MBSR training with small group peer facilitation (Kemper & Yun, 2015), six-week MBSR stress-release program (Koncz et al., 2016), eight-week MBSR program with weekly two hour classes (Lebares et al., 2018), two-day compressed MBSR course (Trowbridge et al., 2017), and a four-week web-based MBSR program (Wright 2018). The systematic review included MBSR interventions between four to 12 weeks (Lamothe et al., 2016) and three to 18 weeks (Stillwell et al., 2017). The literature review included interventions between four to eight weeks in duration (Smith, 2014).

### **Measure**

**Measurement tools and data collection instruments.** The literature review provided abundant measurement tools and data collection instruments. Outcome measurement instruments identified in the research articles included a total of 84 tools or instruments. Of these instruments a few were used in several studies, the PSS was used nine times (Aikens et al., 2014; Allexandre et al., 2016; Benzo et al., 2018; Crowder & Sears, 2017; Dyess et al., 2018; Kemper & Yun, 2015; Lin et al., 2018; Trowbridge et al., 2017; Wright 2018), the Maslach Burnout Inventory (MBI) was used six times (Allexandre et al., 2016; Crowder & Sears, 2017; Gauthier et al., 2014; Raab et al., 2015), the MAAS was used six times (Allexandre et al., 2016; Dyess et al., 2018; Gauthier et al., 2014; Song & Lindquist, 2015; Trowbridge et al., 2017; Valley & Stallones, 2017), the Self-Compassion Scale was used eight times (Amutio et al., 2015; Crowder & Sears, 2017; Duarte & Pinto-Gouveia, 2016; Eriksson et al., 2018; Erogul et al., 2014; Gauthier et al., 2014; Kemper & Yun, 2015; Raab et al., 2015), the Five Facets of Mindfulness Questionnaire (FFMQ) was used four times (Aikens et al., 2014; Benzo et al., 2018;

Duarte & Pinto-Gouveia, 2016; Dyess et al., 2018; Eriksson et al., 2018), and the Utrecht Work Engagement Scale (UWES) was used twice (Koncz et al., 2016; van Dongen et al., 2016). The UWES included questions related to vigor, such as looking forward to going to work and dedication (van Dongen et al., 2016). One study administered a lifestyle survey questionnaire that included stress, burnout, and well-being (Aikens et al., 2014). Some studies evaluated the amount of participation in the program (Amutio et al., 2015; Duarte & Pinto-Gouveia, 2016; van Dongen et al., 2016). One study discussed the limitations of not verifying if participants completed their practice (Song & Lindquist, 2015). Literature review outcome measures included a total of 57 tools with two utilizing the MBI, two the MAAS, and one the PSS (Smith, 2014). The systematic review covered nine tools, including the MBI, MAAS, and FFMQ (Lamothe et al., 2016).

### **Analyze**

**Benefits of MBSR.** Study results provided evidence that MBSR produced multiple benefits. One study showed that MBSR reduced perceived stress and increased mindfulness, resiliency, and vigor (Aikens et al., 2014). Study participants showed improvement in emotional and psychological well-being (Allexandre et al., 2016), mindfulness and relaxation (Amutio et al., 2015), and perceived stress (Benzo et al., 2018; Crowder & Sears, 2017; Dyess et al., 2018; Kemper & Yun, 2015; Lin et al., 2018; Wright 2018).

Evidence suggested that nurses who utilized MBSR gained several health benefits, including reduced stress, anxiety, and burnout, while increasing empathy, mood, and ability to focus (Smith, 2014). The research suggested that nurses practicing MBSR improved stress coping and secondarily enhanced patient quality outcomes due to increased ability to focus, increased attention, and decreased distractions (Smith, 2014).

Literature review articles indicated that MBSR increased empathy, spirituality, vigor, and activity, while decreasing distress, depression, stress, anxiety, mood disturbance (Smith, 2014). A systematic review suggested that MBSR improved burnout, stress, anxiety, depression, and empathy (Lamothe et al., 2016). These authors also indicated that MBSR increased empathy, perspective-taking, non-judging, and non-reactivity (Lamothe et al., 2016).

**Disadvantages of MBSR.** Although the evidence was positively related to stress reduction and health benefits, one study showed that perceived stress improvements were not significant six months post-study (Erogul et al., 2014). However, the study shortened the duration of the weekly in-person class (Erogul et al., 2014). Another study concluded that there were no significant changes in mindfulness, self-compassion, and job satisfaction (Gauthier et al., 2014). However, this study included brief five-minute interventions occurring over a month (Gauthier et al., 2014). High attrition rates among participants were noted in a few studies, indicated by failure to complete questionnaires (Duarte & Pinto-Gouveia, 2016) and time commitment concerns (Gauthier et al., 2014; Koncz et al., 2016).

### **Improve**

**MBSR for nursing leaders.** The literature review provided evidence revealing the potential benefits of MBSR in nursing practice (Smith, 2014). However, most of the study participants were not related to the nursing profession or nursing leaders (Aikens et al., 2014; Allexandre et al., 2016; Amutio et al., 2015; Crowder & Sears, 2017; Eriksson et al., 2018; Erogul et al., 2014; Kemper & Yun, 2015; Koncz et al., 2016; Lebares et al., 2018; Raab et al., 2015; Trowbridge et al., 2017; van Dongen et al., 2016; Verweij et al., 2018; Wright 2018), therefore, the results of the literature review cannot be generalized for nursing leaders.

**Improving literature findings.** Recommendations for further studies included investigating the effects of mindfulness-based interventions regarding indirect impacts on patient safety and quality of care (Valley & Stallones, 2018). Mindfulness has also been reported to increase enjoyment at work (Verweij et al., 2018; Dyess et al., 2018). This project may improve upon the current literature findings by providing evidence for one specific organization. This project might also add to the evidence for whether providing online-MBSR was a feasible method for addressing perceived stress.

### **Control**

**Long-term impacts of MBSR.** In the literature, MBSR demonstrated positive impacts on health and well-being, including reducing stress and burnout, while increasing empathy, and mood (Smith, 2014; Lamothe et al., 2016). After six months, study participants who continued MBSR practice maintained or improved mindfulness, resiliency, and vigor (Aikens et al., 2014). After one year, improvements in perceived stress were maintained with two interventional groups that included weekly group meetings and expert clinical support (Allexandre et al., 2016). Resilience and self-compassion were maintained several weeks post-intervention (Crowder & Sears, 2017). Secondary impacts of MBSR included improved patient quality outcomes due to nurses increased ability to focus, improving attention, and reducing distractions (Smith, 2014). MBSR led to a significant increase in safety compliance (Valley & Stallones, 2017).

### **Synthesis of Evidence**

The reviewed studies revealed that MBSR had been a successful intervention for reducing stress and burnout in several settings and populations, including nursing. Time constraints and the perception of busyness provided a rationale for modified MBSR interventions. Although evidence suggested that traditional 8-week MBSR programs produced

significant results, abbreviated programs can also produce results (Smith, 2014). The PSS was the most frequently used measurement to assess perceived stress. Although the implementation strategies in the reviewed literature varied, there was evidence to suggest that MBSR would be a method to use for this DNP project. Evidence also supported the PSS and UWES instruments as valid, reliable tools that can be used for this QI project.

### **Definition of Key Terms**

The terms used in this proposal are defined in the list below.

- Perceived stress is defined as “the perception of feeling overwhelmed” (Stillwell et al., 2017, p. 1). The PSS is “a measure of the degree to which situations in one’s life are appraised as stressful” (Cohen, 1994, p. 4). The items included on the PSS “evaluate the degree to which individuals believe their life has been unpredictable, uncontrollable, and overloaded during the previous month” (Lee, 2012, p. 122). “The assessed items are general in nature rather than focusing on specific events or experiences” (Lee, 2012, p. 122).
- “The core of workforce engagement is the experience of joy and meaning in the work of healthcare” (Sikka et al., 2015). Joy in work increases workforce engagement (Sikka et al., 2015). Joy in work can be measured by assessing engagement (Sikka et al., 2015), such as in the UWES. “Joy and meaning are generative and allow the best to be contributed by each individual, and the teams they comprise, toward the work of the Triple Aim every day” (Sikka et al., 2015, p. 609).
- The UWES is a tool that measures three aspects of work engagement that include vigor, dedication, and absorption (Schaufeli & Bakker, 2004). There are various versions of the UWES (UWES-17, UWES-15, UWES-9), and all demonstrate consistency and validity

(Schaufeli & Bakker, 2004). The UWES-9 was chosen for this project to reduce the number of survey questions. When administered to participants, the authors of the UWES suggested naming the survey “Work & Well-being Survey (UWES)” in an attempt to avoid answering bias as specific connotations may be associated with the word “engagement” (Schaufeli & Bakker, 2004, p. 33).

- Burnout is defined as a psychological state of depletion of social and personal resources, resulting from prolonged emotional or psychological stress on the job (Maslach and Jackson, 1981).
- Nursing and nurse leaders include nursing supervisors, nurse managers, nursing education specialists, clinical nurse specialists, nursing team leaders, and nurse administrators from the Nursing Leadership Team (NLT) group. The NLT meets on a routine basis and communicates through an email distribution list (DL). All nurse leaders have a current Florida nursing license, and the majority of the NLT group have a Bachelor of Science in Nursing degree or higher.

### **Theoretical Framework**

This DNP project aimed to reduce perceived stress and burnout among nursing leaders at one organization while improving joy in work. According to Graham et al. (as cited in Field, Booth, Ilott, & Gerrish), the Knowledge to Action (KTA) Framework is a conceptual framework with the objective of translating knowledge into sustainable, evidence-based interventions (2014). The KTA Framework components include the Knowledge Creation cycle, surrounded by an Action Cycle (Field et al., 2014). The Knowledge Creation phase has three phases, (knowledge inquiry, knowledge synthesis, and knowledge tools and products) (Field et al., 2014).

The Action Cycle is application consisting of several processes that influence each other and can be carried out sequentially or simultaneously. The Action Cycle requires exercises for applying learnings to practice (Field et al., 2014). The Action Cycle processes below summarize the steps in the application phase of this project:

1. Identifying an opportunity and selecting knowledge: The problem is identified as increased perceived stress and burnout, and a lack of joy in nursing leaders.
2. Adapting knowledge to setting: Apply the knowledge gained from literature to the context of nursing leaders.
3. Assessing difficulties to knowledge utilization: It is important to consider involving nurse educators when identifying and assessing challenges to utilizing knowledge.
4. Selecting, customizing, implementing interventions: MBSR is the planned intervention. The participants practiced independently, with weekly participation surveys serving as a reminder and reinforcement.
5. Observing knowledge utilization: Monitored the population throughout the intervention and determined if any adjustments or educational needs arose.
6. Assessing outcomes: Evaluation of the intervention is necessary to determine if MBSR reduced perceived stress and burnout while improving joy in work.
7. Supporting knowledge utilization: Sustaining knowledge is vital, and follow-up is essential (Field et al., 2014).

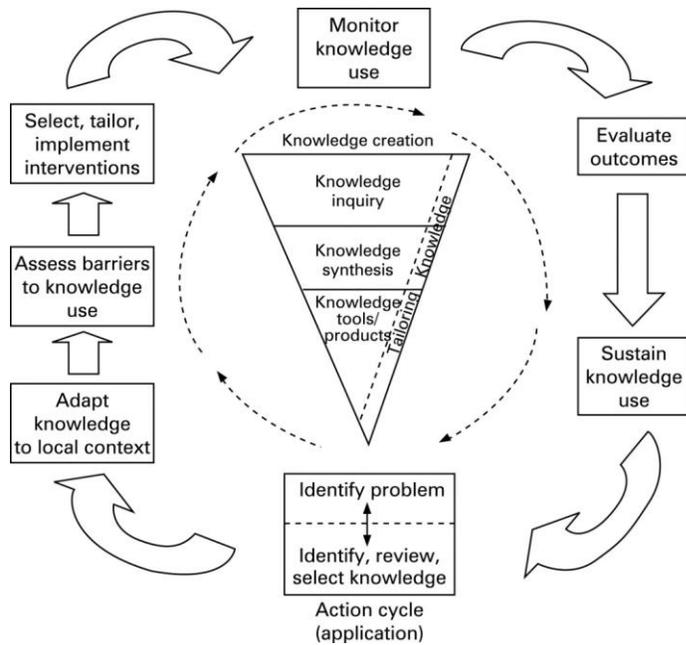


Figure 1. Knowledge to Action (KTA) Framework. Reprinted with permission of BMJ Publishing Group Ltd. from Straus S.E., Holroyd-Leduc, J. (2008) Knowledge-to-action cycle, *BMJ Evidence-Based Medicine*, 13, 98-100. <http://dx.doi.org/10.1136/ebm.13.4.98-a>. See Appendix A for permission to use.

A synthesis of the literature on the KTA model determined it has been a flexible, customizable guide for translating research into practice (Field et al., 2014). The KTA model may be effective in translating the learned knowledge into action.

**Project Description and Design**

Nurse managers play a significant role in organizations, and their performance regarding leadership and management is found to have a substantial impact on the quality and safety of care (Adrianenssens et al., 2017). In the organization, the problem is that nurse managers are at high risk of being stressed, burned out, and showing a lack of joy in work, thus affecting the staff

who may also be at risk. The question that was addressed in this QI project was: did nurse leaders from inpatient, procedural, and ambulatory settings at a northeast Florida health system reduce perceived stress and burnout, and increase joy in work through engagement in an online eight-week self-care, and mindful wellness program?

### **Project Goals and Outcomes**

The QI project goal was to reduce perceived stress and burnout while increasing joy in work in nursing leaders, which supports the organizational nursing strategic plan. Most nurse leaders who are stressed will say they do not have enough time to work on reducing stress. Understanding the importance of stress-reduction is critical. The paradigm shift from putting others first, to promoting self-care may be a challenge for some. Providing nurse leaders with knowledge created an ongoing dialogue that can create healthy work environments that support the IHI Quadruple Aim.

**Process objectives.** Specific process objectives for this project included the following:

1. Obtain baseline mean composite PSS from a convenience pool of nursing leaders.
2. Obtain baseline mean total and subscale scores for the UWES-9 survey from nursing leaders.
3. Receive responses from weekly participation surveys throughout the intervention.
4. Receive responses from the MBSR program evaluation survey.
5. Receive qualitative responses from the post-intervention IHI Quadruple Aim survey.
6. Receive responses from the program follow-up survey, first and second post-intervention PSS, and UWES-9 surveys.

7. Encourage nurse leaders to remain engaged in the MBSR intervention on a weekly basis.

**Outcome objectives.** Outcome objectives for this project included:

1. Nurse leader post-intervention PSS mean scores will decrease from baseline scores.
2. Nurse leader post-intervention UWES-9 survey mean total and subscale scores will increase from baseline scores.
3. Nursing leaders will provide qualitative data regarding how MBSR can impact the Quadruple Aim of IHI of improving patient experience, improving population health, and reducing health care costs.

**Setting**

The setting was a Magnet®-designated academic-based organization that included a hospital and outpatient clinic with over 40 specialties in the southeast U.S. and employed more than 1,200 nurses.

**Sample Population**

The participants in this QI project included nurse leaders from inpatient, procedural, and ambulatory settings on the health system campus. Nursing supervisors, nurse managers, nursing education specialists, clinical nurse specialists, nursing team leaders, and nurse administrators are part of the participant pool. Potential participants were notified through the NLT email DL. As of February 4, 2019, there were 82 members on the list. To be included in the project, nursing leaders needed to be able to read and write English and be willing to engage in the MBSR course for a minimum of eight weeks, with follow-up at 12 weeks.

**Timeline**

The planning and recruitment of the DNP project took approximately two weeks before the intervention started. The intervention timeframe for this project was eight weeks, with a follow-up measurement at 12 weeks. See Figure 2 for the timeline.

