A Multidimensional Wellness Initiative for CRNAs & SRNAs

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Abstract

To be a nurse, of any degree, is to put the health and wellbeing of a total stranger at the forefront of one's priorities. This can be an exhausting career, especially within advanced practice settings, such as nurse anesthesia. This shared sentiment of burnout and high stress has only been further exacerbated by the current pandemic, especially for certified registered nurse anesthetists (CRNAs) and student registered nurse anesthetists (SRNAs). A multidimensional wellness initiative can be implemented to reduce this feeling of overwhelming stress. By incorporating mindfulness-based stress reduction (MBSR) as well as a simplified exercise regimen, the holistic nature of this multidimensional wellness initiative covers two perspectives of stress reduction. The purpose of this DNP project was to reach CRNAs & SRNAs and promote wellness among peers through a podcast series informed by an evidence-based multidimensional wellness initiative highlighting the combination of exercise and mindfulness based coping strategies. The participants in the project were surveyed before and after implementation of the wellness podcasts. After analysis of the data clinical significance was seen to be achieved.

Key words: CRNA, SRNA, Mindfulness based stress reduction (MBSR), stress, multidimensional wellness initiative

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Chapter I

Background & Significance

Emerging evidence suggests a growing concern among health care professions associated with provider burnout, turnover, and overall stress and anxiety in relation to the jobs. Whether from sheer volume of patients, financial factors, poor clinician to patient ratios, or a multitude of other reasons, there are plenty of catalysts contributing to this growing issue. Clinicians affected by this dilemma include, but are not limited to, physicians, pharmacists, nurses, and advanced nursing practice providers, such as certified registered nurse anesthetists (CRNAs) and certified registered nurse practitioners (CRNPs). Nurse professionals in every corner of the nursing field are experiencing this heightened level of job-related stress. Advanced practice nurses who perform as CRNAs, or their student registered nurse anesthetist (SRNA) counterparts, experience worked-related stress and emotional fatigue. This author has a vested interest in this project in seeking a DNP degree aligned with the nurse anesthesia specialty. Although the responsibilities and daily tasks may differ, the field of nursing and it's advanced practitionership are lock-in step with each other as far as physical and psychological exhaustion is concerned. Being that nurse anesthetists are all nurses by trade and by license, the similarities concerning job-related stress are apparent.

Munnangi et al. (2018) states that those in the nursing profession experience levels of stress and burnout characterized by "emotional exhaustion, depersonalization, and a sense of reduced personal accomplishment." The World Health Organization (WHO) lists overall stress and burnout-related emotional fatigue as the main reason for nurses fleeing the hospital setting, creating the massive nursing shortage that has plagued hospitals for years (Woo et al, 2020). Subsequently, the WHO sites that if the current trend persists, the global deficit of nurses practicing in the profession is forecasted to reach 7.6 million by the year 2030 (Woo et al., 2020). Nursing is the foundation that feeds many advanced practice clinical careers such as nurse

anesthesia; therefore, having an issue at the core of the profession bodes poorly for the expanded

field in its entirety. CRNAs share this similar level of burnout and clinical-related stress, which

can lead to poor performance and poor patient outcomes (Bittinger et al., 2020). SRNAs and

CRNAs go to work each day and deal with an overabundance of workplace stressors that often

can lead to serious mental and physical health complications (Bittinger et al., 2020). The current

pandemic that has been ravaging the globe throughout the last two years has undoubtedly

functioned as fuel to the flames of this already glaring issue. The amount of debilitating stress

that clinicians of all types are experiencing during this pandemic is unprecedented (Shechter et

al., 2020). The amount of self-reported depression and distressful emotional fatigue that has been

occurring throughout the past two years is irrefutable (Shechter et al., 2020). In the case of

nursing, if this trend stays the course, hospital systems should brace for an even worse nursing

shortage, particularly amongst critical care and advanced practice settings. With nowhere to turn

and no end in sight, nurses of all types and advanced licensure have been brought to their wit's

end.

To be a nurse of any variety, is to put the health and wellbeing of a total stranger at the

top of one's priorities. While on the job, nurses and their advanced practice colleagues perform

their daily tasks and caretaking measures based solely on what their patient, or patients, need.

