# Implementing a Policy Framework to Promote Resiliency

Amy J. Engle

School of Nursing, The College of Saint Scholastica

NSG 8207 Clinical Project III

Dr. Rhea Ferry

August 5, 2022

## Table of Contents

Abstract 4

The Problem Identification/Available Knowledge 6

- Literature Review, Matrix (table) Development, and Literature Synthesis 11
- Organizational Project Information 14
- The Gap Analysis 15
- Needs Assessment 16
- Strengths, Weaknesses, Opportunities, and Threats Analysis 16
- Guiding/Theoretical Framework and Change Theory 17

Aims/Goals/Objectives Clarified 18

- Goals and SMART Objectives 18
- Gantt Chart 19
- Work Breakdown 20
- Communication Matrix 20
- Logic Model 20
- Budget 21

Methodology and Analysis 21

- Intervention Plans 23

IRB/Ethical Considerations 23

Implementation 25

- Results from Data Collection 26
- Discussion of Data/Outcomes Interpretation 27
- Dissemination 28
- Conclusion 28

References 30

Appendices 34

Gap Analysis Diagram 34

SWOT Analysis Diagram 35

Gantt Chart 36

Work Breakdown Structure 37

Communication Matrix 38

Logic Model 38

Employee Turnover by Industry 39

Project Team 39

Literature Matrix Table 40

Resiliency Promoting Policy 53

**Abstract**

**Nature and project scope**

Burnout is linked with poor patient care, negative patient outcomes, and declining job satisfaction and is a significant concern for nurses and care delivering organizations. How would the integration of a resiliency promoting policy (intervention) over an 8 - week period (time) impact nurses (population) in reducing burnout and improve resiliency (outcome) as compared to current practice?

**Synthesis and supportive literature analysis**

Literature review showed that burnout is a significant concern for nurses, a policy framework is an important consideration when improving nurse resiliency, and that organizations which promote resiliency have a strategic advantage in employee recruitment and retention.

**Project implementation**

While still in process, project implementation is proceeding along an eight-week timeframe where policy development occurs with a panel of subject – matter experts, is structured and formatted using a point – of – contact individual and presented to the target agency for consideration.

**Evaluation criteria**

Macro – level evaluation criteria is focused on target agency confirmation of nurse burnout concerns and that resiliency promoting policies are an appropriate organizational response. Micro – level evaluation criteria is focused on improved workplace satisfaction and decreased turnover for nurses after policy adoption.

**Outcomes**

Process indicators are focused on alignment between subject matter expert contribution in policy development and the required format, structure, and subcommittee consideration by the target agency. It's anticipated that the target agency should report outcome indicators showing increased workplace satisfaction and decreased turnover for nurses after resiliency – promoting policy implementation.

**Recommendations**

This project shows that employer and employee partnership is needed to successfully combat the negative effects of nurse burnout. A resiliency – promoting policy is an essential component for this partnership providing a framework to manage resources, communication, and responsibilities. Resiliency – promoting policy adoption provides important validation to nurse experience and elevates the resources needed by nurses in providing safe and effective care.

*Keywords: mindfulness, mindfulness-based stress reduction, resilience, resiliency, and burnout*

**Implementing a Policy Framework to Promote Resiliency**

Commented [1]: Abstract should be placed here.

Commented [2]: Please review APA introduction information

The COVID-19 pandemic has made an impact on many facets of individuals and communities. The pandemic has overwhelmed collective and individual resources with plunging economic activity, increased rates for unemployment and suicide with social distancing, mandatory lockdowns and isolation periods exacerbating underlying psychological issues (Giorgi, et al., 2020). The pandemic has also impacted employers, employees, and the sensitive employment arrangement between the parties. Whether residing in a right to work state or not, a significant increase in the number of employees quitting dubbed “The Great Resignation” offers both insight and opportunities for organizations. Questioning the value of current positions, more than half of US workers are considering a job change in the near term with flexible hours and remote work significant priorities (Baldwin, 2021). Employees with stable finances are looking to redefine the employer > employee relationship through increased compensation and collective bargaining (Pazzanese, 2021). Healthcare employers willing to look critically at relationships with employees could view supporting worker coping with stress through promotion of resilience as a strategic advantage and an employee recruitment and retention tool.

## The Problem Identification/Available Knowledge

### Problem Statement and PICOT Question

What is known is that mindfulness-based interventions have a growing body of literature supporting safety and efficacy at mitigating psychological issues and improving individual outlook and performance. Numerous mindfulness-based interventions exist with various delivery modes, target populations, durations, and intensities (Janssen, Heerkens, Kuijer, van der Heijden, & Engles, 2018). Workplace based mindfulness interventions focus on reducing stress, improving decision-making, productivity, and resiliency (Janssen, Heerkens, Kuijer, van der Heijden, & Engles, 2018). Occupational stress and burnout are common among healthcare providers.

Lacking a commonly accepted definition, burnout attributes include emotional exhaustion, depersonalization, and diminished accomplishment (Krakous, Elliot, Lamers, & Owen, 2020). What is lacking is an understanding of the importance of implementing a policy framework to improving healthcare worker resiliency for healthcare workers in general and the extreme conditions of the pandemic.

The student author for this project proposed the following PICOT question: How would the integration of a resiliency promoting policy (intervention) over an 8 - week period (time) impact nurses (population) in reducing burnout and improve resiliency (outcome) as compared to current practice.

**Problem Background**

This student author selected a target agency to partner with to implement resiliency promotion policies. Begun in 2015 as a collaboration among local providers and agencies in northeastern MN, the target agency was developed to coordinate mental health care across systems to address a regional mental health and substance use disorder crisis (Saint Louis County). The target agency seeks to improve the continuum of behavioral health services and to consider effective solutions to the problems delivering care for those in mental health crisis (Saint Louis County). As an organization in its beginning stages, the target agency lacks the policy and procedure infrastructure to implement a mindfulness-based stress reduction program to increase staff recruitment and retention through improved staff resiliency. Located in Duluth, but with a service area extending to the greater arrowhead region of Minnesota, the target agency will provide a variety of services primarily focused on Certified Community Behavioral Health Clinic (CCBHC) and Behavioral Health Home (BHH) models licensed through DHS (Saint Louis County). Additionally, the target agency will provide services extending beyond these models to address the diverse needs across the communities within the service area (Saint Louis County, n.d.). The target agency's mission found at Target agency Project Service Model is to leverage comprehensive care models and caring professionals to provide patient-centered, holistic support and care to individuals experiencing substance use or mental health crisis (Saint Louis County).

The target agency is in the process of finalizing a physical plant with staff and services yet to be determined. Core concepts describing the problem of staff resiliency include burnout, mindfulness, resiliency, and the need for effective policies.

Burnout is defined as losing enthusiasm for work, depersonalizing others and no longer finding work meaningful (Lee, Huang, Huang, & Wu, 2016). A response to prolonged occupational stress, burnout negatively impacts individuals, organizations, and patients (Lee, Huang, Huang, & Wu, 2016). Due to the stress and strain of providing intensive patient care, healthcare workers have an elevated risk for burnout having a negative impact on workplace morale, patient safety, quality and costs of care and staff turnover (Kleinpell, Moss, Good, Gozal, & Sessler, 2020).

Mindfulness is defined as being purposely aware, through paying attention to the present moment in a non-judgmental manner (Kabat-Zinn, 2005). Additional mindfulness attributes include patience, trust, acceptance and letting go (Kabat-Zinn, 2005). Mindfulness can be experienced as formal meditation or the focused attention to a particular event or informally which addresses everyday life experiences such as bathing, eating or walking (Bernstein, 2019). In the healthcare setting, mindfulness-based stress reduction (MBSR) is a type of self-care practice and an application of mindfulness concepts to increase self-awareness and enhance empathetic care delivery (Foureur, Karyn, Burton, Yu, & Crisp, 2014).

Resiliency was historically defined by professional disciplines as an adaptive process addressing adversity, trauma, threats or significant sources of stress (American Psychological Association, 2011). Cultivating resiliency is a self-reflective process, encouraging individuals to identify supports which can mitigate the negative impacts of stress (Heath, et al., 2020). A resilient workforce is associated with positive social networking, communication, connectivity, and strong personal, family, and professional relationships (Mealer, et al., 2014).

Policies are statements of intentions serving as a functional framework to guide decision-making (The University of North Texas Health Science Center at Fort Worth, 2019).

Policies are often combined with procedures which describe policy implementation process that evolve over time in response to internal or external changes (University of California Santa Cruz, 1994). Effective policies are written in plain language addressing external forces and internal factors relating to personnel, safety, health, or the need to control, inform, educate, or direct (The University of North Texas Health Science Center at Fort Worth, 2019).

**Problem Scope**

The need for promoting employee resilience is most clearly expressed in the diverse stakeholder population, diverse services to be provided and the diverse communities to be served. Diverse stakeholder population includes program administration through state and county agencies, direct service providers through community and behavioral health providers and academic contribution by colleges and universities (Saint Louis County). While founded on CCBHC and BHH models, diverse service offerings are not limited to those structures. Inpatient, partial hospitalization, outpatient rendered in traditional healthcare settings will be pared with mobile services provided directly within service area communities (Saint Louis County). Diverse communities include long-term and short-term residents, native peoples including first nation tribal communities and homeless communities (Saint Louis County). Being able to effectively navigate the complex organizational structure of the target agency along with providing diverse services to diverse communities requires resilient nurses and necessitates employer and employee collaboration to promote stress management strategies through mindfulness.

**Problem Consequences**

Healthcare delivery and nursing are difficult endeavors even in the best of times and become exponentially more challenging for dynamic organizations such as the target agency during a pandemic. Medicine and nursing are demanding professions with physical, mental, and emotional exhaustion, self-isolation, burnout and, depression common (Gogo, Osta, McClafferty, & Rana, 2019). These conditions necessitate employer and employee collaboration in developing effective strategies to address chronic stressors

and mitigate burnout potential (Gogo, Osta, McClafferty, & Rana, 2019). The consequences of not implementing a resiliency promoting policy are increased staff stress, increased staff turn-over, increased patient care errors and overall decreased patient care (Lee, Huang, Huang, & Wu, 2016).

**Knowledge GAP**

While much is known about the effectiveness of mindfulness-based stress reduction (MBSR) interventions and there is a growing body of literature supporting MBSR fostering resiliency, what is not well documented is the pandemic's effect on an organization still being developed. The pandemic can exacerbate existing weaknesses in worker capacity to address stress outside of normal experience. The target agency is still being formulated and it's unclear how MBSR will be received by diverse stakeholders and organizational leadership or how MBSR will be promoted and encouraged by managers and supervisors.

**Proposed Solution**

The proposed solution for this project is the implementation of a resiliency promoting policy program at the target agency. Effective policies should contain clear, concise, simple language that provide a consistent, logical framework for implementing organizational rules (University of California Santa Cruz, 1994). Effective policies guide decision-making in addressing external forces and internal factors impacting worker and patient safety (The University of North Texas Health Science Center at Fort Worth, 2019). While remaining consistent over the course of time, resiliency promoting policies should be supported by robust procedures which take advantage of effective and efficient mechanisms for reducing training time, produce consistent and effective outcomes and be standardized across the organization (The University of North Texas Health Science Center at Fort Worth, 2019).