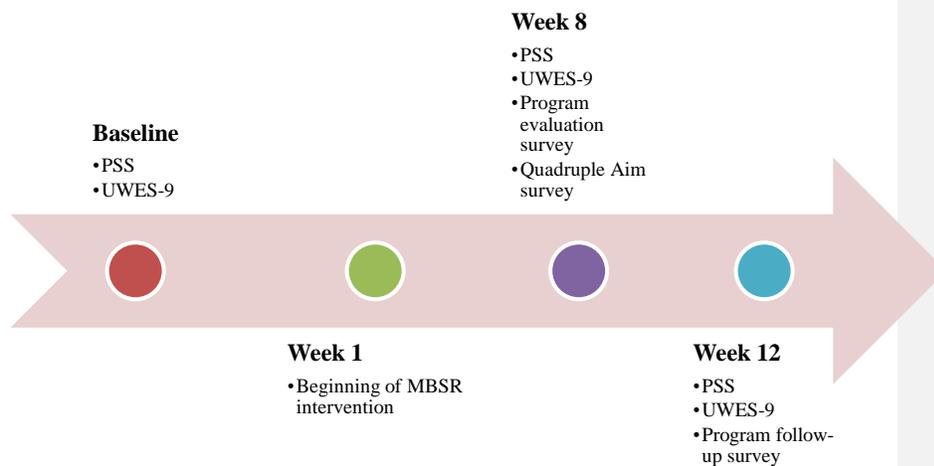


Figure 2. MBSR for Nursing Leaders Timeline

**Procedures**

The intervention for this project was a free online 8-week MBSR course that was used to reduce perceived stress and burnout in nursing leaders while increasing joy in work. The online intervention can be accessed in many settings, including participant's home and work environments.

An online intervention provided convenience and privacy. Time was allotted on the August 2019 scheduled NLT meeting agenda for the DNP project leader to discuss the project with nursing leader attendees. All nurses present were provided with a detailed explanation of this project, including the purpose and objectives. The potential participants had an opportunity

to ask questions. The NLT group requested the project to begin on Monday, September 9, 2019. Following the NLT meeting, a recruitment email was sent on August 22, 2019, to all nursing leaders via an email DL requesting voluntary participation. Every survey that was administered throughout this project included the informed consent document outlining the purpose of the project, benefits, risk, right to participate or withdraw, confidentiality, conflict of interest, and consent to provide information. The first question of every survey asked the participant to choose yes or no regarding the statement, “I have read the informed consent and agree to participate in the project”. If the participant selected no to the first question, a pop up appeared “you have selected an option that triggers this survey to end right now”, and the participant was not presented with any further survey questions. If participants completed the surveys, they were consenting to participation. Submitting the surveys was a further acknowledgment of the consent to participate. See Appendix B for informed consent. Participants had the opportunity to reach out to the project leader when needed. Participants could voluntarily withdraw at any time.

The program consisted of an introduction section and eight weeks of both formal and informal practice (see Appendix C for program overview). The formal practice consisted of 30-minute guided practices (Palouse Mindfulness, n.d.). Additionally, there were informal practices, which helped incorporate the learnings and practices into daily life (Palouse Mindfulness, n.d.). The informal practice was to intentionally bring awareness to daily activities (Palouse Mindfulness, n.d.). Every evening, participants were asked to take a few minutes to consider the day, utilizing a worksheet as a guide (Palouse Mindfulness, n.d., p. 9).

Each week, videos, readings, practice sheets, and suggested supplementary materials were included. Week one introduced the participant to the informal practice of simple awareness

and a body scan meditation as formal practice (Palouse Mindfulness, n.d.). Week two focused on attention and the brain as well as an introduction to a sitting meditation (Palouse Mindfulness, n.d.). Week three focused on dealing with thoughts and introduced yoga (Palouse Mindfulness, n.d.). Week four provided an overview of stress and introduced the participant to a one-minute breathing activity (Palouse Mindfulness, n.d.). Week five dealt with difficult emotions and sensations as well as the practice of “Turning Toward”, which involved intentionally examining difficult emotions rather than avoiding them (Palouse Mindfulness, n.d., p. 91). Week six discussed mindfulness and communication with the lake and mountain meditations (Palouse Mindfulness, n.d.). Week seven focused on mindfulness and compassion with a loving-kindness meditation (Palouse Mindfulness, n.d.). Week eight concluded the program and discussed developing an individualized practice (Palouse Mindfulness, n.d.).

### **Measurements**

This project used surveys to evaluate the process and outcome objectives. This project used the PSS survey, which was aimed to measure perceived stress. Currently, there is no validated measurement tool to assess for joy in work; measuring work engagement can be used as an indicator of joy in work (Perlo et al., 2017). The UWES-9 was used to measure dimensions of work engagement, including vigor, dedication, and absorption (Schaufeli & Bakker, 2004). In addition, a weekly participation survey was administered. Following the intervention, nursing leaders were asked to provide qualitative data on indirect impacts on the IHI Quadruple Aim. These surveys were administered through The Research Electronic Data Capture (REDCap) tool hosted at the organization (Harris et al., 2009). Surveys were sent using the NLT email DL.

**PSS.** The PSS was used to measure perceived stress during this intervention. The PSS has been recognized as a valid and reliable tool (Lee, 2012). Several studies reported that the PSS demonstrated concurrent validity with a reliability coefficient of .84 to .86 (Crowder & Sears, 2017). The PSS is the most widely used instrument to measure the perception of stress (Cohen, 1994; Jones, Hansen, Kaddoura, Schwab-McCoy, & Tocchini, 2018). Permission for the use of the scale is not necessary when used for nonprofit academic research or nonprofit educational purposes (Carnegie Mellon University, 2015, p. 1). See Appendix D for permission to use the tool. The PSS provided 10 questions related to the respondent's stress in the last month. The responses were ranked on a five-point Likert scale (0: never 4: very often) (Cohen, 1994). See Appendix E for the PSS REDCap survey.

After the surveys were submitted, the project leader scored them. The first step was to reverse scores for questions 4, 5, 7, and 8 (i.e., 0=4; 1=3; 2=2; 3=1, 4=0). Then the rest of the scores were added up to get a total composite score. Higher scores indicated greater perceived stress (Dyess et al., 2018).

**UWES-9.** The UWES-9 was used to measure elements of work engagement, including vigor, dedication, and absorption during this intervention at week 12. Since work engagement and burnout are negatively related (Schaufeli & Bakker, 2004), low scores on the UWES-9 total and subscale scores may indicate burnout. Several studies reported that the UWES-9 demonstrated concurrent validity with a reliability coefficient reported to be .85 to .94 (Schaufeli & Bakker, 2004). Permission for the use of the survey is not necessary when used for nonprofit academic research or nonprofit educational purposes (Schaufeli & Bakker, 2004, p. 48). See Appendix F for permission to use the tool.

All items on the UWES-9 were scored on a seven-point Likert scale (0: never 6: always), with higher scores indicating better work engagement (Schaufeli & Bakker, 2004). See Appendix G for the UWES-9 REDCap survey.

The mean scale score of the three UWES subscales was computed by adding the scores on the particular scale and dividing the sum by the number of items of the subscale involved. A similar procedure was followed for the total score. The UWES, yielded three subscale scores and/or a total score that ranged between 0 and 6. (Schaufeli & Bakker, 2004, p. 33).

**Weekly participation survey.** The self-directed weekly MBSR interventions started on Monday and went through Sunday. A weekly participation survey was sent to assess project compliance. The participation survey was distributed on each Monday following the previous week, and it served as a reminder regarding the intervention and reinforcement. The participation survey included the following questions: 1) Approximately how much of the weekly informal practice did you complete for the week? and 2) Approximately how much of the weekly formal practice did you complete for the week? Participants were asked to choose one of the following: 0-25%, 26-50%, 51-75%, or 76-100%. If the participants selected 0-25%, they were asked to select any of the following reasons that apply: *Not enough time, too busy, does not have an impact on my stress and burnout, online format unable to hold me accountable, too complex*, and *other*. If the participant selected *other*, they were asked to describe their response in a free-text form. See Appendix H for the weekly participation REDCap survey.

**MBSR program evaluation survey.** After week eight concluded, a program evaluation survey was sent out. The program evaluation survey asked participants five questions with an optional section for comments, suggestions, and feedback. Items four, five, and seven asked the participant to rank their responses using a five-point Likert scale (5: very satisfied, 1: very

dissatisfied). The questions included satisfaction with course content, satisfaction with online MBSR course, satisfaction with the delivery method of online MBSR course, and overall level of satisfaction with online MBSR course. Question six asked the participant to choose the portion of the program that was most beneficial. Question eight was ranked on a five-point Likert scale (5: strongly agree, 1: strongly disagree), asking if the participant would recommend the online MBSR course to a colleague. The last question provided qualitative data regarding additional feedback and suggestions regarding MBSR. See Appendix I for the MBSR program evaluation REDCap survey.

**Quadruple Aim survey.** Recommendations in the literature for future studies suggested investigating the effects of mindfulness-based interventions on patient safety and quality of care (Valley & Stallones, 2018). In week eight, a survey gathered qualitative data regarding nursing leaders' thoughts on indirect impacts on the Quadruple Aim. The one-question survey asked nursing leaders how MBSR could impact the Quadruple Aim of IHI by improving patient experience, improving population health, and reducing health care costs. The question provided a free text box for participants to include comments. See Appendix J for the IHI Quadruple Aim REDCap survey.

**MBSR follow-up survey.** On week 12, along with the PSS survey and UWES-9, a questionnaire survey was sent asking if the participant had continued their MBSR practice. If the participant responded no regarding continued MBSR practice, one multiple-choice question appeared. The participant was asked to select all the following that applied: *Not enough time*, *too busy*, *does not have an impact on my stress and burnout*, *online format unable to hold me accountable*, *too complex*, and *other*. If the participant selected *other*, they were asked to describe their response in free-text form. See Appendix K for the MBSR follow-up survey.

**Fiscal Considerations**

Stress may be adding up to \$300 billion in US industry business costs contributing to absenteeism, lost productivity, staff turnover, health care costs, legal costs, accidents, and disability (American Institute of Stress, n.d.). This online version of the MBSR course is free. In the program evaluation survey, nursing leaders provided qualitative data regarding the impact MBSR may have on the IHI Quadruple Aim. The feedback provided information regarding the potential impact MBSR may have on patient experience, improving population health, and reducing health care costs.

**Sustainability**

Considering the negative impacts associated with stress and burnout in health care, a free online program could be sustainable. This program can be easily implemented and applied to all staff in the healthcare setting, including, but not limited to laboratory, pharmacy, physical therapy, occupational therapy, physicians, advanced practice providers, and allied health staff. Further sustainability might be achieved by creating an organizational interprofessional MBSR taskforce or workgroup. This team could discuss ongoing metrics of success and continue to disseminate the program throughout the organization.

**Sustainability plan.** A sustainability assessment after DNP project completion includes this plan:

- A majority of nurse leader participants will report continued MBSR practice post-intervention.
- Nurse leader composite PSS mean scores at six months post-intervention will be similar to those taken at eight weeks.

- Post DNP project: Nurse leader UWES-9 survey mean total and subscale scores at six months post-intervention, will be similar to those taken at eight weeks.

### **Ethical Considerations**

Institutional review board (IRB) approval was obtained from the university (See Appendix L). IRB approval was not required at the practice location (See Appendix L). After receiving IRB approval from the university, an NLT agenda request form was submitted to request approval to present to the NLT members (see Appendix M). During an NLT meeting on August 21, 2019, the project was presented during an NLT meeting consisting of nursing leaders. One author described that some participants in MBSR displayed negative emotions during their mindfulness practice that can be expected due to an increase in mindful experiences and inner reflections (de Vibe et al., 2013). Health considerations are stated on the Palouse Mindfulness website and include modifications to practices and how difficult feelings, or unpleasant memories may be revealed during practice and what to do if they occur (Palouse Mindfulness, n.d.). The website states to notify your healthcare provider about being involved in the practice and to inform them about the experience (Palouse Mindfulness, n.d.). There is a section on “if you react strongly”, explaining feelings and further resources that may help the participant (Palouse Mindfulness, n.d.). This information was included in the presentation, discussions, and informed consent. After presenting the DNP project objectives and approved plan, the participants had an opportunity to ask questions.

After the NLT meeting, the project participants were recruited via email DL that was sent on August 22, 2019. Participation in the intervention was informed and voluntary, and participants had an opportunity to decline participation. Participants were able to withdraw from the project at any time with no repercussions. This project presented no more than minimal risk

to the participant and involved no procedures for which written consent is normally required outside of the research context and should be qualified for a waiver of informed consent (U.S. Department of Health & Human Services [HHS.gov], 2016).

#### **Evaluation Plan**

Gathering pre- and post-intervention data were essential. The program evaluation was based on the data received from the PSS, UWES-9 survey, weekly participation, IHI Quadruple Aim survey, and program follow-up survey. The target was to reduce mean composite PSS scores and increase mean UWES-9 survey total and subscale scores post-intervention. The evaluation also included qualitative data received from nursing leaders regarding the impact on the IHI Quadruple Aim. A sustained improvement further defined success post-intervention, with survey results revealing if the participants continued to practice MBSR.

#### **Outcome Measures**

The project included outcome measurements, which were indicated by mean composite PSS scores, mean UWES-9 total and subscale scores, participation, and qualitative data. The level of measurement was nominal and ordinal, and the descriptive statistical procedure was frequency and percent. The desired outcome was a reduction in the mean composite PSS scores post-intervention and an increase in the mean UWES-9 total and subscale scores. The descriptive analysis included frequency, mean, percentages, and standard deviations. Outcome measurements were indicated by calculating PSS scores, the UWES-9 total and subscale scores at baseline, eight weeks, and 12 weeks. Qualitative data were summarized and included themes identified in the data.

#### **Analysis**

Demographics, pre- and post-survey data (i.e., PSS, UWES-9, MBSR, weekly participation, and follow-up Quadruple Aim survey) were summarized using descriptive statistics and frequency tables. Continuous variables were summarized by frequency, mean, and standard deviation [SD]. Categorical variables were summarized by the frequency count of participants within each category.

PSS and UWES-9 survey items were summarized individually by time at baseline, eight weeks, and 12 weeks. PSS and UWES-9 scores were calculated for each participant and summarized by time. Changes in scores were estimated as differences and percent change between time points.

The participants were a convenience group of nursing leaders in one healthcare setting who volunteered to take part in the MBSR program. As of February 4, 2019, there were 82 NLT members, all of whom were potential participants. No a priori power analysis was conducted due to the descriptive nature of this project.

#### **Data and Statistical Stewardship**

According to the National Committee on Vital and Health Statistics (NCVHS) (as cited in Sylvia and Terhaar), “data stewardship encompasses the entire process used by designated accountable data managers to carry out a fiduciary responsibility to manage the collection, storage, level of identification, aggregation, procedures for knowledgeable and appropriate use, and release of data” (2014, p. 136). DNP prepared nurse leaders should responsibly manage data during project implementation and as part of their role as a leader in the organization (Sylvia & Terhaar, 2014). DNP prepared nurses should also provide leadership in the effort of data stewardship by developing networks and systems to ensure the protection of the rights of all who participate in research (Sylvia & Terhaar, 2014).

REDCap is a secure, web-based application designed to support data capture for research studies, providing: 1) an intuitive interface for validated data entry; 2) audit trails for tracking data manipulation and export procedures; 3) automated export procedures for seamless data downloads to common statistical packages; 4) procedures for importing data from external sources (Harris et al., 2009). In REDCap, “if you need to track individual responses over time, using the Public Survey Link for each survey (pre, post, follow-ups) requires that you collect data points within the survey questionnaire to later export and merge” (REDCap, n.d., FAQ). See Appendices E to K for REDCap survey questionnaires.

