

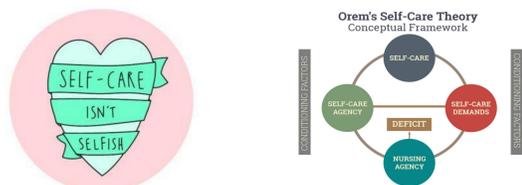
# SELF-CARE FOR NURSES: A QUALITY IMPROVEMENT INITIATIVE FOR REGISTERED NURSE GRADUATE STUDENTS



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## INTRODUCTION

- Programs to encourage self-care in registered nurses are necessary because:
  - The nursing profession is stressful due to long work hours, physical labor, insufficient staff support, experiences with human suffering, and requirements for difficult decision-making (IOM, 2004; Jennings, 2008).
  - 63% of nurses are overweight or obese (Yu et al., 2017).
  - Evidence suggests that building resilience through mindfulness, self-care, and well-being can decrease burnout syndrome and psychological distress (Cochran et al., 2020).
  - Occupational stress and dissatisfaction is prevalent in the nursing profession, however only nine percent of nursing schools have curriculum which focuses on resiliency training and none reported regular screening for burnout (Cochran et al., 2020).



## PURPOSE STATEMENT AND PICOT

- The purpose of this quality improvement (QI) project was to evaluate the impact of health promotion interventions on registered nurses and determine the effect these interventions have on nurses' health and well-being.
- **PICOT:** In registered nurses enrolled in a graduate nursing program at the University of Missouri, Columbia (P), how does an electronic based wellness intervention (I), compared with no intervention (C), affect participant's health and well-being as evidence by Health Promoting Lifestyle Profile II (HPLPII) scores (O) within a 3 month period (T)?

## OBJECTIVES

### Objective 1

There will be improved knowledge of wellness resources with 25% of graduate nursing students joining the online connection group.

### Objective 2

There will be a 20% improvement in total HPLPII scores.

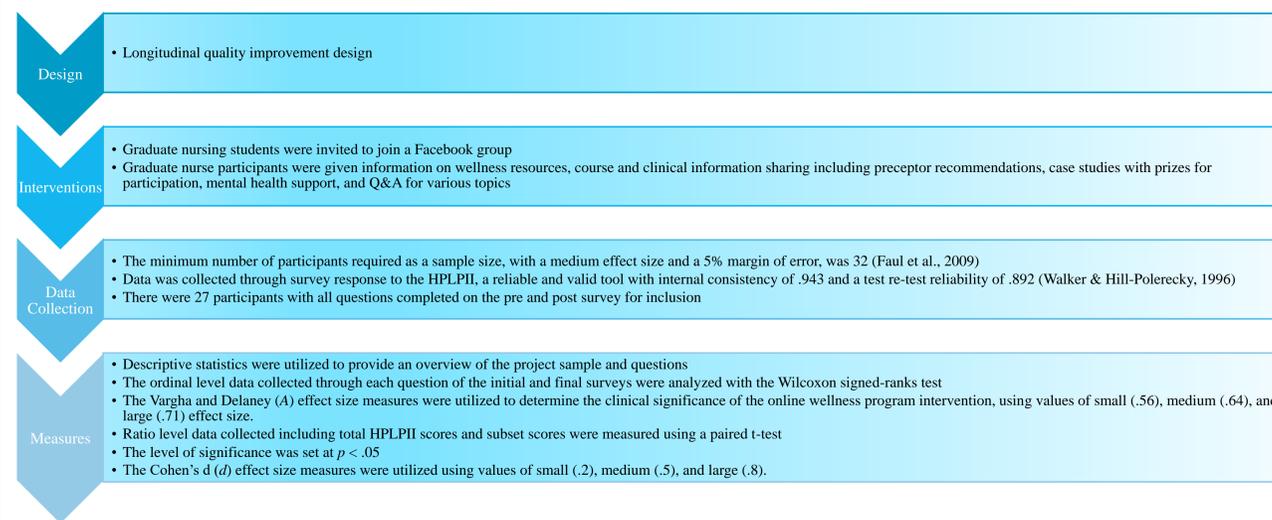
### Objective 3

There will be a 25% improvement in the stress management subset scores.

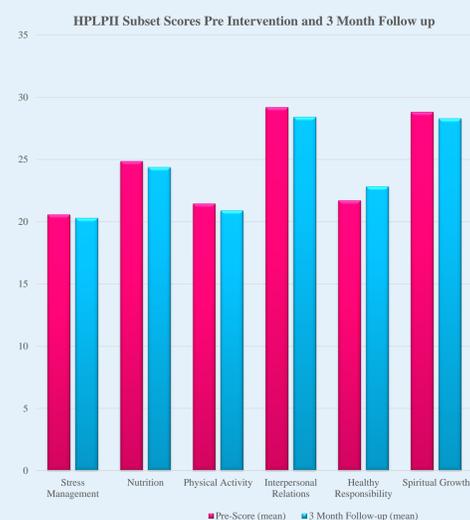
## ACKNOWLEDGEMENTS

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## MATERIALS AND METHODS



## RESULTS



The Effect of an Online Support Forum on Participants Self-Care Scores

Responses to Questions on the HPLPII Survey	Often/Routinely %		Rank			p*	A*
	Pre (n=27)	Follow-up (n=27)	Negative	Positive	Ties		
4. Follow a planned exercise program	51.8	40.7	9	5	13	.175	4.57
5. Get enough sleep	55.5	51.8	10	7	10	.785	3.88
11. Take some time for relaxation	62.9	59.2	6	9	12	.660	2.88
26. Eat 3-5 servings of vegetables	59.2	55.5	4	7	16	.646	2.67
29. Use methods to control my stress	37	40.7	6	8	13	.660	3.13
35. Balance time between work and play	59.2	51.8	9	8	10	.783	3.52
37. Find ways to meet my needs for intimacy	74	55.5	11	2	14	0.039*	5.96
44. Read labels on packaged food	62.9	77.7	5	9	13	.225	2.65
48. Feel connected with some force greater than myself	40.7	48.1	0	5	22	0.034*	0.41

\*Wilcoxon signed-rank test of pre-intervention and three month follow-up responses. \*Vargha Delaney (A) values .56, .64, and .71 correspond to small, medium, and large effect sizes, respectively. \*<.05, two-tailed.

### HPLPII Total Score

•Mean pretest total was 146.56 (SD = 18.62) and posttest was 145.0 (SD = 22.61), which was not statistically or clinically significant,  $p = .66$ .

### Stress Management Subset Score

•The stress management subset scores pretest mean was 20.56 (SD = 3.68) and posttest was 20.29 (SD = 4.48), which was not statistically or clinically significant,  $p = .77$ ,  $d = .1$ .

### Category Analysis

- Small improvement occurred in the subset of health responsibility,  $d = .3$ , and interpersonal relations ( $d = .2$ ), which was not statistically significant.

### Question Analysis

- Students felt they were connected to a force greater than themselves from pre to posttest ( $p = .03$ ,  $A = .41$ ).
- Had decreased ability to find ways to meet needs for intimacy ( $p = .04$ ,  $A = 5.96$ ), which was statistically significant.
- There were clinically significant positive changes in:
  - Taking time for relaxation ( $p = .66$ ,  $A = 2.88$ ), using methods to control stress ( $p = .66$ ,  $A = 3.13$ ), eating 3-5 servings of vegetables ( $p = .65$ ,  $A = 2.67$ ), reading labels on packaged food ( $p = .225$ ,  $A = 2.65$ ).
- There were clinically significant negative changes in:
  - Sleep ( $p = .79$ ,  $A = 3.88$ ), balancing time between work and play ( $p = .78$ ,  $A = 3.52$ ), following a planned exercise program ( $p = .18$ ,  $A = 4.57$ ).

## RESULTS

### Demographics

- 100% of respondents were Caucasian ( $n = 15$ ), and female ( $n = 15$ )
- Mean age was 30 years ( $SD = 6.35$ ).
- 53% were married ( $n = 8$ ), 40% single ( $n = 6$ ), 7% divorced ( $n = 1$ )
- 73% of respondents had less than 10 years of nursing experience
- 53% of respondents were extremely satisfied with their current graduate nursing program

### Objective 1

There will be improved knowledge of wellness resources with 25% of graduate nursing students joining the online connection group

• **Not Met:** 17% of graduate nursing students were members of the group by the end of the project

### Objective 2

There will be a 20% improvement in total HPLPII scores

• **Not Met:** There was actually a 1% decrease in overall scores

### Objective 3

There will be a 25% improvement in the stress management subset scores

• **Not Met:** There was also a 1% decrease in this subset score

## CONCLUSIONS

### Conclusions

- The online forum to encourage self-care practices did not show a benefit during this timeframe.
- Stress and overall well-being may have worsened in the nursing population due to the study occurring during the winter months, as well as during the COVID-19 pandemic, which has been particularly hard on health care workers.
- The study was underpowered and may have demonstrated significant difference if there was greater participation.

### Future Plans

- The forum will remain open to current students and alumni to encourage collaboration, resource sharing, and clinical placement support.
- Future wellness projects should attempt to incorporate this online forum along with multimodal interventions including some in-person options.

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