## Literature Review, Matrix (table) Development, and Literature Synthesis

Commented [3]: Check APA Headings, I am not sure this is correct.

### Literature Search Process

Using "mindfulness," "mindfulness-based stress reduction," "resilience," "resiliency," and "burnout" key terms, a literature search was conducted on 11/1/2021 and 11/28/2021 of CINAHL Complete and MEDLINE Complete databases. Twenty-seven articles were returned from CINAHL Complete and twenty-two from MEDLINE Complete. The literature search was limited to peer-reviewed journal articles published within the United States and internationally to provide a holistic view of resiliency. Journal articles were included if MBSR was a primary research focus and resiliency was a primary or secondary research objective. Seven articles returned during the MEDLINE Complete search were found to be duplicates and were removed from further analysis.

### Literature Matrix Table

**I**ncluded in the appendices, a literature matrix summarizes the author, publication year, theoretical or conceptual framework, research hypothesis, research methodology, analysis and results, conclusions and implications for future research and practice of key sources. Organized alphabetically by author last name, the literature matrix synthesizes several key concepts including mindfulness, resiliency, burnout, and the need for employer support in developing resiliency initiatives. These concepts can be further synthesized into three main themes. First, that healthcare workers who lack sufficient resiliency resources are at risk for burnout. Second, that burnout has significant negative impacts for patients, workers, and employers. Lastly, that healthcare organizations which implement a resiliency promoting initiative, improve healthcare worker resiliency and satisfaction.

### Literature Synthesis

Literature was appraised using the Critical Appraisal Skills Programme (CASP) for Systematic Review (Critical Appraisal Skills Program). The CASP tool has shown to be an accurate appraisal tool for evaluating qualitative studies through ten components including: aim, methodology, research design, recruitment strategy,

data collection, researcher and participant relationship, ethical considerations, data analysis, findings, and overall value (van der Riet, Levett-Jones, & Aquino-Russell, 2018). Three main review components include if the study results are valid, what are the study results and do the results support or detract from the thesis. The purpose of the literature synthesis is to evaluate what is presently known about resiliency and what can be applied to assist Target agency in developing an employee recruitment and retention strategy for minimizing staff burn out and promoting individual resiliency.

Research review showed a variety of results including that burnout is a significant concern for healthcare workers including nurses, a policy framework is an important consideration when improving staff resiliency, and that organizations which promote resiliency have a strategic advantage in employee recruitment and retention (Kleinpell, Moss, Good, Gozal, & Sessler, 2020).

The very nature of providing patient care puts nurses at risk for burnout and compassion fatigue. Normal stressors including time constraints, lack of support, trauma exposure, morbidity and mortality are exponentially magnified during the pandemic (Thapa, Levett-Jones, West, & Cleary, 2021). Recent research conducted by Lee et al. (2016) used a nine item Safety Attitudes Questionnaire (SAQ) to evaluate and identify medical staff with high burnout producing actions hospital leadership can take to mitigate burnout effects. A data mining technique called cluster analysis was used to group medical staff into like groups based on similar attributes with a numerical value from 2-7 representing each demographic variable (Lee, Huang, Huang, & Wu, 2016). After conducting a cluster analysis of survey responses, the authors found that workers in clusters 1, 4 and 5 were resilient and had sufficient coping skills while those in clusters 2, 3, 6, 7, and 8 would need close monitoring for compassion fatigue and burnout indications (Lee, Huang, Huang, & Wu, 2016). The researchers propose four actions to be taken by hospital administration to promote resiliency including promotion employee assistance program (EAP) to support work-life balance, implement a MBSR program addressing stress pain and illness, adopting a “positive currency” culture through expressing gratitude and implement “appreciative inquiry” groups to cultivate employees in self-determined changes.

Policy framework is essential for promoting healthcare worker resiliency. In summarizing nursing attitudes toward burnout expressed at the Critical Care Societies Collaborative National Summit and Survey on Prevention and Management of Burnout in the ICU reported by (Kleinpell, Moss, Good, Gozal, & Sessler, 2020) the authors share nurse feedback with 55 invited experts from a variety of disciplines including psychology, integrative medicine and MBSR. A follow-up survey was sent out with 680 received responses reporting that with more than 42% reporting promoting wellness and mitigating burnout as highly important or important (Kleinpell, Moss, Good, Gozal, & Sessler, 2020). Common organizational measures included healthy food choices, exercise facilities and self-scheduling while individual measures highlighted yoga classes, MBSR and meditation classes (Kleinpell, Moss, Good, Gozal, & Sessler, 2020). ICU nurse shared experiences included "need for disseminating information in promoting healthy work environments," "addressing burnout is very important but there's not enough institutional awareness," "burnout is a critical topic but with inadequate resources to address it," and "burnout is a system issue that you can't exercise or meditate your way out of" (Kleinpell, Moss, Good, Gozal, & Sessler, 2020). Nurses are looking to partner with employers to promote resiliency in meaningful ways. It's the perception of healthcare workers that administration is not participating in improving clinician working conditions and that raised burnout concerns fall on deaf ears with 57% reporting that promoting wellness and mitigating burnout were not important to organizations (Kleinpell, Moss, Good, Gozal, & Sessler, 2020). The researchers recommend that sustained collaborative efforts by organizations can positively affect clinician wellbeing and resilience with both organizational and individual interventions leverage to mitigate workplace stress (Kleinpell, Moss, Good, Gozal, & Sessler, 2020).

Healthcare organizations which implement a resiliency promotion program will have a strategic advantage over organizations that do not. Healthcare organizations with a positive culture and reflective attitude towards errors promote patient safety and reduce accidents and failures (Lee, Huang, Huang, & Wu, 2016).

Important literature review themes include 1) burnout leads to compassion fatigue, decreasing patient care quality, 2) workers are looking to partner with employers to implement MBSR initiatives, 3) MBSR is an evidence-based approach to bolstering worker resiliency, and 4) too many employers lack resiliency-promoting policy and procedure infrastructure.

**Organizational Project Information**

Members of the project team were selected due to previous academic and real-world experience promoting healthcare worker resiliency. Project mentor, Team Member A was selected due to her current position as Chief Operating Officer of a Certified Community Behavioral Health Clinic (CCBHC) and previous academic experience. As part of organizational leadership and doctoral subject matter research allows Team Member A to view resiliency as value-added from the organizational perspective and as an evidence-bases support from the perspective of healthcare workers. Team Member B, Team Member C, and Team Member D were selected as subject matter experts due to being contributing authors to the report creating a resiliency promoting culture for The State of Colorado. Focusing on key findings and options in developing effective interventions, the report highlights the systematic approach from another state in addressing healthcare worker resiliency issues. Team Member E was selected as an expert at implement a variety of evidence-based practice initiatives in direct care settings from her more than 20 years of experience as a Psychiatric Mental Health Nurse Practitioner (PMHNP). Acting as the main target agency point-of-contact, Team Member F is the primary implementation consultant facilitating the development and growth for the collaborative.

Located along the shore of Lake Superior, the target agency is a multi-organization collaborative in northeastern Minnesota. Sponsoring organizations reflect a wide range of institutions involved in mental health and chemical dependency services including state and county agencies, inpatient and outpatient care providers and academic institutions. It's the target agency's mission to provide patient-centered, holistic, and supportive care to substance use and mental health patients through comprehensive care models by caring professionals. Alignment between nurse resiliency promotion and the target agency mission intersects through comprehensive

care model and caring professional attributes. Primarily, promoting resiliency allows care providers sufficient mental, physical, and emotional resources to provide safe and effective care. Additionally, comprehensive care models address a variety of affective factors including supports and barriers for the individual and their immediate environment with the goal of equipping the patient to address urgent needs more effectively.

**The Gap Analysis**

The gap between the current and desired future state for target agency adoption of resiliency promoting policies is significant from a variety of perspectives including agency maturity, the lack of a policy approving infrastructure, lack of sponsoring agency acknowledgement or support and insufficient enforcement.

Begun in 2015 as a collaborative mental wellness initiative with a five-million-dollar state grant, the target agency is in its infancy. This lack of organizational maturity is a challenge in that there may be modest experience identifying issues warranting policy and procedure inclusion. This lack of policy orientation leads into a policy and procedures committee which is currently missing from the collaborative. Consisting largely of a small collection of sub-committees reporting to stakeholders and sponsoring organizations, a policies and procedures committee will be needed to formally address those issues, including resiliency promotion, which should be included in the target agency policy portfolio.

As indicated by available research, healthcare worker resiliency is an issue for care delivering organizations, however sponsoring agencies may not support this view. Should there be a growing body of potential workers in the immediate area, sponsoring agencies may not feel that recruitment and retention are not sufficient issues warranting policy inclusion. Further, even if resiliency promoting policies can be adopted the collaborative design of the target agency leads to the potential for uneven or insufficient policy enforcement. Sponsoring organizations may not be held accountable for adherence making the policy easily overlooked and unrepresented during periodic staff or organizational reviews. The project team will work towards addressing gap concerns co-currently during the process for target agency consideration of

Commented [4]: spelling

resiliency – promoting policies. High priority categories included in the gap analysis include Business/Quality Context, Data Processes, and Training, while Stakeholder and Technology are medium and low priority respectively.

**Needs Assessment**

Describing the current and future states, the Needs Assessment illustrates what is and what should be for the target agency concerning nurse resiliency promotion. While not currently addressed with-in the scope and scale of the target agency, nurse resiliency may be defined within each sponsoring organization. The desired target agency future state would describe nurse resiliency promotion within the care delivery context. Due to the mental health and substance use focus of the target agency, the care delivering context includes two attributes: those of the nurse and those of the patient. Resiliency promotion for the target agency focuses on nurses who possess excess support resources to address existing personal and workplace stressors in addition to those brought forward by the patient.

Commented [5]: spelling

**Strengths, Weaknesses, Opportunities, and Threats Analysis**

A strategic management technique allowing for the careful consideration of organization attributes and capacity to achieve objectives, a Strengths, Weaknesses, Opportunities and Threat (SWOT) analysis was conducted for this project and included in the appendix. Strengths include a focus on mental health by the target agency indicating a potential pre-exiting by-in by sponsoring organizations. Weaknesses focus on the target agency being relatively new and untested which can also be a strength indicating a willingness to consider creative solutions to potential recruitment and retention problems. Opportunities address the potential to create a resiliency promoting culture and a flexible policy framework which can flex with changing target agency needs. While relatively common in many multi-industry service areas, target agency threats include a tightening labor market, competition from other care providing organizations as well as from other industries.

Risk management strategies include maximizing strengths and opportunities while minimizing weaknesses and threats. Project team activities to maximize strengths include leveraging the mental health

acumen to secure sponsoring organization commitment to promote resiliency and to begin creative brainstorming sessions to develop a range of flexible frameworks for resiliency policy implementation. Activities focused on minimizing target agency maturity and labor market dynamics by tapping into sponsoring organization experience and perspectives. While the target agency is relatively young, it's likely that sponsoring organizations have valuable experiences with recruitment and retention initiatives which can be leveraged to bolster resiliency promotion at the target agency.