The data did not include any individually identifiable data, and responses were confidential. Participant confidentiality in the surveys was maintained by using a subject-generated identification code (SGIC). Using an SGIC provided an anonymous way to track respondents over multiple data collection points (Yurek, Vasey, & Havens, 2008). All surveys submitted by respondents were matched by the SGIC and compared over time without compromising confidentiality. Data was destroyed in REDCap once all information was obtained. Once the data was deleted, it could not be retrieved. The saved responses and data were stored on an encrypted shared drive that was only accessible on-site or through an organizational Virtual Private Network (VPN).

### **Ongoing Monitoring and Sustainability**

The DNP project will be reported to the leadership team for quality improvement opportunities at this organization.

Data management should be thought of as an ongoing feedback loop where data gathered, analyzed, and evaluated are used to continuously inform decisions and improve processes. As procedures are modified, deleted, or continued to achieve the desired

outcome, the data must continue to be gathered and monitored to understand ongoing effects of the intervention and make decisions to further ensure that the best possible results are achieved. (Sylvia & Terhaar, 2014, p. 5)

With the literature review for this project concluding that continued practice provides better outcomes, it is essential to ensure participants are continuing to practice MBSR. A six-month post-intervention plan to establish the sustainability of the intervention outcomes may be conducted. This quick look post- DNP project would compare the 12-week PSS, and UWES-9 survey total and subscale mean scores with the mean PSS and UWES-9 survey total and subscale mean scores at 6-months post-intervention. Six-month metrics would determine if improvements were sustained post-intervention.

### **Findings**

Statistical quantitative analysis of this sample was inappropriate considering that assumptions were not met for parametric or nonparametric testing due to the small sample size. SPSS Version 25 was used to analyze the descriptive statistics for pre- and post-intervention data. Out of the potential 82 participants from NLT, 18 (22%) completed the pre-intervention PSS, four (4%) completed the post-PSS, 14 (17%) completed the pre-UWES-9, and six (7%) completed the post-UWES-9. The participation of nursing leaders is depicted in [Figure 3](#).

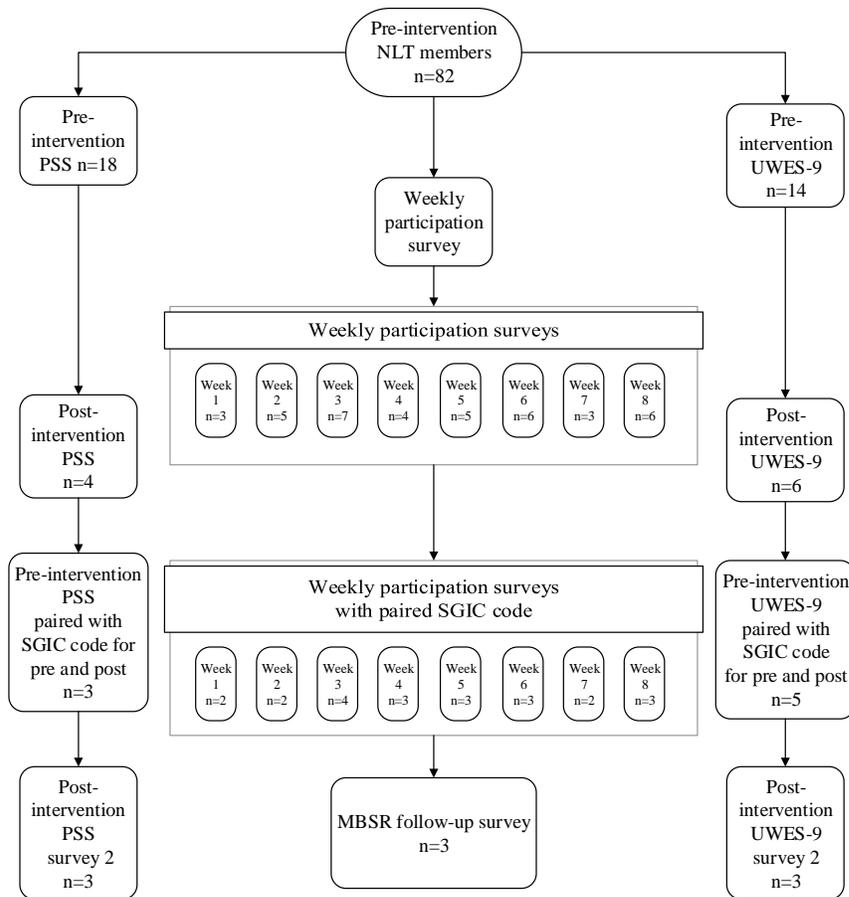


Figure 3. Participation of Nursing Leaders in the DNP Project.

Findings were summarized by matching SGIC codes. When matching the SGIC codes, two participants completed only the pre- and post-UWES-9. One participant completed weekly participation surveys for each week, one completed no weekly participation surveys, two completed the PSS, UWES-9, and program evaluation surveys, and three completed both pre- and post- PSS and UWES-9. The total participants who completed the program and provided data at baseline and post-intervention (PSS baseline n=3 and PSS post-intervention n=3; UWES-

9 baseline n=5 and UWES-9 post-intervention n=3). Matched SGIC codes are described as participants A-E in the following sections. Data are summarized in Appendix N.

### **Demographics**

One Clinical Nurse Specialist/Nurse Education Specialist/Research and four Nurse Manager/Supervisors responded to the PSS surveys. One Nurse Administrator, one Clinical Nurse Specialist/Nurse Education Specialist/Research, and three Nurse Manager/Supervisors responded to the UWES-9 survey. One Nurse Administrator, one Clinical Nurse Specialist/Nurse Education Specialist/Research, and three Nurse Manager/Supervisors responded to the program evaluation survey. The majority of the survey participants selected their workplace setting as ambulatory. Survey completion demographics are summarized in Table 1 in Appendix N.

### **Project Outcomes and Deliverables**

The following sections describe how the project findings align with the problem statement, purpose, objectives, outcomes, and evaluation plan. The findings also address key facilitators and barriers that impacted the outcomes of the project. Unintended consequences, both positive and negative, are also described.

**Problem statement findings.** This project aligned with the strategic nursing plan as the MBSR intervention was focused on maintaining wellness by reducing perceived stress and burnout, and increasing joy in the workplace.

**Purpose findings.** The purpose of this DNP quality improvement project was to reduce perceived stress and burnout, and increase joy in work among members of a nursing leadership team from inpatient, procedural, and ambulatory settings. In the following sections, the [clinical questions](#) that guided the project are addressed and discussed.

**Question.** The question that guided this project was addressed. Did members of a nursing leadership team (P) who took part in an eight-week online MBSR program (I) reduce perceived stress and burnout, while improving joy in work (O)? The question was answered by achieving the [process](#) and [outcome objectives](#) described in the following sections.

**Reduced stress, burnout, and increased joy.** Did MBSR reduce perceived stress and burnout, and increase joy in work in nursing leaders? The free online MBSR program demonstrated reduced perceived stress, burnout, and increased joy in work.

**Engagement.** Did nursing leaders remain engaged in an existing self-directed eight-week online program at this institution? Although there were more responses to the pre-intervention surveys than the post-intervention surveys, the weekly participation surveys did not demonstrate much variation week-to-week. Weekly participation surveys are summarized in Tables 2 and 3, and Figures 4, 5, 6, and 7 found in Appendix N.

**Sustained change.** Did nursing leaders continue to use these resources after the end of the pilot of this QI intervention? Seven responses were received for the week 12 follow-up survey. Four reported continuing to practice MBSR. Three did not continue MBSR practice and reported there was not enough time. Three responses were paired using SGIC codes. Two reported continuing to practice MBSR. One reported they did not continue MBSR practice due to “not enough time”.

**IHI Quadruple Aim.** In what ways did nursing leaders describe how mindfulness-based stress reduction strategies enhance IHI’s Quadruple Aim, including the patient experience, improving population health, reducing health care costs, and improving joy in work? Survey information provided helpful insight into how MBSR may impact IHI Quadruple Aim. Themes emerged in the responses related to elevated mood, improved health, reduced burnout, increased

patient safety, improved coping with stress and anxiety, increased attentiveness, and engagement. The IHI Quadruple Aim survey results are provided in Table 4 in Appendix N.

**Process objectives findings.** All the [process objectives](#) for this project were met, as discussed in the following sections.

**Baseline PSS.** Baseline mean composite PSS from a convenience pool of nursing leaders were received. When matching pre- and post-intervention SGIC codes, three responses were received. Baseline mean (SD) composite scores for the PSS were 17.7 (3.5), n=3. See Table 5 in Appendix N.

**Baseline UWES-9.** Baseline mean total and subscale scores for the UWES-9 survey were received from nursing leaders. When matching pre- and post-intervention SGIC codes, five responses were received. Baseline mean (SD) subscales for the UWES-9 were 3.3 (0.6) for vigor, 4.1 (0.3), for dedication, 4.3 (1.0) for absorption, and the mean total score was 3.9 (0.4). See Table 5 in Appendix N.

**Weekly participation survey responses.** Responses were received from weekly participation surveys throughout the intervention. When pairing pre- and post-intervention SGIC codes, the week with the most reported participation was week three for both informal and formal. If the participant answered that they completed between 0-25% of either formal or informal, they were asked to select the reason why they were unable to complete the practices. The reasons for informal MBSR incompleteness were not enough time (61.5%) and too busy (38.5%). The reasons for formal MBSR incompleteness were also not enough time (64.3%) and too busy (35.7%). There was more participation for formal practice 26-50% at 55%. The weekly participation survey responses are summarized in Table 3 and Figures 4, 5, 6, and 7 in Appendix N.

***MBSR program evaluation survey.*** Responses were received from the MBSR program evaluation survey. Five participants completed the MBSR program evaluation survey. Two were ambulatory Nurse Managers; one was an inpatient nurse manager/supervisor; one was an inpatient and ambulatory nurse administrator/director; and one was an inpatient, ambulatory, and procedural clinical nurse specialist/educator. Two were very satisfied, two were satisfied, and one was neither satisfied nor dissatisfied. Three were satisfied with the course delivery method, one was satisfied, and one was neither satisfied nor dissatisfied. When asked, “What part of the program was most beneficial?” two said daily practices, two said videos, and one said readings. Regarding overall satisfaction, two were very satisfied, two were satisfied, and one was neither satisfied nor dissatisfied. For the questions, “Would the participant recommend the program to a colleague?” two were undecided, two strongly agreed, and one agreed. The survey asked the respondents to provide additional feedback and suggestions regarding MBSR. Responses included that the program had significant time requirements that were difficult to achieve. The program evaluation survey is reported in Table 6 in Appendix N.

***IHI Quadruple Aim responses.*** Five responses were received from the post-intervention IHI Quadruple Aim survey. Responses are summarized in Table 4, Appendix N.

***Follow-up survey responses.*** Responses were received for the first and second post-intervention PSS and UWES-9 surveys. At 12 weeks, seven participants responded to the program follow-up survey. Four participants reported continuing MBSR practice. When pairing participant SGIC numbers with pre- and post-intervention data, three participants responded to both pre- and post-intervention PSS surveys.

***Weekly engagements.*** Nurse leaders were encouraged to remain engaged in the MBSR intervention with weekly email reminders sent to the NLT DL. The weekly emails also served as

a reinforcement to complete weekly participation surveys. Participation survey results are summarized in Tables 2 and 3, and Figures 4, 5, 6, and 7 in Appendix N. Email communication is included in Appendix O.

**Attrition.** Reasons for attrition have not been explored but may relate to competing priorities, time commitment, and lack of interest.

**Comparing results.** When results were paired using SGIC codes, individual results were summarized by participant. The results were summarized in Tables 7 and 8. Two participants reported continuing MBSR practice at week 12. One participant reported they did not continue MBSR practice. Although three participants showed improvement in UWES-9 scores at week 12, participants that continued MBSR practice showed the most improvement between baseline and week 12 scores.

**Project Objectives**

**Outcome objectives.** [The outcome objectives](#) for this project were achieved, as summarized in Tables 7 and 8.

Table 7

*Summary of Weekly Formal and Informal Participation in MBSR Completion by Participant.*

Participant	Range of Percentage of MBSR Completion <sup>a, b</sup>								Follow-up survey <sup>c</sup>
	Week 1 %	Week 2 %	Week 3 %	Week 4 %	Week 5 %	Week 6 %	Week 7 %	Week 8 %	
A	51-75 <sup>a</sup> 26-50 <sup>b</sup>	51-75 26-50	51-75 51-75	26-50 26-50	51-75 26-50	51-75 26-50	0-25 0-25	0-25 0-25	Y
B									
C			0-25 0-25	0-25 0-25					
D	26-50 26-50	0-25 0-25			26-50 26-50	0-25 0-25		0-25 0-25	Y

E	0-25	0-25	0-25	0-25	0-25	0-25	N
	0-25	0-25	0-25	0-25	0-25	0-25	

Note. <sup>a</sup> Informal completion rates are shown on top and <sup>b</sup> formal completion rates are shown on the bottom. <sup>c</sup> Did the participant continue MBSR practice after week 8?

Table 8  
Pre- and Post-Intervention PSS and UWES-9 Scores.

Participant	PSS					UWES-9				
	Pre	Post 1	Post 2	$\Delta$ <sub>1<sup>a</sup></sub>	$\Delta$ <sub>2<sup>b</sup></sub>	Pre	Post 1	Post 2	$\Delta$ <sub>1<sup>a</sup></sub>	$\Delta$ <sub>2<sup>b</sup></sub>
A	18	10	7	-8	-11	4.2	4.9	5.2	+0.7	+1
B	14	7		-7		3.4	3.8		+0.3	
C	21	21		0		3.8	3.8		0	
D			7			3.8	4.6	4.6	+0.8	+0.8
E			10			4.3	4.3	4.9	0	+0.6
Average	17.7	12.7	8.0	-5	-11	3.9	4.3	4.9	+0.4	+0.8

Note. <sup>a</sup> Change ( $\Delta$ ) between pre (baseline) and post 1(week 8) and <sup>b</sup> change between pre (baseline) and post 2 (week 12).

**PSS.** The first outcome objective for post-intervention PSS to decrease from baseline mean scores were achieved. When pairing pre- and post-intervention SGIC, results demonstrated an average decrease of five points in the PSS from pre-intervention to the first

post-intervention survey at eight weeks, a decrease of 31%. Week 12 showed a decrease of 11 points comparing to baseline measurements with participant A.

**UWES-9.** The second outcome objective for nurse leader post-intervention mean UWES-9 total and subscale scores to increase from baseline mean scores were achieved. The average UWES-9 change pre- and post-intervention at week eight was an average increase of 0.4 points, an increase of 9%. Additionally, results demonstrated an average 0.8- point increase in UWES-9 scores between pre-intervention and post-intervention at week 12, an increase of 19%.

**IHI Quadruple Aim Survey.** The third outcome objective was for nursing leaders to provide thoughts and opinions on how MBSR can impact the Quadruple Aim of IHI of improving patient experience, improving population health, and reducing health care costs. The complete IHI Quadruple Aim outcome results are provided in Table 4 in Appendix N.

#### **Key Facilitators and Barriers**

Key facilitators included the organization's focus on stress, burnout, and joy in the workplace. Many people on the organization's campus are passionate about well-being. The strengths of the project included leader interest and support for the MBSR program, the use of reliable and valid surveys, a convenience sample of diverse nurse leaders, and the ability to effectively communicate with NLT via email DL and meetings. There continues to be much discussion and focus on stress, burnout, and joy in work, both internally and externally. Given that the organizational focus is on well-being and joy, another facilitator and strength is the alignment of this project with organizational priorities.

Limitations of this project included a low survey response rate with paired SGIC codes, self-reported survey responses, and survey fatigue due to the number of surveys and survey links. Barriers included several competing priorities with electronic health record optimization and

practice redesign. There were also several leadership changes in the Department of Nursing's organizational structure. With multiple priorities and changes, meeting organization demands may have reduced participation.