While this is an undoubtedly honorable trait, the constant selflessness and inherent urge to treat,

heal and, above all else, *care,* for their patients can be an exhausting and sometimes impossible

feat. This can be due to staffing ratios, acuity, shift hours and a rolling list of other dynamics.

Halm (2017) so eloquently states:

As caregivers, nurses have been socialized to care for others and thus often prioritize

their needs as second. Selfcare remains vital for nurses to ease the detrimental effects of

stress in the constantly and rapidly changing health care environment and to prevent

progression of those effects to burnout, which can have devastating consequences for

nurses and those under their care. (p. 344)

Clearly, constant exposure to stressful environments and stimuli leads to burnout-like behavior

and overall emotional exhaustion among all tiers of the nursing profession. Additionally, it has

been found that high degrees of stress and burnout among clinicians can lead to significant

medical errors and sentinel events leading to patient harm (Hall et al., 2016). It is unfortunate

enough that stress leads to decreased wellness amongst clinicians; however, to consider that it

also leads to adverse events in the actual clinical setting is an alarming realization (Hall et al.,

2016). Lin et al., (2019) states that the majority of those in nursing professions have stress that

stems from the heavy workload, taxing psychosocial dynamics, a lack of true incentive to do the

job, arduous interdisciplinary relationships, and a constant battle to adapt to the ever-evolving

technological changes that are introduced to the workplace (Lin et al., 2019).

Without a solid foundation of self-care or self-preservation techniques, the common

nurse, SRNA or CRNA partaking in direct patient care can find themselves succumbing to these

stressors. This ultimately leads to job dissatisfaction, a lack of enthusiasm for the profession, and

in some cases an eventual exit from their respective position. For perspective, this domino effect

has added to the nursing shortage that has manifested after decades of this cyclical process (Woo

et al., 2020). Feelings of stress, burnout, exhaustion, and all other synonymous terms continue to

plague these occupations in particular (Munnangi et al., 2018; Bettinger et al., 2020). It is due to

the aforementioned issues that those in nursing-driven professions must strive to focus on self-

care techniques and other outlets in order to truly regain a healthy balance between their work

lives and personal lives.

Yang et al., (2018) maintains that in order to achieve the most complete form of overall health two essential constructs must be adequately addressed: mental health, and physical health (Yang et al., 2018). There has been research exhibiting the positive effects of physical exercise and mental health techniques for reducing stress within countless populations, both within the medical field and outside of the healthcare field. Currently there is limited evidence addressing both physical and psychosocial factors collectively in addressing stress reduction. Furthermore, there has not been a close examination at the personal level to make these modalities seem useful and feasible for those within the high paced fields of advanced practice nursing.

PICO & Problem Statement

Nurses, and advanced practice providing nurses, continue to be exposed to constant stress-inducing stimuli from both clinical and non-clinical aspects of their jobs. CRNAs and SRNAs are certainly no exception to this ever-present issue. Taxing interprofessional relationships, poor staffing ratios, and lack of adequate incentives to perform, has driven nursing professionals deeper into an already present staffing deficit (Woo et al., 2020). For CRNAs and SRNAs it has been found that the pressure to efficiently perform, stresses from short staffing, and anxieties related to intense workplace relationships all add to the stressful experiences these clinicians face (Bettinger et al., 2020). The current effects of the pandemic are only exacerbating and intensifying the predicament that the profession is in (Shechter et al., 2020). New stressors are starting to enter the fold in the form of major staffing crises due to vaccine mandates and subsequent employee walkouts, which is making matters worse. To combat the stress that nurses of all types and advanced licensure experience in their daily work-lives, a multidimensional wellness initiative comprised of both mental and physical modalities can be implemented. The physical health dimension of the present study is based in daily walking exercises. The mental

health dimension of the present study is grounded in mindfulness-based stress reduction (MBSR) techniques via usage of the UCLA *Mindful* smart phone application. The two modalities along with other techniques will be discussed within a podcast series forum where experiences from the authors will be shared on a personal level to project a sense of empowerment and relatability for participants. The PICO question stands as such: "Among CRNAs & SRNAs, how does the implementation of a multidimensional wellness initiative effect their willingness to utilize mindfulness and exercise in their everyday lives."

System and Population Impact

As it has been mentioned before, the stressors found within the clinical workplace hinder the entire nursing field including advanced practice specialties. Those who achieve the title of SRNA and eventually CRNA are nurses by degree and licensure. The population that is being targeted for this project includes nurses of advanced practice degrees; specifically, CRNAs and SRNAs. Griffin et al. (2017) state that the stresses that SRNAs and CRNAs experience while on the job can lead to increased rates of substance abuse and other negative consequences when positive coping strategies are not used (Griffin et al., 2017). Above all else, this alone offers insight in how important it is to positively impact this specialty of the nursing profession. Highly stressful clinical environments combined with a seemingly wide-open access to highly addictive drugs sets the stage for a dangerous environment if such coping strategies are not instilled.

Purpose, Objectives, Goals

The purpose and objectives of the project addresses the wellness of nurse anesthesia professionals. Burnout-like behavior has been a common theme amongst those in all medical careers; however, it is arguably the most evident within nursing occupations. This study aims to provide an outlet to the stresses these advanced practice nursing providers experience daily. By

mentioning the experiences of the author and a colleague, and combining those experiences with evidenced based research regarding exercise and mindfulness-based stress reduction, the goal is to reach CRNAs and SRNAs on a peer to peer level that has not previously been achieved. Although there have been efforts to share these modalities with medical professionals of all types, the lack of true buy-in is still an ever-present issue. The purpose is to reach CRNAs and SRNAs and promote wellness amongst these peers through suggesting an evidence-based multidimensional wellness initiative. The schedules and daily lives of SRNAs and CRNAs are demanding. However, by sharing these experiences and literature, it is the authors' goal that the participants can be enlightened on the usefulness of their wellness initiative regardless of how hectic one's daily schedule is.

Chapter II

Search Methodology & Findings: Mindfulness

The mindfulness component of this multidimensional wellness program is geared to appeal to the mental health aspect of the participants' well-being in conjunction with the physical health component that the exercise regimen brings. When conducting the review of literature for content involving MSBR and its effects on reducing stress within clinicians, an extensive collection of articles high in quality and validity were found. Cedar Crest College's online library portal was used to access databases with applicable studies.

The Google Scholar database proved the most helpful avenue for finding literature that related to the MBSR topic. Key search terms included "mindfulness-based stress reduction," "nurses," "healthcare workers," "stress reduction," "perceived stress." The timeframe of the studies was kept to a five-year maximum; therefore, a 2015-2020 time range was applied to the search engine. Further limitations such as "systematic review," "randomized controlled trial,"

and "meta-analysis" were applied in order to promote a higher degree of quality and validity of applicable studies. All total, 17,600 results were found regarding this topic's key words and limitations.

Of the works selected for use as a basis of foundational literature for the project, all reported a strong association between using MBSR techniques and reducing stress amongst their populations. One such study that was selected, Lin et al. (2019), serves as an ideal example of what the current project is trying to model due to its implementational aspects. This study was a randomized controlled trial that successfully determined that by implementing a MBSR program, the perceived stress of the participants was lower than when the study was initiated (Lin et al., 2019). The majority of studies that were found included eight-week MBSR programs. However, a systematic review published by Ghawardra et al. (2019) gave credence to using a condensed or adapted version of the traditional eight-week programs (Ghawardra et al., 2019). The condensed four-week version of the MBSR program was developed in order to promote better adherence from their participants by considering their personal schedules and not requiring a long-time commitment (Ghawardra et al., 2019). This systematic review also found that using a five day a week implementation with audio-visual components that are roughly 10 minutes each day proved to be a beneficial application of the MBSR technique (Ghawardra et al., 2019). These studies served as a worthy foundation for the current DNP project.

