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# Evidence-Based Education Program to Reduce Nurse Manager Burnout

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# Walden University

College of Health Sciences

This is to certify that the doctoral study by

David Howe

has been found to be complete and satisfactory in all respects,  
and that any and all revisions required by  
the review committee have been made.

## Review Committee

Dr. Anne Vitale, Committee Chairperson, Nursing Faculty  
Dr. Robert McWhirt, Committee Member, Nursing Faculty  
Dr. Mary Catherine Garner, University Reviewer, Nursing Faculty

Chief Academic Officer  
Eric Riedel, Ph.D.

Walden University  
2018

Abstract

Evidence-Based Education Program to Reduce Nurse Manager Burnout

by

David Howe

MSN, RN, CEN

MSN, University of Phoenix, 2015

BSN, University of Phoenix, 2008

Project Submitted in Partial Fulfillment  
of the Requirements for the Degree of  
Doctor of Nursing Practice

Walden University

August 2018

## Abstract

Nurse managers face numerous challenges and stressors in their daily practice. The support services offered to managers to facilitate coping in stressful situations vary among employers and may be ineffective depending on the stressors faced.

Implementation of evidence-based best practices may positively impact nurse managers' ability to manage stress. The purpose of this project was to develop an evidence-based stress reduction education program to empower nurse managers to handle work-related stressors and reduce burnout. The primary theory used to inform this project was the job demands-resource model, which explains how job demands and resources have multiple effects on job stress, ultimately impacting a worker's level of engagement. Sources of evidence included peer-reviewed journals, evidence-based studies, and published documents or programs. Education was synthesized based upon evidence obtained during the literature review. Consistent with the evidence, topics covered in the education were; nurse manager-initiated methods of stress reduction, methods of modifying a workplace environment to decrease stress, nurse manager peer support, senior leadership involvement in nurse manager stress reduction, and the inclusion of future leader development as a stress management method. The focused learning objectives were nurse manager specific, measurable, and supportive of an adult learner. The social change impacted by this project will be derived from fostering a nurse managers ability to better cope with stressful situations, thus enhancing their role as a nursing leader.

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## Dedication

This project is dedicated to my wonderful wife and daughters. They have never known me not enrolled in continuing education. This project is a culmination of a journey started many years ago. For my wife, thank you for supporting me during this long journey and being a rock when things became difficult. For my daughters, all goals are attainable when you set your mind to them.

## Acknowledgments

I would like to acknowledge Dr. Anne Vitale for tireless guidance and patience during this project. Dr. Vitale, thank you for challenging me to grow as a nurse and a scholar. I would not have been as focused or driven if not for your efforts. I would also like to acknowledge my coworkers and colleagues who are actively completing or have recently completed their DNP programs. We have had many wonderful venting and project proofreading sessions together. Although we may have questioned our sanity at some points, we truly learned to grow as individuals and as nurses.

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## Section 1: Nature of the Project

The practice of nursing management is stressful, and stress can manifest in two ways: eustress, which serves to facilitate drive and project focus, or distress, which can lead to nurse burnout (O'Donovan, Doody, & Lyons, 2013). Acknowledgment that work-related stress is inevitable facilitates a thought process leading nurses toward eustress or distress (Sherrod & Campbell, 2015). Individuals must decide in which direction the stress will progress. Previous experience or coping mechanisms affect how individuals respond, often in the absence of alternative support systems (Mackoff, Glassman, & Budin, 2013). Nurse managers experience stress responses and often shoulder the burden of their stressors along with those of their staff members. The creation of facility-specific resources for managers focused on stress reduction, such as formalized support systems (Advisory Board, 2014) to better handle stressors, will result in improved unit functioning, enhanced outcomes, and an overall increase in position satisfaction (Miyata, Arai, & Suga, 2015).

The purpose of this DNP project was to develop an evidence-based educational program focused on stress reduction and prevention to reduce nurse manager burnout. This program included evidence-based techniques synthesized from best practices in nursing and nursing management literature demonstrating effectiveness in helping nurses cope with their daily stress. These evidence-based practices were synthesized to focus on the nurse manager, resulting in an evidence-based program specifically intended to support nurse managers in handling their stress. The practice environment for this project was a magnet designated acute care hospital located in the Northeastern United States.

Potential benefits to the practicum site include a reduction in manager stress levels, increased manager productivity, and greater position satisfaction. Implementing evidence-based interventions to minimize distress or prevent nurse manager burnout through the development of integrated manager support systems may result in positive social change. Facilitating methods of stress management with the intent of preventing manager burnout may enhance manager retention and unit stability.

### **Problem Statement**

The role of a nurse manager in the acute care hospital has become increasingly complex and stressful because of changing health care dynamics (Miyata et.al, 2015). Stressors may increase based on the level of demand a manager faces (Miyata et al., 2015). Research on how nurse managers handle stressors is limited.

### **Local Practice Problem**

At the project site, current practices involve managers developing unfocused coping mechanisms to handle their stressors in the absence of clear resources for individual stress management (HRC, 2016). Situations contributing to an environment prime for burnout include high levels of distress, low manager-peer engagement, and lack of support systems (HRC, 2016). Significance in the field of nursing management was demonstrated at the project site by providing nurse managers with stress reduction education specific to their unique practice needs.

### **Local Relevance**

At the project site, nurse managers experience elevated stress levels without a system in place for stress management. According to the emergency department manager

(personal communication, February 2017), the facility does not currently have a formalized process to assist managers in handling work-related stress. A lack of formal stress management training or streamlined manager peer support for stressful situations was reported in open forum by management staff members (HRC, 2016).

The emergency department manager reported that the topic of stress management has been presented at management meetings and that other facilities in the hospital corporation offer this type of support to their management teams (HRC, 2016; personal communication, January 2017). The patient relation manager reported that factors had been identified in the area of staff-physician relations regarding stress levels, which resulted in shortened physician shifts with the intent of increased productivity as a result of decreased stress. At a management neurology seminar in September 2016 (HRC, 2016), presenters identified the levels of unhealthy stress experienced by managers and outlined code lavender education for situations following an episode that could result in manager burnout (neurology manager, personal communication, April 2017). The patient relations manager noted that this program has not been implemented at any level in the facility (personal communication, April 2017). The program was mentioned as a plan for future development during the annual managers retreat (HRC, 2017a).

Changes in role identity resulting from combining responsibilities of direct care staff with those of senior administration result in a hybrid functioning leader struggling to identify support systems (Kristensien, Christensen, Jaquet, Beck, Sabroe, Bartels, & Mainz, 2016). A cochair of the manager's council indicated that manager education is conducted quarterly but focuses primarily on role changes and new responsibilities

resulting from a large corporate merger in 2016 (personal communication, February 2017). This training focus is reflected in the most recent publication of the facilities management development and resource guide (HRC, 2017b). Workplace stress for nursing managers has reached epidemic proportions with the concept of distress and burnout identified as a major destructive problem facing the profession (Riahi, 2011). The purpose of this DNP project was to synthesize evidence-based practices focused on stress reduction and burnout prevention in nursing management to develop an education program that could be implemented at the practicum site.

### **Significance to Nursing Practice**

Nurse manager turnover in acute care hospitals has been identified as increasing and surpassing that of higher level nursing executives (Loveridge, 2017). The most frequent response provided by nurse managers regarding their desire to change practice focus was burnout (Loveridge, 2017; Warshawsky & Havens, 2014). Analysis of role responsibilities and performance initiatives revealed that nurse managers spend approximately 25% of their time with meaningful position-related tasks, and the additional 75% is spent on meaningless tasks that compound daily stress levels (Baker et al., 2012). Consistent characterization of a nurse manager's job by practicing managers includes a lack of autonomy, high levels of responsibility, and high levels of stress (Bulmer, 2013). Improvement in the field of nursing management may be demonstrated through the development of evidence-based techniques focusing on reducing manager burnout.

### **Purpose**

The purpose of this DNP project was to develop evidence-based education to guide nurse managers in coping with role-related stressors.

### **Gap in Practice**

A gap in practice existed in the current knowledge base used by nurse managers to navigate daily stressors (Dyess, Sherman, Pratt, & Chiang-Hanisko, 2016). Information from the nurse managers of critical care, emergency department, patient satisfaction, and cardiac care units at the project site indicated that current methods for coping with stress consist of relying on previous experiences of stress-reducing behaviors. Resources were not in place to provide nurse managers with primary intervention stress-reduction strategies. Current resources focused on direct patient care roles because the topic has been studied more thoroughly (Kath, Stichler, Ehrhart, & Sievers, 2013). These resources include person-focused interventions, organization-focused interventions, and integrated stress-prevention initiatives such as employee-assistance facilitators, meditation sessions, and peer support groups (Roberts, Grubb, & Grosch, 2012). Nurse managers who become overwhelmed may elect to seek private assistance from the employer in the form of a crisis help line, but this resource focuses on the recovery following an event as opposed to primary intervention (HRC, 2014).

The nature of a manager's roles combined with the increasing complexity of health care marketplaces and 24/7 accountability requirements can overwhelm the resources designed for staff nurse stress management. Expanding management roles, increased facility expectations, complex staff needs, and enhanced patient expectations



can overburden the most experienced managers (Johansson, Sandahl, & Hasson, 2013; Sherrod & Campbell, 2015). When stressors are encountered beyond the individual's coping thresholds, eustress is exhausted, and distress can ensue (Quick & Henderson, 2016). Continued exposure to distress without intervention may eventually lead to manager burnout (Cieslak et al., 2014).

### **Practice-Focused Question**

Can developing an evidence-based stress reduction education program empower nurse managers to better handle work-related stressors and reduce burnout?

### **Addressing the Practice Gap**

Nurse managers cope with occupational stressors on a daily basis. Methods used for stress management are often not evidence based, leading to ineffective coping strategies. This DNP project addressed the gap in practice by identifying an evidence base for the synthesis, development, and formalized implementation of education that may reduce stress and minimize burnout for nurse managers. Leadership at the facility may use the evidence and recommendations to implement the interventions focused on enhancing nurse managers' ability to navigate workplace stressors.

### **Nature of the Doctoral Project**

A synthesis of nursing literature from professional publications and nursing associations was conducted to gather evidence-based best practices for this project. Primary evidentiary sources consisted of peer-reviewed journals, professional organization publications including the Organization of Nurse Leaders and the American Nurses Association, Google Scholar, The Advisory Board, and Walden University

databases including the Cumulative Index of Nursing and Allied Health (CINAHL) and EBSCOhost.

### **Summarized Approach**

Organization and analysis of this DNP project was achieved through the use of a synthesis matrix. This matrix was arranged by theme to represent evidence source relation. The synthesis matrix enabled me to sort and categorize different points or informational aspects related to the chosen topic (see Parris & Peachy, 2013). Literature was organized using the Walden University literature review matrix (Walden University, 2010) and rated by The Johns Hopkins Nursing Evidence-Based Practice Rating Scale (Johns Hopkins University, n.d). I used the rating scale to evaluate and synthesize literature based on evidence level and quality.

### **Purpose Statement**

The purpose of this DNP project was to address the identified gap in the practice, which was insufficient knowledge related to stress reduction in nurse managers. Addressing this gap was achieved through the development of an evidence-based stress management education program. Findings from the literature review and analysis indicated several factors relating to stress and nurse managers. Primary findings indicated that stress is present in the daily functioning of nurse managers, but effective coping techniques are not routinely implemented. Secondary findings indicated that poorly managed stress negatively impacts the nurse manager, the nursing staff, and the ability to direct patient care. Evidence-based literature analysis revealed that stress reduction techniques are effective for managers when implemented in stressful work environments.

This DNP project provided nurse managers with an education program to minimize role-related distress and burnout.

### **Significance**

This project has the potential to impact numerous stakeholders at the practicum site. Stakeholders may experience a positive change congruent with their level of interaction with nurse managers.

### **Stakeholders**

Stakeholders for the project consisted of managers, nursing staff members, and patients. Managers may benefit from enhanced coping abilities, increased job satisfaction, and improved ability to focus on daily responsibilities previously deferred because of high stress levels (see McVicar, 2015). The impact on staff members may be achieved through having a leader who is better able to provide increased support and unit guidance, real-time coaching, and modeling of desired behaviors for staff, as opposed to a leader who is negatively affected by stress (Moss, Good, Gozal, Kleinpell, & Sessler, 2016). Patients are the stakeholders who may ultimately experience the greatest impact from the project, as staff members take their cues from the manager. A manager sets the tone for unit operation and models patient care behaviors that should be emulated by staff. Enhancing a manager's ability to focus on aspects outside of daily distresses may promote enhanced patient engagement, leading to better overall patient experiences (Byron et al., 2014). Managers who cope poorly with stress are not effective leaders (Loveridge, 2017).

## **Contributions to Practice**

Nurse manager stress education may contribute to nursing practice by minimizing a factor identified by managers as a primary source of dissatisfaction in their practice. This education may foster continued professional growth, enhanced work-life balance, and longer tenure (Loveridge, 2017). The stressors experienced by nurse managers remains problematic in many organizations (Riahi, 2011). Placing the focus on management or leadership as the target audience for stress education will provide additional insight into other nursing practice areas where similar issues exist (Miyata et al., 2015). The notion that stress is unavoidable when working in health care may be correct because of the immense responsibilities shouldered on a daily basis (United States Department of Labor, 2017). Those in management roles should have an appropriate level of support and resources available to aid them in fulfilling their roles (Baran, Shanock, & Miller, 2012).

The impact of work-related stress for nurse managers is a widespread issue but remains outside the scope of regular operations in many facilities (Van Bogaert, Adriaenssens et al., 2014). This topic is beginning to gain attention from researchers investigating best practices. The Advisory Board (2014) released a statement on improving engagement drivers that included recommendations including asking whether facilities offered stress reduction training or support to help prevent burnout. Developing evidence-based nurse manager stress education aligns with the Advisory Board recommendations.

### **Potential Transferability**

The development of evidence-based education focused on nurse manager stress reduction provides the framework to inspire similar programs at other leadership levels or facilities. Nurses identified as emerging leaders may benefit from receiving training or information on manager stress reduction before assuming expanded leadership. Potential transferability of this project exists in similar practice areas or regions seeking to implement evidence-based stress education including emerging leadership programs, executive leadership, and nonacute care settings.

### **Implications for Positive Social Change**

This DNP project has implications for positive social change within the selected practice environments because of stress levels currently experienced by nurse managers. Positive social change for the nurse managers through promoting evidence-based stress management education has the potential to positively influence the leadership delivery at the practicum site. Nurse managers proficient in coping with daily stress will benefit from increased job satisfaction and the ability to focus on influencing care delivery on their units (McVicar, 2015; Moss et al., 2016). Minimizing the negative effects of stress on nurse managers may affect overall nursing practice through an unencumbered ability to provide staff mentorship, real-time coaching, and coordination of care delivery (Moss et al., 2016).

### **Summary**

Profound levels of stress exist within the practice of nursing management. Two types of stress are eustress and distress, which result in different physiological and

psychological symptoms. Eustress can lead to enhanced productivity or problem-solving, while distress can result in career burnout. Managers must have access to support systems to aid in managing their stress. Management-specific stress reduction education programs were absent at the practice site at the time of the project study. A lack of nurse manager knowledge in methods of stress management represented a gap in practice. Evidence-based practices for stress management focused on nursing in combination with peer support have the potential to reduce nurse manager stress-related burnout. Aspects of this project are transferable to other areas of nursing leadership, as the principles guiding stress management would be beneficial at all leadership levels (Labrague, McEnroe, Leocadio, Van Bogaert, & Cummings, 2018). This DNP project included formalized education on focused techniques to prevent manager burnout resulting in anticipated positive social change. Section 2 outlines evidence-based concepts, models, and theories applied to the education program; relevance to nursing practice; local background and context; and my role in the project.

## Section 2: Background and Context

Current practices at the project site involve managers developing unfocused coping mechanisms to handle their stressors in the absence of clear resources for individual stress management (HRC, 2016). Situations contributing to an environment prime for burnout include high levels of distress, low manager peer engagement, and lack of support systems (HRC, 2016). Providing nurse managers with stress reduction education specific to their unique practice needs may positively impact the nurse manager role. The practice-focused question for this project was the following: Can developing an evidence-based stress reduction education program empower nurse managers to better handle work-related stressors and reduce burnout?

The purpose of this DNP project was to develop an evidence-based education program to guide nurse managers in coping with role-related stressors. Through evidence-based education focused on stress management, nurse managers may experience enhanced role engagement and decreased burnout. Section 2 addresses concepts, models, and theories that informed the project; the relevance to nursing practice, site background information and context evidence, and my role in the study.

### **Concepts, Models, and Theories**

The job demands-resource (JD-R) theory operates on the assumption that job demands lead to stress in the absence of certain resources (Bakker, 2017). Evaluation of local site information indicated the absent resource as education focused on stress reduction. A single theoretical framework was insufficient to guide this project. Aspects of the nursing process were integrated with the JD-R theory to support the project

consistent with the steps of assessment, diagnosis, planning and outcomes, implementation, and evaluation (American Nurses Association, 2016).

### **Job Demands-Resource Theory**

The JD-R theory is an expansion of the job demands-resource model composed of job design and stress theory proposed by Bakker in 2001 (Bakker & Demerouti, 2015). This theory explains how job demands and resources have multiple effects on job stress, ultimately impacting a worker's level of engagement. A strength of the JD-R theory for guiding this project was the flexibility of its application. According to Bakker (2011), all work environments and all job characteristics can be grouped into two categories: job demands and job resources. The category of job demands encompasses physical, social, organizational, and psychosocial aspects associated with a psychological response (Bakker & Demerouti, 2015). Although all job demands are not classified as negative, examples of negative demands include high-pressure work environments and emotionally demanding interactions (Bakker, 2011). A hindrance to performance is experienced when an individual must consistently use extreme efforts to meet these demands and does not adequately recover (Bakker, 2017). The category of job resources encompasses those aspects that reduce job demands along with psychological costs, enhance function in achieving work goals, and stimulate personal growth and development (Bakker & Demerouti, 2015).

The application of the JD-R theory to nursing has been documented through research studies focusing on nursing engagement, stress, and resource utilization. Montgomery, Spânu, Băban, and Panagopoulou (2015) conducted a multilevel study



using the JD-R model as a framework to investigate nursing engagement and teamwork across seven countries. Gao, Newcombe, Tilse, Wilson, and Tuckett (2014) published models for predicting nursing turnover using JD-R as a theoretical basis for the initial studies. Laschinger, Grau, and Finegan (2012) tested the JD-R to assess the transition of graduate nurses into the nursing workforce and what aspects contributed to their stress. These examples represent a sample of studies using the JD-R as a framework to enhance nursing practice.

### **Definition of Terms**

The project included terms with generally accepted meanings in nursing practice.

### **Relevance to Nursing Practice**

The research on stress management and coping techniques for nurse managers has been limited. Existing scholarship indicated that the position of a nurse manager is stressful, supporting the premise that nurse managers experience high levels of stress during a normal work day (Van Bogaert, Adriaenssens et al., 2014). Recent studies that focused on nurse manager burnout, indicating that stress is associated with a management position, did not include recommendations to enhance coping or prevention (Kunie, Kawakami, Shimazu, Yonekura, & Miyamoto, 2017; Maxwell, 2016; Taylor, Roberts, Smyth, & Tulloch, 2015; Warshawsky & Heavens, 2014). This project demonstrated relevance to nursing practice by offering evidence-based solutions to a well-documented challenge facing practicing nurse managers.

## **History**

Researchers have addressed the topic of stress in relation to nurse management. Literature searches revealed surveys and articles dating back to 1990 focused on the effects of stress in the nurse manager role (Van Bogaert, Adriaenssens et al., 2014). However, the practice of nursing has evolved since that time. McVicar (2003) focused on identifying stress in nursing and nurse management through an in-depth literature review spanning January 1985 to April 2003. McVicar discovered that the emotional costs of distress had increased during that period along with lagging organizational interventions focusing on stress. The role of nurse manager has shifted over the years from a clinical focus to an administrative focus resulting in 10-12-hour work days, 24-hour availability requirements, and complex facility issues (Zastocki, 2010). Shirey (2008) indicated that as expectations of nurse managers increase, perceptions of stress, reduced ability to cope, and potential for harm also increase. Zastocki (2010) indicated that changing workplace demands, decreased clinical involvement, enhanced regulatory requirements, and increased complexity of hospitalized patients have contributed to role stress, challenges, and burnout.

## **Current State of Practice**

Nursing is described as emotionally draining work with challenges that increase levels of stress and possible burnout (American Nurses Association, 2014). Interventions focusing on helping managers cope with stress vary by institution, but the availability to access an employee assistance program is a constant (Richmond, Pampel, Wood, & Nunes, 2017). Current methods focused on enhancing individual renewal or relaxation,

changing certain factors within the work environment, and promoting mentorship for the management team are yielding positive results (American Nurses Association, 2017).

Elevated levels of occupational stress faced by nurse managers were viewed as a regular occurrence within the position (Kath et al., 2013). Modifying preventable stressors was identified as a primary intervention to reduce nurse manager burnout (Happell et al., 2013). This modification involves engaging nurse managers to facilitate modifying their work environments based on local assessments (Happell et al., 2013). Researchers examining occupational stress and coping for nurse managers recommended preventing burnout by seeking advice from administrators or taking mental breaks (Miyata & Suga, 2015). Udod & Care (2013) indicated that senior nurse leaders play important roles in imparting knowledge and preparing less experienced nurse managers to cope with role-related stressors. First-time nurse managers who are empowered by senior leadership reportedly experience less stress than those who are not (American Nurses Association, 2017).

When stressors become overwhelming for nurse managers, the nurse manager may seek help from an employee assistance program. These programs were originally designed to provide guidance to staff members who were experiencing acute phases of alcohol or substance abuse but have grown to include issues with stress and coping at home or in the workplace (U.S. Office of Personnel Management, 2017). Unfortunately, these programs are underutilized in most settings with only 4-6% of employees accessing the benefits (American Psychiatric Association, 2016; Zamosky, 2014). Managers may

avoid these programs because of perceived stigmas regarding substance use or mental health issues (American Psychiatric Association, 2016; Richmond et al., 2017).

### **Filling the Gap in Practice**

This doctoral project filled a gap in practice associated with stress education for the nurse manager. Literature reviews revealed the prevalence of increasing stress in nursing management. The practice of managers attempting to cope with stress in an unsupportive environment facilitates a cycle of recruitment and retention issues (Moore, Sublett, & Leachy, 2016). This project filled the gap in practice through the development of a synthesized evidence-based education program for nurse managers. Health care clinicians are now focusing on the patient to enhance the delivery of care. Viewing the nurse manager as a whole and presenting education synthesized from best practices would facilitate the development of enhanced coping skills for this group.

### **Local Background and Context**

The project site is located in a suburban setting in the Northeastern United States.

### **Summary of Local Relevance**

According to the site management team, the topic of stress has been addressed in management meeting forums and acknowledged as an issue at the executive leadership level. A lack of formal stress management training or streamlined manager peer support for stressful situations was reported in open forums by management staff members (HRC, 2016). However, formalized interventions have not been implemented. A program known as code lavender had been presented at a manager's neurology seminar in September 2016, indicating that unhealthy levels of stress were present in the facility (HRC, 2016),

but this program has not been implemented. The current focus of the facility involves educating managers on changes that have occurred after the corporate merger and those that will be occurring to meet corporate mandates.

### **Concise Local Definitions**

All terms used in the project study were considered common terms.

### **Institutional Context**

The doctoral project focused on one of the acute care hospitals within a system comprised of 28 acute care hospitals, 100 community access points, 28,000 employees, 6,000 credentialed medical staff members, and 4,000 hospital and nursing home beds. The system provides service for 1.5 million people, has clinical affiliations with major universities, and will be launching a medical school in 2018. The system covers 18 counties and includes multiple partnerships with individual provider entities (Corporate Division, 2017).

The combined strategic vision for this system consists of providing unmatched access to health care resources for all patients regardless of location or individual resources (HRC Corporate Division, 2017). According to a senior nursing executive at the facility, the focus of stress on nurse managers was heightened following the multisystem merger. Role stress is a recognized as a system-wide issue caused by differing management role expectations based on practice location, but a system-wide consensus on what education or resources to provide for managers has not been achieved (senior nurse executive, personal communication, January 2017).

The project site is an acute care hospital that has undergone two large mergers within the past 3 years. The first merger combined community entities to stabilize smaller health systems. During the first merger, a decision was made to incorporate management practices from the other health systems into the current facility. This resulted in a title change for the management team, additional responsibilities, and a revised reporting structure (director of nursing, personal communication, June 2017; HRC, 2017). Approximately 18 months later, another merger was announced, combining the newly formed health system with a larger corporate entity (HRC Corporate, 2017). The chief strategy officer indicated that following this large corporate merger a decision was made to begin standardizing the manager roles across the health system. Rationales for this decision included unifying hospital operations and standardizing operating procedures across the system (chief strategy officer, personal communication, August 2017). Managers were given new titles reflecting their impending role modifications (HRC, 2016).

According to a chief nursing executive, each facility has a different chief nursing executive overseeing operations. This results in differing views of the manager's role and position. In some facilities, nurse managers are expected to keep a patient assignment while running their units; in other facilities, managers work as nurse executives. A clear decision on the role and responsibilities of the nurse manager has not been made on a system level (chief nursing executive, personal communication, August 2017). The managers indicated that role stress increased because of changes in their position requirements and a more corporate focus for the organization.

### **Role of the DNP Student**

This project had personal relevance because of my previously held nurse management positions. Stressors experienced by nurse managers are extremely personal and often difficult to share even among trusted colleagues. There is an expression that everyone has an off day, but when those off days start running together everything is impacted. Knowing how to cope with stressors and prevent burnout or when to seek help may make a difference in the life of a nurse manager. While I am not employed by the project site, many of the challenges faced by the nurse managers mirrored those encountered in my previous roles. I envision this project imparting a body of nursing knowledge to those who may benefit from stress reduction.

### **Role in the Doctoral Project**

My role within the doctoral project was to develop an educational program for nurse managers focused on evidence-based techniques for stress and burnout reduction. I served as the project manager compiling evidence based best practices focusing on stress and burnout reduction. These practices were synthesized into an educational program, presented to a group of stakeholders within the project site for approval, and reviewed for appropriate local relevance. Once the stakeholders approved the educational program, it was presented to all nurse managers at the facility who elected to attend.

### **Motivations**

The motivation behind this project focused on fostering the development of nurse managers. Perspectives obtained from working as a nurse manager are invaluable to this project. Nurse managers bridge the gap between staff nurses and executive

administration, but function in both worlds (Dyess et.al, 2016). However, nursing management is more than a bridge. Nursing management is a combination of art, science, and fostering the leader within (American Organization of Nurse Executives, 2015).

Within this role stress will occur, but the way in which that stress is handled will determine its outcome (Dyess et.al, 2016). My goal is for this project to provide a venue of support for nurse managers who are uncomfortable expressing their levels of work-related stress.

### **Potential Biases**

Identification of potential biases is difficult to predict. Having worked as a staff nurse, nurse manager and nursing director I have experienced the varied aspects of these roles. However, it is arguable that with any project a potential for bias is always possible. Addressing these concerns will be achieved in several ways. An objective review of literature was performed to develop this project. Additionally, sources of information consisted of national nursing organizations, recognized best practices from independent health care organizations, and peer reviewed literature. The body of information were further reviewed and monitored by my project preceptor. Any information source that could be deemed as bias was excluded from the project.

### **Role of the Project Team**

This project focused on providing stress management education to nurse managers. The nurse managers employed at the project site form an essential component of the project team. A goal of their participation was to have them view the educational program from an expert perspective. The managers were considered expert on their daily



stressors and what would work in helping them cope. Staff nurses attended a separate presentation without manager presence and evaluate the educational program from their perspective. The perspective of a staff nurse included factors not previously identified by the manager group. Finally, nursing administrators attended a separate presentation. Their insight became invaluable as many have held manager roles prior to transition into the administration level and may reveal a perspective from personal experiences. All identified stakeholders had an opportunity to review the synthesized educational program and provide feedback for program improvement.

### **Processes**

The DNP student conducted a power point presentation on the educational program. Each stake holder group was invited to attend independent sessions based upon their role within the organization. This step was taken to ensure unencumbered review of the presentation with the opportunity to ask questions in a neutral setting. The schedules for these sessions was posted in conspicuous areas around the sites campus and notice will be placed on the facilities intranet. Each session was limited to 10 participants to allow for a personalized question and answer session. The goal was to hold six sessions in total, providing two sessions for each identified group. Following the synthesized educational presentation focused on evidence-based nurse manager stress coping techniques, the team provided their input and expertise which was used to finalize the project.

### **Team Member Input**

Each team member group participating in this project was considered an expert in their perception of stress. Team members had the opportunity to attend one of the educational sessions and provide feedback on the information presented. At the end of each session, time was allotted to participant feedback. Additionally, participants had the option of emailing their recommendations. This measure was taken to eliminate the possibility of nonparticipation or no feedback based on anxiety in a group setting. Recommendations for the educational program focused on stress coping techniques for nurse managers were incorporated into the finalized project. Team members had an opportunity to review the final product which will include any changes based on their recommendations.

### **Timelines**

Establishment of formalized timelines was essential to the completion of this doctoral project. However, to ensure participation from a group of individuals who maintain a full schedule certain allowances must be considered. All managers and nurse stakeholders within the organization received an invitation to participate. The timeline response was identified as two weeks from receipt of the invitation, dates to be determined. Upon establishing agreed dates and times with the stakeholder group, a formal presentation was held, with accommodation for eight attendees. Multiple presentations alleviated scheduling conflicts, boosted attendance, and enhanced an opportunity for group feedback. Those nurse management members who choose to participate were asked to provide their feedback and recommendations for improvement

both real time and within seven calendar days from the date of presentation. These timelines allowed for a thorough review of the evidence, with consideration to their individual schedule constraints.

### **Summary**

The practice of nursing management can be stressful. Historically the topic of stress in nursing management has been linked to the changing health care marketplace. Preparing nurse managers to handle this increased stress in practice occurs in a variety of ways. Coping in the face of stress is a learned response, but current evidence demonstrates methods exist to guide nurse managers in this learning. Creating synthesized education focused on facilitating how nurse managers cope with workplace stressors served to bridge the gap between learning in an unstructured setting and learning evidence based best practices in a convenient and familiar setting. The role of the DNP student in this project was as project manager and presenting a synthesized educational program focusing on evidence-based stress relief techniques to the nurse manager stakeholders. The role of project team members was to serve as contextual experts on their perceptions of stress, provide a recommendation for improvement, and review the final proposal and education to determine compatibility within their organization. Section three will focus on: identifying sources of evidence that supported project development; list databases, key search terms, and methods for a comprehensive literature review; provide an overview of project participants and procedures that were used to collect evidence; discuss protection strategies for project participants; and describe analysis and synthesis procedures that were used in the project.

### Section 3: Collection and Analysis of Evidence

The role of a nurse manager in the acute care hospital has become increasingly complex and stressful because of changing health care dynamics (Miyata et al., 2015). Stressors are noted to increase based on the level of demand a manager faces (Miyata et al., 2015). At the project site, practices involved managers relying on personal coping mechanisms to handle their stressors in the absence of resources for individual stress management (HRC, 2016). The purpose of this DNP project was to develop an evidence-based education program to guide nurse managers in coping with work-related stressors.

This project was guided by the job demands-resource theory, which was used to focus on a job demand leading to stress on an individual in the absence of resources. A literature review of the topic of nurse manager stress revealed that stress is not a new element of the manager role, and that coping methods vary (Advisory Board, 2017; AONE, 2018; Cairaki, McKey, Peachey, Baxter, & Flahterty, 2014; Frankel, 2018; Kelly, Wicker, & Gerkin, 2014; Keys, 2015). Analysis of the current state of practiced revealed recommendations for employee assistance programs, modifying work environments, obtaining advice from administrators, and taking mental breaks from the stressor (Advisory Board, 2017; Gardner, Hailey, Nguygen, Prichard, & Newcomb, 2017; Hendren, 2018; Hewko, Brown, Fraser, Wong, & Cumings, 2014; Jones, McLaughlin, Gebbens, & Terhorst, 2015; Warshansky, Wiggins, & Rayens, 2016). The role of the DNP student in this project was project manager. This project consisted of compiling and synthesizing evidence-based best practices focusing on stress and burnout reduction, designing an educational program that was presented to a stakeholder group using a

PowerPoint presentation, and presenting to all managers who elected to attend. Section 3 includes the practice-focused question, sources of evidence, and the analysis and synthesis plan.

### **Practice-Focused Question**

A changing health care environment has resulted in the expansion and modification of roles, including the nurse manager. In the acute care hospital setting, a change in dynamics has resulted in expansion of the nurse manager role adding complexity and stress (Miyata et al., 2015). A correlational relationship between job demands and stress on the nurse manager develops, in which an increase in demands results in an increased level of stress (Miyata et al., 2015). Stress management practices identified at the project site have resulted from an absence of resources for individual stress management. Managers are not using evidence-based coping mechanisms in response to their stressors (HRC, 2016). These coping mechanisms lack a specific outcome to foster continued stress management. Nurse managers who become overwhelmed may elect to seek private assistance from the employer in the form of a crisis helpline, but this resource focuses on the recovery following an event as opposed to primary intervention (HRC, 2014). Low manager-peer engagement combined with minimal support systems contribute to an environment primed for burnout (HRC, 2016).

A gap in practice existed in the knowledge base of evidence-based coping mechanisms used by nurse managers to navigate daily stressors (Dyess et al., 2016). Insight from nurse managers at the project site revealed that current methods for coping with stress levels consisted of relying on personal stress-reducing behaviors. Primary

resources for stress management at the project site are focused on direct patient care roles because the topic has been studied more frequently (Kath et al., 2013). Employers may offer these resources in the form of person-focused interventions, organization-focused interventions, and integrated stress prevention initiatives including employee assistance facilitators, meditation sessions, and peer support groups (Roberts et al., 2012). Stress is experienced at all levels of practice, and when stress exceeds coping thresholds, eustress is exhausted and distress can ensue (Quick & Henderson, 2016). Continued exposure to distress without intervention may lead to manager burnout (Cieslak et al., 2014).

### **Alignment**

This project closed the gap in practice through the development of synthesized evidence-based best practice stress education for nurse managers. The practice-focused question for this project was the following: Can developing an evidence-based stress reduction education program empower nurse managers to better handle work-related stressors and reduce burnout? The purpose of synthesizing evidence-based best practices was to develop an education program that may enhance nurse managers' ability to cope with role-related stressors. The objective aligned with the practice-focused question through development of an education program that encompasses a variety of best practices, offering nurse managers an opportunity to learn about successful techniques that may be implemented in their daily practice.

### **Operational Definitions**

The project included terms with generally accepted meanings in nursing practice.

### Sources of Evidence

Evidence was collected from a variety of sources, including peer-reviewed publications from professional journals, nursing management/professional organizations, and published studies. Examples of peer-reviewed professional journals included the *Journal of Nursing Administration*, *Nursing Management*, *Journal of Nursing Management*, and the *Journal of Nursing Research*. Examples of professional organizations included the American Organization of Nurse Executives, the American Nurses Association, and the Organization of Nurse Leaders. Published studies were reviewed for appropriateness to the topic and transferability of the findings. Data were not collected from unpublished sources, unverifiable studies, or participant interactions. The project purpose was to develop an evidence-based education program to guide nurse managers in coping with role-related stressors. The sources used to address the practice-focused question met criteria regarding evidence base and relevance to the project.

A synthesis matrix was used to organize and analyze each source of evidence. The synthesis matrix allowed for evidence to be sorted and categorized based on different outcomes or management techniques (see Parris & Peachy, 2013). Sources were arranged by theme using the matrix. In addition, sources were rated using The Johns Hopkins Nursing Evidence-Based Practice Rating Scale (Johns Hopkins University, n.d) to evaluate and synthesize the literature based on evidence level and quality. This synthesized evidence was used to develop the nurse manager education program.

### **Analysis and Synthesis**

A comprehensive, systematic literature review was completed to synthesize evidence for this project and assembled on a literature review matrix. Databases included EBSCOhost, ProQuest, CINAHL, MEDLINE, and Science Direct. I also used the Google Scholar search engine. I also researched professional nursing organizations such as the American Organization of Nurse Executives, the American Nurses Association, and the Organization of Nurse Leaders. Key search terms included *nurse manager stress*, *nurse manager burnout*, *nurse leader stress*, *nurse leader burnout*, *nursing leadership stress*, *nursing leadership burnout*, and *evidence-based stress coping techniques*. The scope of this review consisted of a four-year look-back, starting in 2014 until present. Sources were limited to peer reviewed, evidence based, and published documents or programs. Evidence integrity was demonstrated by documenting and grading all reviewed sources on the literature review matrix.

### **Summary**

The practice-focused question for this project was the following: Can developing an evidence-based stress reduction education program empower nurse managers to better handle work-related stressors and reduce burnout? Databases included EBSCOhost, ProQuest, CINAHL, MEDLINE, and Science Direct. I also used the Google Scholar search engine and professional organization publications to obtain evidence for this project. The sources of evidence were organized using a literature review matrix, rated using The Johns Hopkins Nursing Evidence-Based Practice Rating Scale, and synthesized to develop an education program for nurse managers. Sources that were not



evidence based or peer reviewed were not included in this project. Section 4 provides findings and recommendations from this synthesis.

#### Section 4: Findings and Recommendations

The purpose of this DNP project was to develop an evidence-based education program to guide nurse managers in coping with role-related stressors. This program may enable nurse managers to experience enhanced role engagement and decreased burnout. A gap in practice existed in the knowledge base regarding coping mechanisms used by nurse managers to navigate daily stressors. Methods used for stress management were often not evidence based, leading to ineffective coping strategies. This DNP project addressed this gap in practice by identifying evidence for the synthesis, development, and implementation of an education program designed to reduce stress and minimize burnout for nurse managers. The practice-focused question guiding this project was the following: Can developing an evidence-based stress reduction education program empower nurse managers to better handle work-related stressors and reduce burnout? To answer the project question, I conducted a literature review of evidence-based practices to reduce nurse manager stress and burnout. This literature review included articles and resources published from 2014 until the present. The sources of evidence were organized using a literature review matrix, rated using The Johns Hopkins Nursing Evidence-Based Practice Rating Scale, and synthesized to develop an education program for nurse managers.

#### **Findings and Implications**

The focus of this DNP project was to decrease nurse manager stress and burnout through the development of a synthesized evidence-based education program. The sources of evidence were organized using the Walden University literature review matrix

and rated using the Johns Hopkins Nursing Evidence-Based Practice Rating Scale (Appendix A). This matrix was assembled to organize sources based on evidence strength, evidence quality, management technique, outcomes, and implications for future practice.

Grading evidence based on strength and quality was achieved using the Johns Hopkins Nursing Evidence-Based Practice Rating Scale. This scale outlines strengths of evidence from Level I through Level V (Johns Hopkins University, n.d.). Level I consists of experimental study/randomized controlled trial or meta-analysis. Level II consists of quasi-experimental study. Level III is a nonexperimental study, qualitative study, or meta-synthesis. Level IV is an opinion of nationally recognized experts or an expert consensus panel. Level V is an opinion of an individual based on nonresearched evidence. The quality of evidence is ranked from A = high, B = good, and C = low quality or major flaws (Johns Hopkins University, n.d.). Each of these rankings includes criteria for reviewing research, summative reviews, organizational reviews, and expert opinions.

A total of 31 evidence-based peer-reviewed sources were included in the literature review. These sources met the inclusion criteria of peer reviewed, evidence based, and published documents or programs accessed via multiple search engines and limited to date range of 2014 until present. Of the 31 sources, nine met Level I criteria, 11 met Level II criteria, nine met Level III criteria, and two met Level IV criteria of strength scoring. Quality overview revealed 27 sources rated A or high quality, and four sources rated B or good quality. Sources receiving a C rating were excluded from the project.

Multiple themes were identified in the literature analysis (see Appendix B), including manager-initiated methods of stress reduction, modification of workplace environment, peer support, roles of senior leadership in stress reduction, and fostering future leadership development. The predominant theme or stress management technique was leadership development. This development was identified across all experience levels. The transition from staff member to nurse manager was identified as a crucial point for mentoring or modeling, experiencing stress, and learning how to manage management stressors (Frankel, 2018). Training and developing leaders early in their career has been demonstrated to be a positive pathway for success during the management transition (American Organization of Nurse Executives [AONE], 2018). Effects of early training have been reported to influence a nurse manager's stress levels and ways in which the nurse manager copes with unanticipated stressors (Advisory Board, 2017; AONE, 2018; Cairaki, McKey, Peachey, Baxter, & Flahterty, 2014; Frankel, 2018; Kelly, Wicker, & Gerkin, 2014; Keys, 2015).

Modification of work environment was the next recurring theme. These modifications could include a physical change to the environment or culture setting. Culture setting encompassed aspects of delegation, manager empowerment from senior leadership, reduction of scope creep, and ability to disconnect from the workplace (Advisory Board, 2017; Gardner, Hailey, Nguygen, Prichard, & Newcomb, 2017; Hendren, 2018; Hewko, Brown, Fraser, Wong, & Cumings, 2014; Jones, McLaughlin, Gebbens, & Terhorst, 2015; Warshansky, Wiggins, & Rayens, 2016). Peer-to-peer mentorship and networking were identified as effective methods for managers to share

their experiences and facilitate mutual development (AONE, 2018). This type of stress reduction technique was linked to an overall increased personal fulfillment in position and enhanced nurse leader retention (Lamonica et al., 2016).

Nurse managers participating in peer-to-peer mentorship reported that the support and problem-solving insights shared differed from their primary employers were more effective at enhancing situational coping (AONE, 2018; Cairaki et al., 2014; Lamonica et al., 2016). Identifying areas that contributed to stress and burnout became a key component in planning coping techniques (Ellis, 2016). The act of acknowledging the presence of stress is essential to planning an intervention, which will determine effective or ineffective outcomes (Ellis, 2016; HcPro, 2017; Van Bogaert, Timmermans et al., 2014). Positive stress management techniques correlated with greater nurse manager tenure but required nurse managers to examine their coping habits and group them into positive or negative techniques (Laal, 2016).

### **Unanticipated Limitations**

The primary unanticipated limitation of the project was the exclusion of ineffective stress management techniques in the literature. This project was focused on use of evidence-based stress management techniques. A strong evidence base supported the use of identified techniques, but the education program would have been strengthened by an evidence base for ineffective techniques.

### **Individuals, Communities, and Institutions**

The implications of the project include providing nurse managers with initial and ongoing education related to stress management and coping techniques. At the time of

study, formal training sessions focused on stress management were neither readily available nor evidence based. Through the presentation of synthesized techniques offered in a convenient setting, nurse managers will be able to access education beneficial to career development and personal needs. Educational programs serve a driving force to improve nursing practice (Savage et al., 2015). Institutions electing to implement a synthesized stress education program for nurse managers would receive benefit from peer-to-peer management interactions, increased nurse manager retention levels, and management teams capable of coping with challenges or stressors as they present.

### **Positive Social Change**

Implications for positive social change include nurse managers' ability to better handle stressful situations. A nurse manager who is overwhelmed by stressors cannot fully meet the needs of departments, staff members, and patients. Through the use of stress management education, the nurse manager will have the tools necessary for effective coping. When effective coping techniques become habitual, nurse managers will be able to fulfill their role requirements to their patients and staff through staff mentorship, real-time coaching, and coordination of care delivery (Moss et al., 2016).

### **Recommendations**

Although stress is often present in nursing management, effective methods of coping with stress are not. The gap in nursing practice that was the focus of this DNP project was a lack of knowledge of evidence-based techniques for stress reduction. The results of this DNP project indicated that evidence-based stress management and coping techniques are available, and when used result in positive outcomes for nurse managers

related to their stress levels. The recommended solution to fill the gap in nursing practice includes implementation of an educational program that synthesizes evidence-based stress management and coping techniques. This educational program would be directed to the needs of nurse managers and delivered through PowerPoint, lecture, collaborative group interactions, and handouts when appropriate. The educational program could be tailored to meet the needs of individual facilities or health systems. This program would be conducted in a formalized workshop setting at a time convenient to the nurse managers. Components of the recommended program (see Appendix C) consist of a pretest to assess baseline knowledge, delivery of the education via methods outlined in the education plan, and a posttest to assess whether learning has occurred on the topic presented.

Learning objectives for the education program include aspects beneficial to nurse managers' development of stress coping skills. The learning objectives were designed to be cumulative, as different aspects of stress management are introduced during the education (see Appendix C). The transformational learning theory for adult learners supported development of objectives through perspective transformation and integrated approach to promote competency (Taylor, 2017).

### **Educational Product**

The educational product (see Appendix C) is a formalized educational program presented in the style of a workshop delivered through PowerPoint and lecture. The program was broken down into five sessions presenting aspects of stress management over a period of one business week. Course Objectives 1 through 3 will be covered

during each session, focusing on the different aspects of stress management. Each subsection contains individual objectives and learning outcomes specific to the topic covered during that session. This methodology allows for the presentation to occur during daily manager meetings or leadership forums. Time required for each presentation is 5 to 10 minutes, allowing for questions following material presentation.

### **Recommendations for Implementation and Evaluation**

The recommendation to meet the gap in practice is supported by evidence-based stress management practices. This project demonstrated that evidence-based practice coping techniques covering a variety of stressors are available for nurse managers. Each stress management technique was presented in a different format to accommodate the needs of participants. The American Organization of Nurse Executives (2018) indicated that programs for manager development can be held in a variety of ways suited to the busy manager schedule including multiday intensives, session workshops, and online interactive courses. Options for synthesized education offered by the Advisory Board (2017) occur in the forms of workshops offered either on-site or online depending on participant needs. Formulating the best setting and delivery for education is as important as the education itself (Lockheart, 2006). Focusing the efforts of this educational program to meet the time constraints of busy nurse managers led to the use of the empowering education model (Chaghari, Saffari, Ebadi, & Ameryoun, 2017) as a design platform. The empowering education model is a new model matching the needs of nurses with the desirability of learning. All training was developed with a focus of self-direction and practicality.



Building on these practices would lead to the creation of an educational product that introduces the concepts from the literature. Implementation of the evidence-based education program would provide nurse managers with guidance and knowledge related to managing work-related stressors. The nurse manager would have an opportunity to attend educational sessions with other nurse managers and build on previous experiences while learning evidence-based techniques. Recommendations for the program include holding sessions during daily morning manager meetings or daily forums as defined by the facility (see Advisory Board, 2017; AONE, 2018; Lockheart, 2006). Presenting in the identified forums would ensure that all managers could attend, the education would not conflict with other responsibilities, and collegial dialogue would occur. Upon conclusion of the education program, an evaluation process would occur as means of assessing learning and program effectiveness.

Evaluation of the effectiveness of the education program would occur in the form of a pretest/post-test. The pretest was designed to assess the nurse managers baseline knowledge of stress management and coping techniques. The posttest was designed to assess learning on the topics presented. Questions from each subsection were developed based on the content presented. Questions in the posttest mimic those presented in the pretest, which was purposeful and will aid in determining whether nurse manager learning has occurred (see Advisory Board, 2017). Additionally, nurse managers will be provided the opportunity to offer senior leadership feedback on methods of enhancing daily organizational working conditions.

### **Contributions of the Doctoral Team**

This DNP project both benefited from and utilized the contributions of a doctoral project team. The doctoral project team consisted of the DNP student, nurse managers, staff nurses, and senior nursing administration. The nurse managers and senior nursing administrators involved with the project initially reviewed the project to determine if a need for such education was present for either themselves or the facility. The responsibility taken by these team members was to review the results of the initial power-point presentation containing a synthesis of education, developed from the literature review. Team members were then given an opportunity to provide feedback on the presentation. The feedback received was instrumental in sculpting the final PowerPoint presented for their review (Appendix D). The team was supportive of the project and appreciative that their input was adapted into the final power point presentation.

### **Team Member Roles**

Nurse managers provided insight into their daily stressors. Feedback received from the nurse manager team included a request to bundle similar aspects into separate domains when presenting the final product. Staff nurses feedback included that they were unaware of certain stressors experienced by nurse managers, and that they could incorporate certain aspects of the education into their practice. Senior administrators attended a session separate from staff nurses and other nurse managers. Input from the senior administrators was especially useful, as they would have an active role in supporting the nurse managers during stressful situations.

**Project Expansion**

Expansion of this project will occur at a future manager retreat held by the project site, date and time undetermined at present. This retreat will provide an opportunity for project presentations from students that the organization has hosted along with projects that have been conducted by various departments. Presenting the project at this level will enable all in attendance to learn about the identified evidence-based stress management techniques. Ultimately, the goal would be to further develop the educational program and present the education to each hospital within the health system

## **Strengths and Limitation of The Project**

### **Strengths**

This project provided a form of synthesized education that has not been evaluated on a large scale. One of the strengths of the project was having a wealth of evidence-based knowledge to support the development of an educational product. Each source and practice were peer reviewed and evidence back through previous studies. The use of an evidence-based foundation to synthesize education builds upon previous successes to facilitate achievement of future goals. Additionally, using literature with a date range search of 2014 until present provided information pertinent to current healthcare trends and challenges faced by nurse managers. Another strength was the use of a doctoral project team. The team review of initially presented results and subsequent feedback helped to shape a final presentation that was well received by all stakeholders. This DNP project contributes to the nurse manager knowledge base on the topic of stress management.

### **Limitations**

The primary limitation identified in this project is the design specificity to a single project site. During the development of content and presentation formatting, input was incorporated from the doctoral project team based on their perceptions or needs. Measurement of project effectiveness is limited to the institutional context, participation of the individuals involved, and may change based upon organizational needs.

**Recommendations for Future Projects**

Recommendations for future projects include determining if the education contained within was effective as presented, possibly assessing for regional specificity in stress management techniques for nurse managers. Additionally, a recommendation is made to expand the scope of evidence-based stress management education into the senior administrator role.

## Section 5: Dissemination Plan

### **Institutional Level**

This project will be disseminated in sites within the health care organization during a future manager retreat. During this retreat, nursing leadership from the health system will be exposed to emerging organizational processes and practices and introduced to new ideas for the upcoming practice year. Projects completed by graduate students are presented, along with internal projects from leader groups. Presenting the project at this level will enable nurse managers and nursing executives in attendance to learn about the evidence-based stress management techniques. These sessions are recorded and archived for future referencing. Additionally, a poster presentation outlining information from the PowerPoint presented to the original doctoral project team may be presented during nursing research day at one of health system sites.

### **Intended Audiences**

The primary audiences are nurse managers, senior nursing leaders, and emerging nursing leaders. A variety of venues may be appropriate for dissemination of the project. Primary venues include designated meetings at individual health systems, manager councils, professional practice sessions, Magnet research day, leadership development seminars, and new manager orientation meetings. On a broader scope, I can present this information at quarterly meetings of nursing leadership professional organizations. These state-run nurse executive councils host nurse managers, nursing directors, and nurse executives from a variety of health systems and include presentations of programs focused on self-development.

### **Analysis of Self**

During the course of my doctoral project and studies, I experienced a major change in the ways I approach research and practice.

#### **Practitioner**

Nursing leadership has always been a calling in my professional practice. Throughout the DNP project, I gained an increased understanding of organizational operations and system planning initiatives. My original DNP project proposal was based on a health system that destabilized shortly after approval of the project premise. This setback was ultimately a setup for a project that could have a greater impact on the practice of nursing leadership. I found myself having to network with leaders from different facilities and health systems. Although the foundation of nursing leadership was similar, the manner in which management would deliver on their roles was different. During interactions we were able to share ideas on the methodology of nursing management and challenges faced by varying definitions of nursing management. The DNP project allowed me to increase my knowledge base regarding methods of approaching issues experienced within health systems. Prior to the doctoral project, I found much of my practice was reactionary as opposed to anticipatory. Now, as a leader, I find that I am able to anticipate challenges and plan appropriate interventions before they become issues.

#### **Project Manager**

The role of project manager was a particularly enjoyable experience. Although it was not the first time I was the lead on a project, it was the first time I was the lead on a

project with this level of personal and professional investment. My project location was not a facility I was familiar with in terms of policy or procedures. The project team was helpful in describing how their system works and what challenges were faced on a daily basis. I became aware that similar circumstances existed in other facilities and that this project could impart something valuable to those stakeholders.

Working with the team required me to keep an open mind and not question why certain practices were in place, but to listen to their input on these items. Presenting each draft of the project facilitated growth between myself and the team members. They acknowledged that I listened to their concerns, incorporated their feedback, and allowed them to be instrumental in project completion.

### **Scholar**

The role of scholar in the project required cumulative knowledge acquired across all areas of education leading up to this project. Conducting the DNP project was unlike anything that I had completed in course work. Conducting a literature review was not unfamiliar, but this was the first-time evidence had to be sorted and evaluated for inclusion in a project. Initially this aspect proved challenging as I frequently second-guessed whether my appraisals were too critical or not critical enough. I looked at the criteria trying to determine whether the level assigned for strength and quality was appropriate. I realized I had assessed levels of evidence in courses but never using a matrix.



### **Project Completion**

The completion of this DNP project was challenging because of the importance of developing a synthesized educational plan that would prepare nurse managers to handle their daily stressors. There was a sense of anxiety and urgency to deliver a high-quality product that would be presented to both the DNP project team and the stakeholders who invested time and energy in this project. I realized that every resource at my disposal was invaluable when assembling and presenting the final product. Collaborating with the project team was imperative in building the foundation for an educational program that was well-rounded and satisfied each stakeholder. This experience enhanced my skills in project management and networking and provided insight into successful mentorship opportunities. Taking on a project that could positively impact the well-being of nurse managers was a challenging but rewarding experience.

### **Summary**

The practice of nursing management is stressful, and stress can manifest itself in two ways: eustress, which serves to facilitate drive and project focus, or distress, which can lead to nurse burnout (O'Donovan et al., 2013). Creating a synthesized education program to help nurse managers cope with workplace stressors served to bridge the gap between learning in an unstructured setting and learning evidence-based best practices in a convenient and familiar setting. Following an extensive literature review on evidence-based practices for stress reduction techniques for nurse managers, I created an education program. The project stakeholders embraced the product as a welcomed intervention that could be incorporated into practice. Educational modeling of evidence-based stress

management techniques is an essential step in preparing nurse managers to handle the daily stressors encountered in practice (see Advisory Board, 2017).

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## Appendix A: Evidence Rating Scales

## JHNEBP EVIDENCE RATING SCALES

| STRENGTH of the Evidence |   |
|--------------------------|---|
| <b>Level I</b>           | Experimental study/randomized controlled trial (RCT) or meta analysis of RCT  |
| <b>Level II</b>          | Quasi-experimental study  |
| <b>Level III</b>         | Non-experimental study, qualitative study, or meta-synthesis.   |
| <b>Level IV</b>          | Opinion of nationally recognized experts based on research evidence or expert consensus panel (systematic review, clinical practice guidelines)   |
| <b>Level V</b>           | Opinion of individual expert based on non-research evidence. (Includes case studies; literature review; organizational experience e.g., quality improvement and financial data; clinical expertise, or personal experience) |

| QUALITY of the Evidence             |                   |  |
|-------------------------------------|-------------------|--|
| <b>A High</b>                       | Research          | consistent results with sufficient sample size, adequate control, and definitive conclusions; consistent recommendations based on extensive literature review that includes thoughtful reference to scientific evidence.                           |
|                                     | Summative reviews | well-defined, reproducible search strategies; consistent results with sufficient numbers of well defined studies; criteria-based evaluation of overall scientific strength and quality of included studies; definitive conclusions.                |
|                                     | Organizational    | well-defined methods using a rigorous approach; consistent results with sufficient sample size; use of reliable and valid measures   |
|                                     | Expert Opinion    | expertise is clearly evident   |
| <b>B Good</b>                       | Research          | reasonably consistent results, sufficient sample size, some control, with fairly definitive conclusions; reasonably consistent recommendations based on fairly comprehensive literature review that includes some reference to scientific evidence |
|                                     | Summative reviews | reasonably thorough and appropriate search; reasonably consistent results with sufficient numbers of well defined studies; evaluation of strengths and limitations of included studies; fairly definitive conclusions.                             |
|                                     | Organizational    | Well-defined methods; reasonably consistent results with sufficient numbers; use of reliable and valid measures; reasonably consistent recommendations   |
|                                     | Expert Opinion    | expertise appears to be credible.  |
| <b>C Low quality or major flaws</b> | Research          | little evidence with inconsistent results, insufficient sample size, conclusions cannot be drawn   |
|                                     | Summative reviews | undefined, poorly defined, or limited search strategies; insufficient evidence with inconsistent results; conclusions cannot be drawn  |
|                                     | Organizational    | Undefined, or poorly defined methods; insufficient sample size; inconsistent results; undefined, poorly defined or measures that lack adequate reliability or validity   |
|                                     | Expert Opinion    | expertise is not discernable or is dubious.  |

*\*A study rated an A would be of high quality, whereas, a study rated a C would have major flaws that raise serious questions about the believability of the findings and should be automatically eliminated from consideration.*

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## Appendix B: Literature Review Matrix

| Author/<br>Date   | Evidence<br>Strength | Evidence<br>Quality | Stress<br>Management<br>Technique  | Outcomes   | Implications<br>For practice  |
|---|----------------------|---------------------|--|--|---|
| Advisory Board<br>(2014)                                  | I                    | A                   | Gain support<br>from peers to<br>support stressful<br>situations   | Managers reported<br>decreased stress<br>levels when peer<br>support received.   | Implementation of<br>manager peer<br>support system   |
| Advisory Board<br>(2017)                                  | I                    | A                   | Specific<br>interventions<br>focused on<br>managing the<br>five most<br>common reported<br>stressors   | Each intervention<br>may be tailored to<br>the individual and<br>situation. Managers<br>benefit from being<br>prepared to<br>encounter these<br>situations.  | Implement and<br>practice the<br>identified<br>interventions to<br>facilitate individual<br>coping.                           |
| Advisory Board<br>(2017)                                  | I                    | A                   | Multiple<br>strategies:<br>elevated manager<br>role, increased<br>in-house support,<br>senior leadership<br>filtering strategic<br>initiatives,<br>limiting collateral<br>seepage, and<br>buffering 24/7<br>accountability | Strategies when<br>used separately<br>proven effective, by<br>combining the<br>aspects may reduce<br>nurse manager<br>overload   | Examine current<br>practice<br>environment,<br>implement executive<br>strategies to prevent<br>overload where<br>appropriate. |
| American<br>Organization of<br>Nurse Executives<br>(2018) | IV                   | A                   | Nurse manager<br>developmental<br>program  | Recommended<br>expert content for<br>nurse managers<br>developed from<br>partnership by<br>American<br>Organization of<br>Nurse Executives,<br>American<br>Association of<br>Critical Care<br>Nurses, and Nurse<br>Manager Leadership<br>Partnership | Foundational toolkit<br>to facilitate nurse<br>manager<br>development and<br>career goal<br>achievements.                     |
| American<br>Organization of<br>Nurse Executives<br>(2016) | I                    | A                   | Identify what<br>areas of job<br>dissatisfaction<br>are present, use   | Identified areas of<br>dissatisfaction with<br>largest intent to<br>leave linked to  | Recommendations<br>placed on evaluating<br>workload, providing<br>administrative  |

|  |     |   |  |   |  |
|--|-----|---|--|---|--|
|  |     |   | predictor scales to determine intent to leave position/practice, modify areas of dissatisfaction | practice environment, culture of generativity, director relationships, and workload. Job satisfaction can be restored by modification of these areas.                       | support, fostering coaching/mentoring, empower managers outside of micro-managed environment, create culture of shared responsibility, formalized succession planning. |
| American Organization of Nurse Executives (2018) | IV  | A | Peer to peer mentorship for developing and supporting nurse manager careers                      | Participants in mentorship program relate enhanced problem-solving insights and career support differing from that of employer  | Peer to peer mentoring as an important component in developing and supporting nurse managers through their careers   |
| Cairako, McKey, Peachey, Baxter, Flaherty (2014) | I   | A | Providing access to support and strategizing to increase perceptions of support                  | Study participants reported enhanced outcomes, career satisfaction, and decreased desire to leave manager role due to having mentors during the stressful transition period | Assignment of a new manager mentor, a new manager training program, and formal handover roles will enhance transition effectiveness                                    |
| Duffield, Dimitrelis, Frew (2014)                | I   | A | Decreasing unit turnover through strengthening leadership qualities                              | Data analysis of 1673 surveys reported a stronger leadership system resulted in stronger unit managers and a decreased unit turnover  | Nursing leaders to support managers development of "human" skills of management to better connect with nursing staff.  |
| Ellis (2016)                                     | III | B | Early identification of stress and burnout symptoms  | Early intervention of persistent, negative, work-related stress facilitates intervention prior to escalated manifestations.   | Managers must be aware of methodology for managing personal stress, which will facilitate fostering stress reduction on organizational level.                          |
| Frankel (2018)                                   | III | A | Development of functional leadership styles  | Leadership roles are fostered through senior leader   | Facilitating an effective leader transition from staff   |

|  |     |   |  |  |  |
|--|-----|---|--|--|--|
|  |     |   | to support healthy work environment  | mentorship, progressive leadership modeling, and professional socialization  | to management in nurturing supportive environment  |
| Gardner, Hailey, Nguygen, Prichard, Newcomb (2017) | I   | A | Reduction of work-related electronic communication device use while away from work   | Nurse managers reported decreased levels of home life enjoyment while constantly connected to work. When device use was reduced, managers reported higher employment satisfaction and improved home life conditions. | Enable nurse managers to have time disconnected from work activities while at home   |
| HcPro (2017)                                       | II  | B | Use of STOP (slow down, take three deep breaths, observe mind/body, and proceed with day) meditation on hourly basis during work days. | Acknowledgement and acceptance of stress is the first step to overcoming situations. Use of STOP meditation is an easy intervention to managing frequent stressors.  | Building reflective practice on stress management and piloting these programs may result in overall cost reduction and increased productivity                        |
| Hendren (2018)                                     | III | B | Delegation as tool to prevent burnout  | Nurse managers surveyed reported lack of delegation skills results in pattern of excessive workloads and burnout   | Development of delegation strategies and techniques in nursing management practice   |
| Hewko, Brown, Fraser, Wong, Cummings (2014)        | I   | A | Modification of identified factors leading to burnout and intent to leave position   | Job satisfaction, empowerment, and work-life balance factors were identified as lacking and provided reason to leave position. Managers lacking support to modify these factors experienced burnout.                 | Creating and fostering environments suited to nurse manager longevity through modification of identified factor reduces burnout and enhances nurse manager longevity |

|  |           |   |   |   |  |
|--|-----------|---|---|---|--|
| Jones, McLaughlin, Terhorst (2015)                                     | II        | A | Modify scope and span of control of nurse manager daily responsibilities                            | Organizations with modified span of control responsibilities for nurse managers experienced decline in separation rates and increase in job satisfaction.                                   | Limitation of scope creep, better defined span and scope for nurse managers, yearly evaluation of nurse manager scope to ensure proper distributions.              |
| Kelly, Wicker, Gerkin (2014)   | II        | A | Formalized leadership training for front line nurse managers  | Training enhanced a leaders' practices and ability to share strategic visions. However, different levels of management reported varied comfort levels and proficiency.                      | Nurse leaders must develop transformational leadership behaviors to facilitate their success.  |
| Keys (2014)  | Level III | A | Focused initiatives on better preparation for new nurse managers with tailored support and feedback | Reinforced identification of inflexible culture in many organizations related to manager roles and transitions. Generation X forced into organizational "norms" that are no longer relevant | Professional advancement should come with preparation and innovation in transitioning new managers into the role.  |
| Lamonica, Cama, Dennehy, McDonald, Mohrlein, Nortin, Potticary. (2016) | II        | A | Peer to peer manager coaching   | Early implementation of peer coaching results in increased personal fulfillment and enhanced overall nursing leader retention.  | Early implementation of peer to peer mentoring for nurse managers in hospital setting  |
| Laal (2013/2016)   | II        | A | Identification of positive and negative stress management techniques                                | Managers reporting positive stress management techniques correlated with greater tenure than those who reported negative stress management  | Identify techniques as positive vs negative, focus nurse managers on choosing positive stress management techniques to promote position satisfaction and longevity |

|   |           |   |   |  |  |
|---|-----------|---|---|--|--|
| Labraque, McEnroe-Petite, Leocadio, VanBogaert, Cummings (2017) | Level III | A | Identification of primary stressor, focused intervention to respond to situation                | Stress reduction results in overall increase in managers health and functioning  | Proper application of focused interventions will impact practice environment                       |
| Nelson (2017)   | Level III | A | Self-care focused, addressing workload as vital point for success                               | Disconnecting from workplace enables work/life balance   | Senior leadership supporting self-care and work/life balance                                       |
| Manning, Jones, Jones, Fernandez (2015)                         | Level II  | A | Succession planning for nurse managers  | Participants identified benefiting from participating in future manager training, developed enhanced role understanding, and greater leadership skill. | Leadership development as skill building objective for staff nurses showing interest in management |
| Miyata, Arai, Suga (2015)                                       | Level II  | A | Varied by participant, grouped into 3 themes. Support, mental breaks, and individualized models | Multiple successful nurse manager occupational coping strategies identified. Role stressors contribute to internal conflict                            | Early identification of role stress response with early intervention.                              |
| Newman, Patterson, Glark (2015)                                 | Level II  | A | Nurse manager networking as support system  | Participants indicated enhanced stress coping and problem-solving benefits from participating in networking  | Foster nurse manager networking early in career development or obtaining position.                 |

|  |           |   |  |  |  |
|--|-----------|---|--|--|--|
| Pengram, Grainger, Sigsworth, While (2014)                                 | Level III | A | Multi-faceted approach of adapting policies to meet practice environment           | Role of manager strengthened through adaptation and education  | Identification of issues in early phases can contribute to planning for enhanced outcomes for the manager                              |
| Romito, Maldondo (2017)  | Level III | B | Time management skills   | Time management may lessen stress, make life easier, and more meaningful.  | Implement time management teaching and prioritization  |
| Spano-Szekely, Quinn, Clavelle, Fitzpatrick (2016)                         | Level II  | A | Transformational leadership as method for increased satisfaction and effectiveness | Transformational leadership correlated with satisfaction, positivity, and effectiveness in nurse managers  | Partnering new managers with experienced transformational leaders to impart knowledge on their practice development                    |
| Titzer, Shirey, Hauck (2014)   | Level II  | A | Nurse manager succession and planning models                                       | Succession planning develops individuals for leadership and aids their successful transition and coping abilities  | Development of succession programs will greatly influence the success of future nursing leaders  |
| Udod, Cummings, Care, Jenkins (2017)                                       | Level III | A | Planful problem-solving, reframing situations                                      | Increased work-life balance based on planful problem-solving. Situational reframing results in making deliberate choices on what problems to tackle without exhausting emotional or cognitive energy | Gaining more control over work environment empowers managers resulting in overall greater support systems                              |
| Van Bogaert, Adriaenssens, Dilles, Martens, Van Rompaey, Timmermans (2014) | Level I   | A | Identification of risk and stimulating work related factors                        | Emotional exhaustion was identified from role conflict, meaningless, work home interference, along with decision authority.  | Clear understanding of impacts on nurse managers in work environment create opportunity to intervene and prevent detrimental outcomes. |

|  |          |   |   |   |  |
|--|----------|---|---|---|--|
| Warshansky,<br>Wiggins, RAYens<br>(2016) | Level II | A | Modification of<br>practice<br>environment to<br>facilitate job<br>satisfaction | Intent to leave<br>nursing<br>management linked<br>to burnout<br>secondary to job<br>dissatisfaction from<br>practice<br>environment. | Nurse leaders<br>facilitate in crafting<br>organizational<br>environments<br>supportive of nurse<br>manager practice |
|--|----------|---|---|---|--|



## Appendix C: Stress Education Plan

### **Nurse Manager EBP Stress Education Plan**

#### Procedure:

Education to be broken down into five sessions, presenting aspects of stress management education over the course of one business week. Objectives one through three will be covered during each session, focusing on the different aspects of stress management. This methodology allows for the presentation to occur during daily manager meetings or leadership forums. Time allotment for each presentation is between five and 10 minutes, allowing for questions following material presentation.

#### Learning Objectives:

1. Nurse manager will identify EBP stress management resources available.
2. Nurse manager will identify specific areas in practice that apply to the EBP resources.
3. Nurse manager will verbalize how each technique may be beneficial to their individual situation and stressors
4. Nurse manager will self-evaluate coping abilities before and after use of EBP education/intervention

Materials: Power Point presentation, copies of outline and speaker notes

#### Teaching strategy:

Teaching strategies for this education will consist of mixed methodology, lecture, case method, and active learning will be the primary methods implemented. When presenting to adult learners, the lecture or presentation is enhanced through case methodology.

When combined with active learning, case methodology promotes learner engagement, provocation of critical thinking, and knowledge integration (George Mason University, 2017).

Evaluation plan: A pre-test will be administered prior to the first session. The intent is to assess current level of participant knowledge on stress management. A post-test will be administered following the last educational session. Questions are focused to determine if learning occurred and what areas require additional attention. One question is kept as an open-ended response to assess how senior leadership can better support the function of nurse managers (Chaghari et.al, 2017, Lockhart, 2006).

| Topic                     | Timeframe  | Learning Objectives  | Content                        | Method                             | Outcome   |
|---------------------------|------------|--|--------------------------------|------------------------------------|---|
| Manager initiated methods | 10 minutes | 1. Nurse manager will identify presence of stressors in daily practice                                   | Acknowledge presence of stress | Power point/ discussion            | Allow RN managers to verbalize presence of stress in practice               |
|                           |            | 2. Nurse manager will identify methods for self-directed stress management                               | Know what you can control      | Power point/ discussion/ role play | RN managers to verbalize what is in span of control and what can't be fixed |
|                           |            | 3. Nurse manager will understand process for implementing manager-initiated methods of stress management | Manage your workload           | Power point/ role play             | RN manager identifies unrealistic workload expectation                      |
|                           |            | 4. Nurse manager will understand   | Ask for help                   | Power point/ discussion/           | Accompaniment to workload   |

|                        |            |  |   |                                      |   |
|------------------------|------------|--|---|--------------------------------------|---|
|                        |            | stress management as leadership skill  |   | scenario                             | management, RN manager identifies when to seek assistance   |
|                        |            |  | Make work meaningful                          | Discussion                           | RN manager will identify opportunity to support work/life balance   |
|                        |            |  | Time management                               | Power point/matching game/discussion | RN manager will identify tasks as urgent, important, and not important  |
|                        |            |  | Disconnect from work                          | Discussion                           | RN manager will verbalize methods for reduced device usage when away from work  |
|                        |            |  | Delegate                                      | Discussion                           | RN manager will identify delegation critical part of preventing burnout. Presented at end of section, as it ties into previously mentioned methods.                   |
| Work place environment | 5 minutes  | 1. Nurse manager will identify areas for controlling stress in workplace                     | Overview of workplace environment and culture | Power point/discussion               | RN manager will identify aspects of workplace relationships, culture, organizational caricaturists, and job. Focus placed on modifying negatively identified aspects. |
|                        |            | 2. Nurse manager will understand modifiable environmental factors and impact of modification | Physical work environment                     | Power point/scenarios/discussion     | RN manager will verbalize methods for enhancing work environment to promote relaxation (i.e: colors, plants, music)   |
| Peer support           | 10 minutes | 1. Nurse manager will understand importance of   | Mentoring                                     | Power point/discussion/scenario      | RN manager will identify mentorship opportunities   |

|                           |            |   |   |                                 |   |
|---------------------------|------------|---|---|---------------------------------|---|
|                           |            | peer support as method of stress management   |   |                                 | available, may be internal or external sources.   |
|                           |            | 2. Nurse manager will identify methods of peer support  |   | Power point/discussion          | Identify benefits from peer mentoring. Discuss and limitations if identified.   |
|                           |            |   |   | Discussion/hand out             | RN manager will verbalize methods accessing peer mentors, virtual mentors, and outside mentor resources.                              |
|                           |            |   | Peer coaching                                 | Role play/scenario              | RN manager will review and identify opportunities to implement peer coaching  |
| Senior leadership         | 10 minutes | 1. Participant will identify senior leadership role in stress reduction                                       | Role of senior leadership in stress reduction | Power point/discussion          | Participants will verbalize how senior leadership can support nurse managers in their role.   |
|                           |            | 2. Participant will identify how to facilitate manager and senior leader interactions on stressful situations |   | Scenarios/discussion            | Senior leadership participants will verbalize methods for nurse manager empowerment, assessing demands vs. resources, and mentorship. |
| Future leader development | 10 minutes | 1. Nurse manager will identify aspects of leadership development  | Why future leader development                 | Power point/discussion          | RN manager will review importance of future leader development as a method of stress management.                                      |
|                           |            | 2. Nurse manager will understand role of future leadership  | Succession planning                           | Power point/scenario/discussion | Participants will identify and verbalize benefits of succession planning.   |

|  |  |  |                  |  |  |
|--|--|--|------------------|--|--|
|  |  | development as stress management tool                        |                  |  |  |
|  |  | 3. Nurse manager will identify skills inventory for managers |                  |  | Participants will verbalize steps in succession planning.  |
|  |  |  | Skills inventory | Power point/<br>AONE<br>handout/<br>discussion | RN manager will review AONE nurse manager skills inventory |

## Nurse Manager Stress Education Pretest

1. I am aware of ways that I can use to better manage my stress levels on a day to day basis
  - a. Yes
  - b. No
  
2. Taking time to be away from work includes all of the following but
  - a. Ensuring that someone is available to cover in my absence
  - b. Maintaining accountability for my department in my absence
  - c. Frequently monitoring e-mail and text messages to ensure department functioning
  - d. Allowing myself to not worry about what will happen in my absence
  
3. Workplace environment is a factor that I have the power to modify based on my needs
  - a. True
  - b. False
  
4. My physical work environment consists of
  - a. My immediate work surroundings
  - b. The building in which I work
  - c. All units or departments within the facility
  - d. Those areas that I am responsible for
  
5. Mentoring is an effective for all instance if manager development
  - a. True
  - b. False
  
6. Peer coaching is defined as
  - a. Having a peer to share insights and information with
  - b. The interaction between managers that is used to solve a common problem
  - c. Reviewing opportunities to develop management style and practice
  - d. Having a formal relationship with another manager who can assist during difficult situations
  
7. Senior leadership in the hospital environment functions to
  - a. Ensure operations of the facility, mentor managers, build their team to peak functioning, assess facility resources in relation to job demands

- b. Mentor managers, ensure that all employees meet identified objectives, monitor managers and critique their daily unit operations
  - c. Build their teams to peak functioning, provide discipline to direct care staff when necessary, monitor facility budgeting, serve as role models for prospective managers
  - d. Ensure facility operations, monitor managers and critique their daily unit operations, ensure that all employees meet identified objectives, monitor facility budgeting
8. I feel that the senior leadership team acknowledges my daily stressors and values my contribution to the facility
- a. Yes
  - b. No
9. I would have benefited from a new manager orientation
- a. Yes
  - b. No
10. I know what succession planning is and have a plan in place
- a. Yes
  - b. No
11. Future leader development benefits the following except
- a. New managers
  - b. New nurses
  - c. Departmental operations
  - d. Senior leadership teams
12. A nurse manager who handles stress well is always
- a. An effective manager
  - b. A strong person both physically and emotionally
  - c. Promoted
  - d. Using the best possible methods for stress management

## Nurse Manager Stress Education Posttest

1. It is acceptable to admit that stress is present in my job
  - a. Yes
  - b. No
  
2. Asking for help is a sign of
  - a. Ineffective leadership
  - b. Inexperience
  - c. Acknowledging a problem
  - d. Being unprepared to handle the manager role
  
3. Time management may mean identifying tasks as all but
  - a. Urgent
  - b. Important
  - c. Not important
  - d. Unnecessary
  
4. Disconnecting from work is the ability to
  - a. Not consistently check e-mail and text messages while away from work
  - b. Leaving the physical facility but still maintaining contact with my department
  - c. Ensuring that someone is available to notify me of issues in my absence
  - d. Maintaining accountability for my department in my absence
  
5. Delegating tasks that do not have to be personally handled is
  - a. Always a risky decision
  - b. An effective method in reducing unnecessary stressors
  - c. Seen as passing the responsibility for an unpleasant task
  - d. Not the best use of my employee's time
  
6. Changes to workplace environment that may enhance relaxation include
  - a. Changing furniture, carpets, office, and location
  - b. Adding colors, decorations, plants, and personalization
  - c. Removing all things that correlate with stress
  - d. Avoiding areas identified as stressful or unsettling
  
7. Peer mentorship is shown to be effective because
  - a. Mentors are experts of the topic of management
  - b. Mentors share similar experiences and provide insights into problems
  - c. Mentors have progressed past the novice phase of their careers



- d. Mentors want to help
8. Peer coaching would be beneficial to my personal development
- a. Yes
  - b. No
9. Peer support or coaching must always be formal
- a. True
  - b. False
10. Senior leadership wants me to be successful
- a. True
  - b. False
11. What is one way that your senior leaders can better support your functioning as a manager?
- a. (These are anonymous responses and will be used to shape future support)
12. Senior leadership in the hospital environment functions to
- e. Ensure operations of the facility, mentor managers, build their team to peak functioning, assess facility resources in relation to job demands
  - f. Mentor managers, ensure that all employees meet identified objectives, monitor managers and critique their daily unit operations
  - g. Build their teams to peak functioning, provide discipline to direct care staff when necessary, monitor facility budgeting, serve as role models for prospective managers
  - h. Ensure facility operations, monitor managers and critique their daily unit operations, ensure that all employees meet identified objectives, monitor facility budgeting
13. I know what succession planning is and have a plan in place
- a. Yes
  - b. No
14. Future leader development benefits the following except
- a. New managers
  - b. New nurses
  - c. Departmental operations
  - d. Senior leadership teams

15. A nurse manager who handles stress well is always
- a. An effective manager
  - b. A strong person both physically and emotionally
  - c. Promoted
  - d. Using the best possible methods for stress management

## Appendix D: Education Program



## Evidence Based Stress Management For Nurse Managers

David Howe, MSN, RN, CEN

### Yes, stress is real

- Stress is real (Mitata et.al, 2015; Warshawsky & Heavens, 2014)
- Types of stress
  - Eustress
  - Distress
- Why it becomes a problem
  - Nurse managers do not effectively cope
- What can be done to help
  - Lets look to the evidence

## Your evidence based tour guide

- Meet Lester (Les) Stressman, nurse manager
  - Exciting and varied career
  - Entered management early on
  - Became burnt out from stress
    - Knew change was needed
  - Acknowledge both physical and mental aspects (Ellis, 2016)
  - Used the evidence base to manage stressors
  - Enjoys new ProQol score



## Evidence based practice groupings

- Evidence has been synthesized into domains
  - Domain 1- Self change
  - Domain 2- Environment change
  - Domain 3- Peer growth
  - Domain 4- Senior leadership involvement
  - Domain 5- Fostering future leaders



## Domain 1- Self Change

- Acknowledge that you are stressed (HcPro, 2018)
  - **Give yourself permission**
  - **Some stressors are unavoidable**
  - **Choose the path of reaction**
- Know what is within your control
  - **And what you can't fix**
- Manage your workload ( Jones et.al, 2015)
- Ask for help when needed



## Domain 1- Self Change

- Make work meaningful (Nelson, 2017)
- Structure your time (Romito & Maldonado, 2017)
  - **Urgent**
  - **Important**
  - **Not important**
- Disconnect and allow for away time (Gardner et.la, 2017)
  - **It is ok to not "always" be connected**
- Understand delegation (Hendren, 2018)
  - **Maybe the most important piece of the puzzle (Hendren, 2018)**

## Domain 2- Environment change

- What is your practice environment (AONE, 2016)
  - Relationships
  - Cultures
  - Organizational Characteristics
  - Job Design
  - Individual Characteristics
- Modifications to physical work environment to promote relaxation (Laal, 2013/2016)
  - Make your office a sanctuary
  - Office colors
  - Relaxing music
  - Plants

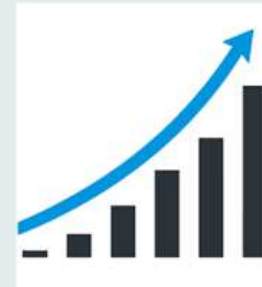


## Domain 2- Environment change

- What can you change?
  - First determine your perception of the environment (Warshansky et.al, 2016)
- Where does the change come from (Van Bogaert et.al, 2014)?
  - Look in a mirror
- What can you change?
  - Relationships
    - Cultivate work teams with directors, physicians, and unit staff
  - Cultures
    - Don't focus too much on 1 item
  - Organizational Characteristics
    - Is the reporting structure overwhelming
  - Job Design
    - Changes to workload and resources
  - Individual Characteristics
    - Seek support from directors and senior leaders.

## Domain 3- Peer growth

- Leader to leader mentorship (AONE, 2018)
  - Experienced managers mentoring newer managers
  - Not limited to current facility setting
  - Virtual access to support growth
- Experience and challenge sharing (Duffield et.al, 2014)
  - Form support systems in house
  - Stabilize uncertain areas
  - Peer support
  - Reduced stress and intent to leave positoin



## Domain 3- Peer growth

- Qualitative feedback (Newman et.al, 2015)
  - Benefits of networking
  - Personal development from peer interaction
  - Role development, using evidence to ease role strain
- Development of transformational style (Spano-Szekely et.al, 2016)
  - Peer supported emotional intelligence
  - Positive correlation to reduced stress and increased satisfaction
- Peer coaching as practice (Lamonica et.al, 2016)
  - Evidence back to 1988 on effectiveness
  - Enhances integrated approach to problem solving
  - Accounts for developmental stages of leadership
  - Builds leader skills in supportive setting

## Domain 4- Senior leadership involvement

- Be available for the managers (Ulrich et.al, 2014)
  - Offer routine support and encouragement
  - Remember your challenges and share your learning
- Nurture your team (Frankel, 2018)
  - Become a driving force, not a hindering one
- Empower your managers (Hewko wt.al, 2014)
  - Higher burnout reported with lack of empowerment
- Assess demands vs resources (Leach & McFarland, 2015)
  - Frontline issues versus contemporary issues
  - Facilitate managers to lead change
  - Identify individual topics of importance
    - Compare against managers topics, listen to rationale



## Domain 5- Fostering future leaders

- Succession planning (Titzer et.al, 2014)
  - Six steps to success
    - Strategic planning
    - Identifying high potential nurse leaders
    - Curriculum development
    - Implementation of program
    - Process evaluation
    - Candidate evaluation
- High functioning clinical nurse selection (Cziraki et.al, 2014)
  - Explore leadership potential
  - Establish readiness for formal training
  - Establish ladder of succession



## Domain 5- Fostering future leaders

- Experiential Learning (Mckinney et.al, 2016)
  - Develop managers based on experience skills
  - Novice, advanced beginner, competent, proficient, expert
  - Build upon previous knowledge with meaningful education
- Nurse manager skills inventory (American Organization of Nurse Executives, 2006/2018)
  - The science
  - The art
  - The leader within
  - Creates individualized professional development plan (AHRO, 2014)
- Proven effectiveness (Kelly et.al, 2014; Manning et.al, 2015)
  - Improved overall practice
  - Decreased stress due to preparation
  - Enhances transformational leader development

Questions?



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