**Guiding/Theoretical Framework and Change Theory**

Neuman's System Model (NSM) is a middle-range nursing theory describing relationships and responses to stress. At target agency is a common core comprised basic structures and energy resources common in biological systems, surrounded by defensive lines of resistance acting as support against intrusive external stressors (Petiprin, 2020). Known or potential stressors include loss, pain, sensory deprivation, or cultural change (Petiprin, 2020). Interventions can occur before or after defensive resistance lines and are based on degree of reaction, resources, goals, and anticipated outcomes (Hannoodee & Dhamoon, 2021). Primary, secondary, and tertiary prevention response reactions focus on reducing stressor interaction, strengthening defenses, treatment of symptoms, maintenance of stability and strengthening response to future occurrences (Neuman, 1989).

Commented [6]: pleural???

Alignment between NSM and mindfulness occurs at multiple levels in the healthcare environment. Initially, NSM is well – suited for the steps of the nursing process; assessment, diagnosis, planning, implementing, and evaluation (Hannoodee & Dhamoon, 2021). Additionally, NSM is an appropriate tool for the evaluation of mindfulness – based interventions as the aim of NSM was to strengthen defensive response to stress at primary, secondary and tertiary levels (Hannoodee & Dhamoon, 2021).

Mindfulness encourages human focus to be fully present in the mental, emotional, and physical experiences of the moment and not overwhelmed by what surrounds us. Proposed mindfulness-based interventions include body scan meditation, three-minute breathing space and mindfulness meditation to

reduce workplace stress. A way to address physical discomfort connected to stress, body scan meditation is a systematic review of body systems noticing aches, pains or tension allowing the person to specifically address or manage each part before moving onto the rest of the body. Three-minute breathing space is a systematic process using focused breathing to shift attention to the current experience, checking in with the pointed focus of breathing and then moving onto current body sensations. Mindful meditation uses deep breathing and body and mind awareness to be fully focused on the current moment, releasing stress and negativity of the current environment.

## Aims/Goals/Objectives Clarified

### Goals and SMART Objectives

Goals and SMART Objectives act as natural extensions of the planning, implementation, and evaluation DNP Project components and the PICOT clinical inquiry question. Directing project activities, goals are broad statements describing future out comes and objectives are underlying activities needed to achieve goals (Zaccagnini, 2021, p. 369). Addressing a variety of attributes, SMART objectives must be specific, measurable, achievable, relevant, and timely (Zaccagnini, 2021, p. 369). Completion of objectives leads to project outcomes which describe project impact and can be measured as a change in knowledge, attitudes, skills, and behaviors (Zaccagnini, 2021, p. 361).

Goals

1. Planning: Explore research resiliency – related topics, select project team members, and identify the target agency.
    - Conduct a literature search of CINAHL and MEDLINE databases using resiliency, burnout, and mindfulness key-terms by March 6, 2022.
    - Secure project team commitment from interprofessional resiliency experts from state and local government, academic and healthcare delivery spheres by March 13, 2022.
    - Identify target agency through consultation with graduate nursing faculty by February 20, 2022.

**Commented [7]:** I am not sure where you got this approach, but including itemized SMART objectives reflecting on the entire project process for your goals(s) would be a necessity. What you have here is not adequate nor is it appropriate. Refer to the multiple resources within the course & reference material please!

2. Implementation: Develop a resiliency – promoting policy with the project team and present it to the target agency.
    - Gather survey input from selected experts to aim the formulation of a resiliency policy by June 5, 2022.
    - Address any policy revision recommendations based on expert feedback by May 29, 2022.
    - Complete any policy revisions based on target agency feedback by June 26, 2022.
    - Distribute project survey to evaluate resiliency, burnout, and mindfulness opinions based on target agency feedback within June 12, 2022.
3. Evaluation: Develop a resiliency – promoting policy with the project team and present it to the target agency.
    - Gain approval from experts on resiliency policy draft by June 26, 2022.
    - Evaluate project survey results on resiliency, burnout, and mindfulness opinions based on target agency feedback by July 10, 2022.
    - Disseminate 3MT to agency project committee by July 15, 2022.

**Commented [8]:** Spacing consistency throughout, lot of errors

**Commented [9]:** Spacing between paragraphs

**Gantt Chart**

Typically displayed as a horizontal bar chart outlining project activities over time, a Gantt chart was developed for this project and included in the appendix. Driven largely by the Doctor of Nursing Practice (DNP) program timeframe and availability and frequency of associated groups, the project timeline stretches from February to August 2022.

The DNP program and associated project exist in the academic sphere with some dates which are flexible and others which are fixed. For example, needs analysis and SWOT analysis activities occur concurrently with flexible start and end dates while the transition from 8206 to 8207 occurring in June 2022 is fixed and cannot be extended. Associated groups are comprised of project team activities and those sub-committees of the target agency. Project team members maintain active and demanding schedules with limited availability. Target agency sub-committee members are from sponsoring organizations which also have limited availability

and a fixed frequency. Ultimately, project team activities need to coincide with the decision-making timeline of the target agency for resiliency policy consideration.

**Work Breakdown**

Broken up into designing (Level 1), planning (Level 2), intervention (Level 3), and evaluation (Level 4) phases, the work breakdown structure is a systematic representation of all the work needed to consider and adopt resiliency promoting policies. A project specific example work breakdown structure is included in the appendices. Designing level 1 is resiliency policy development and all project activities both stem from this design and roll up into this singular goal. Level 2 planning activities focus on the target agency, policy expert members of the project team and model organizations potentially from stakeholders or from policy expert team members experience with The State of Colorado. Partner organizations, facilitators, effective policy elements and implementation highlight intervention level 3 activities. A collection of evaluation activities centered around alignment with target agency mission and vision and care model and carefully considering resiliency need, promotion and evaluation from policy expert and model organization perspectives.

**Communication Matrix**

A technique to manage project communication on deliverables such as updates, project charter, plans and issues a communication matrix describing these activities during design, plan, intervention, and evaluation phases is included in the appendix. Largely utilizing web conferencing tools, design, planning and intervention or policy development communication are highlighted in discussions with Team Member F, the target agency point-of-contact, partnering or sponsoring organizations and the student academic advisor. Additional intervention communication involving target agency standing committees are provided while evaluation phase communication will be added at a future time.

**Logic Model**

A graphic depiction of a chain of if-then relationships among resources, activities, outputs, and outcomes leading to a desired destination, resiliency policy adoption in this case, is included in the paper

appendix section. Model inputs describe the intersection and interplay of expert guidance and opinion and target agency acceptance, essential to provide support to developing policy framework, procedure method and updating reporting systems for worker satisfaction, retention, and recruitment. Project goal or outputs in this case is the development, implementation and more importantly the integration of a resiliency promoting mindset at the target agency. It is the hypothesis of this project that organizations promoting resiliency should have a strategic advantage over those that do not. This advantage should be quantifiable through improved worker satisfaction, retention, and recruitment statistics.

**Budget**

As a policy-based project, estimated revenues, expenses, and resources over the project timeframe should be straightforward and minimal to zero. While not reimbursable, staff time incurred during resiliency policy development could be included on the target agency income statement and considered direct expenses or allocated through indirect expense methodologies agreed to by sponsoring organizations. Additionally, modification to reporting systems to account for worker satisfaction, retention, and recruitment comparative statistics should also be minimal and accounted for using similar direct or indirect methodologies.

## Methodology and Analysis

The AIM of this project is to encourage adoption of worker resiliency promoting policies and procedures by sponsoring organizations of the target agency project. Resiliency promoting organizations should have a strategic advantage over other organizations in worker recruitment and retention in the competitive healthcare industry. While out of the scope of this project, sponsoring agencies would be able to validate this strategic advantage through analyzing employee satisfaction and employee turn-over.

There are a variety of ways to assess employee satisfaction and it's likely that each sponsoring agency would have its own preferred measure. A recommendation would be to embed the employee satisfaction index (ESI) inside each sponsoring agency measure tool. Comprised of three questions, the ESI is a straightforward way for employers to measure how satisfied employees are with their situation (Netigate, 2020).

The three questions include:

1. How satisfied are you with your current workplace?
2. How well does your current workplace meet your expectations?
3. How close is your current workplace to the ideal one?

which can be integrated with other questions to provide employers with even more employee satisfaction data (Netigate, 2020). Each question is evaluated using a ten-point scale where one is the lowest rating and ten the highest. The ESI formula is [((question mean value / 3) -1) / 9] * 100 producing an index from one to one hundred with higher values associated with higher employee satisfaction.

Defined as the portion of workers who leave a company over a particular time period, employee turn-over is an important measure for organizations to track as high turn-over is associated with a variety of negative implications including higher hiring costs, decline in moral, unfavorable public image, and lower productivity (Corporate Finance Institute, n.d.). Including both voluntary and involuntary separations, employee turn-over is a percentage produced from the equation (separated workers / average worker count) * 100 (Corporate Finance Institute, n.d.). Improving or lowering employee turn-over can be achieved through worker skill and job task alignment, competitive pay structure, providing frequent feedback, a clearly defined career path and flexible work environment (Corporate Finance Institute, n.d.). The turn-over rate should be evaluated in context and so there are industry benchmarks that can be used for comparison. In 2016, healthcare had the second highest turn-over rate of all industries at 19.9% with only the hospitality industry higher (Corporate Finance Institute, n.d.).

Additional methodology and analysis considerations include cost, challenges, and the use of Intellectus statistical analysis platform. Costs associated with resiliency promoting policies and procedures should be minimal as most sponsoring organizations are mature and likely have existing frameworks for new policy

development. Costs connected with reporting and analyzing employee satisfaction and turn-over rate should also be minimal as both are commonly reported at least annually in many corporations. While uncertain and potentially evolving, challenges involve organization collaboration and data sharing. The target agency project brings wide-ranging organizations together to improve mental healthcare delivery in ways that the sponsors are unaccustomed to. Indeed, in some cases, sponsoring agencies may be competitors for the same limited resource, in this case, talented workers. Producing employee satisfaction and turn-over rates is one thing but, having the courage the accurately report them in a more public setting of the target agency project can change or strain organizational relationships especially if satisfaction and turn-over are trending in the wrong directions. Intellectus is a robust data analysis platform allowing for the easy production of a variety of parametric analyses for both quantitative and qualitative research. Because of the policy-focus nature of this project and the normative production of employee satisfaction and turn-over rates, it is not anticipated that Intellectus will need to be used.

**Intervention Plans**

**IRB/Ethical Considerations**

As defined by The College of Saint Scholastica, the Internal Review Board (IRB) purpose is to ensure initial and continuing review of human participant research activity focused on participant safety, rights and dignity. Divided into introductory, participant – related and administrative portions, the IRB application is a medium for researchers to provide investigation details The IRB application introductory paragraph addresses a variety of aspects including a brief description of the proposed project using non – technical language. This description includes the study aim, key term definitions, a justifying statement, any societal impacts, a statement clarifying a quality improvement or research-study focus and identify any funding concerns. Subsequent aspects of the IRB application discuss participant interactions including selection, activities, benefits or scientific knowledge contributions, risk or discomfort including mitigating strategies, consent process details,

and any participant deception. Concluding administrative aspects include letters permitting research conducted at affiliated institutions and professional documents guiding ethical considerations.