### **Unintended Consequences**

Communication through the email DL was a challenge. For the baseline and week eight surveys, some participants took the UWES-9 survey, but not the PSS. Follow-up emails were sent to clarify that participants should complete both surveys, and the emails are included for reference in Appendix O. Due to the discrepancy in survey completion between the PSS and UWES-9, the week 12 follow-up survey was created with a survey queue function available in REDCap. Using the queue function, participants would only need to click on one link to take all three surveys. Two participants who previously did not take the baseline PSS and the week eight PSS, completed the week 12 PSS.

Since an email DL was used and participants were anonymous, considerations were addressed if new members joined the DL and wanted to participate and start on week one, while others would be further along with the program. Pre-intervention survey results were not received after week one. The time commitment needed for the eight-week intervention was an additional strain in competing with other professional and personal demands. Data revealed that many participants were unable to complete most of the weekly formal and informal training. Additionally, qualitative data provided that time was a barrier.

## **Recommendations and Implications**

### **Discussion of Final Outcomes and Deliverables of Project**

The project offered numerous opportunities for the DNP project leader to consider implementing MBSR for nursing and allied health staff. The doctoral project proposal was submitted for a Sigma Research Grant Opportunities, Evidence-Based Practice Implementation Grant Program by the deadline of July 1, 2019. On October 21, 2019, the project leader received notification that the proposal was not selected for funding. The DNP project leader agreed to submit a manuscript suitable for publication in a peer-reviewed journal, as outlined in the agreement. The findings of the project will be presented to NLT in March 2020.

*Unintended Consequences and Lessons Learned.* Although additional emails were sent to assure participants understood to complete all the surveys, each having a separate link, the response was low. Thus, future considerations might include combining the surveys by creating a survey queue to make it easier for the participants to complete. This may aid in increasing the participation and response rate. For this project, it was important to assess perceived stress (PSS) and work engagement (UWES-9). Future projects may consider reducing the number of overall surveys used to measure outcomes.

### **KTA Framework**

The KTA framework was an effective way to translate a large amount of existing knowledge regarding mindfulness-based interventions into an evidence-based intervention for this QI project. This QI project demonstrated that a free online MBSR course has the potential to reduce stress and burnout and improve joy in work for a group of nursing leaders. The KTA framework was an effective tool to use for mindfulness-based interventions to reduce perceived

stress and burnout. The KTA framework might be useful for implementing interventions aimed to improve joy in work.

### **Recommendations for Future Practice**

Recommendations for future practice include creating an organizational interprofessional MBSR taskforce or workgroup. The workgroup could coordinate an MBSR program and modify it as needed based on feedback. Further recommendations include offering a hybrid version of MBSR that includes both didactic and online methods. Other considerations include meeting for 30 minutes to one hour three to five days per week to dedicate time to formal practice. The meetings would be considered protected time for participants. It may also be beneficial to offer cohorts of staff who are interested in MBSR several opportunities to participate throughout the year, with protected time to complete the training while at work. Cohorts may attend weekly meetings with those engaged in the program. Many mobile applications could be used to facilitate and reinforce MBSR. Applications might provide alerts to remind participants of MBSR learnings.

### **Implications for Practice**

The findings of this project provided a roadmap to guide future projects, which may include staff nurses and other allied health staff. This project suggested that providing online-MBSR was a feasible method for addressing perceived stress for one specific organization. The duration of this DNP project was limited to 12 weeks; therefore, considering a longitudinal method to identify the long-term impacts of MBSR would further contribute to knowledge. Future projects might consider obtaining measurements at one year, with another follow-up at two years. A longitudinal study might provide insight into sustained practice change. Additionally, future research could be designed with a control group, which would provide a

baseline for comparison. It would also be beneficial to determine whether informal or formal MBSR practice has more of an impact. Suggestions for further studies include examining how nurse manager burnout directly impacts and influences clinical nurse burnout. Although overall participation was lower than expected, this QI project demonstrated the effectiveness of an online MBSR program to reduce stress and burnout and improve joy in work with a small group of nursing leaders. Additionally, the online MBSR program may help the IHI Quadruple Aim.

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## Appendix B

## Consent Form

**Informed Consent Document to Participate in IRB Exempt Research**

You are being asked to take part in a Doctor of Nursing Practice quality improvement project of nursing leadership practice and processes to reduce perceived stress, burnout, and improve joy in work. Before you decide whether to take part, please read the information below and ask questions about anything you do not understand.

**TITLE OF THE PROJECT:** Mindfulness-Based Stress Reduction for Nursing Leaders: A Wellness Initiative

**QI PROJECT LEAD:**

Amanda Lyons, [contact information redacted]

Dr. Dorcas Kunkel (Faculty Chair)  
Jacksonville University Keigwin School of Nursing  
2800 University Blvd N, Jacksonville, FL 32211

**THE PURPOSE OF THIS QI PROJECT** is to conduct a free 8-week online MBSR course to reduce perceived stress, burnout, and improve joy in work for nurse leaders at one organization.

You will be asked to complete surveys:

Pre-intervention: Perceived Stress Scale (PSS) and Work & Well-being survey (UWES-9)

Weeks 1-8: Weekly homework participation survey

Week 8: Program evaluation survey and Institute of Healthcare Improvement (IHI) Quadruple Aim survey

Week 12: PSS, UWES-9, and program follow-up survey

If you decide to participate in this quality improvement project, the project leaders will collect data from survey responses. You will be asked to create a unique code (specific to you) to help compare data throughout the duration of the project. The records of this study will be kept private and confidential to the extent permitted by law. The information gained from this survey may be used in a journal article and presentation.

If you have any questions now or at any time during the project, you may contact anyone listed under the QI Project Lead.

If you agree to participate, you will take part in an 8 week online MBSR course.

Total weekly anticipated time includes daily 30-minute daily formal practice, and an informal practice.

**“Videos and Reading** For each week, under **Videos**, you will find offerings by master teachers of mindfulness, which will motivate and inform the week’s topics. Under **Reading** are articles, formatted for easy reading and ready to be printed for your manual. If you are so inclined, you may also want to keep a “Mindfulness Journal” to write your impressions in a more free-form manner than just the worksheets and practice sheets allow.

Each week, the length of the video selections will vary, but the total will usually be about 45 minutes. It’s a good idea to choose a given day of the week and time (for example, Sunday at 8pm) so that you can watch them in one sitting. This can be done in place of your 30-minute practice for that day, if you like. Also, at least skim the readings on that day, but plan to read them in their entirety by the end of the week.

## Appendix B (continued)

The readings and the videos in the **Supplementary materials** section are entirely optional.” (Palouse Mindfulness, n.d.).

*[NOTE: The main practices range between 32 and 37 minutes in length, and there are a few which are shorter than 30 minutes.]*

There are videos and readings to complete each week. “In addition, there is **Informal Practice**, which will help you integrate the learnings and practices into your daily life. Unlike the formal practice, you don't have to schedule this into your day, it's simply having an intention to bring a special awareness into some of the activities that you already do on a daily basis. At the end of each day, you will take just five minutes or so to reflect on the day, using that week's **Informal Practice sheet** as a guide. *Although this may look less important than the 30 minutes of scheduled formal practice, it is through the Informal Practice that you will see and realize the concrete and natural benefits of the learnings and practices of MBSR*” (Palouse Mindfulness).

Total time commitments for MBSR include 30 minutes of formal daily practice (Palouse Mindfulness, n.d.). Informal practice helps integrate learnings into daily life and are scheduled into the day, with a five minute reflection at the end of the day using a practice sheet as a guide (Palouse Mindfulness, n.d.). Weekly videos may take an average of 45 minutes per week to view (Palouse Mindfulness, n.d.). The videos can be viewed in place of one of the 30-minute formal practices (Palouse Mindfulness, n.d.). Weekly readings should be completed by the end of the week (Palouse Mindfulness, n.d.). Supplementary materials for each week are optional (Palouse Mindfulness, n.d.).

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**“Health Considerations**

Many people come to the course with some physical limitations and it's important that *you know that you are free to modify any of the practices, especially the yoga sequences, to make them best work for you. Being aware of your own limits, and modifying the practices when necessary is, in itself, mindfulness in action.* Also, during the course of this program, whether you have physical limitations or not, it is possible, even likely, that difficult feelings or unpleasant memories may arise. Since this program is done without interaction with an instructor, it is important that you take care of your own emotional and mental health. *If things come up which are too difficult to handle, you should take a break from the course and/or seek the help of a good counselor or therapist (see [If you react strongly](#)). If you are under a counselor or doctor's care already, please let them know of your plan to go through this program, and keep them informed of your experience as you go along, so that they may monitor any unexpected reactions to the course or practices*” (Palouse Mindfulness).

**YOUR RIGHTS TO PARTICIPATE, SAY NO, OR WITHDRAW:**

Participation in this quality improvement project is completely voluntary. You have the right to say no. You may change your mind at any time and withdraw. You may choose not to answer specific questions or to stop participating at any time.

**COSTS AND COMPENSATION FOR BEING IN THE STUDY:**

There is no cost or additional compensation for participation in the project.

## Appendix B (continued)

**CONTACT INFORMATION FOR QUESTIONS:**

If you have concerns or questions about this project, please contact (Amanda Lyons, [contact information redacted] /Dr. Dorcas Kunkel (Faculty Chair)) Jacksonville University Keigwin School of Nursing 2800 University Blvd N, Jacksonville, FL 32211).

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**References:**

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Appendix C

Palouse Mindfulness Overview

Click image below for full overview

The screenshot shows the website 'Palouse Mindfulness: Mindfulness-Based Stress Reduction'. The main heading is 'MBSR "At a Glance"'. Below the heading, there is a navigation bar with links: Home, FAQ's, Testimonials, Graduates, Resources, Quotes, Contact, Donate, and What's New. A sidebar on the left contains a search icon and a list of links under 'MBSR Online' (including 'At a Glance', Introduction, Getting Started, MBSR Manual, and Weeks 1-8) and 'Practices' (including Raisin Meditation, Body Scan, Sitting Meditation, Mindful Yoga 1 & 2, 'Turning Toward...', Mountain Meditation, Lake Meditation, Lovingkindness, Soften, Soothe, Allow, RAIN Meditation, and Silent Meditations). Under 'Resources', there are links for Books, Research, Mindfulness Training, Graduate Readings, Retreats, and Meditation Groups. The main content area is titled 'MBSR "At a Glance"' and contains a paragraph: 'The entire course is laid out here, including the theme and mindfulness practice for each week. Clicking on the links below, or on the menu to the left, will take you to the corresponding part of the course.' Below this paragraph is a list of course components, each with a small image and a title: 'Welcome' (with a photo of a man), 'Introduction' (with a photo of a field), 'Getting Started' (with a photo of a book), 'MBSR Manual' (with a photo of a book), 'Week 1 - Simple Awareness: Introduction to the Body Scan' (with a photo of a person), 'Week 2 - Attention & The Brain: Introduction to Sitting Meditation' (with a photo of a person), 'Week 3 - Dealing with Thoughts: Introduction to Yoga - Yoga 1' (with a photo of a person), 'Week 4 - Stress: Responding vs. Reacting: STOP: One-Minute Breathing Space and Yoga 2' (with a red STOP sign), 'Week 5 - Dealing with Difficult Emotions or Physical Pain: Turning Toward...' (with a photo of a person), 'Week 6 - Mindfulness and Communication: Mountain Meditation and Lake Meditation' (with a photo of a mountain), and 'Week 7 - Mindfulness and Compassion' (with a photo of a person). On the right side of the main content area, there is a quote by Henry Miller: 'The moment one gives close attention to anything, even a blade of grass, it becomes a mysterious, awesome, indescribably magnificent world in itself.' Below the quote is a small image of a purple flower and the text 'more quotes'.

Appendix D  
Permissions for PSS

scales <http://www.psych.umd.edu/~scohen/scales.html>

**Dr. Cohen's Scales:**

We welcome copies (e-mail is OK) of any in press or published papers using any of Dr. Cohen's scales that you are willing to share with us, and thank you in advance for your generosity. They will not be redistributed or linked without your permission.

**Permissions:** Permission for use of scales is not necessary when use is for nonprofit academic research or nonprofit educational purposes. For other uses, please [contact Dr. Sheldon Cohen](#).

## Appendix E

## REDCap: PSS

## Perceived Stress Scale

### Documentation of Informed Consent:

Each survey will include informed consent. You indicate your voluntary agreement to participate by completing the surveys. By submitting your survey, you are agreeing and consenting for us to use your data. Submitting the survey is further acknowledgment of the consent to participate.

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**TITLE OF THE PROJECT:** Reducing Perceived Stress, Burnout, and Improving Joy in Work for Nurse Leaders: A Wellness Initiative

#### QI PROJECT LEAD:

Amanda Lyons, [contact information redacted]

Dr. Dorcas Kunkel (Faculty Chair)

Jacksonville University Keigwin School of Nursing 2800 University Blvd N, Jacksonville, FL 32211

[contact information redacted]

**THE PURPOSE OF THIS QI PROJECT** is to reduce perceived stress and burnout, and increase joy in work among members of a nursing leadership team from inpatient, procedural, and ambulatory settings at a northeast Florida health system.

You will be asked to complete surveys:

- Pre-intervention: Perceived Stress Scale (PSS) and Work & Well-being survey (UWES-9)
- Weeks 1-8: Weekly homework participation survey
- Week 8: Program evaluation survey and Institute of Healthcare Improvement (IHI) Quadruple Aim survey •
- Week 12: PSS, UWES-9, and program follow-up survey

If you decide to participate in this quality improvement project, the project leaders will collect data from survey responses. You will be asked to create a unique code (specific to you) to help compare data throughout the duration of the project. The records of this study will be kept private and confidential to the extent permitted by law. The information gained from this survey may be used in a journal article and presentation.

If you have any questions now or at any time during the project, you may contact anyone listed under the QI Project Lead.

If you agree to participate, you will take part in an 8 week online MBSR course.

Total weekly anticipated time includes daily 30-minute daily formal practice, and an informal practice.

"Videos and Reading For each week, under Videos, you will find offerings by master teachers of mindfulness, which

## Appendix E (continued)

will motivate and inform the week's topics. Under Reading are articles, formatted for easy reading and ready to be printed for your manual. If you are so inclined, you may also want to keep a "Mindfulness Journal" to write your impressions in a more free-form manner than just the worksheets and practice sheets allow.

Each week, the length of the video selections will vary, but the total will usually be about 45 minutes. It's a good idea to choose a given day of the week and time (for example, Sunday at 8pm) so that you can watch them in one sitting. This can be done in place of your 30-minute practice for that day, if you like. Also, at least skim the readings on that day, but plan to read them in their entirety by the end of the week.

The readings and the videos in the Supplementary materials section are entirely optional." (Palouse Mindfulness, n.d.).

[NOTE: The main practices range between 32 and 37 minutes in length, and there are a few which are shorter than 30 minutes.]

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## "Health Considerations

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Appendix E (continued)

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References:

Palouse Mindfulness. (n.d.). Mindfulness-based stress reduction. Retrieved from

<https://palousemindfulness.com/docs/manual-print-double.pdf>

I have read the informed consent and agree to participate in this project

- Yes
- No

**Perceived Stress Scale**

Is this a pre-intervention or post-intervention survey?

- Pre-intervention survey
- Post-intervention survey, number 1
- Post-intervention survey, number 2

Appendix E (continued)

ID code

To compare results pre and post, please complete the ID Code using the last 2 digits of your phone number, the last 2 letters of your middle name, and the 2 digits of your birth month. Using a code that you can easily remember, will keep your responses anonymous while allowing for valuable data comparison. For example: 55LE06

\_\_\_\_\_

(ID code (six characters in length))

Role

- Nurse Executive/Administrator/Director Clinical
- Nurse Specialist/Nurse Education Specialist/Research
- Nurse Manager/Supervisor
- Nurse Team Leader
- Staff Nurse
- Nursing Leader Support Roles (admin assist, human resources)

Work Area (please select all that apply)

- Inpatient
- Ambulatory
- Procedural

In the last month, how often have you been upset because of something that happened unexpectedly?