Limitations

Limitations were found amongst each research study being used for the foundation of this DNP project. Lin et al.'s (2019) randomized controlled trial cites the need for a larger sample size for future studies in order to attain more depth in scope (Lin et al., 2019). The study also mentioned the need for better representation amongst its participants rather than relying on

convenience sampling (Lin et al., 2019). The studies from Kriakous et al. (2020) as well as Yang et al. (2018) also cited a need for more randomization and larger quantities amongst its sample size (Kriakous et al., 2020; Yang et al., 2018). Verweij et al. (2017) highlighted the positive benefits of mindfulness stress reduction within their population; however, they mentioned the need for a more diverse study population (Verweij et al., 2017). Regardless of the positive aspects of carrying out the study at a single institution, it is clear a need for a broader population in support of a diverse sample (Verweij et al., 2017).

Literature Conclusion

Throughout the past number of years, it has been made clear that stress, burnout, and other synonymous phenomenon have been negatively affecting clinicians within the medical field, especially within nursing and its advanced practice careers. This issue has shown a clear correlation to a negative impact on patient care, a high degree of turnover among nursing related jobs, and ultimately a worsening shortage of available nurses in the workforce. The separate therapeutic dimensions of mindfulness-based stress reduction and physical activity regimens have shown significant success in reducing stress not only within this population, but also within comparative populations. However, there have been no known studies that combine both dimensions to encapsulate a more holistic approach. Thus, a multidimensional wellness initiative including both mindfulness and an exercise regimen can reduce stress from two different angles involving mind and body. By incorporating both stress relieving techniques, it is possible to adequately aid those who work in nursing professions and alleviate the issues that stem from the stress that is experienced while on the job.

Chapter III

Theoretical Framework

The evidenced based practice model that is being used within this DNP project is the Johns Hopkins Nursing Evidenced Based Practice Model (JHNEBPM). The authorand a collaborative colleague engaged in the project gained permission to use this model via Johns Hopkins digital permission form. This model is simple in that it uses basic problem-solving techniques to provide the best clinical outcome (Friesen et al., 2017). This model was specifically designed for nurse-lead fields, which is relevant considering the prospective population for this DNP project is certified registered nurse anesthetists and student nurse anesthetists. The model uses a three-step framework to ensure that a fluent transition occurs when developing evidenced based practice projects (Dang et al., 2022). This process evolves in the order of the following: practice question, evidence, and translation (Dang et al., 2022). The participants will be evaluated for their perceived willingness to utilize the multidimensional wellness skills that the authors will introduce via a multimedia approach. The evidence will be comprised of both previous studies within the literature review, as well as in the evidenced garnered from the implementational aspects of the project. The key with this model is that it is never truly arrives at a hard stop (Dang et al., 2022). The model works as a guideline throughout the entire process and allows for re-introduction of necessary changes and alternative measures if necessary, during the implementation and dissemination of the project (Dang et al., 2022). The ease in which this framework can be utilized and carried out will serve as a strong asset in the process of completing this scholarly project. Should the project prove what is hypothesized, the evidenced based practice will be a shining example of how to effectively reduce stress in this population.

Chapter IV

Institutional Review Board Approval

Approval from Cedar Crest College's institutional review board (IRB) was obtained prior to implementation of this DNP project. This project was approved via Cedar Crest's IRB for "expedited review" and approval was obtained on October 13, 2021. There was no IRB approval needed for an outside facility or healthcare organization. Participants were able to engage in the project without any physical or psychological risk. Any criminal or civil liability regarding the participants, including financially, was not a risk.

Implementation Plan

The implementation phase of this DNP project included CRNAs and SRNAs as they engaged in the multidimensional wellness initiative within a podcasting forum. The implementation phase was discussed with stakeholders, both within Cedar Crest academia as well as with peers in the nurse anesthesia community. It was agreed that the project design overall could greatly benefit the targeted population, especially given the strain that the pandemic has placed on those in this field. The biggest barrier the authors faced when seeking the best route of engagement, was how to successfully reach the demographic without including a singular hospital system or individual institution. It was decided that recruiting via the PANA SRNA-CRNA Facebook group and carrying out a four-day consecutive podcast miniseries was the best plan of action. These podcast episodes commenced on a Monday with a pre-survey and ended on a Thursday with a post survey. The first episode was introductory in nature and included the consent and initial survey. The second episode covered literature and information regarding mindfulness and involved the usage of UCLA's *Mindfulness* smartphone application. The third episode covered exercise and its ability to combat stress from a physical standpoint.