While the focus of this project concerns resiliency policy development and adoption and lacks traditional research participants, an IRB application was collaboratively advanced, submitted, reviewed, and accepted. Responses were drafted in consultation with the DNP Project Advisor to ensure compliance with application requirements. The introductory paragraph addressed nurse burnout and how resiliency can be used to bolster resiliency benefiting the organization and the health and well – being and stability of all employees. Project aim is to promote nurse resiliency through policy development and key terms defined include burnout, resiliency, and mindfulness. A justifying statement and societal impacts highlighted the generalized workplace stress experienced by nurses being exacerbated during the pandemic and how effective policies can inform resiliency program implementation by clarifying the desired achievement, underlying principles, the departments involved and strategies to achieve objectives. This portion of application was concluded indicating this project is a quality improvement project with no funding concerns. Despite being a policy – based project without human research subjects, each component of the participant section was addressed. Project team members were selected for project participation based on resiliency expertise and development of related policies. Team activities composed mostly of policy development communication via email with a 24 – hour response time requested while email communication with the target agency will occur during monthly clinical subcommittee meetings. Project team members may feel it is professionally beneficial to contribute towards policy development with a time commitment of just over 20 hours focused on completion of a questionnaire evaluating burnout and resiliency attitudes and proposed policy development. Concluding the participant section, each team member provided verbal or email consent to project participation and no deception was noted. Addressing the administrative portion of the application, no permission letters will be used in this project and ethical considerations will be guided by the framework proposed by the American Nurses Association (ANA) Ethics Statement found here.

Several intermediate IRB application drafts were developed in collaboration with the DNP Project Advisor and submitted to the IRB on May 5th, 2022, with final IRB determination received on May 6th, 2022.

**Implementation**

Project implementation proceeds along a step wise process involving project start, influencing factors, and monitoring implementation phase. Project start involves discussions among a variety of stakeholders including project team members and sponsoring organization leadership. Influencing factors include sponsoring organization perceptions of resiliency need and willingness to address resiliency through the policy and procedure adoption process.

Effective policies clearly articulate the policies, procedures, and processes to help guide decision – making and to ensure staff have access to the information needed to perform required tasks (The University of North Texas Health Science Center at Fort Worth, 2019). The benefits of effectively written policies include defined occupational boundaries, minimizes the trial-and-error approach, and provides guidance on handling issues (The University of North Texas Health Science Center at Fort Worth, 2019). Policy writers are responsible for ensuring clear and concise language so that readers clearly understand what is expected of themselves and others within the organization (The University of North Texas Health Science Center at Fort Worth, 2019). The proposed resiliency promoting policy included in the appendix, was developed for the target agency using the framework from The University of North Texas Health Science Center.

Leadership responsibilities of the resiliency promoting relationship are focused on formal training programming, social support networks and providing meaningful recognition (Kester & Wei, 2018). A formal training program bolstering resiliency should be level – specific within the target agency. In addition to the foundational training received by all staff members, executives and manager should receive training how to evaluate various programs to ensure alignment with the unique structure of the target agency. Further, target agency leadership should be trained on how to administer resiliency promoting programming throughout

physical and virtual spaces to encourage staff engagement. Supervisor and staff members should receive training focused on identifying burnout risk factors and how to make confidential referrals if needed. Social support networks should be advanced in formal and informal contexts in a cross – departmental fashion to engage with employees where they are. Social supports should focus on employee benefit and be descriptive in nature as opposed to prescriptive which may limit the development of novel approaches (Kester & Wei, 2018). Authentic recognition is an essential part of the resiliency promoting process. Traditional forms of recognition, often connected to annual performance appraisals can be used, however, informal or spontaneous forms should also be considered (Kester & Wei, 2018). Alternative forms of recognition, as long as viewed as authentic by the unit or department, can encourage those having a challenging day or highlight improvement on a performance metric (Kester & Wei, 2018). Of special concern for leaders is that the first year is often reported as the most stressful for nurses, which could be a beneficial application for a mentoring program with more experienced nurses (Kester & Wei, 2018). The proposed resiliency promoting policy included in the appendix, was developed for the target agency using the content from Kester and Wei.

**Results from Data Collection**

A common theme among significant sponsoring agencies is a pre – existing desire for employer > employee engagement. Common contextual themes include employee assistance programs, employee wellness and social groups. While the employee is largely responsible to initiate employee assistance programs processes, sponsoring agencies have these resources prominently displayed in physical and virtual spaces and encourage usage. Employee wellness programming centers around a variety of commonly available physical activities to aid in maintaining a work > life balance. Specific activities including walking, hiking, biking, yoga, and meditation which are consistent with promoting resiliency, minimizing the effects of burnout, and encouraging the adoption of mindfulness themes and concepts. Social group programming is offered for a variety of personal interests and encourages the development of relationships which can act as supports during periods of excessive stress which is consistent with NSM theoretical framework.

**Discussion of Data/Outcomes Interpretation**

As a policy – based initiative, the findings of the DNP project include nurses are at an elevated risk for burnout, that resilient nurses have direct patient care benefits, and that a policy infrastructure is needed to successfully implement resiliency promoting programming.

Nurses at risk for burnout and compassion fatigue due to the very nature of providing patient care. Routine stressors including time constraints, lack of support, and morbidity and mortality exposure are exponentially magnified during the pandemic (Thapa, Levett-Jones, West, & Cleary, 2021). Shared nurse experiences include promoting healthy work environment, improving organizational awareness, insufficient resources, and is a system issue that you can't exercise or meditate your way out of" (Kleinpell, Moss, Good, Gozal, & Sessler, 2020).

Nurses with sufficient resiliency to bounce back from prolonged workplace stress are associated with improved patient care outcomes and improved medical decision making (Mealer, et al., 2014). Conversely, nurses with insufficient resiliency are associated with negative experiences including higher cost of care, decreased patient outcomes and elevated morbidity and mortality patient experiences (Lee, Huang, Huang, & Wu, 2016).

A policy framework can inform decision making concerning resiliency and address formal training programs, social support networks and meaningful recognition (Kester & Wei, 2018). Training programs should address each level within the organization and address the evaluation and administration of training received by front line staff (Kester & Wei, 2018). Social supports structures, such as formal scheduled debriefing sessions or informal potluck gatherings, should be specific to the unit or department culture and encourage the sharing of experiences and ideas (Kester & Wei, 2018). Recognition can be formal or informal but should be authentic and meaningful (Kester & Wei, 2018). Final project dissemination involved a variety of steps including presentation of the proposed resiliency – promoting policy to the target agency, forwarding the DNP Poster to the target agency, and forwarding the Three Minute Thesis to the target agency. During the project experience I developed

**Commented [10]:** If you have not included information about "your" project work here in the Conclusion, please do so. It does not appear to be information you gained from your project experience.

an understanding that nurses need to be resilient to continue providing safe and effective care at the bedside, that care delivering organizations need to pro – actively engage nurses to successfully organize and implement resiliency – promoting programming, and that leadership recognition of burnout risk is essential to drive change.

**Dissemination**

Dissemination of final DNP project is an important reflection step on the project development process, project findings, and contribution to professional nursing. Using evidence – based approach, the literature survey verified several important attributes including, that nurses are at an elevated risk for burnout, that successful resiliency promoting programming requires employee and employer contribution, and that organizations which promote resiliency should experience a strategic advantage over those that do not. Final project dissemination activities included the development of a resiliency promoting policy, the DNP Project Poster, and the Three – Minute – Thesis.

**Conclusion**

While the COVID-19 pandemic has significantly impacted health care employers and employees, nurses are uniquely positioned to provide care to vulnerable communities and are susceptible to burnout from workplace stress. It was the aim of this project to bridge the gap in our understanding of burnout through development of a resiliency – promoting policy to inform organizations in supporting nurses and implement resiliency programming. Current research shows healthcare organizations that have a policy framework for promoting nurse resiliency have a strategic advantage over those that do not.

The project identified several important aspects including strengths, lessons learned, implications for future research, and impact on nursing practice. Strengths included the benefits of a diverse project team which stressed that the policy address all levels of the organization and the unique expectations for leadership to create a culture which fosters resiliency in practical ways, so that you can see it and touch it. Time management and managing communication flows were important lessons learned as the policy development activities of the project team needed to sync with the administrative schedule of the target agency. Implications for future

research include long – term validation of organizational strategic advantages and how resiliency – promoting initiatives could benefit other departments. The project results showed that resilient nurses make a positive impact on nursing practice, benefit the aspirations of care delivering organizations and most importantly, the patients we serve.

**Commented [11]:** Your Conclusion should focus on your project, not general information on the topic. What did you find from the input for the experts on what should be included in such a policy????

**References**

American Psychological Association. (2011, November 14). *UNCW Student Affairs.* Retrieved from UNCW: https://uncw.edu/studentaffairs/committees/pdc/documents/the%20road%20to%20resilience.pdf

Baldwin, S. (2021, October 19). *The Great Resignation: Why millions of workers are quiting*. Retrieved from CNBC: https://www.cnbc.com/2021/10/19/the-great-resignation-why-people-are-quitting-their-jobs.html

Bernstein, S. (2019). Being present: Mindfulness and nursing practice. *Nursing, 49*(6), 14-17. doi:http://dx.doi.org.akin.css.edu/10.1097/01.NURSE.0000558105.96903.af

Chin, B., Brown, K., Wright, A., Lindsay, E., Greco, C., Smyth, J., & Creswell, J. D. (2019). Psychological mechanisms drive stress resilience in mindfulness training: A randomized control trial. *Health Psychology, 38*(8), 759-768. doi:http://dx.doi.org.akin.css.edu/10.1037/hea0000763

Colorado Department of Public Health & Environment. (2021, April - July). *Healthcare Worker Resilience and Retention Initiative.* Retrieved from Colorado Department of Public Health & Environment: https://cdphe.colorado.gov/healthcare-resilience

Corporate Finance Institute. (n.d.). *Employee Turn Over Rate*. Retrieved from Corporate Finance Institute: https://corporatefinanceinstitute.com/resources/knowledge/other/employee-turnover-rate/

Critical Appraisal Skills Programme. (n.d.). *CASP Systematic Review Checklist.* Retrieved November 1, 2021, from CASP Critical Appraisal Skills Programme Checklists: https://casp-uk.b-cdn.net/wp-content/uploads/2018/03/CASP-Systematic-Review-Checklist-2018_fillable-form.pdf