0=never 1=almost never 2=sometimes 3=fairly often 4=very often

In the last month, how often have you felt that you were unable to control the important things in your life?

0=never 1=almost never 2=sometimes 3=fairly often 4=very often

In the last month, how often have you felt nervous and "stressed"?

0=never 1=almost never 2=sometimes 3=fairly often 4=very often

In the last month, how often have you felt confident about your ability to handle your personal problems?

0=never 1=almost never 2=sometimes 3=fairly often 4=very often

In the last month, how often have you felt that things were going your way?

0=never 1=almost never 2=sometimes 3=fairly often 4=very often

In the last month, how often have you found that you could not cope with all the things that you had to do?

0=never 1=almost never 2=sometimes 3=fairly often 4=very often

Appendix E (continued)

In the last month, how often have you been able to control irritations in your life?

0=never 1=almost never 2=sometimes 3=fairly often 4=very often

In the last month, how often have you felt that you were on top of things?

0=never 1=almost never 2=sometimes 3=fairly often 4=very often

In the last month, how often have you been angered because of things that were outside of your control?

0=never 1=almost never 2=sometimes 3=fairly often 4=very often

In the last month, how often have you felt difficulties were piling up so high that you could not overcome them?

0=never 1=almost never 2=sometimes 3=fairly often 4=very often

Appendix F

UWES

Work & Well-being Survey (UWES) ©

*The following 17 statements are about how you feel at work. Please read each statement carefully and decide if you ever feel this way about your job. If you have never had this feeling, cross the "0" (zero) in the space after the statement. If you have had this feeling, indicate how often you feel it by crossing the number (from 1 to 6) that best describes how frequently you feel that way.*

	Almost never	Rarely	Sometimes	Often	Very often	Always
0	1	2	3	4	5	6
Never	A few times a year or less	Once a month or less	A few times a month	Once a week	A few times a week	Every day

1. \_\_\_\_\_ At my work, I feel bursting with energy
2. \_\_\_\_\_ I find the work that I do full of meaning and purpose
3. \_\_\_\_\_ Time flies when I'm working
4. \_\_\_\_\_ At my job, I feel strong and vigorous
5. \_\_\_\_\_ I am enthusiastic about my job
6. \_\_\_\_\_ When I am working, I forget everything else around me
7. \_\_\_\_\_ My job inspires me
8. \_\_\_\_\_ When I get up in the morning, I feel like going to work
9. \_\_\_\_\_ I feel happy when I am working intensely
10. \_\_\_\_\_ I am proud of the work that I do
11. \_\_\_\_\_ I am immersed in my work
12. \_\_\_\_\_ I can continue working for very long periods at a time
13. \_\_\_\_\_ To me, my job is challenging
14. \_\_\_\_\_ I get carried away when I'm working
15. \_\_\_\_\_ At my job, I am very resilient, mentally
16. \_\_\_\_\_ It is difficult to detach myself from my job
17. \_\_\_\_\_ At my work I always persevere, even when things do not go well

© Schaufeli & Bakker (2003). The Utrecht Work Engagement Scale is free for use for non-commercial scientific research. Commercial and/or non-scientific use is prohibited, unless previous written permission is granted by the authors.

## Appendix F (continued)

**6.1. Completion and scoring**

It takes about 5-10 minutes to complete the UWES, which can be done individually as well as group wise. The UWES may be used for individual assessment as well as for group assessment, for instance as part of an employee satisfaction survey, or a psychosocial risk evaluation. The instruction at the top of the UWES test-form is self-evident (see Appendix). If necessary, it can be checked if the subject(s) have understood the instruction.

In order to avoid answering bias that might result from specific connotations related to 'work engagement' this term is not used in the title of the questionnaire. Instead, the more neutral term '*Work & Well-being Survey*' is chosen with UWES between parentheses.

The mean scale score of the three UWES subscales is computed by adding the scores on the particular scale and dividing the sum by the number of items of the subscale involved. A similar procedure is followed for the total score. Hence, the UWES, yields three subscale scores and/or a total score that range between 0 and 6.

## Appendix G

## REDCap: UWES-9

## Work & Well-being Survey

### Documentation of Informed Consent:

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## Appendix G (continued)

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Appendix G (continued)

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<https://palousemindfulness.com/docs/manual-print-double.pdf>

I have read the informed consent and agree to participate in this project

- Yes
- No

**Work & Well-being Survey**

Is this a pre-intervention or post-intervention survey?

- Pre-intervention survey
- Post-intervention survey, number 1
- Post-intervention survey, number 2

Appendix G (continued)

ID code

To compare results pre and post, please complete the ID Code using the last 2 digits of your phone number, the last 2 letters of your middle name, and the 2 digits of your birth month. Using a code that you can easily remember, will keep your responses anonymous while allowing for valuable data comparison. For example: 55LE06

---

(ID code (six characters in length))

Role

- Nurse Executive/Administrator/Director Clinical
- Nurse Specialist/Nurse Education Specialist/Research
- Nurse Manager/Supervisor
- Nurse Team Leader
- Staff Nurse
- Nursing Leader Support Roles (admin assist, human resources)

Work Area (please select all that apply)

- Inpatient
- Ambulatory
- Procedural

At my work, I feel bursting with energy

- Never
- Almost never/a few times a year or less
- Rarely/once a month or less
- Sometimes/a few times a month
- Often/once a week
- Very often/a few times a week
- Always/every day

At my job, I feel strong and vigorous

- Never
- Almost never/a few times a year or less
- Rarely/once a month or less Sometimes/a few times a month
- Often/once a week
- Very often/a few times a week
- Always/every day

Appendix G (continued)

I am enthusiastic about my job

- Never
- Almost never/a few times a year or less
- Rarely/once a month or less Sometimes/a few times a month
- Often/once a week
- Very often/a few times a week
- Always/every day

My job inspires me

- Never
- Almost never/a few times a year or less
- Rarely/once a month or less Sometimes/a few times a month
- Often/once a week
- Very often/a few times a week
- Always/every day

When I get up in the morning, I feel like going to work

- Never
- Almost never/a few times a year or less
- Rarely/once a month or less Sometimes/a few times a month
- Often/once a week
- Very often/a few times a week
- Always/every day

I feel happy when I am working intensely

- Never
- Almost never/a few times a year or less
- Rarely/once a month or less Sometimes/a few times a month
- Often/once a week
- Very often/a few times a week
- Always/every day

I am proud of the work I do

- Never
- Almost never/a few times a year or less
- Rarely/once a month or less Sometimes/a few times a month
- Often/once a week
- Very often/a few times a week
- Always/every day

Appendix G (continued)

I am immersed in my work

- Never
- Almost never/a few times a year or less
- Rarely/once a month or less Sometimes/a few times a month
- Often/once a week
- Very often/a few times a week
- Always/every day

I get carried away when I'm working

- Never
- Almost never/a few times a year or less
- Rarely/once a month or less Sometimes/a few times a month
- Often/once a week
- Very often/a few times a week
- Always/every day

## Appendix H

## REDCap: Weekly Participation Survey

## Weekly Participation Survey

## Documentation of Informed Consent:

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TITLE OF THE PROJECT: Reducing Perceived Stress, Burnout, and Improving Joy in Work for Nurse Leaders: A Wellness Initiative

## QI PROJECT LEAD:

Amanda Lyons, [contact information redacted]

Dr. Dorcas Kunkel (Faculty Chair)

Jacksonville University Keigwin School of Nursing 2800 University Blvd N, Jacksonville, FL 32211

[contact information redacted]

THE PURPOSE OF THIS QI PROJECT is to reduce perceived stress and burnout, and increase joy in work among members of a nursing leadership team from inpatient, procedural, and ambulatory settings at a northeast Florida health system.

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- Pre-intervention: Perceived Stress Scale (PSS) and Work & Well-being survey (UWES-9)
- Weeks 1-8: Weekly homework participation survey
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If you agree to participate, you will take part in an 8 week online MBSR course.

Total weekly anticipated time includes daily 30-minute daily formal practice, and an informal practice.

## Appendix H (continued)

"Videos and Reading For each week, under Videos, you will find offerings by master teachers of mindfulness, which

will motivate and inform the week's topics. Under Reading are articles, formatted for easy reading and ready to be printed for your manual. If you are so inclined, you may also want to keep a "Mindfulness Journal" to write your impressions in a more free-form manner than just the worksheets and practice sheets allow.

Each week, the length of the video selections will vary, but the total will usually be about 45 minutes. It's a good idea to choose a given day of the week and time (for example, Sunday at 8pm) so that you can watch them in one sitting. This can be done in place of your 30-minute practice for that day, if you like. Also, at least skim the readings on that day, but plan to read them in their entirety by the end of the week.

The readings and the videos in the Supplementary materials section are entirely optional." (Palouse Mindfulness, n.d.).

[NOTE: The main practices range between 32 and 37 minutes in length, and there are a few which are shorter than 30 minutes.]

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Many people come to the course with some physical limitations and it's important that you know that you are free to modify any of the practices, especially the yoga sequences, to make them best work for you. Being aware of your own limits, and modifying the practices when necessary is, in itself, mindfulness in action. Also, during the course of this program, whether you have physical limitations or not, it is possible, even likely, that difficult feelings or unpleasant memories may arise. Since this program is done without interaction with an instructor, it is important that you take care of your own emotional and mental health. If things come up which are too difficult to handle, you should take a break from the course and/or seek the help of a good counselor or therapist (see If you react strongly). If you are under a counselor or doctor's care already, please

## Appendix H (continued)

let them know of your plan to go through this program, and keep them informed of your experience as you go along, so that they may monitor any unexpected reactions to the course or practices" (Palouse Mindfulness).

## YOUR RIGHTS TO PARTICIPATE, SAY NO, OR WITHDRAW:

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## COSTS AND COMPENSATION FOR BEING IN THE STUDY:

There is no cost or additional compensation for participation in the project.

## CONTACT INFORMATION FOR QUESTIONS:

If you have concerns or questions about this project, please contact (Amanda Lyons, [contact information redacted] /Dr. Dorcas Kunkel (Faculty Chair)) Jacksonville University Keigwin School of Nursing 2800 University Blvd N, Jacksonville, FL 32211); [contact information redacted]

If you have questions or concerns about your role and rights as a participant, and would like to obtain information or offer input, or would like to register a complaint about this project, you may contact, anonymously if you wish, the Jacksonville University Office of Research Compliance, (904) 256-7151 or [juirb@ju.edu](mailto:juirb@ju.edu).

## DOCUMENTATION OF INFORMED CONSENT.

Each survey will include informed consent. You indicate your voluntary agreement to participate by completing the surveys. By submitting your survey, you are agreeing and consenting for us to use your data. Submitting the survey is further acknowledgment of the consent to participate.

## References:

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<https://palousemindfulness.com/docs/manual-print-double.pdf>

I have read the informed consent and agree to participate in this project

- Yes
- No

**Weekly Participation Survey**

Appendix H (continued)

ID code

To compare results pre and post, please complete the ID Code using the last 2 digits of your phone number, the last 2 letters of your middle name, and the 2 digits of your birth month. Using a code that you can easily remember, will keep your responses anonymous while allowing for valuable data comparison. For example: 55LE06

---

(ID code (six characters in length))

Role

- Nurse Executive/Administrator/Director Clinical
- Nurse Specialist/Nurse Education Specialist/Research
- Nurse Manager/Supervisor
- Nurse Team Leader
- Staff Nurse
- Nursing Leader Support Roles (admin assist, human resources)

Work Area (please select all that apply)

- Inpatient
- Ambulatory
- Procedural

Please select which week you're completing this survey for

- Week 1
- Week 2
- Week 3
- Week 4
- Week 5
- Week 6
- Week 7
- Week 8
- Post intervention week 12

Approximately how much of the weekly INFORMAL practice did you complete for the week?

- 0-25%
- 26-50%
- 51-75%
- 76-100%

Appendix H (continued)

If you responded that you completed 0-25% of the INFORMAL practice, what reasons apply?

- Not enough time
- Too busy
- Does not have an impact on my stress
- Online format unable to hold me accountable
- Too complex
- Other

Approximately how much of the weekly FORMAL practice did you complete for the week?

- 0-25%
- 26-50%
- 51-75%
- 76-100%

If you responded that you completed 0-25% of the FORMAL practice, what reasons apply?

- Not enough time
- Too busy
- Does not have an impact on my stress
- Online format unable to hold me accountable
- Too complex
- Other

Have you continued your MBSR practice, either formally or informally?

- Yes
- No

If you haven't continued MBSR practice, please indicate why. Please choose all that apply.

- Not enough time
- Too busy
- Does not have an impact on my stress
- Online format unable to hold me accountable
- Too complex
- Other

## Appendix I

## REDCap: MBSR Program Evaluation Survey

## MBSR Program Evaluation Survey

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## Appendix I (continued)

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Each week, the length of the video selections will vary, but the total will usually be about 45 minutes. It's a good idea to choose a given day of the week and time (for example, Sunday at 8pm) so that you can watch them in one sitting. This can be done in place of your 30-minute practice for that day, if you like. Also, at least skim the readings on that day, but plan to read them in their entirety by the end of the week.

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Appendix I (continued)

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**MBSR Program Evaluation Survey**

ID code

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Appendix I (continued)

Role

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- Nurse Specialist/Nurse Education Specialist/Research
- Nurse Manager/Supervisor
- Nurse Team Leader
- Staff Nurse
- Nursing Leader Support Roles (admin assist, human resources)

Work Area (please select all that apply)

- Inpatient
- Ambulatory
- Procedural

Were you satisfied with the course content?

- Very satisfied
- Satisfied
- Neither satisfied nor dissatisfied
- Dissatisfied
- Very dissatisfied

Were you satisfied with delivery method of the online MBSR course?

- Very satisfied
- Satisfied
- Neither satisfied nor dissatisfied
- Dissatisfied
- Very dissatisfied

What portion of the program did you find most beneficial?

- Videos
- Readings
- Daily practices
- Supplementary materials
- Practice sheets

What is your overall satisfaction with the online MBSR course?

- Very satisfied
- Satisfied
- Neither satisfied nor dissatisfied
- Dissatisfied
- Very dissatisfied

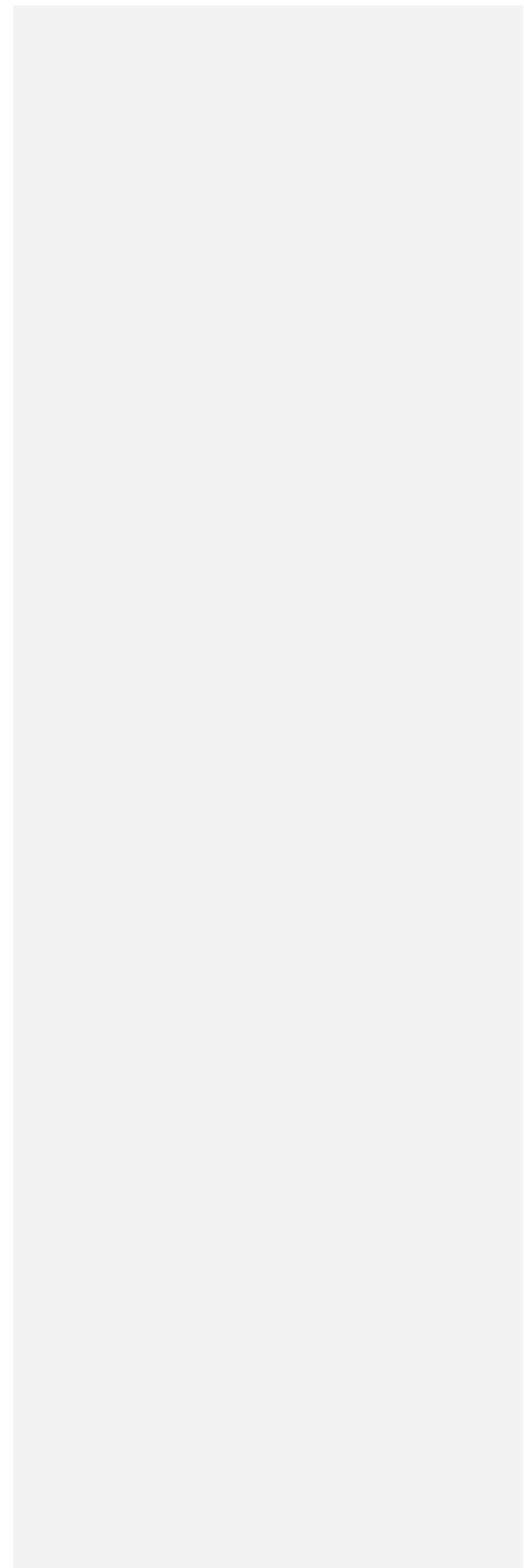
Appendix I (continued)

I would recommend the online MBSR program to a colleague

- Strongly agree
- Agree
- Undecided
- Disagree
- Strongly disagree

Please provide additional feedback and suggestions regarding MBSR. Thank you.

