Decreasing Intent to Leave in Nurse Residents (NR) with the Addition of Wellness Interventions: A Quality Improvement Project

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Decreasing Intent to Leave in Nurse Residents (NR) with the Addition of Wellness Interventions: A Quality Improvement Project

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Decreasing Intent to Leave in Nurse Residents (NR) with the addition of Wellness Interventions: A Quality Improvement Project

Abstract

The US nursing workforce decreased 1.8 percent between 2019 and 2021, marking the largest drop seen in four decades. New nurses or nurse residents (NRs) are included in this loss. Many nurses, but particularly new nurses, experience burnout. If workplace stress is not managed, it can become chronic. The first year of employment as a nurse has been shown to be a very vulnerable time. Within the first 2 years of nurses’ employment, there is a reduction in commitment along with increased stress. New graduate nurses’ lack of life experiences, along with the recent pandemic have contributed to more than 57% of nurses under the age of 25 believing they cannot manage the stress of their work in the nursing environment. There are other influencing factors as well; a younger generation of nurses may be less willing to sacrifice their own needs and wellbeing for those of organizations. Also, social determinants of work health, such as childcare availability and household debt are also driving their employment decisions. These factors, along with stress and anxiety contribute to nurses leaving their jobs within a short time and many leaving nursing altogether. New nurses leaving within their first 2 years of employment presents a challenge to nurse educators, nurse administrators, hospital leadership and ultimately patients as well as the future of the nursing workforce. This quality improvement project will look at the addition of wellness interventions and their effect on a NRs intent to leave.

Keywords: Nurse residents, nurse retention, intent to leave, wellness interventions, self-care, self-compassion, Emotional Freedom Technique, IHWT, nurse graduates.
Background and Significance

Strategies that enhance workplace conditions and promote work-life balance are key for the retention of new graduate nurses (Boamah & Laschinger, 2016). Compared with more experienced nurses, new graduates are less likely to engage in self-care to promote their own personal health and wellbeing (Nurse Wellbeing at Risk, 2020). Correspondingly, only 23.5% of 18 to 24-year-old nurses believe that they can manage work-related stress and anxiety (Abramson, 2022). This shows that a majority of young nurses’ struggle with work/life balance.

New graduate nurses’ intent to leave the profession correlates with their self-image and understanding of what it means to be a nurse (Sandler, 2018).

Problem

Findings have demonstrated that within the first 2 years of employment, there is a reduction in affective commitment, as well as increased nursing stress. From the baseline of employment to 12 to 24 months (about 2 years), stress increased and commitment to their jobs decreased. This early employment period led to higher levels of intent to leave not only their jobs but the nursing profession. The highest mean in intent to leave occurred at 12 months, highlighting the vulnerability of this time (Failla et al., 2021). Without strategies to prepare incoming nurses, the number of young nurses with intent to leave in the first years of practice rises. As nurses work longer hours, they have higher patient acuity, and in turn there is a rise in patients’ death rates. As a result of the COVID-19 pandemic, these stresses have been exacerbated. The population for this project consists of new graduate nurses in an existing residency program at a large health science center. All NRs must have graduated from an accredited nursing school. These NRs are required to meet once a month for the first year of their employment. The cost of orienting a new nurse is around $90,000 (Failla et al., 2021). Employers
invest not only money, but time and resources, into these new nurses. Ideally, this would lead to job satisfaction among nurses and better patient care. However, higher patient loads or acuity and increased responsibilities on new nurses adds additional stresses, resulting in high rates of nurse turnover, retention, and intent to leave.

**Interventions and Implementation Plan**

Programs that focus on NRs prove effective in reducing new graduates’ intent to leave. These programs help NRs enter the work force with the ability to prioritize and apply self-care skills to prevent burnout and manage stress and anxiety (Sandler, 2018). Aims of NR programs are to give new nurses needed experience before taking on the full responsibilities of an RN, to learn more about the health care settings, and provide opportunities to apply what they learn in their NR programs (Vizient /AACN (American Association of Colleges of Nursing) Nurse Residency program, 2022). Currently, many NR programs contain little or no components that help NRs develop self-care skills and strategies. This quality improvement project calls for the addition of self-care wellness interventions and intent to leave questions for 23 NRs enrolled in an existing Vizient nurse residency program to assess its impact on lowering stress, anxiety, and intent to leave practice. The Integrated Health and Wellness Tool (IHWT) will be administered, and measurements obtained pre and post wellness interventions.

