

**Reducing Compassion Fatigue Among Nurse Practitioners by Implementing a
Workplace Wellness Program**

Rosa M. Agüero

Touro University, Nevada

DNP 763: DNP Project II

Dr. Dulce Santacroce and Dr. Julie Astrella

February 7, 2023

Abstract

Problem: Repeated exposure to suffering and traumatic experiences among nurse practitioners (NPs) predisposes them to compassion fatigue.

Background: Compassion fatigue results in poorer well-being, efficiency, and patient outcomes. It also predicts the intention to leave the nursing profession. The project lead implemented the American for Nurses' Gratitude Practice for Nurses Wellness Program to reduce compassion fatigue among NPs in Alliance for Wellness medical group in California.

Methods: The quality improvement project used the KAIZEN™ Methodology framework. Twelve NPs participated in the program. Professional Quality of Life (PROQoL) for Health Workers measured the participants' compassion fatigue pre and post intervention. Attendance at the weekly Zoom meeting measured participants' compliance, while a Satisfaction Questionnaire examined the participants' satisfaction with the program.

Intervention: The wellness program was delivered as five weekly online sessions. It included PowerPoint presentations and activities to promote gratitude practice among the participants. The implementation guide and toolkit were downloaded from the ANA Enterprise website.

Results: The wellness program effectively improved participants' compassion satisfaction ($p = 0.011$) and perceived support ($p = 0.001$). It also reduced burnout ($p = 0.001$), secondary traumatic stress ($p = 0.002$), and moral distress ($p = 0.022$). The engagement rate for the program was high at 92% in weeks 2 to 4 and 100% in weeks 1 and 5.

Participants were also highly satisfied with the program ($M = 4.47 \pm 0.08$).

Conclusion: The Gratitude Practice for Nurses Wellness Program reduced compassion fatigue among the NPs. It had a high engagement and satisfaction rating from the participants. The program should continue to be implemented at the practice site by including it in the orientation program. Similar facilities may also consider replicating this program to improve NPs' well-being, support optimal patient care delivery, meet organizational outcomes, and improve staff retention. Further research should explore if the program's effects can be sustained for more than five weeks.

Keywords: gratitude practice, wellness program, compassion fatigue, ProQOL

Reducing Compassion Fatigue Among Nurse Practitioners by Implementing a Workplace Wellness Program

Nurse practitioners (NPs) are advanced practice registered nurses (APRNs) trained to provide health services for infants to elderly adults (American Association of Nurse Practitioners [AANP], 2019). They practice in community health centers, private practices, and healthcare facilities. Their work responsibilities, patient interaction, and the continuous giving of self-make them susceptible to developing compassion fatigue (AANP, 2019; Bouchard, 2019; Peters, 2018). Compassion fatigue pertains to a diminished capacity to care because of repeated exposure to suffering and traumatic experiences (AANP, 2019; Cavanagh et al., 2019; Stamm et al., 2022). NPs with compassion fatigue report poor well-being, productivity, and delivery of patient care. They are also more likely to incur medical errors and leave their employment and the profession (Cavanagh et al., 2020; Demaree, 2021; Stamm et al., 2022; Upton et al., 2018; Wells et al., 2019).

Strategies to reduce compassion fatigue are critical in improving the NPs' well-being, patient outcomes, and retention (Pai et al., 2022; Stamm et al., 2022; Wells et al., 2019). One promising strategy is a wellness program that aims to improve the well-being of employees (Jones et al., 2019). Wellness programs are activities in the workplace intended to reduce healthcare costs, improve productivity, and better the well-being of employees (Jones et al., 2019). These include mental health services, team building events, debriefing, pet therapy, exercise classes, art therapy, and music therapy geared toward providing support and improving staff resilience (Cancer Center Fights, 2019;

Kase et al., 2020).

One promising wellness program that can be adopted in primary care is the Gratitude Practice for Nurses Toolkit for Well-Being (Appendix A). This program was created by the American Nurses Foundation and the Greater Good Science Center (GGSC) at the University of California, Berkeley (American Nurses Association [ANA] Enterprise, 2022). Evidence suggests that gratitude has a healing effect on the mind, body, and relationships. Among healthcare providers, being grateful is linked with lower stress and depression and better productivity and quality of patient support. Thus, fostering the gratitude practice among nurse practitioners can foster improved health and well-being (ANA Enterprise, 2022).

Background

According to World Health Organization (WHO), health is an instance of complete psychological, physical and social well-being (Cohen & Liu, 2019). Wellness synonymously represents overall health, and the eight scopes encompass mental, social, physical, financial, spiritual, social, and occupational well-being (Yeung & Johnston, 2021). Unfortunately, health care providers who work persistently to provide quality patient care are often unsuccessful in taking time for their own wellness. Over time, prolonged contact with patients for long periods of time can cause compassion fatigue because of the clinician's physical and emotional energy depletion (Lee et al., 2021; Stamm et al., 2022; Upton et al., 2018). Compassion fatigue pertains to the healthcare providers' reduced capacity to care due to repeated exposure to serious diseases, pain, suffering, trauma, and death (Cavanagh et al., 2019). Compassion fatigue also develops from excessive workloads, workforce shortages, deficient supervisory assistance,

uncompetitive compensation, poor working environments, limited provisions, and unsteady work surroundings (Bouchard, 2019; Cavanagh et al., 2019).

Compassion fatigue is linked to healthcare workers' poorer emotional and physical health, which increases sickness absence and mental illness claims. Incessant compassion fatigue also causes burnout and is linked with feelings of hopelessness, apathy, and poor productivity (Lee et al., 2021; Stamm et al., 2022). In addition, workers with compassion fatigue incur higher medical errors and provide unsatisfactory patient care (Stamm et al., 2022; Upton et al., 2018). These workers are also more likely to leave their jobs and the profession, exacerbating the nursing shortage and overburdening the healthcare system (Demaree, 2021; Peters, 2018; Stamm et al., 2022; Wells et al., 2019). As a result, healthcare organizations incur substantial financial losses due to the high nurse turnover rate. For instance, in 2020, the average turnover rate of registered nurses was 18.7%, and every percent of turnover cost the healthcare facility \$270,800 (Demaree, 2021). For that reason, interventions that would address compassion fatigue are warranted, as they may improve NPs' well-being and support better patient and organizational outcomes.

The development of a national guideline can inform the design and implementation of an evidence-based wellness program in healthcare organizations. For instance, the Agency for Healthcare Research and Quality (2020) recommend narrative medicine, expressive arts interventions, yoga, mindfulness, meditation, music therapy, resiliency skills training, stress reduction, and relaxation interventions to support nurses' well-being. In line with this guideline, the American Nurses Foundation launched the Well-Being Initiative to offer nurses and healthcare organizations resources to support nurses' mental health and well-being (ANA Enterprise, 2022).

Problem Identification

Compassion fatigue is pervasive in Alliance for Wellness medical group in California. An informal survey done by the office manager revealed that 17 out of 25 NPs reported compassion fatigue, and half of the NPs admitted to calling in sick at work due to compassion fatigue (S., Sinay, personal communication, March 30, 2022). However, the medical group has no existing programs to address this issue among NPs. Thus, S. Sinay, the office manager, supports interventions to reduce compassion fatigue among the staff (S., Sinay, personal communication, March 30, 2022).

Purpose Statement

This DNP project will explore and implement an evidence-based wellness program known as Gratitude Practice for Nurses to reduce compassion fatigue among NPs at Alliance for Wellness medical group in California. Ultimately, by curbing compassion fatigue, this DNP project will improve the well-being of NPs to support optimal patient care and increase organizational outcomes.

Project Question

The project question was developed by utilizing the PICOT format. Will providing the Gratitude Practice for Nurses Wellness Program to 25 NPs at the various locations of the Alliance for Wellness medical group in California, compared to no wellness program, benefit NPs by reducing compassion fatigue?

Population: 25 NPs

Intervention: Education and implementation of the Gratitude Practice for Nurses wellness program

Comparison: No wellness program

Outcome: Compliance at least 90% improvement

Time: Over a five-week time frame

Search Methods

Peer-reviewed articles on compassion fatigue and wellness programs were identified through an extensive search of electronic databases, namely, CINAHL Plus, PubMed, Nursing & Allied Health Database, Nursing@Ovid, and APA PsychInfo. The national guidelines were identified by searching the world wide web. The search and Boolean terms were wellness program AND nurse practitioner AND compassion fatigue. A total of 943 studies were identified from the initial search. Limiters (peer-reviewed journals and a publication range of 2017–2022) were used to reduce the number of articles. The articles were also examined against the inclusion/exclusion criteria. Articles were included if they were from peer-reviewed journals, full text, published from 2017 to the present, and explored compassion fatigue and wellness programs for nurses. Dissertations, theses, and scientific session abstracts were excluded to ensure that only peer-reviewed articles were included. Studies not written or translated into English and those focused on wellness programs as a curriculum component for student nurses or NPs were also excluded. The latter was used an exclusion because the wellness program was intended to be designed in the workplace setting. Fourteen studies and four national guidelines were included in the literature review.