-----



## Appendix J

## REDCap: IHI Quadruple Aim Survey

## IHI Quadruple Aim Survey

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## Appendix J (continued)

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Appendix J (continued)

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<https://palousemindfulness.com/docs/manual-print-double.pdf>

I have read the informed consent and agree to participate in this project

- Yes
- No

IHI Quadruple Aim Survey

In what ways can mindfulness-based stress reduction (MBSR) impact the Institute for Healthcare Improvement (IHI) Quadruple Aim by improving patient experience, improving population health, reducing health care costs, and improving joy in work?

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Appendix K

REDCap: MBSR Follow-up Survey

MBSR Follow-up Survey

Have you continued your MBSR practice, either formally or informally?

- Yes
- No

If you haven't continued MBSR practice, please indicate why. Please choose all that apply.

- Not enough time
- Too busy
- Does not have an impact on my stress
- Online format unable to hold me accountable
- Too complex
- Other

Appendix L

IRB info



Office of Research  
& Sponsored Programs  
JACKSONVILLE UNIVERSITY

August 19, 2019

**MEMORANDUM OF APPROVAL**

Institutional Review Board JU FWA #00020200

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TO: Ms. Amanda Lyons, Principal Investigator  
CC: Dr. Dorcas Kunkel, Responsible Primary Investigator  
FROM: Dr. Claribel Torres-Lugo, Research Compliance Coordinator, Office of Research

and Sponsored Programs (ORSP)

RE: IRB Decision: *Reducing Perceived Stress, Burnout, and Improving Joy in Work for Nurse Leaders: A Wellness Initiative, JU IRB # 2019-044.*

The Jacksonville University Institutional Review Board (IRB) approved your project as Exempt from oversight. The project met the approval criteria under Exempt Category 1-Educational Settings. This IRB approval has no expiration due to its Exemption Status.

If you submitted a proposed consent and or any recruitment materials (e.g., email scripts, flyers) with your application, the approved stamped documents are attached to this approval notice. Only the stamped version of these documents may be used in recruiting subjects.

**Please be advised that any change in the protocol for this project must be reviewed and approved by the IRB before implementation of the proposed change.** A Revision/Amendment Form is required for consideration of any change. Also, Federal Regulations require that the Principal Investigator promptly report, in writing, any unanticipated problems or adverse events involving risks to research subjects or others. If you have questions, please contact the Office of Research and Sponsored Programs at [juirb@ju.edu](mailto:juirb@ju.edu) or (904) 256-7151.

Appendix L (continued)



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## *Memo*

**From:** Mayo Clinic Institutional Review Board

**Re:** *Reducing Perceived Stress, Burnout, and Improving Joy in Work for Nurse Leaders:  
A Wellness Initiative*

**To:** *Amanda Lyons*

The Mayo Clinic Institutional Review Board (IRB) acknowledges that based on the responses submitted for this new activity through the Mayo Clinic IRBe Human Subjects Research Wizard tool, and in accordance with the Code of Federal Regulations, 45 CFR 46.102, the above noted activity does not require IRB review.

Other Federal, State and local laws and/or regulations may apply to the activity. This study must be reconsidered for submission to the IRB if any changes are made.

The Principal Investigator is responsible for the accuracy and reliability of the information submitted through the Human Subjects Research Wizard tool, for following all applicable Federal, State and local laws and/or regulations, and is also responsible for submitting research studies to the IRB when required.

Appendix M  
NLT Meeting Agenda Request Form

Forms and Publications	
<b><i>Nursing Leadership Team Meeting Agenda Request</i></b>	
<b>Date</b>	20-Aug-2019
<b>Form Number</b>	form-000354
<b>Requester Information</b>	
<b>Name</b>	Amanda (Mandy) D Lyons, MSN, RN
<b>Agenda Information</b>	
<b>Agenda Item/Topic</b>	Reducing Perceived Stress, Burnout, and Improving Joy in Work for Nurse Leaders: A Wellness Initiative
<b>Meeting Item Type</b>	Information/Sharing
<b>Impact Level</b>	Site Specific
<b>Agenda/Topic Scope</b>	Ambulatory nurses
<b>Agenda/Topic Scope</b>	Inpatient nurses
<b>Agenda/Topic Scope</b>	Procedural nurses
<b>Aligns With Strategic Plan</b>	Invest in talent and technology

Appendix M (continued)



*Nursing Leadership Team Meeting Agenda Request*  
**Department of Nursing - Florida**

<p><b>Situation</b></p>	<p>The 2017 all staff survey results showed an increase in the amount of perceived burnout from 2015 results. In December 2018, the Chief Nursing Officer, Pamela Johnson, stated that it was important that nursing leaders take care of themselves and maintain wellness, so they can effectively care for others.</p>
<p><b>Background</b></p>	<p>Studies show that nurses in supervisory positions encounter stress and burnout (Agency for Healthcare Research and Quality [AHRQ], 2008). First-line nurse managers are at risk for high levels of stress and burnout due to substantial healthcare responsibilities and challenges (Adrianenssens, Hamelink, &amp; Van Bogaert, 2017). Clinical and administrative nurses face pressures related to productivity-oriented, metrics-driven, and financially-focused work (Bazarko, Cate, Azocar, &amp; Kreitzer, 2013). Nurse leaders influence the quality and safety of care, and well-being of staff (Adrianenssens et al., 2017). If nursing leaders are stressed out, that may have negative impacts on direct care nursing staff. Nursing leaders need to help prevent burnout and support joy in the work environment (Kelly &amp; Adams, 2018).</p>
<p><b>Assessment</b></p>	<p>One of the key components of the organization’s 2017-2019 strategic nursing plan is to use new interventions to maintain wellness as a strategy. Priorities included resiliency and bringing more joy to the workplace, where staff are supported and look forward to coming to work (Johnson, 2019). Nursing leaders must prioritize self-care, so they can be well and lead others effectively. Mindfulness-based interventions have been proven to be effective in decreasing stress and increasing well-being in a broad range of populations and environments (Duarte &amp; Pinto-Gouveia, 2016).</p>
<p><b>Recommendation</b></p>	<p>Present at NLT to recruit participants to participate in a quality improvement project utilizing a free, 8 week online Mindfulness-Based Stress Reduction course to reduce perceived stress, burnout, and improve joy in work for nurse leaders in the organization over a three-month period.</p>

Appendix N  
Tables and Figures

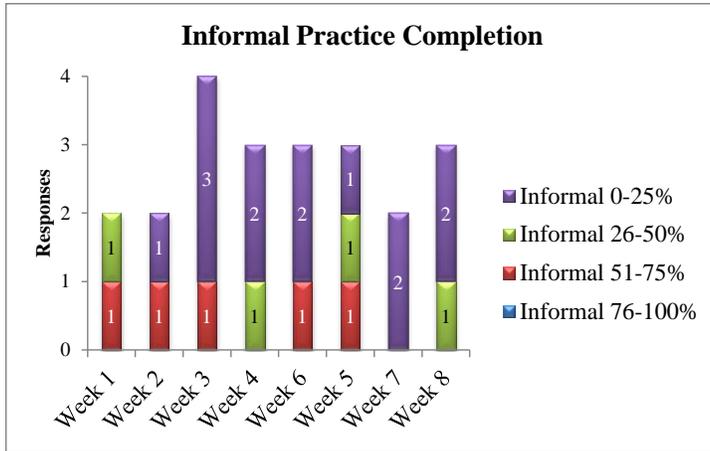


Figure 4. Informal practice completion

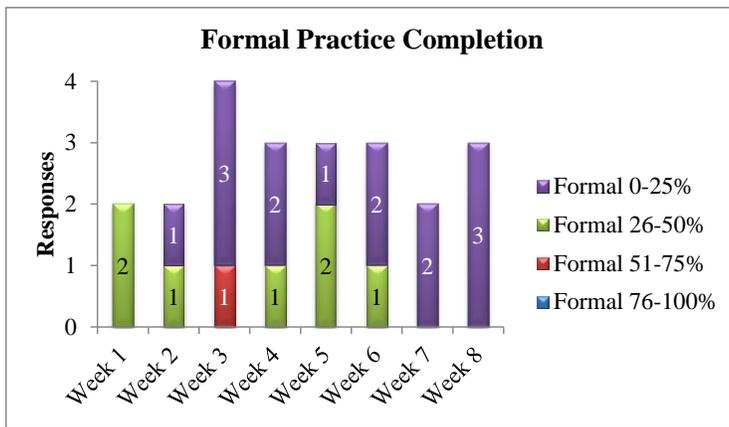


Figure 5. Formal practice completion

Appendix N (continued)

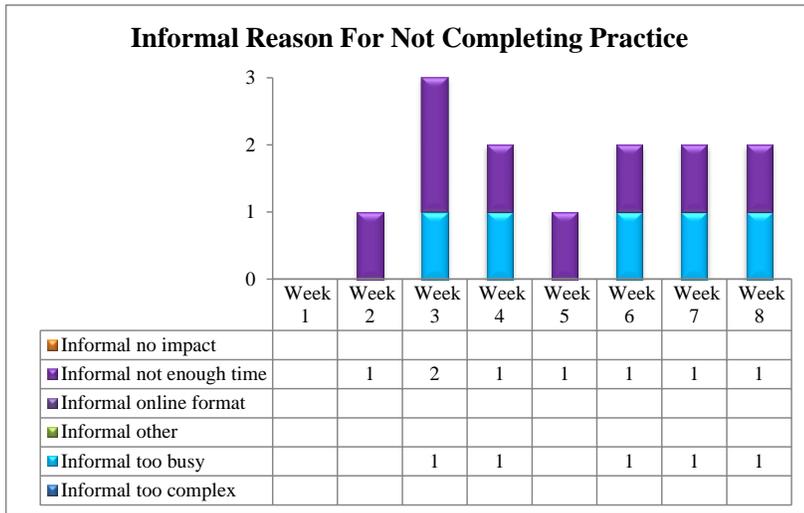


Figure 6. Informal practice reason for not completing practice

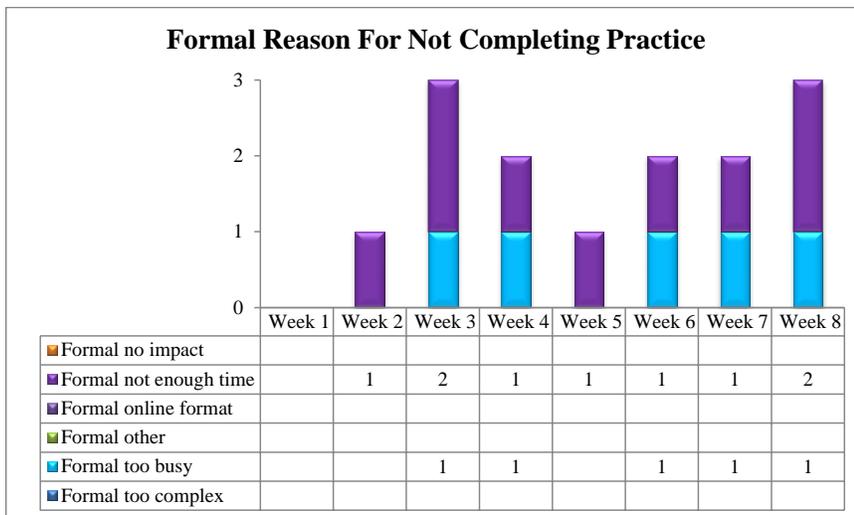


Figure 7. Formal practice reason for not completing practice

## Appendix N (continued)

Table 1

*Demographics of Participants in MBSR Intervention (n=5)*

Items	Responses <sup>a</sup>		Weekly Participation Survey <sup>b</sup>	Program Evaluation Survey
	PSS	UWES-9		
<b>Leadership Role</b>				
Nurse Executive/ Administrator/Director		1	5	1
Clinical Nurse Specialist/ Nurse Education Specialist/ Research	1	1		1
Nurse Manager/ Supervisor	4	3	17	3
Nurse Team Leader				
Staff Nurse				
Nursing Leader Support Role				
<b>Workplace Setting <sup>c</sup></b>				
Inpatient	1	2	5	3
Ambulatory	2	4	19	4
Procedural	2	2	3	1

*Note.* <sup>a</sup> Responses displayed as SGIC paired pre-intervention, post-intervention 1, and post-intervention 2. <sup>b</sup> Total responses received with paired SGIC. <sup>c</sup> Select all that apply.



## Appendix N (continued)

Table 2

76-100%

Missing

Reason for not completing formal practice <sup>a</sup>	1	3	2	1	2	2	3	14
Not enough time	1	2	1	1	1	1	2	9 64.3
Too busy		1	1		1	1	1	5 35.7
No impact								
Online format								
Too complex								
Other								

*Note.* <sup>a</sup>If the response for weekly completion was between 0-25%, respondents could select all that apply.