The final episode elaborated on how to combine both components and adjust one's day to incorporate the initiative into their daily lives while managing their professional and personal aspects of their lives. A survey was completed via Google Surveys before the participants started the series and after they completed the series. The data was collected and analyzed upon completion of the project.

Data Collection Tools & Analysis

Google Survey was the primary tool utilized to collect data for this project. The surveys were designed in a Likert scale manner and were assessed accordingly. The surveys are directly related to the podcast episodes and garnered information from the participants both prior to engaging in the study and then again after the last podcast was completed. The pre-series surveys were directly compared against the post-series surveys to assess the participants in a way that promoted clinical significance. Once the data was collected via Google Survey, the statistical analysis occurred via use of a professional statistician consultant. The quantitative data that was analyzed was tested for clinical significance. The test statistic that was utilized was a Wilcoxon Rank test due to the fact that the authors will seek correlation between its own before and after surveys within the same sample (Polit & Beck, 2017).

Resources Needed & Budget Justification

The main resources necessary to complete this DNP project are the stakeholders, the use of BuzzSprout.com podcast hosting website, and a suitable laptop. There are no financial stressors affecting this project. The resources needed to partake in the project are readily available to each participant. The UCLA app, Google Survey and podcast website are free to use and have no binding ancillary costs. Similarly, the necessary tools needed for recording and data analysis via the authors laptops are free of charge.

Chapter V

Implementation Procedures & Process

The implementational aspects of this project were carried out by first recruiting CRNAs and SRNAs via a social media outreach. The objectives, brief overview, and other information was posted for CRNAs & SRNAs to view on the PANA Facebook group. If interested in participating, the prospective applicants were to email the Gmail account attached to the recruitment post. This Gmail account was created for communication between participants and authors in order to streamline all dialogue.

After recruitment, the participants were emailed confirmation to the project as well as the dates of implementation. The participants then completed a pre-survey via Google Forms inquiring on their personal levels of stress, familiarity with the modalities being used to combat stress, and how they currently cope with stress related to the profession. Over the span of four days, the participants listened to each podcast. The first podcast was introductory in nature and gave the backgrounds of the authors and their personal struggles related to this topic of stress and the nurse anesthesia profession. The second podcast outlined information regarding mindfulness. In this episode, mindfulness was defined and discussed in relation to the current literature. Facts and other supplemental information were also shared in order to familiarize the participant with the modality itself. Finally, the UCLA *Mindful* application was discussed to bring awareness of the access to this very strong and academically-supported mindfulness tool. On the third podcast, the exercise portion of the multidimensional wellness initiative was discussed. In this episode, exercise was defined and discussed in relation to the current literature relating to stress reduction. Facts and other supplemental information were also shared to familiarize the participant with the modality itself. On the fourth podcast, both modalities were combined and discussed how to be

used in unison. The combination of mindfulness and exercise stress reduction techniques allowed

the multidimensional nature of the initiative to be fully reached. The authors explained how this

multidimensional wellness initiative can be used in the participants' own lives. Personal

experiences and other observations using the multidimensional wellness initiative were shared in

order to appeal to and relate to the participants. An outline and plan for action was laid out for

participants to reflect on and hopefully use in their personal day to day activities.

After the fourth and final podcast, the participants filled out a post-survey gauging their

level of knowledge since listening to the podcast. Their willingness to embark on a personalized

multidimensional wellness program for their own benefit was also measured, given the new

information they had garnered. Data collected from the Google Form surveys was compared

against each other via statistical analysis using a professional statistician consultant.

Chapter VI

Evaluation

To evaluate the efficacy of the multidimensional wellness initiative, a pre and post survey

was made in a Likert-style format. Participants were instructed to complete the pre-survey prior

to listening to the first podcast episode and then complete the post-survey after listening to the

fourth and final episode. The questions were identical on both surveys in order to yield congruent

data. The first question aimed to find out if the participating CRNAs and SRNAs had a current

level of stress relating to their occupation and personal lives. The second question gauged

whether the participants had a pre-developed plan with dealing with their stresses and anxieties.

