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CNL Led Meditation Session to Reduce Stress Levels in Kaiser Permanente's Case Management Department

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MSN Prospectus Clinical Nurse Leader - Final Paper

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Section I. Abstract

PROBLEM: Stress in the workplace has a significant impact on patients and the healthcare system, but, just as importantly, it can also negatively impact the well-being of the healthcare professional. Based on PSS results, 67% of nurses at Kaiser OURS felt "stressed" in the unit and 100% felt they could not cope with daily work tasks.

CONTEXT: KP OURS is a microsystem of nursing staff who work together to bridge the gap between the non-Kaiser and Kaiser hospitals, assisting in the transfer of patients when medically stable. Meditation has been proven to have a variety of different health benefits, including stress reduction. The improvement project described in this paper focused on decreasing stress levels among nurses through practicing deep breathing meditation as a group.

INTERVENTIONS: The CNL will implement deep breathing meditation exercises among nursing staff during morning huddles. The exercise will require 3 minutes to complete over a course of an 8-month period.

MEASURES: The "show me" technique was used to determine if the teaching was affective and the changes in the scores from the PSS was used to determine outcome measures.

RESULTS: The results of the improvement project demonstrated a decrease in stress levels among nurses, proving the meditation exercises to be effective.

CONCLUSIONS: The intervention of practicing deep breathing meditation was found to be effective and sustainable.

KEYWORDS: Deep breathing, meditation, nurses, stress, clinical setting.

Section II. Introduction

Introduction

Stress in the workplace has a significant impact on patients and the healthcare system, but, just as importantly, it can also negatively impact the well-being of the healthcare professional. Healthcare professionals experience a wide range of physical and psychological symptoms that may lead to greater susceptibility to stress and burnout. Diminished mental health is associated with feelings of unappreciation or reduced work satisfaction and productivity.

An area gaining popularity is the use of relaxation techniques, such as meditation, to help in high stress environments. Mindful meditation is "being aware of the present moment and not letting external or internal factors be distracting" (Yüksel & Yılmaz, 2020). Meditation has been proven to have a variety of different health benefits, including stress reduction. My goal is to bring this technique into my workplace and decrease the level of stress within our microsystem.

The issue at hand is stress in my microsystem and I would like to see a reduction in this by implementing meditation practices in our daily routines. From implementing these practices in the workplace setting, I anticipate a decrease in the levels of stress and a pleasant mindset with less complaints from the case managers with a more peaceful and welcoming atmosphere for the employees. Ultimately, the goal is to reduce the stress levels within my microsystem and create a peaceful environment for the employees with less complaints of feeling unappreciated.

Problem Description

The change strategy will be implemented at Kaiser Permanente's Outside Utilization Review Services (OURS). OURS is a microsystem of dedicated staff and physicians who work together to bridge the gap between the non-Kaiser Permanente acute care hospitals and Kaiser Permanente hospitals. The unit setting is a medical office building located in Walnut Creek, CA and the professionals consists of a total of 12-physicians, 20-registered nurses, and 3-unit leaders. There are about 3 physicians, 15 nurses, and 2-3 nurse leaders daily in the office.

The primary purpose of Kaiser Permanente's OURS department is to safely transfer, or repatriate, back to a KP facility as soon as, and only if/when, medically stable. Kaiser Permanente's OURS' main strategic objectives are to maintain and improve quality of service with our non-KP colleagues, provide service excellence to enhance patient and family satisfaction, practice cost-containment measures, and maintain a positive image of the Health Plan and Kaiser Permanente (Utilization Management, 2019). The unit is able to do this successfully by utilizing interdisciplinary teamwork and maintaining a clear and positive mind as this takes a lot of concentration and focus.

Working in the Outside Services Case Management department can be stressful and mindfully exhausting. It requires constant telephonic communication with patients and family members, and we are on the phone for the majority of the day. With this stress comes nurse callouts, leading to working short staffed, ultimately affecting our performance as RNs. According to pre-survey PSS results obtained from the nurse case managers, 66.67% were "fairly often" stressed, 33.33% were "sometimes" stressed, and 0% were "never" stressed.

Available Knowledge

PICOT Question

Using Sheldon Cohen's "Perceived Stress Scale" as a tool, in RN case managers working at Kaiser Permanente's Outside Services department, will implementing 3-minute meditation sessions, compared to not practicing any stress relieving team exercises, decrease stress levels in nurses within 8 months of implementation?

Literature Review

A comprehensive electronic search was conducted in July 2019, reviewing literature and research involving the influence of meditation sessions on the well-being of registered nurses. The following databases were used: Cochrane Database of Systemic Reviews, Evidence-Based Journals, CINAHL, and PubMed and search terms included: *Registered Nurses, Meditation, Stress, Decrease Stress Levels, and Well-being.*

Limitations were set to include English-only articles, registered nurses in inpatient hospital settings, individuals participating in meditation sessions, and publication dates no earlier than 2010. In the literature review process, several limitations were also noted within the articles. Some of these limitations included a small sample size, a high drop-out rate or inconsistent participation in the meditation sessions, as well as the possibility of the 8 months for the evaluation period not being an adequate amount of time to capture the changes in stress levels.

There was an abundant amount of research articles available for my study. Articles were narrowed down by the study population; Articles that included RNs in other settings other than the inpatient hospital setting were excluded. I also narrowed the evidence to articles that

included studies entailing meditation sessions as the intervention while articles that focused on other techniques, such as therapies, were excluded. I found five articles related to my topic but selected three that met all inclusion and exclusion criteria; See Appendix B for evaluation table.

Rationale

The change theory applied to this situation is Carl Rogers' Self-Actualization Theory. Carl Rogers was a humanistic psychologist who agreed with the main beliefs of Abraham Maslow. However, Rogers believed that “for a person to "grow", they need an environment that provides them with genuineness (openness and self-disclosure), acceptance (being seen with unconditional positive regard), and empathy (being listened to and understood)” (Bohart, 2001). This is the type of environment that this change strategy aims to receive at OURS. Rogers also believed that in order to achieve self-actualization, one must be in a state of congruence, which is when their “ideal self” is congruent with their actual behavior. (Bohart, 2001). Meditation practices at the workplace can help us get to a state of congruence.

Rogers' (1961) theory of self-actualization stresses acceptance of inner experience which appears to be one component in the self-healing process (Bohart, 2001). One of my favorite quotes are by Carl Rogers; "The good life is a process, not a state of being. It is a direction not a destination" (Bohart, 2001). I believe we all have the power to lead a “good life” and I also believe that meditation is a process that can help us get in that mindset.

The system’s setting is ready for this change and has the time available for this change strategy. Team huddles include the unit leaders, the registered nurses, and the hub physicians and are held daily. I plan to implement this change theory into our microsystem by adding a 3-minute meditation session to our morning and afternoon huddles.

Specific Project Aim

The goal of the project is to reduce stress levels among nurses by implementing a brief meditation session within working hours. All nursing staff, including nurse managers, will be included in this intervention. The session will last for 3 minutes and will take place in the morning, to help prepare for the day with a calm and clear mind.

Section III. Methods

Context

Working in the Outside Services Case Management department requires constant telephonic communication with patients and family members, and we are on the phone for the majority of the day. High levels of stress have shown to contribute to nurse call outs which leads to working short staffed, ultimately affecting our performance as RNs. If we create a teaching plan on how to deep breathe properly and practice these exercises, we can help decrease stressors and increase our overall well-being.

Microsystem Assessment

Clinical microsystems are essentially the foundation for a health system. It consists of a small group of people, formed around a common purpose or goal, who work together to provide care for a specific group of patients (Institute for Healthcare Improvement, 2019). Kaiser Permanente's Outside Utilization Review Services (OURS) is a microsystem of dedicated staff and physicians who work together to bridge the gap between the non-Kaiser Permanente acute care hospitals and Kaiser Permanente hospitals. A comprehensive assessment was completed using the Dartmouth Microsystem Assessment Tool (see Appendix D for Inpatient Unit Profile).