**Introduction**

The addition of wellness strategies to help NRs navigate persistent work stress and learn to invest time in effective self-care strategies could be valuable in lowering new nurses’ intent to leave. Many nurses, but particularly new nurses, experience burnout, an occupational syndrome where workplace stress is not managed and becomes chronic (Melnyk et al., 2021). Burnout is often seen as a response to working conditions but when nurses lack self-care skills, it can also
be considered a form of self-neglect that can expose the nurse and their patients to poor health outcomes. Intent to leave (ITL) refers to the potential for employee turnover (Hayes et al., 2012), as well as the employee’s plan to leave their current job soon (Worku et al., 2019). Therefore, the lack of wellness strategies contributes to stress, anxiety, burnout and even nurses leaving their jobs and/or nursing.

With the cost of losing one nurse at $90,000 (Failla et al., 2021) managers must employ strategies that enhance workplace conditions and promote a work-life balance to keep new graduate nurses in the workforce (Boamah & Laschinger, 2016). It is estimated that burnout is affecting 35% to 54% of nurses and physicians in the U.S. (Poon et al., 2021). Burnout is characterized by exhaustion, depersonalization (cynicism) and a sense of reduced personal accomplishment, reflecting unresolved stress that manifests or is triggered by the working conditions. Consequently, these feeling lead to work related fatigue, lower self-image and questioning of what it means to be a nurse (Sandler, 2018). These all are major contributing factors for a new nurses’ intent to leave (Liu et al., 2016; Kelly et al., 2021). Also, inadequate emotional support systems and lack of personal resources increase a new graduates’ intent to leave (Sandler, 2018).

Prior to leaving the job, burnout poses added cost to the institution because it is also associated with reduced job satisfaction, absenteeism, and staff shortages. Together, these factors contributed to poorer quality and safety of care and poorer patient health outcomes (National Academics of Sciences, Engineering, and Medicine, Taking Action against Clinician Burnout, 2019). Thus, retention of nurses is important to nurse leaders and healthcare organizations because it affects financial integrity, continuity of career and even patients’ outcomes.
Literature Review

A literature review was conducted using databases CINAHL & PubMed. The search criteria included: nurse residents, nurse retention, intent to leave, wellness interventions for nursing, self-care, and self-compassion in nursing. Several hundred articles were collected. These were reviewed and organized into what would be relevant for this project. They were then organized by level of evidence. Applying the Johns Hopkins framework, an overall level of evidence was level 3; quality of evidence: high; mostly observational studies; no RCTs. Additionally, exclusion criteria included studies no studies older than 5 years, articles outside the US, and/or of poor quality. Based on the initial application of the IHWT, further research was conducted to include interventions specific to nursing, i.e., journaling, Emotional Freedom Technique, and nutrition.

The World Health Organization (WHO) now classifies burnout as an “occupational hazard” that has not been addressed successfully in health care. Burn-out is now included in the 11th revision of the International Classification of Diseases (ICD-11) as an occupational phenomenon (WHO, 2019). Burnout in health care workers can present as emotional exhaustion, depersonalization, job detachment, a sense of ineffectiveness, as well as unhealthy lifestyles (Abramson, 2022). In the past, burnout was seen as an individual not systemic issue, until there was a crisis (Melnyk, 2021).

The crises faced by health care workers during the COVID-19 pandemic, added to the stress, burnout and rise in the number of nurses leaving their jobs as well as the field of nursing. Recent workforce trends, reveal that the U.S. nursing workforce fell by more than 100,000 in 2021. This trend was analyzed using data from the U.S. Census Bureau and U.S. Bureau of Labor Statistics looking at trends from 1982-2021, marks the largest drop in four decades in the
nursing workforce. Over 12,000 clinicians participated in the Nurse Wellness at Risk national survey in September 2020 through the Nurse Grid mobile application. Most (93.9%) were RNs who worked in adult ICU (Intensive Care units), MedSurg or ER departments. Over 50% of the participants were in the 25-34 age range. The data obtained suggested, nurses may be sacrificing their own wellbeing for work they feel is meaningful and fulfilling. Forty-one percent of nurses rated their career fulfillment highly, only 28% scored their personal wellbeing high. This indicates an imbalance in priorities that makes quality care unlikely (Nurse Wellbeing at Risk-a National Survey, 2020, p. 3). Moreover, the nursing shortage not only affects the financial stability of hospitals, but the quality of patient care (Lin et al., 2020). Stress is a factor listed by nurses as a reason to leave their job.

