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UNIFYING VISION: STRATEGIES THAT INFLUENCE NURSE SELF-CARE
PRACTICES IN INTENSIVE CARE UNIT NURSES

A DNP Project Submitted to the
Graduate Faculty
of Jacksonville State University
in Partial Fulfillment of the
Requirements for the Degree of
Doctor of Nursing Practice

By

LATOYA PARKS

Jacksonville, Alabama

June 28, 2021

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LaToya Parks June 28, 2021

ABSTRACT

Background: The notion of self-care should include more than physical health; the concept should also include emotional, mental, and spiritual self-care. Self-care behaviors are tailored to an individual's perceptions and values.

Purpose: The primary focus of this project aimed to improve nurse's self-care practices. Through interviews with executive leadership at a large urban hospital, the project facilitator identified the need for easy access to self-care strategies for ICU nurses.

Design Method: The Plan-Do-Study-Act (PDSA) Model for Quality Improvement was used for this project. A systematic review of the literature was performed to ascertain the effectiveness of self-care strategies for nurses.

Conclusion: The project outcome was creating The Unifying Vision website containing creative strategies that support a healthy lifestyle and encourage intensive care unit (ICU) nurses to engage in self-care practices.

Implications for Nursing: Stress among nurses has been linked to high nurse turnover, nursing shortages, and lack of nurse retention. Nurses who work with pain or depression experience more medication mistakes, patient falls, and provide decreased quality of care; however, frequent self-care interventions may help to relieve stress. When nurses experience job-related stress, the likelihood of effectively managing patient care becomes difficult.

Keywords: self-care, patient outcomes, self-care strategies

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TABLE OF CONTENTS

| | |
|---|----|
| Abstract | iv |
| Introduction | 1 |
| Background | 1 |
| Problem Statement | 3 |
| Organizational Description of Project Site | 4 |
| Review of the Literature | 4 |
| Evidence Based Practice Verification of Chosen Option | 7 |
| Theoretical Framework/Evidence-Based Practice Model | 8 |
| Goals, Objectives & Expected Outcomes | 10 |
| Project Design..... | 11 |
| Project Site and Population..... | 12 |
| Setting Facilitators and Barriers..... | 13 |
| Implementation Plan/Procedures | 14 |
| Measurement Instrument(s) | 16 |
| Data Collection Procedure | 16 |
| Data Analysis | 17 |
| Results..... | 20 |
| Interpretation/Discussion | 21 |
| Cost-Benefit Analysis/Budget | 23 |

| | |
|--|----|
| Timeline | 23 |
| Ethical Considerations/Protection of Human Subjects | 23 |
| Conclusion | 24 |
| References..... | 26 |
| Appendix A. Watson Conceptual Model..... | 30 |
| Appendix B. Informed Consent | 31 |
| Appendix C. Wellness Assessment..... | 32 |
| Appendix D. Unifying Vision Pre-Implementation Questionnaire | 33 |
| Appendix E. Unifying Vision Website Link..... | 34 |
| Appendix F. Post Implementation Questionnaire..... | 35 |
| Appendix G. IRB Approval Letter..... | 36 |
| Appendix H. Timeline | 37 |
| Appendix I. Figure 1.1 | 38 |
| Appendix J. Figure 1.2..... | 39 |
| Appendix K. Figure 1.3 | 40 |
| Appendix L. Figure 1.4..... | 41 |
| Appendix M. Figure 1.5..... | 42 |
| Appendix N. Figure 1.6 | 43 |

Unifying Vision: Strategies that Influence Nurse Self-Care Practices in Intensive Care Unit Nurses

Introduction

Nurses learn to care for others; it is their purpose. Nurses often are reluctant to take care of themselves. They also have difficulty locating self-care activities that accommodate their busy work schedule. Self-care can help nurses cope with the stressors of their demanding jobs and life. These stressors can lead to exhaustion, fatigue, and tension, known as burnout. Nurse burnout can negatively influence clinical decision-making and may lead to staffing shortages (Awa, Plaumann, & Walter, 2010).

Nurses are, in many ways, the backbone of the American health care system. As the coronavirus disease 2019 (COVID-19) pandemic accelerated, global health care systems have become overwhelmed, leading to increased psychological pressure on nurses in the care of critically ill patients with COVID-19. Moreover, an increasing number of nurses serving this population have committed suicide since the start of the pandemic (Shen, Zou, Zhong, Yan, & Li, 2020). Nurses work directly with patients more than almost any other clinical provider. Nursing is an in-demand field, with a higher projected growth rate than that of any other health care position. Nursing also has an alarming shortage of qualified workers (Atitsogbui & Amponsah-Tawiah, 2019).

Background

Nurses have played a major role in the fight against COVID-19. Nurses have experienced first-hand the prevalence and devastation that comes with the loss of patients due to this virus. The frequent encounters with critically ill patients allows little time for

feelings to be processed, resulting in emotional numbness. Also, with the Alabama Stay-at-Home order, nurses have been restricted from their routine and safe coping strategies.

A large urban regional medical center located in the southeastern United States has provided a full range of services to meet the diverse needs of patients, including fast, life-saving response times for patients with chest pain or stroke symptoms; cardiology, including structural heart and valve care; orthopedics, including rehabilitation; psychiatric care; a comprehensive sleep center; and a comprehensive bariatrics center, providing surgical and non-surgical weight-loss procedures. This project site has been on the front line of treating COVID-19 patients since the beginning of the coronavirus pandemic. The medical intensive care unit (ICU) was converted to a COVID unit to provide care for COVID-19 patients. The COVID unit nurses were trained to treat these critically ill patients with the most up-to-date medical treatments and medications available in the United States. The nurses were also mandated to follow the Centers for Disease Control and Prevention (CDC) guidelines for personal protection and safety. Approximately one year after working in the COVID unit, interviews were conducted with executive leadership and nursing staff at the project site. Nursing stress, tension, burnout, and retention of experienced professional nurses were identified as significant concerns. This project facilitator sought to identify ways to reduce stress for the nurses working in the COVID ICU to address the identified concerns.

Self-care practice encourages a healthy relationship with oneself for the benefit of physical, mental, and emotional health. When you are unable to care for yourself, it is nearly impossible to care for others. Self-care helps sustain a healthy attitude that translates into pleasant emotions and feelings for those around you. By creating the time

to let yourself recharge, you will boost yourself and others' outlook and develop substantially lower unhealthy stress levels (Ayala et al., 2018). Blum (2014) indicates self-care can help one cope with stressors inherent to practicing nurses and nursing students. These stressors may lead to exhaustion, tension, and fatigue (sometimes known as burnout) and may affect clinical decision-making.

Self-care is any practice done purposefully to take care of mental, emotional, and physical health (Ayala, Winseman, Johnsen, & Mason, 2018). Though, in theory, it is a simple idea, it is something often overlooked. Healthy self-care is essential to improving mood and reducing anxiety. It is also essential to a healthy relationship with oneself and with others. Self-care is a personal matter. Everyone's approach will be different. It is about what one does at work and outside the workplace to take care of one's overall wellbeing to fulfill their personal and professional obligations (Ayala et al., 2018).

Problem Statement

The purpose of this project was to develop a website containing creative strategies that support a healthy lifestyle and encourage nurses to engage in self-care practices. Finding the best possible evidence required this project facilitator to formulate a clinical question. A project-focused question was developed utilizing an evidence-based practice (EBP) framework to keep the project on target. A population, intervention, comparison, and outcome question (PICO) was the method used to frame and answer the clinical question (Melnyk & Fineout-Overholt, 2015). In currently employed ICU nurses working in a COVID unit (P), will the use of a website on self-care strategies for nurses (I) versus not using the website, (C) increase awareness of self-care practices (O)?

Organizational Description of the Project Site

The project site of implementation was a large urban regional medical center located in the southeastern United States. Increasing self-care knowledge and initiatives by creating a website containing creative strategies that support a healthy lifestyle and encourage nurses to engage in self-care practices for ICU nurses were the primary focus of this project.

Review of the Literature

A literature review was conducted using the Cumulative Index to Nursing and Allied Health Literature (CINAHL), PubMed, and Cochrane Library databases. The combined search terms self-care practices, patient outcomes, and healthy work environment were entered. The search was further narrowed down to locate articles available in full text, written in the English language, and published between 2016 and 2021. The literature review sought to evaluate current research on the relationship between nurses' self-care practices, healthy work environments, and the effects on patient outcomes. This literature review's relevance was to gain insight into how nurse self-care practices can positively impact patient outcomes.

An ethnographic study conducted by Whittaker, Gillum, and Kelly (2018) investigated whether critical care nurses in northern Indiana and southern Michigan suffered moral distress and burnout because of excessive stress. Additionally, it examined the various factors that could contribute to fatigue and moral distress in the target population. The researchers found that 100% of the nurses believed that burnout and moral distress contributed to turnover. Nurses shared that burnout and moral distress adversely impacted the quality of care they gave to patients.

The COVID-19 pandemic has created a stressful work environment for intensive care unit (ICU) healthcare workers because of the mortality of ICU patients. End-of-life and associated concerns about visiting constraints have proven to be difficult for ICU staff. Mahase (2021) found that among more than 700 healthcare workers in nine ICUs across England, 45% met the threshold for probable clinical significance for at least one of four serious mental health disorders: severe depression (6%), post-traumatic stress disorder [PTSD] (40%), severe anxiety (11%) or problem drinking (7%). The study showed that nearly a quarter of the participants (13.4%) believed they would be better off dead or hurting themselves several days or more frequently in the two weeks before completing the survey. Nurses were more likely to report these thoughts than other healthcare staff (19.2% versus 7.6% for doctors and 9.5% for clinical staff.).

Nurses are required to cope with very difficult situations that require accurate, timely decisions that affect human lives. Melnyk, Orsolini, Tan, Arslanian, & Melkus (2018) conducted a cross-sectional descriptive survey with 1,790 nurses across the U.S. which examines physical and mental health links to medical errors and perceived worksite wellness. Nearly half of the nurses indicated a lack of physical and mental health to be suboptimal. One of every two nurses reported medical mistakes in the past five years. Nurses with poorer health were associated with an overall error risk of 26% - 71% greater levels of error. In addition, there was a strong correlation between perceived workplace wellbeing and overall health. Promoting good physical and mental wellbeing must be a primary objective of healthcare delivery systems for nurses to improve patient outcomes and decrease preventable medical errors.

Steege and Rainbow (2016) conducted a qualitative exploratory study to examine sources and barriers in addressing nurses' fatigue and the effects on patient outcomes. The research findings indicated that addressing nurse issues is critical in improving both nurse and patient outcomes. Also, the study clarified how nurse fatigue and attributes of nurse professional culture have implications for nurse retention and job satisfaction. Healthcare professionals who face poor working conditions experience increased emotional stress levels, which can lead to absenteeism, performance errors, reduced productivity, and can also negatively affect patient outcomes.

Vidal-Blanco, Oliver, Galiana, and Sanso (2019) performed a quantitative cross-sectional study to gain insight into variables related to the quality of work environments and nurses' self-care practices with high emotional demands. Their findings indicated that self-care practices were perceived as a crucial factor in improving the quality of nurses' work-life, thereby influencing the quality of care provided by nursing staff. Other factors mentioned that negatively impacted nurses were work schedules, including shifts, nights, holidays, and on-call hours. These findings signify that it is essential to investigate the construct of self-care to mitigate the emotional demand in highly stressful environments (Vidal-Blanco, Oliver, Galiana, & Sanso, 2019).

Rainbow, Drake, and Steege (2020) conducted a cross-sectional analysis to explore the relationships between nurse fatigue, burnout, psychological wellbeing, team vitality, presenteeism, and patient safety. The study found multiple significant relationships between nurse and environmental concepts and presenteeism. The association between presenteeism and patient safety suggests organizations need to implement strategies that

influence nurses to stay engaged and improve their psychological wellbeing as an essential concept to target and improve patient safety practices.

This literature review aimed to search for evidence-based literature on nursing self-care practices, patient outcomes, and a healthy work environment. The literature review suggests that nurses' high-stress levels can lead to job dissatisfaction, moral dilemmas, absence of staff engagement, burnout, and emotional fatigue (Whittaker, Gillum, & Kelly, 2018). Lapses in attention increase the risk of severe consequences such as medication errors, failure to recognize life-threatening signs and symptoms, and other essential patient safety issues (Melnik, Orsolini, Tan, Arslanian, Melkus, 2018). Nurses' physical, emotional, and social dimensions of self-care practices can reduce the adverse effects of a less than optimal situation (Vidal-Blanco, Oliver, Galiana, & Sanso, 2019). Current research supports self-care practices among nurses to reduce stress and decrease preventable medical errors.

Evidence-Based Practice: Verification of Chosen Option

The site chosen for this project was a large urban regional medical center in the southeastern United States. The American Nurses Association (2017) reported that nursing self-care is significant, directly affecting patient safety, patient satisfaction, and nurse wellbeing. Creating, integrating, and fostering a hospital culture that promotes staff self-care is the most significant catalyst for improving patient outcomes. A lack of self-care leads to significant stress, which eventually affects patient care in numerous ways that could be detrimental. Nurses who took part in the American Nurses Association (ANA) Health and Safety Survey shared that their most important health and safety concern was the impact of stress and overwork (American Nurses Association, 2017).

Shaukat, Ali, and Razzak (2020) reported that high levels of depression, stress, anxiety, anger, fear, and insomnia might lead to post-traumatic stress disorder in healthcare workers. These findings offer evidence in support of the importance of evidence-based approaches to support this quality improvement project.

Theoretical Framework

Crises are highly stressful and frequently entail uncertainties, complexity, and increased work intensity. Such incidents often require resilience, strength, wholeness, and integrity on the part of health care staff, specifically when those qualities are most at risk. One way in which nurses cope during a crisis is using self-care behaviors. Individual strategies revolve around principles of self-care.

Patricia Watson's Conceptual Model of Caring for Health Care Workers During a Crisis contains three phases of intervention: the *before*, *during*, and *after* the crisis phases (see Appendix A). The *before* phase includes appointing someone to oversee the Professional Wellness Program developing strategies to determine the workforce's stress and needs (Shanafelt, Ripp, Brown, & Sinsky, 2020).

The *during* phase involves supporting health care workers during a crisis. When the identified leader assesses a case of stress-related crisis, a plan must be implemented and reviewed. During a crisis, it is essential to stay on top of stress and anxiety levels among healthcare workers. Plans should be regularly updated and be sensitive to newly and proactively arising needs (Shanafelt et al., 2020)

The *after* phase includes learning from a crisis so the healthcare team can be a more resilient and influential organization in the future. Following a crisis, it is essential to

support and maintain communication with individual health providers to respond effectively to future crisis situations (Shanafelt et al., 2020).

Nurses spend a significant amount of time teaching patients to take care of themselves. Nurses are often reluctant to take care of themselves.

Dorothea Orem's theoretical framework was also chosen for this quality improvement (QI) project because of the importance Orem placed on one maintaining autonomy over their self-care processes. Dorothea Orem was a nurse theorist who pioneered the Self-Care Deficit Theory. Orem's theory (1985), known as the Self-Care Model, focuses on an individual's capability to perform self-care, which is described as the practice of activities that individuals initiate and perform on their own behalf to maintain good health and overall wellbeing (Nursing Theories, 2011).

Orem's Self-Care Deficit Theory of Nursing is composed of three interrelated theories: (a) the Theory of Self-Care, (b) the Self-Care Deficit Theory, and (c) the Theory of Nursing Systems. The Self-Care Theory concentrates on individuals' performance or implementation of tasks on their own behalf. Self-care may preserve one's life by implementing these acts. These acts may include practices for the sake of one's wellbeing and general health, personal growth, or the treatment of a medical condition.

Self-care deficiency occurs when a person cannot perform specific daily needs related to health and wellbeing. A individuals therapeutic self-care demand is the root cause of the problem. If individuals do not have the requisite capabilities to fulfill all the components of their therapeutic self-care demands, it would be difficult for them to meet those demands (Nursing Theories, 2011).

The Theory of Nursing System is a set of interactions between clients and nurses, in which the clients are often individuals, and the nurses are often organizations. When the individual's therapeutic self-care demand exceeds the available self-care agency, a therapeutic dilemma is created, and therefore the individual's therapeutic self-care demand is greater than their own self-care agency (Nursing Theories, 2011). The strength of Orem's Self-Care Theory and Watson's Conceptual Model of Caring for health care workers during a crisis provided the theoretical framework for this QI project.

Goals, Objectives, and Expected Outcomes

This project's desired goal was to introduce creative strategies that support a healthy lifestyle and encourage nurses to engage in self-care practices. The primary objective was to improve ICU nurse's self-care practices. The project facilitator introduced strategies by developing a website containing information regarding self-care practices. Through interviews with executive leadership at the project site facility, nursing stress, tension, burnout, and retention of experienced professional nurses were identified as significant concerns. The expected outcome of this QI project was to increase self-care awareness strategies for ICU nurses. The objectives for this project included:

- Develop a website containing creative strategies that support a healthy lifestyle and encourage nurses to engage in self-care practices.
- Educate nurses regarding the website and how to navigate the website.
- Evaluate the use of the Unifying-Vision website dedicated to increasing awareness of self-care strategies for ICU nurses.

Project Design

The Plan-Do-Study-Act (PDSA) Model for Quality Improvement was utilized for this QI project. The PDSA model is a systematic process created by Dr. W. Edwards Deming that applies a staged approach in a continuous cycle to improve the quality of processes and ensure the best outcomes (The Deming Institute, 2021). This model requires robust monitoring to identify opportunities to continually improve clinical processes (Sylvia & Terhaar, 2018). The framework includes three key questions to answer before testing an improvement concept and a process for testing change ideas.

The initial project proposal represented the first step, the *plan* stage. In this planning stage of the project, clinical questions were identified, and the objectives were determined. Key stakeholders and individuals who supported this quality improvement project were identified. The project facilitator reviewed and analyzed internal trend data and evaluated the effectiveness of improvement strategies implemented in prior years. Once all the *plan* stage components were evaluated, recommendations were formulated by preparing a list of possible solutions for professional development regarding self-care strategies.

In the second phase of the cycle, the *do* phase, planned changes were carried out, and data were collected and analyzed. This stage began with the development of a website and an educational offering for nurses to learn about the website that contained available resources regarding self-care measures, evidence-based practice self-care techniques, and community support systems.

The third stage of this cycle, the *study* phase, consisted of an evaluation of the project findings to determine if the identified objectives were met and if the PICO question was

answered. Following this evaluation, stakeholders and administrators decided if the project met the objectives or if new objectives should be explored.

The final stage in this model is the *act* stage. In the *act* stage, the facilitator concluded that the QI project met the desired goal, reevaluated the execution, and determined the project could be improved as new EBP self-care strategies are identified (Stanhope & Lancaster, 2015).

Project Site and Population

The project site was a large urban regional medical center located in the southeastern United States. The site is equipped with 499 beds and serves 53,000 people annually for primary and emergency care. The medical center contributes to the future of health care through its clinical research and medical residency program and offers high-quality care for patients with chest pain or stroke symptoms; cardiology, including structural heart and valve care; orthopedics, including rehabilitation; psychiatric care; a comprehensive sleep center; and a comprehensive bariatrics center, providing surgical and non-surgical weight-loss procedures. According to U.S. News & World Report (2020), this medical center received recognition for being one of the best hospitals in the project site area for 2019.

At the time of project implementation, the chosen nursing unit was deemed as the COVID ICU. The unit was a 12-bed unit and was staffed with 28 full-time nurses, 12 part-time nurses, and six weekend nurses, who all worked traditional 12-hour shifts. There were three full-time night shift nursing positions open at the time of project implementation. The age range of the nurses on the unit was 23-53 years old. The genders were identified as 14 females and one male. Of the 15 participants, eight nurses

had an Associate of Science degree in nursing, six had a Bachelor of Science degree in nursing, and one had a Master of Science degree in nursing. The ethnicity of the participants was four African Americans and 11 Caucasians. Nurses typically had a patient load of 1-2 patients per shift.

This DNP project had no sponsors. Key stakeholders included the project facilitator, project facilitator preceptor, ICU nurse manager, ICU director, and nurses who volunteered to participate in the project. In addition to providing managerial experience, the unit manager mentored the project facilitator in project execution, made sure storage was available for different project needs, offered space for training, and provided the project facilitator with an introduction to staff. The nurses who volunteered as participants fulfilled the project requirements. The Faculty Chair from Jacksonville State University (JSU) was responsible for project oversight including planning, implementation, analysis, and dissemination.

Setting facilitators. Setting facilitators included the project facilitators preceptor, the project site unit nurse manager, and the ICU director. The project facilitators preceptor assisted by setting expectations, providing effective feedback about performance, and providing appropriate opportunities to meet learning objectives. The nurse manager worked to ensure space and resources were available for project implementation. The ICU director supported the project by encouraging ICU staff participation but did not mandate participation.

Setting barriers. Several barriers were identified: working long hours, working in a COVID unit, and nursing staffing shortage. Additionally, communication was a barrier due to mask-wearing guidelines. Employee participation was another barrier to this

project. Due to COVID guidelines in this facility, a limited number of nurses participated in the project. Due to new COVID guidelines, hospital policy prevented this facilitator from leaving the unit to visit other units.

Implementation Plan/Procedures

For this project, an educational program that aims to influence nurse self-care strategies was developed. To compensate for space constraints and conform to COVID-19 guidelines, the project facilitator offered two separate educational offerings. The project was presented on Friday, November 27, 2020, from 2:00 p.m. to 3:00 p.m., and Sunday, November 29, 2020, from 6:00 p.m. to 7:00 p.m. Participants could choose either session. The total number of participants was 15 nurses. Voluntary participation was limited to those who met inclusion criteria. Inclusion criteria were the nurses who were currently full-time or part-time working in the COVID ICU and volunteered to participate in the project. Exclusion criteria included the absent nurses, those who chose not to participate in the project, or those on Family Medical Leave of Absence (FMLA). Written consent from the participants was obtained before data collection (see Appendix B). The consent forms were received from the participants by the facilitator on the day of each session.

Due to COVID and hospital guidelines, the project facilitator had to modify the implementation to the project. Initially, the facilitator had reserved the education/computer lab, and lunch was to be provided during the presentation. However, the facilitator had to implement the project on two different shifts (one on dayshift and the other on night shift).

The instruments used in this project were the Wellness Assessment© scale (see Appendix C) and the Unifying Vision pre-implementation questionnaire (see Appendix D). The Wellness Assessment© scale and the facilitator's Unifying Vision pre-implementation questionnaire was developed and rated on a Likert rating scale. The Wellness Assessment© questionnaire was developed by Therapist Aid LLC (2018), and the Unifying Vision pre-implementation questionnaire was chosen to ascertain the level of self-care awareness and practices among the 15 COVID ICU nurses. The Unifying Vision website presentation, combined with the corresponding detailed explanation regarding the website, introduced participants to strategies that influence nurse self-care practices. Group discussions were used as a mechanism for participants to evaluate previously used self-care practices.

The project facilitator presentation of the Unifying Vision website and discussions emphasized evidence-based research findings related to strategies that influence nurse self-care practices. Self-care strategies were discussed by participants, and questions were answered by the facilitator. A peer-to-peer comparison of self-care practices provided participants the opportunity to demonstrate the culmination of new awareness and skills for the Unifying Vision website link (see Appendix E). Participants were empowered with a new awareness of self-care practices and discussed how self-care practices could affect patient outcomes. Finally, a written post-implementation questionnaire (see Appendix F) was given to evaluate the use and effectiveness of the Unifying-Vision website. The same scoring method was used in the pre-and post-implementation questionnaires. As a token of appreciation, participants were given a gift box with an

authentic amethyst bracelet with an informational card on amethyst and the Unifying Vision website address for future reference.

Measurement Instruments

For the measurement of outcomes in this project, data regarding awareness of self-care scores were compared in both the pre-intervention and post-intervention phases. Data were collected via pre-and post-implementation questionnaires. As part of Jacksonville State University's Institutional Review Board (IRB) (see Appendix G) approval process and to encourage participation, a preamble was included with the consent form that addresses issues related to risk, benefits, and confidentiality. Finally, respondents were informed about whom to contact if they have questions or concerns related to the project.

Data Collection Procedures

A convenience sampling strategy was used to recruit a sample of professional ICU nurses currently employed at the project site. This population included nurses from a variety of different backgrounds, experience levels, education levels, and lifestyles. All nurses employed by the hospital who were involved with direct patient care were eligible to participate in the project. All participants were informed of the project, and consent was obtained. The consent form clearly stated that participation was voluntary, and the participants could withdraw from the Unifying Vision project without retribution.

Thirty days after the project implementation, the facilitator and participants attended an additional face-to-face meeting when the post-implementation questionnaire was given. Processes to assure confidentiality and anonymity were followed in the same manner as the pre-implementation questionnaire collection. At the conclusion of the

project a final email was sent to the participants, thanking them for their time and participation in the project.

Data Analysis

A DNP project was conducted to determine if the self-care practices of healthcare professions could be improved by accessing the Unifying Vision website. A total of 15 ICU nurses were given a survey before and after participating in the sessions to promote self-care. The data was collected from the Unifying Vision pre-intervention, and post-intervention questionnaires analyzed using Minitab® 19 software (see Table 1 and Table 3).

The Wellness Assessment © was used to test for significant increases in median survey score; a non-parametric Wilcoxon signed-rank test was performed on each statement to adjust for the non-normality of the data. At the 0.10 level of significance, the results of the tests indicate a significant increase in median survey response for only statement 5 concerning sleep ($W = 10.0$, $p = 0.10$). This implies that participants have experienced an improvement in his or her sleeping. Otherwise, there was little to no change in the average score for Statements 1-4 and 6-10 after the educational offering.

In the pre-intervention questionnaire, 53.3% of the ICU nurses surveyed reported that they were currently using websites that offer tools that provide information for self-care. In the post-intervention questionnaire, 66.7% of ICU nurses reported that they visited the Unifying Vision website dedicated to self-care strategies one to five more times in the past 30 days after the educational offering.

Participants were also asked to complete a Wellness Assessment© consisting of 10 questions before and after the educational offering. The responses were measured on a

Likert scale (1-5), where one corresponds to never and five corresponds to always. These answers were used to assess participants' agreement with the statements in the assessment (see Table 2).

Table 1

Unifying Vision Questionnaire Results (before educational offering)

| Questions | Yes | Maybe | No |
|--|--------------|------------|------------|
| Do you currently use websites that offer Tools to maximize your potential and Provide information for self-care? | 53.3% | 13.3% | 33.3% |
| Are you interested in learning about Websites that offer self-care strategies? | 53.3% | 33.3% | 13.3% |
| How many times have you visited websites dedicated to self-care in the past 30 days? | 1-5 times | 6-10 times | 11 or more |
| | 93.3% | 6.7% | 0.0% |

Note. The most frequent response is listed in bold. Most of the respondents are accessing websites for information on self-care, are interested in learning about such websites, and previously accessed self-care websites 1-5 times within the last 30 days. (See Appendix I, Appendix J, and Appendix K).

Table 2

Wellness Assessment Results

| Statement | Before | After | Difference | p-value |
|--|-------------|-------------|-------------|---------|
| 1. I've felt happy | 3.60 (0.63) | 3.67 (0.62) | 0.07 (0.26) | 1.000 |
| 2. I've been able to cope well with the Problems that brought me to therapy | 2.80 (1.21) | 2.87 (1.25) | 0.07 (0.26) | 1.000 |
| 3. I've felt good about myself | 3.27 (0.86) | 3.33 (0.72) | 0.07 (0.59) | 1.000 |
| 4. I've felt relaxed | 2.93 (0.70) | 3.00 (0.76) | 0.07 (0.26) | 0.100 |
| 5. I've been sleeping well | 2.80 (0.78) | 3.13 (0.92) | 0.33 (0.62) | 0.010 |
| 6. I've been satisfied with my relationships | 3.47 (0.83) | 3.53 (0.83) | 0.07 (0.46) | 0.789 |
| 7. I've had healthy habits (e.g., diet, exercise, hygiene) | 3.33 (1.05) | 3.57 (1.15) | 0.00 (0.68) | 1.000 |
| 8. I've been able to focus | 3.13 (0.83) | 3.13 (0.92) | 0.00 (0.54) | 1.000 |
| 9. I've made good decisions | 3.47 (0.64) | 3.60 (0.62) | 0.13 (0.52) | 0.465 |
| 10. I've been able to fulfill my obligations (e.g., work, school) | 4.00 (0.85) | 4.00 (0.22) | 0.00 (0.00) | N/A |

Note. A positive value for the difference column indicates an increase in agreement with the statement. To test for significant increases in median survey score, a non-parametric Wilcoxon signed-rank test was performed on each statement to adjust for the non-normality of the data. At the 0.10 level of significance, the results of the tests indicate a significant increase in median survey response for only statement 5 concerning sleep ($W = 10.0$, $p = 0.10$). This implies that participants have experienced an improvement in his or her sleeping. Otherwise, there was little to no change in the average score for Statements 1-4 and 6-10 after the in-service.

Table 3

Unifying Vision Questionnaire Results (after educational offering)

| Questions | Yes | Maybe | No |
|---|--------------|------------|------------|
| Do you feel that the Unifying Vision website offer tools needed to maximize your potential and provide information for self-care? | 66.7% | 20% | 13.3 % |
| How likely would you be to return to this website in the future? | 66.7% | 20% | 13.3% |
| How many times have you visited the Website in the past 30 days | 1-5 times | 6-10 times | 11 or more |
| | 66.7% | 33.3% | 0.0% |

Note: The results of these follow-up questions show that participants are slightly more likely to use the Unifying Vision website and an increased number of visiting the website within 30 days. See Appendix L, Appendix M, and Appendix N.

Results

A total of 15 ICU nurses were given questionnaires before and after participating in the sessions to promote self-care. The pre-implementation results showed that most ICU nurses are accessing websites for self-care, are interested in learning about such websites, and previously accessed self-care websites 1-5 times within the last 30 days. The post-implementation results show that participants are slightly more likely to use the Unifying Vision website and increased number of visits to the website within 30 days. Overall, these results positively showed how ICU nurses view self-care and an increased awareness to utilize websites to promote self-care. It should be noted that most of the ICU nurses had a favorable opinion of using websites for finding help with self-care

strategies. However, an increase in the use and importance of the website for self-care was observed.

Interpretation/Discussion

The PICO question asked, in currently employed ICU nurses working in a COVID unit, will the use of a website on self-care strategies for nurses versus not using the website, increase awareness of self-care practices?

This QI project identified that the intervention had a positive impact on how participants view self-care and an increased willingness to utilize websites to promote self-care. After participating in the sessions to learn how to navigate the Unifying Vision website, this group of nurses were much more likely to frequent the website and found the website helpful in providing tools for self-care. The results of the post-intervention questionnaire show that participants are sure to use the Unifying Vision website and visit the website multiple times within 30 days (see Table 3, Appendix L, Appendix M, and Appendix N). This project validates current research that support for self-care practices for nurses is needed. There were no unexpected findings related to this project. Since implementation, research for new evidence-based self-care strategies has continued. The Unifying Vision website has been maintained and updated to improve aesthetics and information. The website can be found at <https://unifyingvision.weebly.com>.

Further implications include expanding the information regarding the Unifying Vision website to all employees at the project implementation site unit, the other units in the hospital, as well as other hospitals within the organization when the COVID-19 restrictions have subsided.

Limitations

Future research with a larger sample size of nurses from diverse work environments is recommended to determine if the results are related directly to the small sample size, the limited pool of participants in the COVID ICU setting, and the inability to ask other units to participate due to the COVID-19 pandemic. It is also recommended to repeat the educational offering that aims to influence nurse self-care strategies to all new hires in the COVID ICU and the hospital.

Practice Recommendations

This DNP project demonstrated that development of the Unifying Vision website and providing an educational offering that aimed to influence nurse self-care strategies helped increase awareness of creative strategies that support a healthy lifestyle and encourage nurses to engage in self-care practices. Stress can lead to exhaustion, fatigue, and tension, also known as burnout. Nurse burnout can negatively influence clinical decision-making (Awa, Plaumann, & Walter, 2010). The COVID-19 pandemic has created a stressful work environment for intensive care unit (ICU) healthcare workers because of the mortality of ICU patients (Mahase, 2021). According to Whittaker, Gillum, and Kelly (2018) nursing burnout and moral distress in critical care nurses adversely impacts the quality of care they gave to patients. Self-care practices are crucial in improving nurses' work-life quality, influencing nursing staff's quality of care. A nurse's physical, emotional, and social dimensions of self-care practices can reduce the adverse effects of a less than optimal situation (Vidal-Blanco, Oliver, Galiana, & Sanso, 2018). Self-care is essential to improving mood, reducing anxiety, and creating a healthy relationship with oneself and others. Engaging in a self-care routine has been clinically proven to reduce

or eliminate anxiety and depression, reduce stress, improve concentration, minimize frustration and anger, increase happiness, and improve energy.

Cost-Benefit Analysis/Budget

The cost incurred for this project was minimal and was covered by the project facilitator. The project facilitator invested approximately \$300 for expenses related to this project. The organization did not incur any financial expenditure.

Timeline

The timeline for this project was between January 2020 and July 2021 (see Appendix H).

Ethical Considerations/Protection of Human Subjects

Approval was obtained from The Jacksonville State University Institutional Review Board (IRB) before initiating the project (see Appendix G). All participants were protected by the Health Insurance Portability and Accountability Act of 1996 (HIPAA), which protects the privacy of patients' health information (U.S. Department of Health and Human Services, 2015). Additionally, the project facilitator carefully conducted this QI project and followed the *Standards of Care* for practice in health care facilities. All information collected as part of evaluating the project was aggregated from project participants and did not include any potential personal identifiers. There was no risk to participants with the implementation of this project. The list of participants for this project is secured in a locked filing cabinet located in a private office and accessible only to the project facilitator. All electronic files containing data collection are password

protected to prevent access by unauthorized users, and only the project facilitator have password entry. There is no identified risk associated with this project.

Conclusion

Self-care is a life skill that should be exercised regularly throughout one's nursing career. The continued support of nursing managers and hospital administrators is needed for the nurses to have adequate time to maintain their workplace wellbeing. Self-care is a life skill that should be exercised regularly throughout one's nursing career. The continued support of nursing managers and hospital administrators is needed for the nurses to have adequate time to maintain their workplace wellbeing. The purpose of the project was to create The Unifying Vision website containing creative strategies that support a healthy lifestyle and encourage intensive care unit (ICU) nurses to engage in self-care practices. A total of 15 ICU nurses were given a survey before and after participating in an educational offering to influence nurse self-care strategies. The data showed that most participants were accessing websites containing information on self-care, are interested in learning about such websites, and had previously accessed self-care websites 1-5 times within the last 30 days before the educational offering. The results after the educational offering showed that the participants are slightly more likely to use the Unifying Vision website and had accessed the website 1- 5 times within 30 days after the educational offering. The outcome of this project showed that nurses in the ICU had an increase in knowledge of self-care practices and the use of the Unifying Vision website.

The sustainability of this project will be achieved by a quarterly review of evidence-based articles regarding nursing self-care strategies. The Unifying Vision website will be updated quarterly if new self-care strategies for nurses are identified. The project facilitator will notify project participants and new ICU nurses via email each time the Unifying Vision website is updated.

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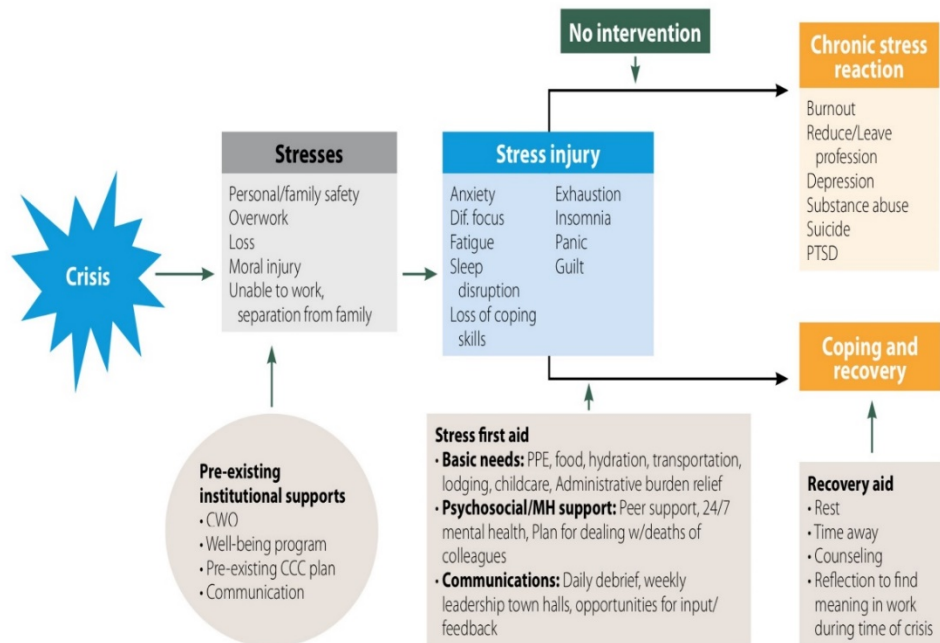
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APPENDIX A

Patricia Watson's Conceptual Model: Stress first aid during and after crisis impacts outcomes.

Figure 2: Conceptual model: Stress first aid during and after crisis impacts outcomes
Adapted from The Schwartz Center, Patricia Watson, PhD, "Caring for Yourself & Others During the COVID-19 Pandemic: Managing Healthcare Workers' Stress."



APPENDIX B

Consent Form

You are invited to participate in a pre- and post-questionnaire during an educational session that will be based on the opinions of nurses regarding strategies that influence nurse self-care practices. This survey will be used to develop and implement strategies to improve self-care practices. This is a project being conducted by LaToya Parks, a Doctor of Nursing Practice (DNP) student at Jacksonville State University. The questionnaires should take approximately 30 minutes to complete each of the two sections.

PARTICIPATION

Your participation in this project is voluntary. You may refuse to take part in the project or exit the project at any time without penalty. You are free to decline to answer any question you do not wish to answer for any reason.

BENEFITS

You will receive no direct benefits from participating in this project. However, your responses may help us learn more about what strategies healthcare providers can incorporate into the workday that will encourage nursing self-care.

RISKS

There are no foreseeable risks involved in participating in this project.

CONFIDENTIALITY

Your questionnaires that are reviewed, stored, and analyzed will be kept in a secured locked box in the office of LaToya Parks (project planner). No identifiers will be used in this project; therefore, your responses will remain anonymous. No one will be able to identify you or your answers, and no one will know whether you participated in the project.

CONTACT

If you have questions at any time about the project or the procedures, you may contact LaToya Parks, DNP student at lparks1@stu.jsu.edu or my faculty chair, Dr. Windon Edge via email at wedge@jsu.edu.

If you feel you have not been treated according to the descriptions in this form, or that your rights as a participant in this project have not been honored during the course of this project, or you have any questions, concerns, or complaints that you wish to address to someone other than the project facilitator, you may contact the Jacksonville State University Institutional Review Board.

Please select your choice below. You may print a copy of this consent form for your records. Checking the "Agree" box indicates that

- I have read the above information
- I voluntarily agree to participate
- I am 19 years of age or older

Agree

Disagree

Sign _____

APPENDIX C

Wellness Assessment©

Instructions: Respond to the following statements with the past week in mind.

| | 1 Never | 2 Rarely | 3 Sometimes | 4 Often | 5 Always |
|--|------------|-------------|----------------|------------|-------------|
| 1 I've felt happy | | | | | |
| 2 I've been able to cope well with the problems that brought me to therapy | | | | | |
| 3 I've felt good about myself | | | | | |
| 4 I've felt relaxed | | | | | |
| 5 I've been sleeping well | | | | | |
| 6 I've been satisfied with my relationships | | | | | |
| 7 I've had healthy habits (e.g. diet, exercise, hygiene) | | | | | |
| 8 I've been able to focus | | | | | |
| 9 I've made good decisions | | | | | |
| 10 I've been able to fulfill my obligations (e.g. work, school) | | | | | |

Figure 1.0

[Wellness Assessment \(therapistaid.com\)](http://therapistaid.com)

APPENDIX D

Unifying Vision

Pre-Implementation Questionnaire

We are committed to providing you with tools to support your practice as a health care professional. Please fill out this Pre-Implementation Questionnaire prior to the in-service.

1. Do you currently use websites that offer tools to maximize your potential and provide information for self-care?
 - a. Yes
 - b. Maybe
 - c. No
2. Are you interested in learning about websites that offer self-care strategies?
 - a. Yes
 - b. Maybe
 - c. No
3. How many times have you visited a website dedicated to self-care in the past 30 days?
 - a. 1-5 times
 - b. 6-10 times
 - c. 11 or more times

APPENDIX E

Unifying Vision Website Link

<https://unifyingvision.weebly.com>

APPENDIX F

Post-Implementation Questionnaire

We are committed to providing you with tools to support your practice as a health care professional. Please fill out this post-implementation questionnaire after the educational offering. Thank you.

1. Does the Unifying Vision website offer tools needed to maximize your potential and provide information for self-care?
 - a. Yes
 - b. Maybe
 - c. No
2. How likely would you be to return to the Unifying Vision website in the future?
 - a. Yes
 - b. Maybe
 - c. No
3. How many times have you visited the Unifying Vision website in the last 30 days?
 - a. 1-5 times
 - b. 6-10 times
 - c. 11 or more times

APPENDIX G

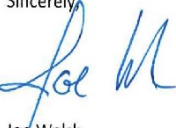


OFFICE OF THE VICE PROVOST
JACKSONVILLE STATE UNIVERSITY

April 13, 2021

Dear LaToya Parks:

Your proposal submitted for review by the Human Participants Review Protocol for the project titled: "Unifying Vision: Strategies that Influence Nurse Self-Care Practices in Intensive Care Unit Nurses" has been approved as exempt. If the project is still in process one year from now, you are asked to provide the IRB with a renewal application and a report on the progress of the research project.

sincerely,

Joe Walsh

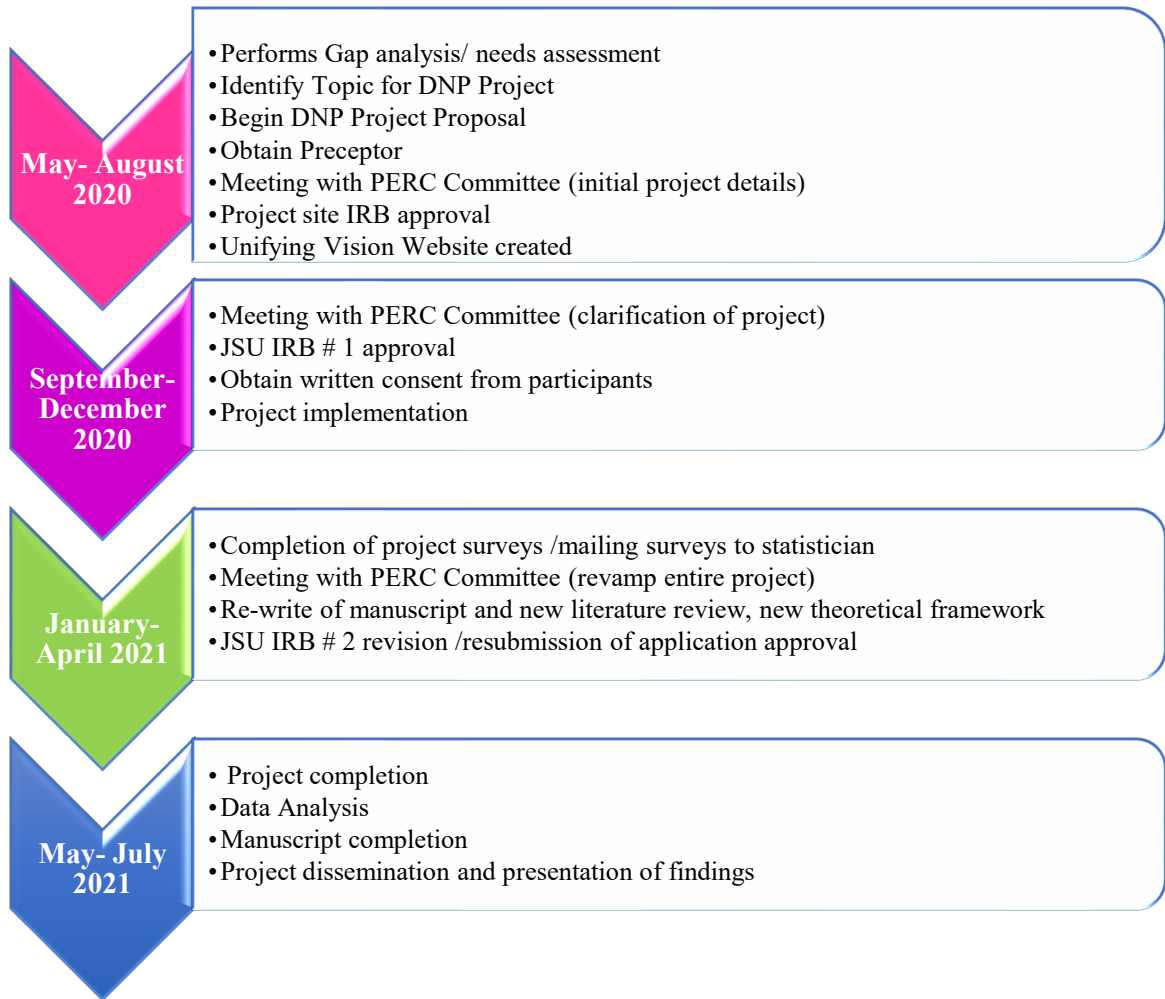
Executive Secretary, IRBJW/dh

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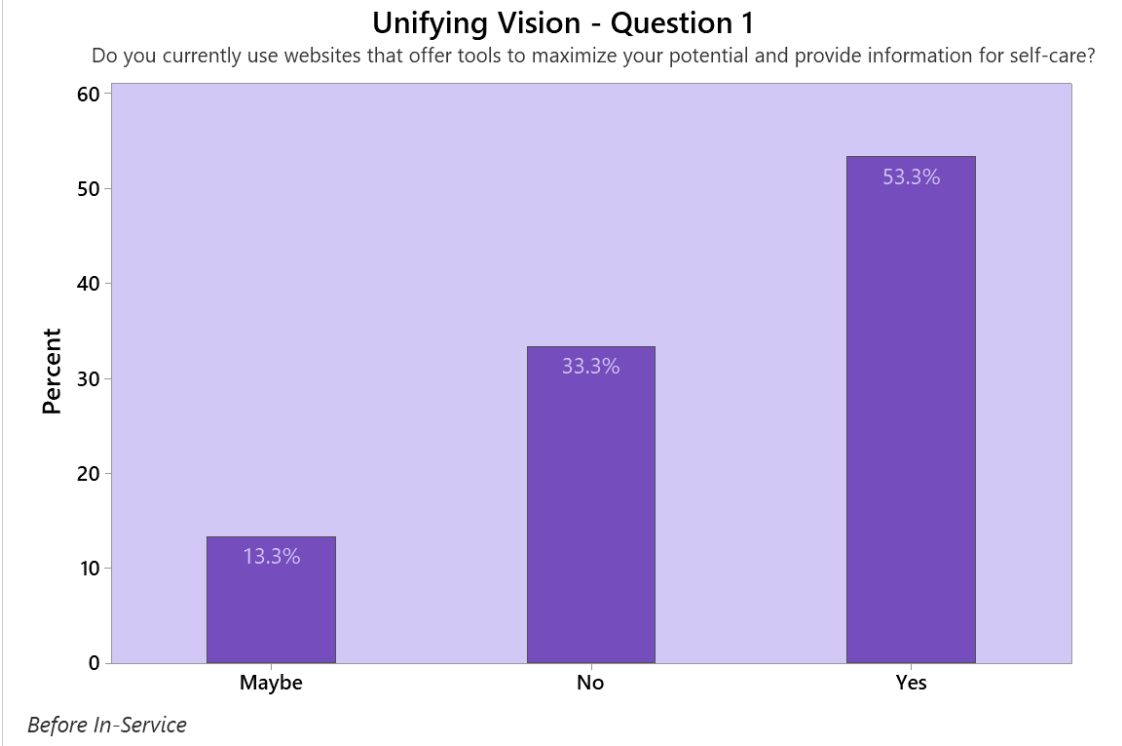
APPENDIX H

Timeline



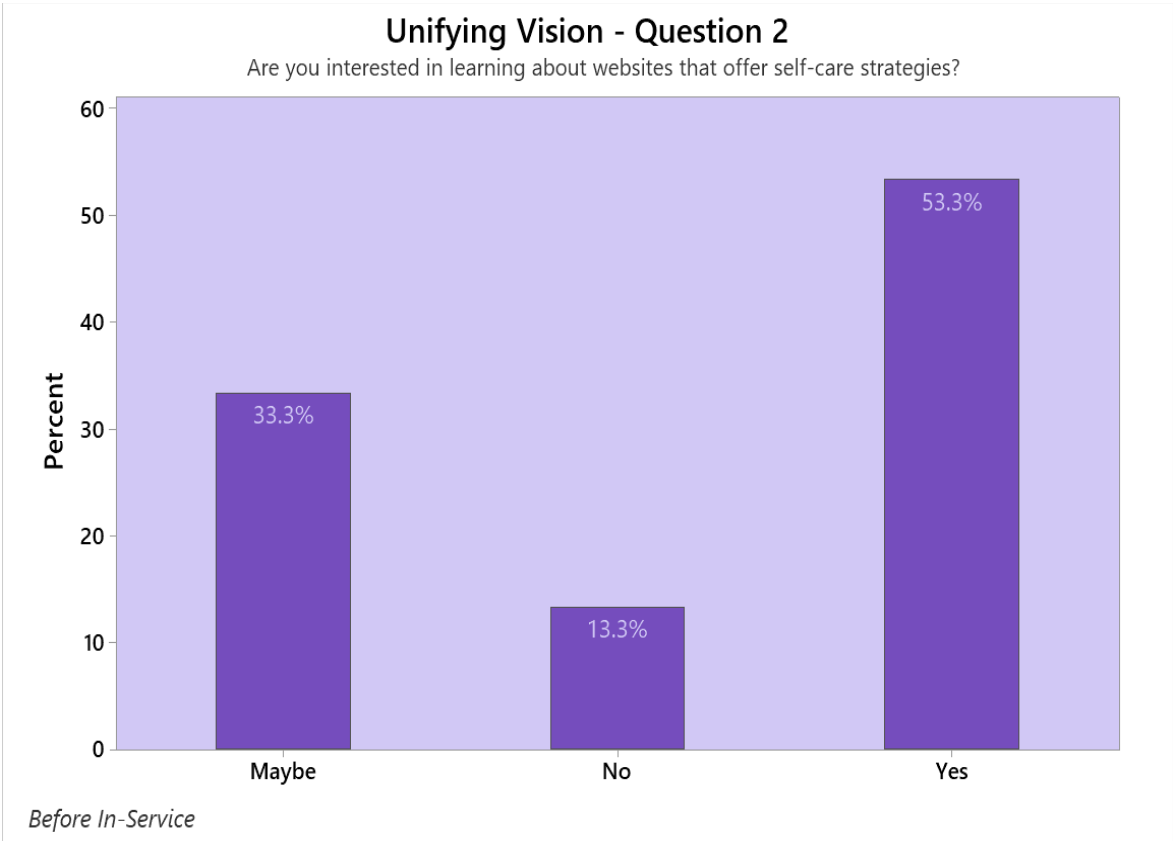
APPENDIX I

Figure 1.1



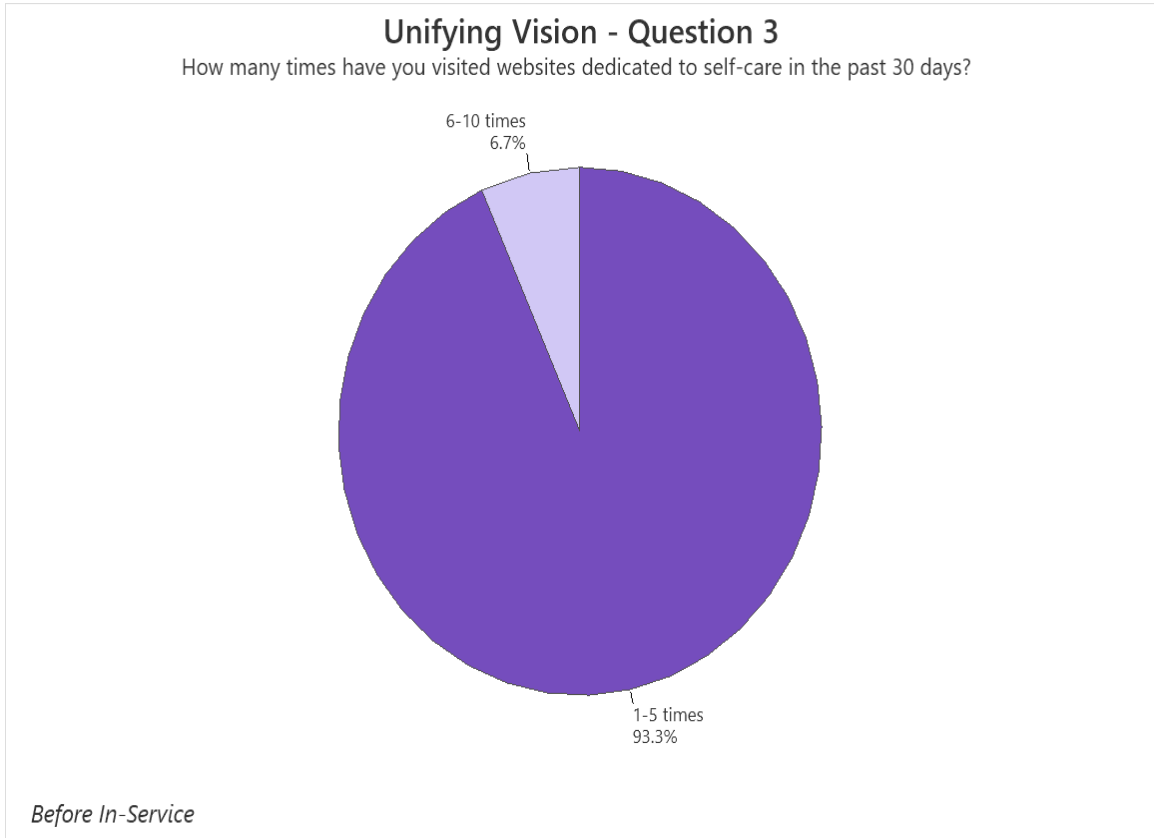
APPENDIX J

Figure 1.2



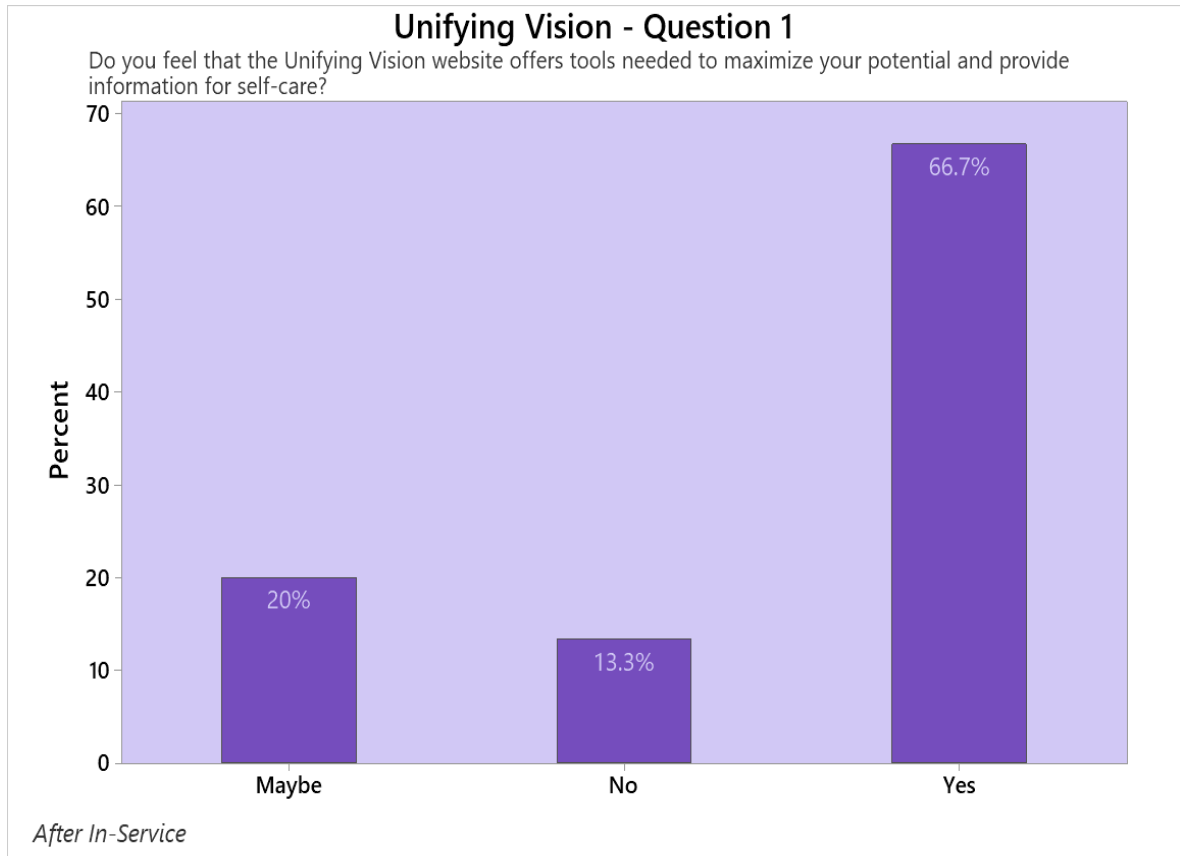
APPENDIX K

Figure 1.3



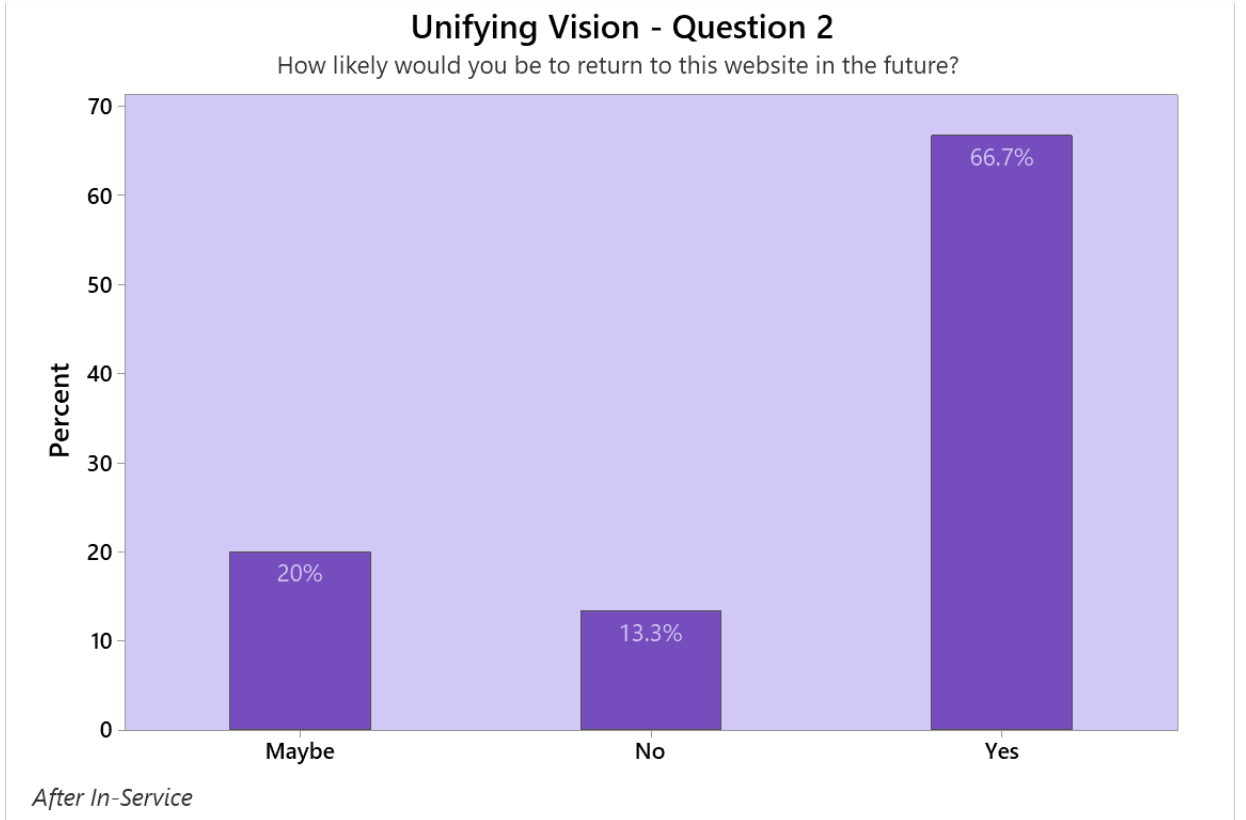
APPENDIX L

Figure 1.4



APPENDIX M

Figure 1.5



APPENDIX N

Figure 1.6

