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### The Resilience Vaccine

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**The Resilience Vaccine**

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## Section I: Abstract

Healthcare workers have been working in unprecedented circumstances since the declaration of the COVID-19 pandemic. Caregivers have been taxed with burnout. A large healthcare organization's 26-bed, medical-surgical, telemetry, COVID-19 overflow unit was significantly impacted. Many healthcare organizations have adopted advocacy for attaining joy in work as an extra dimension of the Institute for Health Improvement's Triple Aim. Adding this fourth aim supports averting caregiver burnout (CBO) while promoting joy in work.

This quality improvement project examined nurse leaders' interventions that address CBO, promote healthy work environments, and promote joy in work. From June through August 2021, an 8-week resilience program was implemented during huddles to support decreasing CBO for frontline nursing staff. Interventions were evidence-based and changed weekly. Education, connection, humor, self-care, gratitude, music, spirituality, and fun were facilitated. A survey was performed pre- and post-program. CBO, employee turnover, absenteeism, management support, and the burden of joy at work were measured for effectiveness. The aim of this project was to gain 75% staff attendance and reduce CBO 10% in the unit over 3 months. Results demonstrated that CBO and absenteeism significantly decreased, while attendance, employee turnover, management support, and joy at work did not meet their targeted goals. Implications of these findings include cultivating resilience modalities to foster employee well-being and joy in work results in decreasing CBO while improving productivity. Nurse leader support towards desired restorative efforts for staff can make a valuable difference. The World Health Organization (2020) recommends that protecting healthcare staff from chronic stress and poor mental health development is crucial.

## Section II: Introduction

According to Duncan (2020), healthcare workers have been working in unprecedented circumstances worldwide since the declaration of the COVID-19 pandemic by the World Health Organization. This pandemic has taxed staff working in healthcare due to limited personal protective equipment (PPE) and available staffing amidst avid attempts to provide optimal care to patients. A large healthcare organization's medical-surgical, telemetry overflow unit (MSTU) has been significantly impacted by these factors.

The Institute for Healthcare Improvement's (IHI, 2021) Triple Aim supports decreasing the per capita cost in healthcare, while improving patient care experience and the health of populations. According to Fitzpatrick et al. (2019), research has identified links between the quality of work environments and patient care outcomes. Many healthcare organizations have adopted advocacy for attaining joy in work as an extra dimension of The Triple Aim. Recommended revision by national healthcare organizations is known as The Quadruple Aim. Bogue and Carter (2019) assert that excellence in patient care requires elevated action from nursing administration to care for bedside patient providers. Adding this fourth aim supports averting caregiver burnout (CBO) while promoting joy in work.

Nurse leader interventions that address CBO promote healthy work environments and joy in the workplace. Improvement in patient safety and Triple Aim achievement are attributed outcomes, as well (Fitzpatrick et al., 2019). The large healthcare organization supports cultivating organizational resilience to foster employee well-being, joy in work, job satisfaction, and performance (Stelter, 2019). Ultimately, this results in improved productivity and clinical practice (Duncan, 2020).

In March 2021, a microsystem assessment was completed on the MSTU accommodating 26 beds. Much of the patient population who receive care are ages 65 and older and require post-hospital placement of some kind. The specific diagnoses on this floor include sepsis, various infections, angina, gastrointestinal disorders, stroke, and alcohol withdrawal. Chronic ventilator patients are admitted to the unit, as well. Often, ventilator-dependent patients require longer lengths of stay due to complex discharge planning and execution.

In March 2020, the MSTU converted to the COVID-19 overflow unit, in addition to common patient populations. Since the worldwide pandemic was first diagnosed, this unit has endured constant change. As a result, the staff have experienced various taxing shortages, including staffing, while rationing limited resources, such as PPE. Duncan (2020) summarizes 2020-2021 as the year where nurse leaders had to make quick patient care decisions and rapidly disseminate the necessary changes for staff to stop the further spread of the COVID-19 virus. In May 2021, during unit leadership council, staff members verbalized being affected by the pandemic and expressed interest in resilience efforts to mitigate job burnout related to experiencing constant change management during this taxing time.

### **Problem Description**

Based on a microsystem review, process improvements are needed to meet accreditation standards and to improve LeapFrog ratings, organizational goals, and Hospital Consumer Assessment of Healthcare Providers and Systems scores. Since October 2020, there have been five patient falls, two of which resulted in patient injury. Also, there have been four cases of hospital-acquired pneumonia (HAP), three cases of central line-acquired bloodstream infection (CLABSI), and seven hospital-acquired pressure injury (HAPI) that were greater than stage two.

Nursing staff's rate of sick calls is very high. This is based on payroll and timecard records on a bi-weekly basis. The nurse manager overseeing unit operations had authorized absences when needed to promote respite time. However, there was obvious increased facial grimacing among staff during shift huddles when staffing was repeatedly reported as insufficient. The California state-regulated nursing ratios for patient care are met, but break-relief nurses were commonly reassigned to provide direct patient care. Patient care technicians and unlicensed assistant personnel are also shared across other units, increasing the daily workload.

Staff working within high-stress environments are at increased risk for burnout (Flanders et al., 2020). The prevalence of sick calls could be a symptom of this, especially considering the increased work burdens created by the recent pandemic. Insufficient staffing taxed the frontline nursing staff. This burden disrupted workflows throughout the shift and increased the overall stress of the unit, while impacting safe patient outcomes and safety. Excessive workloads, continual organizational change, and suboptimal conditions have been linked to CBO (Henshall et al., 2020).

Based on the microsystem assessment, various resilience modalities as interventions were determined to help assist staff towards desired restorative efforts. The World Health Organization (2020) recommends that protecting healthcare staff from chronic stress and poor mental health development during the COVID-19 pandemic is crucial. Duncan (2020) asserts that building resilience within clinical practice environments can lead to solid mental health and well-being foundations.



### **Available Knowledge**

A PICOT (population, intervention, comparison, outcome, timeframe) question guided this author in performing a comprehensive literature search, review, evidence appraisal evaluations, and synthesis of the articles relevant to this topic of interest.

#### **PICOT Question**

For frontline nursing staff within the microsystem (P), what are the best resilience strategies (I), when compared to no intervention (C), that support decreasing job burnout (O) from June through August 2021 (T)?

#### **Synthesis of Existing Literature**

An electronic search was completed between January and June 2021 within the University of San Francisco Fusion database and Google Scholar. Relevant published, peer-reviewed articles and various research studies were identified using the search terms: *resilience, joy in work, music, nurse burnout, CBO, mindfulness, building strategies, and resilience programs*. Limitations included English-only, peer-reviewed journal articles, including experimental, systematic review, expert opinion, and clinical practice guidelines. Nine articles were selected for further review and evaluated for the level and quality ratings using the John Hopkins nursing evidence-based practice protocol (see Appendix A).

The literature selected identified nurse leader modalities to build resilience and to promote joy in work in the face of burnout among caregivers working across various healthcare settings, especially amidst the COVID-19 pandemic. Open and transparent communication, kindness, spiritual care, healthy coping behaviors, fun, humor, music, social support, and collaboration are some of the best strategies that can play a significant role in assisting staff towards developing resilience, as identified throughout this literature. Building resilience is

pertinent across all articles and essential in coping with work-related stress and adversity. The level and quality of literature selected are strong to weak, but comprehensively guide this project through recommended evidence-based guidelines to decrease CBO and to promote a healthy work environment.

### **Rationale**

The theory used to implement change and promote resilience within the microsystem is Kurt Lewin's change model, which involves unfreezing, moving, and refreezing (Sollecito & Johnson, 2020). Interventions may be utilized to enhance nurse resilience through engagement activities during huddles. To promote unfreezing, a needs assessment survey was conducted in June 2021 on the topics of CBO and resilience. The intention was to raise awareness of these specific issues. Next, the moving phase involved voluntary staff participation in various interventions chosen based on the survey results, participant preferences, and research. Finally, pending project success, refreezing was to include sustainability of resilience strategies as participants independently lead resilience interventions once the project was completed.

### **Specific Project Aim**

By October 2021, 75% of the nursing staff within the microsystem will have completed an 8-week resilience intervention program on reducing CBO. The global aim was to reduce CBO by 10% in the unit over 3 months of program implementation. Assessment of the degree of CBO was measured using a pre- and post-survey. The balancing measure included gauging the burden of resilience during post-survey and was intended to remain less than 5%. Joy at work programs can adversely increase one's sense of duty to obtain happiness (Spicer & Cedarstrom, 2015).

## **Section III: Methods**

### **Context**

According to Bogue and Carter (2019), burnout as a work-related medical disorder is listed in the ICD-11 (International Classification of Diseases). Caring overwork and continual witness to suffering are attributed to this diagnosis. Nurse leaders' interventions that address staff burnout promote healthy work environments and joy in the workplace. Improvement in patient safety and Triple Aim achievement are attributed outcomes, as well (Fitzpatrick et al., 2019). The large healthcare organization supports cultivating organizational resilience to foster employee well-being, joy in work, job satisfaction, and performance (Stelter, 2019). Ultimately, this results in improved productivity and clinical practice (Duncan, 2020).

### **Microsystem Assessment Findings**

Since October 2020, teamwork within the MSTU and across all disciplines reflected characteristics of high performing teams, as evidenced by direct observations. Minimal conflicts have been observed between staff members. There has been high visibility of active employee engagement towards patients, other team members, and the tasks at hand. Most team members speak assertively to patients, while performing active listening and open-ended questioning to promote a positive patient care experience based on daily unit rounding within the MSTU. According to King et al. (2019), these qualities characterize a high performing team.

Six years ago, when the current nurse manager started her position, the MSTU shifted to a culture of speak up safety, where employees have a *see it, say it* mantra. Workplace and patient safety are top priorities in direct patient care delivery within this microsystem. The employees are quick to speak up to nurse leaders about any barriers that impede progress in these areas, as

evidenced by monthly staff rounding and observations made during chief operating officer and chief nurse executive rounding over the last several months.

Also, the unit has strong participation in a shared governance model with the nurse manager and other hospital leaders. There is a unit-based team and a unit leadership council consisting of all nursing roles that meet monthly to address pertinent issues and to generate solutions for improved workplace safety. Other members from other disciplines will sometimes attend to address current prevailing safety topics. Under nurse manager mentorship, the unit leadership council wrote an application for submission to the Academy of Medical-Surgical Nurses (AMSN, 2021) for the Premier Recognition in the Specialty of Med-Surg (PRISM) Award. This award recognizes exemplary practice of medical-surgical units and was sought after by unit leadership council members.

### **SWOT Analysis**

A strengths, weaknesses, opportunities, and threats (SWOT) analysis was conducted within the unit microsystem assessment (see Appendix B). According to Sollecito and Johnson (2020), this tool supports identifying internal or external environmental influences on the selected initiative. The intention is to gain a clear overview of critical metrics key to the success of the resilience interventions.

#### ***Strengths***

Strengths of this unit include successful cross-generational nursing, as veteran and millennial nurses work positively alongside one another. A multidisciplinary team approach is operationally utilized by all roles engaged within this microsystem. High quality care and safe outcomes within direct patient and the environment are the common goal among all members of the interdisciplinary team. The employee turnover rate within the MSTU is less than 5%, as the

vast Kaiser Permanente (KP) organizational culture supports internal transfers, and employees move in between KP hospitals and individual units. Therefore, length of employment extends from a few days to 20 years and beyond. Also, an active shared governance model operates between the unit leadership council and the transformational leadership from nurse leaders guiding staff towards ongoing professional growth and development.

### ***Weaknesses***

Identifiable weaknesses were the high rate of sick calls, poor staffing, and employee dissatisfaction, as displayed at huddles. There is no disciplinary action being taken for ill occurrences. The rate of falls, HAPs, CLABSIs, and HAPIs, as calculated, are areas of weakness. Real-time chart audits reflect lack of consistent ownership of toothbrushing, chlorhexidine baths, and regular turning of patients that promotes prevention of these issues. Also, there were zero measures being taken to improve resilience on the unit. The staff had no awareness of the subject matter or evidenced-based research supporting the promotion of resilience.

### ***Opportunities***

One of the other hospitals within the large healthcare organization has nine Watson rooms available to staff working there. These are quiet rooms that have massage chairs and scented oils available to staff for recharge, relaxation, and resilience. Stanford Healthcare gives staff 1.5 hours of break for rest and meal periods. Chaise lounge chairs are available to staff for lying down and sleeping, if needed. There is opportunity within this hospital to follow suit, implement resilience methods, and support staff towards recharge.

### ***Threats***

Nurse leaders' failure to adopt resilience methods that increase well-being and mitigate stressors can unintentionally support CBO. Best patient outcomes are consistently associated

with higher nurse well-being (Bogue & Carter, 2019). Nurses within the large healthcare organization and MSTU have threatened a strike due to poor staffing and exhaustion. Also, several inconsistencies are noticeable across the 21 large healthcare organizations in resilience promotion.

### **Return of Investment**

One of the foundations of good mental health is resilience. Results of improving resilience include decreased absenteeism, improved productivity, and improved well-being (Duncan, 2020). Improving joy at work is considered a high-leverage organizational change that can occur with designed leadership and management practices. These practices, when combined with a joy in work focus, impact many goals embedded within the Triple Aim (IHI, 2021). It has been estimated that the costs of job stress due to absenteeism, turnover, and diminished productivity are over \$300 billion per year in the United States (Wadill-Goad, 2019).

### **Intervention**

#### **Pre-Intervention Data Collection**

An initial Survey Monkey was created and made available to staff from May 28 through June 10, 2021 to gather nursing staff feedback on preferred modalities to mitigate CBO and to promote resilience through evidence-based practice. According to the data, 60% of the 70 responses expressed current CBO. This data collection identified the needs for resilience interventions to address CBO within this unit (see Appendix C).

Team members gathered to plan the execution of a unit-based resilience program. The program was conducted over 8 weeks (see Appendix D). Themes included education, connection, humor, self-care, gratitude, music, spirituality, and fun, based on survey selections and evidence. These were the interventions used for resilience implementation. Weekly activities

lasted 7 days each, and the themes selected were taught to support resilience. Activities were administered at the shift huddles by the management team. A resilience display board was used to assist social interface of the interventions.

### **Study of the Intervention**

Measurement strategies included overall employee turnover rates. Bi-weekly absenteeism hours were observed through the large healthcare organization's computer application to monitor effectiveness of interventions practiced. Program attendance was calculated by post-survey through self-reporting. CBO was scored pre- and post-program to evaluate program effectiveness. A plan, do, study, act (PDSA) cycle was utilized to evaluate the initial overall program effectiveness, modify methods used, and assist with a second resilience program. A wellness picnic was intended to serve as a second test of change. The same methods used for evaluation during the first run of the program were intended to evaluate the program's second run. However, due to pandemic levels and gathering guidelines as set forth by the local health department, a second test of change was not instituted.

### **Measures**

A Project Charter was created for clarity in quality improvement project (QIP) goals (see Appendix E). Family of measures included the scoring CBO, assistant nurse manager (ANM) support, frontline nursing staff program participation, and joy at work as a burden. A survey was used pre- and post-program to assist scoring these items. The targeted outcome measures of this QIP were to decrease CBO by 10%, absenteeism by 3%, and maintain employee turnover less than 3%. The process measure goals were to have the ANM support the program 95% of the time through frontline huddles, and 75% of the nursing staff attend the weekly resilience theme

presented through huddle. A balancing measure of scoring joy at work as a burden was to occur within less than 3% of staff members.

### **Ethical Considerations**

The student teachings of Jesuit universities promote *cura personalis*, a core value of Ignatian spirituality (University of San Francisco, 2021). *The Resilience Vaccine* is an initiative stemmed from this value and promotes care of the whole person. The clinical nurse leader advocates for patients and work teams using the Ignatian pedagogy principles of context, experience, reflection, action, and evaluation. Value-oriented learning experiences are the goals of this formative approach (Marshall, 2019).

Equally important are the American Nurses Association Code of Ethics for Nurses. This topic selected for a Master of Science in Nursing degree capstone project aligns with the code of ethics promise that nurses are doing their best to provide care for their patients, while supporting each other in the process (American Nurses Association, 2015). *Cura personalis* aligns with supporting nurses in fulfillment of ethical and professional obligations.

A statement of non-research determination (see Appendix F) was submitted to the University of San Francisco School of Nursing and Health Professions Institutional Review Board (IRB). The project was considered an evidenced-based change and a non-research practice project. This project was approved as a QIP by faculty using QI review guidelines and did not require IRB approval.

### **Section IV: Results**

Within the MSTU, the pre-survey provided 70 responses, while the post-survey yielded 63 responses. Variables impacting the number of participant responses included staff resignations or transfers to other units within the large healthcare organization. Various leaves of



absence occurred during the project, as well. Employee turnover was 5.7% during the QIP and did not meet the outcome measure goal of remaining less than 3%.

Both surveys asked the participants to rate job burnout levels after working through the pandemic. Participants could choose *none*, *a little*, or *a lot*. The *a lot* rating was used to determine CBO. The pre-resilience program survey yielded 60% CBO; whereas, post-resilience program measured 28.5% CBO. Therefore, CBO decreased post-resilience program by 31.5% and met the outcome measure goal (see Appendix G).

Attendance of program interventions at huddles was self-reported by the participants on the post-survey. None of the weekly huddle activities met the 75% process measure goal of staff participation. According to survey results, 68% was the highest staff attendance (Week 1) and 39% was the lowest attendance during (Week 7; see Appendix H). ANM support did not meet the 95% process measure target for leading participation across huddles throughout the eight weeks of program implementation. During this time, weekly huddle themes and activities received 40% to 80% ANM support (see Appendix I).

A balancing measure of joy at work burden was included as a post-survey question. The goal was to minimize joy at work burden under 5%; the result was 10.94% (see Appendix J).

## **Section V: Discussion**

### **Summary**

Key findings of this QIP include productivity increased, while absenteeism decreased. Baseline absenteeism data were obtained using the quarter prior to the QIP implementation (see Appendix K). Absenteeism decreased to 8.4% by the end of the eight weeks of interventions (see Appendix L). There was a clear 16.5% absenteeism difference obtained by the end of the project.

There was significant decrease in CBO, as well. Both of these goals were met, in spite of inconsistencies occurring in staff attendance, ANM support, and joy at work burden. Also, 39% of staff expressed interest in being resilience champions post-project (see Appendix M). This result leads to the conclusion that frontline nursing staff have vested interest in sustainability of the QIP and that refreezing within Lewin's change theory has begun to occur. Positive comments were made by staff and management, both during and after the resilience program. The nurse manager was on leave of absence, but upon return, sited observation of the unit appearing calm, while the line queue outside her office remained empty, despite continual sub-optimal staffing and other taxing challenges. Historically, long lines would be formed under these circumstances. Also, one of the ANMs described this QIP as life changing. Several productive comments were noted by frontline nursing staff on the post-resilience program survey (see Appendix N).

The QIP initially began out of an intention to renew, refresh, and recharge the spirits of frontline nursing staff, while refilling any empty void left behind by the COVID-19 pandemic. The projected budget for this project was \$3,000. The out-of-pocket costs that occurred were \$1,908.02 (see Appendix O). A cost-benefit analysis (CBA) was performed (see Appendix P). The CBA determined that the benefits of *The Resilience Vaccine* outweigh the costs associated with project implementation. If applied, the projected savings are in millions of dollars when translated to decreasing absenteeism hours on a large scale determined for this organization.

Lessons learned for future QIP enhancements include keeping actual attendance lists versus staff self-reporting, seeking budget approval from senior leadership rather than independently paying for all expenses out of pocket, and providing proper training in interventional activities to other facilitators versus relying solely on email communications. This QIP was implemented to meet graduate school requirements. Therefore, rushing proper QIP

planning to completion to meet all grading criteria on the school's timetables overshadowed the organic purpose, flow, and details of this project. Covert fatigue occurred for the primary facilitator while performing weekly huddles on three different shifts, three times per week. Also, staff commented on the ANM's passion levels of subject matter varying in different degrees. Both of these variables impacted consistency in the delivery of interventions. Although positive PDSA implementation and evaluation occurred, ample time allotted is encouraged for future projects involving any well-being investment in nursing staff and evaluation of other quality metric indicators, such as rates of falls, HAP, CLABSI, and HAPI. In general, the QIP operations, goals, and measures were kept simple for the sake of time. This set forth natural limitations of the project.

*The Resilience Vaccine* proved to be successful in decreasing CBO and absenteeism. Joy at work was present, as evidenced by post-survey comments. Education, connection, humor, self-care, gratitude, music, spirituality, and fun all attributed to the victories accomplished within the QIP. Most importantly, the kick-off intervention of education sets the foundation and paradigm for the other seven interventions. Resilience is defined as the ability to bounce back from adverse circumstances. Sharing one's personal story with full transparency, openness, and commitment as a gift to the staff sets the stage for those same staff to feel safe to share their own story of resilience. A personal story of alcoholism, acquiring a driving under the influence with two felony charges, entering the California Board of Registered Nurses Diversion Program, losing employment, and rectification of these circumstances were used as personal shares to demonstrate an example of resilience and kick-off the QIP. Sharing one's story humbly, in the name of connection, and within an honest, open capacity is largely attributed to the success of

this program. However, subject matter passion and the desire to care for the whole person, in this case staff, is quintessential.

### **Conclusions**

The QIP is useful to application within large healthcare organizations and nursing departments, especially as healthcare within the United States appears to have increased demands in the face of a pandemic. The cost of absenteeism was impacted through use of resilience interventions. Further research in resiliency is encouraged, as the rise in incumbrances of an ever-changing healthcare system can place even more burdens on frontline caregivers.

The sustainability of this QIP is realistic, if other nurses and nurse leaders support the movement of engagement with one another on different terms. Stoic leadership must be put in the past and replaced with humble approaches if the profession of healthcare is to succeed. Connection is key. Humor and fun seem essential. Leading with authenticity can assist synergizing effects. However, this is not a one-person agenda. Success strictly depends on the village buy-in. Support and participation waxed and waned throughout this QIP by staff and nurse leaders. Results other than absenteeism and productivity may have been elevated with consistent, sustainable resources guiding this project.

Since discussing this project within the organization, another hospital requested information on implementation methods on resiliency. A verbal presentation was delivered to an ANM, nurse manager, and service director team. Therefore, the topic of resilience is spreading as others are looking to new solutions to battle employee dissatisfaction on many levels. The implications for practice are to lead with empathy, while acknowledging that the COVID-19 pandemic has inflicted a collective trauma for frontline caregivers within healthcare. This QIP

calls to action implementing evidenced-based changes and interventions that support healing the communal grief and trauma by those working so close to patients.

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## Appendix A

### Evaluation Table

#### PICOT Question

For frontline nursing staff within the 7 South microsystem (P), what are the best resilience strategies (I) compared to current practice (C) that support a decrease in job burnout (O) from June through August 2021?

Study	Design	Sample	Outcome/ Feasibility	Evidence Rating
American Nurses Association. (2015). <i>Code of ethics for nurses with interpretive statements</i> . American Nurses Publishing.	Clinical practice guideline	None	Serves as an effective teaching tool for nurse conduct.	L IV A
Bogue, R. J., & Carter, K. F. (2019). A model for advancing nurse well-being: Future directions for nurse leaders. <i>Nurse Leader</i> , 17(6), 526–530. <a href="https://doi.org/10.1016/j.mnl.2019.09.011">https://doi.org/10.1016/j.mnl.2019.09.011</a>	Clinical practice guideline	None	Suggests model of whole person well-being to mitigate stressors causing burnout. Promotes nurse leader actions to increase staff well-being.	IV C
CDC Foundation. (2015, January 28). <i>Worker illness and injury costs U.S. employers \$225.8 billion annually</i> . <a href="https://www.cdcfoundation.org/pr/2015/worker-illness-and-injury-costs-us-employers-225-billion-annually">https://www.cdcfoundation.org/pr/2015/worker-illness-and-injury-costs-us-employers-225-billion-annually</a>	Expert opinion	None	Asserts costs associated with absenteeism.	V C
Dang, D., & Dearholt, S. L. (2018). <i>Johns Hopkins nursing evidence-based practice third edition: Model and</i>	Expert opinion	None	Serves as an effective research tool in rating levels of evidence.	IV A

Study	Design	Sample	Outcome/ Feasibility	Evidence Rating
<i>guidelines</i> . Sigma Theta Tau International.				
Duncan, D. (2020). What the COVID-19 pandemic tells us about the need to develop resilience in the nursing workforce. <i>Nursing Management</i> , 27(3), 22–37. <a href="https://doi.org/10.7748/nm.2020.e1933">https://doi.org/10.7748/nm.2020.e1933</a>	Expert opinion	None	Describes the importance of nursing staff learning how to be more resilient considering the 2020 COVID-19 pandemic. Informs nurse leaders how to support their staff while building their own resilience.	V B
Fitzpatrick, B., Bloore, K., & Blake, N. (2019). Joy in work and reducing nurse burnout: From triple aim to quadruple aim. <i>AACN Advanced Critical Care</i> , 30(2), 185–188. <a href="https://doi.org/10.4037/aacnacc2019833">https://doi.org/10.4037/aacnacc2019833</a>	Expert opinion	None	Asserts a healthy work environment improves patient safety. Identifies methods for nurse leaders to promote joy at work and other methods to support staff.	V B
Flanders, S., Hampton, D., Missi, P., Ipsan, C., & Gruebbel, C. (2020). Effectiveness of a staff resilience program in a pediatric intensive care unit. <i>Journal of Pediatric Nursing</i> , 50, 1–4. <a href="https://doi.org/10.1016/j.pedn.2019.10.007">https://doi.org/10.1016/j.pedn.2019.10.007</a>	Non-experimental study	150 registered nurses in a 36-bed pediatric ICU over 3 months	Useful towards the identification of resilience program implementation having positive benefits.	III B
Henshall, C., Davey, Z., & Jackson, D. (2020). Nursing resilience interventions – A way forward in challenging healthcare territories. <i>Journal of Clinical Nursing</i> , 29(19-20), 3597–3599. <a href="https://doi.org/10.1111/jocn.15276">https://doi.org/10.1111/jocn.15276</a>	Expert opinion	None	Suggests that resilience strategies and educational programs are useful towards resilience enhancement.	V C
Institute for Health Improvement. (2021). <i>Triple aim for populations</i> .	Clinical practice guideline	None	Supports organizations and communities in successfully	IV A

Study	Design	Sample	Outcome/ Feasibility	Evidence Rating
<a href="http://www.ihl.org/Topics/TripleAim/Pages/default.aspx">http://www.ihl.org/Topics/TripleAim/Pages/default.aspx</a>			optimizing health for individuals and populations through the Triple Aim.	
King, C. R., Gerard, S. O., & Rapp, C. G. (2019). <i>Essential knowledge for CNL and APRN nurse leaders</i> . Springer Publishing.	Clinical practice guideline	None	Serves as an effective teaching tool on clinical nurse leader practice in healthcare.	IV A
Marshall, J. (2019). <i>Ignatian pedagogy: Educating the whole person</i> . University of San Francisco. <a href="https://myusf.usfca.edu/usfteach/teaching/ignatian-pedagogy">https://myusf.usfca.edu/usfteach/teaching/ignatian-pedagogy</a>	Expert opinion	None	Useful in the identification of Jesuit theory through education.	IV B
Sollecito, W. A., & Johnson, J. K. (2020). <i>Continuous quality improvement in health care</i> (5th ed.). Jones & Bartlett Learning.	Clinical practice guideline	None	Serves as an effective teaching tool on interdisciplinary perspective on quality management in healthcare.	IV A
Spicer, A., & Cederström, C. (2015, July 21). The research we've ignored about happiness at work. <i>Harvard Business Review</i> . <a href="https://hbr.org/2015/07/the-research-weve-ignored-about-happiness-at-work">https://hbr.org/2015/07/the-research-weve-ignored-about-happiness-at-work</a>	Expert opinion	None	Supports the identification of adverse outcomes when encouraging joy at work.	V B
Stelter, N. (2019, June 18). <i>Why you should build resilience in the workplace</i> . Kaiser Permanente. <a href="https://business.kaiserpermanente.org/insights/mental-health-workplace/high-stress-resilience-key">https://business.kaiserpermanente.org/insights/mental-health-workplace/high-stress-resilience-key</a>	Expert opinion	None	Useful in the identification of Kaiser Permanente's promotion of supporting employees through resilience training.	IV C
University of San Francisco. (2021). <i>Our values</i> . <a href="https://www.usfca.edu/about-usf/who-we-are/our-values">https://www.usfca.edu/about-usf/who-we-are/our-values</a>	Expert opinion	None	Supports the identification of key values expressed through education.	IV B

Study	Design	Sample	Outcome/ Feasibility	Evidence Rating
Waddill-Goad, S. (2019). Stress, fatigue, and burnout in nursing. <i>Journal of Radiology Nursing</i> , 38(1), 44–46. <a href="https://doi.org/10.1016/j.jradnu.2018.10.005">https://doi.org/10.1016/j.jradnu.2018.10.005</a>	Expert opinion	None	Raises awareness to stress, fatigue, and nurse burnout and proposes mitigation strategies.	V B
World Health Organization. (2020, March 18). <i>Mental health and psychological considerations during the COVID-19 outbreak</i> . <a href="https://apps.who.int/iris/bitstream/handle/10665/331490/WHO-2019-nCoV%20-MentalHealth-2020.1-eng.pdf?sequence=1">https://apps.who.int/iris/bitstream/handle/10665/331490/WHO-2019-nCoV%20-MentalHealth-2020.1-eng.pdf?sequence=1</a>	Expert opinion	None	Serves as useful care strategies and recommendations for healthcare workers during the pandemic.	IV C

**Appendix B**  
**SWOT Analysis**

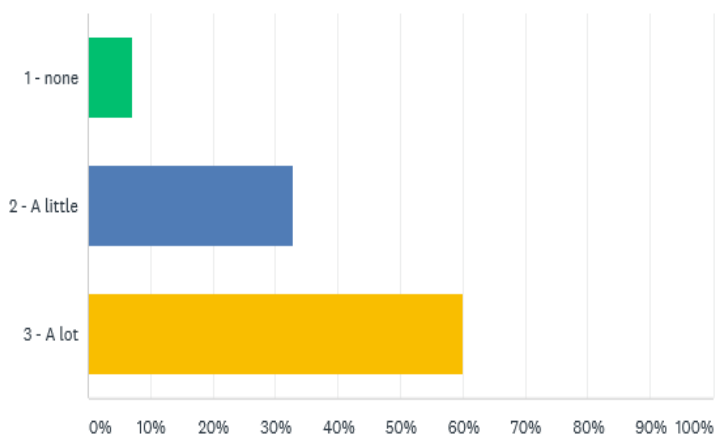
	Helpful	Harmful
Internal	<p><b>Strengths</b></p> <ul style="list-style-type: none"><li>• Successful cross-generational nursing</li><li>• Multidisciplinary team approach</li><li>• Turnover rate &lt; 0.1%</li><li>• Longevity of employees</li><li>• Transformational Leadership</li></ul>	<p><b>Weaknesses</b></p> <ul style="list-style-type: none"><li>• High volume of sick calls</li><li>• Falls, HAP, CLABSI, HAPI History</li><li>• Charting inconsistencies</li><li>• Zero resilience modalities utilized</li></ul>
External	<p><b>Opportunities</b></p> <ul style="list-style-type: none"><li>• Kaiser Oakland - 9 Watson Rooms</li><li>• Stanford Healthcare - 1.5 hr breaks and chaise lounge chairs</li><li>• KPSFH could follow suit</li><li>• Best patient outcomes associated with higher nurse well being (Bogue &amp; Carter, 2020)</li></ul>	<p><b>Threats</b></p> <ul style="list-style-type: none"><li>• Failure to adopt resilience methods that increase well-being &amp; mitigate stressors could unintentionally support burnout</li><li>• Threat of strike by nurses</li><li>• LHO inconsistencies across 21 medical facilities</li></ul>

### Appendix C

#### 7S Pre-Resilience Program Survey Burnout Response

Please rate your current job burnout level after working through the COVID-19 pandemic:

Answered: 70 Skipped: 0



ANSWER CHOICES	RESPONSES
▼ 1 - none	7.14% 5
▼ 2 - A little	32.86% 23
▼ 3 - A lot	60.00% 42
<b>TOTAL</b>	<b>70</b>

## Appendix D

### Resilience Program Interventions and Schedule

<i>Week</i>	<i>Intervention</i>	<i>Huddle Activity</i>	<i>Resilience Board Display</i>
1	Education	Resilience defined and one personal story from a nurse leader was used (e.g., alcoholism recovery).	✓
2	Connectedness	Staff anonymously wrote their own personal stories of resilience on post-it notes using 1-5 words for the display board (e.g., racism, anxiety, depression).	✓
3	Humor	Staff drew pigs and completed the “pig personality exercise” from the internet. Drawings were shared with one another and placed on the “Piggy Hall of Fame.”	✓
4	Mindfulness	Randomly picked mindfulness meditation cards from a deck and applied the message to self “from the universe.” Also, at the same time, randomly picked self-care cards from a deck and gifted them to another staff of their choice (no explanations necessary).	
5	Music	Instructed staff to “slow down and listen” to relaxing music chosen for 1 minute. “Intentional gifting this moment to ourselves after hustling to arrive to work on time.” Instructed to “focus on breaths.”	
6	Gratitude	Staff randomly selected staff names of those currently working and recognized them for their “bright spots” or qualities brought to work that influence gratitude (e.g., You are always smiling). Compliments were written on post-it notes and then placed on the individual staff’s name on the board.	✓
7	Spirit	Watched YouTube videos that captured or resonated team spirit (e.g., <a href="https://www.youtube.com/watch?v=pb7_YJp9bVA">https://www.youtube.com/watch?v=pb7_YJp9bVA</a> )	
8	Fun	Held a resilience party that celebrated individuals’ years of service spent in healthcare. Used colorful wigs, music, bubble machine, party poppers used as essential accessories for celebration. Kings & Queens crowned with tiaras for longest years of resilience in healthcare.	

## Appendix E

### Project Charter

**Title:** The Resilience Vaccine

**Global Aim:** Reduce burnout by 10% in the 7 South unit over the next 3 months.

**Specific Aim:** By September 2021, 75% of frontline nursing staff on this unit will complete an 8-week resilience program aimed to reduce employee turnover and absenteeism rates to less than 3% and the burnout rate by 10% within 4 months.

#### **Background Information/Rationale for the Project:**

According to Duncan (2020), healthcare workers have been working in unprecedented circumstances worldwide since the declaration of the COVID-19 pandemic by the World Health Organization. This pandemic has taxed frontline staff due to limited personal protective equipment (PPE) and available staffing amidst avid attempts to provide optimal care to patients. Kaiser Permanente's San Francisco hospital's (KPSFH) 7 South (7S) unit has been significantly impacted by these factors, as well.

Nurse leaders' interventions that address staff burnout promote healthy work environments and joy in the workplace. Improvement in patient safety and Triple Aim achievement are attributed outcomes, as well (Fitzpatrick et al., 2019). Kaiser Permanente supports cultivating organizational resilience to foster employee well-being, joy in work, job satisfaction, and performance (Stelter, 2019). Ultimately, this results in improved productivity and clinical practice (Duncan, 2020).

Since the worldwide pandemic was first diagnosed, 7S unit endured constant change. As a result, the staff has experienced various taxing shortages, including staffing, while rationing limited resources, such as PPE. 7S staff is experiencing high burnout rates due to the stressful effects of the pandemic.

#### **Sponsors**

Medical Director
Chief Nursing Officer
Unit Leadership Council

#### **Goals for the Project:**

To create and implement an 8-week resilience program on the 7 South unit that supports frontline nursing staff's modality preferences for decreasing burnout, as ascertained through the survey process, and accomplish the following:

1. Nurse leaders will foster the joy at work culture.
2. Team huddles on each shift will include education, insight, and promotion of resilience strategies.
3. Nursing staff will learn various resilience modalities through participation and be able to apply these to work life.



**Measures**

Measure	Data Source	Target
<b>Outcome</b>		
Burnout will decrease by 10%	Pre- and Post-Survey	50%
<b>Process</b>		
% ANMs supporting resilience program in huddles	Post-Survey	95%
% frontline nursing staff participating in resilience program	Post-Survey	75%
<b>Balancing</b>		
% participants experiencing joy at work as a burden	Post-Survey	< 5%

**Team**

Nurse Manager, Co-lead	
ANM, Co-Lead	
CNS/Educator	
Chaplain	
Staff RN Champions	

**Measurement Strategy**

**Background (Global Aim):** To reduce job burnout by 10% on 7 South over the next 4 months.

**Population Criteria:** 7 South frontline nursing staff

**Data Collection Method:** Data will be obtained from a pre- and post-survey for frontline nursing staff. Pre-survey will establish baseline data for burnout experienced. Post-survey will identify the percentage of staff who participated in the resilience program, the percentage of assistant nurse managers (ANMs) who supported the weekly interventions, and the percentage of staff who experienced joy at work as a burden. Sample size goal is 75% of total staff holding a position on 7 South. Data plan will be reevaluated in 4 months.

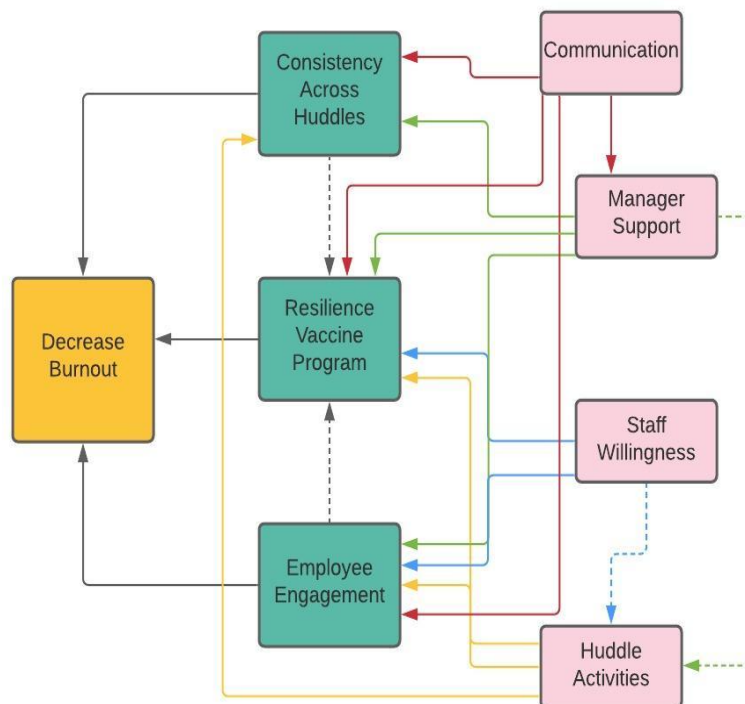
**Data Definitions**

Data Element	Definition
Burn-out	A conceptualized syndrome occurring from chronic workplace stress that has not been successfully managed.
Participation	The action of taking part in resilience program.
Support	Give assistance to enable participation.
Burden	Causing someone a lot of worry or extra work.

**Measure Description**

Measure	Measure Definition	Data Collection Source	Goal
% # of staff experiencing burnout	N = # staff with burnout rating of “a lot” D = # total staff responses	Pre- and post-survey	50%
% # of staff who participated in resilience program	N = # staff identifying participation D = # total staff responses	Post-survey	75%
% # of ANMs supporting resilience program	N = # ANMs identified supporting program D = # total ANMs within the department	Post-survey	95%
% # of staff who experienced joy at work burden	N = # staff identifying burden D = # total staff responses	Post-survey	< 5%

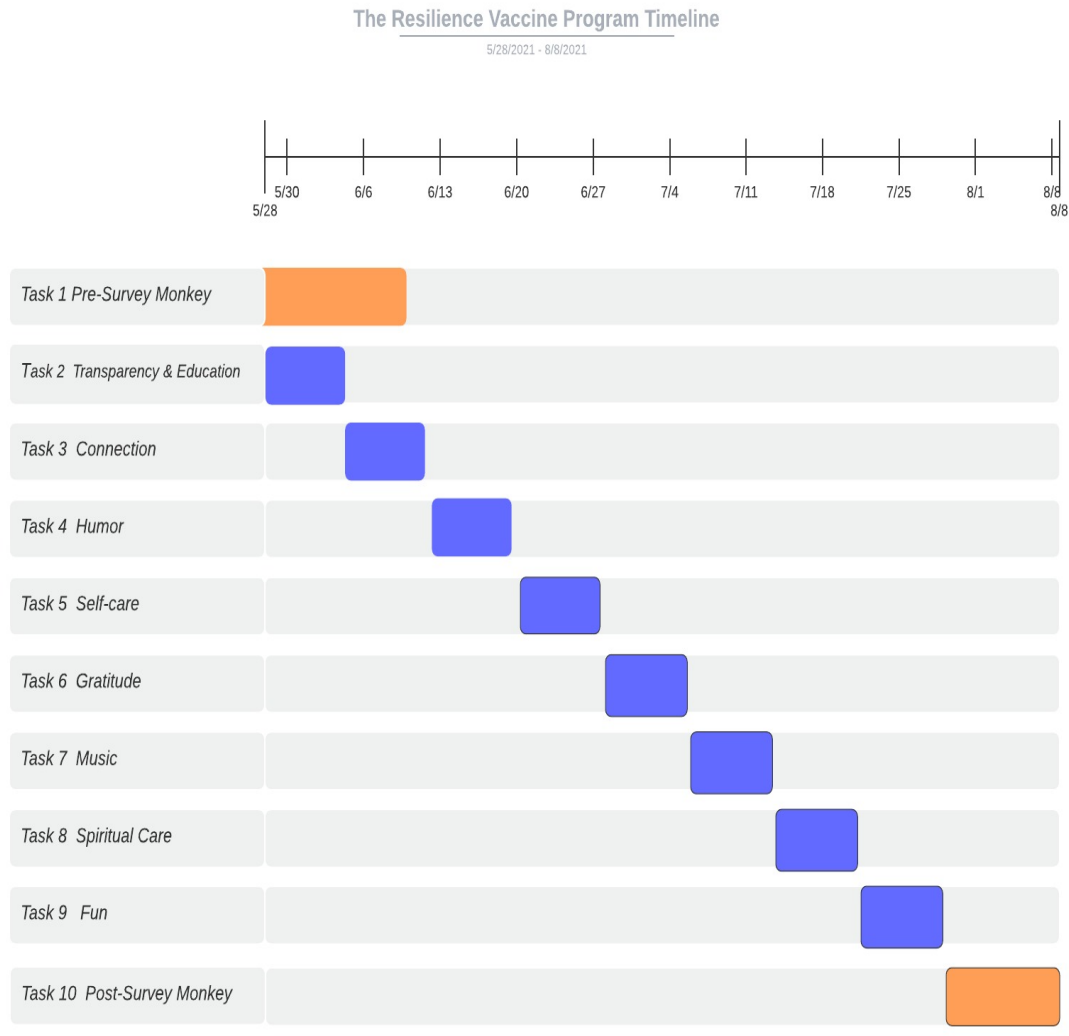
***Driver Diagram***



### ***Changes to Test***

Resilience Program Interventions	Positive Staff Engagement
Connection	Week 2 intervention – As evidenced by (AEB) # of post-it notes written and placed on the whiteboard.
Humor	Week 3 intervention – AEB # of pigs drawn and placed on the whiteboard.
Fun	Week 8 intervention – AEB video of participation.

**Gantt Chart**



**CNL Competencies**

Competency	Description
Essential 2: Organizational and Systems Leadership	7. Collaborate with healthcare professionals, including physicians, advanced practice nurses, nurse managers, and others, to plan, implement, and evaluate an improvement opportunity.
Essential 5: Informatics and Healthcare Technologies	1a. Use information technology analytics and evaluation to collect appropriate and accurate data to generate evidence for nursing practice.

Essential 9: Master's Level Nursing Practice	19. Use coaching techniques to assist individuals in developing insights and skills to improve their current health status and function.
----------------------------------------------	------------------------------------------------------------------------------------------------------------------------------------------

## Appendix F

### Statement of Non-Research Determination Form

**Student Name: Sean Duffy**

**Title of Project:** The Resilience Vaccine

**Brief Description of Project:** Implement an 8-week resilience program using evidence-based Nurse Leader strategies that promote joy in work while decreasing burnout amongst frontline nursing staff, especially amidst the COVID-19 pandemic.

**A) Aim Statement:** By September 2021, frontline nursing staff within the 7 South microsystem will have completed an eight-week resilience intervention program using the nurse leader strategies identified through research and implemented through team huddles. This program will nurture joy in daily work and decrease burnout.

**B) Description of Intervention:** Small tests of change will be administered in daily huddles across all shifts using the following nurse leader strategies: education, connectedness, humor, self-care, gratitude, music, spiritual care and fun as identified by staff preferences on survey responses. Themes will change weekly and will progress accordingly.

**C) How will this intervention change practice?** Building and recognizing resilience is pertinent and essential in coping with work-related stress, adversity and burnout. Joy is one of healthcare's greatest assets and when nurtured can lead to more effective employee engagement, retention and improved absenteeism (Institute for Health Improvement, 2017).

**D) Outcome measurements:**

- 1) Job burnout will decrease by 10% within this microsystem.
- 2) Employee turnover within this microsystem will be < 3%.
- 3) 7S absenteeism will demonstrate a decrease by 3%.

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:**

<b>Project Title:</b>	<b>YES</b>	<b>NO</b>
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 <b>a part of usual care</b> . ALL participants will receive standard of care.	X	
The project is <b>NOT</b> 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 <b>NOT</b> 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 <b>NOT</b> 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 <b>NOT</b> 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 <b>NO</b> 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., <b>not</b> 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: <i>“This project was undertaken as an Evidence-based change of practice project at X hospital or agency and as such was not formally supervised by the Institutional Review Board.”</i>	X	

**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):**

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**Signature of Student: Sean Duffy** DATE 7/4/2021

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

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**Signature of Supervising Faculty Member**

**DATE** \_\_\_\_\_

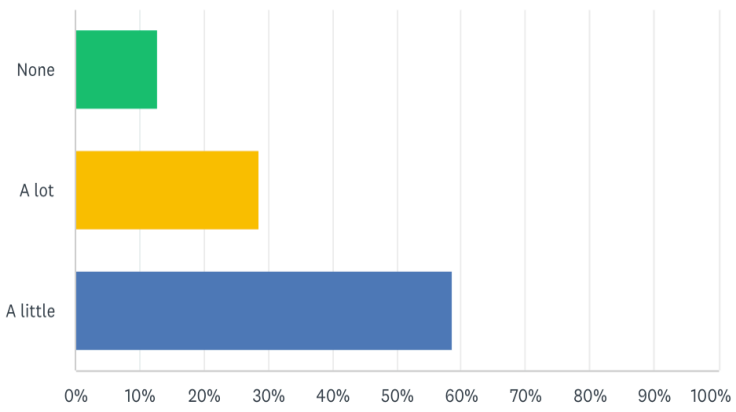


### Appendix G

#### 7S Post-Resilience Program Survey Burnout Response

Please rate your current job burnout level after the 8 week Resilience Program on 7th Heaven:

Answered: 63 Skipped: 1



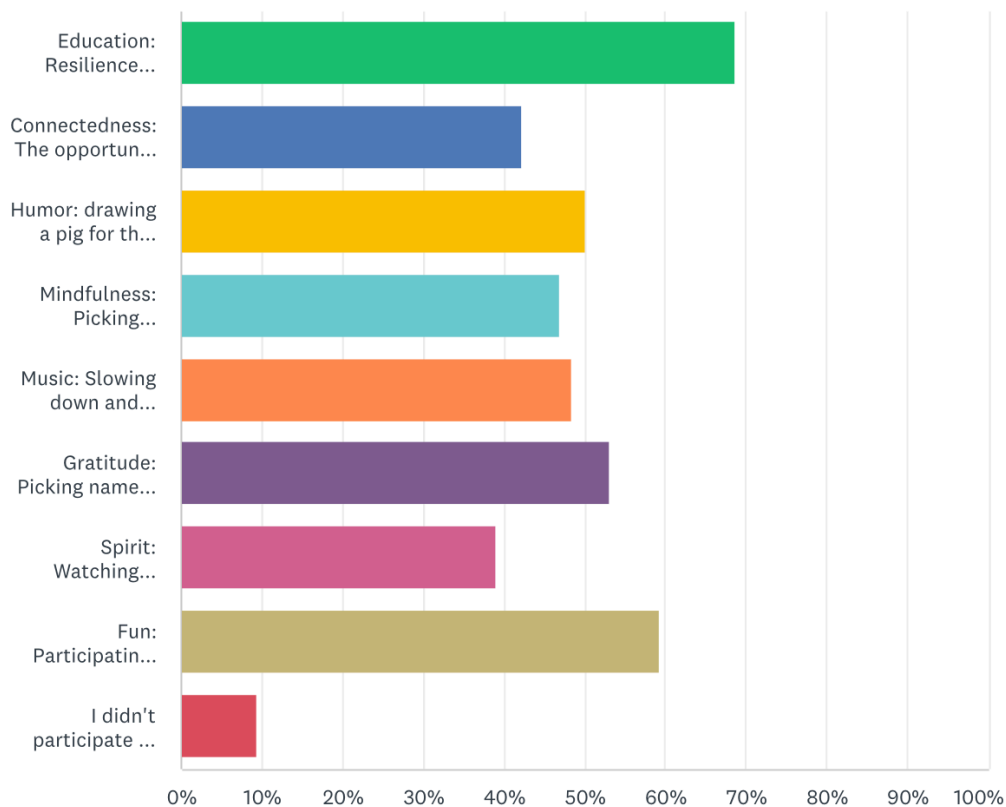
ANSWER CHOICES	RESPONSES
▼ None	12.70% 8
▼ A lot	28.57% 18
▼ A little	58.73% 37
<b>TOTAL</b>	<b>63</b>

## Appendix H

### Resilience Program Staff Attendance

I attended huddles including the following Resilience strategies:  
(Select all that apply)

Answered: 64 Skipped: 0



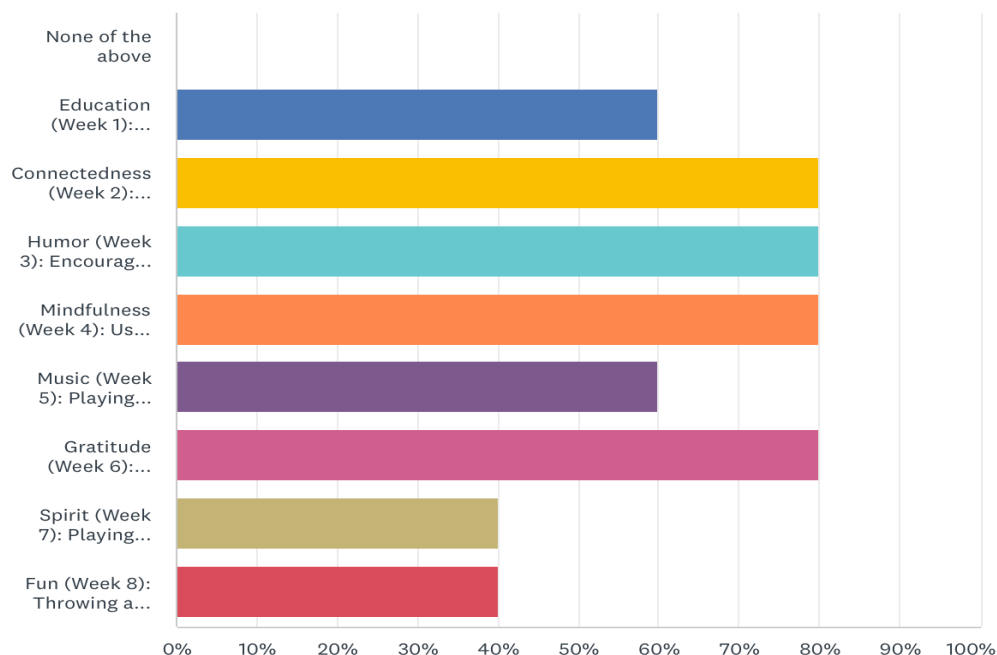
ANSWER CHOICES	RESPONSES
Education: Resilience defined and hearing Sean's personal story as an example	68.75% 44
Connectedness: The opportunity to write my own personal story of resilience on a post-it note	42.19% 27
Humor: drawing a pig for the Pig Personality Exercise	50.00% 32
Mindfulness: Picking Mindfulness Meditation cards (for self) and gifting Self-care cards (for others)	46.88% 30
Music: Slowing down and listening to relaxing music for 1 minute	48.44% 31
Gratitude: Picking names and recognizing others "bright spots" that make us grateful	53.13% 34
Spirit: Watching YouTube videos that capture our 7S Spirit	39.06% 25
Fun: Participating in the Resilience Party with the bubble machine, food, music and wigs; while recognizing our years in healthcare	59.38% 38
I didn't participate in any of these	9.38% 6
<b>Total Respondents: 64</b>	

## Appendix I

### Assistant Nurse Manager Support

During the eight weeks, I ran huddles (with and/or without Sean) using the following Resilience Program activities (Select all that apply):

Answered: 5 Skipped: 0



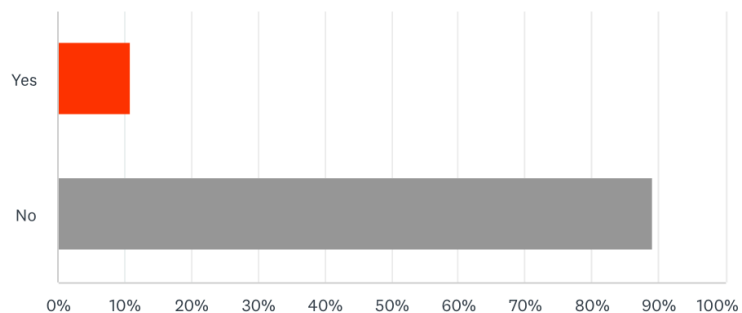
ANSWER CHOICES	RESPONSES
None of the above	0.00% 0
Education (Week 1): Defining resilience and using my own personal example for staff engagement	60.00% 3
Connectedness (Week 2): Sharing my personal story of resilience and giving my staff the opportunity to write their own personal stories on post-it notes	80.00% 4
Humor (Week 3): Encouraging staff to draw a pig and sharing the various meanings	80.00% 4
Mindfulness (Week 4): Using Mindfulness Meditation cards and Self-care cards for staff	80.00% 4
Music (Week 5): Playing relaxing music for staff to promote relaxation	60.00% 3
Gratitude (Week 6): Having staff draw names and recognize each other for their "bright spots" or what makes them grateful in working with the person	80.00% 4
Spirit (Week 7): Playing YouTube videos to capture and recognize the 7th Heaven spirit	40.00% 2
Fun (Week 8): Throwing a Resilience Party to celebrate staff's resilience	40.00% 2
<b>Total Respondents: 5</b>	

## Appendix J

### Joy at Work Burden

The Resilience Program made me feel like an added burden to my job. It made me feel like an extra thing I have to do, complete or accomplish while at work.

Answered: 64 Skipped: 0



ANSWER CHOICES	RESPONSES	
▼ Yes	10.94%	7
▼ No	89.06%	57
<b>TOTAL</b>		<b>64</b>

### Appendix K

#### Q1-21A Sick Hour Trend Before Project

##### Sick Hours Trend

Time run: 11/4/2021 6:00:38 PM

Trend / Details **Details** ▼

PP Qtr	Daily	Daily PY	Budget
Q2-20A	1,214	}	899
Q3-20A	1,281		752
Q4-20A	1,801		884
Q1-21A	1,425		813
Q2-21A	2,159		881
Q3-21A	1,297		738
Q4-21A	928		881

##### Sick Hours Trend

Time run: 11/4/2021 6:00:38 PM

Trend / Details **Trend** ▼



- Actual Sick Hour Trend in 2020 - 2021
- - - Projected Trend
- Large Healthcare Organization Goal

Pay Period Quarter (PP Qtr) 2.20A through PPQ Q1.21A Total Daily Sick Hours = **5721 hours**

PPQ	Percentage of Absenteeism Hours	Calculation
Q1.21A	<b>24.9</b>	<b>1425/5721</b>

### Appendix L

#### Pay Period Sick Hour Trend During Project

##### Sick Hours Trend

Time run: 8/30/2021 5:21:11 PM

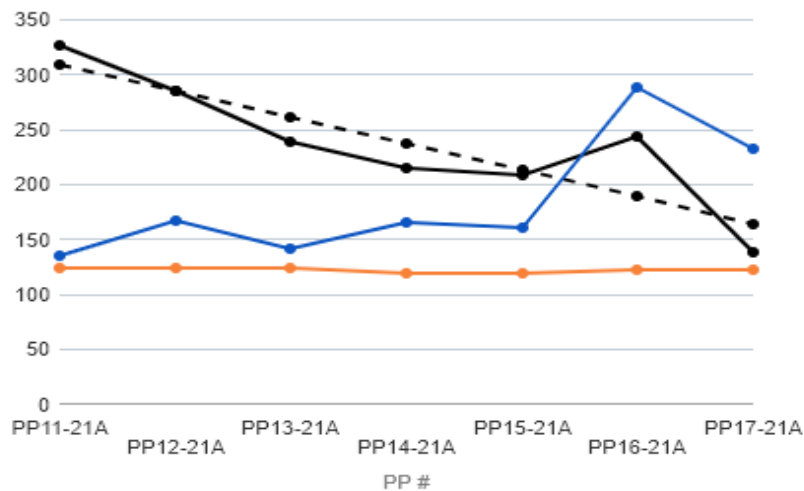
Trend / Details **Details**

PP #	Daily	Daily PY	Budget
PP11-21A	328	136	125
PP12-21A	286	167	124
PP13-21A	240	143	124
PP14-21A	216	167	120
PP15-21A	210	161	120
PP16-21A	245	289	123
PP17-21A	140	233	123

##### Sick Hours Trend

Time run: 8/30/2021 5:21:11 PM

Trend / Details Trend



- Actual Sick Hour Trend During Project
- - - Projected Trend
- Sick Hour Trend in 2020 (prior year)
- Large Healthcare Organization Goal

Pay Periods (PP) 11 through 17 Total Sick Hours (Daily Hours Combined) = **1665 hours**

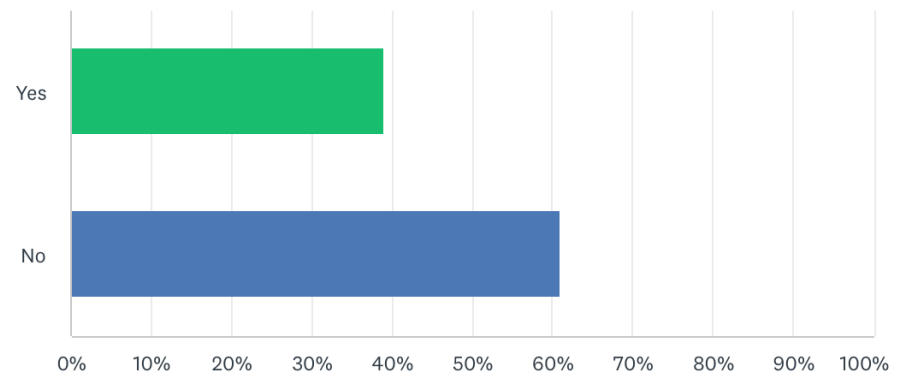
Pay Period (PP) #	Percentage of Absenteeism Hours	Calculation
PP11-21A	<b>19.6</b>	328/1665
PP12-21A	<b>17.1</b>	286/1665
PP13-21A	<b>14.4</b>	240/1665
PP14-21A	<b>12.9</b>	216/1665
PP15-21A	<b>12.6</b>	210/1665
PP16-21A	<b>14.7</b>	245/1665
PP17-21A	<b>8.4</b>	140/1665

### Appendix M

#### Resilience Champion Post-Resilience Program Survey Response

I am interested in being a Resilience Champion for the 7th Heaven (This means participating in the Resilience planning and implementation, beginning with a Picnic. Also, this can count towards Clinical Ladder or our Magnet journey & anyone can be a part of this).

Answered: 64 Skipped: 0



ANSWER CHOICES	RESPONSES
Yes	39.06% 25
No	60.94% 39
<b>TOTAL</b>	<b>64</b>

## Appendix N

### Post-Resilience Program Survey Staff Comments

Is there anything else you would like to say about the Resilience Program on 7th Heaven?

- Productive** I thought those activities were a a great start to the day!  
10/8/2021 12:56 PM [View respondent's answers](#)
- 
- Productive** Awesome program/ need more like this  
10/2/2021 8:18 PM [View respondent's answers](#)
- 
- Productive** I have my own way of dealing with stress. 1) Eliminate all nonsense from work 2) Exercise regularly 3) Have fun hobbies 4) Massage daily - invest in an excellent massage chair 5) Do great things to defeat small things 6) Have good relationships with cute animals. 7) Work hard to achieve successful accomplishments.  
9/25/2021 8:49 AM [View respondent's answers](#)
- 
- Productive** Thank you for including night shift in the Resilience Program. This program helps lighten our load before starting our shift.
- Productive** I thought those activities were a a great start to the day!  
10/8/2021 12:56 PM [View respondent's answers](#)
- 
- Productive** Awesome program/ need more like this  
10/2/2021 8:18 PM [View respondent's answers](#)
- 
- Productive** I have my own way of dealing with stress. 1) Eliminate all nonsense from work 2) Exercise regularly 3) Have fun hobbies 4) Massage daily - invest in an excellent massage chair 5) Do great things to defeat small things 6) Have good relationships with cute animals. 7) Work hard to achieve successful accomplishments.  
9/25/2021 8:49 AM [View respondent's answers](#)
- 
- Productive** Thank you for including night shift in the Resilience Program. This program helps lighten our load before starting our shift.



- 
- Productive** Grateful for the fun activities 😊  
9/19/2021 5:54 PM [View respondent's answers](#)
- 
- Productive** Thanks for appreciation  
9/19/2021 5:53 PM [View respondent's answers](#)
- 
- Productive** Resilience is important  
9/19/2021 5:52 PM [View respondent's answers](#)
- 
- Productive** Very helpful introspection activity  
9/19/2021 5:50 PM [View respondent's answers](#)
- 
- Productive** Be resilient now  
9/19/2021 5:47 PM [View respondent's answers](#)
- 
- Productive** Too early to tell but so far its doing great  
9/19/2021 5:46 PM [View respondent's answers](#)
- 
- Productive** Learned a lot  
9/19/2021 5:45 PM [View respondent's answers](#)
- 
- Productive** Help to releive specially you have a past experinced ..  
9/18/2021 3:35 PM [View respondent's answers](#)
- 
- Productive** awesome  
9/18/2021 7:19 AM [View respondent's answers](#)
- 
- Productive** This really helped me in many areas inside and out of work!🙏 Thank You so much  
9/16/2021 2:51 PM [View respondent's answers](#)
-

## Appendix O

### Materials, Supplies, and Out-of-Pocket Costs

<i>Week</i>	<i>Intervention</i>	<i>Supplies needed</i>	<i>Costs</i>
Previous Weeks	Survey	Pre-Survey Gift Cards, Survey Monkey Membership (6 months) Resilience Board Decorations	\$100.00 \$359.70 \$300.00
1	Education	Post-it Note Pads	\$35.49
2	Connectedness	No cost	\$0.00
3	Humor	Crayola Markers (36 count) Paper	\$26.07 \$8.00
4	Mindfulness	Self-Care & Mindfulness Meditation Card Packs	\$29.92
5	Music	Bluetooth Speaker	\$99.95
6	Gratitude	No cost	\$0.00
7	Spirit	No cost	\$0.00
8	Fun	Bubble machine Bubble solution Wigs Balloons Cart Décor Party Poppers Tiaras Food Post-Survey gift cards	\$11.00 \$18.46 \$77.88 \$75.00 \$50.00 \$50.00 \$116.55 \$250.00 \$300.00
		<b><i>Total Expenditures</i></b>	<b><i>\$1908.02</i></b>

## Appendix P

### Cost-Benefit Analysis

#### Cost Benefit Analysis