Appendix N (continued)

Table 3

*Weekly Participation Summary*

MBSR practice completion	Week								n / %
	1	2	3	4	5	6	7	8	
Informal 0-25%		1	3	2	1	2	2	2	13 / 59.1
Informal 26-50%	1			1	1			1	4 / 18.2
Informal 51-75%	1	1	1		1	1			5 / 22.7
Formal 0-25%		1	3	2	1	2	2	3	14 / 63.6
Formal 26-50%	2	1		1	2	1			7 / 31.8
Formal 51-75%			1						1 / 4.5

Appendix N (continued)

Table 4

*Qualitative Analysis*

IHI Quadruple Aim	Responses	
	n=5	
How can MBSR impact the	1.	“This is linked to elevated mood. Reducing stress is linked to

Appendix N (continued)

Table 4

*Qualitative Analysis*

IHI Quadruple Aim	Responses <i>n</i> =5
Quadruple Aim of IHI by improving patient experience, improving population health, and reducing health care costs?	<p>improved health, such as improving diseases such as heart disease. This method can improve population health.”</p> <p>2. “Reduce burnout which makes the healthcare team more attentive to the work- increasing patient safety.”</p> <p>3. “It helps reduce and cope with stress and anxiety, leading to improved, more positive and present patient interactions and finding joy in work (<i>sic</i>).”</p> <p>4. “If leaders/employees (all levels) were given the opportunity to complete the course -- and provided protected time to do so, there may be benefits that they receive which would reduce their stresses and permit them to more actively engage with the patient. Leadership can have a positive influence on frontline staff in the workplace when supporting them, recognizing them for the accomplishments and encouraging staff to become more engaged with patients. Frontline staff are challenged to juggle all of the tasks required of them during a work day. Sometimes just taking a step back and looking at the work environment can provide insight to what healthcare workers need. A little recognition, compassion and comradery can go a long way with frontline staff. Turn staff meetings into fun, relationship building and</p>

## Appendix N (continued)

Table 4

*Qualitative Analysis*

IHI Quadruple Aim	Responses <i>n</i> =5
	<p>teamwork activities to promote joy in the work place. Employees like to feel connected with coworkers and patients like to feel connected with the healthcare providers. Connections build trust and lasting relationships. Trust and lasting relationships can lead to improved patient care, improved patient safety and health.”</p>
	<p>5. “Can decreased (<i>sic</i>) provider/RN burnout.”</p>

## Appendix N (continued)

Table 5

*PSS and UWES-9*

Item	Baseline	Week 8	Week 12
<b>PSS</b>			
Total Score Mean	17.7	12.7	8
<i>n</i>	3	3	3
(SD)	(3.5)	(7.4)	(1.7)
<b>UWES-9</b>			
<b>Vigor</b>			
Score Mean	3.3	3.9	4.7
<i>n</i>	5	5	3
(SD)	(0.6)	(0.9)	(0.3)
<b>Dedication</b>			
Score Mean	4.1	4.4	5.1
<i>n</i>	5	5	3
(SD)	(0.3)	(0.5)	(0.2)
<b>Absorption</b>			
Score Mean	4.3	4.5	4.9
<i>n</i>	5	5	3
(SD)	(1.0)	(0.3)	(0.8)
<b>Total</b>			
Score Mean	3.9	4.3	4.9
<i>n</i>	5	5	3
(SD)	(0.4)	(0.5)	(0.3)

Appendix N (continued)

Table 6

*MBSR Program Evaluation Survey*

Participant	Course content satisfaction	Course delivery satisfaction	Most beneficial	Overall satisfaction	Recommend MBSR	Additional feedback
A	Satisfied	Satisfied	Readings	Satisfied	Undecided	“Great concepts, however a lot of material to cover each week and at times was challenged to get all of the reading done and videos watch -- especially those greater than 10 minutes in length.”
B	Satisfied	Satisfied	Daily practices	Satisfied	Agree	
C						
D	Very satisfied	Very satisfied	Videos	Very satisfied	Strongly agree	“Significant time commitment but worth it”
E	Neither satisfied nor dissatisfied	Neither satisfied nor dissatisfied	Videos	Neither satisfied nor dissatisfied	Undecided	“I could not find time in my daily work to do all of the assignments. I needed more time than 1 week.”

## Appendix O

## Email Communications

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8/22/2019-Recruitment Email

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*You're receiving this email since you're a member of the NLT distribution list (DL).*

Hi everyone,

✚ Welcome to *Reducing Perceived Stress, Burnout, and Improving Joy in Work for Nurse Leaders: A Wellness Initiative*

✚ The purpose of this email is regarding a quality improvement project using a free 8 week online MBSR course aimed to reduce perceived stress, burnout, and improve joy in work for nurse leaders over a three-month period.

- Week 1, will begin on **September 9<sup>th</sup>**.

✚ In order to maintain participant confidentiality, emails will be sent to the NLT DL regarding this QI project.

✚ Emails will be titled to easily be able to identify the purpose of the email so if you don't participate, you can simply delete.

➤ Online course information:

- Palouse mindfulness welcome: <https://palousemindfulness.com/>
- At a glance: <https://palousemindfulness.com/MBSR/ataglance.html>
- Introduction: <https://palousemindfulness.com/MBSR/week0.html>
- MBSR manual: <https://palousemindfulness.com/MBSR/manual.html>

If you choose to participate, please complete the following surveys that will take less than 5 minutes to complete.

➤ Pre-MBSR surveys:

1. PSS: [Perceived Stress Scale](#)
2. Work & Well-being survey: [Work & Well-being Survey](#)

This research is being conducted under the direction of Dr. Dorcas Kunkel, Faculty, Chair, Jacksonville University Keigwin School of Nursing, and has been approved by the Jacksonville University Institutional Review Board (JU IRB #2019-044).

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## Appendix O (continued)

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09/05/2019 Recruitment email reminder

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*You're receiving this email since you're a member of the NLT distribution list (DL).*

Hi everyone,

✚ The purpose of this email is regarding a quality improvement project using a free 8 week online MBSR course aimed to reduce perceived stress, burnout, and improve joy in work for nurse leaders over a three-month period.

- Week 1, will begin on Monday, **September 9<sup>th</sup>**.
-

- ✚ To maintain participant confidentiality, emails will be sent to the NLT DL regarding this QI project.
  - Weekly emails will be sent to the NLT DL for the duration of the course.
- ✚ Emails will be titled to identify the purpose of the email, so if you don't participate, you can simply delete.

- Online course information:
  - Palouse mindfulness welcome: <https://palousemindfulness.com/>
  - At a glance: <https://palousemindfulness.com/MBSR/ata glance.html>
  - Introduction: <https://palousemindfulness.com/MBSR/week0.html>
  - MBSR manual: <https://palousemindfulness.com/MBSR/manual.html>

If you choose to participate, please complete the following surveys that will take less than 5 minutes to complete.

- Pre-MBSR surveys:
  1. PSS: [Perceived Stress Scale](#)
  2. Work & Well-being survey: [Work & Well-being Survey](#)

- I attached the 8/21/2019 NLT presentation *Reducing Perceived Stress, Burnout, and Improving Joy in Work for Nurse Leaders: A Wellness Initiative*.

This project is being conducted under the direction of Dr. Dorcas Kunkel, Faculty, Chair, Jacksonville University Keigwin School of Nursing, and has been approved by the Jacksonville University Institutional Review Board (JU IRB #2019-044).




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#### Appendix O (continued)

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09/09/2019 Week 1

Hi everyone,

Welcome to week 1 of *Reducing Perceived Stress, Burnout, and Improving Joy in Work for Nurse Leaders: A Wellness Initiative*. You're receiving this email since you're a member of the NLT distribution list. If you choose to participate and you haven't done so already, please complete the pre-MBSR surveys below:

1. PSS: [Perceived Stress Scale](#)
2. Work & Well-being survey: [Work & Well-being Survey](#)

Click link below for week 1.

✚ [Week 1](#)

This project is being conducted under the direction of Dr. Dorcas Kunkel, Faculty, Chair, Jacksonville University Keigwin School of Nursing, and has been approved by the Jacksonville University Institutional Review Board (JU IRB #2019-044).

**Mandy Lyons, MSN, RN** | Jacksonville University DNP Student

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 Appendix O (continued)
 

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 09/11/2019 Week 1 reminder survey
 

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Hi everyone,

We're at the midpoint of week 1 of MBSR for nursing leaders.

- ✚ I'm happy to report that I've received 16 responses for the pre-measurement *Perceived Stress Scale* (PSS) survey, and 12 responses for the *Work & Well-Being Survey*.
  - If you completed the PSS survey and didn't complete the [Work & Well-being Survey](#), please do so at your earliest convenience.
- ✚ It's not too late to join MBSR for nursing leaders.
- ✚ For data and project reporting purposes, I won't include any new participant data after September 30<sup>th</sup> (beginning of week 3). If you join after September 30th, you can participate in the project, but your survey results won't be included in the DNP project results.

If you choose to participate it's not too late to join. and you haven't done so already, please complete **both** of the pre-MBSR surveys below:

1. PSS: [Perceived Stress Scale](#)
2. Work & Well-being survey: [Work & Well-being Survey](#)

Click link below for week 1 of MBSR.

✚ [Week 1](#)

Please feel free to contact me with any questions.

This project is being conducted under the direction of Dr. Dorcas Kunkel, Faculty, Chair, Jacksonville University Keigwin School of Nursing, and has been approved by the Jacksonville University Institutional Review Board (JU IRB #2019-044).

**Mandy Lyons, MSN, RN** | Jacksonville University DNP Student

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 09/16/2019 Week 2
 

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Hi everyone,

Welcome to week 2 of *Reducing Perceived Stress, Burnout, and Improving Joy in Work for Nurse Leaders: A Wellness Initiative*. You're receiving this email since you're a member of the NLT distribution list. If you're participating in this project, please take a moment to complete the weekly participation survey. This survey will take less than 2 minutes to complete and will provide valuable information for this project.

1. Weekly participation survey for **week 1**: [Weekly Participation Survey](#)

Click link below for week 2.

✚ [Week 2](#)

- 
- ✚ As of 9/15/19, I've received 19 responses for the pre-measurement *Perceived Stress Scale* (PSS) survey, and 17 responses for the *Work & Well-Being Survey*.
    - \*\*\*If you completed the PSS survey and didn't complete the [Work & Well-being Survey](#), please do so at your earliest convenience\*\*\*
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 Appendix O (continued)
 

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- ✚ It's not too late to join MBSR for nursing leaders.
  - If you begin this week, please start at [Week 1](#).
- ✚ For data and project reporting purposes, I won't include any new participant data after [September 30<sup>th</sup>](#) (beginning of week 3). If you join after September 30th, you can participate in the project, but your survey results won't be included in the DNP project results.

If you choose to participate it's not too late to join. and you haven't done so already, please complete **both** of the pre-MBSR surveys below:

1. PSS: [Perceived Stress Scale](#)
2. Work & Well-being survey: [Work & Well-being Survey](#)

Please feel free to contact me with any questions.

This project is being conducted under the direction of Dr. Dorcas Kunkel, Faculty, Chair, Jacksonville University Keigwin School of Nursing, and has been approved by the Jacksonville University Institutional Review Board (JU IRB #2019-044).

**Mandy Lyons, MSN, RN** | Jacksonville University DNP Student

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 09/23/2019 Week 3
 

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Hi everyone,

Welcome to week 3 of *Reducing Perceived Stress, Burnout, and Improving Joy in Work for Nurse Leaders: A Wellness Initiative*. You're receiving this email since you're a member of the NLT distribution list.

If you're participating in this project, please take a moment to complete the weekly participation survey. This survey will take less than 2 minutes to complete and will provide valuable information for this project.

2. Weekly participation survey for **week 2**: [Weekly Participation Survey](#)

\*\*\*As of 9/20/19, I've received only 3 responses for the weekly participation survey from week 1.

Click link below for week 3.

- ✚ [Week 3](#)

- 
- ✚ As of 9/20/19, I've received 21 responses for the pre-measurement *Perceived Stress Scale* (PSS) survey, and 19 responses for the *Work & Well-Being Survey*.

- \*\*\*If you completed the PSS survey and didn't complete the [Work & Well-being Survey](#), please do so at your earliest convenience\*\*\*

- ✚ It's not too late to join MBSR for nursing leaders.
    - If you begin this week, please start at [Week 1](#).
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 Appendix O (continued)
 

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✚ For data and project reporting purposes, I won't include any new participant data after September 30<sup>th</sup> (beginning of week 4). If you join after September 30th, you can participate in the project, but your survey results won't be included in the DNP project results.

If you choose to participate it's not too late to join. and you haven't done so already, please complete **both** of the pre-MBSR surveys below:

1. PSS: [Perceived Stress Scale](#)
2. Work & Well-being survey: [Work & Well-being Survey](#)

Please feel free to contact me with any questions.

This project is being conducted under the direction of Dr. Dorcas Kunkel, Faculty, Chair, Jacksonville University Keigwin School of Nursing, and has been approved by the Jacksonville University Institutional Review Board (JU IRB #2019-044).

**Mandy Lyons, MSN, RN** | Jacksonville University DNP Student

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 09/30/2019 Week 4
 

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*You're receiving this email since you're a member of the NLT distribution list.*

Hi everyone,

Welcome to week 4 of *Reducing Perceived Stress, Burnout, and Improving Joy in Work for Nurse Leaders: A Wellness Initiative*. We're at the halfway point of the MBSR course!

**!!!** If you're participating in this project, please take a moment to complete the weekly participation survey regarding **week 3**.

This survey will take less than 2 minutes to complete and will provide valuable information for this project.

3. Weekly participation survey for **week 3**: [Weekly Participation Survey](#)

\*\*\*As of 9/27/19, I've received only two responses for the weekly participation survey from week 1; and six responses for week 2. It is important to complete the weekly participation survey, even if you weren't able to complete all of the training. You can use the same [Weekly Participation Survey](#) link to complete surveys for previous weeks.

Click link below for week 4.

✚ [Week 4](#)

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✚ As of 9/27/19, I've received 21 responses for the pre-measurement *Perceived Stress Scale* (PSS) survey, and 19 responses for the *Work & Well-Being Survey*.

- \*\*\*If you completed the [Perceived Stress Scale](#) survey and didn't complete the [Work & Well-being Survey](#), please do so at your earliest convenience\*\*\*

✚ For data and project reporting purposes, I won't include any new participant data after today, September 30<sup>th</sup> (beginning of week 4). If you join after today, September 30th, you can participate in the project, but your survey results won't be included in the DNP

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 Appendix O (continued)
 

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project results.

Please feel free to contact me with any questions.

This project is being conducted under the direction of Dr. Dorcas Kunkel, Faculty, Chair, Jacksonville University Keigwin School of Nursing, and has been approved by the Jacksonville University Institutional Review Board (JU IRB #2019-044).

**Mandy Lyons, MSN, RN** | Jacksonville University DNP Student

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10/07/2019 Week 5

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*You're receiving this email since you're a member of the NLT distribution list.*

Hi everyone,

Welcome to week 5 of *Reducing Perceived Stress, Burnout, and Improving Joy in Work for Nurse Leaders: A Wellness Initiative*.

**!!!** If you're participating in this project, please take a moment to complete the weekly participation survey regarding **week 4**.

This survey will take less than 2 minutes to complete and will provide valuable information for this project.

4. Weekly participation survey for **week 4**: [Weekly Participation Survey](#)

\*\*\* It is important to complete the weekly participation survey, even if you weren't able to complete all of the training. You can use the same [Weekly Participation Survey](#) link to complete surveys for previous weeks.

Click link below for week 5.

 [Week 5](#)

Please feel free to contact me with any questions.

This project is being conducted under the direction of Dr. Dorcas Kunkel, Faculty, Chair, Jacksonville University Keigwin School of Nursing, and has been approved by the Jacksonville University Institutional Review Board (JU IRB #2019-044).

**Mandy Lyons, MSN, RN** | Jacksonville University DNP Student

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10/14/2019 Week 6

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*You're receiving this email since you're a member of the NLT distribution list.*

Hi everyone,

Welcome to week 6 of *Reducing Perceived Stress, Burnout, and Improving Joy in Work for Nurse Leaders: A Wellness Initiative*.

**!!!** If you're participating in this project, please take a moment to complete the weekly participation survey regarding **week 5**.

This survey will take less than 2 minutes to complete and will provide valuable information for this project.

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Appendix O (continued)

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1. Weekly participation survey for **week 5:** [Weekly Participation Survey](#)

\*\*\* It is important to complete the weekly participation survey, even if you weren't able to complete all of the training. You can use the same [Weekly Participation Survey](#) link to complete surveys for previous weeks.

Click link below for week 6.

 [Week 6](#)

Please feel free to contact me with any questions.

This project is being conducted under the direction of Dr. Dorcas Kunkel, Faculty, Chair, Jacksonville University Keigwin School of Nursing, and has been approved by the Jacksonville University Institutional Review Board (JU IRB #2019-044).

[Mandy Lyons, MSN, RN](#) | Jacksonville University DNP Student

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10/21/2019 Week 7

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*You're receiving this email since you're a member of the NLT distribution list.*

Hi everyone,

Welcome to week 7 of *Reducing Perceived Stress, Burnout, and Improving Joy in Work for Nurse Leaders: A Wellness Initiative*.

!!! If you're participating in this project, please take a moment to complete the weekly participation survey regarding **week 6**. This survey will take less than 2 minutes to complete and will provide valuable information for this project.