Enhancing the resilience of nurses and midwives: Pilot of a mindfulness-based program for increased health, sense of coherence and decreased depression, anxiety and stress. (2013). *Contemporary Nurse, 45*(1), 114-125. Retrieved from https://www.researchgate.net/profile/Maralyn-Foureur/publication/275141352_Efficacy_of_mindfulness_based_stress_reduction_MBSR_on_the_sense_of_wellbeing_of_healthcare_staff_A_pilot_study/links/574c111508ae7dff1bcfe914/Efficacy-of-mindfulness-based-stress-

Foureur, M., Karyn, B., Burton, G., Yu, N., & Crisp, J. (2014). Enhancing the resilience of nurses and midwives: Pilot of a mindfulness-based program for increased health, sense of coherence and decreased depression, anxiety and stress. *Contemporary Nurse, 45*(1), 114-125. Retrieved from http://dx.doi.org/10.5172/conu.2013.45.1.114

Gagliaridi, A., Marshall, C., Huckson, S., James, R., & Moore, V. (2015). Developing a checklist for guideline implementation planning: review and synthesis of guideline development and implementation advice. *Implementation Science, 10*(19), 1-9. Retrieved from https://implementationscience.biomedcentral.com/articles/10.1186/s13012-015-0205-5

Gogo, A., Osta, A., McClafferty, H., & Rana, D. (2019). Cultivating a way of being and doing: Individual strategies for physician well-being and resilience. *Current Problems in Pediatric and Adolescent Health Care, 49*(12), 1-10. doi:https://doi.org/10.1016/j.cppeds.2019.100663

Heath, J., Walmsley, L. A., Aker, R., Ferrin, S., Stone, D., & Norton, J. (2020). CPR to the rescue! *Clinical Nurse Specialist: The Journal for Advanced Nursing Practice, 34*(2), 63-69. doi:http://dx.doi.org.akin.css.edu/10.1097/NUR.0000000000000506

Hurly, J., Hutchinson, M., Bradbury, J., & Browne, G. (2016). Nexus between preventive policy inadequacies, workplace bullying, and mental health: qualitative findings from the experiences of Austrailian public secton employees. *Mental Health Nursing, 25*(1), 12-18. Retrieved from http://dx.doi.org/10.1111/inm.12190

Kabat-Zinn, J. (2005). *Wherever you go, there you are: Mindfulness meditation* (10th ed.). New York, NY: Hachette Books.

Kester, K., & Wei, H. (2018). Building nurse resiliency. *Nursing Management, 49*(6), 42-45. doi:10.1097/01.NUMA.0000533768.28005.36

Kleinpell, R., Moss, M., Good, V., Gozal, D., & Sessler, C. (2020). The critical nature of addressing burnout prevention: Results from the critical care societies collaborative's National Summit and Survery on Prevention and Management of Burnout in the ICU. *Crirical Care Medicine, 48*(2), 249-253. doi:http://dx.doi.org.akin.css.edu/10.1097/CCM.0000000000003964

Lebares, C., Herschberger, A., Guvva, E., Desai, A., Mitchell, J., Shen, W., . . . Harris, H. (2018). Feasibility of formal mindfulness-based stress-resilience training among sugery interns: A randomized clinical trial. *JAMA Surgery, 153*(10), e182734-e182734. doi:http://dx.doi.org.akin.css.edu/10.1001/jamasurg.2018.2734

Lee, Y.-C., Huang, S.-C., Huang, C.-H., & Wu, H.-H. (2016). A new approach to identify high burnout medical staffs by k-means cluster analysis in a regional teaching hospital in Taiwan. *The Journal of Health Care Organization, Provision and Financing, 53*, 1-6. Retrieved from https://web-s-ebscohost-com.akin.css.edu/ehost/pdfviewer/pdfviewer?vid=22&sid=4137e7a8-f3ca-4d1d-b2b0-db5c382ed699%40redis

Maralyn, F., Besley, K., Buron, G., Yu, N., & Crisp, J. (2013). Enhancing the resilience of nurses and midwives: Pilot of a mindfulness-based program for increased health, sense of coherence and decreased depression, anxity and stress. *Contemporary Nurse: A Journal for the Austrialian Nursing Profession, 45*(1), 114-125. doi:http://dx.doi.org.akin.css.edu/10.5172/conu.2013.45.1.114

McEwen, B. (2016). In pursuit of resilience: stress, epigenetics, and brain plasticity. *Annals of the New York Academy of Sciences, 1373*(1), 56-64. doi:10.1111/nyas.13020

Mealer, M., Conrad, D., Evans, J., Jooste, K., Solyntjes, J., Rothbaum, B., & Moss, M. (2014). Feasibility and acceptability of a reslience training program for intensive care unit nurses. *American Journal of Critical Care, 23*(6), e97-e105. doi:http://dx.doi.org.akin.css.edu/10.4037/ajcc2014747

Moran, K., Burson, R., & Conrad, D. (2014). *The doctor of nursing practice scholarly project: a framework for success* (2nd ed.). Burlington, MA: Jones & Bartlett Learning, LLC.

Netigate. (2020, May 13). *How the Employee Satisfaction Index (ESI) Works and How to Use It*. Retrieved from Netigate: https://www.netigate.net/articles/human-resources/how-the-employee-satisfaction-index-esi-works-and-how-to-use-it/

Pazzanese, C. (2021, October 20). *"I quit" is all the rage. Blip or sea change?* Retrieved from The Harvard Gazette: Business & Economy: https://news.harvard.edu/gazette/story/2021/10/harvard-economist-sheds-light-on-great-resignation/

Pigni, A. (2014). Building resilience and preventiong burnout among aid workers in Palestine: a personal account of mindfulness based staff care. *Intervention, 12*(2), 231-239. Retrieved from https://www.interventionjournal.com/sites/default/files/Building_resilience_and_preventing_burnout_among.6.pdf

Reavy, K. (2016). *Inquiry and leadership a resource for the DNP project.* Philadelphia, PA: F.A. Davis Company.

Saint Louis County. (n.d.). *Clarity Center for Wellbeing Overview.* Retrieved October 30, 2021, from Saint Louis County Minnesota: https://www.stlouiscountymn.gov/Portals/0/Library/Dept/Public%20Health%20and%20Human%20Services/Divisions/HCBS/Clarity%20Project/Clarity%20Center%20for%20Wellbeing%20Overview.pdf?ver=zC-BYZbDFciheLY8nbLRqw%3d%3d

Saint Louis County. (n.d.). *Clarity Hub & Spokes Diagram.* Retrieved October 30, 2021, from Saint Louis County Minnesota: https://www.stlouiscountymn.gov/LinkClick.aspx?fileticket=JwO9hrHUvxw%3d&portalid=0

Saint Louis County. (n.d.). *Clarity Project*. Retrieved October 30, 2021, from Saint Louis County Minnesota: https://www.stlouiscountymn.gov/departments-a-z/public-health-human-services/adult-services/clarity-project

Saint Louis County. (n.d.). *Clarity Project FAQs (Frequenty Asked Questions).* Retrieved October 30, 2021, from Saint Louis County Minnesota: https://www.stlouiscountymn.gov/Portals/0/Library/Dept/Public%20Health%20and%20Human%20Services/Divisions/HCBS/Clarity%20Project/Clarity%20Project%20FAQ's%20(Frequently%20Asked%20Questions).pdf?ver=P8mBaawyY0FiMp93FKbvdw%3d%3d

Saint Louis County. (n.d.). *January 27, 2021 Presentation To Large Group.* Retrieved October 31, 2021, from Saint Louis County Minnesota: https://www.stlouiscountymn.gov/Portals/0/Library/Dept/Public%20Health%20and%20Human%20Services/Divisions/HCBS/Clarity%20Project/2021-1.27%20Presentation%20To%20Large%20Group.pdf?ver=IM9zSn0YqI5zkoXodXytPg%3d%3d

Saint Louis County. (n.d.). *March 24, 2021 Presentation to Full Partnership Meeting.* Retrieved October 31, 2021, from Saint Louis County Minnesota: https://www.stlouiscountymn.gov/Portals/0/Library/Dept/Public%20Health%20and%20Human%20Serv

ices/Divisions/HCBS/Clarity%20Project/2021-3.24%20Full%20Partnership%20Meeting%20Presentation.pdf?ver=5ZHFgXhdUev70zBwX6jwkQ%3d%3d

Shaygan, M., Yazdani, Z., & Valibeygi, A. (2021). The effect of online multimedia psychoeducational interventions on the resilience and perceived stress of hospitalized patients with COVID-19: a pilot cluster randomized parallel-controlled trial. *BMC Psychiatry, 21*(1), 93. doi:10.1186/s12888-021-03085-6

Stonnington, C., Darby, B., Santucci, A., Mulligan, P., Pathuis, P., Cuc, A., . . . Sood, A. (2016). A resilience intervention involving mindfulness training for transplant patients and their caregivers. *Clinical Transplantation, 30*(11), 1466-1472. doi:10.1111/ctr.12841

Thapa, D., Levett-Jones, T., West, S., & Cleary, M. (2021). Burnout, compassion fatigue, and resilience among healthcare professionals. *Nursing & Health Sciences, 23*(3), 565-569. Retrieved from https://onlinelibrary.wiley.com/doi/epdf/10.1111/nhs.12843

The University of North Texas Health Science Center at Fort Worth. (2019, May). *Guide to writing effective policies and procedures.* Retrieved from HSC Office of Institutional Compliance and Integrity: https://www.unthsc.edu/administrative/wp-content/uploads/sites/23/Effective-Policies-and-Procedures-Guide-merged-1.pdf

University of California Santa Cruz. (1994, 12 21). *Guide to writing policy and procedure documents.* Retrieved from UC Santa Cruz Resources: https://policy.ucsc.edu/resources/images/GuidetoWritingPolicy.pdf

van der Riet, P., Levett-Jones, T., & Aquino-Russell, C. (2018). The effectiveness of mindfulness meditation for nurses and nursing students: An integrated lieterature review. *Nurse Education Today, 65*, 201-211. doi:http://dx.doi.org.akin.css.edu/10.1016/j.nedt.2018.03.018

Walker, V. (2021). Why a wellbeing recovery will be needed post pandemic. *Occupational Health & Wellbeing, 73*(1), 11. Retrieved from https://www.proquest.com/openview/69d7d3b9e1cf73576a4a65c72a1fbe3e/1?cbl=49149&parentSessionId=NBv2DBEq8MDdfVKw%2BCLCfDmMFaWggyKUH8XNQiqDIMc%3D&pq-origsite=gscholar&accountid=159985

Wright, E., Matthai, M., & Warren, N. (2017). Methods for alleviating stress and increasing resilience in the midwifery community: A scoping review of the literature. *Journal of Midwifery & Women's Health, 62*(6), 737-745. doi:http://dx.doi.org.akin.css.edu/10.1111/jmwh.12651

Zaccagnini, M., & Pechacek, J. (2021). *The doctor of nursing practice essentials: a new model for advanced nursing practice* (4th ed.). Burlington, MA: Jones & Bartlett Learning LLC.