The primary purpose of Kaiser Permanente's OURS department is to safely transfer, or repatriate, back to a KP facility as soon as, and only if/when, medically stable. While the population of patients range from infants to the elderly, the estimated age distribution of patients is as follows: 19-50 years: 20%, 51-65 years: 25%, 66-75 years: 35%, 76+ years: 20%. Some of the most common diagnoses or conditions include stroke, cardiac arrest, unspecified fall, severe sepsis with septic shock, ICH, CHF exacerbation, motor vehicle accidents,

accidental or homicidal injuries, cellulitis, and ETOH related conditions. The main point of entry for these patients come from the Emergency Department (45%) or are direct admissions (35%), while some come through the clinic (8%) or are transfers (12%). The average patient length of stay at non-Kaiser Permanente hospitals is 4-5 days, prior to either transferring to a Kaiser Permanente, discharging home, or discharging to another acute care facility (skilled nursing facility, acute rehab facility, etc.).

The staff at OURS is composed of 20 RNs who work the day shift, 15 of those RNs work the evening shift, and 4 of those RNs work the night shift. During the weekends, there are a total of 15 RNs available, plus or minus any sick calls or over-time nurses to help replace the sick calls. The OURS staff also consists of 6 Clinical Resource Coordinators who are available to help during the day shift.

At OURS, we are able to succeed and do well by working together as a team. We collaborate as a team to try and figure out if a patient is medically stable, utilizing both the doctor's and the nurse's medical judgment to come up with a decision together. The team collaborates with the non-Kaiser hospital staff and physicians, the member and their family, as well as the Kaiser Permanente staff and physicians. This collaboration consists of ensuring that Kaiser members are receiving quality care in the appropriate setting, coordination with the various care teams are happening, correct coordination and interpretation of benefits are stated and understood, and repatriation or evacuation services occur, when appropriate.

Market Analysis

The implementation of meditation at the workplace would not affect any hands-on or direct patient care, nor would it generate direct income for the corporation. Meditation is aimed to

bring mental processes under voluntary control in a comfortable, relaxed state and has been reported to enhance attention performance through meditation-induced changes to neural correlates of attention (Kohler, 2017). Meditation has been proven to have a variety of different health benefits, including stress reduction. My plan is to create a Zen environment within our workplace and implement meditation sessions to reduce absences. The primary objective of this intervention is to assist employees in the development of physical, mental, and spiritual well-being, which is truly a priceless health advantage.

Budget

The implementation of meditation sessions at the workplace will require a startup cost of $1,000 but would yield many benefits, including a drastic savings from having to pay nurses overtime rates to replace the callouts. The total annual costs related to lost productivity due to absenteeism totals $84 billion, with nurses costing $3.6 billion (Folger, 2020).

We will transform one of the empty offices at into a relaxing, Zen environment for our meditation sessions, which is where the majority of our budget will be spent: in the start-up cost. To create a calm and tranquil environment, we will need proper lighting ($150), electric candles ($100), a water feature ($150), a Zen sound machine ($150), live plants ($50), and yoga mats for a total of 20 employees ($200).

Proper dimmable lighting can help create a relaxing environment to help clear thoughts and focus on meditating. Electric candles will be safe for office use but will also create a soft, soothing glow that will be needed for the meditation environment. The water feature, such as a

desk waterfall, and the sound machine, will give the office space a soothing effect. We will also need to budget for stationary items ($50) and brochures/printouts of surveys ($50).

After the first year, we will only need to continue to budget for stationary items ($100) and printouts of brochures and surveys ($100). We will only need $200/month after the initial startup cost of $1,000.

Strengths, Weaknesses, Opportunities, Threats (SWOT) Analysis

There are several factors that can influence the implementation of a meditation session at the workplace (see Appendix G for SWOT analysis). Strengths of implementing meditation at the workplace would include the improvement in stress levels, a decrease in absences, and the likelihood of a decrease in the turnover rate. Weaknesses include a high census and busy workload not allowing nurses the time to participate in the meditation sessions or a lack of participation in the meditation sessions for other reasons. Opportunities would benefit in improving the health of Kaiser Permanente employees, increasing productivity, and reducing callouts. Some threats would include the possibility of some employees taking advantage of this Zen office space, spending work hours in this space, which would in turn decrease employee productivity.

Intervention

The CNL will implement the proposed meditation practices among the nurses during morning huddles in an attempt to improve healthcare outcomes for the health professional team members. The duration of the implementation of the intervention, which includes researching,

planning, implementation, and evaluation, is set for an 8-month period (see Appendix C for Gantt chart).

The CNL will first propose the intervention to the three department leaders and department manager for approval. Once approval is obtained, the "Perceived Stress Scale" (PSS) (see Appendix I) will be distributed to all nurses to determine current stress levels among nurses. The PSS was established by Sheldon Cohen and is the most widely used psychological instrument for measuring the level of perceived stress. Once all surveys are collected and analyzed, a 3-step meditation guide will be distributed to nurses for review (see Appendix H for 3-Step Guide to 3-Minute Meditation).

Meditation sessions will begin in July and will be held daily during morning huddles for 8 months. The meditation session will require 3 steps and 3 minutes to complete. First, we will allow everyone to log in and get ready. Second, we will briefly review the guide to meditation which was provided to the nurses. The meditation session will require a comfortable and quiet space, free from distractions. Position yourself, sitting comfortably and upright, keeping the back straight and feet flat on the floor. Loosen your arms, resting your palms on your legs, and close your eyes, dropping your chin slightly. Focus your attention on your breath. Take a few deep breaths to allow your body to relax; breathe in slowly through the nose, hold your breath for a second or two, and then slowly breathe out through pursed lips, pushing all the air out. Third, the CNL will begin the meditation music and set the timer for 3 minutes. Meditation will continue until a calming rhythm has been reached, for up to 3 minutes. The session will end after 3 minutes, with everyone slowly open their eyes, returning to the present moment.

By the end of the 8-month implementation period, Cohen's Stress Scale will be distributed again, and results will be compared to the pre-survey results to determine the success rate and the needs for a meditation program. If the meditation sessions prove to be effective, it will be proposed to management to continue as a daily routine.

Study of the Intervention

Sheldon Cohen's "Perceived Stress Scale" will be used before beginning the intervention, as pre-surveys, and again at the end of the implementation of the intervention, as post-surveys. These survey results will be used to measure outcomes, indicating whether the intervention will be effective and if the change will be sustainable.

Using the SMART theory, the goal is to teach and practice proper deep breathing techniques to decrease stress levels among the nursing staff. (See Appendix E and Appendix F in appendices for learning objectives using SMART theory). This intervention aims to teach and practice 3-minute deep breathing exercises to decrease stress levels among staff within 8 months.

Measures

It is believed that deep breathing decreases stress and improves the sense of well-being. Studies have shown "a reduction of 'tension anxiety' and fatigue through the use of deep breathing" (Perciavalle, et al., 2017). Teaching and practicing proper deep breathing techniques may lead to an improvement in the management of stress at the workplace.

Deep, slow breathing requires cognitive components such as focused attention and mental imagery (Zaccaro, et al., 2018). It has been suggested that short, simple breathing

practice can be helpful in improving cognitive processes. Involving muscular activity of the lungs and the body associated with mental processes (Soni, Joshi, & Datta, 2015).

The "show-me" technique will be used to study processes and outcomes. Using this technique shows the nurse's ability to follow specific instructions, such as how to deep breathe properly (AHRQ, 2015). This will determine if the teaching is affective. PSS scores will be compared and changes in the scores will be used to determine outcome measures.

Ethical Considerations

As nurses and part of an interdisciplinary team, we must provide care guided by bioethical principles, including autonomy, beneficence, non-maleficence, and distributive justice (King, Gerard & Rapp, 2019). This 3-Minute Meditation Program primarily utilizes beneficence, or concern for well-being, as one of its key ethical principles. Beneficence is a foundational ethical principle in health care and simply means to "do good". The program intends to calm the mind and decrease stress levels resulting in beneficence in the nurse's mind and body.