Review Synthesis

Impacts on Nurses

Compassion fatigue is prevalent in advanced practice registered nurses (APRNs). A study by Stamm et al. (2022) in a midwestern state in the United States discovered that among the APRNs, psychiatric NPs had the lowest compassion satisfaction mean, second to the highest burnout mean, and highest secondary traumatic stress mean (Stamm et al., 2022). NPs with increased levels of compassion fatigue have poorer physical and mental well-being (Frankenfield et al., 2018; Harwood et al., 2021). Poor well-being also increases absenteeism and staff sickness (Oates, 2018). Nurses with compassion fatigue also struggle to provide compassionate care and empathetically engage with patients, which has debilitating effects on patient safety (Oates, 2018; Sorenson et al., 2017). Thus, compassion fatigue contributes to mistakes and errors (Stamm et al., 2022). Blackburn et al. (2020) noted that every year, 5,200 deaths in the US are linked to preventable medical errors

Impacts on Organizations

Organizations are also burdened by compassion fatigue, as it presents financial and non-monetary costs, including difficulty in retaining robust and adequate staffing (Blackburn et al., 2020). Therefore, addressing compassion fatigue warrants systemic interventions, such as giving nurses enough time to rest and recover between shifts, alternating between high- and low-stress shifts, positive feedback, providing mindfulness and resilience training, recognizing the staff's contribution, allowing employees to participate in decision-making, providing resources for attaining organizational goals, and minimizing bureaucratic restrictions (Substance Abuse and Mental Health Services Administration [SAMHSA], 2020.; The Joint Commission [TJC], 2019). Other means to support nurse well-being are measuring it, creating and implementing interventions, and

re-measuring it; creating current tools to predict opportunities and issues; holding regular staff meetings; and supporting a professional culture based on altruism (Institute for Healthcare Improvement [IHI], 2020; TJC, 2022).

In sum, the debilitating effects of compassion fatigue on nurses and organizations warrant that compassion fatigue be explored and resolved. The following sections present the best practice standards for wellness programs, tools for enhancing wellness, and recommendations from the national guidelines. Additionally, three themes identified in the literature review are discussed. These themes were exposure to trauma and stressors, inadequate support, and putting patients first.

Best Practice Standards for Wellness Programs

Given the prevalence and detrimental effects of compassion fatigue, nurse practitioners must learn to recognize the causes of compassion fatigue and develop ways to mitigate these experiences. Ott-Holland et al. (2019) revealed that participation in an employee wellness program resulted in better performance, job satisfaction, and retention among healthcare workers. Likewise, workplace wellness can help prevent burnout and turnover. Pai et al. (2022) noted that healthcare workers who participated in the British National Health Service workplace wellness program reported better well-being, work engagement, and job satisfaction.

Wellness Programs for Compassion Fatigue

Wellness programs proven to reduce compassion fatigue among nurses are the THRIVE and Mindful Self-Compassion (MSC), Introduction to Well-Being, GRACE, SCHC programs, and Gratitude Practice for Nurses. THRIVE is an educational intervention delivered as an eight-hour retreat, six-week online group study, and two-hour

wrap-up session. The purpose was to encourage the participants to engage in at least one self-care experience regularly. This program resulted in increased resilience and reduced burnout (Blackburn et al., 2020).

MSC focuses on mindfulness, self-kindness, and common humanity (Harwood et al., 2021). MSC is an eight-week program that cultivates the concept of being non-judgmental, kind, caring, and understanding toward the self or accepting one's imperfections. Current evidence suggests that this program improves emotional resilience, a protective factor against compassion fatigue (Harwood et al., 2021).

The Introduction to Well-Being program addressed individual and team cultural needs. This approach employed different strategies, including education workshops, employee assistance programs (EAP) on-site counseling, mindfulness sessions, and a private Facebook page for information and resources dissemination. This multi-component intervention improved staff well-being, resilience, and awareness of self-care (Slater et al., 2017).

Similarly, the GRACE program is a two-hour intensive training encompassing didactic, experiential, and reflective components. The topic included occupational stress, benefits of GRACE, and hands-on skill training on mindfulness, gratitude, empathy, and self-compassion. This program improved self-compassion and patient satisfaction among units that participated in the intervention (Victorson et al., 2021).

SCHC is another wellness program effective in reducing compassion fatigue among nurses. SCHC program was a shorter version of MSC and was delivered as a six-week wellness program composed of one-hour weekly sessions (Neff et al., 2020). Two

separate studies completed by Neff et al. (2020) found this program beneficial in improving self-compassion and well-being and reducing burnout and secondary stress and burnout among healthcare professionals.

Gratitude Practice for Nurses was created based on decades of research supporting the benefits of gratitude (ANA, 2022). For instance, a qualitative study by Ko et al. (2021) found that gratitude journaling experience among nursing students helped them to manage stress, engage in self-reflection, be more positive, identify and regulate negative emotions, and adopt a more positive attitude towards others. Similarly, the meta-narrative review by Day et al. (2020) noted that gratitude among healthcare staff enhances their well-being and capacity to provide patient- and person-centered care. It was effective in reducing perceived stress, depressive symptoms, burnout, and absences. It also improved the staff's job satisfaction, teamwork and collaboration, morale, and compassion.

Tools for Enhancing Wellness

The identified articles discussed several tools for enhancing wellness. However, the two most common tools of wellness programs were a healthy lifestyle and mindfulness. Both interventions targeted compassion fatigue.

Healthy Lifestyle

A healthy lifestyle means eating well, exercising regularly, and getting enough sleep (Harwood et al., 2021; Oates, 2018). In Slater et al. (2018) study, the staff identified sleep and healthy eating as their self-care interventions. Meanwhile, the participants in Oates' (2018) study stated that exercise was a way for nurses to do something for themselves, clear their heads, control thoughts, and distance themselves from challenging situations. Exercise also helped them develop a sense of better health and be surrounded

by nature.

Mindfulness

Mindfulness is a meditative tool that promotes consciousness, awareness, presence, and openness (Blackburn et al., 2020). This approach can help nurses appreciate day-to-day activities and recognize patterns of behavior. Mindfulness also reduces compassion fatigue by improving the nurses' well-being and helping them sustain therapeutic qualities (Blackburn et al., 2020; Harwood et al., 2021; Oates, 2018; Slater et al., 2017).

National Guidelines

The American Nurses Association (ANA) Enterprise (2022), IHI (2020), SAMHSA (2020), and TJC (2019) offered several recommendations on how nurses and organizations can address compassion fatigue. They recommend that nurses meet their own physical needs through regular exercise, sleeping and eating well, and avoiding the consumption of alcohol and drugs. Having strong social support through family, friends, colleagues, and organizational support and using relaxation approaches such as visualization, progressive muscle relaxation, mindful movement, meditation, breathing exercises, humor, journaling, drawing, and spiritual or religious practices can also improve nurse well-being (SAMHSA, 2020). Nurses are also advised to seek professional support when they are overwhelmed. Professional supports include EAP and mental health services from psychiatrists, psychologists, psychiatric mental health nurse practitioners, or counselors (SAMHSA, 2020). Organizations are also encouraged to promote the individual practice of gratitude while working on systemic change. Building gratitude entails creating appreciation programs, providing direct contact with

beneficiaries of work, and providing developmental feedback on gratitude practice (ANA Enterprise, 2022).

Literature Theme Development

Exposure to Trauma and Stressors

Compassion fatigue stems from the nurses' daily exposure to trauma and stressors in the workplace. Exposure to trauma includes caring for traumatized persons or witnessing the suffering of patients without being able to alleviate their discomfort (Lluch et al., 2020; Sorenson et al., 2017). When nurses empathize with patients' distress, nurses tend to feel and experience the distress as their own. For instance, neuroimaging studies revealed that empathizing with the pain of others activates parts of the brain involved in self-pain processing (Neff et al., 2020). Meanwhile, stressors contributing to compassion fatigue include exposure to grief and loss, moral and ethical dilemmas, clinical trials, long work hours, overtime, and short staffing (Blackburn et al., 2020; Harwood et al., 2021; Slater et al., 2018). In addition, the study by Slater et al. (2018) of oncology medical and nursing staff identified various work stressors that negatively impact the staff's well-being. These stressors include deteriorating conditions of patients, increased mortality and morbidity in a short time, no time to help the patient's family, not being able to work based on the expectation of the healthcare worker, ineffective teamwork, stressful work environment, a belief that patient care is compromised, ineffective communication, and unsupportive caregivers.

Inadequate Support

Compassion fatigue also results from a lack of adequate support from healthcare

organizations. For instance, many nurses feel that their managers or supervisors are not well-equipped to support them during grief (Harwood et al., 2021). Evidence suggests that nurses are taught to practice self-care and stress reduction to mitigate compassion fatigue. Still, they are not taught specific self-care strategies or given opportunities to apply them (Blackburn et al., 2020). Moreover, the COVID-19 pandemic forced nurses to work despite the inadequate access to protective equipment, poor support, and limited access to the updated information, leading to the aggravation of burnout among nurses (Lluch et al., 2022). In contrast, managerial involvement, supportive colleagues, and a positive work environment are linked to better nurses' well-being (Oates et al., 2014; Pai et al., 2022). Participants in Oates et al.'s (2014) study also posited that having a clinical supervisor is linked to better subjective well-being of nurses because they feel emotionally supported. Moreover, efficient clinical supervisors foster motivation and commitment and increase awareness of shortcomings among the staff. Similarly, Lluch et al. (2020) identified social support as a protective factor for burnout. For instance, implementing a coping strategies program reduced burnout among healthcare workers.