1. Weekly participation survey for **week 6:** [Weekly Participation Survey](#)

\*\*\* It is important to complete the weekly participation survey, even if you weren't able to complete all of the training. You can use the same [Weekly Participation Survey](#) link to complete surveys for previous weeks.

Click the link below for week 7.

 [Week 7](#)

Please feel free to contact me with any questions.

This project is being conducted under the direction of Dr. Dorcas Kunkel, Faculty, Chair, Jacksonville University Keigwin School of Nursing, and has been approved by the Jacksonville University Institutional Review Board (JU IRB #2019-044).

[Mandy Lyons, MSN, RN](#) | Jacksonville University DNP Student

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10/28/2019 Week 8 Part 1

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*You're receiving this email since you're a member of the NLT distribution list.*

Hi everyone,

Welcome to week 8 of *Reducing Perceived Stress, Burnout, and Improving Joy in Work for Nurse Leaders: A Wellness Initiative*.

!!! If you're participating in this project, please take a moment to complete the weekly

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 Appendix O (continued)
 

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participation survey regarding **week 7**.

This survey will take less than 2 minutes to complete and will provide valuable information for this project.

1. Weekly participation survey for **week 7**: [Weekly Participation Survey](#)

\*\*\* It is important to complete the weekly participation survey, even if you weren't able to complete all of the training. You can use the same [Weekly Participation Survey](#) link to complete surveys for previous weeks.

Click link below for week 8.

 [Week 8](#)

Please feel free to contact me with any questions.

This project is being conducted under the direction of Dr. Dorcas Kunkel, Faculty, Chair, Jacksonville University Keigwin School of Nursing, and has been approved by the Jacksonville University Institutional Review Board (JU IRB #2019-044).

**Mandy Lyons, MSN, RN** | Jacksonville University DNP Student

11/04/2019 Week 8 Part 2

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*You're receiving this email since you're a member of the NLT distribution list.*

Hi everyone,

We've officially completed 8 weeks of *Reducing Perceived Stress, Burnout, and Improving Joy in Work for Nurse Leaders: A Wellness Initiative*.

\*If you're participating in this project, please be sure to complete the weekly participation survey (part 1) AND the post-intervention surveys (part 2).

Please take a moment to complete the weekly participation survey regarding **week 8**.

This survey will take less than 2 minutes to complete and will provide valuable information for this project.

**Part 1**  
Weekly  
participation  
survey

- Weekly participation survey for **week 8**: [Weekly Participation Survey](#)

\*\*\* It is important to complete the weekly participation survey, even if you weren't able to complete all of the training. You can use the same [Weekly Participation Survey](#) link to complete surveys for previous weeks.

**Part 2**  
Post-  
intervention  
surveys

Please take the time to complete the following **four** post-intervention measurements to help assess the quality improvement project no later than this **Friday November 8th**.

1. PSS: [Perceived Stress Scale](#)  
(Please select Post-intervention survey, number 1, when asked which survey you're completing)
  2. Work & Well-being survey: [Work & Well-being Survey](#)  
(Please select Post-intervention survey, number 1, when asked which
-

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 Appendix O (continued)
 

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survey you're completing)

3. MBSR program evaluation survey: [MBSR Program Evaluation Survey](#)
4. IHI Quadruple Aim survey: [IHI Quadruple Aim Survey](#)

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\*The next and final measurements will be sent out at week 12.

If you're interested in a certificate of completion from Palouse Mindfulness, please review the information on this page: <https://palousemindfulness.com/MBSR/certificate.html>

Please feel free to contact me with any questions.

This project is being conducted under the direction of Dr. Dorcas Kunkel, Faculty, Chair, Jacksonville University Keigwin School of Nursing, and has been approved by the Jacksonville University Institutional Review Board (JU IRB #2019-044).

**Mandy Lyons, MSN, RN** | Jacksonville University DNP Student

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 11/06/2019 Post Survey Reminder 1
 

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*You're receiving this email since you're a member of the NLT distribution list.*

Hi everyone,

We've completed 8 weeks of *Reducing Perceived Stress, Burnout, and Improving Joy in Work for Nurse Leaders: A Wellness Initiative*.

\*If you're participating in this project, please be sure to complete the weekly participation survey (part 1) AND the post-intervention surveys (part 2).

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Please take a moment to complete the weekly participation survey regarding **week 8**.

This survey will take less than 2 minutes to complete and will provide valuable information for this project.

**Part 1**  
Weekly  
participation  
survey

- Weekly participation survey for **week 8**: [Weekly Participation Survey](#)

\*\*\* It is important to complete the weekly participation survey, even if you weren't able to complete all of the training. You can use the same [Weekly Participation Survey](#) link to complete surveys for previous weeks.

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**Part 2**  
Post-  
intervention  
surveys

Please take the time to complete the following **four** post-intervention measurements to help assess the quality improvement project no later than this **Friday November 8th**.

1. PSS: [Perceived Stress Scale](#)
-

Appendix O (continued)

- (Please select Post-intervention survey, number 1, when asked which survey you’re completing)
- 2. Work & Well-being survey: [Work & Well-being Survey](#)
  - (Please select Post-intervention survey, number 1, when asked which survey you’re completing)
- 3. MBSR program evaluation survey: [MBSR Program Evaluation Survey](#)
- 4. IHI Quadruple Aim survey: [IHI Quadruple Aim Survey](#)

\*The next and final measurements will be sent out at week 12.

If you’re interested in a certificate of completion from Palouse Mindfulness, please review the information on this page: <https://palousemindfulness.com/MBSR/certificate.html>

Thank you so much for your time. Please feel free to contact me with any questions.

This project is being conducted under the direction of Dr. Dorcas Kunkel, Faculty, Chair, Jacksonville University Keigwin School of Nursing, and has been approved by the Jacksonville University Institutional Review Board (JU IRB #2019-044).

**Mandy Lyons, MSN, RN** | Jacksonville University DNP Student

11/07/2019 Post Survey Reminder 2

*You’re receiving this email since you’re a member of the NLT distribution list.*

Hi everyone,

We’ve completed 8 weeks of *Reducing Perceived Stress, Burnout, and Improving Joy in Work for Nurse Leaders: A Wellness Initiative*.

\*If you’re participating in this project, please be sure to complete the [post-intervention surveys](#) by this **Friday November 8<sup>th</sup>**.

Each survey only takes a few minutes to complete, and the data is essential for the quality improvement project to compare pre and post-MBSR metrics.

- I included the frequency tables for survey completion below. There were a few surveys that were started by not finished. The incomplete surveys will be considered “missing ” data.

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Week 1	3	8.1	8.3
	Week 2	5	13.5	22.2

Appendix O (continued)

	Week 3	7	18.9	19.4	41.7
	Week 4	4	10.8	11.1	52.8
	Week 5	5	13.5	13.9	66.7
	Week 6	6	16.2	16.7	83.3
	Week 7	2	5.4	5.6	88.9
	Week 8	4	10.8	11.1	100.0
	Total	36	97.3	100.0	
Missing	System	1	2.7		
Total		37	100.0		

**Perceived Stress Scale Survey Completions**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Pre-intervention survey	18	78.3	94.7	94.7
	Post-intervention survey, number 1	1	4.3	5.3	100.0
	Total	19	82.6	100.0	
Missing	System	4	17.4		
Total		23	100.0		

For the PSS survey: I received 18 completed pre-intervention responses and 1 completed post-intervention response.

**Work and Well-being Survey Completions**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Pre-intervention survey	14	66.7	87.5	87.5

Appendix O (continued)

Post-intervention survey, number 1	2	9.5	12.5	100.0
Total	16	76.2	100.0	
Missing System	5	23.8		
Total	21	100.0		

For the Work & Well-being Survey: I received 14 completed pre-intervention responses and 2 completed post-intervention responses.

- For the IHI Quadruple Aim survey, I received 2 completed surveys
- For the MBSR program evaluation survey, I received 2 completed surveys

**Post-intervention surveys**

Please take the time to complete the following **four** post-intervention measurements to help assess the quality improvement project no later than this **Friday November 8th**. Together the surveys will take less than 10 minutes to complete.

1. PSS: [Perceived Stress Scale](#)
  - (Please select Post-intervention survey, number 1, when asked which survey you're completing)
2. Work & Well-being survey: [Work & Well-being Survey](#)
  - (Please select Post-intervention survey, number 1, when asked which survey you're completing)
3. MBSR program evaluation survey: [MBSR Program Evaluation Survey](#)
4. IHI Quadruple Aim survey: [IHI Quadruple Aim Survey](#)

**Weekly participation survey**

If you haven't already done so, please take a moment to complete the weekly participation survey regarding **week 8 and any other weeks you may not have completed**.

This survey will take less than 2 minutes to complete and will provide valuable information for this project.

- Weekly participation survey for **week 8**: [Weekly Participation Survey](#)

\*\*\* It is important to complete the weekly participation survey, even if you weren't able to complete all of the training. You can use the same [Weekly](#)

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Appendix O (continued)

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[Participation Survey](#) link to complete surveys for previous weeks.

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\*The next and final measurements will be sent out at week 12.

If you're interested in a certificate of completion from Palouse Mindfulness, please review the information on this page: <https://palousemindfulness.com/MBSR/certificate.html>

Thank you so much for your time. Please feel free to contact me with any questions.

This project is being conducted under the direction of Dr. Dorcas Kunkel, Faculty, Chair, Jacksonville University Keigwin School of Nursing, and has been approved by the Jacksonville University Institutional Review Board (JU IRB #2019-044).

**Mandy Lyons, MSN, RN** | Jacksonville University DNP Student

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11/08/2019 Post Survey Reminder 3

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*You're receiving this email since you're a member of the NLT distribution list.*

Hi everyone,

We've completed 8 weeks of *Reducing Perceived Stress, Burnout, and Improving Joy in Work for Nurse Leaders: A Wellness Initiative*.

\*If you're participating in this project, please be sure to complete the [post-intervention surveys](#) by the end of the day **today**.

Each survey only takes a few minutes to complete, and the data is essential for the quality improvement project to compare pre and post-MBSR metrics.

- I included the frequency tables for survey completion below. There were a few surveys that were started by not finished. The incomplete surveys will be considered "missing" data.

**Weekly Survey Participations**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Week 1	3	7.5	7.7	7.7
	Week 2	5	12.5	12.8	20.5
	Week 3	7	17.5	17.9	38.5

Appendix O (continued)

Week 4	4	10.0	10.3	48.7
Week 5	5	12.5	12.8	61.5
Week 6	6	15.0	15.4	76.9
Week 7	3	7.5	7.7	84.6
Week 8	6	15.0	15.4	100.0
Total	39	97.5	100.0	
Missing System	1	2.5		
Total	40	100.0		

**Perceived Stress Scale Survey Completions**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Pre-intervention survey	18	72.0	85.7	85.7
	Post-intervention survey, number 1	3	12.0	14.3	100.0
	Total	21	84.0	100.0	
Missing System		4	16.0		
Total		25	100.0		

For the PSS survey: I received 18 completed pre-intervention responses and 3 completed post-intervention responses.

Appendix O (continued)

<b>Work and Well-being Survey Completions</b>					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Pre-intervention survey	14	60.9	77.8	77.8
	Post-intervention survey, number 1	4	17.4	22.2	100.0
	Total	18	78.3	100.0	
Missing	System	5	21.7		
Total		23	100.0		

For the Work & Well-being Survey: I received 14 completed pre-intervention responses and 4 completed post-intervention responses.

- For the IHI Quadruple Aim survey, I received 4 completed surveys
- For the MBSR program evaluation survey, I received 4 completed surveys

Please take the time to complete the following **four** post-intervention measurements to help assess the quality improvement project no later than today **Friday November 8th**. Together the surveys will take less than 10 minutes to complete.

**Post-intervention surveys**

1. PSS: [Perceived Stress Scale](#)  
(Please select Post-intervention survey, number 1, when asked which survey you're completing)
2. Work & Well-being survey: [Work & Well-being Survey](#)  
o (Please select Post-intervention survey, number 1, when asked which survey you're completing)
3. MBSR program evaluation survey: [MBSR Program Evaluation Survey](#)

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 Appendix O (continued)
 

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 4. IHI Quadruple Aim survey: [IHI Quadruple Aim Survey](#)


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 Weekly  
 participation  
 survey

If you haven't already done so, please take a moment to complete the weekly participation survey regarding **week 8 and any other weeks you may not have completed.**

This survey will take less than 2 minutes to complete and will provide valuable information for this project.

- Weekly participation survey for **week 8**: [Weekly Participation Survey](#)

\*\*\* It is important to complete the weekly participation survey, even if you weren't able to complete all of the training. You can use the same [Weekly Participation Survey](#) link to complete surveys for previous weeks.

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\*The next and final measurements will be sent out at week 12.

If you're interested in a certificate of completion from Palouse Mindfulness, please review the information on this page: <https://palousemindfulness.com/MBSR/certificate.html>

Thank you so much for your time. Please feel free to contact me with any questions.

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**Mandy Lyons, MSN, RN** | Jacksonville University DNP Student

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11/25/2019 Week 12

*You're receiving this email since you're a member of the NLT distribution list.*

Hi everyone,

It's time for our week 12 measurement for *Reducing Perceived Stress, Burnout, and Improving Joy in Work for Nurse Leaders: A Wellness Initiative.*

!!!Please take a few minutes to complete the week 12 surveys (PSS, Work & Well-being Survey, and Program Follow-up Survey) no later than this **Friday**. All surveys are linked together for your convenience and should take no longer than 5 minutes to complete.

- You may open the survey in your web browser by clicking the link below:  
MBSR Week 12 Surveys

Please feel free to contact me with any questions.

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Appendix O (continued)

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This project is being conducted under the direction of Dr. Dorcas Kunkel, Faculty, Chair, Jacksonville University Keigwin School of Nursing, and has been approved by the Jacksonville University Institutional Review Board (JU IRB #2019-044).

**Mandy Lyons, MSN, RN** | Jacksonville University DNP Student

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11/26/2019 Week 12 Survey Reminder 1

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*You're receiving this email since you're a member of the NLT distribution list.*

Hi everyone,

I've received 4 responses for our week 12 measurement for *Reducing Perceived Stress, Burnout, and Improving Joy in Work for Nurse Leaders: A Wellness Initiative*.

**!!!**Please take a few minutes to complete the week 12 surveys (PSS, Work & Well-being Survey, and Program Follow-up Survey) no later than this **Friday**. All surveys are linked together for your convenience and should take no longer than 5 minutes to complete.

- You may open the survey in your web browser by clicking the link below:  
MBSR Week 12 Surveys

Please feel free to contact me with any questions.

This project is being conducted under the direction of Dr. Dorcas Kunkel, Faculty, Chair, Jacksonville University Keigwin School of Nursing, and has been approved by the Jacksonville University Institutional Review Board (JU IRB #2019-044).

**Mandy Lyons, MSN, RN** | Jacksonville University DNP Student

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11/29/2019 Week 12 Survey Reminder 2

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*You're receiving this email since you're a member of the NLT distribution list.*

Hi everyone,

I've received 5 responses for the week 12 measurement for *Reducing Perceived Stress, Burnout, and Improving Joy in Work for Nurse Leaders: A Wellness Initiative*.

**!!!**Please take a few minutes to complete the week 12 surveys no later than the **end of the day**. All surveys are linked together for your convenience and should take no longer than 5 minutes to complete.

- You may open the survey in your web browser by clicking the link below:  
MBSR Week 12 Surveys

Please feel free to contact me with any questions.

This project is being conducted under the direction of Dr. Dorcas Kunkel, Faculty, Chair, Jacksonville University Keigwin School of Nursing, and has been approved by the Jacksonville University Institutional Review Board (JU IRB #2019-044).

**Mandy Lyons, MSN, RN** | Jacksonville University DNP Student

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Appendix O (continued)

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