The third question stated, "I am familiar with the physical and psychological benefits of

mindfulness-based techniques as a coping method to deal with stress?" This question set the

foundation for understanding how much the participants knew about mindfulness techniques

and their relation to stress reduction. Similarly, the fourth question stated, "I am familiar with the physical and psychological benefits of exercise as a coping method to deal with stress?" This question set the foundation for understanding how much the participants knew about exercise techniques and their relation to stress reduction. Finally, the fifth question stated "I feel equipped to utilize a multidimensional wellness program in my life to cope with my school, clinical, or work-related stress. related stress." This question serves as the best overall assessment of the multidimensional wellness podcasts and their effect on the participants.

Outcomes

The pre and post surveys were analyzed via Wilcoxon signed rank tests. The Wilcoxon rank test is a "nonparametric statistical test for comparing two paired groups, based on the relative ranking of values between the pairs" (Polit & Beck, 2017, p.746). Question one saw no significant difference between the pre and post surveys. Question two produced a p-value of 0.061, it is approaching statistical significance. For question three, statistical significance was achieved with a resultant p-value of 0.001. The data suggests that the podcasts had a positive effect on the participants and allowed them to become more familiar with mindfulness-based stress reduction techniques as a coping method to dealing with stress. The fourth question also proved statistical significance with a p-value of 0.008. This result suggests the podcasts had a positive effect on the participants and allowed them to become more familiar with exercise as a coping method to dealing with stress. Finally, question five proved statistical significance as well, with a p-value of 0.002. The data showed that 12 of 15 participants, or 80%, overwhelmingly agreed that they were more equipped to utilize a multidimensional wellness program in their own lives compared to the time prior to listening to the podcasts. Of all the data

points these surveys yielded, this was far and away the most important and significant in relation to the DNP project.

Discussion

With the growing concern of burnout related stress among CRNAs and SRNAs, it cannot be understated that positive coping mechanisms are pivotal to keeping their overall wellness in check. CRNAs and SRNAs have an elevated degree of stress as compared to other professions, and this constant exposure can lead to both adverse mental and physical issues (Bittinger et al., 2020). Furthermore, when these providers are under high amounts of stress, there is a higher propensity of harm to both the provider and the patient (Bittinger et al., 2020). This can lead to negative clinical outcomes above and beyond the already negative physical and mental toll it takes on the clinicians themselves (Bittinger et al., 2020).

This DNP project highlighted the need for improved wellness amongst this profession and brought awareness to modalities that have been proven to reduce stress and anxiety. The mindfulness activities and exercise techniques discussed in the podcasts were better appreciated by the participants after completion of the implementational phase. As evidenced by the data analysis, the participating CRNAs and SRNAs developed a better understanding of the multidimensional wellness initiative that was introduced to them via the implementation. This draws the conclusion that CRNAs and SRNAs can benefit from a peer delivered wellness initiative incorporating these modalities to reduce their own stresses related to their occupation.

If this DNP project were repeated with revisions, it would behoove the authors to include a larger pool of participants so that results could be refined. For example, question number two on the survey was approaching statistical significance but was held back presumably due to the smaller population. Further research can also be done to compare results of the virtual format of

this project against an in-person format. Due to the Covid-19 pandemic and other limiting factors surrounding it, digital recruitment, outreach, and implementation was the most appropriate way of carrying out the DNP project. If implementation were done in a face-to-face manner, it could manifest an even stronger effect to the audience that the digital podcasting interface could never truly reach.

As a result of this project, it can be determined that improved wellness among CRNAs and SRNAs is certainly warranted. It can also be determined that using multidimensional wellness initiatives that combine more than one stress-reducing modality is a valid solution to this growing problem. Mindfulness and exercise have been proven to reduce stress among many different demographic populations, and both would serve as strong techniques to counter the aura of stress, anxiety and burnout that this profession exposes to its clinicians. The data suggests that the CRNA and SRNA participants are more equipped to utilize these wellness tools than prior to engaging in this DNP project.