**Appendices**

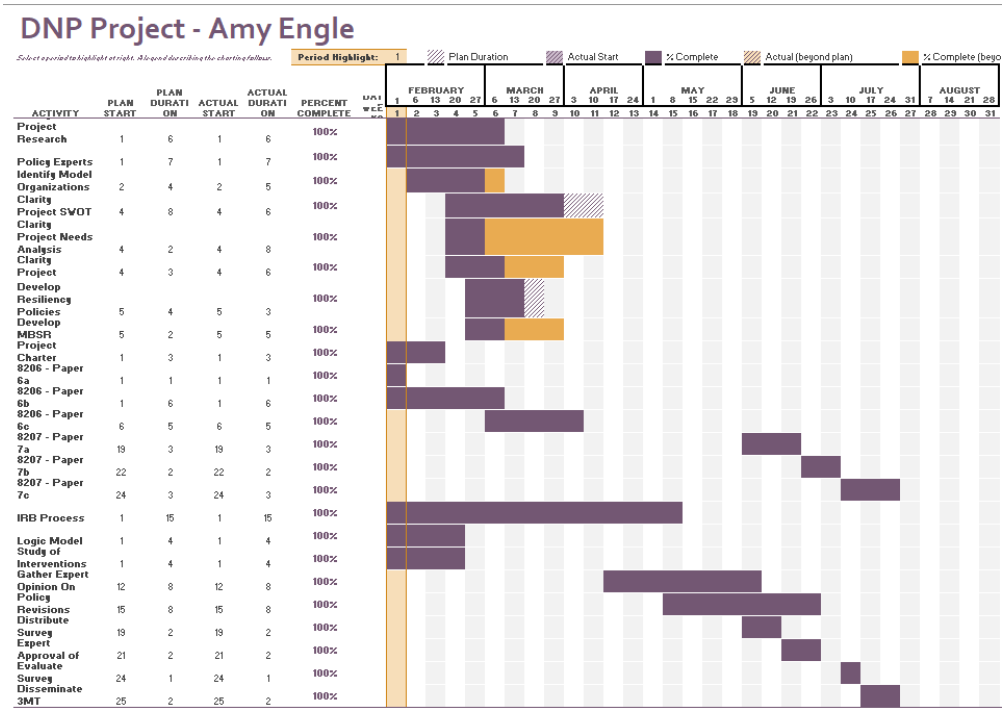
**Gap Analysis Diagram**

INTEGRATING RESILIENCY CULTURE INTO CARE MODEL

| Category | Current State | Future State | Actions | Priority | Owner | Due Date |
|---|---|---|---|---|---|---|
| **Business/Quality Context** | Resiliency dispersed across partnering organizations | Integrating resiliency culture into care model | Increase awareness of resiliency need | High | Amy Engle | Spring 2022 |
| **Stakeholders** | Partnering organizations | Neutral facilitating party | Champion resiliency promotion | Medium | Amy Engle | Spring 2022 |
| **Data Process** | No data gathering processes | Worker satisfaction & retention | Establish common data profile | High | Amy Engle | Spring 2022 |
| **Training** | Not present | Mindfulness | MBSR Techniques | High | Amy Engle | Spring 2022 |
| **Technology** | Separate HR & Survey systems | Ensure consistency across partnering organizations | Integrate surveys into HR systems | Low | Partnering Organizations | Spring 2022 |

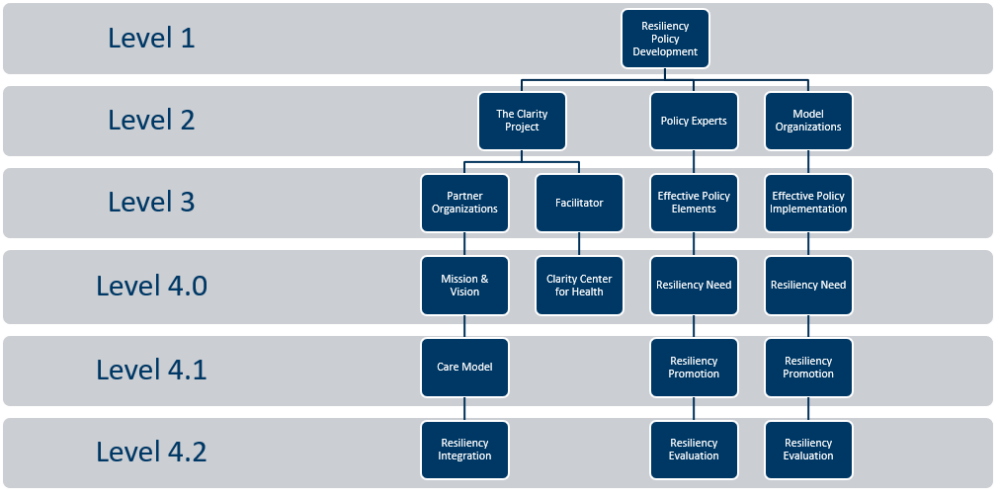
**SWOT Analysis Diagram**

**Gantt Chart**


DNP Project - Amy Engle
Period Highlight: 1
Plan Duration
Actual Start
% Complete
Actual (beyond plan)
% Complete (bego
FEBRUARY
MARCH
APRIL
MAY
JUNE
JULY
AUGUST
ACTIVITY
PLAN START
PLAN DURATION
ACTUAL START
ACTUAL DURATION
PERCENT COMPLETE
Project Research 1 6 1 6 100%
Policy Experts 1 7 1 7 100%
Identify Model Organizations 2 4 2 5 100%
Clarify Project SWOT 4 8 4 6 100%
Clarify Project Needs Analysis 4 2 4 8 100%
Clarify Project 4 3 4 6 100%
Develop Resiliency Policies 5 4 5 3 100%
Develop MBSR Project 5 2 5 5 100%
Charter 1 3 1 3 100%
8206 - Paper 6a 1 1 1 1 100%
8206 - Paper 6b 1 6 1 6 100%
8206 - Paper 6c 6 5 6 5 100%
8207 - Paper 7a 19 3 19 3 100%
8207 - Paper 7b 22 2 22 2 100%
8207 - Paper 7c 24 3 24 3 100%
IRB Process 1 15 1 15 100%
Logic Model Study of Interventions 1 4 1 4 100%
Gather Expert Opinion On Policy 12 8 12 8 100%
Revisions Distribute Survey 15 8 15 8 100%
Expert Approval of Evaluate Survey 19 2 19 2 100%
21 2 21 2 100%
Disseminate 3MT 24 1 24 1 100%
25 2 25 2 100%

**Work Breakdown Structure**

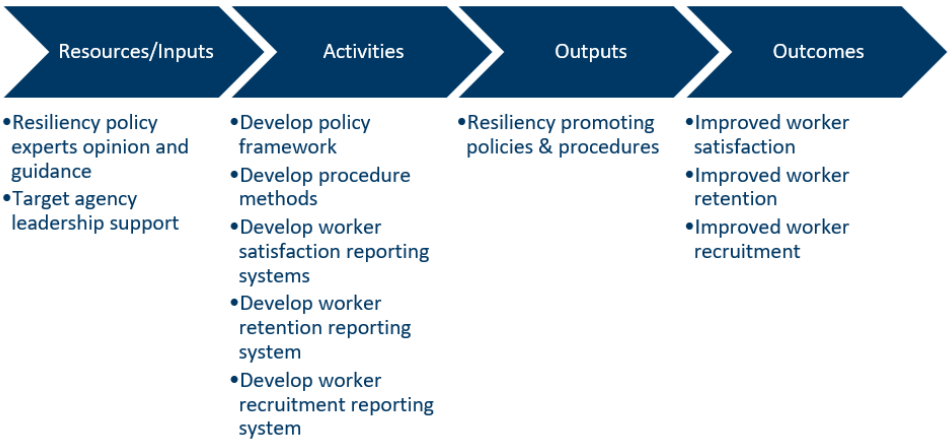
| PROJECT TITLE | Resiliency Policy Development | COURSE | NSG 8206 DNP Project II |
|---|---|---|---|
| PROJECT MANAGER | Amy Engle | DATE | Spring - 2022 |



**Communication Matrix**

| Communication | Purpose | Medium | Frequency | Audience |
|---|---|---|---|---|
| Consultation with Diane Holliday-Welsh | To understand how resiliency can be integrated into The Clarity Project culture | Web conference | Weekly | Target agency point person |
| Consultation with Clarity Project Partner Organizations | To understand how partner organizations view resiliency | Web conference | Monthly | Project Team |
| Consultation with academic advisor | To ensure project progress | Web conference | As needed | Project Team |
| Clarity Project standing committee | To become familiar with Clarity Project partner organizations | Web conference | Monthly 3rd Thursday | Clinical / Development Committee |
| Clarity Project standing committee | To become familiar with Clarity Project decision-making processes | Web conference | Monthly | Advisory Board |

**Logic Model**



**Employee Turnover by Industry**

The following employee turnover rate figures are provided by CompData Surveys:

| 2016 Turnover by Industry | |
|---|---|
| Banking and Finance | 18.1% |
| Healthcare | 19.9% |
| Hospitality | 28.6% |
| Insurance | 12.2% |
| Manufacturing and Distribution | 16.0% |
| Not-For-Profit | 15.7% |
| Services | 16.8% |
| Utilities | 8.8% |

**Project Team**

| Name | Organization / Position | Role |
|---|---|---|
| Team Member A | People Incorporated<br>Chief Operating Officer | Project mentor |
| Team Member B | University of Northern Colorado<br>Professor – Psychological Services | Healthcare worker resiliency expert |
| Team Member C | Colorado Department of Health<br>Behavioral Health and Inclusion Work-lead | Healthcare worker resiliency expert |
| Team Member D | Colorado Depart of Health Policy<br>Director Strategic Outcomes | Healthcare worker resiliency expert |
| Team Member E | Nurse Practitioner | Implementing resiliency in direct care setting |
| Team Member F | The Target agency Project Consultant | Target agency point of contact |

**Literature Matrix Table**

Commented [12]: review spacing, word breaks, grammar . . . etc! Check APA!

| Author/ Date | Theoretical/ Conceptual Framework | Research Question(s)/ Hypotheses | Methodology | Analysis & Results | Conclusions | Implications for Future research | Implications For practice |
|---|---|---|---|---|---|---|---|
| Bernstein, Sandra<br><br>June – 2019 | Jon Kabat-Zinn – foundational attitudes to mindfulness practice | This article discusses how mindfulness-based practices can help nurses more effectively manage stress and improve resiliency. | | | | The strongest evidence supports MBSR for stress reduction and enhanced well-being.<br><br>Research has yet to definitively reveal the mechanisms behind these benefits.<br><br>Among the problems identified in much of the current research are nonrandomized designs, small sample sizes, reliance on self-report measures, varying frequency and duration of meditation, the wide variety of practices and outcome | Being more present to your own experience and habitual response increases your ability to manage stress and enhances decision-making, well-being, and self-efficacy. |

| Author/ Date | Theoretical/ Conceptual Framework | Research Question(s)/ Hypotheses | Methodology | Analysis & Results | Conclusions | Implications for Future research | Implications For practice |
|---|---|---|---|---|---|---|---|
| | | | | | | measures used, and lack of long-term follow-up. | |
| Chin, Brian; Lindsay, Emily; Greco, Carol; Brown, Kirk; Smyth, Joshua; Wright, Aidan; Creswell, J. David<br><br>May – 2019 | | Randomized controlled dismantling trial (RCT) was conducted to test the prediction that the removal of acceptance skills training would eliminate stress-reduction benefits of a mindfulness intervention. | This preregistered RCT randomly assigned stressed community adults to 1 of 3 conditions: (a) Monitor and Accept (MA) mindfulness training, a standard 8-week (MBSR) intervention that provided explicit instruction in developing both monitoring and acceptance skills; (b) Monitor Only (MO) mindfulness training, a well-matched 8-week MBSR intervention that taught monitoring skills only; or (c) No Treatment (NT) control. | Stress and nonjudgment were measured using ecological momentary assessment (EMA) for 3 days at baseline and 3 days at postintervention. | Consistent with predictions, MA participants increased in nonjudgment and decreased in both stress ratings and the proportion of assessments that they reported experiencing feelings of stress in daily life, relative to both MO and NT participants. | This RCT provides one of the first experimental tests of the mechanisms linking mindfulness interventions with stress resilience. | These findings suggest that acceptance skills training may be a necessary active ingredient and support the value of integrating acceptance skills training into stress-reduction inter-ventions. |

| Author/ Date | Theoretical/ Conceptual Framework | Research Question(s)/ Hypotheses | Methodology | Analysis & Results | Conclusions | Implications for Future research | Implications For practice |
|---|---|---|---|---|---|---|---|
| Foureur, Maralyn; Besley, Karyn; Burton, Geraldine; Yu, Nickolas; Crisp, Jackie | | The primary aim of this study was to pilot the effective-ness of an adapted mindfulness-based stress reduction intervention on the psycho-logical wellbeing of nurses and midwives.<br><br>More specifically, we sought to test the acceptabil-ity and feasibility of a modified MBSR intervention to inform a future randomized controlled trial (RCT). | The pilot study used a pre and post intervention design.<br><br>Twenty midwives and 20 nurses participated in a one-day workshop, undertook to meditate daily for 8 weeks and completed pre and post intervention measures: general health questionnaire (GHQ-12); sense of coherence (SOC) – orientation to life and the depression, anxiety and stress scale (DASS).<br><br>A subgroup took part in inter-views or focus group discussions of their experiences of the program and ongoing mindfulness practice. | The quantitativ e findings included significant improveme nts on the GHQ-12, SOC and the stress subscale of the DASS.<br><br>Qualitative findings support the acceptabili ty of the interventio n, and highlighted issues related to feasibility of future RCT studies. | Mindfulness practice holds promise for increasing individual and workplace resilience. | Meaningful research evidence from carefully constructed studies will be required to engage and motivate participation and organization al support. | |

| Author/ Date | Theoretical/ Conceptual Framework | Research Question(s)/ Hypotheses | Methodology | Analysis & Results | Conclusions | Implications for Future research | Implications For practice |
|---|---|---|---|---|---|---|---|
| Gogo, Albina; Osta, Amanda; McClafferty, Hilary; Rana, Deborah<br><br>December - 2019 | Zwack and Schweitzer – Three Domains of Resilience of gratification, resilience practices, and useful attitudes and ways of being. | The source presents a conceptual framework for building resilience for practicing and in-training physicians.<br><br>Organizational support for development of individual resilience strategies. | | | Proper alignment between organization and physician resiliency decreases physician turnover due to burn out and increases job satisfaction. | Best practices recommendations for a variety of care settings. | Although individual or group intervention can be suggested, each practitioner is responsible for implementation. |
| Heath, Janie; Walmsley, Lee Anne; Aker, Rachelle; Ferrin, Shelley; Stone, Dan; Norton, James<br><br>March/April – 2020 | CPR Camp was composed of Koru and Mindfulness-Based Stress Reduction to provide training in cultivating practices for resilience.<br><br>Koru Mindfulness is an evidence-based curriculum, specifically designed for teaching mindfulness, meditation, | Pilot a program to introduce strategies for coping with stress, cultivate compassion, and promote work-life balance to prevent burnout among health profession students, faculty, and healthcare professionals, with an overall aim of | A retrospective pre/post analysis of student perception of knowledge in the following categories: (1) habits and practices for resilient people, (2) strategies for building resilience and preventing/coping with stress/burnout in self and others, and (3) work-life balance (with the exception of cohort 4, for | Students indicated on open-response items specific strategies they were willing to adopt going forward.<br><br>These outcomes met our objectives for developing participant understanding of resilience practices | The CPR Camp initiative is an effective model for promoting and sustaining resilience-building strategies among health profession students. | | Similar programming conducted and/or attended by academic and/or health system leaders, such as clinical nurse specialists, can help cultivate practices for resilience among the members of the interprofessional workforce, |

| Author/ Date | Theoretical/ Conceptual Framework | Research Question(s)/ Hypotheses | Methodology | Analysis & Results | Conclusions | Implications for Future research | Implications For practice |
|---|---|---|---|---|---|---|---|
| | and stress management to college students and other young adults.<br><br>Mindfulness-Based Stress Reduction is an 8-week evidence-based program that offers secular, intensive mindfulness training to assist people with stress, anxiety, depression, and pain. | improving team-based care delivery. | work-life balance). | and adopting useful stress reduction practices.<br><br>Planning and implementation of team projects successfully brought different professions together to advance learning in resilience. | | | enabling teams to better cope with stress, prevent burnout. |
| Kleinpell, Ruth; Moss, Marc; Good, Vicki; Gozal, David; Sessler, Curtis<br><br>February – 2020 | | Summarize the results of expert discussions and recommendations from a National Summit and survey on promoting wellness and preventing and managing burnout in the ICU. | Statement on Burnout Syndrome in Critical Care Healthcare Professionals: A Call for Action; CCSC's National Summit on Prevention and Management of Burnout in the ICU and a descriptive survey on strategies for | Descriptive survey assessing strategies for addressing burnout was sent via email or newsletter blast with responses received from 680 CCSC members, including physicians, | Initiatives are being implement-ed both at their hospitals and at the unit level to build resilience and address burnout prevention.<br><br>However, other respondents reported | Raising awareness among critical care clinicians and key stakeholders, advocating for workplace changes to promote healthy work environments, and promoting research to further | Dissemination and application of resiliency building measures and strategies to address burnout in critical care clinicians needed. |

| Author/ Date | Theoretical/ Conceptual Framework | Research Question(s)/ Hypotheses | Methodology | Analysis & Results | Conclusions | Implications for Future research | Implications For practice |
|---|---|---|---|---|---|---|---|
| | | | addressing burnout using Research Electronic Data Capture (REDCap) (projectredcap.org). | nurses, pharmacists, therapists, and others. | that no measures were being used within their organizations, and that colleagues were experiencing burnout.<br><br>Dissemination and application of resiliency building measure. | explore practical strategies to address, mitigate, and prevent burnout. | |
| Lebares, Carter; Hershberger, Amy; Guvva, Ekaterina; Desai, Aditi; Mitchell, James; Shen, Wen; Reilly, Linda; Deluchhi, Kevin; O'Sullivan, Patricia; Ascher, Nancy; Harris, Hobart;<br><br>August – 2018 | | To test the feasibility and acceptability of modified Mindfulness-Based Stress Reduction (MBSR) training during surgical residency. | A pilot randomized clinical trial of modified MBSR vs an active control was conducted with 21 surgical interns in a residency training program at a tertiary academic medical center, from April 30, 2016, to December 2017.<br><br>Weekly 2-hour, modified MBSR classes and 20 minutes of suggested | Feasibility was assessed along 6 domains (demand, implementation, practicality, acceptability, adaptation, and integration), using focus groups, interviews, surveys, attendance, daily practice time, and subjective | Formal MBSR training is feasible and acceptable to surgical interns at a tertiary academic center.<br><br>Interns found the concepts and skills useful, both personally, and professionally.<br><br>Participation had no detrimental effect on | This pilot randomized clinical trial demonstrates that formal mindfulness-based training is feasible and acceptable for surgical interns at a tertiary academic medical center.<br><br>To address burnout and distress in medicine, institutional change is necessary. | Although the efficacy of formal mindfulness training remains to be proven in surgery, our study demonstrates that the necessary foundations of feasibility and acceptability are in place.<br><br>With this in mind, we may find that the latest |

| Author/ Date | Theoretical/ Conceptual Framework | Research Question(s)/ Hypotheses | Methodology | Analysis & Results | Conclusions | Implications for Future research | Implications For practice |
|---|---|---|---|---|---|---|---|
| | | | daily home practice over an 8-week period. | self-report of experience.<br><br>Formal stress-resilience training was feasible through cultivation of stakeholder support.<br><br>Modified MBSR was acceptable as evidenced by no attrition; high attendance (12 of 96 absences [13%] in the intervention group and 11 of 72 absences [15%] in the control group); no significant difference in days per week practiced | their surgical training or patient care. | Nonetheless, such changes will take time to identify and creativity to implement.<br><br>Individual resilience training can mitigate overwhelming stress and enhance clinicians' ability to guide these changes. | American College of Graduate Medical Education requirement for specific programming to improve resident well-being is a challenge that we can meet. |

| Author/ Date | Theoretical/ Conceptual Framework | Research Question(s)/ Hypotheses | Methodology | Analysis & Results | Conclusions | Implications for Future research | Implications For practice |
|---|---|---|---|---|---|---|---|
| | | | | between groups; similar mean (SD) daily practice time between groups with significant differences only in week 1. | | | |
| McEwen, Bruce | | This paper is directed toward promoting resilience to adverse events, defined as achieving a positive outcome in the face of adversity, and emphasizes how stress-related hormones can play both protective and damaging roles in the brain and body, depending on how tightly their | | | | The healthy brain has a considerable capacity for resilience, based upon its ability to respond to interventions designed to open "windows of plasticity" and redirect its function toward better health.<br><br>As a result, plasticity-facilitating treatments should be given within the framework of a positive behavioral | there are no magic bullets and drugs cannot substitute for targeted interventions that help an individual become resilient, of which mindfulness-based stress reduction and meditation are emerging as useful tools. |

| Author/ Date | Theoretical/ Conceptual Framework | Research Question(s)/ Hypotheses | Methodology | Analysis & Results | Conclusions | Implications for Future research | Implications For practice |
|---|---|---|---|---|---|---|---|
| | | release is regulated. | | | | intervention; negative experiences during this window may even make matters worse. | |
| Mealer, Meredith; Conrad, David; Evans, John; Jooste, Karen; Soluntjes, Janet; Rothbaum, Barbara; Moss, Marc<br><br>November – 2014 | | Determine if a multimodal resilience training program for ICU nurses was feasible to perform and acceptable to the study participants. | A randomized and controlled 12-week intervention study, treatment, and control groups completed demographic questions and measures of resilience, anxiety, depression, posttraumatic stress disorder (PTSD), and burnout syndrome before and after the intervention.<br><br>The intervention included a 2-day educational workshop, written exposure sessions, event triggered counseling sessions, mindfulness- | This multimodal resilience training program was feasible to conduct and acceptable to ICU nurses.<br><br>Both nurses randomized to the treatment group and nurses randomized to the control group showed a significant decrease in PTSD symptom score after the intervention. | Multifaceted resilience training program for ICU Nurses was feasible and acceptable.<br><br>Sufficiently powered, randomized clinical trial is needed to assess the effect of the intervention on improving individual level of resilience and psychological outcomes such as symptoms of anxiety, depression, burnout syndrome, and PTSD. | Reductions in symptoms of PTSD and increases in resilience scores were noted in the control group.<br><br>These findings may be the result of a lack of treatment fidelity and intervention contamination in the control group as members of both treatment groups worked together in the ICU.<br><br>Examining the potential role of assessment reactivity was | This is the first intervention for ICU nurses, that adopted specific coping mechanisms and cognitive behavioral therapy as a multifaceted approach to teaching resilience.<br><br>Specific intervention components were chosen based on evidence supported in the literature and from qualitative assessments of resilient ICU nurses. |