In the recent Nurse Wellbeing at Risk National survey, it was also noted that the combination of life experiences of NRs, including the experiences of the recent pandemic, revealed that 57.3% of nurses ages 18-24 believed that their overall wellbeing had been affected. Also, only 23.5% of nurses these ages, (the ages of most NRs) acknowledged that they cannot manage work-related stress and anxiety. This survey exposed an alarming paucity in nurse self-care, indicating that less than 25% of 18–24-year-old nurses strongly agreed that they do not have a healthy diet, or exercise regularly, have healthy sleep habits, and cannot effectively decompress after work (Thurston, 2022). With this population, there is an important window of time to help assist this age group integrate into their new role as a nurse. In other words, new graduate nurses’ intent to leave decreases as they reach their second year (Sandler, 2018). The first year of practice is the time to address these new nurses’ challenges. This information was influential in the development of this DNP project.
Stress is the primary reason behind new nurse turnover (Lin et al., 2020). The first year of a job is stressful, which can influence nurses to leave their job and/or even nursing altogether (Dwyer & Revell, 2016). Gardiner and Sheen (2017) found that newly employed nurses also had extremely high anxiety levels. While all stress cannot be eliminated from the health care profession, managing stress and anxiety is especially important. Creative interventions and training programs may help new nurses manage work related stress and anxiety and influence nurse retention and turnover.

The wellbeing interventions introduced in this project can be implemented as part of a nurse residency program. These included a journaling discussion, Emotional Freedom Technique (EFT) demonstration and nutrition. Studies have shown that journaling has a positive effect over time on the ability of registered nurses to handle stress and decrease burnout (Dimitroff et al., 2017). EFT is a gentle tapping on a person’s own acupoints or acupressure points while stating a particular fear, stress, or challenge. Over the past two decades, a growing number of clinicians have been utilizing EFT in the treatment of posttraumatic stress disorder (PTSD), anxiety and depression (Church, 2013). EFT has also been used for test anxiety as well as athletic performance. This intervention can be self-taught; it is noninvasive and easy to practice with no known adverse side effects. As one taps on acupressure points, one is to repeat quietly the stress or issue that they have been struggling with. This acknowledging of the stress along with the tapping on these energy points can result in the lessening of the emotions associated with the stress (Church & Clond, 2019). The third intervention, nutritional overview, addressed chronic illnesses and disease linked to lifestyle choices. Chronic illness continues to increase, with the number of people suffering, as half of all Americans now have a chronic disease (Ward et al., 2014). Chronic diseases such as cardiovascular diseases (CVD), diabetes, respiratory diseases,
mental disorders, autoimmune diseases, and cancers have increased dramatically over the last three decades. Additionally, the modern diet contributes to these disorders (Pettinen et al., 2021). Evidence shows that frequent consumption of healthy food items is associated with lower levels of burnout symptoms that can lead to chronic diseases. Thereby an emphasis on the importance of a diverse and balanced healthy diet promotes a work well-being for nurse residents.

A Quality Improvement Project

Transition into a new workplace can cause a range of emotional stresses, especially for recent graduate nurses. They may experience both psychological wellbeing and ill-being in their first year in practice which can even result in harm to patients. These stressors and anxieties among new nurses can include adverse effects on motivation (Stebbings et al., 2012), communication, learning, as well as their clinical practices. Consequently, addressing NRs wellness could have a ripple effect into numerous positive aspects of healthcare. To help unravel and address NRs’ challenges, the Integrative Health, and Wellness Tool (IHWT) was chosen for this quality improvement project. The IHWT tool has eight dimensions of wellness that are examined in this project. Also, two satisfaction questions on intent to leave were included in this project to assess the effect of the addition of wellness interventions on intent to leave. The IHWT and intent to leave questions are meant to enhance the client’s ability to self-reflect and self-assess. They are designed to produce outcome measurements as baseline scores that compare before and after lifestyle changes through individual coaching sessions and/or research studies. Holistic theory–based instruments such as the IHWT and the intent to leave questions are vital as nurses lead efforts in health promotion, wellness, and healing for themselves as well as their patients/clients (McElligott et al., 2018).
Methodology

The framework chosen for this DNP project was the IHI Model for Improvement. This model looks at 3 simple yet important questions: What are we trying to accomplish? How will we know that a change is an improvement? And finally, what change can we make that will result in an improvement? (Institute for Healthcare Improvement, 2022).