Chapter VII

Implications for Practice

CRNAs and SRNAs are tasked with working long hours taking meticulous care of their patients in fragile, often critical, situations. They do this while navigating strained interdisciplinary relationships and keeping up with the demanding pace necessary for their hospitals to turnover cases. CRNAs and SRNAs also manage the ever-changing landscape of new research and new practice regarding pharmaceutical advancements, alternative clinical techniques, and changes to post-operative expectations. These, among other factors, lead to a great deal of stress for these providers. Advanced practice providers such as CRNAs and SRNAs can, and should, utilize multidimensional wellness initiatives to improve their mental and

physical well-being. CRNAs and SRNAs should be taking their physical and mental health seriously because it correlates to the quality of care that their patients receive (Bittinger et al., 2020). Maintaining optimum degrees of personal wellness while minimizing the effects of stress can lead to a healthier physical and mental lifestyle for providers, as well as a safer environment for the patients that they care for (Bittinger et al., 2020).

Mindfulness-based stress reduction and exercise can serve as effective tools to include in one's wellness practices. CRNAs and SRNAs should be kept informed on how to actively implement these strategies into their own daily lives to realize the benefits. A way this can be enacted and emphasized is by way of the workplace itself. Lie et al. (2017) states that a "culture of wellness encourages normalizing attitudes and behaviors that promote self-care to foster a sense of community" (Lie et al., 2021). When a workplace addresses the wellness of their staff, a healthy culture is manifested and subsequent negative clinical outcomes are avoided (Lie et al., 2021).

Strengths & Limitations

A major strength of this project was the ease in which participants were able to access and complete the implementational aspects of the project. Recruiting, data collection, and implementation were all done digitally without any need for face-to-face interactions. This allowed for streamlined dissemination and collection of information between the authors and the participants. Conducting the DNP project digitally allowed for adequate dialogue and a fluent implementation of the podcasts. With the Covid-19 pandemic still affecting societal norms, having the ability to engage with participants digitally removed many roadblocks.

Another strength of this project was that it included not only current certified registered nurse anesthetists, but also student nurse anesthetists. As previously discussed, both parties

experience a great deal of stress in their lives, and to not include one or the other would diminish results considered both perform in the clinical setting.

A limitation of this study is reflected in the low number of participants that engaged in the project. Although a population of 15 is a worthy amount of participants for a DNP project, the project would certainly be enhanced by having more data points for analysis. Additionally, although conducting the project digitally had its benefits, there are certainly aspects that would have been better served if the project was face to face. For example, if a participant had questions or concerns, it would have been better addressed in a real-time face to face interaction. The podcast served as an adequate avenue for implementation; however, for the sake of clarity there is no question that in-person interactions remain the best form of communication. A hybrid approach of virtual & in-person may serve as the ultimate best-case scenario for carrying out a project such as this one in the future.

Linkage to DNP Essentials

DNP Essentials were designed by the American Association of Colleges of Nursing to assure competencies required for obtaining a Doctor of Nursing practice (AACN, 2006). These essentials serve as the backbone of the entire DNP process and guide the student from the humble beginnings of the planning phase all the way to the implementation and evaluation phases (AACN, 2006). With this guidance, it is the responsibility of the doctoral student to uphold these essentials while completing their DNP project. This allows the evidenced based practice that is garnered from projects to be fundamentally sound and validated (AACN, 2006).

- Essential 1 – Scientific Underpinnings of Practice: A full literature review of the topic was carried out to unveil current research to serve as the foundation of the project.

Evidence of mindfulness and exercise in respect to their ability to reduce stress among

healthcare clinicians was gathered from the literature.

- Essential 2 – Organizational and Systems Leadership for Quality Improvement and

  Systems Thinking: Recommending the use of a multidimensional wellness initiative to

  improve stress and burnout among CRNAs and SRNAs was the primary focus of the

  project. Enhancing their ability to deal with day-to-day occupational stressors will lead to

  improved well-being of the clinician and quality of care they provide to patients.

- Essential 3 – Clinical Scholarship and Analytical Methods for Evidence-based Practice:

  The implementation of this project allowed CRNAs and SRNAs to become more aware

  and in-tune with using strategies to improve their own stress. Applying the evidenced

  based practice leads to an increase in wellness and an improved experience for the

  clinicians.

- Essential 4 – Information Systems/Technology and Patient Care Technology for the

  Improvement and Transformation of Health Care: The virtual nature of this DNP project

  allowed for ease of implementation and data collection. The podcasts served as a valid

  forum for the implementation phase of the project and the Google Forms surveys served

  as an effective remote data collection tool. The technology that was utilized was both

  convenient and efficient during translation of the DNP project.

- Essential 5 – Health Care Policy for Advocacy in Health Care: Educating the participants

  on the positive effects of mindfulness and exercise as means to reduce stress allowed for

  the ability to advocate for improved occupational policies. Institutions who employ

  CRNAs & SRNAs should foster an environment of support for their wellness and stress

reduction. Research has shown that providers with low amounts of stress and burnout

allow for less clinical errors and issues.

- Essential 6 – Interprofessional Collaboration for Improving Patient and Population

  Health Outcomes: This project was able to positively impact CRNAs and SRNAs in

  respect to their methods to deal with stress and burnout related behavior. It can

  be hypothesized that the data garnered from the analysis can apply to other licensed

  providers within healthcare given the comparable stresses they face.

- Essential 7 – Clinical Prevention and Population Health for Improving the Nation's

  Health: Increasing awareness and utilization of wellness techniques for CRNAs and

  SRNAs, such as mindfulness and exercise, provides a foundation for reduced stress of the

  clinician. Subsequently, prevention of burnout and avoidable medical errors serves as an

  improvement for both the providers and patients.

- Essential 8 – Advanced Nursing Practice: The established evidenced based practice on

  this topic combined with the data accrued from the present DNP project, serve as an

  adequate basis for provider development and improved patient safety. This project's goal

  was to reach CRNAs & SRNAs and promote wellness among peers through a podcast

  series informed by evidence-based multidimensional wellness modalities.

Chapter VIII

Summary & Conclusion

It is no surprise that healthcare providers of every facet experience a great deal of stress

while working in their respective fields. Occupational burnout and stress related to the healthcare

setting has been a growing issue for decades; however, the amount of debilitating stress that

clinicians of all types are experiencing during the current pandemic is completely unprecedented

(Shechter et al., 2020). Regarding SRNAs and CRNAs this pattern of stress begins while obtaining their degrees and often follows them throughout their careers. For this reason, it is pivotal that these issues are addressed in a constructive and supportive manner. One can look no further than utilizing mindfulness-based stress reduction as well as exercise to combat the stresses experienced while performing in these roles.

The purpose of this project was to reach CRNAs & SRNAs and promote wellness among peers through a podcast series informed by an evidence-based multidimensional wellness initiative, highlighting the combination of exercise and mindfulness based coping strategies. In using the Johns Hopkins EBP Framework, the goal of this project was met. Based on the data analysis from the pre and post surveys via Google Forms, the initiative proved successful in its impact on the participants. The project's data proved to be clinically significant and can be utilized as a foundation for future studies.

Dissemination

The initial dissemination took place within a virtual lecture series, hosted, and sponsored by the Pennsylvania Association of Nurse Anesthetists (PANA), on March 3rd, 2022. This event had a total of 120-plus CRNAs and SRNAs in attendance.

The second phase of dissemination took place at Cedar Crest College's DNP dissemination day on April 11, 2022. This aspect of dissemination was in-person and in front of the Cedar Crest DNP faculty and staff, as well as others involved with Cedar Crest academia.

Future Ideas

After the initial virtual lecture series, the sitting president of PANA had expressed great interest in putting the project's podcast episodes on the PANA wellness webpage for all SRNAs and CRNAs to view. PANA has stated that they would sponsor the project so that the podcast

could be displayed on the Buzzsprout.com podcast hosting site indefinitely. This is currently in the process of being completed.

As far as other potential uses in the future, the authors insist that the information garnered from this project can be used as the foundation for a more immersive experience on wellness for subsequent DNP projects. Perhaps, a formal four- or eight-week wellness program could be carried out to find the effectiveness of different wellness modalities, as suggested in Ghawardra et al. (2019). This type of engaging, hands-on project could expand upon the basis of this multidimensional wellness initiative.

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