With the implementation of the 3-Minute Meditation program, ethical issues with autonomy were raised and addressed. "Autonomy refers to the right of self-determination" (King, Gerard & Rapp, 2019). Nurses involved in this program have the right to participate and decline participation. At times, nurses would begin the meditation program and log out of the meeting due to phone calls or other work-related distractions. With the department manager's approval, this issue was addressed by having nurses set their work status as "away", avoiding any incoming calls for the 3-minute meditation session. This allows nurses to participate in the

program without any distractions and gives nurses the autonomy to choose to participate in the program or continue to work instead.

Section IV. Results

Results

The outcome measures for the project were assessed by the changes in the scores from the PSS. The project began with a total of 12 nurses who completed the pretest survey. Three participants were excluded from analysis due to inability to participate in every session and one participant was excluded due to failure to complete the post-survey. As a result, eight nurses (n=8) participated and completed both pre and post surveys.

The results of the project showed an overall decrease in the stress levels among nurses. After comparing results from pre and post surveys, post intervention results demonstrated an increase in the nurse's ability to control situations, an increase in feeling confident in their ability to handle personal problems, an increase in feeling things were going their way, and an increase in staying on top of things. Nurses also reported a decrease in feelings of not being able to cope with daily tasks, a decrease in being angered because of things that were outside one's control, and a decrease in feeling difficulties piling up so high they are not able to overcome.

Section V. Discussion

Summary

The aim of this project was to decrease perceived stress levels among nurses in the case management department within 8 months by implementing 3-minute meditation sessions every morning. An additional benefit from this implementation would be the cost savings from having to pay nurses overtime rates to replace the callouts. This intervention was implemented with a beginning count of 12 nurses, however, only a total of 8 nurses successfully completed the program in its entirety. A lesson learned is that all it takes is a brief 3-minutes from the 24 hours in a day to potentially decrease perceived stress levels. While not all nurses were able to participate, the ones that were have voiced their appreciativeness for this program. The results of this project prove the meditation sessions to be effective. Both management's approval of the implementation and nurse's willingness to participate in this intervention contributed to the successful decrease in perceived stress levels among nurses in the case management department.

Conclusions

There have been high levels of stress and concern voiced from health professionals within the microsystem at OURS. It is believed that deep breathing decreases stress and improves the sense of well-being. Studies have shown "a reduction of 'tension anxiety' and fatigue through the use of deep breathing" (Perciavalle, et al., 2017). As a CNL, I will implement this meditation exercise as a change strategy in an attempt of reducing stress-levels and enhancing the overall mental well-being of nursing staff at OURS. Baseline surveys and final surveys were used and analyzed to measure outcomes. Based on the positive results, the intervention was found to be effective and sustainable. The positive results from this

project contribute to the likeliness of this intervention being implemented permanently as part of our daily routine. Taking a short amount of time in the morning for a quick meditation session can allow for significant improvement in a nurse's wellbeing,

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Section VII. Appendices

Appendix A. IRB Exemption for Non-Research Statement of Determination Form

CNL Project: Statement of Non-Research Determination Form

Student Name: Sadaf Ali

Title of Project: CNL Led Meditation Session to Reduce Stress Levels among nurses in Kaiser Permanente's Case Management Department

Brief Description of Project:

Nature of the Project: Between 07/2020 and 12/2020, Sheldon Cohen's Perceived Stress Scale (PSS) will be collected to identify stress levels amongst nurses and meditation sessions will be implemented in Kaiser's RN Case Management department.

Data That Shows the Need for the Project: According to pre-survey PSS results obtained from the nurse case managers, 66.67% were "fairly often" stressed, 33.33% were "sometimes" stressed, and 0% were "never" stressed.

Goal of the Project: See a reduction in stress levels among nurses in the case management department as evidenced by a decrease in the post-survey PSS "fairly often" stress ratings.

Evidence to Support the Project: Studies have demonstrated that deep breathing decreases stress and improves a sense of well-being. Studies have shown "a reduction of 'tension anxiety' and fatigue through the use of deep breathing" (Perciavalle, et al., 2017). Teaching and practicing proper deep breathing techniques may lead to an improvement in the management of stress at the workplace.

A) Aim Statement: The aim of this project is to reduce stress level ratings, as evidenced by Sheldon Cohen's Perceived Stress Scale, among nurses in the case management department in 8 months by implementing morning meditation sessions.

B) Description of Intervention: The CNL will provide a handout on "3-Steps to 3-Minute Meditation" to the nurses of the Case Management Department and will hold one 3-minute deep breathing session, every day, for 8 months. Sheldon Cohen's PSS scale will be used as a pre-survey (before implementing the deep breathing intervention) and again as a post-survey (8 months after the implementation of the deep breathing intervention). This survey will be distributed, collected and analyzed by the CNL before and after the implementation of the deep breathing intervention.

C) How will this intervention change practice? As staff is given 3 minutes to practice deep breathing techniques, stress levels among nurses can be reduced. This time out changes Kaiser's Outside Services' current practice of not having any therapeutic time outs in place.

D) Outcome measurements: Sheldon Cohen's "Perceived Stress Scale", the most widely used survey for measuring the perception of stress, will be used to measure the stress levels among the nurse case managers. The PSS scale will be used before, and 8 months after, the implementation of the deep breathing intervention.

To qualify as an Evidence-based Change in Practice Project, rather than a Research Project, the criteria outlined in federal guidelines will be used:
(http://answers.hhs.gov/ohrp/categories/1569)

☑ This project meets the guidelines for an Evidence-based Change in Practice Project as outlined in the Project Checklist (attached). Student may proceed with implementation.

☑ This project involves research with human subjects and must be submitted for IRB approval before project activity can commence.

Comments:

EVIDENCE-BASED CHANGE OF PRACTICE PROJECT CHECKLIST *

Instructions: Answer YES or NO to each of the following statements:

Project Title: CNL Led Meditation Session to Reduce Stress Levels among nurses in Kaiser Permanente's Case Management Department	**YES**	**NO**
The aim of the project is to improve the process or delivery of care with established/ accepted standards, or to implement evidence-based change. There is no intention of using the data for research purposes.	**X**	
The specific aim is to improve performance on a specific service or program and is a part of usual care. ALL participants will receive standard of care.	**X**	
The project is NOT designed to follow a research design, e.g., hypothesis testing or group comparison, randomization, control groups, prospective comparison groups, cross-sectional, case control). The project does NOT follow a protocol that overrides clinical decision-making.	**X**	
The project involves implementation of established and tested quality standards and/or systematic monitoring, assessment or evaluation of the organization to ensure that existing quality standards are being met. The project does NOT develop paradigms or untested methods or new untested standards.	**X**	
The project involves implementation of care practices and interventions that are consensus-based or evidence-based. The project does NOT seek to test an intervention that is beyond current science and experience.	**X**	
The project is conducted by staff where the project will take place and involves staff who are working at an agency that has an agreement with USF SONHP.	**X**	
The project has NO funding from federal agencies or research-focused organizations and is not receiving funding for implementation research.	**X**	
The agency or clinical practice unit agrees that this is a project that will be implemented to improve the process or delivery of care, i.e., not a personal research project that is dependent upon the voluntary participation of colleagues, students and/ or patients.	**X**	
If there is an intent to, or possibility of publishing your work, you and supervising faculty and the agency oversight committee are comfortable with the following statement in your methods section: *"This project was undertaken as an Evidence-based change of practice project at X hospital*	**X**	

or agency and as such was not formally supervised by the Institutional Review Board."		

ANSWER KEY: If the answer to **ALL** of these items is yes, the project can be considered an Evidence-based activity that does NOT meet the definition of research. **IRB review is not required. Keep a copy of this checklist in your files.** If the answer to ANY of these questions is **NO**, you must submit for IRB approval.

*Adapted with permission of Elizabeth L. Hohmann, MD, Director and Chair, Partners Human Research Committee, Partners Health System, Boston, MA.

STUDENT NAME (Please print):

Sadaf Ali

Signature of Student: _____**DATE 06/01/2020**

SUPERVISING FACULTY MEMBER (CHAIR) NAME (Please print):

_____

Signature of Supervising Faculty Member (Chair):

_____**DATE**_____

Appendix B. Evaluation Table or Annotated Bibliography

Citation	Design / Purpose	Sample	Findings	Appraisal Rating
Perciavalle, V., Blandini, M., Fecarotta, P., Buscemi, A., Di Corrado, D., Bertolo, L., Coco, M. (2017, March). The role of deep breathing on stress. Retrieved March 4, 2020, from https://www.ncbi.nlm.nih.gov/pubmed/27995346	**Randomized Control Trial** **Purpose:** To verify whether deep breathing is capable to improve the mood and to reduce the levels of stress.	38 adult healthy University Students were randomly divided into two groups, the Experimental Group (N = 19) and the Control Group (N = 19).	The results support the possibility that deep breathing technique is capable to induce an effective improvement in mood and stress both in terms of self-reported evaluations and objective parameters, such as heart rate and salivary cortisol levels.	L III, B

Citation	Design / Purpose	Sample	Findings	Appraisal Rating
Yüksel, A., & Yılmaz, E. B. (2020). The effects of group mindfulness-based cognitive therapy in nursing students: A quasi-experimental study. Nurse Education Today, 85, 104268. doi: 10.1016/j.nedt.2019.104268	**Quasi-Experimental Study using Nonrandomized Control Group** **Purpose:** To determine the effects of group mindfulness-based cognitive therapy on mindfulness, depression, anxiety, and stress levels.	82 second-year undergraduate university nursing students.	The post-test mean scores of the Mindful Attention Awareness Scale (MAAS) of the experimental group were higher than the control group. The mean scores of MAAS increased and stress scores decreased in the experimental group.	L II, B

Citation	Design / Purpose	Sample	Findings	Appraisal Rating
Joshi, A., Kiran, R., Singla, H. K., & Sah, A. N. (2016). Stress management through regulation of blood pressure among college students. *Work*, *54*(3), 745–752. https://doi.org/10.3233/WOR-162308	**Randomized Control Trial** **Purpose:** To determine whether deep breathing is able to control blood pressure and, in turn, stress levels.	Indian College Engineering Students.	Deep breathing technique provided significant results. The diastolic BP was 87.27 before the Deep Breathing Technique Drill and 79.89 after the Deep Breathing Technique (DBT) drill. Similarly, Systolic BP was 128.82 before the DBT drill and 121.03 after the drill.	Level II, B

Appendix C. Timeline/Gantt Chart

2020-2021	May	June	July	Aug	Sept	Oct	Nov	Dec
Proposal of Intervention to Management for Approval								
Complete/Collect Stress Pre-surveys								
Teaching Plan on Meditation Techniques								
Implementation of Meditation Sessions								
Complete/Collect Stress Post-Surveys								
Eval & Compare Stress Level Pre-Survey with Post-Survey Results								

Appendix D. Inpatient Unit Profile

Inpatient Unit Profile

A. Purpose: To repatriate adult Kaiser members from non-Kaiser contract hospitals (or ED) and transport that Kaiser member to a Kaiser hospital or Kaiser contract facility.

Why does your unit exist? Our unit helps determine whether or not the Kaiser member/patient that is at the Non-Kaiser Permanente Hospital is medically stable for transfer, or "repatriation", to a Kaiser Permanente Hospital for further care. If they are stable, we help coordinate their transfer; if they are not stable, we authorize their stay at the Non-Kaiser Permanente Hospital.

	Site Contact: KP OURS: 501 Lennon Lane Walnut Creek CA, 94598 (925) 926-7303	Date: 11/01/19
Administrative Director: Mary White	Nurse Director: Lois Hogan	Medical Director: Dr. Link

B. Know Your Patients: Take a close look into your unit, create a "high-level" picture of the PATIENT POPULATION that you serve. Who are they? What resources do they use? How do the patients view the care they receive?

Est. Age Distribution of Pts:		**List Your Top 10 Diagnoses/Conditions**		**Patient Satisfaction Scores**	% Always
19-50 years	8	1. Stroke	6.CHF exacerbation	Nurses	84%
51-65 years	4	2. Cardiac Arrest	7. MVA	Doctors	76%
66-75 years	7	3. Unspecified Fall	8. Accidental/ Homicidal injuries	Environment	85%
76+ years	0	4. Severe sepsis w/septic shock	9. Cellulitis	Pain	75%

% Females	7

5. ICH	10. ETOH w/d

Discharge	% 75 Yes %
Overall	% 87 Excellent %

Living Situation	
Married	5
Domestic Partner	
Live Alone	0
Live with Others	0
Skilled Nursing Facility	0
Nursing Home	5
Homeless	5

Point of Entry	**%**
Admissions	3 5%
Clinic	8 %
ED	4 5%
Transfer	1 2%
Discharge Disposition	**%**
Home	2 0%
Home with Visiting Nurse	5 %
Skilled Nursing Facility	5 %
Other Hospital	8 0%

Pt Population Census: Do these numbers change by season? (Y/N)	**Y/N**
Pt Census by Hour	Y
Pt Census by Day	Y
Pt Census by Week	Y
Pt Census by Year	Y
30 Day Readmit Rate	Y
Our patients in Other Units	Y
Off Service Patients on Our Unit	Y
Frequency of Inability to Admit Pt	Y

Patient Type	**LOS avg.**	**Range**
Medical	4-5 days	1

Surgical	3-4 days	1	Rehab Facility	5 %	***Complete "Through the Eyes of Your Patient", pg 8***
Mortality Rate	NA		Transfer to ICU	5 %	

C. Know Your Professionals: Use the following template to create a comprehensive picture of your unit. Who does what and when? Is the right person doing the right activity? Are roles being optimized? Are all roles who contribute to the patient experience listed?

Current Staff	**Day FTEs**	**Evening FTEs**	**Night FTEs**	**Weekend FTEs**	**Over-Time by Role**	**Admitting Medical Service**	**%**
MD Total *(12 total - MDs change weekly)*	3	1	0	1	NA	Internal Medicine	28%
Hospitalists Total	1	0	0	0	NA	Hematology/Oncology	6%
Unit Leader Total	3	1	0	1	1	Pulmonary	32%
CNSs Total	0	0	0	0	0	Family Practice	4%
RNs Total	0	15	4	15	5	ICU	24%
LPNs Total	0	0	0	0	0	Other	6%
LNAs Total	0	0	0	0	0	**Supporting Diagnostic Departments**	
Residents Total	198	174	174	210	0		
Technicians Total	0	0	0	0	**0**	Respiratory, Cardiology, Pulmonary, Radiology, OR	
Secretaries Total	0	0	0	0	0		
Clinical Resource Coord.	6	0	0	0	0		
Social Worker	0	0	0	0	0		

Health Service Assts.	0	0	0	0	0	
Ancillary Staff	0	0	0	0	0	

Do you use Per Diems? Yes _____ NO ___X_	**Staff Satisfaction Scores**			**%**
Do you use Travelers? Yes _____ NO ___X_	How stressful is the unit?		% Not Satisfied	17 %
Do you use On-Call Staff? Yes _____ NO ___X_	Would you recommend it as a good place to work?		% Strongly Agree	95 %
Do you use a Float Pool? Yes _____ NO ___X_				

***Each staff member should complete the Personal Skills Assessment and "The Activity Survey", pgs 10 - 12**

D. Know Your Processes: How do things get done in the microsystem? Who does what? What are the step-by-step processes? How long does the care process take? Where are the delays? What are the "between" microsystems hand-offs?

1. Create flow charts of routine processes.	**Do you use/initiate any of the following?**	**Capacity**	# Rooms NA	# Beds NA
a) Overall admission and treatment process	Check all that apply			
b) Admit to Inpatient Unit	☐ Standing Orders/Critical Pathways	**# Turnovers/Bed/Year: NA**		
c) Usual Inpatient care	☐ Rapid Response Team			
d) Change of shift process	✓ Bed Management Rounds	**Linking Microsystems**		
e) Discharge process	✓ Multidisciplinary/with Family Rounds	(e.g. ER, ICU, Skilled Nursing Facility)		
f) Transfer to another facility process	☐ Midnight Rounds			

g) Medication Administration h) Adverse event	☐ Preceptor/Charge Role ✓ Discharge Goals	

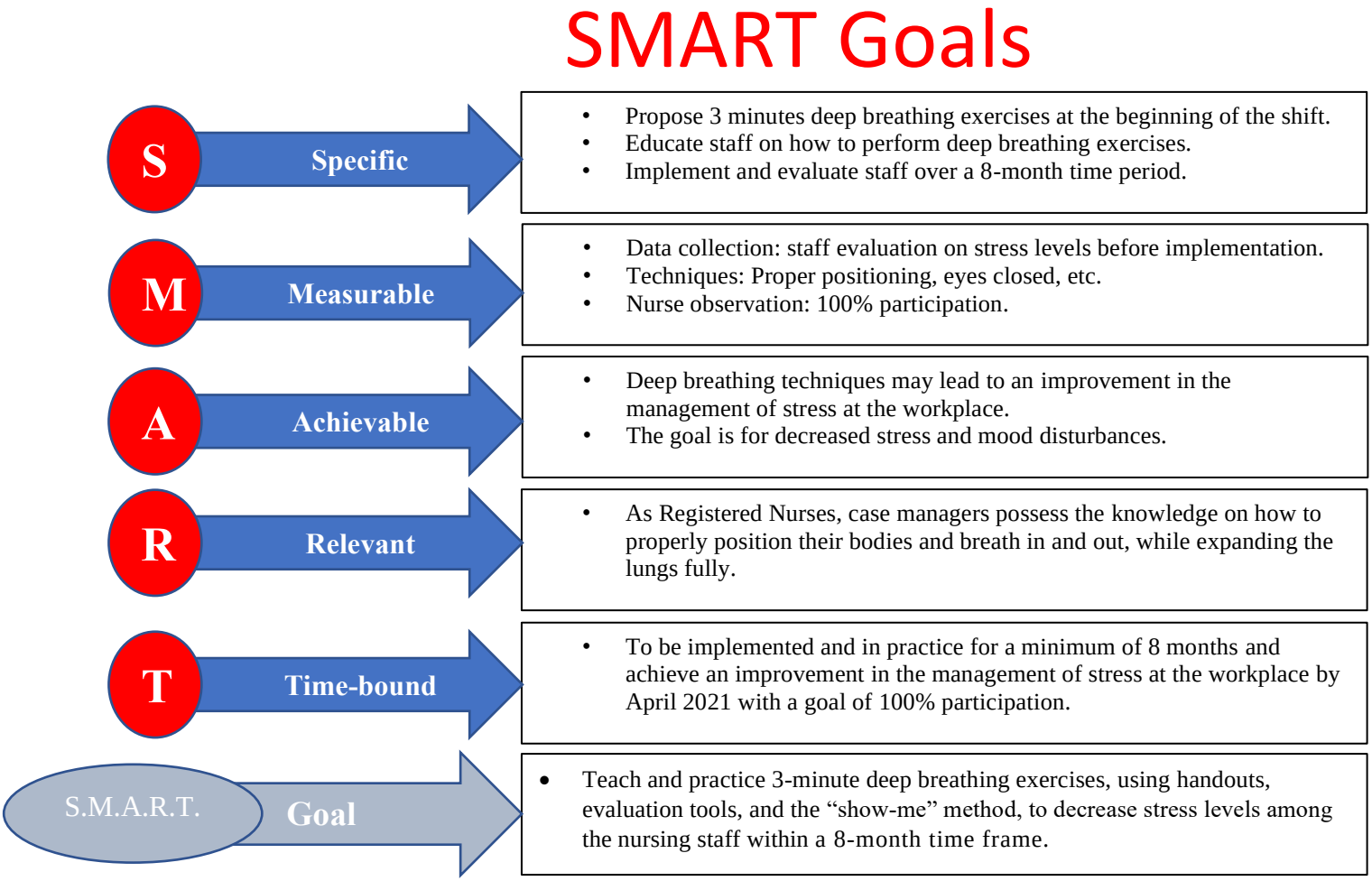
2. Complete the Core and Supporting Process Assessment Tool, pg 14

E. Know Your Patterns: What patterns are present but not acknowledged in your microsystem? What is the leadership and social pattern? How often does the microsystem meet to discuss patient care? Are patients and families involved? What are your results and outcomes?

• Does every member of the unit meet regularly as a team? Yes; the unit leaders alongside the doctors meet regularly and to each RN's cubicle to review the patients, their stability, and the plan.	• Do the members of the unit regularly review and discuss safety and reliability issues? Yes. The main goal of our rounds with the team leaders, doctors and nurses are to review and discuss the safety and reliability issues including any barriers we may have come across.	• What have you successfully changed? I have recently joined the case management team from a care coordination team and have brought helpful resources from my previous experience, such as, knowing about SNFs (their locations, star ratings, specialties, etc). I also changed the environment by adding my 1 minute of mindful meditation to our morning huddles. This has brought about a sense of relief and calmness.
		• What are you most proud of? I am proud to be a part of such a great group of nurses who work with such a cohesive group of doctors.
• How frequently? Twice a day; once in the morning, to review our plan for the day, and once in the afternoon, to discuss any barriers we may have come across that may be solved through our team rounds/meetings.		• What is your financial picture? Assets: real property, 401K, Kaiser pension plan. Liabilities: Student loans
• What is the most significant pattern of variation? The most significant pattern in our department are communication patterns. Communication is key for a successful huddle between the leaders, doctors and nurses. Communication patterns are also quite significant between the nurses and the patients/family members. It is very important to include the patient/family in the discussion; if		***Complete "Metrics that Matter", pgs 20 & 21**

not during rounds, then it is important to update them on the plan and discuss any issues, concerns, or fears they may have.	

Appendix E. **SMART Goals Chart**



Appendix F. SMART GOALS

S.M.A.R.T. Goals

Crafting S.M.A.R.T. Goals are designed to help you identify if what you want to achieve is realistic and determine a deadline. When writing S.M.A.R.T. Goals use concise language but include relevant information. These are designed to help you succeed, so be positive when answering the questions.

Initial Goal *(Write the goal you have in mind)*:

The goal is to reduce stress levels among nursing staff by implementing 3-minute morning meditation sessions.

1. Specific *(What do you want to accomplish? Who needs to be included? When do you want to do this? Why is this a goal?)*

The goal to accomplish is to decrease stress levels among nursing staff by implementing a brief morning meditation session. All nursing staff, including nurse managers, need to be included in this intervention. The session would take place in the morning, to help prepare for the day with a calm and clear mind.

2. Measurable *(How can you measure progress and know if you've successfully met your goal?)*:

After 8 months of implementation, data will be analyzed by collecting pre- and post-surveys and progress will be measured by comparing results.

3. Achievable *(Do you have the skills required to achieve the goal? If not, can you obtain them? What is the motivation for this goal? Is the amount of effort required on par with what the goal will achieve?)*:

Manager's approval will be needed to implement the meditation sessions in the department, at the selected times. The motivation for this goal is to decrease the stress levels at the workplace. The amount of effort required is on par with what the goal will achieve; the meditation session will require a brief 3 minutes.

4. Relevant *(Why am I setting this goal now? Is it aligned with overall objectives?)*:

Nurses are overwhelmed with daily stressors, and stressors at the workplace should be eliminated as much as possible. The idea of implementing a meditation session to help reduce stress would be beneficial for our department, the microsystem, the environment and the macrosystem as a whole.

5. Time-bound *(What's the deadline and is it realistic?)*:

The deadline is 8 months from the day of implementation.

Appendix G. SWOT Analysis

Strengths • Enhance diabetes self-management education for patients • Clinician and microsystem staff support the idea of a CDE • Committed employee to provide diabetes self-management education	**Weaknesses** • Cost of implementing CDE in microsystem • Deficiency in patient adherence and motivation for diabetes education • Absence of support from management
Opportunities • Reduction in readmissions with diabetes related complications • Decrease of inpatient cost • Increase in positive patient outcomes and comprehend disease management • Improved patient satisfaction	**Threats** • Patient morbidity and mortality from poor diabetes self-management education • Possible low hospital consumer assessment of healthcare providers and systems (HCAHPS) scores

Appendix H. 3-Step Guide to 3-Minute Meditation

1.	Make sure everyone is logged in and ready.
2.	Briefly review the guide to meditation: 1. Make sure you're in a comfortable and quiet space, free from distractions. 2. Sit comfortably and upright.; keep the spine straight and tall. 3. Position your legs; rest the bottom of your feet on the floor. 4. Loosen your arms, resting your palms on your legs or wherever it feels comfortable. 5. Close your eyes; drop your chin slightly. 6. Focus your attention on your breath; -Take a few deep breaths to allow your body to relax. -Observe your breath moving smoothly in and out of your body. - Breathe in slowly through the nose, hold your breath for a second or two, and then slowly breathe out through pursed lips, pushing all the air out. -When your mind wanders, simply bring your mind back to the present moment and back to your breath.
3.	Begin meditation music and set timer for 3 minutes.

	(Continue the meditation until a calming rhythm has been reached, for up to 3 minutes)

Appendix I. The Perceived Stress Scale

The Perceived Stress Scale (14 items) - Cohen et al, 1983

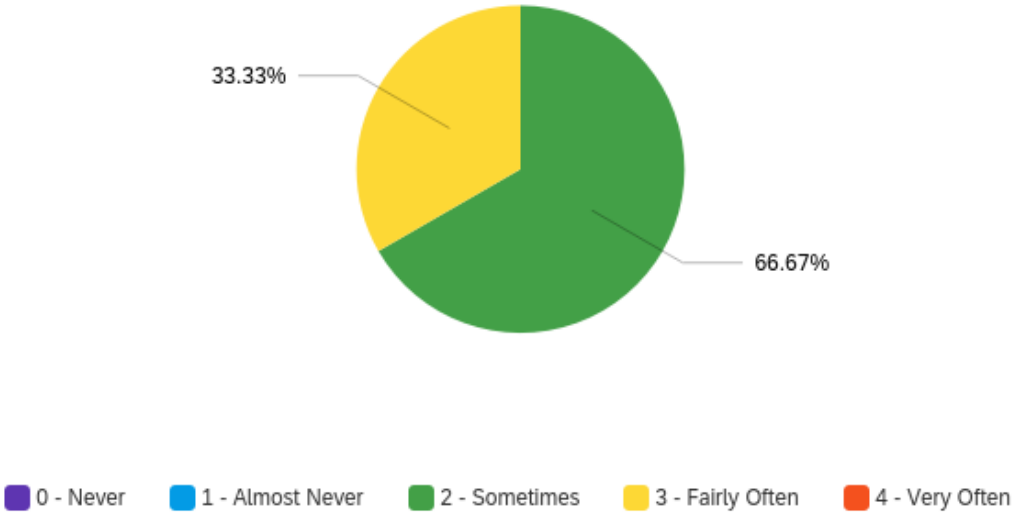
1. In the last month, how often have you been upset because of something that happened unexpectedly?
2. In the last month, how often have you felt that you were unable to control important things in your life?
3. In the last month, how often have you felt nervous and "stressed"?
4. In the last month, how often have you dealt successfully with irritating life hassles?
5. In the last month, how often have you felt that you were effectively coping with important changes that were occurring in your life?
6. In the last month, how often have you felt confident about your ability to handle your personal problems?
7. In the last month, how often have you felt that things were going your way?
8. In the last month, how often have you found that you could not cope with all the things that you had to do?
9. In the last month, how often have you been able to control irritations in your life?
10. In the last month, how often have you felt that you were on top of things?
11. In the last month, how often have you been angered because of things that happened that were outside of your control?
12. In the last month, how often have you found yourself thinking about things that you have to accomplish?
13. In the last month, how often have you been able to control the way you spend your time?
14. In the last month, how often have you felt difficulties were piling up so high that you could not overcome them?

[0=never; 1=almost never; 2=sometimes; 3=fairly often; 4=very often]

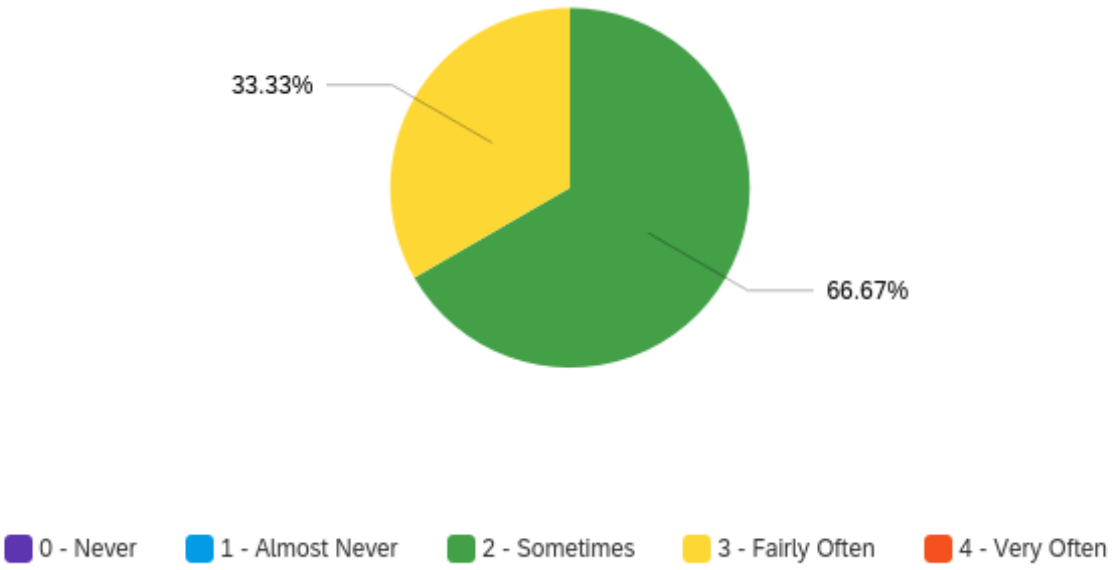
Note: Items 4, 5, 6, 7, 9, 10, and 13 are scored in reverse direction.

Appendix J. Perceived Stress Scale Survey and Results

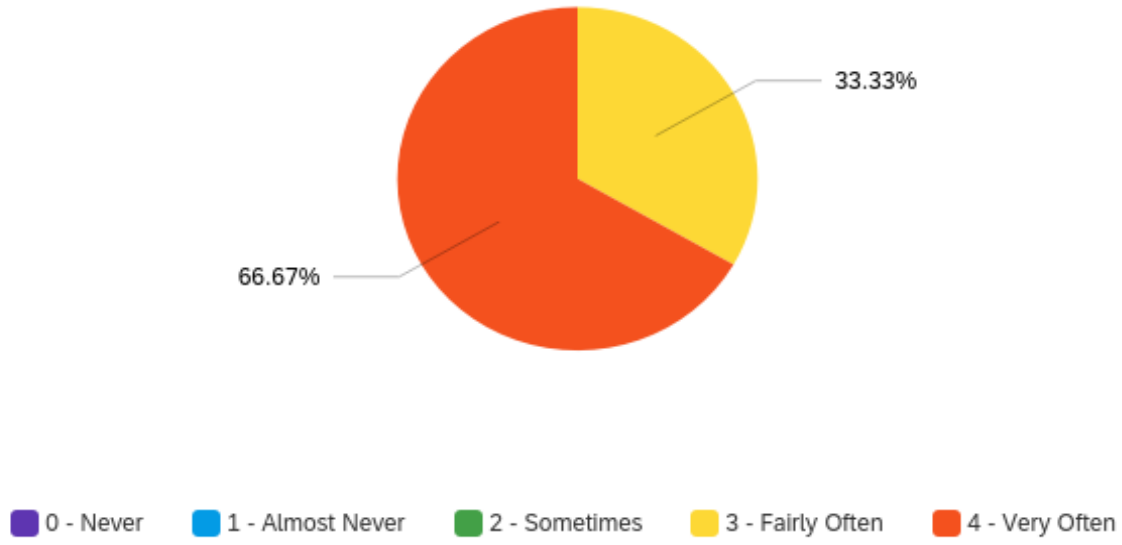
1. In the last month, how often have you been upset because of something that happened unexpectedly?



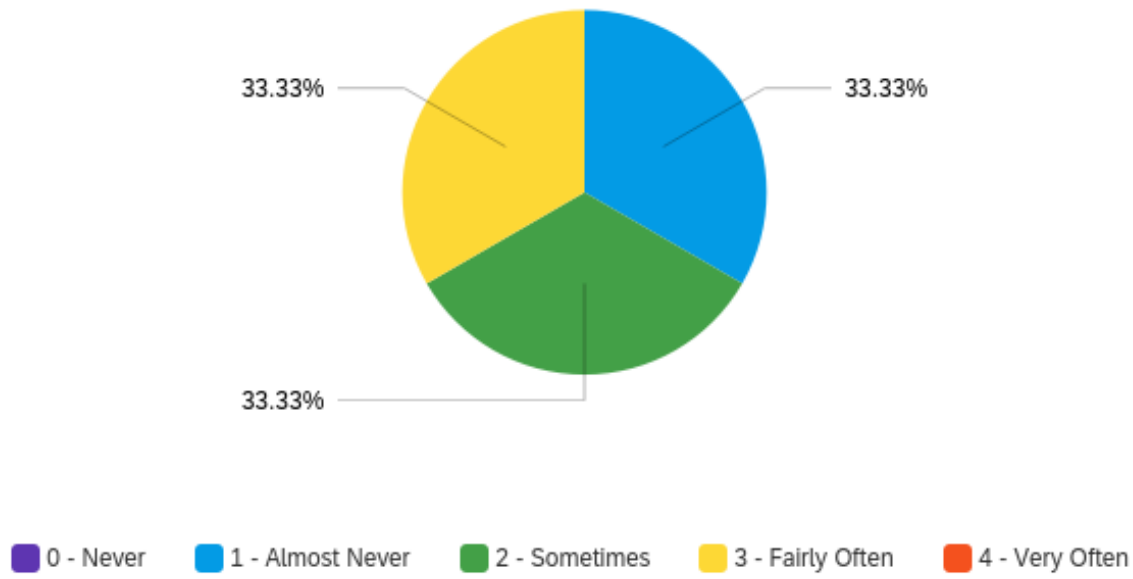
2. In the last month, how often have you felt that you were unable to control the important things in your life?



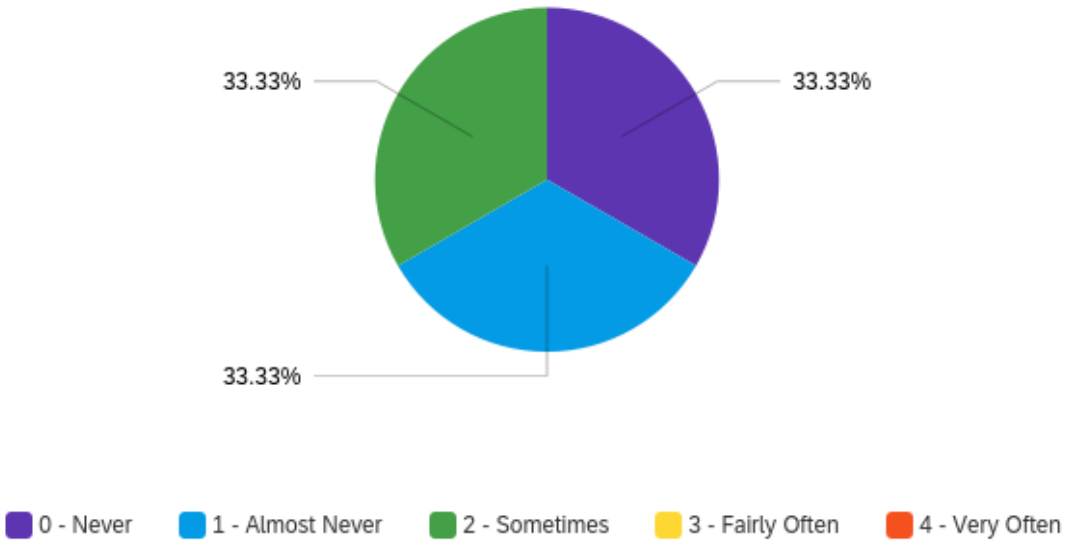
3. In the last month, how often have you felt nervous and "stressed"?



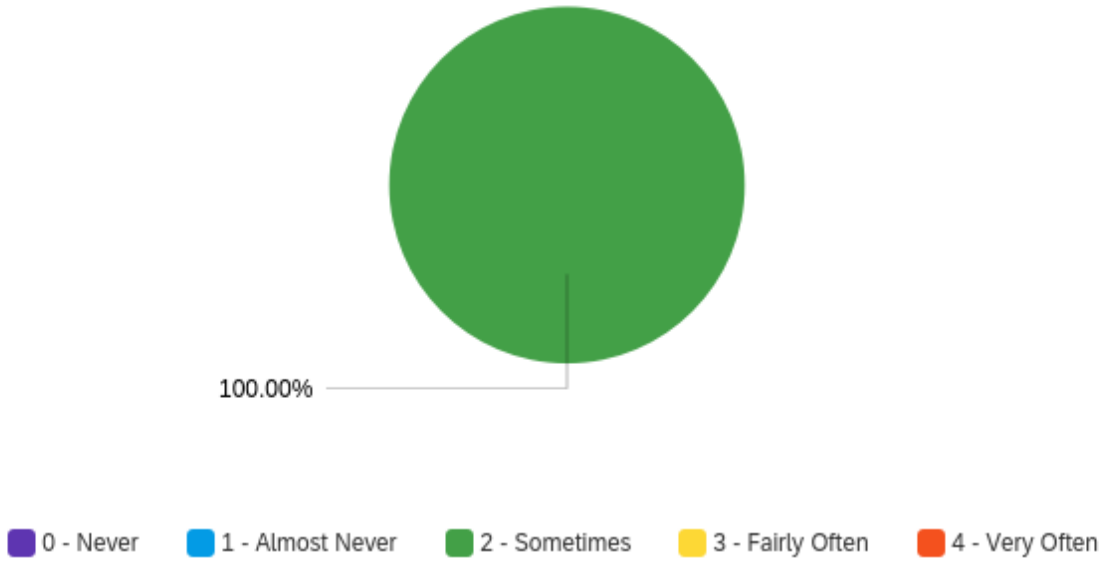
4. In the last month, how often have you felt confident about your ability to handle your personal problems?



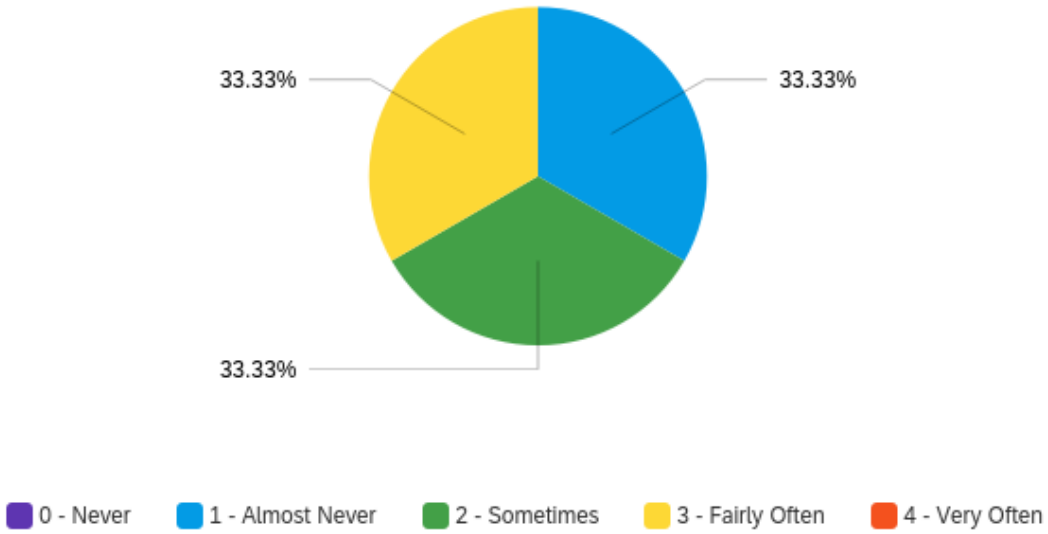
5. In the last month, how often have you felt that things were going your way?



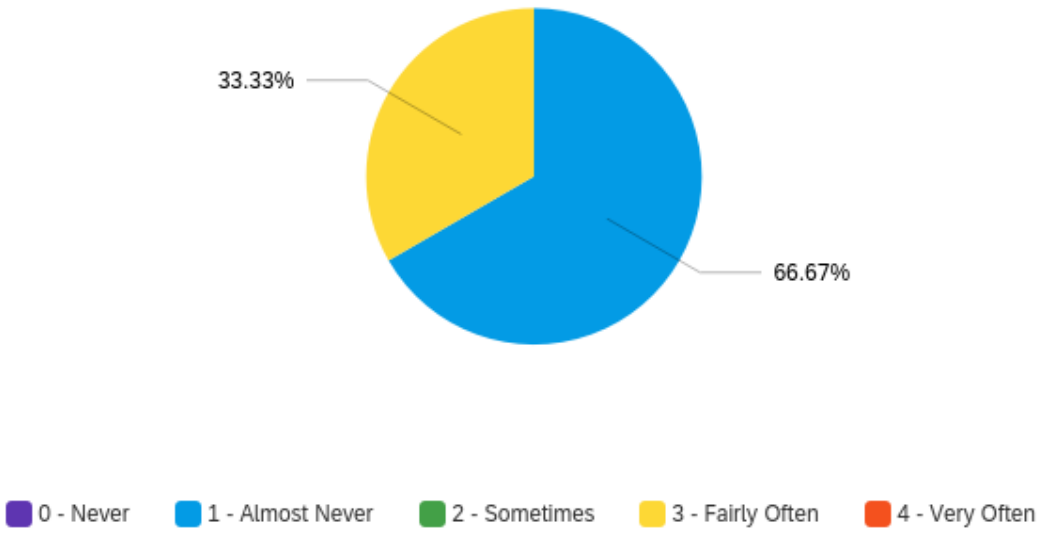
6. In the last month, how often have you found that you could not cope with all the things that you had to do?



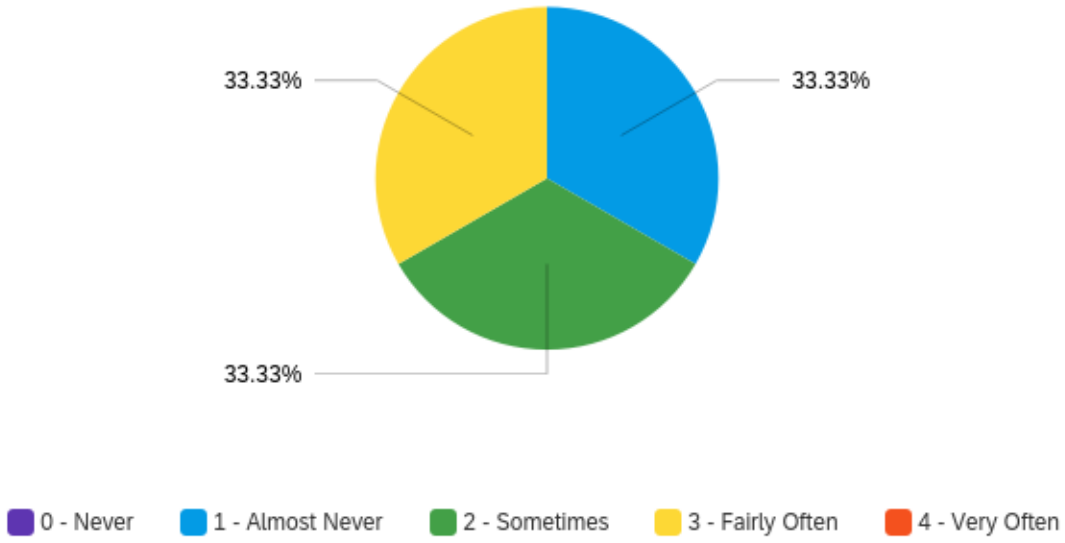
7. In the last month, how often have you been able to control irritations in your life?



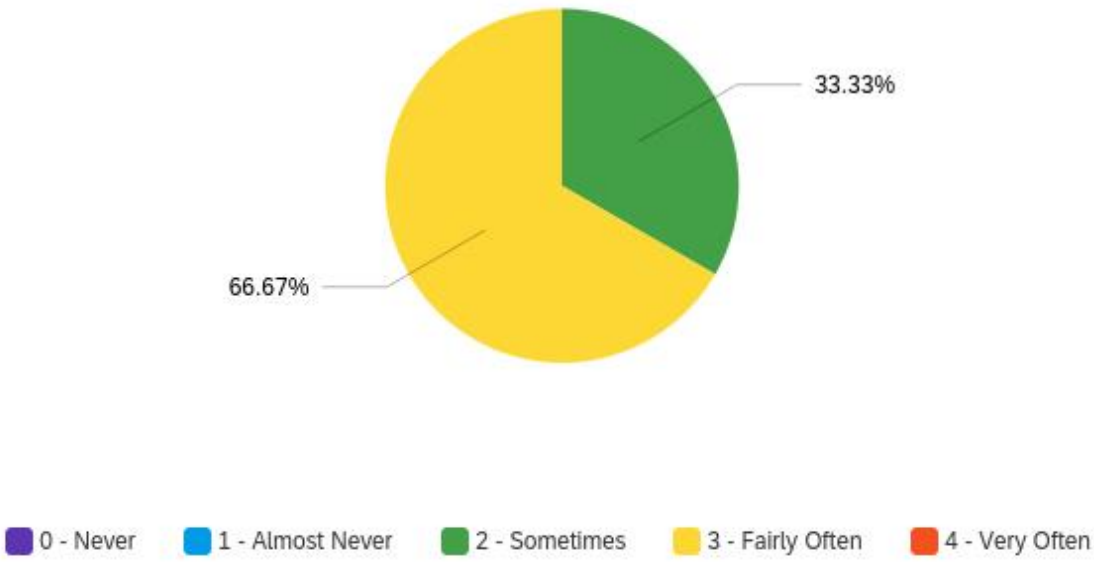
8. In the last month, how often have you felt that you were on top of things?



9. In the last month, how often have you been angered because of things that were outside of your control?



10. In the last month, how often have you felt difficulties were piling up so high that you could not overcome them?



Appendix K. Start-Up Cost Budget Plan

Start-Up Cost Budget Plan

% of Income Spent

90%

Summary

Total Budget
$1,000
Total Expenses
$900

Income

Item	Amount
KP Staff Income Source	$1,000.00

Expenses

Item	Amount
Lighting	$150.00
Electric Candles	$100.00
Water Feature	$150.00
Zen Sound Machine	$150.00
Live Plants	$50.00
Yoga Mats	$200.00
Stationary Items	$50.00
Brochures/Printouts	$50.00

Appendix L. Monthly Expenses Budget Plan

Monthly Expenses Budget Plan

% of Income Spent

100%

Summary

Total Budget

$100

Total Expenses

$100

Income

Item	Amount
KP Staff Income Source	$100.00

Expenses

Item	Amount
Stationary Items	$50.00
Brochures/Printouts	$50.00