Putting Patients First

Many nurses work in this profession due to their personal and professional values of altruism and caring for others (Neff et al., 2020). It is common for nurses to put their patient's safety and well-being before their own (Blackburn et al., 2020; Harwood et al., 2021). They believe that their only worry should be the needs of their patients, and they are self-critical when they feel they are failing in providing enough care to patients. Nurses also tend to compare their suffering to their patients, which, in turn, results in

minimizing or internalizing their pain (Harwood et al., 2021). For that reason, Harwood et al. (2021) stressed the need for nurses to practice self-compassion by being non-judgmental, supportive, and kind to themselves. Self-compassion also means accepting their imperfections and practicing common humanity. This approach can protect nurses from compassion fatigue and buffer work-related stress.

Gaps in Quality

The included studies provided insights into the challenges of delivering wellness programs in the healthcare setting. Blackburn et al. (2020), Neff et al. (2020), and Victorson et al. (2020) stressed that implementing a wellness program warrants time investment from the staff and organizational leaders. Moreover, as the programs require active participation and a support group feel, the ideal number of participants should be kept small. Harwood et al. (2021) also cautioned that implementing wellness programs may result in some nurses re-experiencing workplace trauma. Thus, facilitators of these programs must practice in a trauma-sensitive manner.

Another challenge to consider is the misconceptions of nurses about self-care. Most nurses equate self-care with pedicures and massages when, on the contrary, self-care refers to techniques that nurses can readily employ when faced with a stressful situation in the middle of the shift (Blackburn et al., 2020). It is also worth noting that some nurses may dislike the practice of meditation (a tool for improving focus, concentration, and physical and mental wellness) for cultural or religious reasons (Neff et al., 2020).

Current evidence also agrees that self-care is the joint responsibility of nurses and their institutions. Therefore, healthcare organizations must offer programs responsive to

various staff needs and provides nurses the opportunity to practice self-care (Blackburn et al., 2020). Examples are short burst well-being activities (i.e., walk and talk meetings, being in nature, and listening to music) and end-of-shift debriefs (Oates, 2018). These programs must also be customized to the resources available in the facility and based on what nurses consider befitting to them (Frankenfield et al., 2018; Oates, 2018; Slater et al., 2017, 2018). More importantly, healthcare organizations must address structural issues contributing to compassion fatigue. These systemic initiatives should explore having flexible working arrangements, dynamic shift patterns, and regular clinical supervision (Harwood et al., 2021; Slater et al., 2017).

The organizational gap in the practice site is the lack of existing programs to address compassion fatigue among NPs. The usual practice of regular meeting with the nurse manager to discuss the challenges of the job, giving workplace awards, and a paid day off during their birthdays are not enough to curb compassion fatigue. Thus, implementing a wellness program at the practice site could improve nurse well-being, productivity, job satisfaction, retention, and engagement (Ott-Holland et al., 2019; Pai et al., 2022).

Review of Study Methods

This literature review included 14 studies and four national guidelines. Out of the 12 studies, three were quasi-experimental studies, four were narrative reviews, three were qualitative studies, two were cross-sectional descriptive studies, one systematic review, and one mixed study. Current literature also describes compassion fatigue as a prevalent and complex phenomenon that adversely affects nurses' well-being, practice, and retention (Sorenson et al., 2017; Stamm et al., 2022). Some of the best practices are the

THRIVE, MSC, Introduction to Well-Being, GRACE, and SCHC programs, based on their positive impacts on reducing compassion fatigue among nurses (Blackburn et al., 2020; Harwood et al., 2021; Neff et al., 2020; Slater et al., 2017; Victorson et al., 2021). These wellness programs vary in their approaches, but they share some components: psychoeducation, mindfulness sessions, and self-care interventions. The common tools used to improve nurse well-being are a healthy lifestyle and mindfulness (Blackburn et al., 2020; Harwood et al., 2021; Oates, 2018; Slater et al., 2017). National guidelines also recommend organizational initiatives that would address systemic issues that propagate work-related stress and provide opportunities for self-care. Organizations must also use tools to measure and identify compassion fatigue in the staff (IHI, 2022; SAMHSA, 2020; TJC, 2022). Based on these findings, the evidence-based intervention that will be implemented is the Gratitude Practice for Nurses wellness program, which will include educating and training NPs at Alliance for Wellness medical group to practice gratitude (ANA Enterprise, 2022). Translating the results of the current evidence into practice has the potential to curb the costly and deadly impacts of compassion fatigue in the organization.

Aims of the Project

The purpose of this DNP quality improvement (QI) project is to implement an evidence-based wellness program known as Gratitude Practice for Nurses to reduce compassion fatigue among NPs at Alliance for Wellness medical group in California.

Objectives

In the five-week timeframe of this QI project, the following objects will be met:

- Educate and implement the Gratitude Practice for Nurses Wellness Program to staff regarding compassion fatigue and provide project details.
- Evaluate the participants' compassion fatigue level through a pre- and post-intervention utilizing a self-reported questionnaire, Professional Quality of Life Scale (ProQOL) for Health Workers.
- Increase engagement in the Gratitude Practice for Nurses Wellness Program to 90% by week five.
- Obtain a 90% satisfaction rating for the Gratitude Practice for Nurses Wellness Program from program participants.

Quality Improvement Framework

The KAIZEN™ Methodology will guide the implementation of the practice change. Kaizen is a Japanese word that means "good change" (Mazzocato et al., 2016). This framework was conceptualized over several decades in Japan, but it was introduced to the world in 1985. Massaki Imai is the founder of the Kaizen Institute and a pioneer in spreading its philosophy worldwide (Kaizen Institute, 2022). Toyota uses the KAIZEN™ Methodology to optimize its operations and reduce waste (Siddiqui, 2021). This framework is also applied in healthcare (Mazzocato et al., 2016; Shatrov et al., 2021).

The Kaizen principle strives to attain perfection through employee engagement, allowing them to suggest ideas for improvement, solve problems, and maintain the change in the organization (Mazzocato et al., 2016; Shatrov et al., 2021). This framework fosters organizational change and a culture of continuous improvement to prevent waste and improve quality within the organization. It also perceives improvement as a recurring

and continuous process (Shatrov et al., 2021). Further, this framework stressed that organizations could attain high-performance levels by focusing on the processes and not on the results (Kaizen Institute, 2022).

Application of Major Tenets of Theory

The KAIZEN™ Methodology has four main principles that will be applied in the project: visualize, measure, improve, and repeat. Visualize means using tools that will help the project lead see how the change process will take form (Siddiqui, 2021). Hence, the project manager will create a logic model to demonstrate the project's resources, activities, and desired outcomes. This tool will also help determine the “cleaner” form of state that can be attained by the project (Marois et al., 2020).

The second principle is the measure. According to the KAIZEN™ Methodology, consistency is vital for improvements, and measuring the progress every few weeks will help the organization be consistent with its goals (Siddiqui, 2021). In this regard, the project lead will use analytical techniques and empirical experiments to analyze the effects of the practice change. ProQOL for Health Workers will be administered at baseline and week five post-implementation. After the initial project, the impact of the practice change will be measured and evaluated regularly.

The third principle is improve. The practice change is expected to improve the organization's process, service, staff, and environment (Siddiqui, 2021). Thus, the project lead will consolidate feedback to understand the practice change's gains. This process can be attained by administering a satisfaction questionnaire to the participants and collecting their suggestions for project improvement.

The final principle is repeat. As the KAIZEN™ Methodology is continuous, the process must be repeated on an ongoing basis (Siddiqui, 2021). If the initial project is proven to be successful, the project lead will champion the continuous adoption of the practice change in the organization. The project lead will also work closely with the participants and administrators on improving the practice change before it is integrated into the organization's workflow. The visual representation of KAIZEN™ Methodology can be seen in Appendix B.

Project Setting

The project setting is the various locations of the Alliance for Wellness medical group in Panorama City, Los Angeles County, California. Panorama City is a neighborhood in Los Angeles City in the San Fernando Valley, Southern California. The organization includes 25 NPs who specialize in psychiatry and research and work at various facilities in Los Angeles County. An informal survey by the office manager revealed that 17 out of 25 NPs reported compassion fatigue, and half of the NPs admitted to calling in sick at work due to compassion fatigue (S., Sinay, personal communication, March 30, 2022). However, the medical group has no existing programs to address compassion fatigue among NPs (S., Sinay, personal communication, March 30, 2022).

Population of Interest

Direct Population

The direct population for this quality improvement project will be 25 NPs employed at Alliance for Wellness medical group who provide direct patient care and experience compassion fatigue.

Inclusion Criteria

The inclusion criteria will be all NPs at Alliance for Wellness medical group employed as part-time and full-time providers who agreed to participate in the project.

Exclusion Criteria

The exclusion criteria will be the NPs not interested in participating in the project. In addition, NPs who will join the practice after the project starts will be excluded.

Indirect Population

The indirect population will be the patients of the Alliance for Wellness medical group. Patients seen by the NPs are mostly adults (25 to 45 years old), Hispanic or African American, with low income, and elementary education level. Many of them are homeless. The common diagnoses among the patients are depression, anxiety, substance use disorder, bipolar disorder, and schizophrenia.

Inclusion Criteria

The inclusion criteria will be all new patients being seen by the participating NPs at the project's site.

Exclusion Criteria

The exclusion criteria will be the new patients that will be seen after the start of the project and the patients being seen by NPs not participating in the project.

Stakeholders

Stakeholders will be NPs who are employed full-time and part-time employees in the Alliance for Wellness medical group. They will be required to attend Gratitude Practice for Nurses Wellness Program education provided by the project lead. The organization's management team will also be included as a project stakeholder. The

management has authorized the launch and implementation of the project. The chief executive officer gave permission to implement the project at the organization. An affiliation agreement was not required (Appendix C). In addition, the patients cared for by the providers of the project will be the indirect population of the study.

Intervention

The intervention to meet the project objectives is the American Nurses Foundation's and University of California, Berkeley GGSC's Gratitude Practice for Nurses wellness program. The American Nurses Foundation is the philanthropic arm of the American Nurses Association (ANA Enterprise, 2022). The intervention will raise awareness about the evidence-based methods in promoting the practice of gratitude among nurse practitioners. The project lead will administer the intervention, which will include sharing the "Why Gratitude Matters for Nurses" slide presentation (Appendix D), hanging the "Benefits of Gratitude" poster (Appendix E), and cultivating the practice of gratitude in nursing. The sessions will be delivered during the staff's lunch, and the interventions will be administered as one-hour sessions for five weeks.

Planning Project Team

The planning project team will involve the project lead, business operations manager, and office staff. The roles of the project lead include educating the participants about the "Gratitude Practice for Nurses" toolkit, facilitating the activities for cultivating the practice of gratitude, addressing issues and concerns regarding the intervention, and reaching out to the participants who need help and providing support. The project lead will also administer and collect all electronic data in the project via email. On the other hand, the business operations manager will endorse the project to the participants and

management, encourage the NPs to join the project, and authorize the project lead to use the organization's equipment and office supplies. Finally, the office staff will help implement the program by sending an email inviting all NPs in the organization to the Gratitude Practice for Nurses wellness program. The office staff will also send short message service (SMS) to all participants reminding them about the weekly sessions and send an email to all participants containing the program's toolkit.

Resources

The resources needed for the quality improvement project are the Gratitude Practice for Nurses implementation guide and toolkit for well-being, a computer, PowerPoint software, and Zoom application. The Gratitude Practice for Nurses implementation guide will help the project lead use the toolkit in the organization. Meanwhile, the Gratitude Practice for Nurses toolkit includes resources to promote the participants' well-being. The links to the implementation guide and toolkit can be seen in Appendix A. Both the implementation guide and toolkit can also be downloaded from the American Nurses Foundation's Well-Being Initiative and the GGSC websites. On the other hand, the computer, PowerPoint software, and Zoom application will be used for each session to educate the participants about the toolkit and the eight evidence-based activities to promote gratitude practice.

Timeline

The project will be implemented for five weeks. In week 1, the project lead will work with the office staff in inviting all interested NPs to join the upcoming wellness program. The project lead will also meet with the participants via Zoom to provide an overview of the wellness program and to administer an online ProQOL for Health

Workers pre-intervention. Afterward, the project lead will present the "Why Gratitude Matters for Nurses" PowerPoint and hang the "The Benefits of Gratitude" poster on the staff's bulletin board in the ten facilities. The project lead will also send the "Why Gratitude Matters for Nurses" PowerPoint to all participants via email.

In week 2, the project lead will discuss Action 1 (Gratitude 123), which involves saying "thank you" to another person using three components, and Action 2 (Gratitude Letter), which consists of writing a letter to a person in their life to express gratitude.

In week 3 the session will be about Action 3 (Gratitude Journal), which is a daily journal where NPs will list up to five things they feel grateful for, and Action 4 (Savoring Walk), which is taking a 20-minute walk outside every day for at least one week.

Week 4 will involve a discussion of Action 5 (Caregiving with Intention), which will allow the NPs to pause for three minutes before and after each patient encounter, and Action 6 (Gratitude Huddle), which teaches the NPs to spend 5 to 15 minutes on each shift daily to gather and share things they are grateful in a group setting.

Finally, in week 5, the project lead will discuss Action 7 (Gratitude Wall), which consists of creating a virtual bulletin board where participants will add gratitude notes, and Action 8 (Heart and Soul of the Month), which is inviting everyone to reflect and nominate a staff who encompasses the giving spirit of the organization.

Lastly, the wellness program will conclude with the administration of the online post-intervention ProQOL for Health Workers and the Satisfaction Questionnaire. The pre- and post-intervention will then be evaluated for any change in the participants' compassion fatigue.

Throughout the implementation of the project, the project lead will address issues

and questions from the participants and management regarding the wellness program. In addition, the project lead will administer and collect all data via email. The implementation timeline can be accessed in Appendix F.

Tools

The tools that will be used to achieve the project objectives and carry out the interventions of the QI project are the Gratitude Practice for Nurses implementation guide and toolkit for well-being, "Why Gratitude Matters for Nurses" PowerPoint (Appendix D), "The Benefits of Gratitude" poster (Appendix E), ProQOL for Health Workers (Appendix G), and the Satisfaction Questionnaire (Appendix H).

The American Nurses Foundation and GGSC created the Gratitude Practice for Nurses implementation guide and toolkit for well-being. The implementation guide was developed to help nurses, nurse managers, and other healthcare professionals introduce the gratitude practice in their teams and organizations. It includes ways to use the gratitude resources and practices in the toolkit depending on the local context of the organization. On the other hand, the toolkit consists of the "Why Gratitude Matters for Nurses" PowerPoint, the "The Benefits of Gratitude" poster, the eight activities for cultivating gratitude practice, the Gratitude Challenge, and the Science of Gratitude resource list (ANA Enterprise, 2022).

In addition, ProQOL for Health Workers (Appendix G) is a self-reported questionnaire developed by Dr. Beth Hudnall Stamm (Professional Quality of Life, 2021a). It measures compassion fatigue using five domains: compassion satisfaction, perceived support, burnout, secondary traumatic stress, and moral distress (Professional Quality of Life, 2021b). This tool was validated in a previous study by Misouridou et al.

(2021). It can be used for free. Permission is not required to use the tool. The questionnaire can be downloaded from the Center for Victims of Torture website (Professional Quality of Life, 2021a).

Lastly, the Satisfaction Questionnaire (Appendix H) was developed by the project lead. The tool includes three-item closed questions to measure the participant's satisfaction with the Gratitude Practice for Nurses wellness program. It includes a 5-point Likert scale to rate the participants' satisfaction level, with 1 as strongly disagree and 5 as strongly agree. This tool was validated by the project team.

Data Collection Plan

ProQOL for Health Workers

The pre- and post-intervention ProQOL for Health Workers will be administered online via SurveyMonkey. The link to the questionnaire will be sent via email. It will be open for the participants to fill out. The pre-intervention questionnaire will be sent to the participants one week before the start of the online education session in week 1. Meanwhile, the post-intervention questionnaire will be sent at the end of the online education session in week 5.

Ten minutes will be allotted for participants to complete the questionnaires. Completion of the survey will be monitored via SurveyMonkey. Participants who did not complete the questionnaire during the allotted time will receive short message services (SMS) to remind them to complete the questionnaire. The SMS reminder will be sent weekly for two weeks until the pre-intervention questionnaire is received. Meanwhile, two SMS reminders will be sent on week 5 to remind them to complete the questionnaire before the end of the week. After two weeks are over, the survey will be closed.

Process Evaluation

Attendance at the weekly online sessions will be monitored. Zoom will be used to identify the number of participants who attended or missed the session. A follow-up email will be sent to the participant(s) who did not attend to encourage participation in the coming session. An attachment containing the resource from the previous session will also be emailed to all participants to encourage continuous participation in the project.

Outcome Evaluation

The Satisfaction Questionnaire will be administered at the end of the week 5 online education session. The questionnaire will be administered online via SurveyMonkey. The link to this questionnaire will be sent to the participants via email. Participants will also be given five minutes to complete and submit this questionnaire. Then, SurveyMonkey will be used to identify participants who did not complete the questionnaire, and they will receive an SMS reminder. Participants will be informed that the questionnaire must be submitted before the last day of week 5.

Participant Privacy and Data Protection

All participant survey responses will be anonymous. No personal data will be reported or published. Further, participants will be assigned unique identifiers. No names will be collected throughout the project. Data will be reported as an aggregate.

A locked file cabinet will be used to store all paper documents, and electronic data will be stored on a password-protected laptop. Three months after project completion, all paper data will be shredded and discarded. Meanwhile, all electronic data will be deleted from the project lead's computer.

Ethics/Human Subjects Protection

Human Subjects Protection

An email will be sent to all NPs inviting them to join the DNP project. They will be informed that the project will assist them in learning about and practicing gratitude, which could help reduce their compassion fatigue. They will also be advised that the project will entail minimal risks to the participants as they might feel uncomfortable about sharing personal information with colleagues. Moreover, participants in the project will receive the “Why Gratitude Matters for Nurses” PowerPoint. There will be no compensation for the participants.

Ethics/Institutional Review Board (IRB) Process

The project site has no IRB or quality improvement committee oversight. Thus, the project was submitted to Touro University Nevada IRB for review regarding adherence to ethics and human subject protection. The project team reviewed the determination form and classified it as a quality improvement project. Thus, an IRB review was not required.

Data Analysis

Descriptive statistics will be used to analyze the participants’ attendance, engagement, and satisfaction with the DNP project. The number of attendees will be tallied weekly. Mean with standard deviation and frequencies with percentages will be calculated to determine if participant engagement is 90% by week 5. Mean and standard deviation are used for normal continuous data, while frequencies and percentages are used for normal categorical data (Pallant, 2020).

A paired *t*-test will examine the differences in the pre- and post-ProQOL scores. A

total score is obtained for compassion satisfaction, perceived support, burnout, secondary traumatic stress, and moral distress. A score of 12 or less indicates low level, 13 to 23 means average, and 24 or more indicates high (ProQOL, 2021b). Statistical analysis will be based on the alpha level of 0.05, and the findings will be considered significant if the *p-value* is <0.05. Paired *t*-test is the applicable statistical analysis based on the following assumptions: (1) the dependent variable (ProQOL scores) is continuous, (2) the independent variable is dichotomous [pre- and post-Gratitude Practice for Nurses wellness program], (3) there are no outliers in either group, and (5) the data have a normal distribution (Fein et al., 2021). All data will be analyzed using SPSS version 28 for statistical analysis. A statistician from Touro University will be consulted during data analysis on as needed basis.

Mean with standard deviation and a 95% confidence interval will be used to analyze the participants' satisfaction level with the Gratitude Practice wellness program. The mean satisfaction rating for each question will be presented in a bar graph.

Results

Professional Quality of Life Scale for Health Workers

Compassion satisfaction was calculated as the sum of scores for items 1, 6, 21, 24, 27, and 30 from the ProQOL tool. The sum for compassion satisfaction was 6 and higher, with 12 or less as low, 13 to 23 as average, and 24 or more as high. Individual pre-intervention compassion scores ranged from 18 to 30, with a mean score of 22.75 and a standard deviation of 3.25. Individual post-intervention scores ranged from 22 to 30, with a mean score of 26.00 and a standard deviation of 2.49. A paired *t*-test showed a statistically significant increase in compassion satisfaction scores from pre-intervention

($M = 22.75$, $SD = 3.25$) to post-intervention ($M = 26.00$, $SD = 2.49$), $t(11) = -3.05$, $p = 0.011$ (two-tailed). The mean increase in compassion scores was 3.25 (95% CI = -5.60, -0.90). Further, the eta squared statistic (0.46) suggests a large effect size.

The sum of items 5, 11, 13, 17, 23, and 25 were calculated to obtain perceived support. The sum for perceived support was 6 and higher, with 12 or less as low, 13 to 23 as average, and 24 or more as high. Pre-intervention, perceived support ranged from 18 to 28. The mean score was 22.25, with a standard deviation of 3.17. Perceived support scores post-intervention ranged from 24 to 30. The mean score was 27.17, with a standard deviation of 2.08. A paired t -test was performed to compare the pre- and post-intervention perceived support. Participants reported statistically significant higher perceived support scores post-intervention ($M = 27.17$, $SD = 2.08$) than at pre-intervention ($M = 22.25$, $SD = 3.17$), $t(11) = -4.22$, $p = 0.001$ (two-tailed). The mean increase was 4.92 (95% CI = -7.48, -2.35). This effect size was large, eta squared statistic = 0.62.

The burnout score was computed by adding items 8, 15, 19, 20, 22, and 29. The sum for burnout was 6 and higher, with 12 or less as low, 13 to 23 as average, and 24 or more as high. Pre-intervention burnout scores ranged from 11 to 25; the mean score was 20.08, with a standard deviation of 4.70. Post-intervention burnout scores ranged from 8 to 17; the mean score was 12.42, with a standard deviation of 3.26. A paired t -test noted a statistically significant decrease in burnout scores from pre-intervention ($M = 20.08$, $SD = 4.70$) to post-intervention ($M = 12.42$, $SD = 3.26$), $t(11) = 4.34$, $p = 0.001$ (two-tailed). The mean decrease in burnout scores was 7.67 (95% CI = 3.77, 11.56). The effect was large at an eta squared statistic of 0.63.

Secondary traumatic stress was calculated as the sum of items 3, 7, 10, 12, 16, and

26. The sum for secondary traumatic stress was 6 and higher, with 12 or less as low, 13 to 23 as average, and 24 or more as high. Pre-intervention, secondary traumatic stress scores ranged from 11 to 24, with a mean score of 17.08 and a standard deviation of 4.30. Post-intervention, secondary traumatic stress scores ranged from 6 to 15, with a mean score of 9.92 and a standard deviation of 3.18. Paired *t*-test compared the pre- and post-intervention secondary traumatic stress mean scores. Participants reported a statistically significant decrease in secondary traumatic scores from pre-intervention ($M = 17.08$, $SD = 4.30$) to post-intervention ($M = 9.92$, $SD = 3.18$), $t(11) = 4.16$, $p = 0.002$ (two-tailed). The mean decrease in secondary traumatic stress scores was 7.17 (95% CI = 3.38, 10.96). The eta squared statistic (0.61) also suggests a large effect size.

Finally, moral distress was the total score of items 2, 4, 9, 14, 17, and 28. The sum for secondary traumatic stress was 6 and higher, with 12 or less as low, 13 to 23 as average, and 24 or more as high. Pre-intervention moral distress scores ranged from 7 to 17. The mean score was 12.00, with a standard deviation of 3.64. Post-intervention moral distress scores ranged from 6 to 12. The mean score was 8.33, with a standard deviation of 2.06. A paired *t*-test analysis yielded a positive finding. The decrease in moral distress scores from pre-intervention ($M = 12.00$, $SD = 3.64$) to post-intervention ($M = 8.33$, $SD = 2.06$) was statistically significant, $t(11) = 2.66$, $p = 0.022$ (two-tailed). Secondary traumatic stress mean scores were reduced by 3.67 points (95% CI = 0.63, 6.70). This effect was large, with eta squared statistic = 0.39.

Paired *t*-tests were completed for the statistical analysis of all variables because the assumptions of the paired *t*-test were met. The dependent variables (compassion satisfaction, perceived support, burnout, secondary traumatic stress, and moral distress

scores) were continuous and the independent variable was dichotomous (pre- and post-intervention). There were no outliers in either group based on the boxplots of the dataset. The data had a normal distribution based on the results of the Kolmogorov-Smirnov tests, $p > 0.05$ for all variables (Fein et al., 2021). Thus, statistical violations were not observed. There were no missing data. Table 1 shows the results of the paired t -tests.

Table 1

Paired t -test Results Comparing Compassion Satisfaction, Perceived Support, Burnout, Secondary Traumatic Stress, and Moral Distress Pre- and Post-Intervention

Variable	Pre-Intervention		Post-Intervention		t -test
	M	SD	M	SD	
Compassion satisfaction	22.75	3.25	26.00	2.49	-3.05*
Perceived support	22.25	3.17	27.17	2.08	-4.22**
Burnout	20.08	4.70	12.42	3.26	4.34**
Secondary traumatic stress	17.08	4.30	9.92	3.18	4.16*
Moral distress	12.00	3.64	8.33	2.06	2.66*

* $p < 0.05$, ** $p < 0.001$

Participant Engagement in the Gratitude Practice for Nurses Wellness Program

Participant engagement was calculated as the total number of participants who attended the weekly sessions. Frequencies and percentages were used to analyze participant engagement because it is a normal categorical data (Pallant, 2020). Scores ranged from 0 to 1, with 0 as did not attend and 1 as attended. There were no statistical violations observed. There were no missing data.

Overall, 12 NPs agreed to participate in the project. In weeks 1 and 5, all participants attended the Gratitude Practice Wellness Program session. However, in weeks 2 to 4, only 11 (92%) participants joined the sessions. Figure 1 shows the participants' weekly engagement.

Figure 1

Participant Engagement from Weeks 1 to 5

Participant Satisfaction with the Gratitude Practice for Nurses Wellness Program

Participant satisfaction was calculated as the total mean score of each item on the satisfaction questionnaire. Overall satisfaction was calculated as the total mean scores of items 1, 2, and 3 (3 items). Mean and standard deviation were employed for data analysis because all scores were normal continuous data (Pallant, 2020). There were no statistical violations and missing data.

For item 1, scores ranged from 3 to 5, with 3 as neutral and 5 as strongly agree. On average, participants agreed ($M = 4.42$, $SD = 0.67$) to recommend the intervention to their coworkers. Scores for item 2 ranged from 3 to 5, with 3 as neutral and 5 as strongly agree. The mean score of 4.42 with a standard deviation of 0.79, which showed that the participants agreed that the wellness program should be included in the organization's orientation program. Item 3 scores ranged from 4 to 5, with 4 as agree and 5 as strongly agree. The mean score was 4.58, and the standard deviation was 0.52. The results indicated that the participants agreed that the intervention helped make the work environment safer and healthier. Finally, the overall satisfaction rating for the program was 4.47, with a standard deviation of 0.08, suggesting a high satisfaction rating. Table 2

illustrates the level of satisfaction with the wellness program.

Table 2

Participant's Level of Satisfaction

Variable	<i>M (SD)</i>	Minimum	Maximum
Likelihood to recommend the program to colleagues at work.	4.42 (0.67)	3	5
Likelihood to recommend that the program be included in the organization's orientation program.	4.42 (0.79)	3	5
Likelihood that the program will contribute to making the work environment in the organization safer and healthier.	4.58 (0.52)	4	5

Note: Minimum and maximum value: 1 – Strongly disagree, 5 – Strongly agree

Timeline

The DNP project was implemented according to the original plan. No modifications were made. The timeline can be seen in Appendix F of the manuscript.

Summary

The Gratitude Practice for Nurses Wellness Program reduced the participants' compassion fatigue. The pre- and post-intervention scores showed statistically significant improvements in the participants' compassion satisfaction and perceived support scores. There was also a statistically significant reduction in the participants' burnout, secondary traumatic stress, and moral distress scores. Additionally, program engagement increased

among participants to 100% at week five. The overall satisfaction rating for the program was also high at 4.47 out of 5.

A strength of the DNP project is that it considered the participants' schedule and location in designing the project. Hence, the sessions were conducted via Zoom at lunchtime to encourage weekly engagement from participants working in various facilities in Los Angeles County. The Gratitude Practice for Nurses program can also be downloaded and used for free by healthcare organizations. It includes a PPT, poster, and lists of other resources that healthcare organizations can use to start a wellness program in their facility. Thus, the program is easy to implement and can be quickly adopted by healthcare organizations. Nurse leaders also do not require additional training to spearhead this intervention.

On the other hand, a weakness of the DNP project is its small sample size. The wellness program was implemented for five weeks, so some participants found it hard to commit. The project initially aimed to include all 25 NPs in the project. However, only 12 NPs volunteered to join. Many NPs voiced concern that they cannot commit to the five weekly sessions because of conflicts in schedule. Aside from the small sample size, another area for improvement of the project was its short duration. It would be interesting to know if the intervention's effect could be sustained for a long time. Such information could inform if the program should be regularly provided to existing staff and not only to new hires.

Interpretation

The results support the earlier findings that wellness programs can reduce compassion fatigue among nurses. For instance, Blackburn et al. (2020) noted that

THRIVE, an educational program on self-care, reduced burnout among nurses. Neff et al.'s (2020) implementation of the SCHC wellness program also reduced burnout and secondary traumatic stress among healthcare professionals. The findings of this project also back the earlier results of Day et al. (2020), who claimed that the practice of gratitude among healthcare professionals improves workers' well-being and reduces stress and burnout.

Based on the promising results of the study, the high engagement of the participants, and the high satisfaction rating, the continuous adoption of the program in the facility as part of its orientation program for new hires could sustain the program's benefits to the staff's well-being and organizational outcomes. The DNP project can also act as a springboard to encourage the administrative leaders to assess staff's well-being routinely and create policies and programs that would remediate modifiable factors for compassion fatigue. Such organizational changes would ensure a safe and healthier work environment for all employees, consistent with the National Academies' recommendation that healthcare organizations prioritize a culture of well-being (National Academies of Sciences, Engineering, and Medicine [NASEM] et al., 2020–2030, 2021).

As anticipated, the intervention resulted in reduced compassion fatigue among the participants. There were no differences between observed and anticipated outcomes. On that note, the facility must encourage NPs to devote time to attending the Gratitude Practice for Nurses Wellness Program. This program must be administered during the staff's lunch and via Zoom to encourage participation. The facility can also explore incentivizing NP attendance in the program. It can also consider assigning a nurse leader who would champion a culture of well-being (NASEM et al., 2021). Such a trade-off can

help prevent turnover rate among staff, as compassion fatigue is a predictor of intention to leave the job and profession. Demaree (2021) notes that every percent of turnover from a registered nurse costs the healthcare facility \$270,800.

Limitations

Despite the positive findings of the DNP project, there are limitations that must be considered when interpreting the results. First, the project relied on self-reports to measure the patient's compassion fatigue, which can result in bias (Tempelaar et al., 2020). To minimize this limitation, the project also measured the participant's compliance with the project through their attendance at the weekly sessions—this objective data aimed to minimize the potential bias of self-report (Tempelaar et al., 2020).

Another limitation is the pre-test/post-test study design. There is no true control group in this project. Instead, the participants were their own control. Thus, the drawback of the study design is that the pre-test could have sensitized the participants to the ProQOL, leading to higher scores on a post-test (Stratton, 2019). To minimize this limitation, a Satisfaction Questionnaire was also administered post-intervention and measured the participant's satisfaction with the program.

It is also worth mentioning that the survey was administered anonymously. Therefore, there was a risk of not tracking the participants who participated in the survey pre- and post-intervention. Participants were also allowed to answer the post-intervention even though they did not answer the pre-intervention survey. Nonetheless, these limitations were minimized by assigning the participants a unique identifier at pre-intervention. The participants were also instructed to use their assigned unique identifier

when answering the post-intervention surveys. Based on this approach, it was observed that all participants who answered the pre-intervention survey also completed the post-intervention survey. No new participants joined the project after the pre-intervention survey was administered.

Finally, the effects of the project were measured for a short time. Therefore, it did not explore the program's effects long term. However, the short timeframe is backed by evidence. For example, Victorson et al. (2021) implemented the GRACE wellness program for two hours and elicited an improvement in self-compassion among participants.

Conclusion

This DNP project implemented a Gratitude Practice for Nurses Wellness Program for NPs of the Alliance for Wellness medical group in California. Twelve NPs agreed to participate in the project. ProQOL measured the participant's compassion fatigue pre-and post-intervention. Data analysis showed that the program effectively improved participants' compassion satisfaction and perceived support. It also reduced burnout, secondary traumatic stress, and moral distress. The engagement rate for the program was high, ranging from 92% to 100%. Participants were also highly satisfied with the program.

This project holds promise in addressing compassion fatigue at the practicum site. It can also help address the absences of staff related to compassion fatigue. Additionally, the program can inspire the organization to create more programs that would support the well-being of NPs. However, for the project to be sustained in the organization, the

Gratitude Practice for Nurses Wellness Program must be included in the organization's orientation program. Such an educational opportunity could empower NPs to be more resilient against compassion fatigue. In addition, regular monitoring of NPs' well-being using the ProQOL is recommended so the organization can pinpoint NPs needing additional support.

The project has significant implications for nursing practice. It added to evidence that the practice of gratitude among NPs can improve their well-being. The project can also impact health policies. It builds on earlier findings that improving NP's well-being warrants the support of nurse leaders and the organization, which can be demonstrated by having wellness programs for staff.

Based on the positive findings of this project, it is recommended that the DNP project be continuously adopted in the practicum site. Thus, the organization must encourage all NPs to attend the Gratitude Practice for Nurses Wellness Program. Participation can be enticed by providing incentives or exploring a recorded version of the sessions so NPs can attend at their most convenient time. In addition, the project leader must continue working with the administrator and clinical leaders to design programs and initiatives to support NPs' well-being.

References

- Agency for Healthcare Research and Quality. (2020). *Topic brief: Compassion centered care*. <https://effectivehealthcare.ahrq.gov/system/files/docs/topic-brief-compassion-centered-care.pdf>
- American Association of Nurse Practitioners. (2019). *Are you considering a career as a family nurse practitioner?* <https://www.aanp.org/news-feed/are-you-considering-a-career-as-a-family-nurse-practitioner>
- American Nurses Association Enterprise. (2022). *Well-being initiative*. <https://www.nursingworld.org/practice-policy/work-environment/health-safety/disaster-preparedness/coronavirus/what-you-need-to-know/the-well-being-initiative/>
- Bouchard, L. (2019). Compassion fatigue in advanced practice registered nurses: Why don't we know more? *The Nursing Clinics of North America*, 54(4), 625-637. <https://doi.org/10.1016/j.cnur.2019.08.002>
- Cancer center fights compassion fatigue with employee wellness program (2019). *Hospital Employee Health*, 38(7), 1-4.
- Cavanagh, N., Cockett, G., Heinrich, C., Doig, L., & Doig, C. J. (2020). Compassion fatigue in healthcare providers: A systematic review and meta-analysis. *Nursing Ethics*, 27(3), 639-665. <https://doi.org/10.1177/0969733019889400>
- Cohen, C., & Liu, H. H. (2019). Potential synergies between workplace wellness programs and on-site clinics. *Population Health Management*, 22(6), 470-472.
- Day, G., Robert, G., Rafferty, A. M. (2020). Gratitude in health care: A meta-narrative

- review. *SAGE Journals*, 30(14), 2303-2315.
<https://doi.org/10.1177/1049732320951145>
- Demaree, C. (2021). *Compassion fatigue - May 2021*. Association for Nursing Professional Development. <https://www.anpd.org/blog/compassion-fatigue---may-2021#:~:text=In%202020%2C%20the%20average%20registered,Solutions%20Inc.%2C%202021>).
- Fein, E. C., Gilmour, J., Machin, T., & Hendry, L. (2021). Section 3.4: Paired t-test assumptions, interpretation, and write up. In *Statistics for Research Students*. University of Southern Queensland.
- Flaubert, J. L., Le Menestrel, S., Williams, D. R., & Wakefield, M. K. (2021). *The future of nursing 2020 -2030: Charting a path to achieve health equity*. National Academies Press.
- Institute for Healthcare Improvement. (2020). *A guide to promoting health care workforce well-being during and after the COVID-19 pandemic*. Institute for Healthcare Improvement
- Jones, D., Molitor, D., & Reif, J. (2019). What do workplace wellness programs do? Evidence from the Illinois Workplace Wellness Study. *The Quarterly Journal Of Economics*, 134(4), 1747–1791. <https://doi.org/10.1093/qje/qjz023>
- Kaizen Institute. (2022). *About us*. <https://www.kaizen.com/about-us>
- Kase, S.M., Gribben, J.L., Waldman, E.D., & Weintraub, A. S. (2020). A pilot study exploring interventions for physician distress in pediatric subspecialists. *Pediatric Research*, 88, 398–403. <https://doi.org/10.1038/s41390-020-0805-x>
- Ko, H., Kim, S., & Kim, E. (2021). Nursing students' experiences of gratitude journaling

- during the COVID-19 pandemic. *Healthcare*, 9(11), 1473.
<https://doi.org/10.3390/healthcare9111473>
- Lee, H. J., Lee, M., & Jang, S. J. (2021). Compassion satisfaction, secondary traumatic stress, and burnout among nurses working in trauma centers: A cross-sectional study. *International Journal of Environmental Research and Public Health*, 18(14), 7228. <https://doi.org/10.3390/ijerph18147228>
- Marois, E., Durand, M. J., & Coutu, M. F. (2020). Logic models for the Therapeutic Return-to-Work Program as adapted for common mental disorders: A guide for health professionals. *Work*, 67(2), 345–358. <https://doi.org/10.3233/WOR-203284>
- Mazzocato, P., Stenfors-Hayes, T., von Thiele Schwarz, U., Hasson, H., & Nyström, M. E. (2016). Kaizen practice in healthcare: A qualitative analysis of hospital employees' suggestions for improvement. *BMJ Open*, 6(7), e012256.
<https://doi.org/10.1136/bmjopen-2016-012256>
- Misouridou, E., Mangoulia, P., Pavlou, V., Kasidi, K., Stefanou, E., Mavridoglou, E., Kelesi, M., & Fradelos, E. (2021). Reliability and validity of the Greek version of the Professional Quality of Life Scale (ProQOL-V). *Materia Socio-Medica*, 33(3), 179–183. <https://doi.org/10.5455/msm.2021.33.179-183>
- National Academies of Sciences, Engineering, and Medicine; National Academy of Medicine; Committee on the Future of Nursing 2020–2030. (2021). *The future of nursing 2020-2030: Charting a path to achieve health equity*. National Academies Press
- Neff, K. D., Know, M. C, Long, P., & Gregory, K. (2020). Caring for others without losing yourself: An adaptation of the Mindful Self-Compassion Program for

- Healthcare Communities. *Journal of Clinical Psychology*, 76(9), 1-20.
<https://doi.org/10.1002/jclp.23007>
- Ott-Holland, C. J., Shepherd, W. J., & Ryan, A. M. (2019). Examining wellness programs over time: Predicting participation and workplace outcomes. *Journal of Occupational Health Psychology*, 24(1), 163.
- Pai, P., Olcon, K., Allan, J., Knezevic, A., Mackay, M., Keeves, L, Fox, M., & Hadley, A. M. (2022). The SEED Wellness Model: A workplace approach to address wellbeing needs of healthcare staff during crisis and beyond. *Frontiers in Health Services*, 2, 844305. <https://doi.org/10.3389/frhs.2022.844305>
- Pallant, J. (2020). *Ebook: SPSS survival manual: a step by step guide to data analysis using IBM SPSS* (7th ed.). Open University Press.
- Peters, E. (2018). Compassion fatigue in nursing: A concept analysis. *Nursing Forum*, 53(4), 466-480. <https://doi.org/10.1111/nuf.12274>
- Professional Quality of Life. (2021a). *ProQOL*. <https://proqol.org/#6d43dca3-1f06-414d-a26e-6ea9ef18c7d4>
- Professional Quality of Life. (2021b). *Professional Quality of Life scale for health workers*. https://img1.wsimg.com/blobby/go/dfc1e1a0-a1db-4456-9391-18746725179b/downloads/ProQOL%20Health%20-%20Ver%201_branded.pdf?ver=1657301059319
- Shatrov, K., Pessina, C., Huber, K., Thomet, B., Gutzeit, A., & Blankart, C. R. (2021) Improving health care from the bottom up: Factors for the successful implementation of kaizen in acute care hospitals. *PLoS ONE* 16(9), e0257412.
<https://doi.org/10.1371/journal.pone.0257412>

- Siddiqui, A. (2021). Kaizen concept or methodology to improve the performance in the health care and patient safety business and its advantages. *Biomedical Journal of Scientific & Technical Research*, 40(2), 32175-32181.
<http://dx.doi.org/10.26717/BJSTR.2021.40.006439>
- Substance Abuse and Mental Health Services Administration. (2020). *Tips for healthcare professionals: Coping with stress and compassion fatigue*.
<https://store.samhsa.gov/product/Tips-for-Healthcare-Professionals-Coping-with-Stress-and-Compassion-Fatigue/PEP20-01-01-016>
- Stamm, R., Lambert, J., Garritano, N., Miller, J., & Donnellan, A. (2022). Advanced practice registered nurse subspecialty compassion satisfaction and compassion fatigue. *The Journal for Nurse Practitioners*, 18, 310-315.
<https://doi.org/10.1016/j.nurpra.2021.11.017>
- Stratton, S. (2019). Quasi-experimental design (pre-test and post-test studies) in prehospital and disaster research. *Prehospital and Disaster Medicine*, 34(6), 573-574. <https://doi.org/10.1017/S1049023X19005053>
- Tempelaar, D., Rienties, B., & Nguyen, Q. (2020). Subjective data, objective data and the role of bias in predictive modelling: Lessons from a dispositional learning analytics application. *PLoS One*, 15(6), e0233977.
<http://dx.doi.org/10.1371/journal.pone.0233977>
- The Joint Commission. (2019). Developing resilience to combat nurse burnout. *Quick Safety*, 50, 1-4.
- Upton, K.V. (2018). An investigation into compassion fatigue and self-compassion in acute medical care hospital nurses: A mixed methods study. *Journal of*

Compassionate Health Care, 5, 7. <https://doi.org/10.1186/s40639-018-0050-x>

Wells, English, Giese, J., & Price, J. (2019). Compassion fatigue and satisfaction: Influence on turnover among oncology nurses at an urban cancer center. *Clinical Journal of Oncology Nursing*, 23(5), 487-493.
<https://doi.org/10.1188/19.CJON.487-493>

Yeung, O. & Johnston, K. (2021). *The global wellness economy: Looking beyond COVID*. Global Wellness Institute.

Appendix A

Links to the Gratitude Practice for Nurses Implementation Guide and Toolkit

Gratitude practice for nurses: Toolkit for well-being

https://www.nursingworld.org/~4a22c8/globalassets/covid19/gratitude_nurses_toolkit.pdf

Gratitude practice for nurses: Implementation guide to the toolkit for well-being

https://www.nursingworld.org/~4a22d0/globalassets/covid19/implementation_guide.pdf

Appendix B



KAIZEN™ Methodology Framework

Appendix C

Permission Letter

Date: March 29, 2022
Dear: Rosa M. Aguero

This letter confirms that I, as an authorized representative of Alliance for Welln named Doctor of Nursing Practice student access to conduct a leadership, policy evidence-based practice project activities at the listed site as discussed with the below.

- **Project site:** Alliance for Wellness 14860 Roscoe Blvd ste 307, Panorama
- **Project purpose:** Quality improvement
- **Project mentor:** Danielle Unrein
- **Anticipated end date:** 12/2022

It is understood that any activities that involve Personal Private Informa Information must comply with HIPAA Laws and institutional policy.

Our organization agrees to the terms and conditions stated above. If the to this project, we will contact the DNP student named above and their Chair.

With regards,



Dr. Anil Sharma

CEO at Alliance for Wellness

Appendix D

Why Gratitude Matters?

Over the past three decades, studies have consistently identified strong benefits of gratitude for our minds, bodies, and relationships.



Grateful people:

- Report higher levels of happiness and life satisfaction.
- Are more resilient to stress.
- Get along better with others.
- Are less depressed.
- Achieve more.
- Are more helpful and generous.



Why Gratitude Matters

Gratitude motivates people to make positive changes in their lives and in the world around them through feelings of:

- **CONNECTEDNESS:** Gratitude rewards us with a strong network of support and encouragement, leading us to feel we can tackle big challenges.
- **ELEVATION:** Gratitude inspires and motivates us to become healthier & more generous people and better & more productive workers.
- **HUMILITY:** Expressing gratitude highlights how other people have contributed to the goodness and successes in our lives.
- **GENEROSITY:** Gratitude encourages us to recognize and reciprocate the good others have given us, reinforcing the warm-glow pleasures of kindness.



Why Gratitude Matters for Nurses

Part of the **Gratitude Practice for Nurses Toolkit**



What is Gratitude?

A recognition that...

- There is goodness in our lives, gifts or benefits that we have received (and might often take for granted).
- This goodness often stems from the actions or contributions of another person. When we're grateful, we recognize the intention and effort that went into those actions on our behalf, and the benefits they gave us.



(Emmons, 2003 & 2007)



"Why Gratitude

Matters for Nurses" Slide Presentation

Why Gratitude: Health Benefits

Patients with Stage B heart failure were monitored over 2 months. 50% of them kept a daily gratitude journal.

RESULTS:

- After the 2 months, those who kept gratitude journals showed less inflammation and a lower risk of future heart failure than the other study participants did.
- They also showed healthier resting heart rates while journaling in the lab.



Study by Redwine et. al. (2016)



Why Gratitude: Health Benefits

Patients admitted to a psychiatric unit were given 1 of 9 positive psychological exercises to do over 8 weeks, including writing a gratitude letter and keeping a gratitude journal.

RESULTS:

- These patients reported less anxiety and depression than those who received standard treatments.
- Patients reported the greatest benefit from the gratitude exercises, especially the gratitude letter.



Study by Huffman et al (2014)



Why Gratitude: Health Benefits

Gratitude Improves:

- Sleep
- Tendency to exercise
- Cardiovascular health
- Adherence to medication
- Mood, optimism, hope



Gratitude Reduces:

- Substance abuse
- Fat intake
- Cortisol
- Blood pressure
- Suicidal thoughts
- Inflammation
- Perceived stress and depression in health care providers



Why Gratitude: Health Benefits

People receiving counseling (for depression/anxiety) were also asked to:

- Group 1: Write a letter of gratitude to another person weekly for 3 weeks
- Group 2: Write about their deepest thoughts and feelings about stressful experiences
- Group 3: Didn't receive instructions for a writing activity.

RESULTS:

- Group 1 reported significantly better mental health than the other groups 1 month after the writing exercise ended, then again 3 months later.

Study by Wong, Owen, Gabana & Gilman (2015)



Gratitude in the Workplace: Opportunities

A survey of gratitude found:

- People are less likely to express thanks at work than anyplace else.
- 60% NEVER or very rarely thanked anyone at work.
- Only 10% expressed gratitude at work on a given day.
- 35% worried that expressing gratitude would lead co-workers to take advantage of them.



AMERICAN NURSES
FOUNDATION

Greater Good
Science Center

Gratitude in the Workplace: Benefits

Yet research also shows:

- A "thank you" from a supervisor gives people a strong sense of self-worth, which leads to increases in motivation and productivity; gratitude recipients also become more trusting and more helpful.
- When employees feel gratitude, they seem more committed to their organization and their colleagues.
- Practicing gratitude boosts employee well-being and reduces sick days.
- Saying "thanks" at work makes people feel happier and hearing "thanks" makes them happier and more productive (by 50%!).
- Only 18% felt expressing gratitude made bosses seem weak; 93% said grateful bosses were more likely to succeed.
- According to the U.S. Department of Labor, the number one reason why people leave their jobs is because they don't feel appreciated.

AMERICAN NURSES
FOUNDATION

Greater Good
Science Center

Why Gratitude: Health Benefits

Health care providers twice weekly wrote down things for which they were grateful.

RESULTS:

- Reductions in perceived stress (28%) and depression (16%) in health care practitioners
- "Such positive effects can also lead to an improvement in both productivity and quality of patient services."

Study by Cheng, Tsui & Lam (2015)



AMERICAN NURSES
FOUNDATION

Greater Good
Science Center

Gratitude in the Workplace: Challenges

Workplace cultures that lack embedded gratitude practices can become rife with struggles:

- siloed
- overly competitive
- transactional
- distracted
- lacking civility



AMERICAN NURSES
FOUNDATION

Greater Good
Science Center

Building a Culture of Gratitude

LESSONS LEARNED FROM HEALTH CARE PARTNERS



Building a Culture of Gratitude

HARDWIRING GRATITUDE



Efforts to foster gratitude are most effective when they are built into organizational culture, supporting individual practice while working toward systemic change.



Building a Culture of Gratitude

VOLUNTARY PARTICIPATION



Expressions of gratitude and gratitude programs as a whole should not be forced on employees. Rather, gratitude needs to be fostered in a way that respects staff time.



Building a Culture of Gratitude

MAINTAINING AUTHENTICITY



Gratitude should be a practice that is encouraged and allowed to grow organically.



Want to Practice More Gratitude?

Check out these other websites:

- gratitudeformurses.org
- nursingworld.org/thewellbeinginitiative
- healthynursehealthynation.org
- ggia.berkeley.edu

Explore the practices found in the Gratitude Practice for Nurses Toolkit for Well-Being.



Want to Practice More Gratitude?

TRY THIS!

Register at:

- Thnx4.org

How it works:

- Register for a 21-Day Thnx4Nurses Gratitude Challenge on Thnx4.org.
- Create your account and join an upcoming Thnx4Nurses group challenge.
- Two days before the start date of your Challenge, you'll get a friendly reminder from Thnx4.
- Once your Thnx4Nurses Gratitude Challenge begins, you'll get prompts every other day inviting you to journal your experiences and expressions of gratitude.
- Track your activity and see how keeping a gratitude journal is associated with levels of happiness, social connection, and resilience to stress.



Building a Culture of Gratitude

MAKING GRATITUDE A RECURRING ACTIVITY



Gratitude will thrive when it's not just done as part of discrete programs or at certain times of the year but is connected to other, recurring efforts to foster a positive, caring culture.



Building a Culture of Gratitude

DEVELOPING AN ARRAY OF TOOLS FOR WELL-BEING & RESILIENCE



Gratitude is one of many paths to wellness. Mindfulness techniques, training caregivers in the art of compassion, and engaging in campaigns to encourage kindness are all practices that, together with gratitude, offer an array of tools that staff can use.



Thank You!



Appendix E

"Benefits of Gratitude" Poster

The BENEFITS of GRATITUDE

Research has found that gratitude is good for our hearts, our minds, and our relationships

RELATIONSHIPS

- More forgiving
- More outgoing
- Feel less lonely and isolated
- More helpful, generous, and compassionate
- More willingly supported by others

BODY

- Stronger immune systems
- Less bothered by aches and pains
- Lower blood pressure
- Lower risk of heart attacks
- Take better care of their health
- Sleep longer and better



- Hi
- pe
- M
- ar
- M
- pl
- M
- ar
- M
- to

Appendix F
Project Timeline

Appendix G

PROFESSIONAL QUALITY OF LIFE SCALE FOR HEALTH WORKERS

As a health worker working in difficult humanitarian or pandemic situations the lives of your patients and beneficiaries. As you may have found, your work can affect you in positive and negative ways. Below are some statements as a health worker, both positive and negative.

Consider each statement about your **current work situation**. Circle the number that most accurately reflects how frequently you have experienced these things in the **last 30 days**.

	4 3 2 1
1. I am happy that I choose to work in healthcare.	()
2. At times I have had to do things that go against my personal values.	()
3. Because of my work, I have unwanted, distressing thoughts.	()
4. I have seen things at work that I believe to be morally wrong.	()
5. I feel supported by my colleagues.	()
6. I feel energized by working with my patients.	()
7. I often find myself thinking about my patients when I am with my family.	()
8. Administrative procedures and rules make my job too hard.	()
9. At times, I have been unable to provide the care that I believe should have been provided.	()
10. I think that I have been affected by the suffering I see at work.	()
11. My family supports me in my work in healthcare.	()
12. Because of my work, I feel anxious about many things.	()
13. The people who make the decisions that affect my job care about my wellbeing.	()
14. At times, I have felt ashamed of the choices I have made at work.	()
15. I am unhappy at work.	()
16. I feel depressed because of the suffering I see at work.	()
17. I am unhappy because I have observed health workers doing things that I believe are unethical.	()
18. My manager cares about my personal wellbeing.	()
19. My workload seems endless.	()
20. My workplace is an extremely harsh place to work.	()
21. I feel satisfied by my work in healthcare.	()
22. Because of my work, I have very little time for a personal life.	()
23. I have people who I can talk to about my struggles at work.	()
24. I believe I can make a difference through my work in healthcare.	()
25. I have close friends who support me in my work.	()
26. I avoid activities or situations that remind me of patients' suffering.	()
27. I am proud of what I can do to help.	()
28. I feel responsible that I have not always been able to help people.	()

ProQOL for Health Workers

Appendix H

Satisfaction Questionnaire

The survey will be used to improve the Gratitude Practice for Nurses wellness program. All answers will be confidential and will not influence your status as an employee in the organization. Please answer each item as accurately as possible by encircling the number in the Likert 5-point scale that most closely describes your level of agreement with the statement. Upon completing the questionnaire, please email it back to Rosa Agüero, the project lead, at rnrosie17@gmail.com.

	Strongly disagree	Disagree	Neutral	Agree	Strongly agree
• Based on my experience with the Gratitude Practice for Nurses wellness program, I would likely recommend the program to my colleagues at work.	1	2	3	4	5
• Based on the impact of the Gratitude Practice for Nurses Wellness Program on my well-being, I would recommend that the program be included in the organization's orientation program.	1	2	3	4	5
• Based on the impact of the Gratitude Practice for Nurses Wellness Program on my well-being, I can say that the program will contribute to making the work environment in the organization safer and healthier.	1	2	3	4	5

