

Evaluating the use of reflective practice principles to support nurse manager well-being during a period of chronic distress

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Conflict of Interest

There are no conflicts of interest to declare.

Dedication

This project is dedicated to the incredible team of admirable nurse managers and assistant nurse managers that participated in implementation. It was my honor to get to know you - to hear you, and see you, and to understand your lived experience. You are the lifeblood of your teams and the epitome of nursing leadership, care, and dedication.

I am thankful that this project had a positive impact on your joy in work, and I promise to continue to move this work forward as a formidable advocate for nurse managers everywhere - to provide better practice environments that support you, your teams, and the communities you serve.



Acknowledgement

Thank you to my DNP Project advisor Dr. Joan Kearney.

And thank you to my 2023 DNP cohort colleagues.

Special thanks to the wonderful nurse leaders that guided me toward and through the DNP Program. This includes my mentor Dr. Betsy Hassan, my leader Cathy Cunningham, and my colleagues and nurse experts Dr. Sarah Billings-Berg, Dr. Jill Markowski, and Meg Oakes.





Presentation Objectives



1. Participants will be able to describe the impact of burnout on patient safety, nurse well-being, healthcare teams, and organizations.



2. Participants will be able to recognize ways that the use of self-reflective practices have on nursing practice and nurse manager well-being.



3. Participants will be able to identify resources that are available to support nurses with self-reflection.

Background & Introduction

- The COVID-19 pandemic that began in 2019 brought forward a crisis that the current healthcare system was not prepared for. The most challenging component of this pandemic for many, including healthcare workers, is that it is still ongoing and of an unknown duration.
- The psychological impact of exposure to trauma in healthcare has been studied, however, the impact of a sustained period of crisis on healthcare workers is still unknown and the literature on how to support organizations, systems, and individuals during long-term exposure to crisis is limited (Heath, Sommerfield, & von Ungern-Sternberg, 2020).
- We do know, however, that chronic stress in a healthcare system can lead to burnout of teams and individuals. One type of healthcare professional that is at a high risk for burnout is the nurse manager and healthcare organizations should recognize the importance of supporting the workforce members in this important role (Brown et al., 2011).



Significance

Burnout

- Healthcare workers that experience burnout are at higher risk of health issues
- Estimated to cost up to \$190 billion annually in the United States alone
- Third of the top 10 patient safety concerns citing a correlation between burnout and patient safety
- Burnout as the top reason for intent to leave current position of nurse manager

Nurse Managers

- Key leaders for translation of strategic goals and initiatives into implementation at the unit and staff level
- Understand high-level organizational decision-making and the impact it has on direct care staff
- Important role between strategy and day-to-day operations
- One of the most difficult roles in nursing leadership

Self-reflection

- A proven strategy for individuals to evaluate experiences and then develop an insight and understanding
- Self-reflection in clinical practice can support learning, motivation, and quality of care provided
- Has been shown to decrease stress and increase competency
- The skill of self-reflection for nurse managers can be taught and promoted



Four Steps for Reflection



Review of the Literature

- Burnout is prevalent in healthcare workers due to the increased risk for exposure to traumatic events and sustained periods of chronic distress (Schimmels & Cunningham, 2021; Heath, Sommerfield, & von Ungern-Sternberg, 2020).
- Using supportive and strategic practices, leaders can enhance the well-being of the individuals and teams within a system that is experiencing chronic distress (Corey et al., 2021).
- Group learning as a strategy to engage physicians in knowledge acquisition, self-reflection practice, and social connection to colleagues (Jackson, Firtko, & Edenborough, 2007; Panagioti, Geraghty, & Johnson, 2018).
- Self-reflective practices for have been used to support nurse and nursing student resiliency (Koshy et al., 2017; Pai, 2015; Edward & Hercelinskyj, 2006).
- Reflection is a proven strategy for individuals to evaluate experiences and then develop an insight and understanding that can be applied to future situations to produce a more positive response (Jackson, Firtko & Edenborough, 2007).
- According to Koshy et al (2017), self-reflection in clinical practice can support learning, motivation, and quality of care provided. In nursing students, self-reflection has been shown to decrease stress and increase competency (Pai, 2015).
- Using self-reflection, the nurse may spend time exploring, uncovering, and analyzing their work to make sense of their experience and develop strategies to enhance their professional practice (Edward & Hercelinskyj, 2006).
- The skill of self-reflection for nurse managers can be taught and promoted through education by healthcare organizations (Pai, 2015).

Project Goal & Aims



Project Goal Statement

This project developed a program that used reflective practice principles to support nurse manager well-being during a period of chronic distress.

The project provided framework and strategies for nurse managers guided by the Dimensions of Leadership developed by the Center for Nursing Leadership.



Project Aims

- Aim 1: To develop a program for nurse managers to engage in reflective practice principles to reduce burnout during a period of chronic distress.
- Aim 2: To implement and evaluate the program.
- Aim 3: To make recommendations for scaling and sustainability of this program in a relevant context.

The Project Framework

- The program was developed using evidence-based practice recommendations for reflective practice guided by the Nine Dimensions of Leadership for reflective practice developed by the Center for Nursing Leadership and published in the AONL Nurse Manager Competencies (AONE, AONL, 2015).
- The curriculum consisted of five modules, delivered in a series, in-person for Cohort A and virtual for Cohort B.
- All participants completed a pre-program and post-program assessment that included a self-reported rating of Joy in Work. Joy in work was defined as intellectual, behavioral, and emotional commitment to meaningful and satisfying work. Participants used a Likert scale from 1 (lowest) to 5 (highest), to rank their current Joy in Work.
- Pre and post knowledge acquisition assessments on the components of the curriculum were developed. Each contained ten multiple choice questions, two to three questions assessing each category on the curriculum. Each correct answer was scored at ten points, for a total score of 100 points.
- All participants completed a program evaluation comprised of five statements about the program. Participants rated each statement using a Likert scale from 1 (lowest) to 5 (highest). Open-ended questions were used to survey subjective feedback for things that the program did well and opportunities for improvement.

Reflective Practice Tenets

REFLECTIVE PRACTICE REFERENCE BEHAVIORS/TENETS

Utilizing a set of guidelines and tenants that facilitate reflective practice; these may be individually developed or can be based on specific models developed by others; below are the "Dimensions of Leadership" developed by the Center for Nursing Leadership, which offer an example of a set of guidelines/tenants that can be used as a tool to guide personal reflection of an individual's leadership behaviors.

- 1. Holding the truth**
The presence of integrity as a key value of leadership
- 2. Appreciation of ambiguity**
Learning to function comfortably amid the ambiguity of our environments
- 3. Diversity as a vehicle to wholeness**
The appreciation of diversity in all its forms: race, gender, religion, sexual orientation, generational, the dissenting voice and differences of all kinds
- 4. Holding multiple perspectives without judgment**
Creation and holding a space so that multiple perspectives are entertained before decisions are rendered
- 5. Discovery of potential**
The ability to search for and find the potential in ourselves and in others
- 6. Quest for adventure towards knowing**
Creating a constant state of learning for the self, as well as an organization
- 7. Knowing something of life**
The use of reflective learning and translation of that learning to the work at hand
- 8. Nurturing the intellectual and emotional self**
Constantly increasing one's knowledge of the world and the development of the emotional self
- 9. Keeping commitments to oneself**
Creating the balance that regenerates and renews the spirit and body so that it can continue to grow



Tenet 4



Tenet 9



Tenet 8

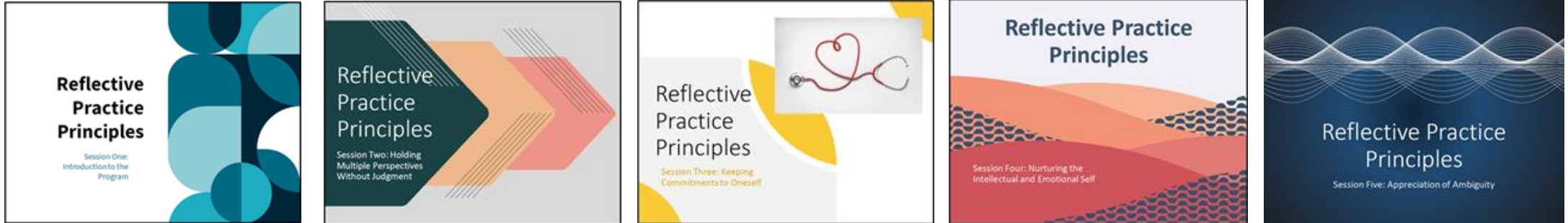


Tenet 2

From AONE, AONL. (2015). AONL Nurse Manager Competencies. Chicago, IL: AONE, AONL. Retrieved from www.aonl.org

Curriculum

The curriculum consisted of five modules, delivered in a series, in-person for Cohort A and virtual for Cohort B.



- **Cohort A** received the curriculum of five modules, delivered in a series of five, **in-person 30-minute sessions** on the hospital campus.
 - Conducted weekly,
 - for five weeks duration,
 - and scheduled during work hours.
- Components of the offering were:
 - Introductory session
 - Four sessions comprised of
 - a **20-minute lecture** on a selected four of the nine Dimensions of Leadership for reflective practice by a Subject Matter Expert, and
 - a **10-minutes of facilitated dialogue** using story stems.
- **Cohort B** received the curriculum of five modules, delivered electronically in **pre-recorded 10-minute sessions** to access on demand.
 - Available for 2 weeks for enrolled participants,
 - access on demand,
 - during scheduled work hours.
- Components of the offering were:
 - Introductory session
 - Four sessions comprised of
 - a **10-minute recorded lecture** on a selected four of the nine Dimensions of Leadership for reflective practice by a Subject Matter Expert.

Example of Session Content

Reflective Practice Principles

Session Five: Appreciation of Ambiguity

Tenet Two

Appreciation of Ambiguity: Learning to function comfortably amid the ambiguity of our environments

- As the nurse manager grows both personally and professionally, may develop an understanding that there are gray areas of nursing leadership.
- In healthcare and leadership, there are decisions that must be made outside of written policy and procedure.
- Nurse managers can demonstrate maturity and effective leadership with an understanding that they cannot be in control of everything and trusting the shared decision-making process during uncertain times.

Session Five

Objectives

This session includes the following:

- Define ambiguity
- Identify ambiguity in the acute care environment
- Review strategies for addressing ambiguity
- Open facilitated discussion using story stem

Session Five

Define ambiguity

"The quality or state of being ambiguous, especially in meaning." (Mirriam-Webster, 2022)

"Uncertainty, or a sign bearing multiple meanings." (Sennet, 2021)



Session Five

Fun with ambiguity



Everyone loves his mother



She slid on the ice and hit the same car

Session Five

5

Ambiguity in the care environment

Examples of uncertainty, or not fully knowing, with handling complex scenarios in the healthcare setting:

- Role ambiguity occurs when a staff member lacks clear expectations and tasks required contradict understanding (Chiara et al., 2019).
- Definition ambiguity occurs when an individual lacks clear understanding of a term or phrase (Van Zyl-Cillie, Demirtas, & H. 2020).
- Policy ambiguity occurs when a policy lacks clear meaning or guidance for informing decision-making.

Session Five

Self-reflection & ambiguity

- Self reflection:
 - Do you feel that you should know something that you don't?
 - Accept that you do not know the answer
 - How do you approach personally problem solving?
 - Give yourself permission to say "I don't know"
 - What can you learn from this?

(Randall, 2020)

Session Five

Strategies to address ambiguity

Strategies:

- Stay positive
- Trust the process
- Use your resources
- Consult your experts and your team
- Learn and teach

(Randall, 2020)

Session Five

Discussion

A sending unit calls report for a COVID+ admission to your medical unit. Prior to this, positive patients only went to the designated unit.

Your charge nurse reviews the current policy and it states that COVID+ patients only go to the designated unit.

The sending unit charge nurse forwards an email from their director stating that the policy has been updated to assign COVID+ patients to all units.



Session Five



"One must champion oneself and say I AM ready for this!"

-Moira Rose

Program Enrollment

COHORT A

November 9 – December 14, 2022

Five 30-minute live sessions delivered in person on campus over six-week period. Pre-program assessment, post-program assessment, and program evaluation completed on pen and paper using unique ID code.

15

ENROLLED

10

PARTICIPATED

8

COMPLETED

COHORT B

January 16 – January 30, 2023

Five 10-minute pre-recorded sessions delivered on day one for on demand access. Program was available for 14 days. Pre-program assessment, post-program assessment, and program evaluation completed online using unique ID code.

16

ENROLLED

10

PARTICIPATED

8

COMPLETED

EVALUATION: Recruitment emails were sent to 60 eligible nurse managers and assistant nurse managers.

- 31 (52%) enrolled
- 20 (30%) participated
- 16 (27%) completed

Program Results

Joy in Work

Joy in work was defined as intellectual, behavioral, and emotional commitment to meaningful and satisfying work. Participants used a Likert scale from 1 (lowest) to 5 (highest), to rank their current Joy in Work.

3.125

PRE-PROGRAM
MEAN

3.625

POST-PROGRAM
MEAN

(t = -2.782, p = .014)

Knowledge Assessment

Participants were asked to complete the multiple-choice assessment and responses were graded with each question valued at ten points.

90

PRE-PROGRAM
MEAN

96

POST-PROGRAM
MEAN

(t = -2.522, p = .023)

NOTE: Survey responses were recorded and organized for analysis using bivariate statistics and qualitative description by Cohort. Due to small cohort sizes, a pooled analysis was conducted for Cohort A and Cohort B. Further analysis was done to make recommendations for sustainability and scaling.

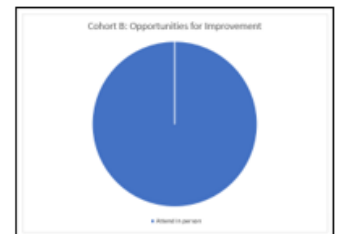
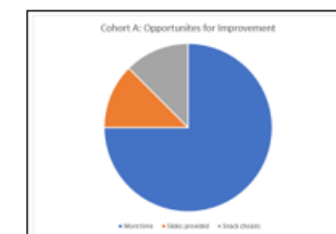
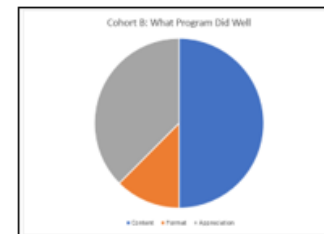
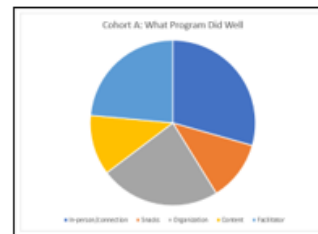
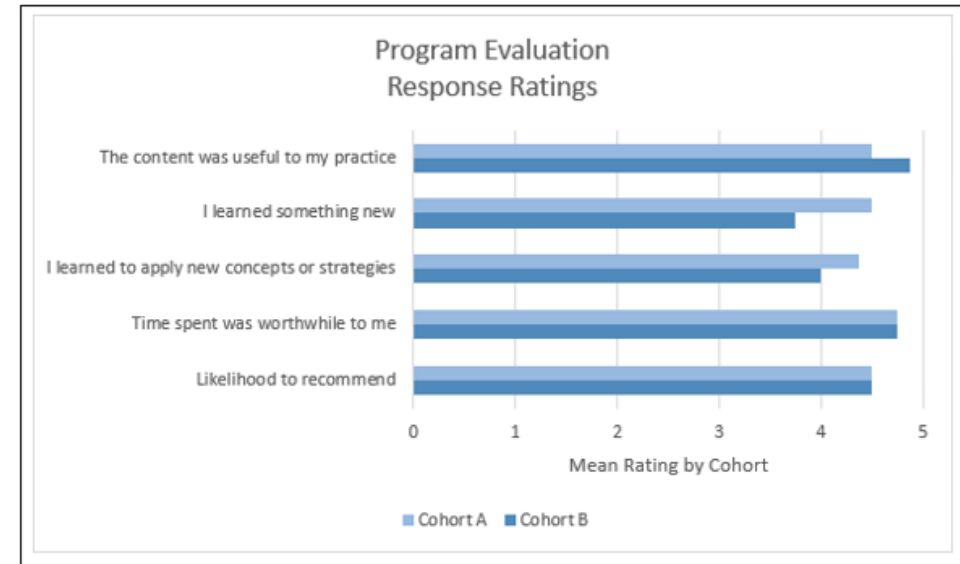
Program Evaluation

Things that the program did well

- Cohort A commented about being in-person (29%), the knowledge and attitude of facilitator (24%), organization of the offering (24%), appreciation of snacks (12%) and curriculum content (12%).
- Cohort B commented about curriculum content (50%), appreciation of the offering (38%), and the format for delivery (13%).

Opportunities to improve

- Cohort A commented about wanting more time in each session to engage in dialogue with peers and facilitator (74%), request for slides to be provided (13%), and more variety of snacks (13%).
- Cohort B had one comment that they would have liked to attend the in-person cohort (100%).



Conclusion

- Nurse managers were selected as the target audience for this project because they are key clinical leaders at the unit and staff level, yet they frequently report feeling undervalued. They are also at higher risk for burnout and turnover than healthcare leaders at other levels.
- A program developed exclusively for nurse managers using framework from the AONL Nurse Manager Competencies was an effective way to deliver education about self-reflective practices that can be used to support well-being, especially during periods of chronic distress.
- The two cohorts in this project were small, however, analysis demonstrated that there was statistical significance in the outcomes measured and there was an increase in both knowledge and Joy in Work.
- The thematic analysis of the program evaluations found that nurse managers appreciated the offering that was designed exclusively for their unique role, they enjoyed the opportunity to gather and learn with peers, and that they desired more time to engage with the facilitator and each other.

As hospitals and health systems struggle to recruit and retain nursing staff, the value of the nurse manager should not be underestimated. Senior leaders can demonstrate value and support for nurse managers through offering programs and initiatives such as this project.

Discussion

Additional Considerations

- Participant attrition had the greatest impact on implementation.
- This program was delivered in two structured formats, and the structures offered little flexibility for participants.
- The results of this DNP Project are limited due to small cohort size (n=16).



Recommendations

- Collect demographic data on participants
- Utilize content delivery that can track virtual engagement
- Increase time allotted for sessions to 45 minutes
- Expand offering to include all 9 tenets, or other topics
- Create an online platform for access to meet demand
- Develop a train-the-trainer model



Thank You



Thank you for your participation

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