A fundamental aspect of IHI Model for Improvement is the PDSA model: plan, do, study and act (Appendix A). Since the NRs have a once-a-month (8 hour) seminar for 12 months in the established AACN program, Vizient (Vizient /AACN Nurse Residency program, 2022), this forum was used to provide the wellbeing discussions and education. The PDSA cycle provides clarity and structure within organizations to implement well-constructed analytical projects (Institute for Healthcare Improvement, 2022) (Appendix A: PDSA cycle). This DNP project includes aims, objectives, outcomes, and an implementation plan within a 3-month period.

Aim #1 (PLAN) Identify health and wellness levels of nurse residents (NR) as well as their intent to leave their job and/or nursing and establish baseline level of wellness of the nurses participating in the NR Program. Objective #1 Administer integrative survey tool (IHWT) to the RN participants to identify top 3 wellness areas for development of interventions; Objective #2 Obtain historical retention data on NR programs from November 2019 to November 2020.

Aim #2 (DO) Develop specific wellness interventions identified in integrative survey to demonstrate and discuss self-care interventions with the NRs. Objective #1 Administer three wellness interventions during monthly NR meeting tailored to results obtained on initial survey.

Aim # 3 (STUDY) Examine the effectiveness of the integration of self-care strategies on intent to leave their position or the profession, evaluating the outcomes of wellness interventions
DECREASING INTENT TO LEAVE IN NURSE RESIDENTS (NR)

on the wellbeing of the nurses in the NR program. Objective #1 Readminister IHWT and the intent to leave questions.

Aim #4 (ACT) Recommend incorporation of wellness modalities into the NR Program. Objective #1 Provide project outcomes data to NRs leadership regarding wellness modalities and impact on the nurses in the NRs; Objective #2 Identify future wellness modalities to be presented to RNs in NR Program based upon integrative survey (IHWT) results.

Below is the logic model (see figure 1) developed for this project. Inputs included time and minimal costs. Outcomes include short term, intermediate, and long-term results, all in the hopes we can increase patient satisfaction, increase in nurse retention and the addition of a chief wellness officer.

Figure 1

Logic Model

<table>
<thead>
<tr>
<th>INPUTS</th>
<th>ACTIVITIES</th>
<th>OUTCOMES</th>
</tr>
</thead>
<tbody>
<tr>
<td>What we Invest</td>
<td>What we Do</td>
<td>Why This Project: Short-Term Results</td>
</tr>
<tr>
<td>Time NRs and staff my own to develop and execute</td>
<td>Administer Integrative Health and Wellness Tool (IHWT) and Intent to leave questions</td>
<td>Management of stress and anxiety in NRs</td>
</tr>
<tr>
<td></td>
<td>Demonstrate and discuss wellness interventions</td>
<td>Organization investing in self-care of nurse residents</td>
</tr>
<tr>
<td></td>
<td>Re-administer IHWT</td>
<td>Turnover rates</td>
</tr>
<tr>
<td></td>
<td>Educate NRs of the value of self-care</td>
<td>Begin to embed the concept of self-care in the NR routine</td>
</tr>
<tr>
<td>Cost of snacks and handouts NRs pay (1 hour /3)</td>
<td>Nurse residents</td>
<td>Loss of 100,000 nurses in the year 2021 primarily nurses under the age of 35</td>
</tr>
<tr>
<td></td>
<td>Nurse managers of units</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Nurse resident program coordinator</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Chief nursing officers</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Ultimately the patients</td>
<td></td>
</tr>
</tbody>
</table>

There were several stakeholders in this project, including NRs, the project manager (myself), the hospital, nurse leaders, co-workers as well as patients. Since the onset on this
program there had been turnover in this setting. The historical information on the RNs programs is as follows in figures 2-5.

**Figure 2**

*Nurse Residents enrollment cohort 1*

![Graph showing Nurse Resident Program Enrollment – Cohort 1](image)

**Cohort 1**
- November 2019 – 51 Nurse Residents enrolled
- November 2020 – 40 completed the program, while 11 have exited the NR program.
- Presently – 29 in total have exited, leaving only 22 from cohort 1.

**Figure 3**

*Nurse Residents enrollment cohort 2*

![Graph showing Nurse Resident Program Enrollment – Cohort 2](image)

**Cohort 2**
- May 2020 – 41 Nurse Residents enrolled
- May 2021 – 30 NRs completed the program, while 11 exited before completion.
- Presently – 16 in total have exited, leaving only 25 from cohort 2.

**Figure 4**

*Nurse Residents enrollment cohort 3*

![Graph showing Nurse Resident Program Enrollment – Cohort 3](image)

**Cohort 3**
- August 2020 – 164 Nurse residents enrolled
- August 2021 – 112 completed the program, while 52 exited before completion.
- Presently - 67 have exited, leaving only 97 from cohort 3.
The project site tracked the main reasons for their new nurse’s departure, and they are very similar to what is seen in the literature. Of the top four reasons, two were staffing or workload and unhappy with job or facility.

**Figure 5**

*Nurse Residents enrollment cohort 4*

![Nurse Resident Program Enrollment – Cohort 4](image)

**Cohort 4**
- November 2020 – 96 Nurse Residents enrolled
- November 2021 - 65 completed the program, while 31 exited before completion.
- Presently – 31 have exited, leaving only 65 from cohort 4.

**Figure 6**

*Reported cases of turnover at project site.*

![Reported Causes for Nurse Resident Turnover](image)

(S. Smith, Health Sciences Center database, October 26, 2021)
Cost Estimates of Utilizing Additional Wellness Interventions

Table 1

Cost of Nurse Wellness Training

<table>
<thead>
<tr>
<th>Category</th>
<th># Of Participants</th>
<th>$ Amount</th>
<th>Times</th>
<th>Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>NR Training</td>
<td>23</td>
<td>26</td>
<td>3</td>
<td>$1794</td>
</tr>
<tr>
<td>Handouts</td>
<td>23</td>
<td>1</td>
<td>1</td>
<td>$23</td>
</tr>
<tr>
<td>Snacks</td>
<td>23</td>
<td>3</td>
<td>2</td>
<td>$138</td>
</tr>
</tbody>
</table>

**Benefit or retention of one NR: $ 89,914.00**

The cost benefit analysis developed for this project is in Table 1. The total cost of the program, or three hours at $26.00/hour, and the cost of handout and snacks would be $1955.00. The cost of this program per one NR is $86.00 The In-kind donations would be IT support as well as my time. The cost to orient a new nurse is $90,000 (Faille et al., 2021). Therefore, the savings to the hospital if one NR is retained, is $89,914.00

**Implementation**

The first day of the DNP project was on March 9, 2022. At this meeting, 23 nurse residents answered the Integrative Health and Wellbeing Assessment (IHWT) as well as questions about intent to leave. These were all located in Redcap, so that the NRs could access through a link and password or through a QR code (Appendix B). The second meeting with the NRs was April 13th, 2022. This meeting was in person at the beginning of their scheduled Vizient NRs meeting. These interventions were journaling, emotional freedom technique (EFT) and nutrition. Handouts on EFT as well as many healthy snacks were provided for the NRs. Interventions were determined by the data in the literature as well as the initial meeting. Because studies have shown that journaling has a positive effect over time on the ability of registered nurses to handle stress and decrease burnout (Dimitroff et al., 2017), along with EFT, they
provide evidenced based therapy. Likewise, information on nutrition continues to be relevant as our food choices and knowledge about chemical additives evolve. The third and final meeting took place May 13, 2022 when the IHWT and intent to leave questions were readministered to the NRs.

The contribution of work to positive mental health is increasingly apparent. The transition into the workplace can cause a range of stresses for the new graduate nurses. They may experience both psychological wellbeing and ill-being their first year in practice. Indeed, stress and anxiety in students can result in harm to patients due to the adverse effects on motivation (Stebbings et al., 2012), communication, learning, as well as clinical practice.

Data Management

The IHWT short form is a 36-item, 5-point Likert-type scale with eight subscales which reflect the eight dimensions of wellness as described in the Theory of Integrative Nurse. Table 2 below is the data from both the IHWT as well as the 2 intent to leave questions.

Table 2

<table>
<thead>
<tr>
<th>Variables</th>
<th>Measure</th>
<th>LOM</th>
<th>Administered</th>
<th>Test Statistics</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wellness</td>
<td>IHWT</td>
<td>Ordinal</td>
<td>1st &amp; 3rd class</td>
<td>Mann-Whitney test</td>
</tr>
<tr>
<td>Intent to leave</td>
<td>Two questions</td>
<td>Ordinal</td>
<td>1st &amp; 3rd class</td>
<td>Mann-Whitney test</td>
</tr>
</tbody>
</table>

Data Collection Process

The data was collected from the initial Zoom meeting in March per the hospital’s protocols. The April meeting was in person, and the interventions were implemented. The third and final meeting, in May, was also conducted in person. At this final meeting, the NRs responded and filled out the tool as well as the intent to leave questions as they did in the first
meeting. The collected data was quantitative, and the results were compared to each other, pre and post interventions, and recorded through Redcap.

**Table 3**

*Data Management Table*

IBM@ SPSS statistical package for the social sciences (v27) is a statistical analysis software that will be used for all descriptive and inferential calculations. Table 3 reflects the data management of this project.

<table>
<thead>
<tr>
<th>Variables</th>
<th>Measure</th>
<th>LOM</th>
<th>Administered</th>
<th>Test Statistics</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wellness Intent to leave</td>
<td>IHW T</td>
<td>Ordinal</td>
<td>1st &amp; 3rd class</td>
<td>Mann-Whitney test</td>
</tr>
<tr>
<td>Two questions</td>
<td></td>
<td>Ordinal</td>
<td>1st &amp; 3rd class</td>
<td>Mann-Whitney test</td>
</tr>
</tbody>
</table>

**Discussion**

Results of the pre to post IHW T were:

- Relationship Score (increase)
  - NRs developing new relationships on their units
  - Increased teamwork during shifts
  - Increased comradery and friendships
- Physical Exercise Score (decrease)
  - Shift work, change in schedules perhaps
  - Change from day to night shift
  - Change in their circadian rhythm
- No other significant change noted - single encounter of interventions- did not create any other change
Results of the intent to leave questions were included with the pre and post IHWT tool. These 2 questions were do you ever think of leaving your job? And do you ever think of leaving nursing? The following changes are reflected in the graphs below of the response changes on the intent to leave questions see figure 7.

Figure 7

Nurse Residents response to intent to leave questions.

Evaluation of the Aims

- Aim #1 (Plan) Establish baseline level of wellness of the nurses participating in the NR Program MET
- Aim #2 (Do) Develop specific wellness interventions identified in integrative survey MET
- Aim #3 (Study) Evaluate outcomes of wellness interventions on the wellbeing of the nurses in the NR Program MET
- Aim #4 (Act) Recommend incorporation of wellness modalities into the NR Program MET

The ethical considerations of this project included were that it was voluntary for the NRs to participate. The NRs were informed that this project had nothing to do with their job or
orientation or the NRs program that they were in as part of the orientation. It was also a totally autonomous, and non-identifiable project. The potential barriers to the project could be that the RNs did not want to take the time to do the tool, they could be concerned about its length. Also, the NRs might not give honest responses. Or they might just not be interested in doing the project. Potential facilitators for this project were that the NRs were eager to be involved and eager to give positive responses. Another facilitator was that the NRs were already gathered for their existing program, and they could do it easily. A summary of the Ethical Considerations, Barriers, and Facilitators of this project are shown below in the figure 8.

**Figure 8**

*Ethical considerations, as well as barriers and facilitators of the project.*

<table>
<thead>
<tr>
<th>Ethical Considerations</th>
<th>Potential Barriers</th>
<th>Potential Facilitators</th>
</tr>
</thead>
<tbody>
<tr>
<td>Voluntary</td>
<td>Concern about time to administer tool</td>
<td>Eager to be involved</td>
</tr>
<tr>
<td>Non-identifiable</td>
<td>Lack of honesty</td>
<td>Gathered by zoom or in person</td>
</tr>
<tr>
<td>No compensation</td>
<td>Lack of interest</td>
<td>Already together for Vizient Program (captive audience)</td>
</tr>
</tbody>
</table>

**Interpretation and Sustainability**

This project could help provide awareness of the many different evidence-based wellness interventions that benefit ALL nurses. The addition of wellness interventions could influence the intent to leave. Assessing NRs selfcare practices are critically important to overall professional
success and nurse retention. The project could also help assist nurse leaders in knowing how to assist NRs with their stress and anxiety by directly tailoring interventions to individual needs. Adding these wellness interventions is extremely cost effective and can easily be added to existing orientation structures. There is also a need for ongoing wellness initiatives for long-term success. The culture of self-care and importance of wellness should drive health care employment.

**Conclusions and Recommendations**

Strategies that enhance workplace conditions and promote work life balance are key to retention of new graduate nurses. Changes will require a multi-pronged approach. Changes may include new training programs and implementation of improved orientations for incoming NRs. Continued cultivation of workplace relationships along with the inclusion of self-care activities is vital to NRs retention. The addition of a Chief Wellness Officer and a wellness team is necessary, perhaps on each unit, and ideally each shift, to assist nurses as challenges arise. Clearly, further studies need to be done on NRs and their integration into a healthy workplace.

Programs that focus on NRs have proven effective in reducing new graduates’ intent to leave, including programs that help NRs enter the work force with the ability to prioritize and apply self-care skills to prevent burnout and manage stress and anxiety. Additionally, at this project’s site, self-care strategies have been successfully implemented in monthly existing NRs program.
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Appendix A

PDSA Cycle

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Note: Institute of Healthcare Improvement (IHI) Model, Plan-Do-Study-Act,

https://www.huskyhealthct.org/providers/PCMH/pcmh-quality-improvement.html
Appendix B

Survey title: "Integrative Health and Wellness Tool"

Please follow the instructions below to navigate to the survey page. To start the survey, you may use either of the two choices (the Survey Access Code or the QR code), whichever you find easiest or quickest to use.

Enter the Survey Access Code

Start the survey by following the steps below.

1.) Go to this web address:

https://bbmc.ouhsc.edu/redcap/surveys/

2.) Then enter this code:

EME97LE7A
Appendix C

The International Nurse Coach Association granted Susan Eckman permission to use this form on October 21, 2021

INTEGRATIVE HEALTH AND WELLNESS ASSESSMENT™

This INTEGRATIVE HEALTH and WELLNESS ASSESSMENT (short form) is intended for informational purposes only. It is not a substitute for professional medical advice, diagnosis, or treatment.

DIRECTIONS: This questionnaire contains statements about your present way of life, feelings, and personal habits. Please respond to each item as accurately as possible and try not to skip any item. Indicate the frequency with which you engage in each item by shading (.) one of the following:

1 = Never 2 = Rarely 3 = Occasionally 4 = Frequently 5 = Always

<table>
<thead>
<tr>
<th>Life Balance / Satisfaction</th>
<th>/ 20</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. I have balance between my work, family, friends, and self.</td>
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<tr>
<td>2. I can release anxiety, worry, and fear in a healthy way.</td>
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<tr>
<td>3. I use strategies (breathing, stretching, relaxation, meditation and imagery) to manage stress daily.</td>
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<td>4. I recognize negative thoughts and reframe them.</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Relationship</th>
<th>/ 15</th>
</tr>
</thead>
<tbody>
<tr>
<td>5. I create and participate in satisfying relationships.</td>
<td></td>
</tr>
<tr>
<td>6. I feel comfortable sharing my feelings/opinion without feeling guilty.</td>
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<tr>
<td>7. I easily express love and concern to those I care about.</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Spiritual</th>
<th>/ 15</th>
</tr>
</thead>
<tbody>
<tr>
<td>8. I feel that my life has meaning, value, and purpose.</td>
<td></td>
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<tr>
<td>9. I feel connected to a force greater than myself.</td>
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</tr>
<tr>
<td>10. I make time for reflective practice affirmation, prayer, meditation.</td>
<td></td>
</tr>
</tbody>
</table>
DECREASING INTENT TO LEAVE IN NURSE RESIDENTS (NR)

Mental

11. I prioritize my work and set realistic goals.
12. I ask for help/assistance when needed.
13. I can accept circumstances and events that are beyond my control.

Emotional

14. I recognize my own feelings and emotions.
15. I express my feelings in appropriate ways.
16. I practice forgiveness.
17. I listen to and respect the feelings of others.

Physical Nutrition

18. I eat at least 5 servings of fruits and vegetables, and recommended whole foods (beans, nuts, etc.) daily.
19. I drink 6-8 glasses of water daily.
20. I eat real food.
21. I eat mindfully (concentrate on eating and not multi-tasking or eating in front of the TV).

Physical / Exercise

22. I do stretching or flexibility activities 2 or more days a week
23. I do muscle-strengthening activities (i.e., free-weights, machines, resistance bands, body weight exercises, or carrying heavy loads) for all major muscle groups (legs, back, core, chest, arms) 2 or more days a week.
24. I do moderate-intensity aerobic activity (i.e., brisk walking, or any activity that makes you breathe harder with an increased heart rate) for at least 150 minutes (2 hours and 30 minutes) a week.

Physical / Weight

25. I maintain an ideal weight.
26. I have gained no more than 11 pounds in adulthood.

Environmental

27. I have a healthy non-toxic home environment.
28. I have a healthy non-toxic work environment.
29. I am aware of how my external environment affects my health and wellbeing.
<table>
<thead>
<tr>
<th>Question</th>
<th>Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>30. I believe I am key to my wellbeing and overall health, and address symptoms as they arise.</td>
<td>〇 〇 〇 〇 〇</td>
</tr>
<tr>
<td>31. I know my blood pressure, triglycerides, cholesterol and glucose levels.</td>
<td>〇 〇 〇 〇 〇</td>
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<tr>
<td>32. I am aware of my risk factors for disease.</td>
<td>〇 〇 〇 〇 〇</td>
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<tr>
<td>33. I am not addicted to a substance or behavior (alcohol, drugs, sex, food, gambling, shopping, exercise, internet).</td>
<td>〇 〇 〇 〇 〇</td>
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<tr>
<td>34. I can work and do regular activities of daily life.</td>
<td>〇 〇 〇 〇 〇</td>
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<tr>
<td>35. I avoid smoking or using smokeless tobacco.</td>
<td>〇 〇 〇 〇 〇</td>
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<tr>
<td>36. I discuss/formulate a wellness plan with my primary healthcare provider, and if needed, take and know prescribed medications and possible side effects.</td>
<td>〇 〇 〇 〇 〇</td>
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<tr>
<td>AREAS TO ADDRESS</td>
<td>SCORE</td>
</tr>
<tr>
<td>------------------</td>
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</tr>
<tr>
<td>Life Balance / Satisfaction</td>
<td>/ 20</td>
</tr>
<tr>
<td>Relationship</td>
<td>/ 15</td>
</tr>
<tr>
<td>Spiritual</td>
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<td>Mental</td>
<td>/ 15</td>
</tr>
<tr>
<td>Emotional</td>
<td>/ 20</td>
</tr>
<tr>
<td>Physical / Nutrition</td>
<td>/ 20</td>
</tr>
<tr>
<td>Physical / Exercise</td>
<td>/ 15</td>
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<tr>
<td>Physical / Weight</td>
<td>/ 10</td>
</tr>
<tr>
<td>Environment</td>
<td>/ 15</td>
</tr>
<tr>
<td>Health Responsibility</td>
<td>/ 35</td>
</tr>
</tbody>
</table>

MY READINESS TO CHANGE
1= In 1 Year
2= Within 6 Months
3= Next Month
4= In Two Weeks
5= NOW

PRIORITY MAKING CHANGE (1-5)
1= Never A Priority
2= Very Low Priority
3= Medium Priority
4= Priority
5= Highest Priority

CONFIDENCE IN MY ABILITY TO DO IT (1-5)
1= Not At All Confident
2= Not Very Confident
3= Somewhat Confident
4= Confident
5= Very Confident
Action Plan

Please list 3 changes that you can implement into your current lifestyle over the next 3 months:

1. Change 1

2. Change 2

3. Change 3

Additional changes, comments, thoughts:

Approved 8/3/22