| Author/ Date | Theoretical/ Conceptual Framework | Research Question(s)/ Hypotheses | Methodology | Analysis & Results | Conclusions | Implications for Future research | Implications For practice |
|---|---|---|---|---|---|---|---|
| | | | based stress reduction exercises, and a protocolized aerobic exercise regimen.<br><br>Nurses in the intervention arm also completed satisfaction surveys for each component of the intervention. | | | important and will help inform a better designed and powered study.<br><br>The alternative trial designs such as cluster randomization or a stepped-wedge design may be needed to control for assessment reactivity and treatment fidelity. | Resilience can be strengthened and taught through cognitive flexibility, learning to be adept at facing fear, developing active coping skills, having a supportive social network, exercising, and having a sense of humor. |
| Shaygan, Maryam; Yazdani, Zahra; Valibaeygi, Adib | | The present study was conducted to assess an online multimedia psychoeducational intervention regarding the feasibility, adherence, patient satisfaction | This was a pilot cluster randomized parallel-controlled trial with hospital wards as the units of randomization.<br><br>Before the beginning of the intervention, four-inpatient wards inside two of the | Of 27 patients starting multimedia psychoeducational interventions, 26 (96.29%) completed post-assessments.<br><br>A high level of adherence | The findings of the present study provided a successful first attempt at implementing feasible online multimedia psychoeducational interventions to promote | Our findings support the beneficial effects of an online multimedia psychoeducational intervention grounded in cognitive–behavioral therapy, mindfulness–based stress reduction and positive | The present results could help mental health professionals to determine which psychological techniques should be emphasized to promote patient resilience in |

| Author/ Date | Theoretical/ Conceptual Framework | Research Question(s)/ Hypotheses | Methodology | Analysis & Results | Conclusions | Implications for Future research | Implications For practice |
|---|---|---|---|---|---|---|---|
| | | and effectiveness on resilience and perceived stress of patients hospitalized with confirmed COVID-19. | hospitals were randomly assigned to either intervention or control conditions.<br><br>All eligible participants in the wards allocated to the intervention condition received online multimedia psycho-educational interventions during the 2 weeks, whilst the patients in the wards allocated to the control condition were offered the opportunity to receive telephone-based psychological counseling if needed.<br><br>Psychoeducational interventions mainly included cognitive–behavioral techniques, | (80.76%) and satisfaction (Mean = 29.42; SD = 4.18) with the online multimedia psychoeducational intervention was found.<br><br>Compared with the control group, the patients who used online multimedia psychoeducational interventions reported greater resilience. | resilience and mitigate stress among the patients who were hospitalized due to COVID-19 infection. | psychotherapy on the resilience and perceived stress of patients hospitalized with confirmed COVID-19.<br><br>The present results could help mental health professionals to determine which psychological techniques should be emphasized to promote patients' resilience in the context of COVID-19 disease. | the context of COVID-19 disease. |

| Author/ Date | Theoretical/ Conceptual Framework | Research Question(s)/ Hypotheses | Methodology | Analysis & Results | Conclusions | Implications for Future research | Implications For practice |
|---|---|---|---|---|---|---|---|
| | | | stress management techniques, mindfulness-based stress reduction and positive psychotherapy.<br><br>Patients were assessed regarding resilience and perceived stress at baseline and after two weeks. | | | | |
| Stonnington, Cynthia; Darby, Betty; Santucci, Angela; Mulligan, Pamela; Pathuis, Patricia; Cuc, Andrea; Hentz, Joseph; Zhang, Nan; Mulligan, David; Sood, Amit<br><br>August - 2016 | Solid organ and stem cell transplant patients and their caregivers report a substantial level of distress.<br><br>Mindfulness-based stress reduction has been shown to alleviate distress associated with transplant, but there is limited experience in this | Our objective was to evaluate the feasibility, interest, acceptance, and stress-related outcomes with participation in a 6-week MBRT class for transplant (solid organ and stem cell) patients and their caregivers.<br><br>The main reason to | We evaluated a novel, 6-week mindfulness-based resilience training (MBRT) class for transplant patients and their caregivers that incorporates mindfulness practice, yoga, and neuroscience of stress and resilience | Thirty-one heart, liver, kidney/pancreas, and stem cell transplant patients and 18 caregivers at Mayo Clinic in Arizona participated.<br><br>Measures of stress, resilience, depression, anxiety, health-related quality of life, positive | At 6 weeks and 3 months, patients demonstrated significant (P<.005) improvements from baseline in measures of perceived stress, depression, anxiety, and negative affect.<br><br>Quality-of-life mental component (P=.006) and positive affect | Future studies are warranted with larger sample size and using a randomized controlled trial design that assesses MBRT's impact on morbidity and mortality, specific transplant types, and evaluate whether the intervention is most useful pre-or posttransplant. | MBRT holds promise as an intervention to enhance resilience and manage stress for transplant patients and their caregivers. |

| Author/ Date | Theoretical/ Conceptual Framework | Research Question(s)/ Hypotheses | Methodology | Analysis & Results | Conclusions | Implications for Future research | Implications For practice |
|---|---|---|---|---|---|---|---|
| | population with other mindfulness-based interventions , or with combined transplant patient and caregiver interventions. | include both stem cell and solid organ patients were that we wanted to develop a clinical program that could be offered to as many patients as possible and recognize the limits of our existing staff.<br><br>To test whether patients would be accepting of and benefit from a directed intervention. | | and negative affect, and sleep were completed at baseline, 6 weeks, and 3 months postinterve ntion. | (P=.02) also improved at follow-up. | | |
| Van der Riet, Pamela; Levett-Jones, Tracy; Aquino-Russell, Catherine October - 2017 | Whittemore and Knafl's framework for integrated reviews. | Critically appraise the literature that related to the effectivenes s of mindfulness meditation programs for nurses. | Critical Appraisal Skills Program checklist for qualitative papers and McMaster's Critical appraisal form for quantitative papers. | Mindfulness meditation has a positive impact on nurses stress, anxiety, depression, and burnout. | Mindfulness meditation is an effective strategy for preventing and managing workplace stress and burnout. | Larger sample sizes using rigorous research methods would be useful in extending this work. | |

**Resiliency Promoting Policy**

CLARITY
CENTER FOR WELLBEING

*Policies of The Clarity Project*

Policy Number

Name of Policy
Promoting Nurse Resiliency

Policy Statement
The Clarity Project recognizes that nurses are at an elevated risk for burnout and seeks to promote and improve nurse resiliency through formal education programs, establish social support networks and provide meaningful recognition.

Application and Purpose of Policy
The Clarity Project recognizes that resilient nurses benefit patients, nurses, and The Project. Patient benefits include improved care outcomes and reduced care costs. Nurse benefits include reduced burnout incidents and improved workplace satisfaction. The Project benefits include improved staff satisfaction and reduced staff turnover.

Definitions

Resiliency: The ability to face adverse situations, remain focused, and continue to be optimistic for the future

Burnout: A response to prolonged occupational stress, characterized by losing enthusiasm for work, depersonalizing others and no longer finding work meaningful, negatively impacts individuals, organizations, and patients

Mindfulness: Being purposely aware, through paying attention to the present moment in a non-judgmental manner with additional attributes including patience, trust, acceptance and letting go

Policy and Responsibilities

Executive – Level

Executives should recognize the importance of nurse resiliency and model desired behavior. Executives identify and implement an enterprise – wide formal education program on at least an annual basis. The program should address involvement from all levels of the organization and should include but not limited to physical plant changes to promote resiliency and mindfulness, how to identify burnout risk factors, and how to implement resiliency in regular reporting structures and systems including but not limited to annual or periodic performance reviews.

Manager – Level

Managers should recognize the importance of nurse resiliency and model desired behavior. Managers should ensure that resiliency promoting programming is successfully implemented in their areas of

responsibility. Managers should collaborate with executives on identifying and implementing physical plant changes that promote nurse resiliency. Managers should receive training on at least an annual basis on identifying burnout risk factors and mitigating intervention strategies using evidence – based practice methodologies including but not limited to mindfulness. Managers should implement resiliency, burnout and mindfulness themes into regular reporting structures and systems including but not limited to annual or periodic performance reviews or staff meetings.

Supervisor – Level

Supervisors should recognize the importance of nurse resiliency and model desired behavior. Supervisors should ensure that resiliency promoting programming is successfully implemented in their areas of responsibility. Supervisors should receive training on at least an annual basis on identifying burnout risk factors and mitigating intervention strategies using evidence – based practice methodologies including but not limited to mindfulness. Supervisors should implement resiliency, burnout and mindfulness themes into regular reporting structures and systems including but not limited to annual or periodic performance reviews or staff meetings.

Staff – Level

Staff should recognize the importance of nurse resiliency and model desired behavior. Staff should receive training on at least an annual basis on identifying burnout risk factors and mitigating intervention strategies using evidence – based practice methodologies including but not limited to mindfulness. Staff should expect the freedom to discuss resiliency or burnout concerns with executive, manager, or supervisor in a confidential and supportive environment.

Reference

Kabat-Zinn, J. (2005). *Wherever you go, there you are: Mindfulness meditation* (10th ed.). New York, NY: Hachette Books.

Kester, Kelly, Wei, Holly. (2018). Building nurse resiliency. *Nursing Management* 49(6), 42-45. doi: 10.1097/01.NUMA.0000533768.28005.36. Retrieved from https://journals.lww.com/nursingmanagement/Fulltext/2018/06000/Building_nurse_resilience.10.aspx

Lee, Y.-C., Huang, S.-C., Huang, C.-H., & Wu, H.-H. (2016). A new approach to identify high burnout medical staffs by k-means cluster analysis in a regional teaching hospital in Taiwan. *The Journal of Health Care Organization, Provision and Financing, 53*, 1-6. Retrieved from https://web-s-ebscohost-com.akin.css.edu/ehost/pdfviewer/pdfviewer?vid=22&sid=4137e7a8-f3ca-4d1d-b2b0-db5c382ed699%40redis

Related Policies and Procedures

Reviewed By:
Approved Date:
Effective Date:
Revised Date:
Next Revision Date:
Contact Information / Policy Owner: