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Implementation of a Wellness Program for Nurse Leaders

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Abstract

Background: The setting for this study is the implementation of a wellness program for nurse leaders at Hospital A, a healthcare organization servicing the South Sacramento area in California. Healthcare is a challenging and high-demand profession, and the COVID-19 pandemic has exacerbated an issue of burnout and unwavering job-related stress for physicians and employees. This remains true for nurse leader professionals who take on the responsibility to ensure safety and quality always remains at ideal measures for any facility.

Problem: During the past several years of the pandemic, the nurse leader role has had to endure several unknowns, placing significant stress on many, causing some to exit their role. In Hospital A, the facility has lost an average of three nurse leaders each year during the pandemic. Aside from having to deal with a once in a lifetime public health emergency, another contributing factor could well be the lack of a wellness program to aide in dealing with the strenuous work associated with being a nurse leader.

Intervention: The goal of implementing a wellness program for nurse leaders is to improve their overall wellness as measured by a survey pre and post implementation. The survey consists of questions pertaining to five elements of employee health and wellness: emotional, environmental, occupational, physical health, and social well-being. Specific Plan-Do-Study-Act (PDSA) cycles will be created based on the measures of the survey.

Outcome Measure: The outcome measure for this quality improvement project was an improvement in wellness scores by 20% from pre and post implementation surveys. The process measure for this project was a 5% increase from baseline for the specific elements of wellness addressed by the PDSA cycles: occupational well-being and physical health.

Results: A total of 40 nurse leaders took the wellness survey pre-implementation on May 1, 2023. After two and a half months of the wellness program, which included several PDSA cycles, the wellness scores remained unchanged from a baseline score of 3.83/5.00 rating to a 3.80/5.00. The process measures around occupational well-being and physical health had a 7.9% and 5.5% increase, respectively, within the project time period.

Conclusion: The implementation of a wellness program shows benefits to nurse leaders in certain aspects of their workplace wellness. As Hospital A continues to transition out of the pandemic back into normal operations, sustainability of the program must remain a focus to ensure nurse leader wellness remains a top priority for organizational goals.

Keywords: *nurse leader, manager, healthcare, workplace, wellness, well-being, health*

Implementation of a Wellness Program for Nurse Leaders

As a nurse leader committed to servant leadership and effecting positive change within our healthcare organization, my primary focus lies in putting the needs of others first. I recognize it is my duty to care for those I lead, as they are the ones directly providing care to our patients. To ensure I can take on this critical responsibility, I understand I must have a solid foundation of health and wellness so I may provide what is required efficiently and authentically.

As a leader, I recognize that to impact the patients at the bedside, one must start with those who lead and ensure they are in an optimal state to provide the leadership and direction associated with their duties. The demands on healthcare workers are persistently high, and the COVID-19 pandemic has exacerbated the burnout, fatigue, and distress on frontline staff and organizational leaders (Teall & Mazurek Melnyk, 2021). Healthcare organizations must take action to address the additional stresses placed on those involved in patient care, especially the leaders who drive the quality and safety of patient care. Implementing a culture of wellness models for everyone in the institution that there is dedication to cultivate a positive and thriving environment. This in turn has significant benefits for the organization, such as employee retention, improved workplace satisfaction, and better business outcomes (Martin, 2021). Investment in those that drive the results will lead to exponential successes.

Problem Description

The COVID-19 pandemic presented multiple challenges for healthcare organizations and their workers. The demands required for patient care from physicians and employees increased, equating to higher stress levels that have never been encountered before (Janeway, 2020). Because of this, healthcare workers experienced burnout, resulting in many exiting the profession (NCSBN, n.d.). While some organizations recognized this trend and have created a

focus on morale and welfare for frontline staff, there remains a gap that addresses the wellness of organizational leaders, who continue to carry out the demands of their role without any reprieve of their responsibilities.

Hospital A is one of five medical centers that services the greater Sacramento Valley. It is a 230+ bed facility with care services ranging from acute to level II trauma care. Within the nursing leadership council, there are a total of 96 nurse leaders, comprising of directors, nurse managers, assistant nurse managers (ANM), quality nurse consultants (QNC), and educators that oversee and support frontline staff nurses and patient care. As the demands on hospital care and nursing staff remain at unprecedented levels, frontline nurse leaders have been significantly impacted. From dealing with a shrinking workforce to managing departments where patient acuities are higher than projected, the overall stress of the middle management position is taking a toll, and the lack of emphasis on wellness at the leadership level is evident (see Appendix A, Gap Analysis).

At Hospital A, nurse leader turnover has become a prominent fact during the pandemic. In one of the nursing services departments, an average of three ANMs vacated their role each year since the start of 2020. This equates to about 9.3% in the nursing leadership council, which is slightly higher than the 8.5% average reported by the American Organization of Nurse Executives (American Nurse, 2010). Aside from the significant financial impact, this exodus left the organization lacking leadership for frontline staff and a gap in the focus on patient quality outcomes usually driven by ANM role. Attention set on nurse leaders' health and well-being could have mitigated these significant effects. This improvement project aims to implement a wellness program specifically geared to the frontline leadership group. The goal of this program

is to provide nurse leaders with concrete wellness education, personal development around their health, and opportunities for team building and camaraderie.

Specific Project Aim

The project aim is to increase the wellness scores amongst nurse leader participants from 3.83/5.00 to 4.59/5.00 (20% improvement) by July 23, 2023.

Available Knowledge

PICOT Question

In registered nurse leaders (directors, managers, ANMs, QNCs, and educators) (P), working in an inpatient setting, how does the implementation of a wellness program (I), compared to no programs offered (C), affect the overall health and well-being of nurses (O)?

Search Strategy

I conducted a systematic electronic search of articles from different databases: PubMed, CINAHL and Scopus. My search strategy focused on wellness programs and their impacts on nurses. Search terms included: *wellness programs, workplace interventions, wellness for nurses, healthcare workers, nurse mental health, nurse well-being, behaviors, lifestyle, and self-care*. I limited the search to articles published between 2016 and the present, producing 29 articles for review. From those, I selected five articles that I determined to be the most significant to the issue. Additionally, I utilized The John Hopkins Evidence Level and Quality Guide to appraise the evidence utilized in the articles (Dang et al., 2022).

Appraisal of Evidence

There are five articles linked to the implementation of a wellness program in a hospital setting. The successes of the interventions were measured within each of the studies depending

on the ability of the interventions to reduce overall stress levels in nurses working in inpatient units. (Additional details can be reviewed in Appendix B, Evaluation Table).

The initial study I reviewed was a qualitative-descriptive research study by Wilson et al. (2021), which involved 232 participants from eight hospitals. The organization implemented a wellness program where participants had flexibility on which components they participated in. Providing autonomy led to positive experiences for the nurse leaders. Overall, I rated this evidence as a Level III B using the John Hopkins Evidence-Based Practice Model (JHEBP).

A study by Penconek et al. (2021) performed a systematic review of 38 quantitative research articles. The authors analyzed different factors that were considered in a nurse manager's job satisfaction. There was reported correlation between the support the nurse leaders were provided by their organization and their happiness in their role. Because of the subjectivity of the participants' perception, I rated this evidence as a level II B according to the JHEBP Model.

A quasi-experimental study by Emmanuel et al. (2021) determined the effectiveness of a wellness program when compared to a control group. The application of the Expanded Nurse Stress Scale (ENSS) provided a quantitative measurement of the outcomes of the intervention. While the study showed positive effects of the implemented Welfare Program, limitations include the sample size and the specialty in nursing in which the study was affected; intensive care nursing could present different stress levels than other inpatient settings. I rated this evidence as a Level II B according to the JHEBP Model.

Alkhaldeh et al. (2020) conducted a systematic review of 12 separate studies that involved 592 participants. Within these studies, the intervention of behavioral skills training and mindfulness-based interventions showed effectiveness in reducing occupation stress amongst

nurses. As mentioned in the previous study, the application of this intervention maybe limited as nurses in the critical care department differ from that of other nursing roles. This review was rated as a level III A according to the JHEBP Model due to its comprehensive appraisal of multiple study designs and superior quality.

Lastly, a quality improvement project by Zadeh et al. (2012) determined there to be a positive correlation between the ability of the participants to determine the content of the wellness program and its success. As this intervention was limited to a single department using a non-research approach, I rated this evidence as a Level V B on the JHEBP Tool.

Based on this body of evidence, I found several components can positively impact the success of a wellness program. Allowing participants to determine the content of the program and flexibility to attend sections that pertain to specific needs showed positive correlation in the effectiveness of the program. Furthermore, incorporating sections that provide support and teamwork for individuals equated to sustained participation to focus on wellness in the workplace. Overall, a wellness program can be efficient in creating an effective and joyful workplace if implemented correctly.

Rationale

Implementing a wellness program to influence nurse leaders' overall health and well-being is a quality improvement project that can significantly impact an organization's ability to carry out its mission. John Kotter, a professor of leadership from the Harvard Business School has created a system that implements effective change for any organization. Utilizing Kotter's 8-step change method can ensure a successful process creation, implementation, and sustainability of the change (King et al., 2019).

Identifying the need for such a program is one of the first steps in Kotter's process. As a result of the COVID-19 pandemic, nurse leaders have been exhausted and demoralized, resulting in decreased workforces that are progressively worsening (Galanis et al., 2021). Because of this trend, Kotter's first step in creating a sense of urgency is clear. Next, by creating a coalition of individuals vested in improving overall wellness through programs, collectively the group can coordinate processes, which in turn generate traction for implementing a change. Lastly, by creating the vision and strategy of the wellness program, the first part of the process of change can be achieved.

Implementing the change involves the next three steps in Kotter's process. Communicating the wellness program to the rest of the nurse leaders spreads the word that such a resource is available to them. Ensuring key stakeholders share the vision and purpose of the program can generate buy-in from all. Next, enabling action by removing barriers, such as the inability to attend the wellness program, can result in positive impact to the leaders. During this step, the program creators, sponsors, or participants can identify variables that hinder the project from being successful. Those issues can either be addressed in real-time by modifying aspects of the implementation or tracked to be addressed later. Once participation in the wellness program has started and going consistently, program facilitators can observe the nurse leaders' overall wellness, and improvements should be collected, communicated, and recognized, thus leading to a positive impact and more individuals to partake.

Finally, rounding out Kotter's final two steps in the change process can create sustainability in the quality improvement project. Nurse leaders can build upon the initial successes of the wellness program and press forward to spread the word to other non-nursing leaders in the organization. Providing examples of the program's efficiency can help generate

trust with the team. Doing so ultimately reaches the final step of Kotter's process: creating the connection between the wellness program and the behaviors of the employees, which influences the culture of wellness. Kotter's conceptual framework has the potential to ultimately lead to momentous effects on the mission of the organization.

Context

Implementation of a wellness program within the nursing leadership council at Hospital A is a critical step to ensure a high-functioning, highly reliable organization. To determine the feasibility of the quality improvement project, I reviewed of the current state of the facility to include a microsystem assessment, a SWOT (strengths, weaknesses, opportunities, and threats) analysis (Appendix C) and a power interest grid (Appendix E). A summary of the findings is as follows.

Microsystem Assessment

Reviewing the 5 P's framework of the nursing leadership council, which includes purpose, professionals, processes, patterns, and patients, provided an understanding of the microsystem to be impacted by the wellness program. First, the purpose of the nursing leadership council is to implement and maintain optimal standards of clinical nursing practice within Hospital A, while ensuring professional and personal development amongst nurse leaders (LIONS, n.d.). As wellness become an integral component of nursing development, the quality improvement project aligns with the common goal of the council's purpose.

Other components of the microsystem assessment include the professionals within the nursing leadership council and the processes the group implements. The council comprises of nurse leaders situated at different levels of the organizations, including directors and managers who have operational oversight, as well as leaders in roles that provide support to bedside

healthcare workers. Their duties include implementing and having direct oversight on the quality and safety of care provided by clinical staff. This group of individuals understands the high demands on their roles and the dedication required to strive for excellence daily, which, at times, come at the cost of their own well-being.

The nursing leadership council also has patterns associated with its wellness, and directly impacts the patients the organization serves. Significant patterns that can be correlated are burnout and turnover rate. Throughout the COVID-19 pandemic, burnout could be measured by sick calls, tardiness, and quality metrics which leaders have operational oversight. The lack of presence by nurse leaders, due to worsening wellness, led to a correlated decline in care measures. Furthermore, there is a correlation between job-related stress, burnout, and a distinguishable exit from leadership roles. Without the presence of nurse leaders, there is a risk of not meeting the standards of care for the patients. Direct, real-time feedback would not have an avenue for delivery, which is valuable for identifying and correcting gaps in what the team can improve. Overall, these five areas of the microsystem's framework provide valuable reasons for implementing the wellness program.

SWOT Analysis

Interwoven into the internal and external operations of the organizations, there are strengths, weaknesses, opportunities, and threats that can potentially impact the wellness program. For starters, the nurse leaders who will be taking part in the wellness program are internally driven to excellence and the pursuit of strong outcomes. In addition, with support from senior leadership, they are driven to develop their professional and personal skills, to better serve those they lead. By identifying the purpose of the wellness program, which is to improve overall

wellness for leaders so they may effectively lead frontline staff, this will ensure the leaders are engaged in the implementation.

Past internal practices at Hospital A, pose potential weaknesses as well. The lack of current processes that focus on leaders' wellness may hinder engagement for organization-sponsored initiatives. Furthermore, the abundance of priorities for nurse leaders could potentially cause hesitancy to participate in another commitment added onto their already abundant workload. Acknowledgement of the current state and the need for a renewed focus on improved health and well-being must be emphasized when presenting the new initiative.

There are also external influences that can positively and negatively impact the quality improvement project. By implementing a wellness program, the organization may become more marketable to external candidates, creating an influx of a much-needed workforce. Furthermore, the project could potentiate setting an industry standard of how healthcare facilities should incorporate wellness into their culture. On the opposite spectrum, negative elements such as another unforeseen pandemic or rising operational costs could hinder the success of the wellness program. Constant review of these factors must be made to determine achievability of a successful implementation.

Timeline and Communication Plan

Implementation timeline of the wellness program will take approximately four months (see Appendix D, Project Timeline). In terms of communicating the plan, the forum will be geared towards the interdisciplinary team while utilizing different modalities. For the nursing leadership, the monthly council meetings will be the primary forum to spread the program information. For other members of the interdisciplinary team who will have connection to the intervention, we will use e-mail and verbal communication. If appropriate, the wellness program

will be shared to the rest of the organization via digital forums facilitated by public affairs department.

Power Interest Grid

The power interest grid identifies the key stakeholders that are impacted by the implementation of a wellness program. The nursing leadership council and the subcommittee members have most power and influence on the success of the program. In addition, the executive team and the sponsors of the leadership council have much of the control due to the organizational support required to implement the project. In contrast, ancillary departments or non-nursing leaders that collaborate with nurse leaders may have high interest in the success of the program, as that would equate to enhanced leadership and collaboration by the same individuals. Lastly, the frontline staff and significant others of the nurse leaders will need to be monitored to ensure unexpected outcomes that directly affect these groups are minimized.

My thorough review of the current state at Hospital A and the nursing leadership council outlined how to successfully implement a wellness program for the nurse leader population. With careful consideration of established processes and vested groups, I can ensure potential impacts are positive and enhance the overall effectiveness of the organization.

Interventions

The implementation of a wellness program for the nursing leadership council consisted of a wellness survey and three specific interventions. First, a wellness survey was conducted pre-implementation of the interventions to identify areas of wellness the leaders perceive need attention. According to Zadeh et al. (2012), allowing the participants to determine the content of the wellness program can lead to increased participation and overall success in its implementation. As such, the first intervention was presentations of the content identified from

the surveys that were presented via an educational session during monthly leadership council meetings. Providing instruction in an established forum eased the access to the information and safeguarded the time allotted for the leaders.

The second intervention was providing the leaders with a guest speaker to share methods on mindfulness practices and behavior-skills training associated with their day-to-day duties. It is well known that nurse leader roles are a high-stress, high-demand occupation, therefore providing individuals with the appropriate skills to deal with these challenges will be beneficial in reducing overall stress in the workplace (Alkhaldeh et al., 2020).

Finally, the third intervention comprised of teambuilding events offered on an interval basis. Providing opportunity for teamwork and peer group support has shown positive correlation in the success of a wellness program, as participants recognize their peers are vested in a colleague's wellness as well as their own (Penconek et al., 2021). This intervention was conducted both at the workplace and offsite as determined by the wellness subcommittee of the nursing leadership council.

These interventions were reviewed with the council sponsors and chairpersons for support and assistance with program funding. As there is no initial budget for the program, primary stakeholders presented the proposals to the Chief Nurse Executive to showcase the benefit of implementing such a program. A return on investment (ROI, see Appendix F) was presented, that focused on the costs of having to replace a nurse leader who vacated their post due to occupation burnout. This ROI included the cost of training and onboarding the new leader as well as the coverage required to have frontline staff in relief charge nurse role to lead daily operations. These costs can be avoided with the implementation of a program, and potentially equate to over \$274,000.00 in a return on investment.

Study of Interventions

The interventions associated with the wellness program can be further customized depending on the outcome of the pre-implementation wellness survey. Individualizing the content to the survey results from the participants is a significant component in gaining participation and influence on the success of the quality improvement project. The wellness survey is customizable and consist of five dimensions of employee wellness: emotional well-being, environmental wellness, occupational well-being, physical health, and social well-being (Li, 2021, See Appendix G). Within these five dimensions, there are four to five statements that participants rate utilizing a five-point Likert scale. The five ratings are: completely disagree, disagree, neutral, agree, and completely agree, and each one is associated with a score from 1.00 to 5.00, respectively. The cumulative average scores will be utilized as the overall wellness scores for each participant.

Based on the initial pre-implementation survey, the nurse leaders identified physical health and occupational well-being as elements of wellness that require attention. Three specific Plan-Do-Study-Act (PDSA) cycles were trialed to address these areas.

The first PDSA was to address the need for a healthier lifestyle. Weekly walking events were initiated amongst the leadership council to encourage individuals to walk around the full campus of Hospital A with their peers. This initiative created camaraderie amongst the leaders and addressed the need to increase physical activity while in the workplace. To encourage participation, senior leadership supported temporary furlough from the department for the duration of the walk.

Another PDSA cycle also addressed physical health by way of virtual or in person sessions. A series of informational sessions were provided to address the different components of

physical health, such as nutrition, exercise, and sleeping habits. These sessions were incorporated into the monthly leadership council meetings to safeguard time for the leaders, while ensuring maximal participation in the training process.

The final component of the program included a PDSA to address occupational well-being. A workshop hosted by a professional expert in the field of wellness provided an in-person, interactive session that provided tools and tips to leaders on how to create a balanced lifestyle as a nurse leader. This session was publicized from the Chief Nurse Executive through all the departments to facilitate maximal participation.

The content of the program was tailored to the elements of wellness identified to need the most focus, and a repeat of the same survey post-implementation determined if the observed outcomes were directly impacted by the specific interventions. There could be potential consideration to modify the interventions via revised PDSA cycles, depending on feedback and timeframe of the implementation and evaluation.

Measures

As the interventions are implemented, a set of measures is used to monitor the effectiveness of the wellness program. The primary outcome measure is the overall wellness of the nurse leaders. This is measured by way of the post-implementation survey after all the PDSA cycles have been completed. Similarly, specific process measures can be calculated to check if specific interventions are effective. For the project parameters, occupational well-being and physical health were measured as each element has a specific intervention created to address it.

In contrast, balancing measures should be monitored to determine if the wellness program is indirectly affecting other areas of the organization. One of those areas was the facility's quality metrics. With a heightened focus on overall wellness of the nurse leaders, this

could positively impact numbers of facility outcomes because of increased engagement and overall attention. Conversely, the increased time spent on wellness could adversely affect time dedicated to quality review, which could impinge the hospital's improvement efforts. A constant monitoring of these measures is required to ensure a sustainable program can be implemented.

Ethical Considerations

According to the "Nightingale Pledge", nurses "will do all in their power to maintain and elevate the standard of [the] profession" (Gretter, 1893). This includes ensuring that as professionals, they live by a certain decree to model the health promotive behaviors they teach their patients, as mentioned in the Code of Ethics for Nurses (American Nurses Association, 2015). With an evolving healthcare industry and more complex patient population and disease processes, the demands on nurses have exponentially grown, which equates to higher stress levels and exhaustion. Nurse leaders experience these negative emotions compounded with an unwavering feeling of responsibility for their teams and the patients their teams care for (Membrive-Jiminez et al., 2020). Therefore, it is critical that a wellness program be implemented at Hospital A and others alike. Like how healthcare organizations promote holistic, patient-centered care, a focus on the individual's *cura personalis*, or care for the whole person, should be equally given attention to nurse leaders within a healthcare team (University of San Francisco, n.d.). Components of this wellness program recognizes the caregiver as a human being and understands the same individuals have their own needs to focus on wellness. This project was reviewed by the University of San Francisco faculty and qualifies as a Quality Improvement Project and did not need IRB approval (see Appendix H, Statement of Determination).

Results

Post-implementation of the wellness program showed varying results from the outcome measure to the process measures (See Appendix I, Wellness Survey Results). Overall wellness scores remained unchanged, scoring a 3.83 out of 5.00 pre-implementation and a 3.80 out of 5.00 after several interventions, therefore the implementation of the program did not achieve the outcome measure of twenty percent improvement.

Specific process measures related to leaders' wellness did show improvement, specifically occupational well-being and physical health, which were directly addressed by PDSA cycles. Occupational well-being survey scores pre and post project implementation improved from 3.66/5.00 to 3.95/5.00, respectively. Furthermore, the leaders' physical health scores improved from 3.27/5.00 to 3.45/5.00. The weekly physical activities in the workplace and the educational series around health-promoting behaviors showed a correlation into leaders' improving their overall physical well-being. The other dimension of wellness identified in the survey, emotional, environmental, and social well-being, did not show any significant improvement from pre and post implementation.

There was no direct correlation to the balancing measures monitored during the implementation of the program. Hospital metrics, such as quality and safety events, and operational productivity, did not have any significant changes that could be attributed to leaders taking part in the program.

Summary

Implementation of the wellness program at Hospital A had several key findings that contributed to its successes. As supported by evidence, tailoring the program to what participants identify as important to them was a critical component in ensuring participation in the content.

The results from the specific PDSA cycles showed positive correlation to improving those dimensions of wellness for the leaders. Furthermore, having a placeholder in the nurse leaders' schedules was beneficial to safeguard time to allow exposure to the education provided and dedicated time focus on wellness. This resulted in constant participation in the component of the wellness program by being prescheduled ahead of time. Lastly, stressing the importance of addressing overall wellness post-pandemic to nurse leaders, led to significant interest in taking part in the interventions provided by the wellness program.

In terms of lessons learned that hindered the success of the quality improvement project, several were long standing challenges within the organization. Traditional focus on operational priorities made it difficult to actively receive real-time feedback on the impacts of the interventions. A review of the specific PDSA cycles on an interval basis could have been accomplished to ensure leaders were still engaged in the program or if revisions were necessary. Moreover, ensuring there is adequate time for interventions to mature and establish buy in from participants, could potentially impact the reception and success of such activities.

Aside from the key findings and lessons learned, the overall contributing factor to the implementation of the wellness program is the continuous support from senior leadership and project advisors. These individuals understood that there was a need to address their frontline leaders' wellness, and their full blessing to move forward with implementation, with all reasonable interventions was critical to the project's overall transformation.

Conclusion

A comprehensive wellness program is indispensable at Hospital A and in any healthcare organization. Providing participants with the flexibility and option to take part in components of their own needs contributed to a successful reception of the interventions. Moreover, a facility-

sponsored program brought heightened awareness for nurse leaders to address their occupational and physical wellness, with dedicated time in the workplace. A constant focus on this can contribute to increased retention and overall employee satisfaction. Along with continued support from senior leaders, such a program can be spread to other facility leaders to impact other departments within an organization. Ensuring wellness programs are embedded into fiscal plans will ensure that progress made is being sustained, and also showcase the facility's dedication to influence wellness from leaders to frontline teams. That commitment will in turn lead to improved quality and safety outcomes for the patients served. As healthcare delivery becomes more complex, workplace burnout becomes more inevitable, and organizations need to be prepared to address employee and physician well-being as it has a significant impact in its overall mission and success.

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Appendices

Appendix A

Gap Analysis

Area Under Consideration:		
Implementation of a wellness program for nurse leaders		
Desired State	Current State	Action Step
Nurse leaders will place an emphasis on their health and wellness as a top priority in the work environment.	There are no active conversations between nurse leaders at Hospital A regarding their health and wellness. Discussions are limited to work-related duties and responsibilities.	The program facilitator will utilize the Nursing Leadership Council monthly meetings at Hospital A to actively engage other leaders into active conversations about health and wellness.
Nurse leaders will have education around health and wellness (nutrition, mindfulness practice, exercise program) upon onboarding at Hospital A.	Nurse leaders are onboarded rapidly due to the urgent need of to fill gaps in leadership roles.	The program facilitator will coordinate incorporating wellness during onboarding of new leaders (attended within first six months of hire into leadership role).
Nurse leaders will have opportunities to focus on wellness with other leaders outside of the work environment.	There are no events scheduled year-round outside of the work environment for nurse leaders to focus on their wellness with other leaders.	The program facilitator will utilize the Nursing Leadership Council in Hospital A to incorporate an ongoing organization-sponsored event for nurse leaders to attend.

Appendix B: Evaluation Table

Study	Design	Sample	Outcome/Feasibility	Evidence Rating
<p>Wilson, V., Donsante, J., Pai, P., Franklin, A., Bowden, A., & Almeida, S. (2021). Building workforce well-being capability: The findings of a wellness self-care programme. <i>Journal of Nursing Management (John Wiley & Sons, Inc.)</i>, 29(6), 1742–1751. https://doi.org/10.1111/jonm.13280</p>	<p>Qualitative-descriptive research</p>	<p>232 staff members from 8 hospitals</p>	<p>A wellness program comprised of eight elective sessions provided personalization of the program to be determined by participants. Combined with the flexibility to attend at different hospitals within the local health district resulted in positive experiences for the participants.</p> <p>The feasibility of the implementation is manageable if nursing management makes staff well-being a strategic priority. Providing nurses the tools to manage stress can positively impact their overall wellness.</p>	<p>III B</p>

Study	Design	Sample	Outcome/Feasibility	Evidence Rating
<p>Penconek, T., Tate, K., Bernardes, A., Lee, S., Micaroni, S. P. M., Balsanelli, A. P., de Moura, A. A., & Cummings, G. G. (2021). Determinants of nurse manager job satisfaction: A systematic review. <i>International Journal of Nursing Studies</i>, 118, N.PAG. https://doi.org/10.1016/j.ijnurstu.2021.103906</p>	<p>Systematic Review – Quantitative research</p>	<p>5608 articles were screened for inclusion or exclusion; 38 studies were included.</p>	<p>Systematic review of 38 articles which comprehensively analyzed factors that played into nurse leader’s job satisfaction. Those factors include reducing overall job-related stress while promoting team building and peer group behaviors by way of a wellness program implementation. There were significant positive relationships between autonomy, power, social support among team members and job satisfaction of frontline nurse managers. In contrast, there was recognizable negative relationship between job stress and overall job satisfaction.</p> <p>The feasibility of this intervention is straight forward. Organizations needs to provide autonomy and support for nurse managers as they come into the role. In addition, focus on leadership development is a must, as programs provide nurse managers the ability to be effective in dealing with the demands of the job.</p>	<p>II B</p>

Study	Design	Sample	Outcome/Feasibility	Evidence Rating
<p>Emmanuel, F. J., Vala, Y., & Dodia, T. (2021). Study on effectiveness of staff welfare program regarding occupational stress during COVID 19 pandemic among nursing officers. <i>Medico-Legal Update</i>, 21(1), 263–268. https://doi.org/10.37506/mlu.v21i1.2315</p>	<p>Quasi-experimental</p>	<p>60 nursing staff in one healthcare facility</p>	<p>The study shows effective reduction in stress levels in an experimental group after implementation of a staff welfare program when compared to the control group.</p> <p>The study is beneficial to validate the Expanded Nursing Stress Scale tool as a measure of effectiveness of a wellness program.</p> <p>The feasibility of the study is moderate. The subjective nature of the nurses' perception of stress levels presents a challenge to gain objective applicability of the intervention.</p>	<p>II B</p>

Study	Design	Sample	Outcome/Feasibility	Evidence Rating
<p>Alkhaldeh, J. M. A., Soh, K. L., Mukhtar, F. B. M., Peng, O. C., & Anshasi, H. A. (2020). Stress management interventions for intensive and critical care nurses: A systematic review. <i>Nursing in Critical Care</i>, 25(2), 84–92. https://doi.org/10.1111/nicc.12489</p>	<p>Systematic Review</p>	<p>12 studies, which included 592 participants</p>	<p>Systematic review of twelve studies focused on cognitive and mindfulness-based interventions and their effectiveness in reducing stress after consistent implementation. The consensus between all the studies was that, compared with control conditions, cognitive, behavioral skills training and mindfulness-based intervention were more effective in reducing occupational stress among intensive and critical care unit nurses.</p> <p>This study validates the effectiveness of mindfulness as focus and/or component of a wellness program.</p> <p>The feasibility of the program is simple. As the frontline staff determine the content, subject matter experts should be utilized to ensure education is succinct and appropriate.</p>	<p>III A</p>

Study	Design	Sample	Outcome/Feasibility	Evidence Rating
<p>Zadeh, S., Gamba, N., Hudson, C., & Wiener, L. (2012). Taking Care of Care Providers: A Wellness Program for Pediatric Nurses. <i>Journal of Pediatric Oncology Nursing</i>, 29(5), 294–299. https://doi.org/10.1177/1043454212451793</p>	<p>Quality Improvement Project</p>	<p>126 participants in a 22-bed inpatient unit</p>	<p>There is a positive correlation between participant involvement in determining the content of the wellness program and its success. In addition, a follow up discussion or Q&A can reinforce benefits of the content learned.</p> <p>The feasibility of this intervention is accessible as this can be implemented on any nursing department where the basic unit care standards are straightforward and known by the staff and leaders.</p>	<p>V B</p>

Appendix C

SWOT Analysis

Internal Factors	
Strengths (+)	Weaknesses (-)
<ul style="list-style-type: none"> • Frontline leaders are dedicated to excellence in their role in the organization • Strong partnership and collaboration amongst leaders at all levels • Senior leaders have voiced desire to support development of frontline leaders • Nursing Leadership Council is established as a dedicated forum for leaders to discuss and implement new ideas • Acknowledgement of burnout within the organization and active discussion on how to improve amongst employees 	<ul style="list-style-type: none"> • Frontline Nurse Leaders have had minimal engagement with organization-sponsored events in the past • No current wellness program dedicated to Nurse Leaders, which may cause hesitancy to buy-in to any program implemented • Budget planning is currently in process and may not be able to accommodate costs of implementation, unless approved to be accounted for as budget variance
External Factors	
Opportunities (+)	Threats (-)
<ul style="list-style-type: none"> • Draw interest from healthcare workforce and make the organization more marketable for individuals to join • Set the standard for other healthcare organizations to focus on wellness for leaders • Increase partnerships with wellness ventures/companies which in turn would benefit community 	<ul style="list-style-type: none"> • Unforeseen events (pandemic) could occur again, or equivalent, thus placing strain on organizational operations and frontline leaders • Rising costs in the economy could affect affordability or continuation of the program • Nurses leaving the profession could place strain in the healthcare workforce, causing an inability to support the program





Appendix D

Project Timeline

Task / Intervention	March 2023	April 2023	May 2023	June 2023	July 2023	Status
Pre-Implementation						
- Conduct Microsystem Assessment						Completed
- Determine Project Aim and identify key stakeholders						Completed
- Create & Present Business Plan						Completed
- Conduct pre-implementation survey						Completed
- Create PDSA cycles						Completed
Implementation of Interventions						
- Initiate Education Series via monthly leadership council meetings						Completed
- Establish weekly physical activity events						Completed
- Wellness Workshop w/ Guest Speaker						Completed
Post-Implementation						
- Conduct post-implementation survey						Completed
- Present results to key stakeholders						Pending
- Review PDSAs for sustainability or revision						Pending

Appendix E

Power Interest Grid

Level of Power  	Keep Satisfied	Manage Closely
	<ul style="list-style-type: none"> • Advisors/Sponsors of Nursing Leadership Council • Executive Leadership 	<ul style="list-style-type: none"> • Members of Nursing Leadership Council • Wellness Subcommittee Members of Nursing Leadership Council
	Monitor	Keep Informed
	<ul style="list-style-type: none"> • Frontline Staff • Significant Others of Council Members 	<ul style="list-style-type: none"> • Non-Nursing Leadership • Ancillary Departments influenced by Nurse Leaders
	Level of Interest  	

Appendix F

Financial Cost Analysis

Improvement Revenue (Cost Avoidance)	Hours/day	Days per Month	Cost per Month	Year 1	Year 2
Cost of orienting new RN leaders (3) **3-month orientation** (current ANM: ~\$90/hr) (new ANM: ~\$85/hr)	12	12	\$25,200.00	\$226,800.00	\$226,800.00
Cost of coverage (staff RN to cover as Relief in Higher Class (RHC): ~\$90/hr + 5% premium = \$94.50)	12	12	\$13,608.00	\$122,472.00	\$122,472.00
Total Cost:			\$38,808.00	\$349,272.00	\$349,272.00
Improvement Costs	Cost per period	Year 1	Year 2		
Wellness Program Education Includes: - Pre-survey to determine assessment needs - 4-hour class led by leaders - Snacks/beverages - Offered bi-annually for new leaders	Initial cost (place 44 leaders through program) x 4 hours unproductive = \$15,840.00 + \$1000.00	\$16,840.00 + \$1,080.00	+ - \$1,080.00		
Bi-annual Guest Speakers Focus: motivational, nutrition, mental health, exercise regimens - 4 hr sessions (w/ Q&A, open forum); requires RHC coverage	\$0.00 - \$7,500.00 (bi-annually) + \$16,632.00	\$33,264.00 – \$48,264.00	\$33,264.00 – \$48,264.00		
Monthly Team Building Events Includes: - Instructor - Snacks/beverages - Funds for fees (i.e. hiking entry fee)	\$250.00 \$250.00 \$250.00	\$9000.00	\$9000.00		
Total Cost:		\$74,824.00	\$57,984.00		
Project Savings/Cost Avoidance (ROI)	Year 1 Annual Cost Savings	Year 2 Annual Cost Savings			
Net savings = Cost avoidance - Improvement cost	\$274,448.00	\$291,288.00			

Appendix G

Wellness Survey Questions

Dimension 1: Emotional Well-Being

- 1) *I am flexible and adapt to change in a positive way.*
- 2) *I am able to recognize and manage the things that cause me stress.*
- 3) *I find it easy to express my emotions in positive & constructive ways.*
- 4) *I am resilient and can bounce back after a disappointment or problem.*

Dimension 2: Environmental Wellness

- 1) I am comfortable in my work environment.
- 2) I recognize my actions impact my work environment.
- 3) I recognize how my work environment impacts my health.
- 4) I contribute toward making my work environment a safer and healthier place.

Dimension 3: Occupational Well-Being

- 1) I get personal satisfaction and enrichment from work.
- 2) My workload is manageable.
- 3) I am content with where I am in my career.
- 4) I am developing the necessary skills to achieve my career goals.
- 5) I balance work with play and other aspects of my life.

Dimension 4: Physical Health

- 1) I generally feel good about my health.
- 2) I exercise at least three times a week.
- 3) I feel the amount of sleep I get daily is adequate for my lifestyle.
- 4) I maintain healthy eating habits.

Dimension 5: Social Well-Being

- 1) I feel supported and respected in my work environment.
- 2) I participate in other social activities at work.
- 3) I am able to maintain healthy working relationships with my colleagues.
- 4) I feel a sense of belonging to my organization.

Appendix H

CNL Project: Statement of Non-Research Determination Form

Student Name: Ericson Alvin Fernando

Title of Project:

Implementation of a Wellness Program for Nurse Leaders to Decrease Turnover

Brief Description of Project:

A) Aim Statement:

Implementation of the wellness program for the LIONS leadership council at Kaiser SSC will have an expected increase of wellness scores amongst leaders by 20% from the baseline five months post-participation.

B) Description of Intervention:

Implementation of a wellness program directed towards nurse leaders that consist of three parts: wellness education on topics determined by the leaders, a guest speaker session on topics surrounding wellness, and monthly wellness events for the leadership group.

C) How will this intervention change practice?

The wellness program will be the first structured, official program to be implemented focusing on nurse leader wellness. A dedicated effort to address leadership health and wellness and decrease burnout will in turn improve leadership engagement with frontline staff, which has potential positive outcomes in patient care measures.

D) Outcome measurements:

- 1) Improvement in wellness score surveys from pre-implementation to post-implementation by 20%.
- 2) Decreased turnover rate annually (baseline of 20%)

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:	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.	Yes	
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.	Yes	
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.	Yes	
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.	Yes	
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.	Yes	
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.	Yes	
The project has NO funding from federal agencies or research-focused organizations and is not receiving funding for implementation research.	Yes	
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.	Yes	
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>	Yes	

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): Ericson Alvin Fernando

Signature of Student:  _____
DATE: 12/6/22

SUPERVISING FACULTY MEMBER NAME (Please print):

Liesel Buchner _____

Signature of Supervising Faculty Member _____
DATE _____

Appendix I

Wellness Survey Results

Measure	Data Source	Target	Score (pre)	Score (post)	Results	Achieved
Outcome						
% Increase in overall wellness scores from pre-implementation	Wellness survey	20%	3.83	3.80	0%	No
Process						
% Increase in Occupational Well-Being scores	Wellness survey	5%	3.66	3.95	7.9%	Yes
% Increase in Physical Health scores	Wellness survey	5%	3.27	3.45	5.5%	Yes
Balancing						
Monitoring Quality or Safety Events, Operational Productivity	Facility Reports	Monitor change from pre-implementation benchmark to completion (April – July 2023)	N/A	N/A	p < 0.5	N/A

Appendix J

Project Charter

Project Charter: Improving wellness in nurse leaders

Global Aim: To improve overall wellness amongst nurse leaders at hospital A.

Specific Aim: Implementation of a wellness program at hospital A will have an increase in wellness scores amongst nurse leader participants by 20% from baseline by July 23rd, 2023.

Background:

Frontline nurse leaders, such as Nurse Managers and Assistant Nurse Managers are a critical component of any patient care department. They ensure frontline staff provide care to patients with safety and quality as a top priority. But due to the recent COVID-19 pandemic, the demands on nurse leaders have increased and their roles have expanded leading to physical and emotional exhaustion (Aydogdu, 2022). At hospital A, nurse leader retention has been significantly impacted by the pandemic, resulting to an average loss of three nurse leaders in each of the last three years since 2020. According to Penconek et al., there is a correlation between strategies to reduce job stress and sustained retention amongst frontline nurse managers (2021). One of those approaches is implementation of a wellness program that can improve social support, team cohesion and wellbeing (Penconek et al., 2021).

Goals:

The goal of this project is to provide frontline nurse leaders with knowledge related to wellness, including strategies to cope with job-related stresses. This wellness program will include the following:

1. Education related to health and wellness, such as mindfulness practices, exercise regimens, and nutrition programs
2. Monthly health-focused events conducted outside of the workplace to promote team building
3. Hosting of an event with a guest speaker to speak about a topic related to leadership and wellness.

Sponsors:

Chief Nursing Executive	R.W.
Clinical Nursing Director, Adult Services	K.H.
Clinical Nursing Director, Perinatal	J.B.
Nursing Operations Director	C.M.

Measures:

Measure	Data Source	Target
Outcome		
% Increase in wellness scores from pre-implementation	Wellness survey	20%
Process		
% Increase in occupational well-being scores from pre-implementation	Wellness survey	5%
% Increase in physical health scores from pre-implementation	Wellness survey	10%
Balancing		
Increase or decrease in facility quality metrics (harm events, safety, and productivity)	Facility reports	<=5% change from baseline

Team:

Nurse Leadership Council Chair	H.B.
Nurse Leadership Council Co-Chair	E.A.F.
Nursing Administration Secretary	M.L.

Measurement Strategy

Background (Global Aim): To improve overall wellness amongst nurse leaders at hospital A.

Population Criteria:

Nurse Leaders (Nursing Directors, Nurse Managers, Nurse Assistant Nurse Managers, Quality Nurse Consultants, Nurse Educators, Nursing House Supervisors) that are members of the nurse leadership council at hospital A.

Data Collection Method:

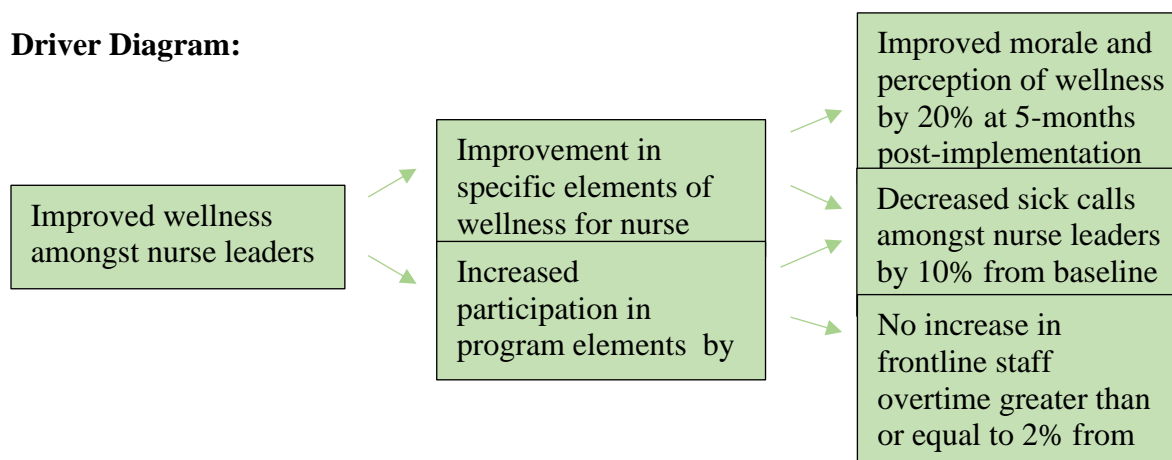
Data will be obtained from a pre-implementation survey conducted prior to rolling out the program to determine baseline data. After baseline data is collected, the wellness program will be initiated, and process measures will be collected every week up to five months post-implementation. A post-implementation survey will be conducted to compare baseline data and determine results of outcome measure.

Data Definitions:

Data Element	Definition
Wellness scores	Average score based on a multi-question survey graded using a Likert scale
Occupational well-being scores	Average score based on a multi-question survey graded using a Likert scale
Physical Health scores	Average score based on a multi-question survey graded using a Likert scale
Quality, Safety, & Productivity Report	Report generated at interval periods for the organization

Measure Description:

Measure	Measure Definition	Data Collection source	Goal
Overall Wellness scores	N=% increase from baseline (pre-implementation)	Wellness Survey	20%
Occupational well-being scores	N= % increase from baseline (pre-implementation survey)	Wellness Survey	5%
Physical Health scores	N= % increase from baseline (pre-implementation survey)	Wellness Survey	5%
Quality, Safety, & Productivity Report	N=% increase or decrease in any areas of operations	Facility Reports	<=5% change from baseline

Driver Diagram:

Changes to Test:

The main changes to test will be the participation in each of the wellness program component, such as the wellness education and off-site team events. Based on the results, it can be determined if the process measures are tracking towards a successful implementation of the wellness program. In addition, any feedback provided by participants in the wellness program will also be considered for any real-time changes that may be needed.

Project Timeline:

