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From Team Huddle to Team Cuddle: Rekindling Caring, Self-Compassion, and Joy in Work!

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Section I. Abstract

Problem: The healthcare industry suffers from a high level of burnout and unhealthy work environments, which has been heightened by the COVID-19 pandemic. The consequences of burnout may be expressed in both individuals and teams as a lack of caring, disengagement, incivility, and staff turnover.

Context: One department in an integrated healthcare organization displayed a pattern of annual low employee engagement scores and alleged workplace bullying. Team members also observed that employees failed to speak up when experiencing incivility. The Clinical Nurse Leader (CNL) student determined that an improvement initiative was needed to create a culture of caring to improve team cohesion and resilience and potentially reduce burnout and prevent incivility. As described by Watson (2012) and Perlo et al. (2017), healthy work environments include intentional change behaviors that promote mutual caring, positive values, trustworthiness, loving-kindness, and self-reflection.

Intervention: To improve the team dynamics and vitality, a new 13-week program (*From Team Huddle to Team Cuddle*, a.k.a. Team Cuddles) was created and implemented. The Team Cuddles program was guided by evidence-based practices to cultivate a positive work environment and culture of caring to support individuals and the team. Each weekly session included Caring Science practices and HeartMath exercises.

Measures: Quantitative and qualitative measures were assessed. The primary outcome measures included overall employee attendance and engagement. The process measures evaluated participation, engagement, and improvement in several multi-dimensional surveys. Qualitative themes were captured through direct observation and open-ended survey questions during implementation.

Results: The improvement project recruited 18 volunteer team members to participate. The pre-intervention survey response rate was low (16%); however, there was a significant increase to 50% in the post-intervention surveys. The final survey results showed a high degree of improvement in caring, team cohesion, and to connect with others; in alignment with some of the common themes observed. A majority of responders wanted the program to continue.

Conclusions: Leadership must pay close attention to the signs and symptoms of burnout at all levels of the organization to foster healthy work environments. Creating and sustaining a culture of caring is multifaceted and requires leadership support. Team interventions that are intentionally implemented and based on evidence from Caring Science are vital. When team huddles are transformed into team cuddles, they should improve employee resilience, self-compassion, and joy in work.

Keywords: caring science, nurse burnout, team cohesion, engagement, resilience, culture of caring

Section II. Introduction

Team Huddle to Team Cuddle: Rekindling Care, Self-Compassion, and Joy in Work!

Introduction

> Humanistic values and a Caring Science framework are an unstoppable, unavoidable, and a magnificent force of nature that compels us to be our personal best in all ways, great and small. Not for personal gain, glory, or title, but for a deeper connection to spirit, passion, and a lifelong commitment to being and becoming in our world. We become the heartbeat of healthcare and a transformative force for healing through compassion, wisdom, and love. It is our personal and shared legacy... a journey we embrace each and every day, and in every circumstance, it is never our job!
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> —Dr. Jim D'Alfonso, personal communication, October 1, 2020

While a certain level of stress has always existed for humans, the stress that humans experience today is more challenging than ever before. With the health care crisis brought to the doorstep by COVID-19 and the social issues gripping the entire nation and world, it is crucial that healthcare employees practice mindfulness, self-compassion, gratitude, and caring for self and others. Current research (Watson 2008, 2012; Perlo et al., 2017) provides evidence that the protective mechanism of being self-compassionate, mindful, and caring can boost resilience, prevent burnout, reduce stress, increase employee engagement, and rekindle joy in the individual's personal and professional life.

Building personal resilience can help individuals rise above the feelings of negativity and stressful emotions they might encounter and focus on the positivity and sense of joy in caring for another human being. *Stress* is how the heart and the brain respond to situations or

experiences and triggers depletion of emotions, such as anxiety, irritation, frustration, and hopelessness (McCraty, 2015). While *resilience* is "the capacity to prepare for, recover from, and adapt in the face of stress, adversity, trauma or challenge" (McCraty, 2015, p. 8). By incorporating evidence-based practices of Caring Science and HeartMath, these sustainable interventions offer a foundation to build a culture of caring and prevent incivility. Additionally, these disciplines allow people to observe with clarity and discernment and provide a renewal of energy to help employees adapt in the face of inevitable challenges.

A decade ago, one of the largest national healthcare organizations embraced Dr. Jean Watson's theory of Human Caring, also known as Caring Science, as its underlying ethical and moral foundation for practice. *Caring Science* is a framework based on human caring that "informs and serves as the moral-philosophical-theoretical-foundational starting point for nursing education, patient care, research, and even administrative practices" (Watson, 2008, chapter 1, para. 4). Caring Science encourages *all* to genuinely connect and care for each other; thus, promoting a healing environment that can happen through one's personal sphere and not just at the bedside (Watson, 2008).

Caring Science greatly influences many healthcare organizations and nursing institutions in their practices, such as Kaiser Permanente, Stanford Health Care, Samuel Merritt University, The Daisy Foundation, and Press Ganey (Watson Caring Science Institute [WCSI], 2020). In the same way, *HeartMath* was also adopted as a modality to boost resilience. HeartMath is evidence-based and has evolved over two decades of research on the science of stress; this program designs effective ways to manage stressful or depleting emotions (e.g., overwhelm and frustration) and increases resilience (McCraty, 2015). In synergy, the WCSI and the HeartMath Institute (HMI) embarked on a journey to provide healthcare organizations and their caregivers

with the foundation and modality towards creating a more caring and healing work environment.

In order to provide holistic and authentic caring to patients and families, this healthcare organization integrated Caring Science and HeartMath practices throughout its medical centers to guide and support the frontline-caregivers (Durant et al., 2015). In alignment with the organization's mission and vision of providing affordable, high-quality care and improving the health of the communities it serves, this innovative and revolutionary move is a critical initiative in changing the organization's culture.

While perhaps the first people who are perceived to experience the negative consequences of burnout might be frontline caregivers at the bedside, the consequences of burnout can occur throughout an organization. An opportunity exists to promote the evidence-based practices of Caring Science and HeartMath to other departments or business units within the organization. By promoting and implementing these caring practices, it is also harmonizing with the organization's goal of creating a culture of caring throughout the whole organization. A *culture of caring* is where and when individuals who work together practice caring behaviors, loving-kindness, mindfulness, respect, and trust, which fosters a healing work environment (Sitzman & Watson, 2018).

For many decades, numerous studies have been conducted to analyze the relationship between employee engagement and performance excellence across many organizations. This research indicates that higher employee engagement produces top-performing teams that lead to thriving organizations and customer satisfaction (Harter et al., 2016; Perlo et al., 2017). Similarly, emerging evidence shows that a culture of caring is the foundation of a healthy work

environment. In other words, a healthy work environment hones better employees who thrive, engage, and perform best (Perlo et al., 2017; Heckenberg et al., 2018; Li et al., 2018; Buchanan et al., 2019; Carter, 2019; Fazzone et al., 2019; Wei et al., 2019).

Problem Description

Workforce Evolution and Burnout

Many organizations are experiencing a shift in the workforce and are developing strategies to optimize their multi-generational teams (Gallup, 2017; Marlow et al., 2018). Before the pandemic, most employees followed the old work tradition of the 8 a.m. to 5 p.m. work shifts, and some worked from home with flexible working schedules. Today, the traditional employee benefits (e.g., bonuses, discounts, and vacation hours) might not be enough for younger millennials who have different career expectations regarding meaning and purpose in their roles. In parallel to this evolving workforce, many industries are experiencing changes in their operations, demands, and priorities to adapt to dynamic socio-economic changes, such as human conditions, technological innovations, socio-economic needs, and organizational priorities. Ultimately, these rapid changes create unwelcome and unavoidable stress to both organizations and their employees, which can lead to burnout, turnovers, and unfulfilled organizational goals. The World Health Organization (WHO, 2019) described burnout as an occupational phenomenon resulting from chronic workplace stress. *Burnout* is characterized by long-term emotional exhaustion, disengagement, and decreased efficiency at performing one's job.

Decades of research focused on burnout demonstrate the problem of this common ailment; however, organizations fail to provide their employees with unitary foundational practices, support, or tools to combat this epidemic. Healthcare organizations need to optimize

their teams by keeping them highly engaged, develop trusting relationships, camaraderie, and resilience to prevent burnout and turnover (Perlo et al., 2017). How can an organization promote a culture of caring, prevent burnout, and keep their teams engaged and resilient?

National Issue

The healthcare industry is not immune to changes and evolutions; in fact, change may be welcome. Currently, healthcare organizations are experiencing heightened stress due to the COVID-19 pandemic in addition to pre-existing problems, such as an increase of complex-patient needs, an aging population, health disparities, and scarcity of resources. These emergent trends bring pressure and highlight the need for healthcare organizations to deliver cost-effective quality care. This is especially important with regard to utilizing dwindling resources (e.g., face masks, personal protective equipment [PPE], and ventilators). Above all, the health care environment innately fosters highly dynamic and stressful situations for the *caregivers*, or nurses, by the nature of their work (i.e., caring for the sick and dying). Nurses, as the primary caregivers, have psychologically and physically demanding responsibilities. They are regularly exposed to patients' sufferings, experience secondary traumatic stress, and they are at risk of compassion fatigue, resulting from continued exposure to suffering and stress (Delaney, 2018).

At the point-of-care, nurses remain the central workforce in delivering and providing patient care. In 2017, the US Bureau of Labor Statistics reported 2.9 million nurses compared to 666,490 physicians employed in the US healthcare system. According to the study of Bakhamis et al. (2019), 70% of nurses reported burnout, and 65% stated they left their nursing jobs, which can result in nursing shortages. Augmenting the nurse shortage problem is the retirement of baby boomers, representing one-third of the nursing workforce (Carter & Hawkins, 2019). As a result of burnout, turnovers, and workforce shortages, productivity loss can translate to $450-

500 billion a year. Replacing an employee is estimated to be 20% of their annual salary due to the cost of hiring and training (Harter et al., 2016). Nurse burnout is an unmanaged problem in the healthcare industry with wide-ranging consequences, including high turnover, absenteeism, increased accidents, incivility, and errors in the workplace (Bakhamis et al., 2019; Li et al., 2018).

Local Issue

Burnout is an epidemic continually faced by all employees and can project itself in unpleasant attitudes and behaviors, such as incivility. *Incivility* is disrespectful as opposed to *civility,* where one engages in a respectful relationship with others despite disagreements (Clark et al., 2019). From 2016 to 2019, one ancillary department in a healthcare organization experienced five staff turnovers and unfavorable scores in the annual employee pulse survey (EPS), which is calculated as a score of 65 and below. There were reports of incivility and alleged workplace bullying, which were not formally reported to the Human Resources (HR) Department. Nevertheless, it led to some staff leaving the department. In 2019, a new workplace bullying incident occurred, which was reported to HR. The HR intervention did not result in any termination; however, it led to work-roles and structural changes to limit the victim's contact with the aggressor. *Workplace bullying* is a situation with negative behaviors (e.g., harassment and socially excluding) experienced by an employee repeatedly (Nielsen et al., 2018). Workplace bullying can result in psychological symptoms for the victim, such as sleep disorders, anxiety, and depression.

Moreover, the department nurse director unexpectedly retired, and one nurse manager transitioned to a different department. The department's team morale was low; relationships were dysfunctional and reflective of the most recent and unfavorable EPS scores.

The EPS monitors an employee's sense of satisfaction in their workplace, and at the same time, gives the organization the current "pulse" or performance of the department (Press Ganey, 2020). Most often, the EPS results drive initiatives to improve performance. The EPS measures ten indices: Engagement, Culture of Health, Talent Development, Workplace Safety, Organizational Performance, Patient Safety, Speaking Up, Team Effectiveness, Inclusion, and Integrity and Ethics. An index score above 75 is considered high (favorable), and below 60 is low (unfavorable). In all of the indices measured, the department scored 70 and below, having the lowest score of 59 for Integrity and Ethics. The detailed EPS results and its interpretation is displayed in Appendix A1 and A2.

Available Knowledge

A PICOT (population, intervention, comparison, outcome, timeframe) question helped guide the literature search and evaluate recent evidence. This author conducted a comprehensive systematic review and appraisal of existing literature.

PICOT Question

In employees who are experiencing burnout and disengagement in their work (P), does building resilience through practicing Caring Science and HeartMath (I), when compared to no intervention (C), rekindle their caring, self-compassion, and joy in work (O) in one year (T)?

Synthesis of Existing Literature

An electronic search was conducted between February to September of 2020 in the databases of PubMed, Cumulative Index to Nursing and Allied Health Literature (CINAHL), APA PsychInfo, Joanna Briggs Institute, and Google Scholar. The relevant published studies were retrieved using the search terms: *Caring Science*, *HeartMath*, *mindfulness*, *joy in work*,

resilience, *self-compassion, nurse burnout*, *team communication*, *team building*, *team cohesion*, *caring culture*, *engagement*, and *culture change*. Limitations include English-only articles, systematic review, meta-analysis, meta-synthesis, and quality improvement initiatives with publication dates within five years. Also, several articles were considered from other publications' references. For this literature review, fourteen articles were selected. The evaluation of the articles and evidence used the John Hopkins Nursing Evidence-Based Practice (JHNEBP, 2012) evidence appraisal tool. The complete display of the evaluation table is in Appendix B.

Evidence on Burnout, Team Engagement, and Leadership

Authors Bakhamis et al. (2019) and Li et al. (2018) conducted a study on nurse burnout syndrome and nurse engagement. Nurse burnout is "a state of emotional exhaustion where the individual feels overwhelmed by work to the point of feeling fatigued, unable to face the demands of the job, and unable to engage with others" (Bakhamis et al., 2019, p. 3). The meta-synthesis completed by Bakhamis et al. indicated that emotional exhaustion is flagrant in nurses, and the burnout rate is higher amongst nurses younger than thirty years old. Their study also showed a direct relationship between burnout and turnover rates, unhealthy work environment (e.g., workplace bullying and incivility), and lack of engagement. Li et al. (2018) meta-analysis on psychological empowerment and job satisfaction revealed that high psychological empowerment is associated with a low level of stress, burnout, and turnover intentions. The study also showed a significant positive correlation between a healthy work environment and nurses' and patients' overall well-being. The studies are rated Level III/A and Level II/B, respectively, using the JHNEBP appraisal tool.

Harter et al. (2016) of the Gallup, Inc. released the ninth edition of the *Q12 Meta-Analysis*. This research analyzes employee engagement and the impact on organizational outcomes. The study used Gallup's Q12 survey tool, which studies nine organizational performance outcomes: customer loyalty, profitability, productivity, turnover, safety incidents, absenteeism, shrinkage, patient safety incidents, and quality. The meta-analysis explored the relationship between employee engagement and organizational outcomes of 339 research studies across 49 industries in 73 countries, and with a total of 1,882,131 employees in 82,248 work units. It produced results that are within the 90% credibility value (CV) across the nine performance outcomes that were measured. Overall, the meta-analysis produced high generalizability in the relationship between employee engagement and performance. The study also revealed that the key to the most successful organization is maximizing its employees' potential by keeping them highly engaged. The study is rated Level III/A using the JHNEBP appraisal tool.

Marlow et al. (2018) examined the driving factors affecting team communication and their impact on team performance. The study explored team characteristics, task characteristics, and team communication at the operational level. It reviewed 150 literature with a total of 9,702 teams and found: (a) *familiar* face-to-face teams have a stronger relationship between communication and performance, (b) communication quality has more vital significance in performance than the frequency, and (c) differentiating communication types have added value (e.g., knowledge-sharing and elaboration). The study provides evidence that communication is positively related to team performance, and team familiarity enhances team processes and performance. The latter is mostly because familiar or *friendly* and face-to-face teams have

robust communication patterns developed through knowing and forming stronger relationships. The study is rated Level III/A using the JHNEBP appraisal tool.

In 2017, the Institute for Healthcare Improvement (IHI) released the *Framework for Improving Joy in Work* (Perlo et al., 2017), also known as *The Fourth Aim*. The white paper summarizes numerous studies, theories, and evidence about factors influencing burnout, employee retention, and job satisfaction. It aims to provide a framework based on evidence-based practices and tools in guiding healthcare organizations to engage their employees and *rekindle* the joy in the workplace. The initiative focuses on positive practices in cultivating a healthy work-culture to alleviate burnout and help achieve organizational outcomes.

The Fourth Aim — staff engagement and well-being — supplements the existing *IHI Triple Aim*: (a) optimize and enhance patient care experience, (b) reduce healthcare costs, and (3) improve population health (Berwick et al., 2008). Consequently, a literature review by Fitzpatrick et al. (2019) shows that there is a significant link between patient safety and a healthy work environment. The Triple Aim is achievable by creating a healthy work environment; thus, preventing burnout and its negative consequences. The articles are rated Level IV/A and Level V/A, respectively, using the JHNEBP appraisal tool.

Some studies focused on nurse leadership and their experiences in nurturing resilience and creating a healthy work environment. In the qualitative study by Wei et al. (2019), they conducted in-depth interviews of twenty nurse leader participants from a healthcare organization. They identified seven strategies in creating a culture of caring and resilience: (a) facilitating social connections, (b) promoting positivity, (c) capitalizing on strengths, (d) nurturing growth, (e) encouraging self-care, (f) fostering mindfulness practice, and (g)

conveying altruism. The support of nurse leaders in promoting and nurturing a culture of caring and resilience is vital. Without the support of leadership, any initiatives to promote a change-culture is not sustainable and effective. The study is rated Level III/A using the JHNEBP appraisal tool.

In 2010, this regional organization adopted and embedded Jean Watson's *Caring Science* in its organizational culture as a foundational ethical framework and model to guide professional practice. The article by Durant et al. (2015) reviews and reflects the organization's journey in integrating Caring Science across their medical centers throughout Northern California by using a measurement tool based on the Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) scores in patient satisfaction and patient safety and the level of Caring Science integration in the facility. Within 19 medical centers included in the data analysis, three hospitals scored low in their integration level, which was also reflective of their HCAHPS scores. The 16 medical centers with high scores of integration have significantly higher HCAHPS scores. The article provides evidence of the positive impact of integrating Caring Science principles and practices in patient care and health care provider experiences. Caring Science touches the core values of humanity, and especially of the nurses' calling to provide compassionate care to their patients. Burnout and compassion fatigue are prevalent in nurses and other health care providers. Caring Science engages caregivers to rekindle their purpose and values in their respective roles. It also serves as a unifying platform in connecting the organization's values, mission and vision, and practices. The article is rated Level V/A using the JHNEBP appraisal tool.

Evidence on Caring Science and Building Resilience

Jean Watson voiced, “Care and love are the most universal, the most tremendous and the most mysterious of cosmic forces: they comprise the primal universal psychic energy… Caring is the essence of nursing and the most central and unifying focus for nursing practice” (Sitzman & Watson, 2018, p. 4). Jean Watson is the founder of the Watson Caring Science Institute (WCSI) and the philosopher behind the Theory of Human Caring. Caring Science is a theoretical, ethical, and foundational framework to guide healthcare practice, nurse education, and patient care (Watson, 2008). Caring is the essence of practicing Caring Science, and at its foundational core for practice are the Caritas Processes (Sitzman & Watson, 2018; Turkel et al., 2018; Watson, 2008). From the Latin word, *caritas* cherishes and appreciates and embodies compassion, generosity, and charity (Watson, 2008). Caring is inclusive, universal, and restorative. The Ten Caritas Processes (https://www.watsoncaringscience.org/jean-bio/caring-science-theory/10-caritas-processes/) of Embrace (Loving-Kindness), Inspire (Faith-Hope), Trust (Transpersonal), Nurture (Relationship), Forgive (All), Deepen (Creative Self), Balance (Learning), Co-create (Caritas Field), Minister (Humanity), and Open (Infinity), these are guides to deliver caring practices in myriads of encounters, settings, and situations. Caring Science aims to “restore caring, healing, and the ethics of love into healthcare” (Turket et al., 2018, p. 66). Fundamental to caring is loving and caring for one’s self.

Fazzone et al. (2019) conducted a systematic review of interventional studies based on Caring Science as its implementation guidance. They examined 19 articles from various countries with different study designs (e.g., RCTs, quasi-experimental studies, and feasibility studies). The target participants were nurses, nurse students, and allied healthcare providers. They found that the practice of Caring Science: (a) reduce the patients’ emotional strain, (b) enhance patients’ overall well-being, (c) increase nurses’ engagement, and (d) improve the

confidence of nursing students. Caring Science is expressed and delivered in various ways, such as communication (i.e., mindful and caring delivery of bad news to a patient), healing touch (i.e., a nurse giving a back massage to a patient), visual arts (i.e., a collage of "Thank You" messages from patients), and developing ways to care for oneself (i.e., spending quality time with self or with loved ones). The study also showed evidence that healthcare providers' caring behavior is significantly linked to organizational culture. Having a culture of caring is positively correlated to the success and sustainability of an organization. The study is rated Level V/A using the JHNEBP appraisal tool.

Caring Science is practiced internationally in various settings and provides an ethical framework to promote a caring healing environment. A qualitative study examining human caring perception by healthcare providers was performed by Wei and Watson (2019). The study utilized the Ten *Caritas Processes®/Caritas-Veritas Literacy of Watson's Human Caring Theory* as a guide when interviewing participants in their experiences of interprofessional human caring. Twenty-seven healthcare professional volunteers participated in an in-depth interview. Some of the interview questions were: "What does human caring mean to you?" and "Could you please tell me your experiences of caring on interprofessional teams at work?" (p. 18). The responses were audio-recorded and transcribed. The authors categorized the participants' narratives with each of the Caritas Processes from an interprofessional perspective. For example, in the participant's perspective of "performing loving-kindness to patients, each other, and self" (p. 20), it is equivalent to the Caritas Process of Embrace (Loving-Kindness). *Loving-kindness* is the act of tenderness and consideration towards self and others.

Another example is the Caritas process of *Trust (Transpersonal Self)*, which is the participant's response to "valuing inter-subjective interactions and building trust among team

members" (p. 20). The health care environment is complex, and the workforce is dynamic. Cohesive and effective interprofessional collaboration is vital to patient care safety and outcomes. So, it is equally imperative to establish trusting and caring relationships among these collaborators. Practicing caring science in interprofessional teams can serve as a guide in creating and nurturing a caring and healing environment for all. The study is rated Level III/A using the JHNEBP appraisal tool.

Neff and Germer (2013) and Delaney (2018) investigated the effectiveness of practicing mindfulness and self-compassion in improving a person's overall well-being. *Self-compassion* is extending kindness and compassion to oneself and having the desire to alleviate one's suffering. Likewise, *mindfulness* is "paying attention to one's present moment experience as it is happening, and relating to this experience with a curious, open, accepting stance" (Neff & Germer, 2013, p. 28). Both studies conducted a Mindful Self-Compassion (MSC) intervention, an 8-week workshop in self-compassion and mindfulness. Their studies suggest that self-compassionate individuals exhibit stronger psychological strengths and intrinsic motivation than less self-compassionate individuals. The authors also suggested that self-compassion skills can enhance an individual's psychological protective factors and prevent burnout. Pre- and post-intervention surveys were obtained, and the scores analyzed. The results showed an increase in overall well-being outcomes and decreased depression, anxiety, stress, and burnout. The studies produced robust results that suggest that self-compassion and mindfulness are teachable, sustainable, and strengthens psychological health. "The more you practice it, the more you learn it" (Neff & Germer, 2013, p. 40). The studies are rated Level I/A and Level I/C, respectively, using the JHNEBP appraisal tool.

Heckenberg et al. (2018) released a study based on a meta-analysis of nine articles. The study aims to provide evidence of the effectiveness of practicing mindfulness to physiological indices of stress and illness. The study revealed that practicing mindfulness has the following effects: (a) reduce cortisol production, (b) improved autonomic balance (e.g., heart coherence), (c) reduce sympathetic nervous system reactivity (e.g., lower heart rate), and (d) improved immune function. Significantly, the study also suggests that an individual's emotional state influences the physiologic changes in the body. The study opens many avenues and opportunities to promote and advocate for more mindfulness-based interventions to combat and prevent illness. The study is rated Level III/B using the JHNEBP appraisal tool.

Buchanan et al. (2019) and Clark et al. (2019) explored the impact of utilizing HeartMath as a resilience tool in their studies. HeartMath is a modality developed by the HeartMath Institute (HMI), which explored cardiac coherence's physiologic effects. These effects show that an individual performs better and has higher resilience when the mind, heart, and emotions are in sync, also called *coherence*. In the quantitative study by Buchanan et al. (2019), HeartMath classes were delivered to volunteer hospital employees for six months. The HMI collected pre- and post-surveys using the Personal and Organizational Quality Assessment–Revised 4 Scale (POQA-r4 2016). The researchers found a significant reduction in work stress, emotional stress, and physical stress. In the mixed methodology study of Clark et al. (2019), they conducted a 150-minutes education on HeartMath to 188 nursing students. The class included cognitive rehearsal and the TeamSTEPPS™ Concerned, Uncomfortable, and Safety (CUS) model. The study identified that incivility, defined as disrespect, is one of the foremost challenges faced by new graduate nurses and one of the causes of burnout and intention to leave nursing. Through this resiliency program, Clark et al. aim to help nursing

students adapt and be resilient as they embark on the profession. Sixty-nine percent of the participants reported utilizing the training in their work environment. The interventions provided the new graduate nurses the tools to build resilience and address incivility effectively. Both studies show the effectiveness of HeartMath as a practice to build and increase resilience. The studies are rated Level I/B and Level III/C, respectively, using the JHNEBP appraisal tool.

Clark (2019) reviewed a quality improvement project conducted in two medical units in a medical center. The project implemented strategies to create a culture of caring and resilience at the workplace. It emphasized leadership support, practicing gratitude, staff recognition, positive feedback, coaching, engagement, and staff incentives. Both units showed a dramatic positive change in their organizational metric (e.g., Press Ganey engagement scores, CLABSI rates, and patient satisfaction scores) from 2012 to 2018. Clark reported that their turnover rates were significantly reduced and better than their benchmark from 2012 to 2018. The project's initiation in 2012 and the trend of their organizational outcomes show the strategies to build a caring culture are sustainable and effective. The article is rated Level V/A using the JHNEBP appraisal tool.

Rationale

Jean Watson's theory of Human Caring Science guided and shaped the conceptual, theoretical, and ethical framework of this improvement project *From Team Huddle to Team Cuddle: Rekindling Caring, Self-Compassion, and Joy in Work!*. This theory is also in alignment with the improvement science of IHI's *Framework for Improving Joy in Work*. The detailed project charter is displayed in Appendix C.

Caring Science Ethical Theory and Practice Framework

When human caring is involved, such as loving-kindness, self-compassion, and mindfulness, it requires a unique lens to view and explore these vital elements. Jean Watson's (2012) overarching theoretical framework of the Human Caring Science conceptualizes nurses' ever-evolving role in the health care profession and the universe – in the *physical and spiritual realm* – breaking away the limitation from the medical-scientific tradition and presenting nursing as an art and science. The convergence of nursing as an art and science makes it possible to explore a more profound meaning in caring and healing, emphasizing love, inner self, equanimity, and energy in promoting a holistic approach to patients, self, and the universe. This framework's beauty is that it is not limited to the field of nursing, but it has the potential to reach out to all humanity.

The theory and framework of Caring Science were essential in the selection process, the review of the evidence, and guided the project's planning and implementation. The core principles of Caring Science include practicing loving-kindness and equanimity (Watson, 2008), which embraces the fundamentals of building resilience through self-compassion and mindfulness in rekindling joy in work and preventing burnout. Caring Science guided the exploration to find the antidote in building resilience. The framework identifies resilience-building outcomes through the Ten Caritas Processes in practicing love and caring actions in one's life. The Caritas Processes address elements related to resilience, engagement, self-compassion, and mindfulness.

Framework for Improving Joy in Work

In 2017, the IHI released the *Framework for Improving Joy in Work*, which serves as the "Fourth Aim" to its existing "Triple Aim" of lowering healthcare costs, improving patient experience, and population health (Perlo et al., 2017). The framework serves as a

guide to help organizations bring back employees' purpose and joy in the workplace. It also summarizes numerous studies, theories, and evidence about factors influencing burnout, employee retention, and engagement. Another significant aspect of the framework is the emphasis on creating *joy in work* depends on the senior leaderships taking on the task to support, nurture, foster, and implement.

The framework states nine critical elements for improving joy in work: physical and psychological safety, meaning and purpose, choice and autonomy, recognition and reward, participative management, camaraderie and teamwork, daily improvement, wellness and resilience, and real-time measurement. Of these nine elements, the framework puts a high priority focus on *physical and psychological safety*, *meaning and purpose*, *choice and autonomy*, and *camaraderie and teamwork*. These four elements address the most basic human needs of self-actualization, self-esteem, belonging, safety, and physiological needs. The illustration of the framework is displayed in Appendix D.

Through Improvement Science and the IHI's Innovation Projects Committee, the framework identified key steps in promoting joy in the workplace, including assessment tools, change ideas, and measurement for success and sustainability. The Innovation Projects Committee reviewed current publications and literature in engagement, job satisfaction, and burnout. The committee conducted 30 interviews with subject-matter experts, patients, and organizations within and outside of healthcare. They also performed site visits with 11 healthcare organizations who participated in a two-month program, in which the framework and steps were tested and refined. The white paper describes the following: (1) the importance of joy in work, (2) four steps the leaders can do to support joy in work, (3) nine critical elements to implement, (4) examples of key change strategies, and (5) measurement and assessment tools.

The most crucial is the role the leaders play in sustaining and implementing this initiative program.

Specific Project Aim

By October 1, 2020, the team will incorporate virtual or face-to-face weekly Team Cuddles with 80% participation of the 18 current team members. The improvement process begins with creating a caring and positive environment through caring moments, HeartMath, and team building activities. The improvement process ends with the team members sharing and engaging in transpersonal caring relationships and creating trusting relationships. A *caring moment* is a heart-centered, meaningful, and authentic encounter between individuals, creating a natural healing environment (Watson, 2008).

Section III. Methods

Context

"It takes teamwork to make the dream work" (Maxwell, 2002, Introduction section). A single individual in solitude cannot accomplish significant tasks. It requires the merging and synchronization of team members to achieve a considerable outcome and reach organizational goals. Authentic excellence and success shine through when each member's strengths align with a shared goal, and they embody trusting relationships. Creating a healthy work environment where the team can best collaborate and release positive drives, such as innovation, accountability, and change-readiness, is essential in developing a highly-engaged workforce and, ultimately, a high-performing team (Rath & Conchie, 2008). The fundamental foundations of high performing teams are cohesion and trusting relationships. Trust increases efficacy and efficiency in the work environment. Hence, in developing camaraderie and trusting relationships between team members, authentic transpersonal encounters need to happen, and a culture of caring must take root.

Harter et al. (2016) surmise that job satisfaction is an attitudinal outcome, like loyalty; however, it does not entirely translate to an employee's performance. Conversely, engagement reflects emotions, such as excitement and creativity, which imbues performance and predicts productivity. Therefore, many organizations are looking for ways to utilize and enhance their teams. Effective team relationships develop through interactions and having a common goal. Marlow et al. (2018) conducted a meta-analysis of the relationship between team communication and performance. They found that the quality of communication and face-to-face huddles increase familiarity; thus, leading to higher team performance.

Keeping employees highly-engaged at the workplace is synonymous with experiencing joy in an environment where one finds meaning and purpose from their work. “An engaged workforce is one that holds a positive attitude toward the organization and its values and is foundational to creating high-performing organizations” (Perlo et al., 2017, p. 7). The IHI *Framework for Improving Joy in Work* identified *camaraderie* and *teamwork* as vital elements for employees to thrive in their workplace and enhance their resilience. Many studies have reinforced the link between healthy, caring environments that result in overall employee well-being and, ultimately, better patient outcomes.

Microsystem Assessment

The CNL student conducted a microsystem assessment in March of 2020 and completed a review of the department’s EPS from 2017 to 2019. The assessment identified the following quality gaps: (a) infrequent all-staff meetings, meets once every quarter; (b) team members’ relationships, which is a history of incivility; (c) team members *working in silos* (the mentality of not sharing information with other groups in the department), which leads to wasted time, cost, and opportunities (Hughes, 2016); and (d) unfavorable or low EPS scores (see Appendix E).

Project Charter

Before the project implementation, a project charter was created to delineate the project’s purpose, aim, goal, outcome measures, and implementations strategies. The project charter also included improvement tools, specific interventions, steps to implementation, driver diagrams, and timelines. It served as the project’s blueprint to keep the CNL student focused on what needs to be accomplished. A copy of the project charter was shared with the department’s senior leadership (see Appendix C).

Performance Improvement Tools

The IHI improvement science tools were primarily used in the planning stage of the project. These aided in strategizing, structuring, planning, and implementing the project. The following tools and forms were used: (a) Improvement Project Charter, (b) Quality Improvement Project Management, (c) Quality Improvement Project Measures Worksheet, (d) Plan-Do-Study-Act (PDSA) Worksheet, (e) SMART Objectives, (f) Driver Diagram, and (g) Gantt chart. (For details, see Appendix F1, F2, G, H, I, and J).

SWOT Analysis

A strengths, weaknesses, opportunities, and threats (SWOT) analysis was completed with the team in the project's planning phase. This tool helped determine if the problem was significant enough to be addressed, in addition to testing the feasibility of introducing the project that addressed team feelings and sensitive issues. The SWOT analysis is displayed in Appendix K.

Informational Interview

The history of the department's problem of incivility and harassment has been brought to HR's attention. Thus, it was necessary to interview the lead HR consultant with oversight of the department to appreciate their insights and role in the mitigation process. The lead HR consultant was also recruited to join the project in a supporting role and as a consultant. It was equally essential to interview the lead analyst and team leader of the workforce planning and analytics department. This team monitors the employees' movements (e.g., transfers and turnovers) across the organization, and they provided information and data related to the cost of employee turnover.

Project Cost

The project cost, including departmental time, education materials, surveys, and incentives for the team building games, was $7,440.36. The total hours spent on this project initiative is 390 minutes (30 minutes per week for 13 weeks), which cost the department $7,371. The total expenses on virtual games were $60, which was spent on three $20 Starbucks gift cards given as incentives for the three team-building activities. A detailed spreadsheet is displayed in Appendix L.

Cost-Benefit Analysis

The estimated financial analysis and return on investment (ROI) of the proposed project intervention demonstrated a relatively low-cost program compared to turnover cost. The department's nurse turnover cost is estimated to be $158,435.76 and for a nurse manager, $270,477.11 (workforce planning and analytics department, personal communication, June 23, 2020). The general cost of turnover is estimated as one year of the base salary for each employee that terminates or one-and-a-half times of the one-year base salary for a management position. The cost-benefit of the intervention can also be assessed on employee retention, decrease absenteeism, and productivity. If the program costs $7,440.36, the organization can save $150,995.40 by preventing one RN turnover. The initiative is feasible and sustainable. A resilient and engaged employee is optimistic, creative, and high performing (Harter et al., 2016; Perlo et al., 2017). See Appendix M and L for details.

Intervention

Despite the history of incivility and workplace bullying in the department, there had not been any holistic interventions and steps to establish a culture of caring before July 7, 2020. Team Cuddles is the first *introductory step* for the department to establish practices in creating a

culture of caring. Therefore, this project should positively improve team cohesion, resilience, camaraderie and address the following EPS indices: Integrity and Ethics, Inclusion, Team Effectiveness, Speaking-Up, and Engagement.

A *Team Huddle* is defined as meetings between team members where they share priorities for the day and departmental updates; this is the traditional mode of conducting a staff meeting. In contrast, a *Team Cuddle* is defined as a mindfulness session with team members to provide space for caring, sharing their authentic self, practicing mindfulness, and self-compassion (e.g., Caring Moments, HeartMath, and team-building). The intervention intends to introduce caring and mindful practices within the team, and the team's attendance, engagement, and survey responses were monitored and measured.

Before Implementation

Introduction

The departmental leaders and executive director were given a presentation before the all-staff meeting. After obtaining approval for the project, a 20-minute project presentation for the all-staff meeting was done virtually using a slide show presentation. The CNL student introduced and gave an overview of the evidence-based practices of Caring Science and HeartMath. Furthermore, the CNL student shared with the team personal challenging life experiences and encounters, and how the Caritas Processes and HeartMath guided and helped the student to persevere and thrive. The CNL student emphasized the various strategies in which Caring Science and HeartMath can help boost resilience, enhance the view of the world, manage stress and crises, and learn the importance of self-compassion and care.

Team Recruitment

Five team members were asked to join the team. Each team member was invited based on their caring attitudes and behaviors towards others observed by the CNL student. Four of the five members formally offered their support for this project initiative. Departmental leaders, preceptor, and an HR consultant were also asked to serve as advisors, resources, and coaches. See Appendix G for the list of the team members and their roles.

Training

Since 2010, the CNL student has been exposed and practiced the Ten Caritas Processes of Caring Science. However, this student is not a certified Caring Science or a HeartMath Coach. To lead the Team Cuddle sessions, the author underwent a Caring Science and HeartMath Quick Coherence coaching from the healthcare organization's Caring Science Program Director, who is a certified Caring Science and HeartMath trainer. In addition, Microsoft Teams Meeting training was also completed due to the necessity of virtual sessions. Qualtrics training with the staff at the University of San Francisco (USF) Department of Instructional Technology and Training was also obtained to construct the pre- and post-intervention surveys, dissemination, and collect responses.

Scheduling

The Team Cuddles sessions were held virtually via the Microsoft Teams Meeting app. At the beginning of the program, the invitations were sent weekly via e-mail; however, it was challenging to coordinate the team's schedule and availability weekly as work meetings change every week for many people. So, reoccurring sessions were put in place every Friday from 2 p.m. to 2:30 p.m. to avoid scheduling conflicts and provide everyone a chance to attend the sessions. However, when a team member cannot attend due to work priorities or scheduled time

off work, the team member would voluntarily notify the CNL student or send a message via the Team Cuddles chat room.

Implementation

The Team Cuddles were held weekly for thirteen weeks for 30 minutes. The sessions were held virtually due to the pandemic, and the team was mostly working from home. A Microsoft Team SharePoint and chat group were created to connect with all team members, and a platform to share. The following describes the typical agenda activities for each session:

1) About 10 minutes of HeartMath, mindfulness, and caring moment exercise (i.e., individual sharing of gratitude);
2) A relaxing music video via YouTube was played while the CNL student performs a guided meditation;
3) The occurring themes in the guided meditation were gratitude, loving-kindness, forgiveness, and hope;
4) Followed by team-building activities and ways of knowing one another, such as sharing coping strategies, inspirations, hopes, and wishes during this pandemic;
5) After each session, the CNL student asks for the team's feedback, recommendations suggestions for team building activities, and ways to improve the sessions;
6) Each session ends with gratitude.

Surveys

The CNL student collected anonymous, confidential, and voluntary pre- and post-intervention surveys at the beginning and end of the 13-week program. Additionally, a project continuation survey was also obtained. The surveys include the following:

- *Personal and Organizational Quality Assessment–Revised 4 Scale* (POQA-r4) by HMI, which measures organizational, physical, and emotional health, including the intention to quit;
- five questions were adapted from Dartmouth's *Clinical Microsystems: The Place Where Patients, Families, and Clinical Teams Meet*, which focuses on work stress;
- five questions were taken from IHI's *Framework for Improving Joy in Work*, which explores *what matters* to the team;
- Watson Caritas Self-Rating Score, Co-Worker Score, and Leader Score, which assesses the atmosphere and degree of caring bestowed upon one's self and experienced from others; and
- five questions related to continuing Team Cuddles beyond the 13-week project improvement program.

The surveys' details are available in Appendix N1, N2, and N3, including its permissions from WCSI and HMI in Appendix O1 and O2.

Study of the Intervention

Creating a culture of caring can be a monumental task, and the process is not exact or straightforward; organizational change agents may experience many challenges. To measure and capture the effects of the 13-week Team Cuddles program on creating a culture of caring within the team and promoting resilience and cohesion, both quantitative and qualitative methods were utilized. The combined quantitative and qualitative findings added complementary insights regarding the degree of change in relation to the intervention implemented.

The quantitative data were obtained from monitoring each session's attendance, attendee's participation or engagement during sessions (i.e., sharing and offering suggestions for team-building activities), and pre- and post-survey interventions, including the percentage of the response rates. The qualitative data were collected from discussions during the sessions and responses to questions in the pre- and post-intervention surveys. A CNL observation log was utilized to capture the qualitative responses, attendance, engagement, and comments or feedback. The responses and team-building activities suggested and implemented were categorized into themes. The CNL student was able to measure further the impact on team receptivity to change by analyzing the rich qualitative responses.

Measures

Measurement is central and exceptionally vital in implementing change (IHI, 2020). Metrics state the goal or outcome of the project improvements, factors, or interventions that drive the outcomes and the unintentional or possible consequences of introducing change in the system. Measurements are also a reflection of potential improvements and outcomes. More importantly, metrics can serve as indicators to make adjustments or changes to the intervention as necessary. IHI's Model for Improvement (IHI, 2020) established the family of measures: (a) *outcome measures* are specific goals or outcomes the intervention is focused on, (b) *process measures* are the interventions to be monitored that will directly contribute or drives the outcome, (c) *balancing measures* are consequences or unintentional impact of the intervention to the other part of the system or workflow.

The project's goal is to improve the team's cohesion and engagement through the weekly Team Cuddles. This first step is essential for the team by initiating frequent interactions among the team members and incorporating Caring Science practices. The primary outcome

measures chosen were: (1) an average of 80% (16 out of 18) of the team members attending the Team Cuddles for 13 weeks, and (2) engagement is measured by 50% improvement in the response rates and the pre- and post-intervention survey results.

The process was measured by monitoring the attendance in each weekly Team Cuddles, the response rates in the pre- and post-intervention surveys, and completing the CNL student's observation log for engagement. Furthermore, to monitor how the project affects the department's operational activities, the number of complaints from team members and not attending the sessions due to conflicting work priorities (e.g., meetings and work deadlines) were also monitored and observed. The goal is to have zero complaints from team members, and the Team Cuddles sessions are not in conflict with the team members' meetings and work deliverables.

Ethical Considerations

Cura personalis means to care for the whole person; this concept is one of Ignatian Spirituality and reflects a core value of this student and the teachings of Jesuit Universities (University of San Francisco, 2020). *From Team Huddle to Team Cuddle: Rekindling Caring, Self-Compassion, and Joy in Work!* is an initiative that fully embodies *cura personalis* and Caring Science theory and practices. Moreover, the Ignatian pedagogy principles of *context*, *experience*, *reflection*, *action*, and *evaluation* capture the essence of a CNL who serves many roles, including advocating for patients and work teams.

Equally important in selecting this topic for a Master's of Science in Nursing degree capstone project is the professional nursing Code of Ethics, which states that "the nurse, through individual and collective effort, establishes, maintains, and improves the ethical

environment of the work setting and conditions of employment that are conducive to safe, quality health care" (American Nurses Association [ANA], 2015, Provision 6). Nurses have moral and ethical obligations and responsibilities to improve and transform the workplace into an environment of healing, a safe and caring atmosphere for self and others to thrive and practice authenticity without fear of judgment, exclusion, or harassment.

A statement of non-research determination was submitted to the University of San Francisco School of Nursing and Health Professions Institutional Review Board (IRB). The project is considered an evidenced-based change and a non-research practice project. This project has been approved as a quality improvement project by faculty using Quality Improvement review guidelines and does not require IRB approval (see Appendix P).

Section IV. Results

Results

Weekly team meetings did not exist in the department before July 7, 2020; therefore, the intervention's baseline data was zero. Before the Team Cuddles, the team had low awareness of Caring Science and HeartMath practices; only 1 of 18 team members had “heard of” Caring Science and HeartMath.

Attendance and Engagement

The Team Cuddles program started on July 7, 2020 and ended on October 2, 2020, for a total of 13 weeks. While the project’s goal was an average attendance of 80%, the average attendance of the 18 participants was 78% (14 of 18), which was nearly at target. Perhaps more important was the participants' engagement and participation, which was 100% for each session. The engagement of the attendees was captured when they participated in the activities through: (a) joining the discussions, (b) joining the team-building activities and games, (c) providing feedback or comments in the chat room, (d) providing suggestions for the following week’s session, and (e) providing *asked* materials for activities (i.e., sending baby photos for the *Guess Who is That Baby?*). A detailed display can be found in Appendix Q1.

CNL Student Observation Log

The log has a clear description of the sessions’ agenda and activities, including the participants' feedback and comments. The log also captured the *themes* in each session of the Team Cuddles based on the activities and participants' comments. The log attempted to relate the theme with the Ten Caritas Processes. For example, on August 7, the Team Cuddles began with a HeartMath Quick Coherence and a guided mindfulness exercise followed by a team-

building activity, *Coping with Being Cooped Up*. During the session, the participants shared how they are doing physically and emotionally, including the strategies they were incorporating in their lives to cope, manage stress, inspired, and feel motivated. In this activity, the themes captured were *gratitude*, *self-care*, *personal sharing*, and *connection*. The Caritas Processes that were linked are *Embrace (Loving-Kindness)*, *Inspire (Faith-Hope)*, *Trust (Transpersonal)*, *Nurture (Relationship)*, Deepen *(Creative Self)*, and *Co-create (Caritas Field)*. The CNL student's detailed Observation Log is in Appendix Q2.

HeartMath Survey

The Personal and Organizational Quality Assessment–Revised 4 Scale (POQA-r4) is a self-report workplace assessment that captures critical factors that directly influence health and job performance, which contributes to the quality and effectiveness of the team or of the organization. The following are the four factors or scales measured in the tool: ((1) *emotional vitality* (the positive emotional energy that enhances overall well-being, (2) *organizational stress* (when employees feel negative about work that decreases job satisfaction and work performance), (3) *emotional stress* (employees feel negative emotions that they have difficulty controlling), and (4) *physical stress* (symptoms of fatigue and stress).

The HeartMath Institute (HMI) provided the link to the POQA-r4 and the login code. The participants were asked to use their initials, followed by their birth date (e.g., aq03051981) for statistical purposes only. The analysis tracked the pre- and post-intervention changes accurately by matching the response. The HMI also compared the team's scores from a convenience sample of 5,971 health care employees. The scores were rescaled to a maximum value of 100. A score of 25 and below are considered low, and scores of 75 and above are high. Additionally, the team's raw score means and percentage of changes were also provided by the

HMI data analysis team. The tool has an internal consistency of 0.92 for emotional vitality, 0.76 for organizational stress, 0.92 for emotional stress, and 0.87 for physical stress (see Appendix Q3).

The pre-intervention response rate was 50% (9 of 18 participants), and the post-intervention response was 55% (10 of 18 participants). The results showed that the team scored between 55% to 70% in the pre-intervention compared to the convenience sample. In the post-intervention, the team had a significant increase between 65% to above 75%. The emotional stress scale was above 75%. Equally important are the raw scores that showed the percentage of change pre- and post-intervention. A positive number indicates an improvement, while a negative number indicates a decline. The team's raw score results are the following: -12% organizational stress, 11% emotional vitality, -16% emotional stress, -5% physical stress, and -30% intention to quit. The team's results for POQA-r4 are displayed in Appendix Q3.

Surveys in Qualtrics

What Do You Think of Our Team?

The five questions in this first portion of the survey were delivered via Qualtrics. The questions were adapted from the Dartmouth Institute for Health Policy and Clinical Practice *Clinical Microsystems: The Place Where Patients, Families, and Clinical Teams Meet*. The questions were focused on the team members' perception of the people they work with, work stress, fairness, and recognition. The participants were asked to answer from strongly agree to strongly disagree, always to never, not stressful to very stressful, and extremely easy to extremely difficult.

The pre-intervention response rate was 16% (3 of 18), and only two responders answered the questions thoroughly. The post-intervention response rate was 50% (9 of 18). The response rate increased by 34%. Due to the difference in response rate and inability to perform a paired t-test, it was not reliable to compare the results and validate the data. However, the response gave insight into the respondents' current perception of the team's work and team. The results are displayed in Appendix Q4.

What Matters To You?

In this portion of the survey delivered via Qualtrics, the five open-ended questions were reused from the IHI *Framework for Improving Joy in Work*. The questions provided insight and identified factors that can contribute to or diminish the employees' feeling of *joy* in their work. According to the white paper, "only by understanding what truly matters to staff will senior management be able to identify and remove barriers to joy" (Perlo et al., 2017, p. 10).

Similar to the first portion of the survey, the pre-intervention response rate was 16% (3 of 18), and only two responders answered the questions thoroughly. The post-intervention response rate was 50% (9 of 18). The response rate increased by 34%. However, the CNL student observed a slight shift of the narratives from the pre- and post-intervention. In the pre-intervention, the narratives were focused on *work*, *time*, *pay*, and *recognition*. In the post-intervention, albeit with more responders, there were increased narratives related to *teamwork*, the *atmosphere of the team*, *accountability*, *respect*, *engagement*, *connection*, and *gratitude*. This shift in language may suggest an increased awareness of team cohesion and the value of teamwork. The detailed narratives are displayed in Appendix Q5.

Watson Caritas Scores

The foundational framework of Team Cuddles is based on Caring Science. It is crucial to monitor the program's effects on creating a culture of caring by utilizing three of Watson Caritas measurement tools. The tools measure human-to-human caring experiences with self, co-workers, and leaders from one to seven (using the Likert scale of "never" to "always"). The tools have a reliability of 0.89, 0.90, and 0.82, respectively (see Appendix Q6). The pre- and post-intervention surveys were given to the program participants via Qualtrics. Like the other response rates delivered via Qualtrics, only 16% (3 of 18) participated in the pre-intervention, with only two responders answering the questions thoroughly. The post-intervention response rate was 50% (9 of 18). The response rate, as noted above, increased by 34%.

The responses in the narrative section of the tools show the responders' perception or feelings of self, co-workers, and with their leaders. The responders noted instances of co-workers' toxic interactions, and these were genuinely communicated in a caring tone. Overall, the post-intervention survey narratives had more positive comments than the pre-intervention, albeit the response rate was higher.

Watson Caritas Self-Rating Score (WCSRS). The WCSRS measures the participant's self-caring experience and, in the end, asked participants to disclose "any notable caring or uncaring moments" they experienced. An example of an item asked is, "I treat myself with loving-kindness." In the pre-intervention survey, the two responders' self-rating scores were 4 and 6. In the post-intervention, three responders' self-rating is 5, three rated 6, and three rated 7. The narratives of the responders mentioned self-care strategies, such as massages and meditation. The detailed result and qualitative responses are displayed in Appendix Q7.

Watson Caritas Co-Worker Score (WCCWS). The WCCWS measured the participant's caring experience with their co-workers and was asked of "any notable caring or uncaring moments" they experienced from a co-worker. An example of an item asked is, "treat me with loving-kindness." In the pre-intervention survey, the two responders rated 5 and 6. In the post-intervention, one responder rated 4, one rated 5, six rated 6, and one rated 7. Some of the comments in the narrative portion were "some do care, some really don't. And, some can be rude" and "my co-workers are kind and caring." The detailed result and qualitative responses are displayed in Appendix Q8.

Watson Caritas Leader Score (WCLS). The WCLS measured the participant's caring experience while working with their leader or manager and asked to disclose "any notable caring or uncaring moments." An example of an item asked is "treats me with loving-kindness." In the pre-intervention survey, the two responders rated 4 and 6. In the post-intervention, one responder rated 1, three rated 5, two rated 6, and three rated 7. The comments include "very caring and genuine" and "our current leader does not care about her employees." The detailed result and qualitative responses are displayed in Appendix Q9.

Team Cuddles: Let's Do It Again?

"I hope we can continue doing our Cuddles" (from a team member, personal communication, October 12, 2020). When there is excellent progress gained, continuing to disseminate evidence-based practices is vital to ensure that the momentum is not lost. However, it is crucial to obtain the team members' feedback on continuity and sustainability in any improvement initiatives. A five-question survey via Qualtrics was given to the 18 team members regarding the continuity and sustainability of Team Cuddles. The response rate was 83% (15 of 18) due to not all responders completing the survey.

In each question, there were varying response rates. The first question asked the participants, “does our Team Cuddles have value for you?’ nine responders stated “yes” (90%), and one stated “no” (10%). For the second question, the participants were asked, “do you want to continue the Team Cuddles?” Seven responded “yes” (78%) and two stated “no” (22%). The last items on the survey were open-ended questions. Overwhelmingly, most of the participants recognized the value and expressed a desire to continue Team Cuddles. The detailed results of the survey were captured in Appendix Q10.

Section V. Discussion

Summary

Key Findings

The project's specific aim was to integrate Team Cuddles weekly with 80% attendance and create a caring, positive environment for the team. A weekly Team Cuddle was implemented virtually to a team of 18 members. Attendance and engagement were observed and monitored. The CNL student's observation log journaled each session, activities, comments, themes, and its link to the Ten Caritas Processes. Even though the attendance for the 13-week program only averaged 78%, the attendees' engagement during the sessions was 100%. The attendees showed engagement in each session in various ways. It is also important to note that only a few (n = 3) people responded in the pre-intervention survey, while more participants (n = 9) responded in the post-intervention survey. Although the number of participants who responded to the surveys was small, the increase of the post-intervention surveys' response rate is significant in this author's opinion considering that the program was voluntary. This suggests that people became more caring during and after the program.

The HeartMath and the Watson Caritas Scores survey results displayed an improvement. The improvement in these surveys is significant because the program's primary foundation is from these evidence-based practices designed to foster a culture of caring. The POQA-r4 showed a significant improvement from the pre- and post-intervention, especially relevant, is the -30% change of intention to quit. An increase in burnout has been associated with high turnover rates (Bakhamis et al., 2019). Since burnout can lead to staff turnover, which is a major expense for employers, these surveys show promise for staff retention. On the other hand, Caring Science addresses creating a culture of caring. The significance of the Watson Caritas

Scores' post-intervention results demonstrated an increase in experiences in caring from the self, co-workers, and leaders. Having both quantitative and qualitative data enabled more extraordinary insight into the whole experience of Team Cuddles.

The project's heartfelt intention to create a culture of caring is reflective of the practices and team-building activities actualized for each session. Team Cuddles started with a mindfulness exercise using HeartMath techniques. Team-building activities were guided by Caring Science practices of loving-kindness, authentic presence, and ways of knowing to co-create caring moments with the team members. A deeper level of relationship possible was introduced to the team.

Lessons Learned

"A journey of a thousand miles begins with a single step" (Lao Tzu).

In other words, this Chinese proverb means that a person must begin the journey to reach their destination. In making this comment, the author emphasizes the importance of the steps the team has taken to start the journey of transforming into a caring culture. Although changing a culture is a complex challenge, it is crucial to remember that the rewards of fostering a culture of caring and sustaining a healthy work environment are vital and must start.

First steps often feature missteps and are valuable opportunities to learn for possible replications and future projects. Some of the challenges encountered, which can be improved, are the following:

- Increasing survey response rates: set aside time in one of the sessions to allow participants time to complete the survey; reach out to team members individually and early to remind to complete the survey

- Surveys: try to distribute the surveys in one platform; keep the surveys short as possible
- Scheduling sessions: it would be more efficient to create a reoccurring schedule weekly (e.g., calendar place-holder) based on availability rather than polling; once some time slots are identified, then it would be the time to present the options to the team
- Project team members: before the implementation of the project, it is essential to reconnect with recruited project team members, obtain commitment, and reiterate their roles
- Tech-training: extensive training is needed for sessions conducted in a virtual environment; explore options to enhance sessions
- Business plan: a more detailed accounting is needed for replication
- Expect the unexpected: it is essential to document and analyze risks or possible unexpected events that can happen; anticipate and plan for it (i.e., initially, the sessions were to be implemented face-to-face, but due to the pandemic, it was delivered virtually).

This improvement initiative adds to the collective and body of knowledge in nursing. Disseminating and replicating this program to other departments or business units are worth the endeavor. Spreading the benefits and protective factors of Caring Science beyond this organization to the nursing and healthcare community and the communities served is a gift worth pursuing. Especially at this time, during the pandemic and social uncertainties and turmoil, it is vital to be resilient and practice love and caring. It is also noteworthy to monitor for improvement in this department's annual EPS scores.

Conclusions

Caring Science has provided an opportunity for each team member in the program to change and grow – emotionally and spiritually. In turn, this change will also propel the environment to change as well. The program provided the team the opportunity to realize and move into a new energy space and adopt new attitudes and habits. Most importantly, the willingness to allow shifts to occur within themselves and in the team support wholeness and a culture of caring. Ultimately, this increases resilience and team cohesion, improves team performance, prevents incivility, and reduces the potential of burnout.

"Culture will trump rules, standards, and control strategies every single time" (Berwick, 2013, Conference session). In essence, the force behind any organization's success or downfall is its culture, which is driven by individuals who live in it. Building on a culture based on caring is a powerful foundation in building resilient employees at all levels of the organization. Team Cuddles and current evidence are demonstrating that a caring culture promotes a healthy work environment. Moreover, a healthy work environment fosters high-performing teams that greatly impact patient care experiences and organizational outcomes. Joyful and resilient individuals are more engaged, which correlates to organizational success and viability.

Increasing caring and mindfulness practices are teachable, sustainable, and meaningful. Significantly, the Team Cuddles is replicable and applicable in all levels of an organization. It is important to realize that it requires passion and dedication to implement and sustain a culture of caring. Resilience is the on-the-job vaccine preventive of burnout and enhances employees to focus on positivity and creativity.

It is crucial that healthcare leadership continues to intervene and alter the current burnout epidemic to boost resilience and create a caring culture. The negative consequences of burnout create a toxic environment for individuals and hinder personal and professional growth. For employees to thrive at all levels of the organization, it is essential that leadership nurtures and supports creating healthy work environments where everyone can be engaged, develop camaraderie, and build trusting transpersonal relationships. Supporting and fostering a culture of caring is a monumental task that healthcare leaders need to embrace with pride. When *team huddles* transform to *team cuddles*, individuals should be able to rekindle caring, self-compassion, and joy in work.

Section VI. References

American Nurses Association. (2015). *Code of ethics for nurses with interpretive statements*. American Nurses Association.

Bakhamis, L., Paul, D., Smith, H., & Coustasse, A. (2019). Still an epidemic: the burnout syndrome in hospital registered nurses. *The Health Care Manager*, *38*(1), 3-10. http://doi.org/10.1097/HCM.0000000000000243

Berwick, D.M., Nolan T.W., & Whittington J. (2008). The triple aim: care, health, and cost. *Health Affair*s, *27*(3), 759-769. https://doi.org/10.1377/hlthaff.27.3.759

Berwick, D. (2013, August 6). *A promise to learn – A commitment to act: Improving the safety of patients in England* [Conference session]. Improving the safety of patients in England, The King's Fund, England. https://www.slideshare.net/kingsfund/don-berwick-improving-thesafetyofpatientsinenglandkingsfundaug13

Buchanan, T. M., & Reilly, P. M. (2019). The impact of HeartMath resiliency training on health care providers. *Dimensions of Critical Care Nursing: DCCN*, *38*(6), 328-336. http://doi.org/10.1097/DCC.0000000000000384

Carter, K. (2019). Joy at work: Creating a culture of resilience. *Nursing Management*, *50*(12), 34–42. https://doi.org/10.1097/01.NUMA.0000605156.88187.77

Clark, C. M., & Gorton, K. L. (2019). Cognitive rehearsal, HeartMath, and simulation: An intervention to build resilience and address incivility. *The Journal of Nursing Education, 58*(12), 690-697. http://doi.org/10.3928/01484834-20191120-03

D'Alfonso J, Jones D, Moss T. (2018). Kaiser's school of nursing: A 70-year legacy of disruptive innovation. *Nursing Administration Quarterly*, *42*(1), 35-42. http://doi.org/10.1097/NAQ.0000000000000262

Dang, D., Dearholt, S., & Sigma Theta Tau International. (2012). *Johns Hopkins nursing evidence-based practice: Models and guidelines*. Sigma Theta Tau International.

Delaney, M. C. (2018). Caring for the caregivers: Evaluation of the effect of an eight-week pilot mindful self-compassion (MSC) training program on nurses' compassion fatigue and resilience. *PloS One*, *13*(11), e0207261. https://doi.org/10.1371/journal.pone.0207261

Durant, A. F., McDermott, S., Kinney, G., & Triner, T. (2015). Caring science: Transforming the ethic of caring-healing practice, environment, and culture within an integrated care delivery system. *The Permanente Journal, 19*(4), e136-e142. http://doi.org//10.7812/TPP/15-042

Fazzone, P. A., Sitzman, K., & Hardin, S. R. (2019). The current intervention studies based on Watson's theory of human caring: A systematic review. *International Journal for Human Caring, 23*(1), 4-22. http://doi.org/10.20467/1091-5710.23.1.4

Fitzpatrick, B., Bloore, K., & Blake, N. (2019). Joy in work and reducing nurse burnout: From triple aim to quadruple aim. *AACN Advanced Critical Care*, *30*(2), 185–188. https://doi.org/10.4037/aacnacc2019833

Gallup, Inc. (2017). *State of the American workplace* [Get the report]. https://www.gallup.com/workplace/238085/state-american-workplace-report-2017.aspx?utm_source=nurture&utm_medium=email&utm_campaign=LegacyNurture_

NewsletterSubscription_SOTAWConfirmation&utm_content=DownloadPDF_CTA_2&elqTrackId=479f396df1294a529c79107a6bba6234&elq=f724daa3d18b44b380fbb8cff422d138&elqaid=1621&elqat=1&elqCampaignId=

Harter, J.K., Schmidt, F.L., Agrawal, S., Plowman, S.K., & Blue, A. (2016). *The relationship between engagement at work and organizational outcomes 2016 Q12 meta-analysis* (Ed. 9th) [PDF file]. Gallup. https://www.gallup.com/services/191558/q12-meta-analysis-ninth-edition-2016.aspx

Heckenberg, R., Eddy, P., Kent, S., & Wright, B.J. (2018). Do workplace-based mindfulness meditation programs improve physiological indices of stress? A systematic review and meta-analysis. *Journal of Psychosomatic Research*, *114*, 62-71. https://doi.org/10.1016/j.jpsychores.2018.09.010

Hughes, D. (2016). *What do we mean by working in silos?* https://www.linkedin.com/pulse/what-do-we-mean-working-silos-dan-hughes/

Institute for Healthcare Improvement. (2020). *Science of improvement: Establishing measures*. http://www.ihi.org/resources/Pages/HowtoImprove/ScienceofImprovementEstablishingMeasures.aspx

Li, H., Shi, Y., Li, Y., Xing, Z., Wang, S., Ying, J., Zhang, M., & Sun, J. (2018). Relationship between nurse psychological empowerment and job satisfaction: A systematic review and meta-analysis. *Journal of Advanced Nursing*, *74*(6), 1264-1277. http://doi.org/10.1111/jan.13549

Marlow, S. L., Lacerenza, C. N., Paoletti, J., Burke, C. S., & Salas, E. (2018). Does team communication represent a one-size-fits-all approach?: A meta-analysis of team communication and performance. *Organizational Behavior and Human Decision Processes*, *144*, 145-170. https://doi.org/10.1016/j.obhdp.2017.08.001

Maxwell, J. C. (2002). *Teamwork makes the dream work: Together we can do the impossible*. Thomas Nelson Publishers.

McCraty, R. (2015). *Science of the heart: Exploring the heart in human performance* (Vol. 2). HeartMath Institute.

Neff, K. D., & Germer, C. K. (2013). A pilot study and randomized controlled trial of the mindful self-compassion program. *Journal of Clinical Psychology*, *69*(1), 28-44. https://doi.org/10.1002/jclp.21923

Nielsen, M.B., Pallesen, S., Harris, A., & Einarsen, S.V. (2018). Protocol for a systematic review and meta-analysis of research on the associations between workplace bullying and sleep. *Systematic Review*, *7*(1):232. http://doi.org/10.1186/s13643-018-0898-z

Perlo, J., Balik, B., Swensen, S., Kabcenell, A., Landsman, J., & Feeley, D. (2017). *IHI framework for improving joy in work* [PDF file]. Institute for Healthcare Improvement. http://www.ihi.org/resources/Pages/IHIWhitePapers/Framework-Improving-Joy-inwork.aspx

Press Ganey. (2020). *Strategic consulting* [Overview]. https://www.pressganey.com/strategicconsulting

Rath, T., & Conchie, B. (2008). *Strengths based leadership: Great leaders, teams, and why people follow*. Gallup Press.

Sitzman, K., & Watson, J. (2018). *Caring science, mindful practice: Implementing Watson's human caring theory*. Springer Publishing Company.

Turkel, M. C., Watson, J., & Giovannoni, J. (2018). Caring science or science of caring. *Nursing Science Quarterly*, *31*(1), 66-71. https://doi.org/10.1177/0894318417741116

University of San Francisco. (2020). *Our values*. https://www.usfca.edu/about-usf/who-we-are/our-values

Watson, J. (2008). *Nursing: The philosophy and science of caring* (2nd ed.). University Press of Colorado.

Watson, J. (2012). *Human caring science: A theory of nursing* (2nd ed.). Jones & Bartlett Learning.

Wei, H., Roberts, P., Strickler, J., & Corbett, R. W. (2019). Nurse leaders' strategies to foster nurse resilience. *Journal of Nursing Management, 27*(4), 681-687. http://doi.org/10.1111/jonm.12736

Wei, H., & Watson, J. (2019). Healthcare interprofessional team members' perspectives on human caring: A directed content analysis study. *International Journal of Nursing Sciences, 6*(1), 17-23. http://doi.org/10.1016/j.ijnss.2018.12.001

World Health Organization. (2019). *Burn-out and "occupational phenomenon": International classification of diseases*. https://www.who.int/mental_health/evidence/burn-out/en/

Section VII. Appendices

Appendix A1

2019 Employee Pulse Survey Result

Scores

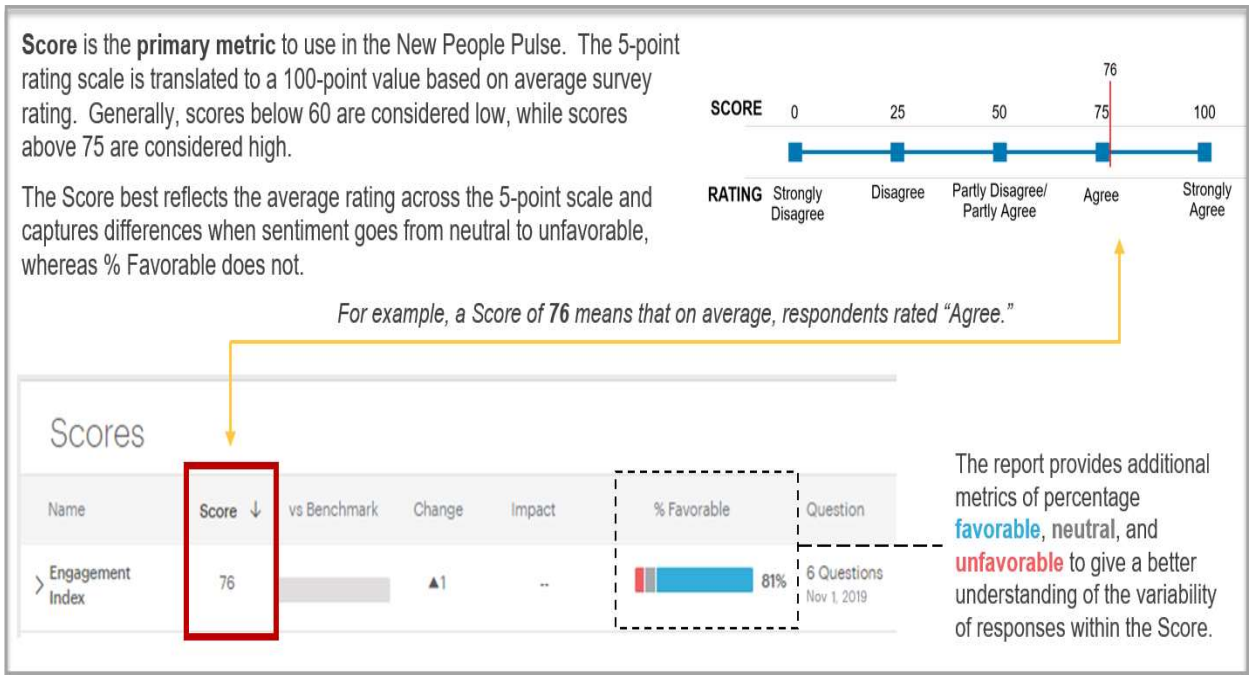
Grouped Ungrouped

Name	Score ↓	vs Northern California	Change	Impact	% Favorable	Comments	Question
Culture of Health Index	70	+3	--	Very High	69%	--	6 Questions Nov 1, 2019
Engagement Index	69	-4	--	--	66%	--	6 Questions Nov 1, 2019
Talent Development Index	69	-2	--	Very High	65%	--	4 Questions Nov 1, 2019
Workplace Safety Index	69	-4	--	Very High	72%	--	5 Questions Nov 1, 2019
Organizational Performance Index	65	-7	--	Very High	59%	--	8 Questions Nov 1, 2019
Patient Safety Index	64	-6	--	Very High	60%	--	9 Questions Nov 1, 2019
Speaking Up Index	64	-6	--	Very High	59%	--	9 Questions Nov 1, 2019
Team Effectiveness Index	64	-7	--	Very High	59%	--	10 Questions Nov 1, 2019
Inclusion Index	60	-9	--	Very High	56%	--	7 Questions Nov 1, 2019
Integrity & Ethics Index	59	-11	--	Very High	53%	--	5 Questions Nov 1, 2019

Note: The 2019 employee satisfaction survey scores for the department at an integrated healthcare organization (S.W., personal communication, March 7, 2020).

Appendix A2

Interpreting the Employee Pulse Survey Result



Note: This figure shows the results of the survey conducted on November 1, 2019, and how to interpret the scores. Scores below 60 are considered low, while scores above 75 are high.

Appendix B

Part 1: Evaluation Table – Evidence on Burnout, Team Engagement, and Leadership

Evidence Citation	Design/Framework	Sample/Setting	Findings	Appraisal
Bakhamis, L., Paul, D., Smith, H., & Coustasse, A. (2019). Still an epidemic: the burnout syndrome in hospital registered nurses. *The Health Care Manager*, *38*(1), 3-10. http://doi.org/10.1097/HCM.0000000000000243	Meta-synthesis Qualitative study of literature reviews	Sample: 53 articles focused on burnout syndrome were reviewed, and 43 utilized in the research Studies utilizing the Maslach Burnout Inventory (MBI)	MBI tracks burnout: emotional exhaustion, depersonalization, and inefficiency. Causes and consequences of burnout were analyzed in a cluster of characteristics: individual, management, organizational, and work. The research indicates that emotional exhaustion is the most noticeable in nurses. Higher burnout rate with RNs younger than 30 years old. Burnout is associated with poor patient care, patient dissatisfaction, increased medical errors, and higher mortality rates. There is a direct relationship between turnover rates and workload increases, bullying, emotional exhaustion, loss of job control, poor work environment, and lack of engagement.	Strengths: Highly generalizable. The article was able to capture factors influencing burnout and its impact on overall nurses' well-being and patient care. Limitations: Search strategies used and the quality of the databases searched, and quality, availability, and the number of articles used in this research. Level III/A JHNEBP appraisal tool

Durant, A. F., McDermott, S., Kinney, G., & Triner, T. (2015). Caring science: Transforming the ethic of caring-healing practice, environment, and culture within an integrated care delivery system. *The Permanente Journal, 19*(4), e136-e142. http://doi.org//10.7812/TPP/15-042	Quality improvement and evaluation Integration of Caring Science in the Kaiser Permanente Northern California facilities.	19 medical centers	The healthcare organization positively impacted organizational outcomes, patient care experience, and healthcare provider experience. Only three medical centers showed a low level of integration, reflecting their Patient Satisfaction and Patient Safety scores. An average score of >3.75 was indicative of a high level of integration, and an <2.75 was considered a low level of integration. There is a development of a healthy work environment and a caring culture that is sustainable.	Strengths: Caring Science touches the core values of humanity, and especially of nurses. The framework provides a universal ethical and practice model to engage caregivers and professionals with their purpose. It also serves as a unifying platform in connecting the organization's values, its mission and vision, and practices. The theory and framework are taught in nursing schools and have been adopted internationally. Limitations: Only one on-site visit was conducted by the Caring Science Integration (CSI) team in each medical center in KPNC. Thus, there were no pre-Caring Science baseline scores to monitor the progress. Timing of the on-site visits may have affected scores. The CSI team may not have the workforce to perform a more in-depth data analysis. Level V/A JHNEBP appraisal tool

Fitzpatrick, B., Bloore, K., & Blake, N. (2019). Joy in Work and Reducing Nurse Burnout: From Triple Aim to Quadruple Aim. *AACN Advanced Critical Care*, *30*(2), 185–188. https://doi.org/10.4037/aacnacc2019833	Literature review Editorial	N/A	The Triple Aim can indeed be achievable by creating a healthy work environment. Research has shown a strong correlation between a healthy work environment and patient safety.	Strength: The article published by a credible nursing journal supports the fourth aim, which is creating *joy in work*. Limitation: Editorial
Harter, J.K., Schmidt, F.L., Agrawal, S., Plowman, S.K., & Blue, A. (2016, April). The relationship between engagement at work and organizational outcomes 2016 Q12 meta-analysis: Ninth edition [PDF file]. Retrieved from Gallup, Inc. website: https://www.gallup.com/services/191558/q12-meta-analysis-ninth-edition-2016.aspx	Meta-analysis Hunter-Schmidt meta-analysis method Survey using Q12 instrument Purpose: To examine (1) the relationship between employee engagement and performance; (2) consistency and generalizability of the relationship; and (3) practical meaning of the results for organizational leadership.	Sample: 339 research studies Total of 1,882,131 employees in 82,248 business/work units Setting: 230 organizations across 49 industries in 73 countries	Variables: IV1: employee engagement Performance measures: DV1: customer metrics DV2: profitability DV3: productivity DV4: turnover DV5: safety incidents DV6: absenteeism DV7: shrinkage DV8: patient safety incidents DV9: quality (defects)Measurements: Employee engagement and organizational/performance outcomes Hypothesis 1: employee engagement will have positive correlations with performance measures (DV1 – DV9) Hypothesis 2: the correlations between engagement and business unit outcomes will generalize across organizations Q12 instrument has a Cronbach's alpha of 0.9	Strengths: The relationship between engagement at work and organizational outcomes demonstrates that employee engagement relates to key performance outcomes. High consistency and generalizability in the study. Limitations: Future studies should incorporate qualitative studies. Level III/A JHNEBP appraisal tool

			90% credibility value (CV) based on Bayesian statistics	
Li, H., Shi, Y., Li, Y., Xing, Z., Wang, S., Ying, J., Zhang, M., & Sun, J. (2018). Relationship between nurse psychological empowerment and job satisfaction: A systematic review and meta-analysis. *Journal of Advanced Nursing*, *74*(6), 1264-1277. http://doi.org/10.1111/jan.13549	Systematic review and meta-analysis Joanna Briggs Institute guidelines; Preferred Reporting Items for Systematic Reviews and Meta-analysis (PRISMA)	Sample: 1,572 articles on psychological empowerment and job satisfaction were retrieved from Databases, written in English and published before April 2017, 731 articles screened, 72 articles assessed for eligibility, 20 publications met inclusion criteria Articles were a mix of study designs: cross-sectional, longitudinal, quasi-experimental, predictive nonexperimental, descriptive correlational Total population included in the meta-analysis was 4,167	The meta-analysis showed that psychological empowerment and job satisfaction are significantly positively correlated ($R = .353$, $p < .001$). The Q-statistics and I 2 index were 249.341 ($p < .001$) and 95.989, respectively, indicating homogeneity of correlations across the studies. High psychological empowerment level is associated with low stress, burnout and turnover intention, and high organizational commitment and job satisfaction. Psychological empowerment is an essential internal incentive factor, but it only takes effect when employees feel empowered. Removing disempowering structures from the workplace strengthens the sense of autonomy among employees, who gain a strong belief that they have an impact at work. An empowering work environment and the perception of workplace empowerment by nurses are	Strengths: Identifying the factors affecting burnout and engagement, and the correlation between psychological empowerment and job satisfaction can provide guidelines and recommendations for strategies in preventing burnout and increasing joy in work. Highly generalizable Level II/B JHNEBP appraisal tool

			essential for nurses and patients.	
Marlow, S. L., Lacerenza, C. N., Paoletti, J., Burke, C. S., & Salas, E. (2018). Does team communication represent a one-size-fits-all approach?: A meta-analysis of team communication and performance. *Organizational Behavior and Human Decision Processes*, *144*, 145-170. http://doi.org/10.1016/j.obhdp.2017.08.001	Meta-analysis Impact of team communication to performance under varying conditions Examined team characteristics, task characteristics, and aspect of team communication operationalization.	Sample: 150 articles Total teams studied is 9,702	The research found that (1) communication quality has more vital significance in performance than the frequency, (2) differentiating communication types have added value (e.g., knowledge-sharing and elaboration), and (3) familiar face-to-face teams have a stronger relationship between communication and performance. Communication is positively related to team performance. Team familiarity enhances team processes and performance. Communication patterns with familiar teams lead to greater team performance. Team performance is robust in face-to-face teams.	Strengths: Highly generalizable. Supports existing literature: familiar teams outperform unfamiliar teams and explored meaningful types of communication as drivers for performance. Limitations: The study did not specify the characteristics of the teams in the meta-analysis. Further studies can be explored to focus on a specific organization or industry. Level III/A JHNEBP appraisal tool
Perlo, J., Balik, B., Swensen, S., Kabcenell, A., Landsman, J., & Feeley, D. (2017). *IHI Framework for Improving Joy in Work* [PDF file]. Retrieved from http://www.ihi.org/resources/Pages/IHIWhitePapers/Framework-Improving-Joy-in-Work.aspx	Improvement Science Interventional Study, Quality Improvement Project. This IHI white paper summarizes numerous studies, theories, and evidence about factors influencing burnout,	The Innovation Projects committee of IHI reviewed current publications and literature in engagement, job satisfaction, and burnout. The committee	The IHI Framework for Improving Joy in Work utilized the following existing tools to measure burnout and job satisfaction at the system level and local level. System Level Tools:	In healthcare, improving employee engagement or joy in the workplace creates an environment for everyone to thrive: patients, nurses, physicians, support staff, and the organization. The IHI Framework for Improving Joy in Work focuses

	employee retention, and job satisfaction. Purpose: The white paper from the Institute for Healthcare Improvement (IHI) aims to help healthcare organizations to engage employees and bring back "joy" in the workplace. It is the fourth aim added to the existing Triple Aim.	conducted 30 interviews with subject-matter experts, patients, and organizations within and outside of healthcare. They also performed site visits with the 11 healthcare organizations that participated in a two-month program, in which the framework and steps were tested and refined.	1) Net Promoter Score (NPS) from the Harvard Business Review; 2) Mayo Clinic Leadership Dimensions Assessment; 3) Safety Attitudes Questionnaire; 4) The Agency for Healthcare Research and Quality (AHRQ) Patient Safety Culture Survey; 5) Maslach Burnout Inventory (MBI); 6) Mini Z Burnout Survey by AMA StepsForward; 7) Nine-Item Survey; 8) Hackman and Oldham Job Characteristics Model to Job Satisfaction; Local Level Tools: 1) Daily Visual Measure by IHI; 2) Three Daily Questions from Paul O'Neill of Alcoa; 3) Pulse Survey by IHI IHI identified key steps in promoting joy in the workplace, including assessment tools, change ideas, and measurement for success and sustainability. Healthcare leadership is given another tool to connect with its employees and identify barriers and opportunities for improvements.	on positive practices to help cultivate an environment to increase job satisfaction and achieve patient and organizational outcomes. The framework is feasible with the complete buy-in from the nursing leadership and staff. It also requires that the nurse leadership serves as a role model for the employees. Strengths: Clinical practice guidelines engineered by an esteemed organization – IHI – whose work mainly involves improving the patient and employee's life and well-being. Eleven healthcare organizations participate in it. Limitations: The IHI Framework for Improving Joy in Work was officially launched in 2017. Currently, healthcare organizations are incorporating the Fourth Aim in their culture. Future research should include quantitative, qualitative, and longitudinal study design to improve generalizability. Level IV/A using the JHNEBP appraisal tool

Wei, H., Roberts, P., Strickler, J., & Corbett, R. W. (2019). Nurse leaders' strategies to foster nurse resilience. *Journal of Nursing Management, 27*(4), 681-687. http://doi.org/10.1111/jonm.12736	Qualitative descriptive study with a phenomenological overcast The research design focused on the participants' experiences of nurturing nurses	Sample: Nurse leaders, N = 20 (eight charge nurses, eight nurse managers, and four nurse executives) Setting: A health care system on the east coast of the United States from November 2017 to June 2018	Results: Seven strategies are identified to cultivate nurse resilience: facilitating social connections, promoting positivity, capitalizing on nurses' strengths, nurturing nurses' growth, encouraging nurses' self-care, fostering mindfulness practice and conveying altruism.	Strength: The importance of nurse leader support in promoting a healthy and positive environment is crucial. The strategies identified are simple and easily replicable in any setting. Limitations: Self-report. Further follow-up quantitative study is needed to evaluate the effectiveness in fostering nurse resilience using the seven strategies identified. Level III/A using the JHNEBP appraisal tool

Part 2: Evaluation Table - Evidence on Caring Science and Building Resilience

Evidence Citation	**Design/Framework**	**Sample/Setting**	**Findings**	**Appraisal**
Buchanan, T. M., & Reilly, P. M. (2019). The impact of HeartMath resiliency training on health care providers. *Dimensions of Critical Care Nursing: DCCN*, *38*(6), 328-336. http://doi.org/10.1097/DCC.0000000000000384	Quantitative Pre- and post-survey utilizing the Personal and Organizational Quality Assessment–Revised 4 Scale (POQA-r4 2016)	Sample: Volunteer employees (e.g., healthcare providers, nurses, leaders, and technicians) Setting: Medical center 8-hour class	Six classes over six months: 59 people had completed the preintervention survey, and 29 completed the postintervention survey; 26 matched survey "pairs" were found. POQAr4: 4 primary scales (emotional vitality, organizational stress, emotional stress, and physical stress) has Cronbach's alpha of 0.76 to 0.92	Strength: Over 20 years of evidence-based research shows the support of utilizing HeartMath as a tool to increase resilience and decrease stress. This tool can be utilized in any setting or situation. Limitations: Completing the survey questions were voluntary. The results are dependent on the "paired" pre- and post-surveys.

Evidence Citation	Design/Framework	Sample/Setting	Findings	Appraisal
		Participants used Bio-feedback devices (emWave2)	9 subscales (assess elements that either enhance or impair work performance, health, well-being, and job satisfaction) has Cronbach's alpha of 0.76 to 0.90 for 8 of the 9 subscales; exception of relational tension (α = .69) There was a significant reduction in organizational stress, emotional stress, and physical stress. The results of this study were compared to a larger sample size from a different study (n = 5971)	Surveys are self-report. Level I/B using the JHNEBP appraisal tool
Carter, K. (2019). Joy at work: Creating a culture of resilience. *Nursing Management*, *50*(12), 34–42. https://doi.org/10.1097/01.NUMA.0000605156.88187.77	Literature review Quality improvement	Quality improvement in the cardiothoracic progressive care unit and rehabilitation unit in a medical center in the United States	Implemented strategies to build a culture of caring and joy at work by utilizing the *pathway to joy at work* (love at work, connections, achievement, and recognition) and resilience strategies Both units showed a dramatic positive change in their organizational benchmarks/metric (overall engagement score ANCC, CLABSI rates, and patient satisfaction scores) and turnover rates from 2012 to 2018	Strengths: Initiatives are highly replicable, and the achieved organizational outcomes supported the project Limitations: The project initiatives should be spread throughout the medical center. Level V/A using the JHNEBP appraisal tool

Evidence Citation	Design/Framework	Sample/Setting	Findings	Appraisal
Clark, C. M., & Gorton, K. L. (2019). Cognitive rehearsal, HeartMath, and simulation: An intervention to build resilience and address incivility. *The Journal of Nursing Education, 58*(12), 690-697. http://doi.org/10.3928/01484834-20191120-03	Mixed methodology study: quantitative and qualitative to evaluate the effectiveness of cognitive rehearsal, HeartMath, and a simulation using the TeamSTEPPS™ Concerned, Uncomfortable, and Safety (CUS) model	Sample: Nursing students, N = 188 Setting: School of Nursing in the western United States	Participants underwent a 150-minutes of education on cognitive rehearsal, HeartMath, and a simulation using the TeamSTEPPS™, which involved role-playing and utilizing scripts. Evaluative data (quantitative and qualitative via free-write activities) were collected following and six months after the training. 188 participants completed the free-write activities following the training. 67 participants completed the post-training data collection. 69% of 67 participants reported utilizing the training tools in their nursing practice	Strength: The training tools are replicable and can be incorporated into nursing school programs and to the hospitals' new licensed nurse programs. These tools are evidence-based and life-long skills applicable outside the healthcare settings. Limitations: The post-training response was low. The results lacked generalizability. However, by providing individuals the opportunity to learn and practice, these skills will bear considerable results in the future. Level III/C using the JHNEBP appraisal tool
Delaney, M. C. (2018). Caring for the caregivers: Evaluation of the effect of an eight-week pilot mindful self-compassion (MSC) training program on nurses' compassion fatigue and resilience. *PloS One*, *13*(11), e0207261. https://doi.org/10.1371/journal.pone.0207261	Mixed-Method Research (Qualitative and Quantitative study) Purpose: To provide some preliminary empirical evidence of the benefits	Sample: Nurses, N = 13 Setting: University of Aberdeen Medical Center, UK	Variables: IV1: MSC training DV1: self-compassion DV2: mindfulness DV3: secondary traumatic stress DV4: burnout DV5: compassion satisfaction DV6: resilience	Strength: The qualitative data complemented the quantitative data gathered, providing a vigorous insight into the study. Feasibility: The benefits of exploring and replicating the study is worthwhile. It needs

Evidence Citation	Design/Framework	Sample/Setting	Findings	Appraisal
	of self-compassion training to nurses. To identify relationships for future larger studies.		Measurement: Survey scores in pre- and post-intervention A written answer to the question: "How did you experience the effects of this Pilot (MSC) training?" The survey tools used has a Cronbach's alpha of ~0.90 Negative correlation between burnout ($r = -0.55$, $p = 0.05$) and self-compassion Cohen's $d = 1.23$ Emergent themes were associated with self-compassion and mindfulness. The study suggests a negative correlation between self-compassion and mindfulness with secondary traumatic stress and burnout. There is a positive correlation between self-compassion and mindfulness with resilience and compassion satisfaction.	the support of nursing leadership. Level I/B using the JHNEBP appraisal tool
Fazzone, P. A., Sitzman, K., & Hardin, S. R. (2019). The current intervention studies based on watson's theory of human caring: A systematic review. *International Journal for Human Caring, 23*(1), 4-22. http://doi.org/10.20467/1091-5710.23.1.4	Systematic review Inclusion criteria: articles were intervention studies	Sample: 19 articles from various countries and the study designs were	Watson's theory of human caring could reduce patients' emotional strain and increase their well-being, increase nurses' engagement, and	Strengths: The inclusion criteria specified evaluated interventions based on Watson's Caring Science.

Evidence Citation	Design/Framework	Sample/Setting	Findings	Appraisal
	based on Watson's Human Caring Theory, evaluated by outcome measures, and published in English between January 2005 and February 2018	RCTs, quasi-experimental studies, feasibility studies, pre- and post- design studies, and nonspecified study designs Target participants: nurses and allied healthcare providers, patients, and nurse students	improve nursing students' confidence. The interventions can be applied in various settings, not limited to the hospital. Watson's theory of human caring can be delivered and expressed in various ways (e.g., therapeutic communication, healing touch, visual art, and relaxing music). Healthcare providers' caring behavior is closely related to the organizations' culture. A caring culture is significantly linked to the organizations' financial viability and sustainability.	The study showed the impact of introducing the theory amongst nursing students and a reduction in turnover. The study supports existing evidence on the value of practicing the theory for individuals and organizational benefits. Limitations: The inclusion criteria may have excluded studies based on Watson's Caring Science intervention but not evaluated. Future studies should explore conducting a meta-analysis and a longitudinal study for generalizability. Level III/A using the JHNEBP appraisal tool
Heckenberg, R., Eddy, P., Kent, S., & Wright, B.J. (2018). Do workplace-based mindfulness meditation programs improve physiological indices of stress? A systematic review and meta-analysis. *Journal of Psychosomatic Research*, *114*, 62-71. https://doi.org/10.1016/j.jpsychores.2018.09.010	Meta-analysis Aim: synthesis of the evidence of the effect of Mindfulness-based interventions (MBI) on physiological indices associated with stress and ill-health	Sample: 9 articles met inclusion criteria	Reduction in cortisol production Improved autonomic balance, assessed by heart rate variability coherence measures, but not blood pressure Reduction in Sympathetic Nervous System reactivity	Strengths: Supports current evidence of the positive effects of MBIs in the overall well-being Articles included in the study were recent from 2003 – 2015 The inclusion criteria were precise and strict Limitations:

Evidence Citation	Design/Framework	Sample/Setting	Findings	Appraisal
			Improved immune function	Further studies should include other physiological indices of stress A low number of articles in this study Level III/B using the JHNEBP appraisal tool
Neff, K. D., & Germer, C. K. (2013). A pilot study and randomized controlled trial of the mindful self-compassion program. *Journal of Clinical Psychology*, *69*(1), 28-44. https://doi.org/10.1002/jclp.21923	Buddhist psychology Study 1: Pilot (experimental) study Study 2: RCT Purpose: To evaluate the effectiveness of the Mindful Self-Compassion (MSC) program in strengthening psychological health and well-being.	Sample: Study 1: N = 27, 82% female Study 2: Intervention group, N = 25, 78% female Waitlist control group, N = 21, 95% female Participants with prior meditation experience Setting: Boston, MA	Variables: IV1: MSC training DV1: self-compassion DV2: mindfulness DV3: social connectedness DV4: life satisfaction DV5: happiness DV6: depression DV7: anxiety DV8: stress DV9: avoidance Measurement: Survey scores in pre- and post-intervention, during the 8-week workshop, and follow-up scores in 6-month to 1-year. Survey tools used has a Cronbach's alpha of > 0.90 Both studies have p scores of mostly ≤ 0.05 Study 1: Life satisfaction $p \leq 0.001$ Self-compassion $p \leq 0.001$	Strength: The interventions produced positive results and significant effect size. The program is sustainably reflected by the follow-up change scores. Feasibility: an 8-week program that can be implemented with the support of nursing leadership. Limitations: Small sample size. Future studies should have more diverse and target participants, and to include longitudinal studies for generalizability. Level I/A using the JHNEBP appraisal tool

Evidence Citation	Design/Framework	Sample/Setting	Findings	Appraisal
			Depression $p \leq 0.001$ Stress $p < 0.05$ Study 2: Cohen's d = 1.67 1-year follow-up p=0.04 The study suggests that the MSC program can increase an individual's overall well-being and decrease depression, anxiety, and stress. Results show that the gains are sustainable.	
Wei, H., & Watson, J. (2019). Healthcare interprofessional team members' perspectives on human caring: A directed content analysis study. *International Journal of Nursing Sciences, 6*(1), 17-23. http://doi.org/10.1016/j.ijnss.2018.12.001	Qualitative directed content analysis study The theoretical framework for this study is Watson's Theory of Human Caring Data collection: Demographic surveys and an individual face-to-face interview with the first author (audio-recorded and transcribed)	Sample: 27 volunteers (self-elected) healthcare professionals. Participants were full-time and caring for children in a pediatric intensive care unit and intermediate care unit where interprofessional collaborations were vital for patients' survival and care Setting: A children's hospital in the	Using the Ten Caritas Processes®/Caritas-Veritas Literacy of Watson's Human Caring Theory as a guide, the participants were interviewed in their experiences of interprofessional human caring. Example questions: "What does human caring mean to you?" and "Could you please tell me your experiences of caring on interprofessional teams at work?" Through data analysis collected from the interviews, the researchers were able to categorize the responses and display the meaning of each Caritas process from an	Strengths: Watson's Human Caring Theory is internationally used in practice, and it serves as an ethical framework to promote a caring healing environment in the workplace. Limitations: Self-report. Responses may be biased. Future studies should follow up on the participants' unit/departmental matrix or performance. Level III/A using the JHNEBP appraisal tool

Evidence Citation	Design/Framework	Sample/Setting	Findings	Appraisal
		United States between November 2017 and April 2018	interprofessional perspective and the connection between participants' narratives and the Ten Caritas Processes®/Caritas-Veritas Literacy of the theory	

Appendix C

Project Charter

From Team Huddle to Team Cuddle: Rekindling Caring, Self-Compassion, and Joy at Work!

(Project Charter)

Amerizza B. Quemada
University of San Francisco
Quality Improvement and Outcomes Management

Table of Contents

Improvement Project Charter

I. **Title:** From Team Huddle to Team Cuddle: Rekindling Caring, Self-Compassion, and Joy at Work!

II. **Global Aim:** To improve teamwork, vitality, resilience, and caring relationships in the [redacted] team by incorporating Caring Science and HeartMath practices. Over the next two years (2020 - 2022), the People Pulse Survey for the [redacted]m will reflect gradual improvement with a score of over 70 in each of the nine survey indicators, and in particular: Integrity and Ethics, Inclusion, Team Effectiveness, Speaking-Up, and Engagement.

III. **Specific Aim:** By October 1, 2020, the [redacted] team will incorporate virtual and face-to-face weekly "team cuddles" with 80% (16 of 20 members) participation of 20 team members. The improvement process begins with creating a caring and positive environment. The improvement process ends with the team members sharing and engaging in *Caring Moments*.

IV. **Background:**

It is crucial now more than ever to practice *mindfulness*, *self-compassion*, *gratitude*, and *caring* for self and others. Stress has become part of every individual's life in modern society, and most notably during this health care crisis brought to the doorstep by *COVID-19* and the social issues happening across the nation. Current research shows that mindfulness and self-compassion are teachable and sustainable (Neff et al., 2013; Delaney, 2018). The protective mechanism of being self-compassionate, mindful, and caring can prevent burnout, increase engagement, and rekindle the joy in the individual's professional and personal life. Building on resilience can help individuals rise above the negativity that they might come across at the workplace and focus on the positivity and feeling of joy in caring for another human being.

The health care environment is rapidly changing and adapting due to an increase of complex-patient needs, the aging population, health disparities, dwindling resources, technological advances, new evidence-based practices, and the COVID-19 crisis (Berwick et al., 2008; Gallup, 2017; Marlow et al., 2018). These emergent conditions are bringing heightened stress to the healthcare workforce to deliver cost-effective quality care. Health care organizations should optimize their teams by keeping them highly engaged, develop trusting relationships, camaraderie, and resilience to prevent burnout (Perlo et al., 2017).

The World Health Organization (WHO, 2019) described *burnout* as an *occupational phenomenon* resulting from chronic workplace stress. Burn out is characterized by

emotional exhaustion, disengagement from one's job, and decreased efficiency. Individuals must be accountable for themselves in preventing burnout – not feel victimized – and focus on enhancing the natural positive elements of self, such as compassion and caring. Several studies on burnout theorize that self-compassion, mindfulness, and caring have strong links to positive psychological strengths (e.g., resilience, happiness, and optimism), which provides a protective factor to help manage stress and prevent burnout (Neff et al., 2013; Delaney, 2018; HeartMath, 2020).

Practicing mindfulness - internally and externally - can decrease stress (Neff et al., 2013; Delaney, 2018; HeartMath, 2020). Imbedding Caring science practices in the work routine offer a framework in promoting a culture of caring at the workplace (Turkel et al., 2018). A culture of caring, mindfulness, and self-compassion can build resilience to optimize the team and lead to continuous improvement for the organization. Self-compassion, mindfulness, and caring for self and others can be the on-the-job protective mechanism that assists individuals to boost resilience, increase internal reserves, enhance professional and personal growth, and find joy at work.

The [redacted] department scored below 70 in all nine *indicators* measured in the Annual 2019 People Pulse Survey (PPS) and with the lowest score of 59 for Integrity and Ethics. The PPS measures ten indicators: engagement, a culture of health, talent development, workplace safety, organizational performance, patient safety, speaking up, team effectiveness, inclusion, and integrity, and ethics. A PPS score of each indicator above 75 is considered high (favorable), and below 60 is low (unfavorable).

From 2015 to 2019, there were observed and reported decreased staff engagement, low team-morale, incivility, and harassment. These problems led to increases in staff turnover [redacted] and unfavorable scores in the annual PPS. In 2019, allegations of employee *bullying* were reported to Human Resources (HR), which resulted in interventions, such as role and structural changes. By incorporating evidence-based practices of Caring Science and HeartMath, these sustainable interventions offer a foundation for a culture of caring, prevent incivility, and have a direct positive effect on the following PPS indicators: Integrity and Ethics, Inclusion, Team Effectiveness, Speaking-Up, and Engagement.

V. **Goals for the Project:**

By October 1, 2020, [redacted] team will incorporate weekly Team Cuddles (based on the best practice of increasing communication to increase teamwork) and Caring Moments. The [redacted] team will have 80% participation of the team members (16 of 20) in the Team Cuddles and improved scores of 70 in five of the nine indicators (Integrity and Ethics, Inclusion, Team Effectiveness, Speaking-Up, and Engagement) in the PPS.

A *Team Huddle* is defined as meetings between members where they share priorities for the day and important departmental updates. A *Team Cuddle* is defined as a mindfulness session with team members to provide space for caring, sharing their authentic self, practicing mindfulness and self-compassion (e.g., Caring Moments and HeartMath).

A. Expectations (virtual and face-to-face due to COVID-19 constraints):

- An atmosphere of and team members displaying acts of caring, kindness, and compassion for each other
- The team is highly engaged, improved teamwork, and increased in work-performance
- The team members exude, sense, and feel a positive energy, resilience, trust, respect, fairness, and value
- An increase in the frequency of Team Cuddles of once a week

B. It is essential to work on this now because:

- The [redacted] Department scored unfavorably in the People Pulse Survey (PPS) 2019
- There is a history of observed, perceived, and alleged incivility and harassment among team members
- Feelings of low team-morale as reflected in the PPS scores
- Department staff turnovers within the last five years from 2015 to June 30, 2020 [redacted]
- Identified a need to increase each team member's resilience and caring attitude based on alleged bullying by at least one staff member

VI. Family of Measures:

A. Outcome Measures:

1. Attendance During Weekly Team Cuddles
   a. Goal - 80% (16 of 20 team members) during weekly (virtual or face-to-face) Team Cuddles
   b. A Run Chart will be used to display data and trend

2. Engagement/Participation
   a. Goal - 50% of the post-survey questions will indicate improvement from baseline
   b. A pre- and post-surveys (initiation and end of the project) of the team members will be obtained
   c. A histogram or bar graph will be used for data presentation
   d. A Qualtrics or Survey Monkey will be utilized

B. Process Measures:

1. Participation
   - By October 1, 2020, 80% (16 of 20) of the team members will actively participate in any capacity during teambuilding exercises during the weekly Team Cuddles
   - 60% of the team members who are in attendance will contribute ideas for team building activities during the weekly Team Cuddles
   - An Observation Log will be used to monitor participation during the weekly Team Cuddles

2. Engagement
   - 60% of the team members who are in attendance during the Team Cuddles will provide positive or negative feedback (verbally or anonymously)
   - A Qualtrics or Survey Monkey will be utilized

C. Balancing Measures:

1. The weekly Team Cuddles may impact other competing work priorities of team members and may cause complaints or dissatisfaction regarding regular work tasks
   a. The number of complaints will be monitored
   b. The goal is zero complaints

VII. Team Composition:

A. Change Agent/Lead:

- Amerizza B. Quemada (Change Agent)

B. Team Members:

- [redacted]

C. Support Team:

- [redacted]

Roles and Responsibilities	Change Agent	Team Member	Support
Provide direction and focus on team activities	✔		
Ensure productive use of the team's time	✔		
Facilitate Team Cuddles	✔		
Ensure a balanced participation of all team members	✔		✔
Provide feedback and support to change agent		✔	✔
Suggest activities and tools for Team Cuddles	✔	✔	✔
Offer perspectives, ideas, and participates actively	✔	✔	✔
Adhere to Team Cuddles ground rules	✔	✔	
Act as consultants, supports activities and implementations			✔
Take and distribute minutes	✔		

VIII. Driver Diagram:

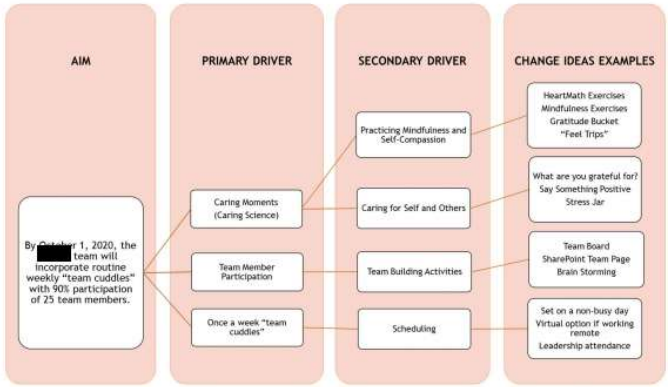
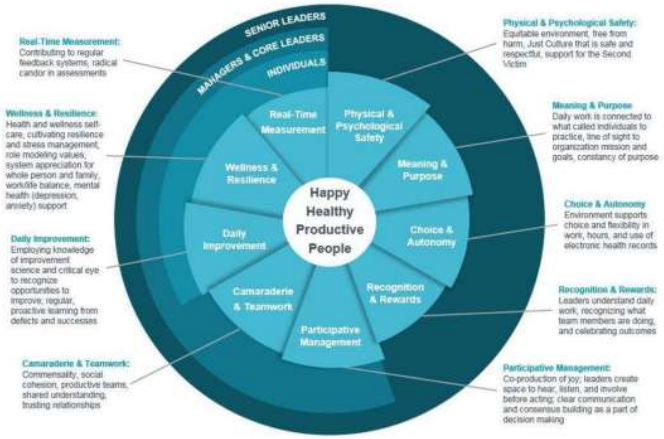


Figure 3. IHI Framework for Improving Joy in Work



(Perlo et al., 2017, p. 16)

IX. Measurement Strategy:

- Team assessment pre- and post-survey
- Team assessment after six months (short term)
- [redacted] one to two years (long term, sustainability)
- Attendance
- Observation Log (will utilize the Check-Sheet from ASQ and the Observation Worksheet from Dartmouth Institute)
- Address individual team members' weekly feedback
- Data will be displayed on a Run Chart, Histogram, or Bar Graph

X. Changes to Test: (Incorporates the IHI Framework for Improving Joy in Work)

- A 20-minute Project Improvement presentation for the (virtual) All-Staff meeting, and will review with manager and preceptor

- Review team member survey
- Review sample team survey with three team members (1:1), or to a small group before inviting the whole team to participate
- The Team Cuddles will be 30 to 60 minutes per session once a week
- A HeartMath coach will help facilitate HeartMath exercises in the first two sessions
- Each team members will help lead the Quick Coherence (HeartMath) exercise in each session
- The team's feedback and recommendations will be asked on the best day in the week to hold the sessions
- After each session, the team's feedback and recommendations will be asked on the following week's activity and how to improve the sessions better

XI. Lessons Learned:

Evaluation is ongoing during the phases of the project improvement (March to October).

- Learning and creating a Gantt Chart would be useful to do as early as possible in this MSN practice change project
- The specific aim should have a short-term timeline and measurement
- The book *Quality by Design* by Nelson et al. (2007) is more detailed than the IHI project charter template
- In connecting with the preceptor, it is better to utilize the work e-mail and schedule with his assistant than using personal e-mail
- Completing a Risk Assessment Chart and early mitigation is crucial

XII. CNL Competencies:

- Advocate for the interdisciplinary team – for an organization to thrive, its members should be thriving as well. The overall wellbeing of the team members must be nurtured and protected, and research shows that increasing resilience is the anti-dote to prevent burnout, which highly correlates with staff turnover, incivility, and poor performance outcome.
- Lifelong learner – the constant pursuit of knowledge and best evidence-based practices in order to serve as a catalyst for change, influence change, and support the necessary changes in the organization that will promote a culture of caring and high-performance.
- Information manager – using information systems and available technology to disseminate knowledge and implementation of projects virtually during the COVID-19 crisis.
- Risk anticipator – identifying potential risks of burnout within the team by promoting the best practices to mitigate and prevent turnovers and incivility, improve teamwork and resilience.

References

Berwick, D.M., Nolan T.W., & Whittington J. (2008). The triple aim: care, health, and cost. *Health Affairs*, *27*(3), 759-769. https://doi.org/10.1377/hlthaff.27.3.759

Delaney, M. C. (2018). Caring for the caregivers: Evaluation of the effect of an eight-week pilot mindful self-compassion (MSC) training program on nurses' compassion fatigue and resilience. *PloS One*, *13*(11), e0207261. https://doi.org/10.1371/journal.pone.0207261

Gallup, Inc. (2017). *State of the American workplace* [Get the report]. https://www.gallup.com/workplace/238085/state-american-workplace-report-2017.aspx?utm_source=nurture&utm_medium=email&utm_campaign=Legacy

HeartMath, Inc. (2020). *HeartMath purpose and vision: To help activate the heart of humanity.* https://www.heartmath.com/about/

Marlow, S. L., Lacerenza, C. N., Paoletti, J., Burke, C. S., & Salas, E. (2018). Does team communication represent a one-size-fits-all approach?: A meta-analysis of team communication and performance. *Organizational Behavior and Human Decision Processes*, 144, 145-170. https://doi.org/10.1016/j.obhdp.2017.08.001

Neff, K. D., & Germer, C. K. (2013). A pilot study and randomized controlled trial of the mindful self-compassion program. *Journal of Clinical Psychology*, *69*(1), 28-44. https://doi.org/10.1002/jclp.21923

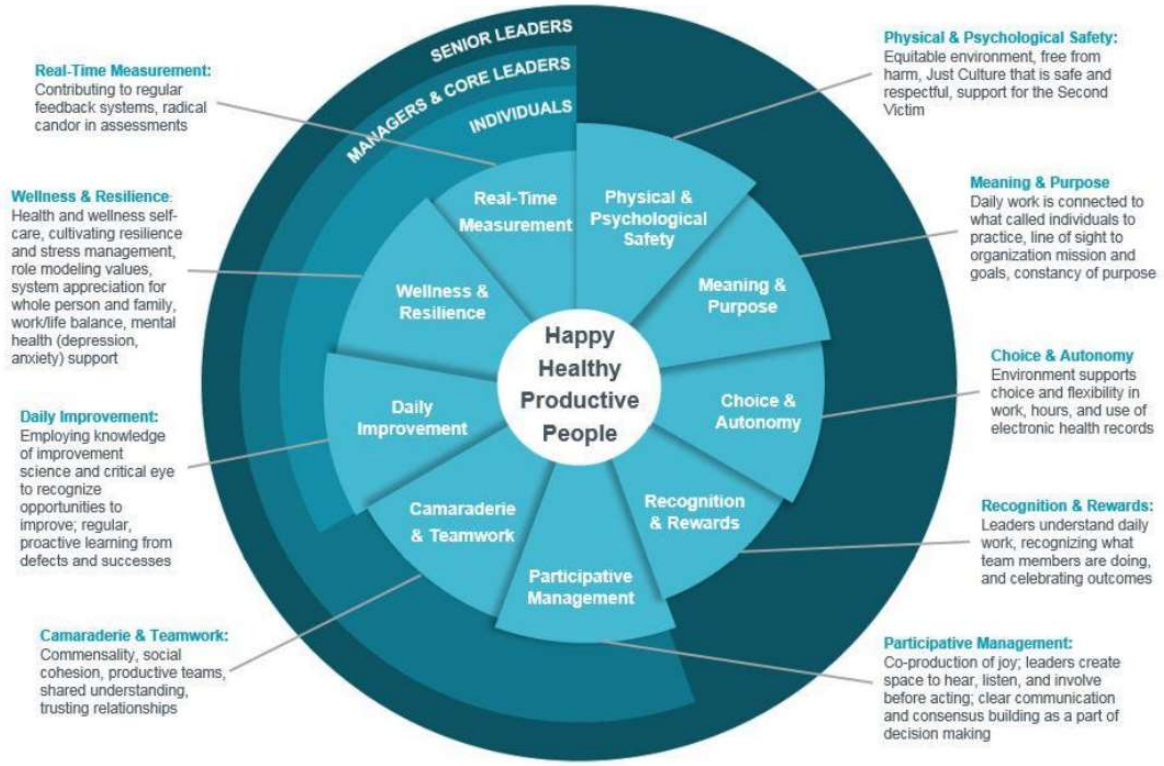
Perlo, J., Balik, B., Swensen, S., Kabcenell, A., Landsman, J., & Feeley, D. (2017). *IHI framework for improving joy in work* [PDF file]. Institute for Healthcare Improvement. http://www.ihi.org/resources/Pages/IHIWhitePapers/Framework-Improving-Joy-inwork.aspx

Turkel, M. C., Watson, J., & Giovannoni, J. (2018). Caring science or science of caring. *Nursing Science Quarterly*, *31*(1), 66-71. https://doi.org/10.1177/0894318417741116

World Health Organization. (2019, May). *Burnout and "occupational phenomenon": International classification of diseases*.https://www.who.int/mental_health/evidence/burn-out/en/

Appendix D

IHI Framework for Improving Joy in Work



Note: Adapted from *IHI Framework for Improving Joy in Work* (p. 16), by J. Perlo, B. Balik, S. Swensen, A. Kabcenell, J. Landsman, and D. Feeley, 2017, Institute for Healthcare Improvement (http://www.ihi.org/resources/Pages/IHIWhitePapers/Framework-Improving-Joy-in-work.aspx). Copyright 2017 by the Institute for Healthcare Improvement.

Appendix E

Microsystem Assessment: 5 Ps and Metrics That Matter

The 5 Ps and Metrics That Matter

Amerizza B. Quemada

School of Nursing and Health Professions, University of San Francisco

The 5 Ps: Purpose, Patients/Customers, Professionals, Processes, Patterns

Microsystem Assessment of Data Sources and Data Collection Actions

Page/Type of Data	Data Source/Data Collection Action
Know Your Patients/Products	KP Health Plan in all lines of business: Commercial, Medicare, Medi-Cal, Self-Funded, KPIC
Estimated number of customers	Within [redacted] California: 4.4 million members in [redacted] 9,368 [redacted] Physicians All of [redacted] California Service Area 21 Medical Centers 255 Medical Offices Members in other KP Regional Areas (National) Skilled Nursing Facilities (>130 contracted) Home Health/Hospice departments Transplant Board Behavioral Health Pediatric Developmental Delay Office (PDDO) Regulatory Partners: Centers for Medicare and Medicaid Services (CMS), Livanta Department of Health Care Services (DHCS), Managed Medi-Cal Health Plans California Department of Managed Health Care (DMHC) National Committee for Quality Assurance (NCQA)
Mix of services	[redacted] Members: Outside referrals and services Transplant referrals PDDO referrals Durable Medical Equipment (DME) requests Hospital discharge (DC) appeals for Medicare Out-of-Area and Visiting Member (other [redacted]) referral requests Exhaustion of Benefits (EOB) letters for SNF Community-Based Adult Services (CBAS) Home Health Shift Care Services/Private Duty Nursing Integral Teams: Reviews and updates Regional Policy and Procedures (P&P) Creates guidelines and workflow for Utilization Management (UM) Chairs the Regional UM Criteria for medical services (e.g., chiropractic services, acupuncture, dental anesthesia, and physical/occupational/speech therapy) DME clinical guidelines based on National and State existing guidelines (CMS, DHCS, and Knox-Keene Act)
List Your Top Requested Services	Outside referrals Hospital discharge appeal for Medicare patients DME requests
Top Sources of work requests	Outside Medical Services (OMS) team for outside referrals DME department for medical equipment requests 21 Medical Centers for DME and appeals SNFs for EOBs non-coverage denial letters PDDO Transplant
Volume of work from top 10 customers/units	DME Outside referrals Hospital appeals
Work request method/process	OMS/PDDO/CBAS/CDAU/HH via KPHC DME via DOTS program, however, will soon transition to [redacted] in March 2020 Hospital DC Appeals via fax, e-mails, [redacted] and phone calls EOB via [redacted] and e-mails
Data Management System	[redacted] (all Instances, Service Area) Foundations systems DOTS Intranet applications and sites Microsoft Excel spreadsheets
Frequent high volume customers	Integral teams for DME requests, medical/service referrals, and DC appeals

Adopted from *Supporting Microsystems: The place where patients, customers, families, and professionals meet* (p. 5), by The Dartmouth Institute for Health Policy and Clinical Practice, 2012 (http://www.clinicalmicrosystem.org/knowledge-center/workbooks/). Copyright 2001 by the Trustees of Dartmouth College, Godfrey, Nelson, Batalden, Institute for Healthcare Improvement.

Customer Satisfaction Scores	Unknown To be determined (TBD)
Know Your Professionals	
Current Staff	12 RNs, 2 MDs, 11 non-clinical staff
Float Pool	None
On-Call	None
Per Diem Staff	None
Days of Operation	Five days a week, Monday to Friday (except on organization's declared holidays)
Hours of Operation	8:00 a.m. to 5:00 p.m. In order to meet the needs of the stakeholders and ensure smooth operation, employees' schedules are staggered: - employees starting at 8:00 a.m. will leave at 4:30 p.m. - employees starting at 8:30 a.m. will leave at 5:00 p.m.
Staff Satisfaction Scores	TBD
Personal Skills Assessment	Mixed professionals: 12 RNs, 2 MDs, 11 non-clinical staff
Know Your Processes	
Scheduled Meetings	All-Staff quarterly meetings
Attendees	Mandatory face-to-face attendance by all staff members
Meeting Agenda	Departmental goals, updates, presentations
Know Your Patterns	
Most Significant Pattern	Employee turnovers in 2015 to 2018 Reported incidence of harassment ("bullying") that led to turnovers, patterened absences, unfavorable People Pulse Survey results
Successful Change	TBD
"Metrics that Matter"	People Pulse Survey in 10 indices

Self-Assessment Survey Tool Draft Version 1 (2/26/2020)

What Do You Think of Our Team?[1]

1. I am treated with respect every day by everyone that works in our Team.

❑ Strongly Agree ❑ Agree ❑ Disagree ❑ Strongly Disagree

2. I am given everything I need, such as tools, equipment, and encouragement, to make my work meaningful to my life and be successful in day to day responsibilities.

❑ Strongly Agree ❑ Agree ❑ Disagree ❑ Strongly Disagree

3. When I do good work, someone in the Team notices that I did it.

❑ Strongly Agree ❑ Agree ❑ Disagree ❑ Strongly Disagree

4. How stressful would you say it is to work in our department?

❑ Very stressful ❑ Somewhat stressful ❑ A little stressful ❑ Not stressful

5. How easy is it to ask anyone a question (e.g., work-related or personal) in our Team?

❑ Very easy ❑ Easy ❑ Difficult ❑ Very difficult

6. How would you rate other people's morale and their attitudes about working here?

❑ Excellent ❑ Very Good ❑ Good ❑ Fair ❑ Poor

7. Our department is a better place to work than it was 12 months ago.

❑ Strongly Agree ❑ Agree ❑ Disagree ❑ Strongly Disagree

8. I would recommend our department as a great place to work.

❑ Strongly Agree ❑ Agree ❑ Disagree ❑ Strongly Disagree

[1] Adopted from *Clinical Microsystems: The Place Where Patients, Families, and Clinical Teams Meet* (p. 9), by The Dartmouth Institute for Health Policy and Clinical Practice, 2005 (http://www.clinicalmicrosystem.org/knowledge-center/workbooks/). Copyright 2001 by the Trustees of Dartmouth College, Godfrey, Nelson, Batalden, Institute for Healthcare Improvement.

What Matters To You?[2]

9. What matters to you in your daily work?

10. What helps make a good day for you?

11. When you are at your best, what does that look like for you?

12. What gets in the way of a good day?

13. What would make this workplace better for those who work here?

Caring Moments[3]

14. I treat myself with loving-kindness.

❑ Always ❑ More Often ❑ Sometimes ❑ Never

15. I create a caring environment that helps me to flourish.

❑ Always ❑ More Often ❑ Sometimes ❑ Never

16. I value my own beliefs faith, allowing for my personal success.

❑ Always ❑ More Often ❑ Sometimes ❑ Never

[2] Adopted from *IHI Framework for Improving Joy in Work* (p. 23), by J. Perlo, B. Balik, S. Swensen, A. Kabcenell, J. Landsman, and D. Feeley, 2017, Institute for Healthcare Improvement (http://www.ihi.org/resources/Pages/IHIWhitePapers/Framework-Improving-Joy-in-work.aspx). Copyright 2017 by the Institute for Healthcare Improvement.

[3] Adopted from *Watson Caritas Self-Rating Score*, by J. Watson, B.B. Brewer, and J. D'Alfonso, 2012, Watson Caring Science Institute (http://www.watsoncaringscience.org/wp-content/uploads/2012/09/WCPS-_Self-Rating_Final1.pdf). Copyright 2012 by the Watson Caring Science Institute.

Metrics That Matter

The 2019 People Pulse Survey Results fo[redacted]S. Williams, personal communication, March 7, 2020).

Note. This figure shows the results of the survey conducted on November 1, 2019, and how to read the results. Scores below 60 are considered low, while scores above 75 are considered high.

References

Perlo, J., Balik, B., Swensen, S., Kabcenell, A., Landsman, J., & Feeley, D. (2017). *IHI framework for improving joy in work* [PDF file]. Institute for Healthcare Improvement. http://www.ihi.org/resources/Pages/IHIWhitePapers/Framework-Improving-Joy-in-work.aspx

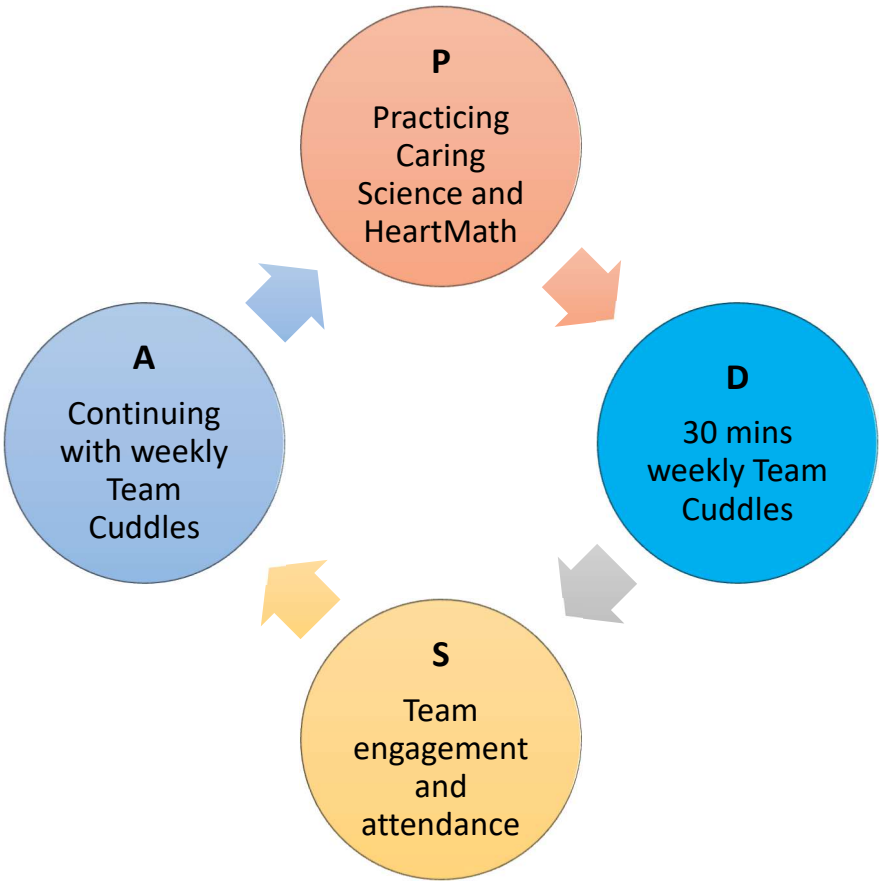
The Dartmouth Institute for Health Policy and Clinical Practice. (2005). *Clinical Microsystems: The Place Where Patients, Families, and Clinical Teams Meet* [Microsoft word document]. Retrieved March 1, 2020, from http://www.clinicalmicrosystem.org/knowledge-center/workbooks/

The Dartmouth Institute for Health Policy and Clinical Practice. (2012). *Supporting Microsystems: The place where patients, customers, families, and professionals meet* [Microsoft word document]. Retrieved March 1, 2020, from http://www.clinicalmicrosystem.org/knowledge-center/workbooks/

Watson, J., Brewer, B.B., & D'Alfonso, J. (2012). *Watson Caritas Self-Rating Score* [PDF file]. Watson Caring Science Institute. Retrieved March 1, 2020, from http://www.watsoncaringscience.org/wp-content/uploads/2012/09/WCPS-_Self-Rating_Final1.pdf

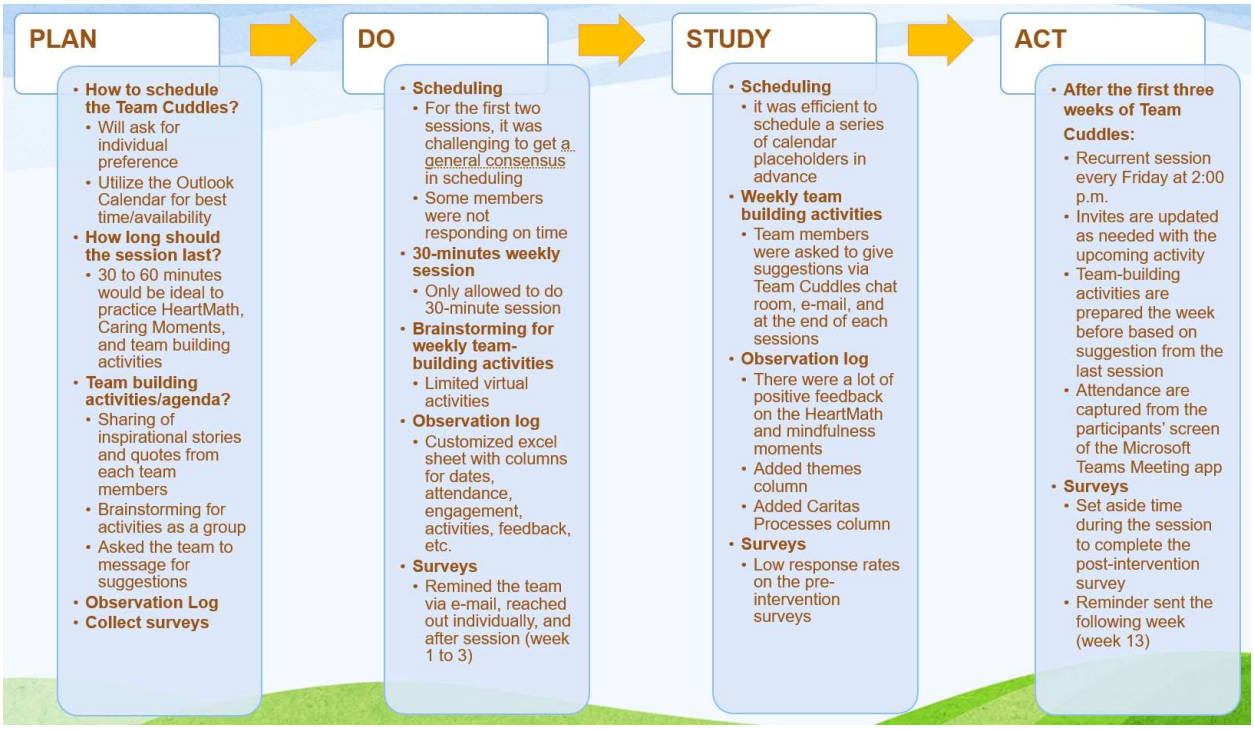
Appendix F1

PDSA Pictorial – Project Overview



Appendix F2

PDSA – Summary of Rapid Cycle Tests of Change



Appendix G

Team Composition, Roles, and Responsibilities (Updated)

Team Composition:

A. Change Agent/Lead:
- Amerizza B. Quemada (Change Agent)

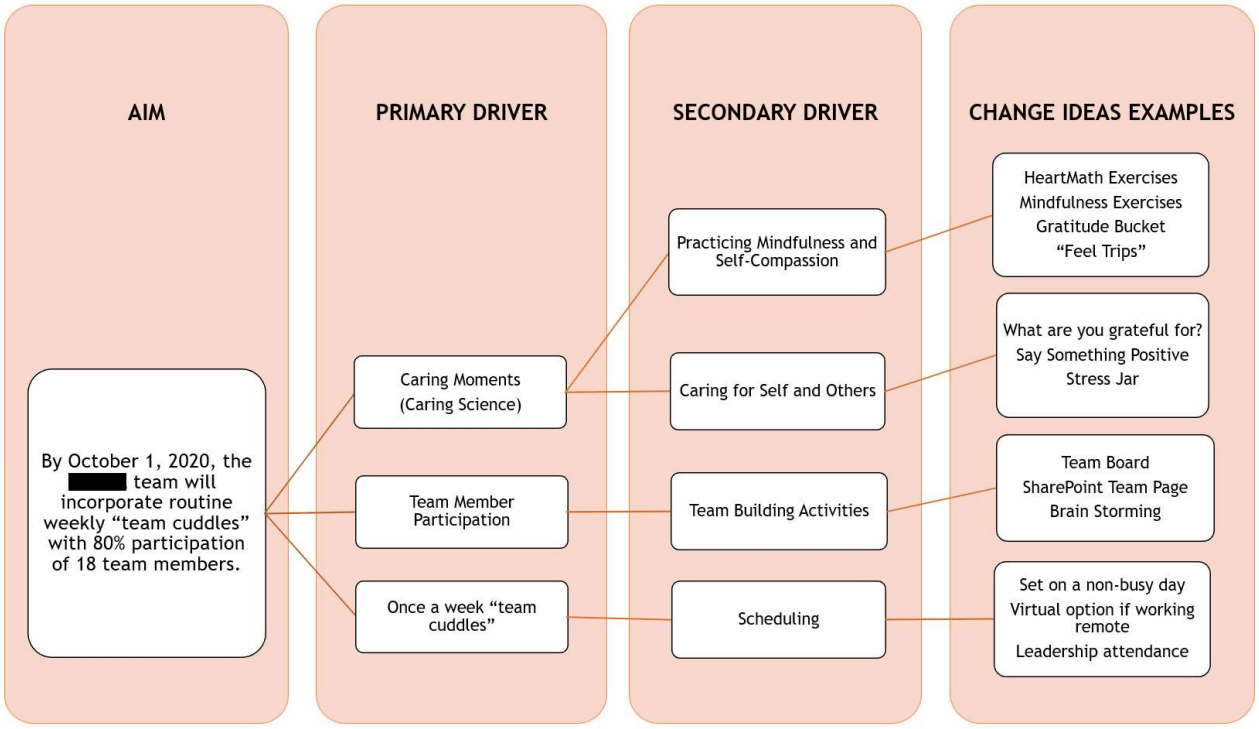
B. Team Members:
- [redacted] (RN Clinical Specialist)
- [redacted] (RN Clinical Specialist)
- [redacted] (RN Clinical Specialist)
- [redacted] (RN Clinical Consultant)

C. Support Team:
- [redacted] (ED Prof. Practice, Nurse Leadership/Preceptor)
- [redacted] (NCAL Caritas Director/Advisor)
- [redacted] (Manager/Champion)
- [redacted] (Manager/Champion)
- [redacted] (ED NCAL Quality/Sponsor)
- [redacted] (Senior HR Consultant/HR Liaison)

Roles and Responsibilities	Change Agent	Team Member	Support
Provide direction and focus on team activities	✓		
Ensure productive use of the team's time	✓		
Facilitate Team Cuddles	✓		
Ensure a balanced participation of all team members	✓		
Provide feedback and support to change agent		✓	✓
Suggest activities and tools for Team Cuddles	✓	✓	✓
Offer perspectives, ideas, and participates actively	✓	✓	✓
Adhere to Team Cuddles ground rules	✓	✓	
Act as consultants, supports activities and implementations			✓
Take and distribute minutes	✓		

Appendix H

Driver Diagram (Updated)



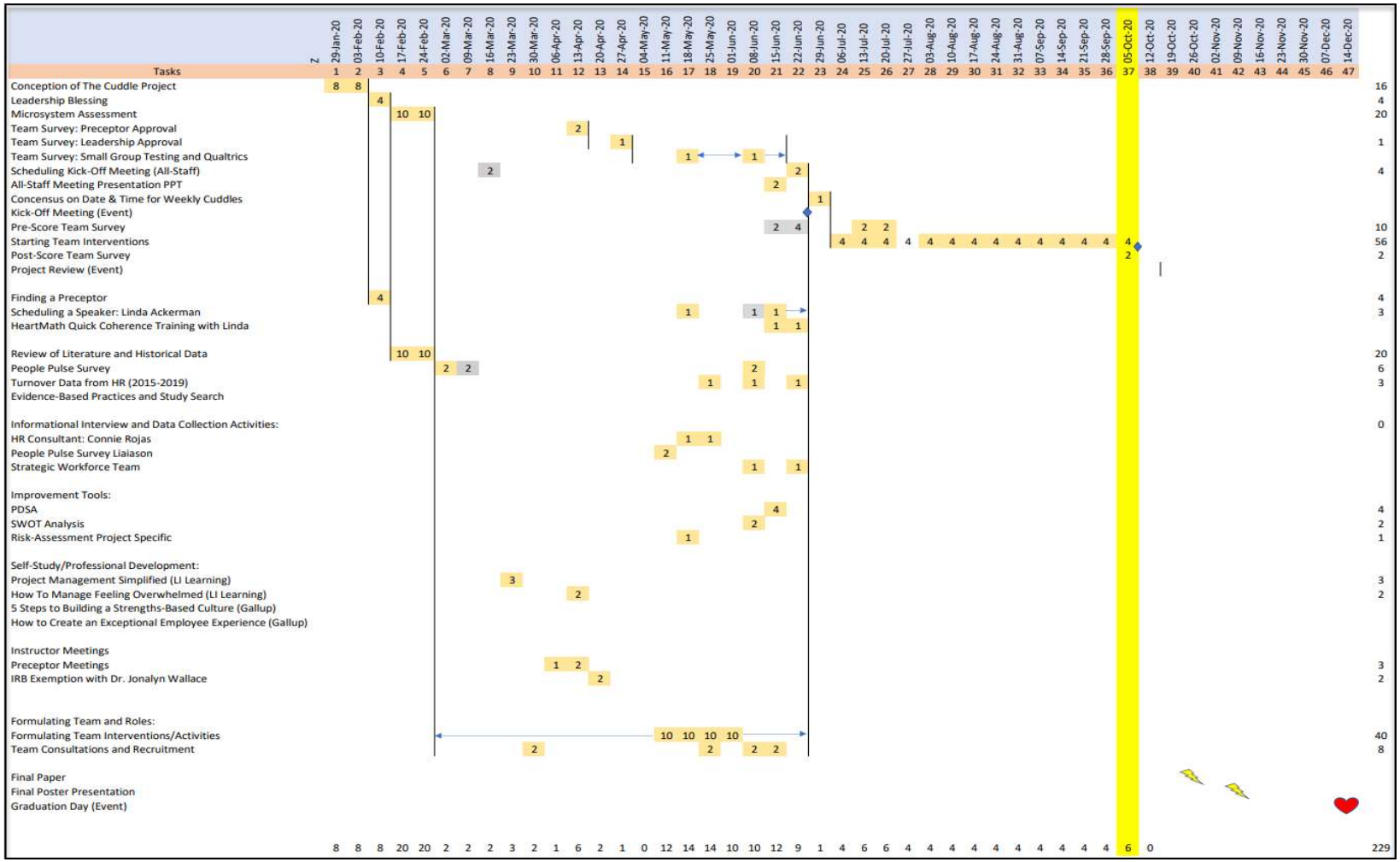
Appendix I

Five SMART Objectives

Specific	Measurable	Achievable	Realistic	Time-Bound
Team Cuddles session weekly for at least 30 minutes	Attendance	Caring Science and HeartMath resources are available within the organization	Personal budget is $500	Weekly Team Cuddles for 16 weeks
Mindfulness, HeartMath, and Caring Moments exercise at the start of each session	Engagement and participation	Received support from managers	Return on investment and cost avoidance were examined	After 16 weeks, the continuation will be reviewed with the team
Followed by team building exercises	Pre- and post-intervention surveys	Allowed 30 minutes for the session	Cost Benefit Analysis was obtained	Pre-intervention surveys to be completed by the 3rd week of the sessions
Session invitations via Outlook calendar	PPS scores	Scheduling and organization done via Microsoft Teams and Outlook calendar	The sessions are not mandatory, and participation is voluntary	Post-intervention surveys to be completed by the last week of the sessions
Sessions will be conducted virtually via Microsoft Teams	Project review feedback (upon completion)	Recruited team members	The above issues were discussed with managers and executive director	A project review survey/feedback will be obtained by the last week of the sessions

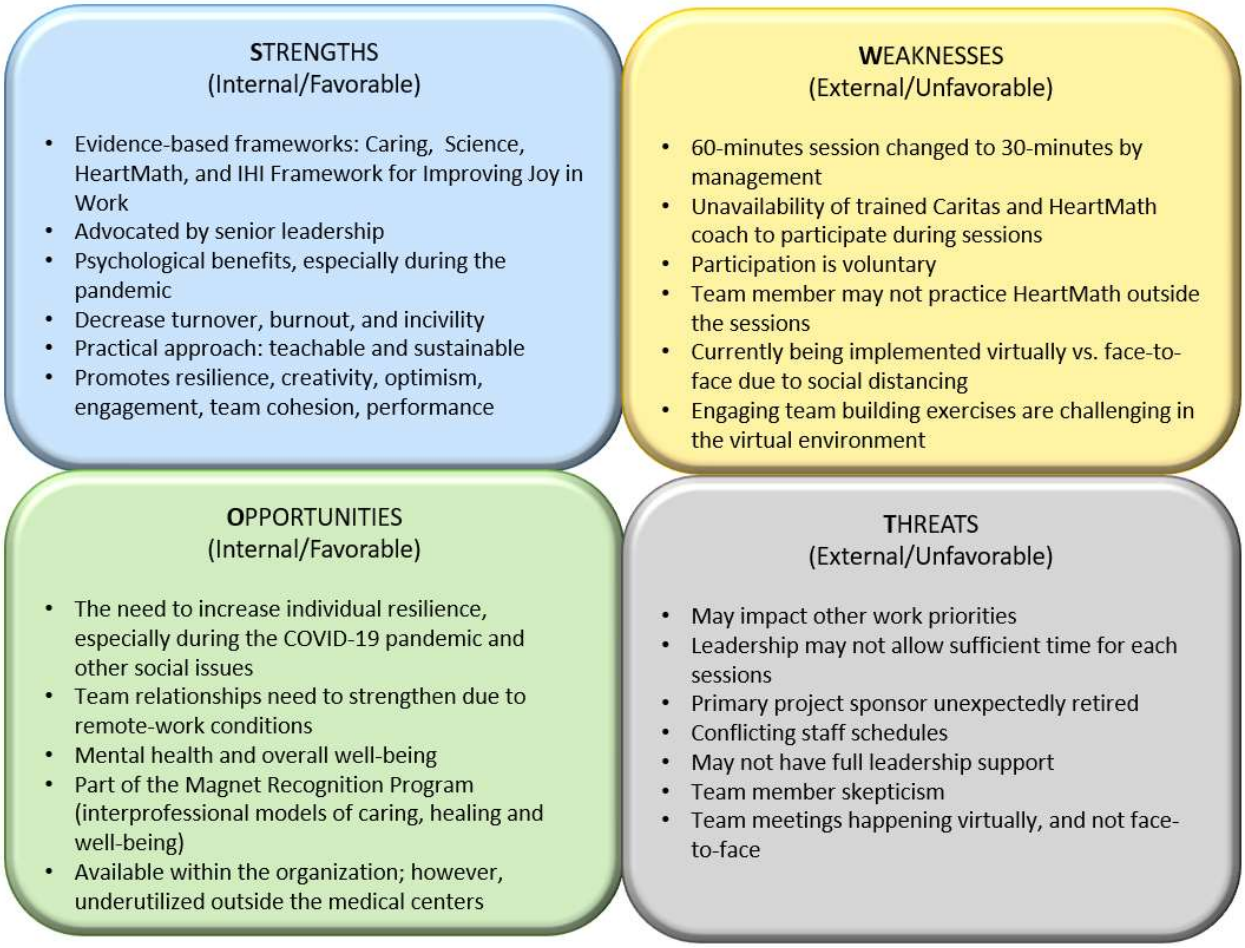
Appendix J

Gantt Chart



Appendix K

SWOT Analysis of the Team Cuddle Project



Appendix L

Estimated Cost-Benefit Analysis, Return on Investment, and Budget for Team Cuddles

Items	Estimated Cost	Actual Expense	Savings
Departmental Cost of 30-Minutes Weekly Team Cuddle Sessions: *Average 30-minutes salary for the whole department is $31.54 x 18 staff x 13 weeks*	$7,380.36	$7,380.36	
Caring Science and HeartMath education cards shared via e-mail (courtesy of the Caring Science Program Director)	$0.00	$0.00	
Virtual Team Building Activities	$0.00	$0.00	
Game incentives: Starbucks Gift Cards	$500.00	$60.00	
HeartMath Survey for 20 Individuals	$140.00	$0.00	
Watson Caritas Survey in Qualtrics	$0.00	$0.00	
Project Continuation Survey in Qualtrics	$0.00	$0.00	
	$8,020.36	$7,440.36	**$580.00**
Cost of Turnover: 1x RN*	$158,435.76	$7,440.36	**$150,995.40**
Cost of Turnover: 1x RN Manager*	$270,477.11	$7,440.36	**$263,036.75**
**Cost of Turnover is estimated as one year base salary for each employee that terminates or 1 and 1/2 times one year base salary for Management.			*If the program cost is $7,440.36, the organization can save $150,995.40 by preventing one RN turnover*

Note: The average hourly salary for the whole department of 18 employees is $63.08 (VU, personal communication, July 24, 2020).

*No employee turnovers from July to October 2020.

**The general cost of turnover is estimated as one year of the base salary for each employee that terminates or one-and-a-half times of the one-year base salary for a management position.

Appendix M

Financial Analysis – Cost of Turnover

Cost of Turnover

Cost Center [redacted]

Job Level	2016	2020
Nursing Professionals	$158,435.76	0
Project Manager	0	$85,843.75
Management	0	$270,477.11
Grand Total	**$158,435.76**	**$356,320.86**

**Cost of Turnover is estimated as one year base salary for each employee that terminates or 1 and 1/2 times one year base salary for Management.*

Terms & Transfers Out

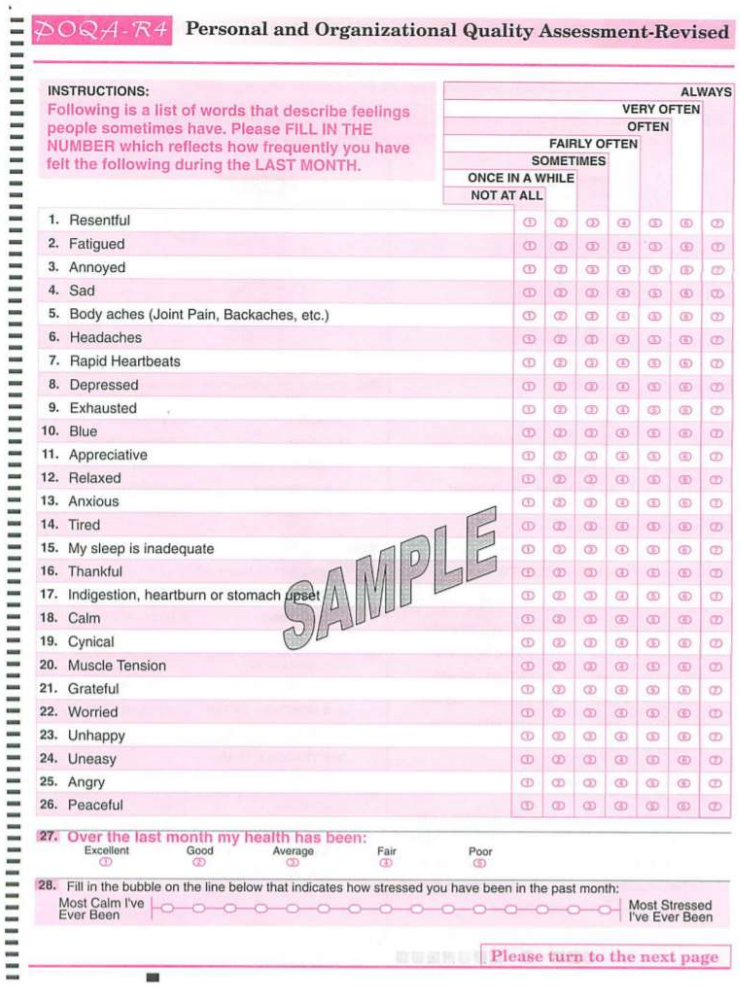
Cost Center [redacted]

Tenure Group	Job Group	Headcount Year 2015	2016	2017	2018	2019	2020	Terms (Left the Organization) Year 2015	2016	2017	2018	2019	2020	Transfers (Left the Department) Year 2015	2016	2017	2018	2019	2020
0-1	Consultant					1	1												
	Nursing Professionals															1			
	RN Management - Non-Care Delivery														1		1		
0-1 Total						1	1								1	1	1		
2-5	Analyst	1	1																
	Management				1														
	Secretary															1			
2-5 Total		1	1		1											1			
5+	Nursing Professionals	1	1						1										
	RN Management - Non-Care Delivery	1		1		1	1												
	Management	1	1	1	3	5	3						1						
	Secretary	1	1		1	1	1												
	Project Manager			1	1	1							1						
5+ Total		4	3	3	5	8	5		1				2						
Grand Total		5	4	3	6	9	6		1				2		1	2	1		
Rate									25.0%				66.7%		25.0%	66.7%	16.7%		

Note: The turnover history and cost of turnover at the department of a healthcare organization. The data was provided by the workforce planning and analytics department (R.B., personal communication, July 15, 2020).

Appendix N1

Pre- and Post-Intervention HeartMath Survey



PQA-R4 Personal and Organizational Quality Assessment-Revised

INSTRUCTIONS:
Following is a list of words that describe feelings people sometimes have. Please FILL IN THE NUMBER which reflects how frequently you have felt the following during the LAST MONTH.

	NOT AT ALL	ONCE IN A WHILE	SOMETIMES	FAIRLY OFTEN	OFTEN	VERY OFTEN	ALWAYS
1. Resentful	①	②	③	④	⑤	⑥	⑦
2. Fatigued	①	②	③	④	⑤	⑥	⑦
3. Annoyed	①	②	③	④	⑤	⑥	⑦
4. Sad	①	②	③	④	⑤	⑥	⑦
5. Body aches (Joint Pain, Backaches, etc.)	①	②	③	④	⑤	⑥	⑦
6. Headaches	①	②	③	④	⑤	⑥	⑦
7. Rapid Heartbeats	①	②	③	④	⑤	⑥	⑦
8. Depressed	①	②	③	④	⑤	⑥	⑦
9. Exhausted	①	②	③	④	⑤	⑥	⑦
10. Blue	①	②	③	④	⑤	⑥	⑦
11. Appreciative	①	②	③	④	⑤	⑥	⑦
12. Relaxed	①	②	③	④	⑤	⑥	⑦
13. Anxious	①	②	③	④	⑤	⑥	⑦
14. Tired	①	②	③	④	⑤	⑥	⑦
15. My sleep is inadequate	①	②	③	④	⑤	⑥	⑦
16. Thankful	①	②	③	④	⑤	⑥	⑦
17. Indigestion, heartburn or stomach upset	①	②	③	④	⑤	⑥	⑦
18. Calm	①	②	③	④	⑤	⑥	⑦
19. Cynical	①	②	③	④	⑤	⑥	⑦
20. Muscle Tension	①	②	③	④	⑤	⑥	⑦
21. Grateful	①	②	③	④	⑤	⑥	⑦
22. Worried	①	②	③	④	⑤	⑥	⑦
23. Unhappy	①	②	③	④	⑤	⑥	⑦
24. Uneasy	①	②	③	④	⑤	⑥	⑦
25. Angry	①	②	③	④	⑤	⑥	⑦
26. Peaceful	①	②	③	④	⑤	⑥	⑦

SAMPLE

27. Over the last month my health has been:
Excellent ① Good ② Average ③ Fair ④ Poor ⑤

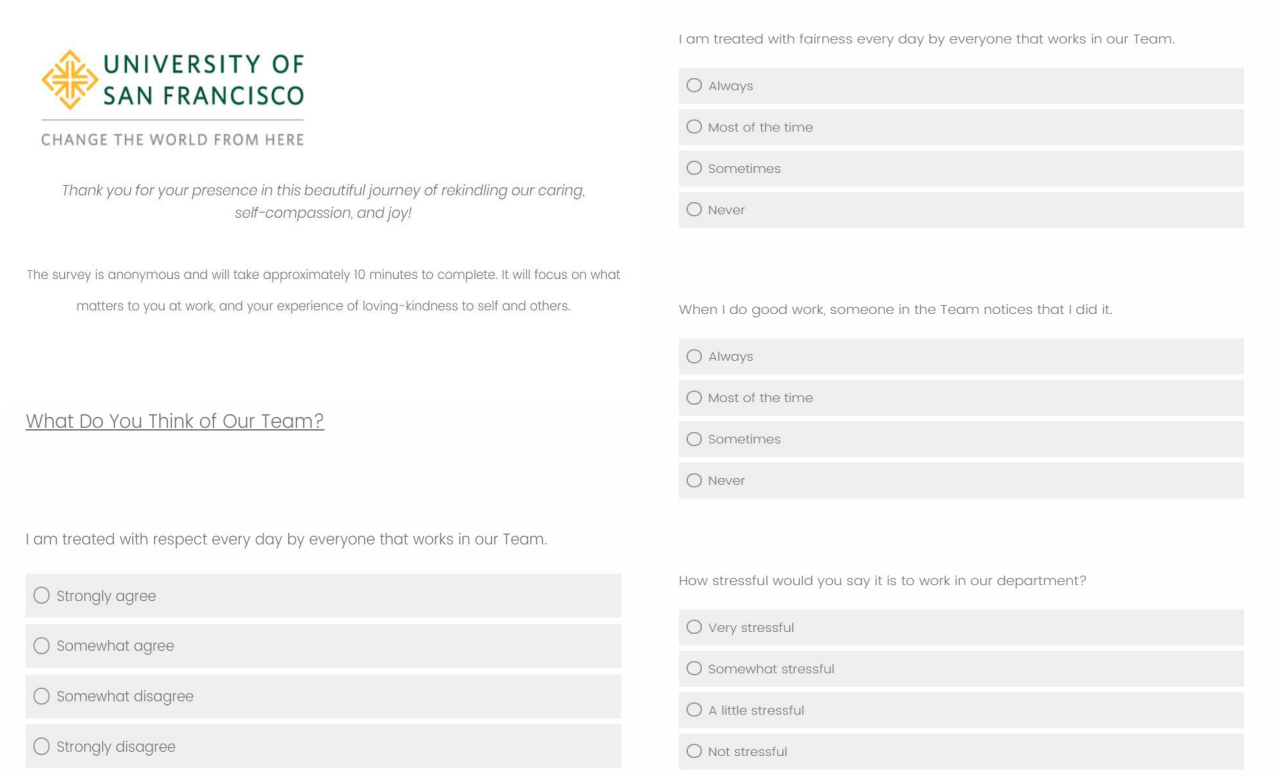
28. Fill in the bubble on the line below that indicates how stressed you have been in the past month:
Most Calm I've Ever Been — Most Stressed I've Ever Been

Please turn to the next page

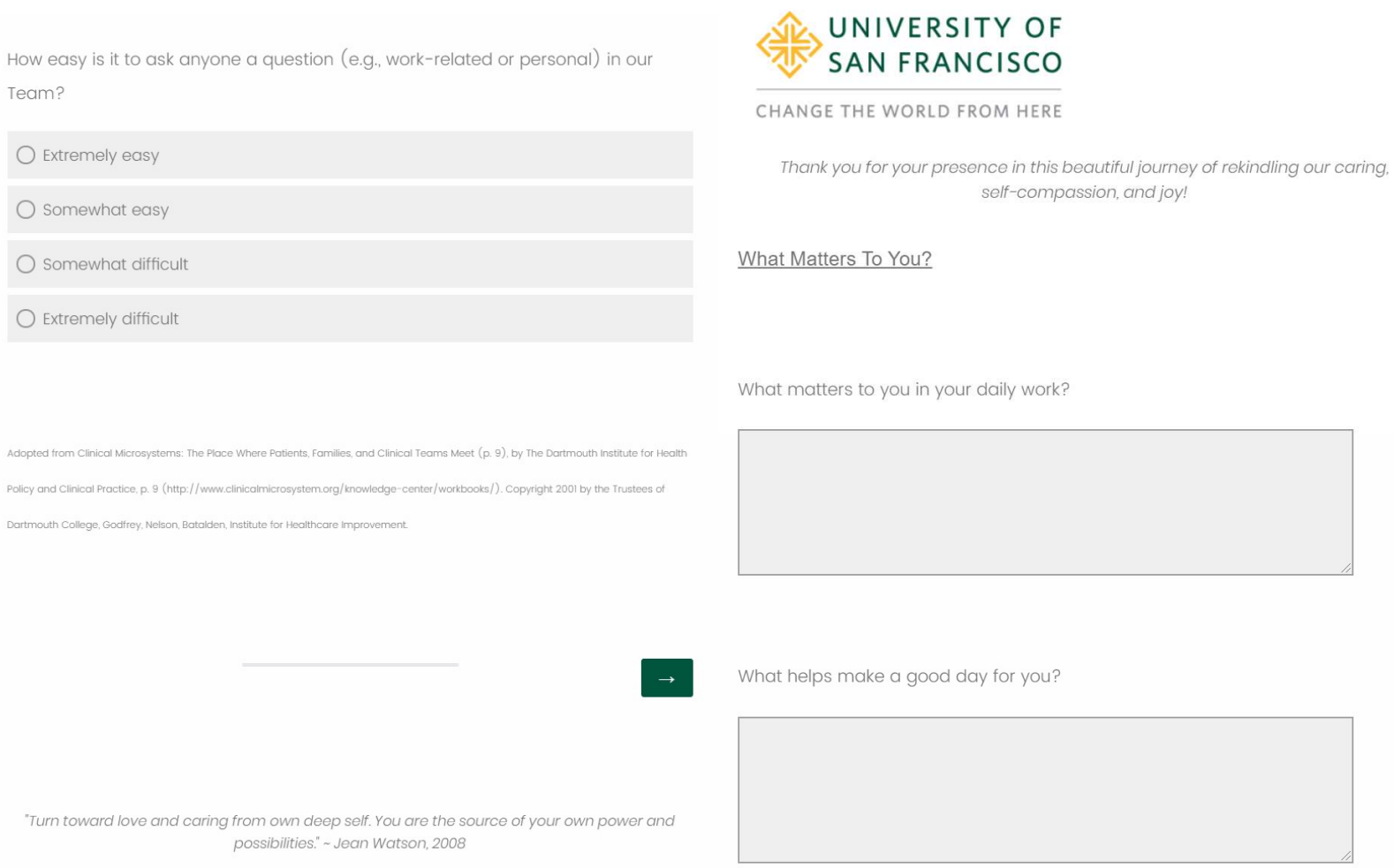
Note: Adapted with permission from Dr. Robert Browning, Ph.D., Director of the HeartMath Health Partners.

Appendix N2

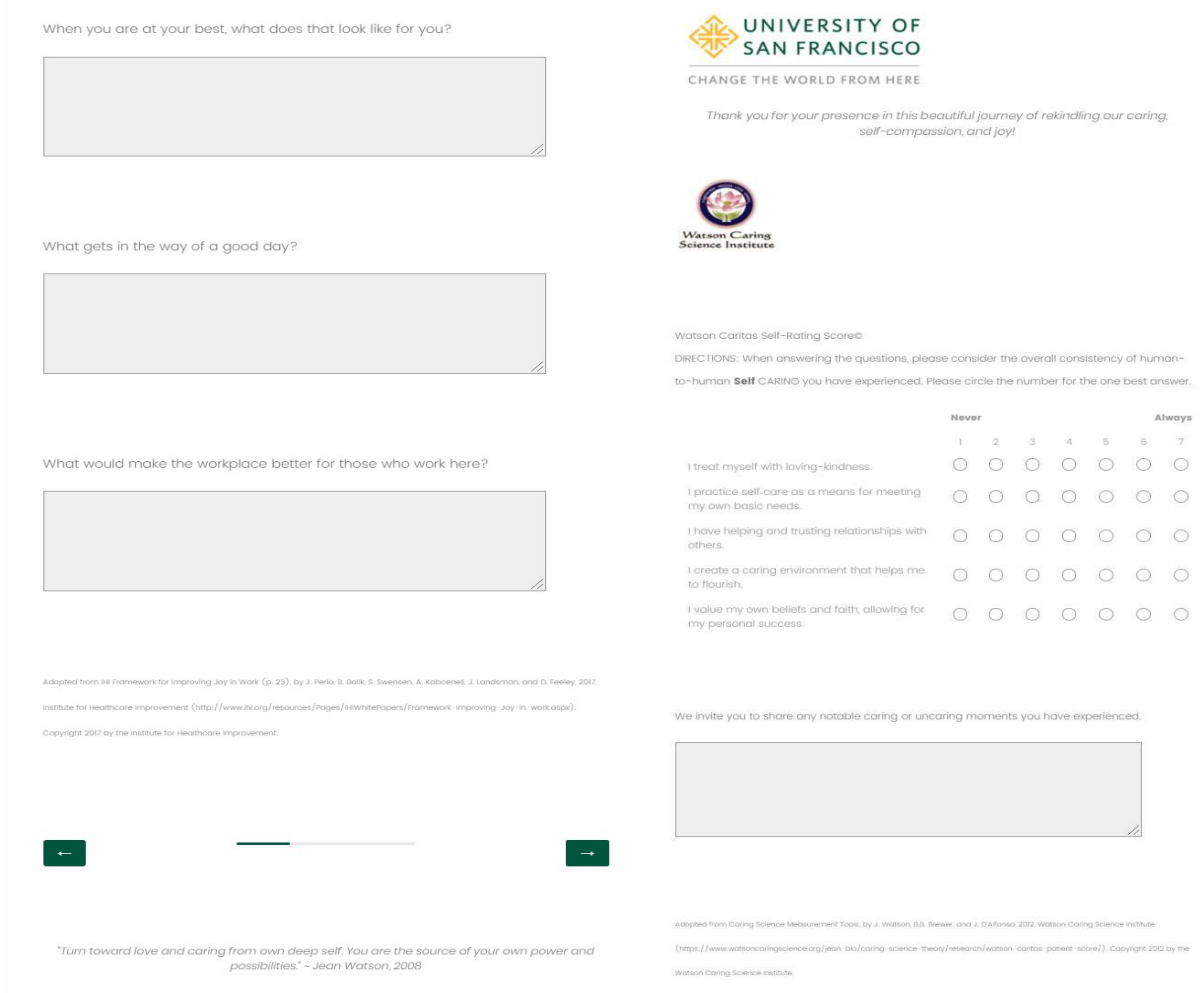
Team Survey in Qualtrics – Pre- and Post-Intervention



Note: What Do You Think of Our Team questions were adapted from *Clinical Microsystems: The Place Where Patients, Families, and Clinical Teams Meet* (p. 9), by The Dartmouth Institute for Health Policy and Clinical Practice, p. 9 (http://www.clinicalmicrosystem.org/knowledge-center/workbooks/). Copyright 2001 by the Trustees of Dartmouth College, Godfrey, Nelson, Batalden, Institute for Healthcare Improvement.



Note: What Matters to You questions were adapted from *IHI Framework for Improving Joy in Work* (p. 23), by J. Perlo, B. Balik, S. Swensen, A. Kabcenell, J. Landsman, and D. Feeley, 2017, Institute for Healthcare Improvement (http://www.ihi.org/resources/Pages/IHIWhitePapers/Framework-Improving-Joy-in-work.aspx). Copyright 2017 by the Institute for Healthcare Improvement.



When you are at your best, what does that look like for you?

What gets in the way of a good day?

What would make the workplace better for those who work here?

Adopted from IHI Framework for Improving Joy in Work (p. 23), by J. Perlo, B. Balik, S. Swensen, A. Kabcenell, J. Landsman, and D. Feeley, 2017, Institute for Healthcare Improvement (http://www.ihi.org/resources/Pages/IHIWhitePapers/Framework-Improving-Joy-in-Work.aspx). Copyright 2017 by the Institute for Healthcare Improvement.

←

→

"Turn toward love and caring from own deep self. You are the source of your own power and possibilities." ~ Jean Watson, 2008

UNIVERSITY OF SAN FRANCISCO

CHANGE THE WORLD FROM HERE

Thank you for your presence in this beautiful journey of rekindling our caring, self-compassion, and joy!

Watson Caring Science Institute

Watson Caritas Self-Rating Score©

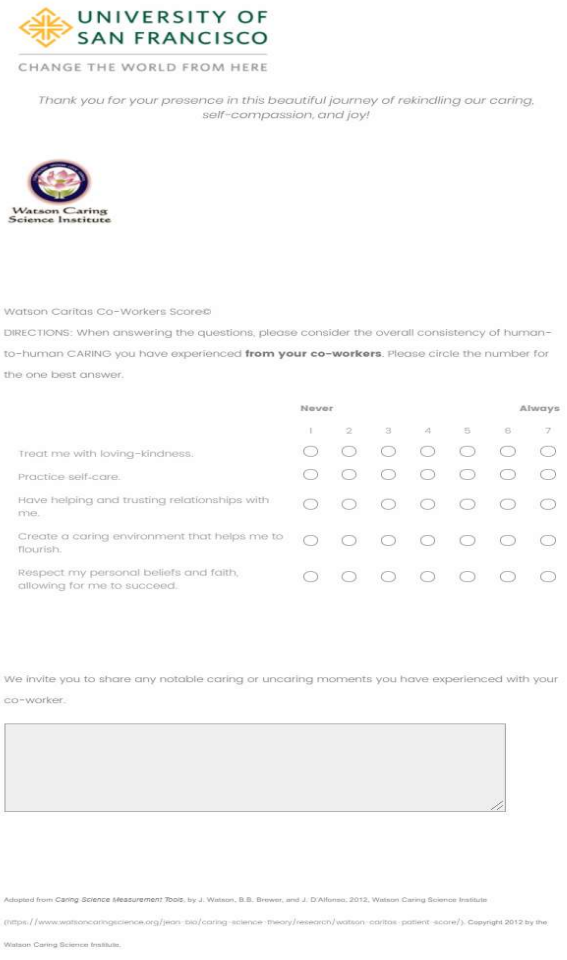
DIRECTIONS: When answering the questions, please consider the overall consistency of human-to-human **Self** CARING you have experienced. Please circle the number for the one best answer.

	Never						Always
	1	2	3	4	5	6	7
I treat myself with loving-kindness.	○	○	○	○	○	○	○
I practice self-care as a means for meeting my own basic needs.	○	○	○	○	○	○	○
I have helping and trusting relationships with others.	○	○	○	○	○	○	○
I create a caring environment that helps me to flourish.	○	○	○	○	○	○	○
I value my own beliefs and faith, allowing for my personal success.	○	○	○	○	○	○	○

We invite you to share any notable caring or uncaring moments you have experienced.

Adopted from Caring Science Measurement Tools, by J. Watson, B.B. Brewer, and J. D'Alfonso, 2012, Watson Caring Science Institute (https://www.watsoncaringscience.org/jean-bio/caring-science-theory/research/watson-caritas-patient-score/). Copyright 2012 by the Watson Caring Science Institute.

Note: Adapted from *Watson Caritas Self-Rating Score*, by J. Watson, and B.B. Brewer, 2012, Watson Caring Science Institute (https://www.watsoncaringscience.org/jean-bio/caring-science-theory/research/watson-caritas-patient-score/). Copyright 2012 by the Watson Caring Science Institute.



UNIVERSITY OF SAN FRANCISCO
CHANGE THE WORLD FROM HERE

Thank you for your presence in this beautiful journey of rekindling our caring, self-compassion, and joy!

Watson Caring Science Institute

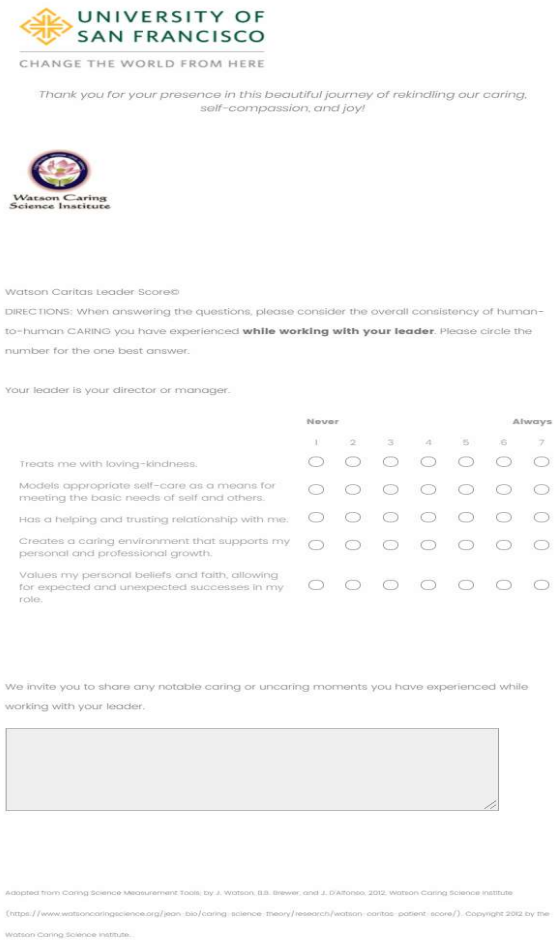
Watson Caritas Co-Workers Score©

DIRECTIONS: When answering the questions, please consider the overall consistency of human-to-human CARING you have experienced **from your co-workers**. Please circle the number for the one best answer.

	Never 1	2	3	4	5	6	Always 7
Treat me with loving-kindness.	○	○	○	○	○	○	○
Practice self-care.	○	○	○	○	○	○	○
Have helping and trusting relationships with me.	○	○	○	○	○	○	○
Create a caring environment that helps me to flourish.	○	○	○	○	○	○	○
Respect my personal beliefs and faith, allowing for me to succeed.	○	○	○	○	○	○	○

We invite you to share any notable caring or uncaring moments you have experienced with your co-worker.

Adopted from *Caring Science Measurement Tools*, by J. Watson, B.B. Brewer, and J. D'Alfonso, 2012, Watson Caring Science Institute (https://www.watsoncaringscience.org/jean-bio/caring-science-theory/research/watson-caritas-patient-score/). Copyright 2012 by the Watson Caring Science Institute.



UNIVERSITY OF SAN FRANCISCO
CHANGE THE WORLD FROM HERE

Thank you for your presence in this beautiful journey of rekindling our caring, self-compassion, and joy!

Watson Caring Science Institute

Watson Caritas Leader Score©

DIRECTIONS: When answering the questions, please consider the overall consistency of human-to-human CARING you have experienced **while working with your leader**. Please circle the number for the one best answer.

Your leader is your director or manager.

	Never 1	2	3	4	5	6	Always 7
Treats me with loving-kindness.	○	○	○	○	○	○	○
Models appropriate self-care as a means for meeting the basic needs of self and others.	○	○	○	○	○	○	○
Has a helping and trusting relationship with me.	○	○	○	○	○	○	○
Creates a caring environment that supports my personal and professional growth.	○	○	○	○	○	○	○
Values my personal beliefs and faith, allowing for expected and unexpected successes in my role.	○	○	○	○	○	○	○

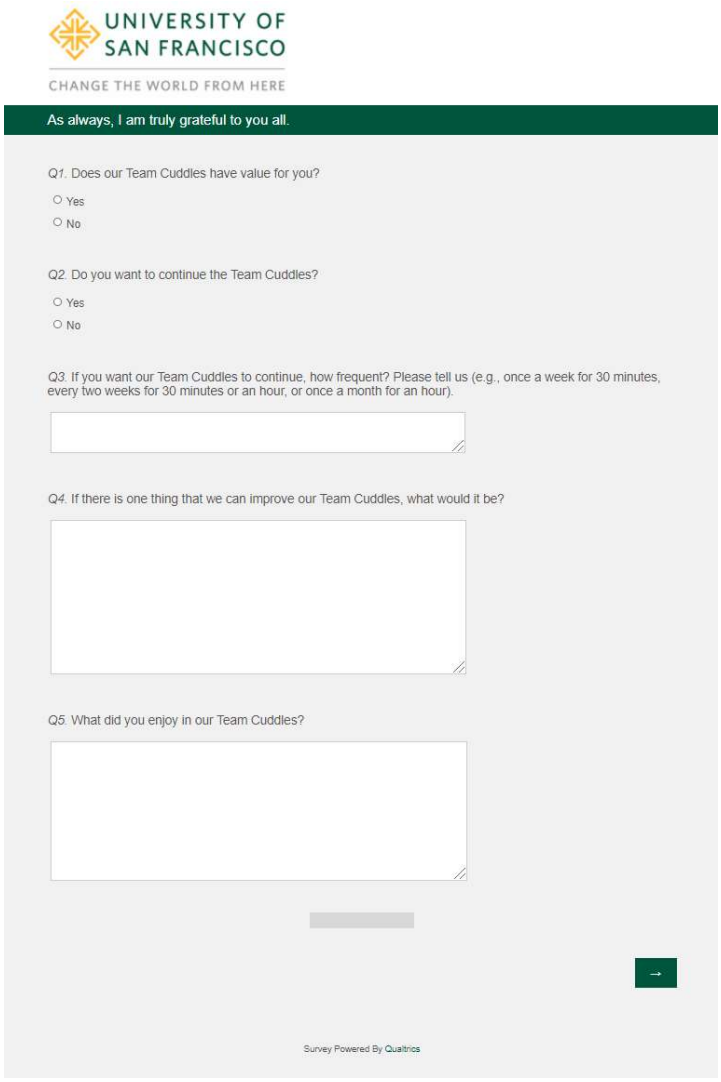
We invite you to share any notable caring or uncaring moments you have experienced while working with your leader.

Adopted from Caring Science Measurement Tools, by J. Watson, B.B. Brewer, and J. D'Alfonso, 2012, Watson Caring Science Institute (https://www.watsoncaringscience.org/jean-bio/caring-science-theory/research/watson-caritas-patient-score/). Copyright 2012 by the Watson Caring Science Institute.

Note: Adapted from *Watson Caritas Co-Worker and Leader Scores*, by J. Watson, and B.B. Brewer, 2012, Watson Caring Science Institute (https://www.watsoncaringscience.org/jean-bio/caring-science-theory/research/watson-caritas-patient-score/). Copyright 2012 by the Watson Caring Science Institute.

Appendix N3

Project Continuity Survey - Team Cuddle: Let's Do It Again?



Appendix O1

Survey Permission: HeartMath POQA-r4

On Oct 13, 2020, at 13:47, Robert Browning <rbrowning@heartmath.com> wrote:

Caution: This email came from outside [redacted] Do not op
not recognize the sender.

That's all such great news. We are grateful for you and all the love you are giving your team.

Yes, absolutely you have our permission to use those images in your thesis paper.

Thank you for asking.

It will be wonderful to see it when you are complete... what a gift that will be for others to learn fro

With deep care
Robert

Sent from my iPhone

Robert Browning PhD (h.c.)
Director HeartMath Health Partners
831-247-9778 cell

Appendix O2

Survey Permission: Watson Caritas Measurement Tools

Gmail

Amerizza Quemada <amerizza@gmail.com>

Re: WCSI membership and New submission from Watson Caritas Research Tools Request

Jean <jean@watsoncaringscience.org> Sat, Oct 17, 2020 at 8:05 PM
To: "amerizza@gmail.com" <amerizza@gmail.com>

Dear Amerizza,

kind thanks for your request to use the Caritas tools for your unit and efforts to support a team caring culture.

Yes you have permission to use the instruments for your clinical project.

I have requested our WCSI team to get back in touch with you regarding activating your WCSI membership. Thank you for your commitment to this work and for your supportive membership, ICC registration and clinical Caritas project.

Sending you loads of good wishes and all the best.

In loving kindness, Jean

Jean Watson, PhD, RN, AHN-BC, FAAN, LL (AAN)
Founder Watson Caring Science Institute
4450 Arapahoe Avenue #100
Boulder, Colorado 80303 USA
www.watsoncaringscience.org
Distinguished Prof/Dean Emerita University of Colorado Denver, College of Nursing
jean@watsoncaringscience.org
jeanwatson@comcast.net

Watson Caring Science Institute

Appendix P

IRB Exemption for Non-Research Statement of Determination Form

CNL Project: Statement of Non-Research Determination Form

Student Name: Ma. Amerizza B. Quemada

Title of Project:

From Team Huddle to Team Cuddle: Rekindling Caring, Self-Compassion, and Joy at Work!

Brief Description of Project:

The Cuddle Project is focused on spreading the antidote against burnout by increasing individual resilience through evidence-based practices, such as Caring Science and HeartMath. The project aims to make an impact on increasing team engagement and practicing a culture change of caring. The goal is to create a culture shift that will significantly affect the employee's performance and retention, which will have a positive influence on organizational outcomes.

Research evidence shows that interventions, such as practicing self-compassion, mindfulness, and HeartMath, are powerful tools in building resilience. These interventions are teachable and sustainable. Practicing these interventions - internally and externally - can decrease stress. Imbedding *Caring Moments* in the daily routine can promote a culture of caring at the workplace. A culture of caring for self and others offers the protective mechanism that can assists individuals in boosting resilience, positivity, enhance professional and personal growth, and find joy at work!

A) Specific Aim Statement:

By October 1, 2020, the [redacted]eam will incorporate virtual and/or face-to-face weekly "team cuddles" with 80% (16 of 20 members) participation of 20 team members. The improvement process begins with creating a caring and positive environment. The improvement process ends with the team members sharing and engaging in Caring Moments.

B) Description of Intervention:

A *Team Cuddle* is defined as mindfulness huddles with team members to provide space for caring, sharing their authentic self, and practicing mindfulness.

- The Team Cuddles will be 30 to 60 minutes per session once a week
- HeartMath exercises at the beginning of each session and followed by team building activities
- Each team members will help lead the Quick Coherence (HeartMath) exercise in each session

- After each session, the team will be asked for feedback and recommendations on the following week's activity
- Pre- and post-surveys (initiation and end of the project) of the team members will be obtained

C) How will this intervention change practice?

Presently, our team only meets about every quarter for the All-Staff Meeting. Also, from 2015 to 2019, there were observed and reported decreased staff engagement, low team-morale, incivility, and harassment. These problems led to increases in staff turnover ([redacted]) and unfavorable scores in the annual PPS. In 2019, allegations of employee *bullying* were reported to Human Resources (HR), which resulted in interventions, such as role and structural changes.

By incorporating evidence-based practices of Caring Science and HeartMath, these sustainable interventions offer a foundation for a culture of caring, cohesiveness, promote positivity and creativity, improve performance, be open to change, prevent incivility, and have a direct positive effect on the following PPS indicators: Integrity and Ethics, Inclusion, Team Effectiveness, Speaking-Up, and Engagement.

D) Outcome measurement(s):

1. Attendance During Weekly Team Cuddles
   a. Goal - 80% (16 of 20 team members) during weekly (virtual or face-to-face) Team Cuddles
2. Engagement/Participation
   a. Goal - 50% of the post-survey questions will indicate improvement from baseline

To qualify as an Evidence-based Change in Practice Project, rather than a Research Project, the criteria outlined in federal guidelines will be used: (http://answers.hhs.gov/ohrp/categories/1569)

☒ This project meets the guidelines for an Evidence-based Change in Practice Project as outlined in the Project Checklist (attached). Student may proceed with implementation.

☐ This project involves research with human subjects and must be submitted for IRB approval before project activity can commence.

Comments:

3

EVIDENCE-BASED CHANGE OF PRACTICE PROJECT CHECKLIST *

Instructions: Answer YES or NO to each of the following statements:

Project Title: From Team Huddle to Team Cuddle: Rekindling Caring, Self-Compassion, and Joy at Work!	YES	NO
The aim of the project is to improve the process or delivery of care with established/ accepted standards, or to implement evidence-based change. There is no intention of using the data for research purposes.	✓	
The specific aim is to improve performance on a specific service or program and **is a part of usual care**. ALL participants will receive standard of care.	✓	
The project is **NOT** designed to follow a research design, e.g., hypothesis testing or group comparison, randomization, control groups, prospective comparison groups, cross-sectional, case control). The project does **NOT** follow a protocol that overrides clinical decision-making.	✓	
The project involves implementation of established and tested quality standards and/or systematic monitoring, assessment or evaluation of the organization to ensure that existing quality standards are being met. The project does **NOT** develop paradigms or untested methods or new untested standards.	✓	
The project involves implementation of care practices and interventions that are consensus-based or evidence-based. The project does **NOT** seek to test an intervention that is beyond current science and experience.	✓	
The project is conducted by staff where the project will take place and involves staff who are working at an agency that has an agreement with USF SONHP.	✓	
The project has **NO** funding from federal agencies or research-focused organizations and is not receiving funding for implementation research.	✓	
The agency or clinical practice unit agrees that this is a project that will be implemented to improve the process or delivery of care, i.e., **not** a personal research project that is dependent upon the voluntary participation of colleagues, students and/ or patients.	✓	
If there is an intent to, or possibility of publishing your work, you and supervising faculty and the agency oversight committee are comfortable with the following statement in your methods section: *"This project was undertaken as an Evidence-based change of practice project at the [redacted] and as such was not formally supervised by the Institutional Review Board."*	✓	

ANSWER KEY: If the answer to **ALL** of these items is yes, the project can be considered an Evidence-based activity that does NOT meet the definition of research. **IRB review is not required. Keep a copy of this checklist in your files.** If the answer to ANY of these questions is **NO**, you must submit for IRB approval.

*Adapted with permission of Elizabeth L. Hohmann, MD, Director and Chair, Partners Human Research Committee, Partners Health System, Boston, MA.

STUDENT NAME (Please print): MA. AMERIZZA B. QUEMADA

Signature of Student: Ma. Amerizza Quemada **DATE** 6/17/2020

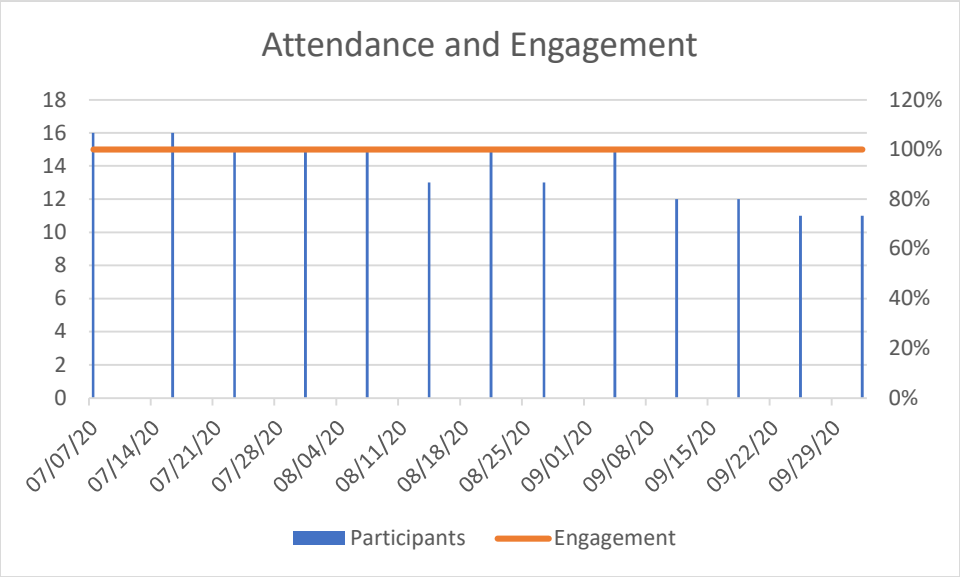
SUPERVISING FACULTY MEMBER NAME (Please print):

Signature of Supervising Faculty Member Cathy Coleman **DATE** 4/30/2020

Summer 2020 NURS 655 cc

Appendix Q1

Results: Attendance and Engagement



Note: The average attendees for the 13-week sessions are 14 of the 18 team members, which is 78%. The primary outcome measure for attendance is 80%.

Appendix Q2

The CNL Student Observation Log

Team Cuddles	Participants	Engagement	Activities	*Activity Feedback*	Themes	Caritas Processes
07/07/20	16	100%	HeartMath presentation by Dr. Robert Browning of the Institute of HeartMath. The team members all shared what they are grateful for.	*Thankful for initiating this program, looking forward to the weekly sessions*	gratitude, self-care	Embrace (Loving-Kindness), Balance (Learning), Co-create (Caritas Field), Minister (Humanity)
07/16/20	16	100%	HeartMath and guided Mindfulness exercises. Practicing gratitude. The team members shared their expectations of the Team Cuddles, suggested team building activities, and hopeful outcomes after this program.	*Glad to have a 30-minute break from work and connect with each other, thankful for organizing the weekly sessions*	gratitude, self-care, to know each other better, interacting with everyone, play fun games, being part of the team, building trust, personal sharing, connection, strategies for coping, inspiration, and motivations	Embrace (Loving-Kindness), Inspire (Faith-Hope), Nurture (Relationship), Deepen (Creative Self), Co-create (Caritas Field)
07/23/20	15	100%	HeartMath and guided Mindfulness exercises. Practicing gratitude. The team played the *Stranded Game* and was asked to pick three books they would bring if stranded in a deserted island, and why. The team members also posted the title of the books they would bring in the Team Cuddles chat room.	*It was fun to learn all the different insterest of our team. Example of books: survival books, self-help books, joke books, deserted island cookbook, A Tree Grows in Brooklyn, What Alice Forgot, the Bible, Becoming Michelle Obama, Power of Habit, The Alchemist, The Subtle Art, Oh The Places You'll Go, The Boys in the Boat, Les Miserable, Outlander series.*	gratitude, self-care, to know each other better, interacting with everyone, personal sharing, strategies for coping, inspiration, and motivations	Embrace (Loving-Kindness), Inspire (Faith-Hope), Nurture (Relationship), Deepen (Creative Self)
07/31/20	15	100%	HeartMath and guided Mindfulness exercises. Practicing gratitude.The team played a virtual game of *Guess Who is That Baby?* The team members were asked to share their baby photos, a slideshow was put together, and the team had to guess the baby in the photos. The person who had the most correct answers wins the game. A $20 Starbucks gift card was given as a price.	*Thankful for sharing, fun game, nice to see baby photos, enjoyed the game, thankful for putting it together*	gratitude, self-care, to know each other better, play fun games, interacting with everyone, personal sharing	Embrace (Loving-Kindness), Nurture (Relationship), Deepen (Creative Self)
08/07/20	15	100%	HeartMath and guided Mindfulness exercises. Practicing gratitude. Part 1: *Coping with Being Cooped Up.* During the pandemic and shelter-in-place status, the team shared how they are doing, strategies for coping, and what is helping them decompress, inspired, and motivated.	*Thankful for sharing, inspiring and helpful to know what strategies others are doing*	gratitude, self-care, to know each other better, interacting with everyone, being part of the team, building trust, personal sharing, connection, strategies for coping, inspiration, and motivations	Embrace (Loving-Kindness), Inspire (Faith-Hope), Trust (Transpersonal), Nurture (Relationship), Deepen (Creative Self), Co-create (Caritas Field)
08/14/20	13	100%	HeartMath and guided Mindfulness exercises. Practicing gratitude. Part 2: *Coping with Being Cooped Up.* During the pandemic and shelter-in-place status, the team shared how they are doing, strategies for coping, and what is helping them decompress, inspired, and motivated.	*Thankful for sharing, inspiring and helpful to know what strategies others are doing*	gratitude, self-care, to know each other better, interacting with everyone, being part of the team, building trust, personal sharing, connection, strategies for coping, inspiration, and motivations	Embrace (Loving-Kindness), Inspire (Faith-Hope), Trust (Transpersonal), Nurture (Relationship), Deepen (Creative Self), Co-create (Caritas Field)
08/21/20	15	100%	HeartMath and guided Mindfulness exercises. Practicing gratitude. The team participated on a virtual yoga exercise.	*Nice to stretch with everyone, let's do it again*	gratitude, self-care, interacting with everyone	Embrace (Loving-Kindness), Nurture (Relationship)
08/27/20	13	100%	HeartMath and guided Mindfulness exercises. Practicing gratitude. The team played *Bingo: 10 Things About You*. The team shared 10 things about themselves, which were used to create a bingo card. A $20 Starbucks gift card was given as a price.	*Let's do it again, it was really fun, nice to have incentives, nice to learn new things about each other, good way to get more acquainted with one another*	gratitude, self-care, to know each other better, play fun games, interacting with everyone, personal sharing	Embrace (Loving-Kindness), Nurture (Relationship), Deepen (Creative Self)
09/04/20	15	100%	HeartMath and guided Mindfulness exercises. Practicing gratitude. The team requested to play the bingo game once more. A $20 Starbucks gift card was given as a price. An inspirational video by the Cleveland Clinic was shared at the end of the session: *Empathy: The Human Connection to Patient Care*.	*It was really fun to know more about each other (e.g., tatoos), great team building game, great video to share and remind us all, gratitude, appreciates the video as all of us can find ourselves in one or more of those situations and how would we want people to treat us*	gratitude, self-care, to know each other better, play fun games, interacting with everyone, personal sharing, connection, inspiration	Embrace (Loving-Kindness), Nurture (Relationship), Deepen (Creative Self)
09/11/20	12	100%	HeartMath and guided Mindfulness exercises. Practicing gratitude. The team played *Let's Spill the Bucket: What's on Your Bucket List?*	*Thankful, remains hopeful inspite of what's happening around us, be brave, it was nice hearing all the places and things everyone wants to experience, it's always nice to reflect on hope*	gratitude, self-care, to know each other better, play fun games, interacting with everyone, personal sharing, connection, inspiration	Embrace (Loving-Kindness), Inspire (Faith-Hope), Trust (Transpersonal), Nurture (Relationship), Deepen (Creative Self), Co-create (Caritas Field)
09/18/20	12	100%	HeartMath and guided Mindfulness exercises. Practicing gratitude. The team had a *Coffee Virtual Break* with the video camera on and had fun chatting.	*It was nice to see each other, thankful for the meditation/breathing time*	gratitude, self-care, to know each other better, interacting with everyone, connection, being part of the team	Embrace (Loving-Kindness), Nurture (Relationship), Deepen (Creative Self)Co-create (Caritas Field)
09/25/20	11	100%	HeartMath and guided Mindfulness exercises. Practicing gratitude. The team was asked to complete post-intervention surveys. The team participated on a virtual yoga exercise. A video of the organization's current president was also shared as he talked about the importance of adopting Caring Science in 2010.	The Nurse Executive Director (ED) also attended and she expressed gratitude on the project's initiatives. The ED shared that she felt inspired when she reads the chat messages of the team.	gratitude, self-care, interacting with everyone, connection, being part of the team	Embrace (Loving-Kindness), Nurture (Relationship), Deepen (Creative Self)
10/02/20	11	100%	HeartMath and guided Mindfulness exercises. Practicing gratitude. The team was asked to share a quotation, inspiration, and/or an image or photo that motivates them. The CNL student created a short video compilation of what the team shared.	*Fabulous video, should be shared across the organization, fantastic work, hugs, beautiful video, love our Cuddle time*	gratitude, self-care, to know each other better, interacting with everyone, being part of the team, building trust, personal sharing, connection, strategies for coping, inspiration, and motivations	Embrace (Loving-Kindness), Inspire (Faith-Hope), Nurture (Relationship), Deepen (Creative Self), Co-create (Caritas Field)

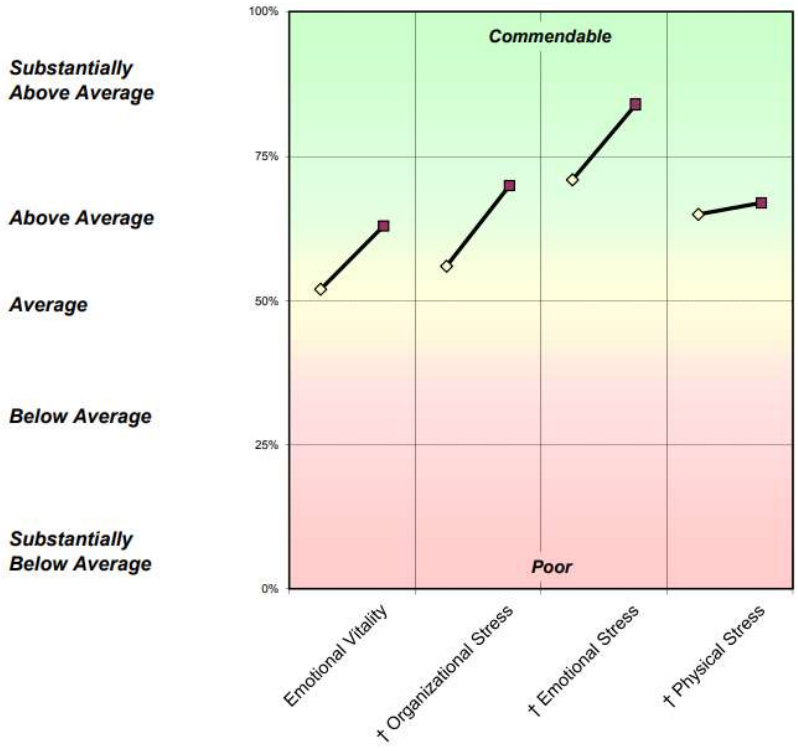
Appendix Q3

Pre- and Post-Intervention Results: HeartMath POQA-r4

POQA-R4 Normative Summary

From Team Huddle to Team Cuddle July and October 2020

PRIMARY SCALES



† Reverse coded to show the degree of improvement over time

◇ Pre
■ Post

Emotional Vitality scale: wholehearted positive emotional energy that enriches life experience and enhances health and well-being.
Organizational Stress scale: organizational impediments and relational discord that impair work performance, reduce job satisfaction, and increase employee turnover.
Emotional Stress scale: emotional discord that reduces the quality of life experience and jeopardizes health and well-being.
Physical Stress scale: physical symptoms of fatigue and poor health that reflect the overall stress an employee is experiencing.

From Team Huddle to Team Cuddle **July and October 2020**

Pre-Post Analysis

The results of a pre-post analysis conducted on the initial (Time 1) and repeated (Time 2) administration of the POQA-R4 survey are presented in Table 1. Raw score means and the percentage of change (Time 2 mean score minus Time 1 mean score) are presented for both the four primary scales and the nine subscales; the direction of change from Time 1 is indicated by a positive or negative number, accordingly, to show whether the scale score value has increased or declined from the initial point of measurement. This analysis requires that each respondent completed both Time 1 and Time 2 administrations of the POQA-R4 survey, and thus has been conducted on the subset of respondents who have usable data from both time points.

Table 1: Raw Score Means

	Pre	Post	% Change
Organizational Stress	4.23	3.73	-12%
Pressures of Life	4.34	3.44	-21%
Relational Tension	4.27	4.46	4%
Stress	8.10	6.75	-17%
Emotional Vitality	4.58	5.07	11%
Emotional Buoyancy	4.48	5.23	17%
Emotional Contentment	4.72	4.84	3%
Emotional Stress	2.03	1.71	-16%
Anxiety & Depression	2.06	1.76	-15%
Anger & Resentment	1.99	1.66	-17%
Physical Stress	2.69	2.55	-5%
Fatigue	3.03	3.06	1%
Health Symptoms	2.47	2.20	-11%
Intention to Quit	2.70	1.89	-30%

Personal and Organizational Quality Assessment – R4

Table A1: Results from Analysis of Internal Consistency of Measurement

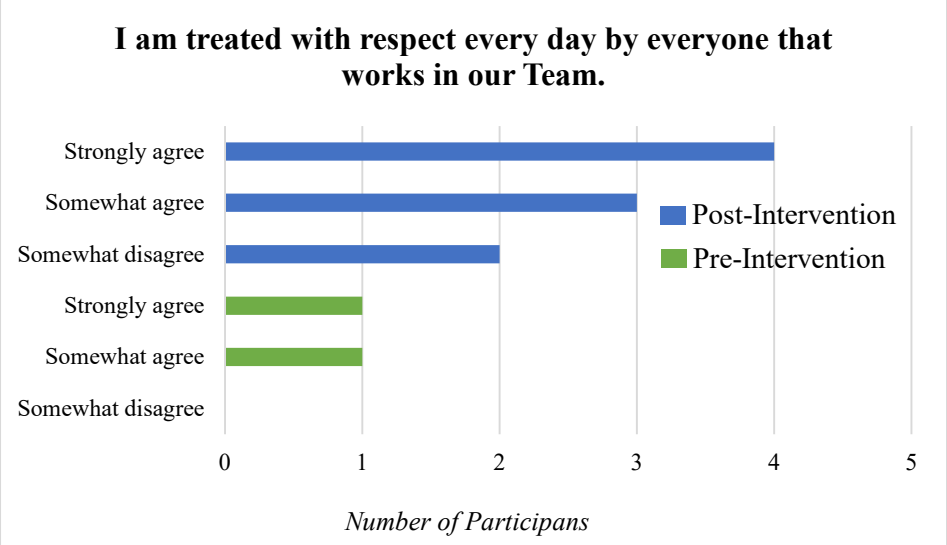
	Number of Items	Internal Consistency α
Emotional Vitality	**14**	**0.92**
Emotional Buoyancy	8	0.90
Emotional Contentment	6	0.86
Organizational Stress	**9**	**0.76**
Pressures of Life	5	0.78
Relational Tension	3	0.69
Stress	1	-
Emotional Stress	**15**	**0.92**
Anxiety/Depression	7	0.90
Anger/Resentment	8	0.85
Physical Stress	**10**	**0.87**
Fatigue	4	0.87
Health Symptoms subscale	6	0.76
Intention to Quit	2	0.90

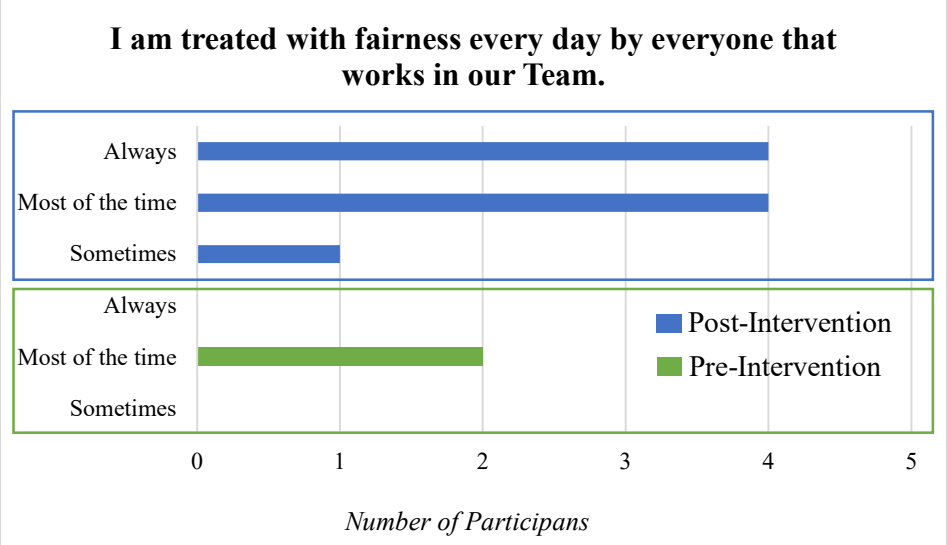
In the second analysis, all 49 items were factor analyzed (results not shown) to compare the item classifications resulting from the factor analysis with their nominal designation into the four primary scales and nine multi-item subscales of the of POQA-R4's. With few exceptions, the factor analysis item classifications corresponded to the nominal classification of the items into the categories for the primary scales.

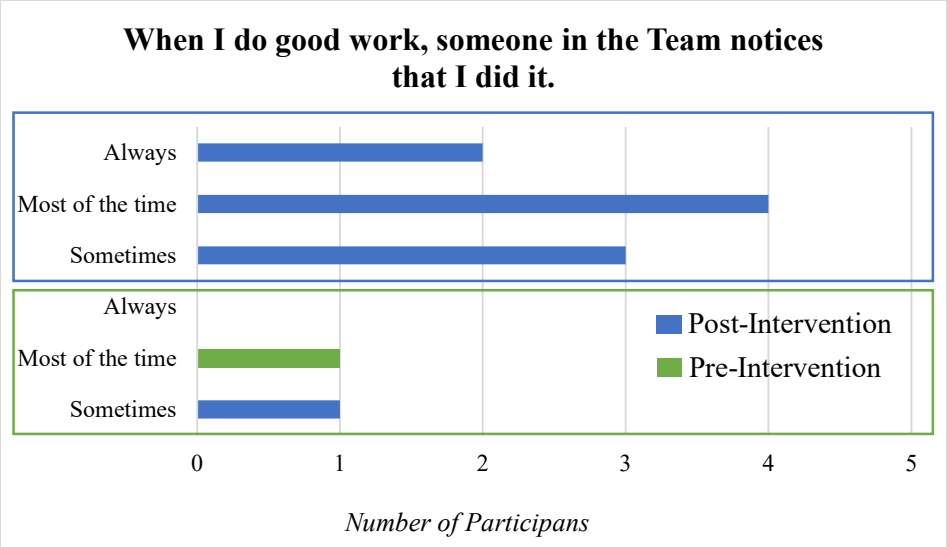
Overall, the results from both statistical analysis procedures confirm the validity of the item assignment to the scales and subscales and also confirm that the measurement reliability is more than technically adequate. In short, all of the available statistical evidence suggests that the measurement basis of the scales and subscales of the new POQA-R4 framework appears to be psychometrically sound.

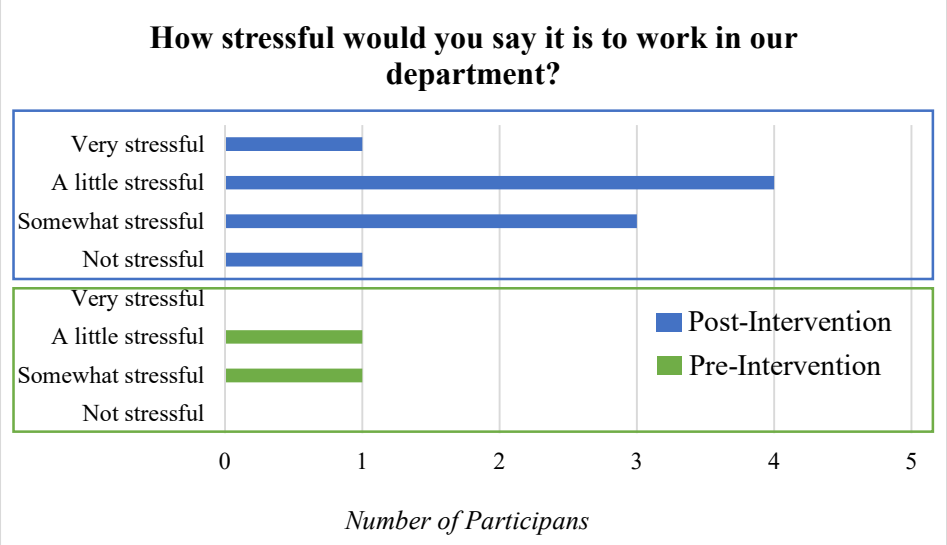
Appendix Q4

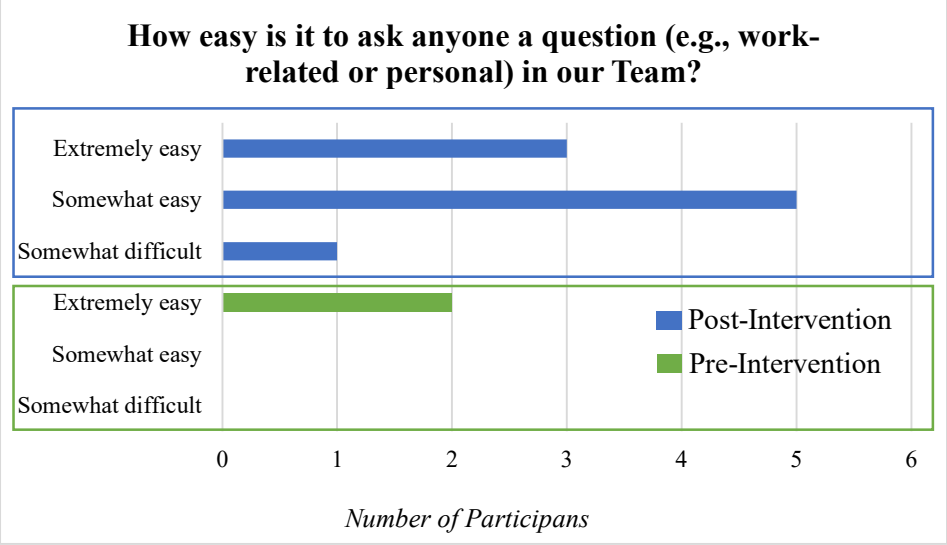
Pre- and Post-Intervention Results: What Do You Think of Our Team?






When I do good work, someone in the Team notices that I did it.
Always
Most of the time
Sometimes
Always
Most of the time
Sometimes
Post-Intervention
Pre-Intervention
0
1
2
3
4
5
Number of Participans


How stressful would you say it is to work in our department?
Very stressful
A little stressful
Somewhat stressful
Not stressful
Very stressful
A little stressful
Somewhat stressful
Not stressful
Post-Intervention
Pre-Intervention
0
1
2
3
4
5
Number of Participans


How easy is it to ask anyone a question (e.g., work-related or personal) in our Team?
Extremely easy
Somewhat easy
Somewhat difficult
Extremely easy
Somewhat easy
Somewhat difficult
Post-Intervention
Pre-Intervention
0
1
2
3
4
5
6
Number of Participans

Appendix Q5

Pre-Intervention Results: What Matters To You?

What matters to you in your daily work?
Being able to keep up with regulatory timeframes/work load
What matters is feeling validated for the good work or effort that I bring to the team.
What helps make a good day for you?
When there are not several meetings, I can get my work done, and there are not a lot of errors to correct.
Being organized makes my day better.
When you are at your best, what does that look like for you?
I have waken up from 8 hours of sleep full of energy and ready to get the day started. I do not have many to-do's on my list and have minimal responsibility for anything/anyone.
That would mean I am productive and able to accomplish all my tasks for the day.
What gets in the way of a good day?
Time restraints, work, family life/responsibilities.
non-productive meetings.
What would make the workplace better for those who work here?
I think that really depends on who you ask. For me my needs rely on a different department unfortunately, and has not changed much in all the time I've been in this department. More pay would be nice. Not having everyone in your business. Working remotely. Everyone working well as a group to get the overall goal/job done.
We are able to bond outside of work environment.

Note: There were 2 of 18 participants who completed the pre-intervention survey in Qualtrics; however, not all questions were answered.

Post-Intervention Results: What Matters To You?

What matters to you in your daily work?
Efficiency and teamwork. Have the right tools and process in place to come the work. Efficient staffing.
The atmosphere or feel of the team.
1) Respect from ALL who work within the Department, regardless of title or position. 2) Equity and fairness applied to all individuals. 3) Filling / back-filling vacated positions even with temporary help in order to meet demands of organization and/or patient plus regulatory requirements.
- Clear expectations and goals - Happiness and success
team work
It is important to me that I do my daily work correctly and timely.
Quality
Communication and tools to work efficiently and effectively
Accountability and respect
Engagement and connection
What helps make a good day for you?
Collaboration. Flexibility. Manager and team members support. It's rewarding to have team members tackle a problem together to meet deadlines.
When I complete my tasks and when I can do more.
1. Job fulfillment = job satisfaction that I have done a "good job" and met needs of organization and those of patient's. 2. Feeling I have "made a difference" in the lives and care of patient's and staff who provide this to patient's as well

- Able to complete the work due for the day and work ahead, if possible.
team support
I guess, what helps make a good day is for everything to be good.
Completing my tasks/assignments
Being able to tackle most if not all of the work I intended to for the day. Minimal interruptions.
Positive attitudes, team players, and showing up to bring your best (you and your team), respect for one another, inclusion
Collaboration and gratitude
When you are at your best, what does that look like for you?
Anything is achievable! There is no such think as impossible.
Organized, focus, calm, collected, not rushing
Performing within my scope of practice and within my job role and function to meet organizational requirements
When I am doing what I love doing.
focus
When I am at my best, it is a good feeling. No stress, or worry.
Tasks checked off my list as "Done" and nothing to follow up on.
Complete happiness
After I drink coffee in the morning!

Calm, Patient forgiving
What gets in the way of a good day?
When I feel like I didn't complete most/all my goals by the end of the shift because requests comes in that takes priority that day.
Stifling atmosphere
1. Work assignments that are outside of my scope of expertise without sufficient job aids or tools to be independently successful. 2. Lack of administrative and analytical support 3. Performing work that non-licensed staff could and should be doing
When things aren't going well and I don't have a clue as to how to make them better.
bad attitude
What gets in the way of a good day are things not going my way, not meeting my goals, bad news.. negative feedback.
We are short on staff, so if someone calls in sick, it can get in the way of a good day.
Needy co-workers. Management team not managing properly.
Negativity, lack of individuals performing their part of their job duties
Stress
What would make the workplace better for those who work here?
To be honest, I think the team (including myself) are happier with working remote 80% of the time. I hope it will continue even after Covid. Would appreciate if this could be an option.
camaraderie, friendly atmosphere

Positive communication with one another Positive work environment Friendly interactions among the staff
good attitude
Good communication between employee and Management, to be treated equal, for all to have opportunities for training, taking classes, learning new things.
Fill open positions.
If we had a competent leadership team.
Better collaboration and team effort. Showing up and being intentional, engagement, and speaking up.
Kindness and compassion

Note: There were 10 of 18 participants who completed the post-intervention survey in Qualtrics; however, not all answered the questions.

Appendix Q6

Watson Caritas Reliability and Validity

Scale Psychometrics

Watson Caritas Self-Caring Scale

Reliability: Chronbach alpha = .89
Construct Validity: scale exhibited a single underlying factor using principal components analysis with varimax rotation. Explained variance of 69%. Factor loadings ranged from .69 to .90.

Watson Caritas Leader Self-Rating

Reliability: Chronbach's alpha: .82
Construct Validity: scale exhibited a single underlying factor using principal components analysis with varimax rotation. Explained variance of 58%. Factor loadings ranged from .67 to .84.

Watson Caritas Co-Worker Scale

Reliability: Cronbach's alpha: .90
Construct validity: Construct Validity: scale exhibited a single underlying factor using principal components analysis with varimax rotation. Explained variance of 72%. Factor loadings ranged from .71 to .89.

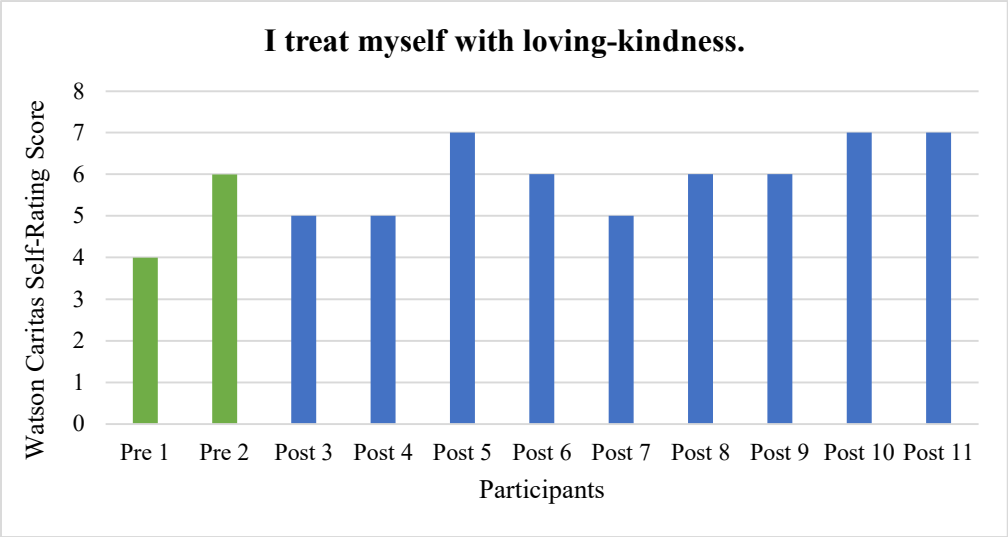
Watson Caritas Patient Score

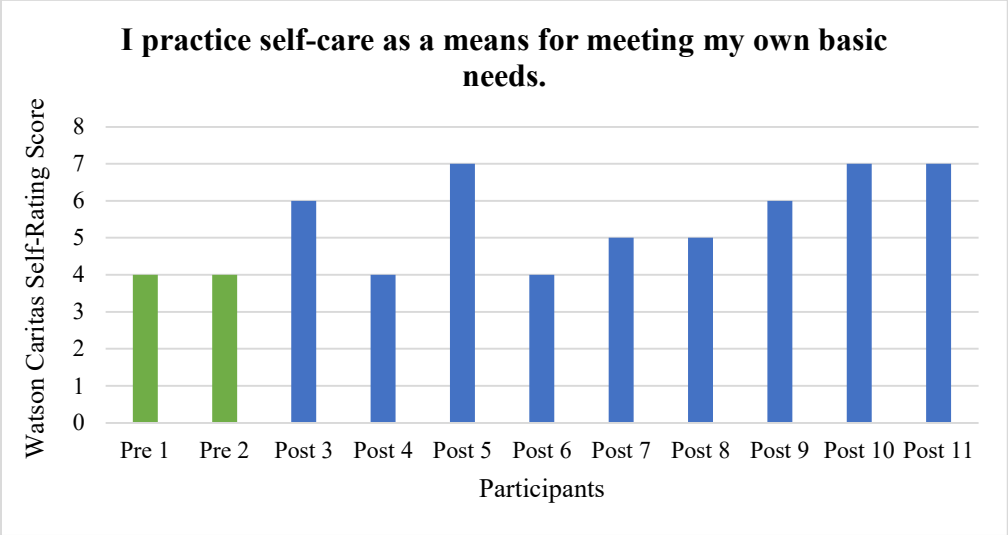
Reliability: Chronbach's alpha: .90
Construct Validity: scale exhibited a single underlying factor using principal components analysis with varimax rotation. Explained variance of 76%. Factor loadings ranged from .77 to .91.

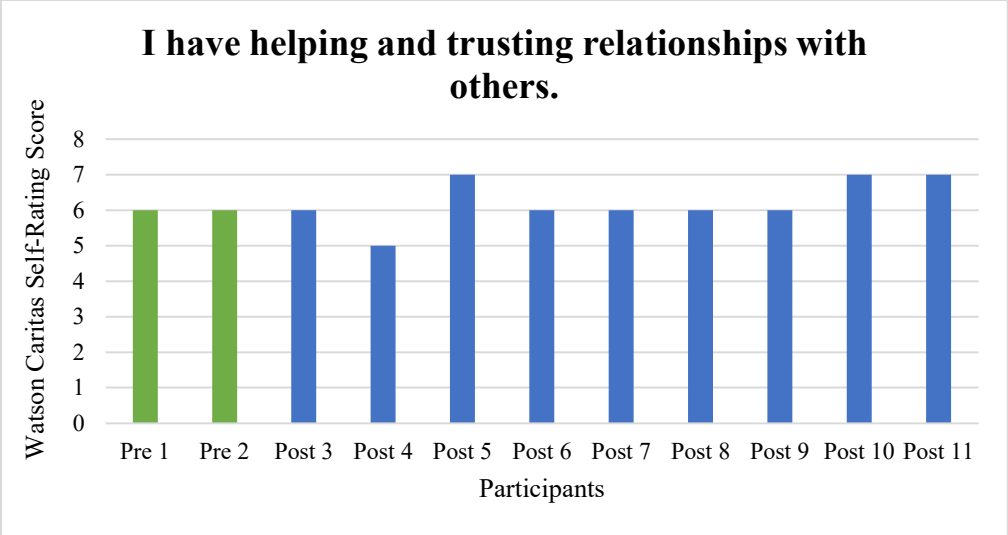
Note: The information above is freely accessible at https://www.watsoncaringscience.org/files/PDF/measurement/ScalePsychometrics.pdf

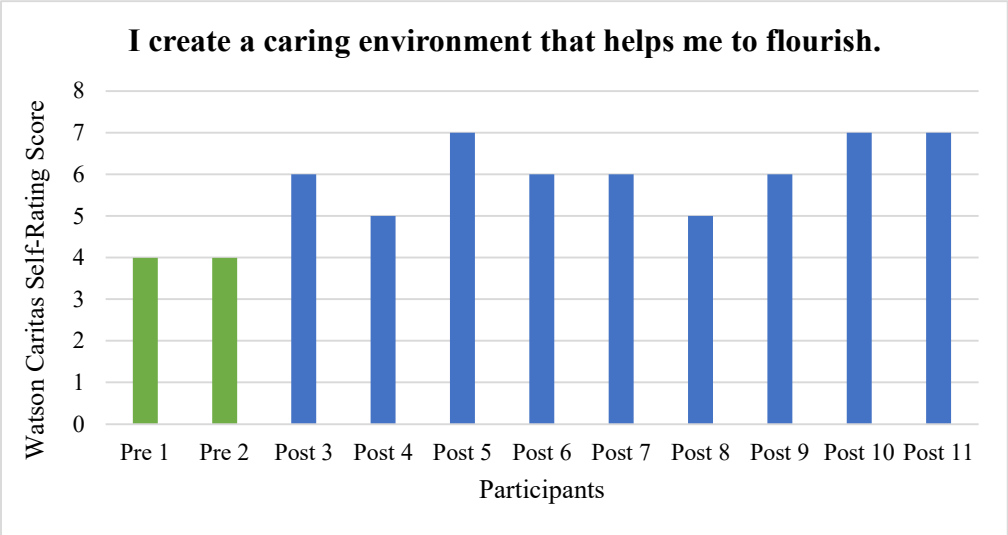
Appendix Q7

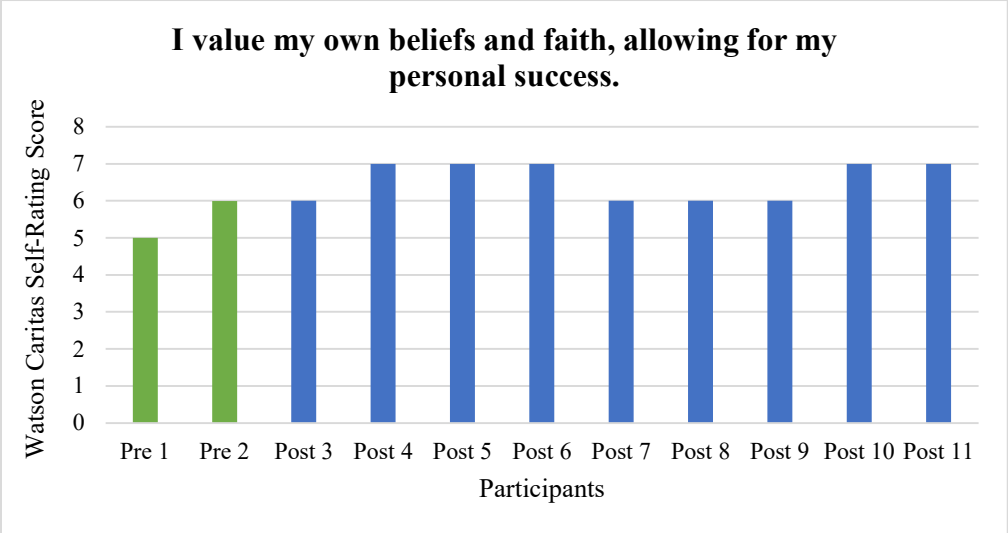
Pre- and Post-Intervention Results: Watson Caritas Self-Rating Score






I have helping and trusting relationships with others.
Watson Caritas Self-Rating Score
0
1
2
3
4
5
6
7
8
Pre 1
Pre 2
Post 3
Post 4
Post 5
Post 6
Post 7
Post 8
Post 9
Post 10
Post 11
Participants


I create a caring environment that helps me to flourish.
Watson Caritas Self-Rating Score
0
1
2
3
4
5
6
7
8
Pre 1
Pre 2
Post 3
Post 4
Post 5
Post 6
Post 7
Post 8
Post 9
Post 10
Post 11
Participants


I value my own beliefs and faith, allowing for my personal success.
Watson Caritas Self-Rating Score
0
1
2
3
4
5
6
7
8
Pre 1
Pre 2
Post 3
Post 4
Post 5
Post 6
Post 7
Post 8
Post 9
Post 10
Post 11
Participants

Pre-Intervention Qualitative Response:

We invite you to share any notable caring or uncaring moments you have experienced.
Caring for myself? I love massages, relaxation techniques like deep breathing/meditation. I just don't always have the time to do so.

Note: There were 2 of 18 participants who completed the pre-intervention survey in Qualtrics; however, not all questions were answered.

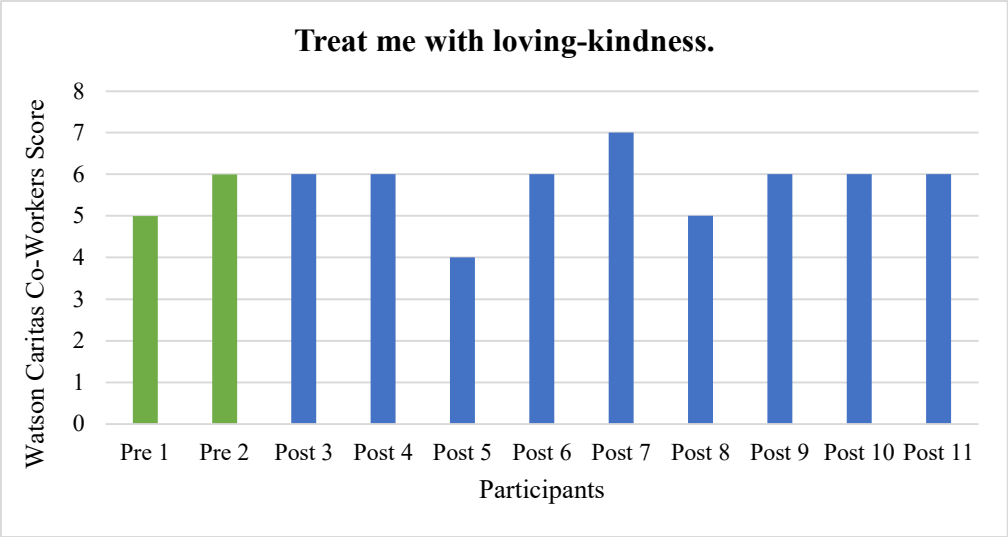
Post-Intervention Qualitative Response:

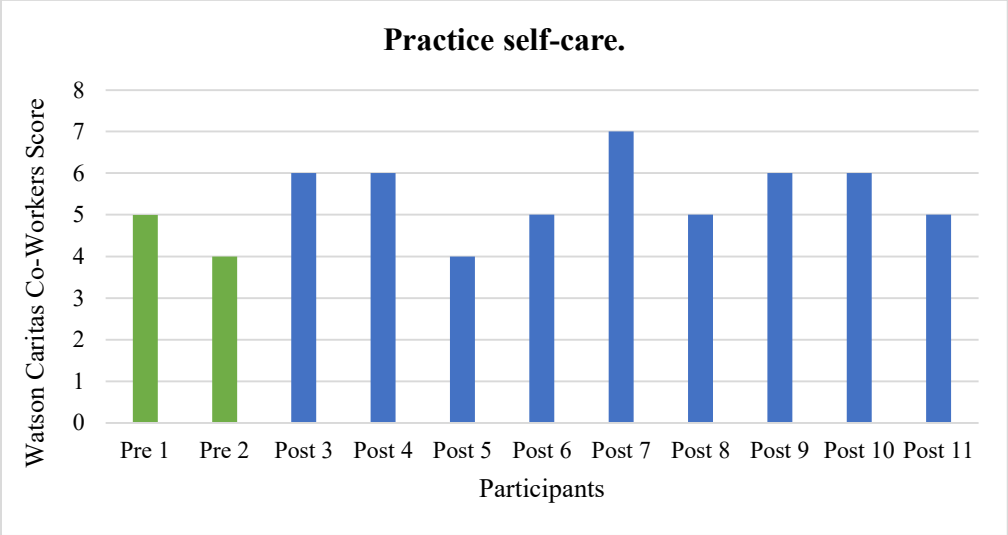
We invite you to share any notable caring or uncaring moments you have experienced.
Not sure about the scoring system above, 1=Low 7=High. No matter how bad of a work day I might have, it all melts away when my kids greet me when I get home, ask me how was my day and give me a hug.
when my co-workers ask how I am doing. Genuinely concerned about my well-being.
N/A - it was in the past - now, just letting it be... not to dwell on issues of the past, time to move on
Uncaring experience: toxic interactions and behavior from a co-worker.
When answering the questions above, I found that I often lack in doing more for myself.
There are a couple thoughtful ladies that I work with that bring snacks onsite and/or trinkets back from vacations they have taken.

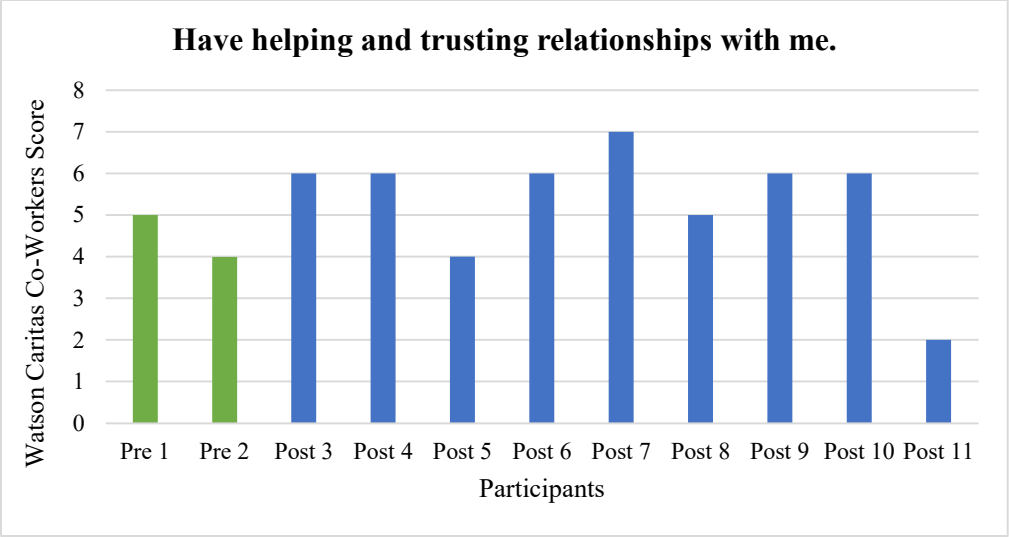
Note: There were 10 of 18 participants who completed the post-intervention survey in Qualtrics; however, not all answered the questions.

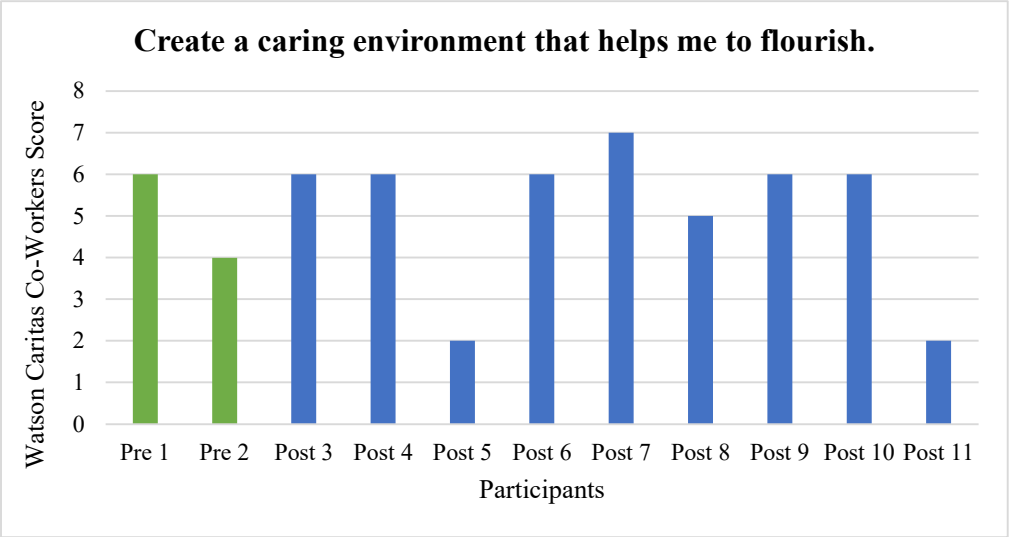
Appendix Q8

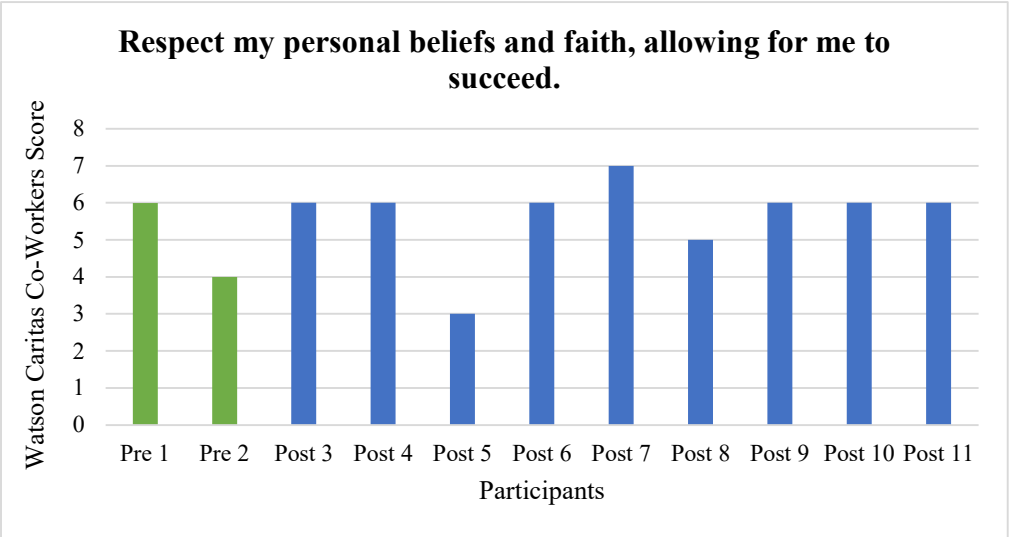
Pre- and Post-Intervention Results: Watson Caritas Co-Worker Score






Have helping and trusting relationships with me.
Watson Caritas Co-Workers Score
0
1
2
3
4
5
6
7
8
Pre 1
Pre 2
Post 3
Post 4
Post 5
Post 6
Post 7
Post 8
Post 9
Post 10
Post 11
Participants


Create a caring environment that helps me to flourish.
Watson Caritas Co-Workers Score
0
1
2
3
4
5
6
7
8
Pre 1
Pre 2
Post 3
Post 4
Post 5
Post 6
Post 7
Post 8
Post 9
Post 10
Post 11
Participants


Respect my personal beliefs and faith, allowing for me to succeed.
Watson Caritas Co-Workers Score
0
1
2
3
4
5
6
7
8
Pre 1
Pre 2
Post 3
Post 4
Post 5
Post 6
Post 7
Post 8
Post 9
Post 10
Post 11
Participants

Pre-Intervention Qualitative Response:

We invite you to share any notable caring or uncaring moments you have experienced with your co-worker.
It was hard to answer this one so most of my answers were neutral because I really don't interact with my co-workers too often or have deep conversations; therefore, it would be hard to know, for example, if they "respect my personal beliefs and faith, allowing for me to succeed", because I don't think they even know what they are. I've had any major issues with a co-worker in this department before.

Note: There were 2 of 18 participants who completed the pre-intervention survey in Qualtrics; however, not all questions were answered.

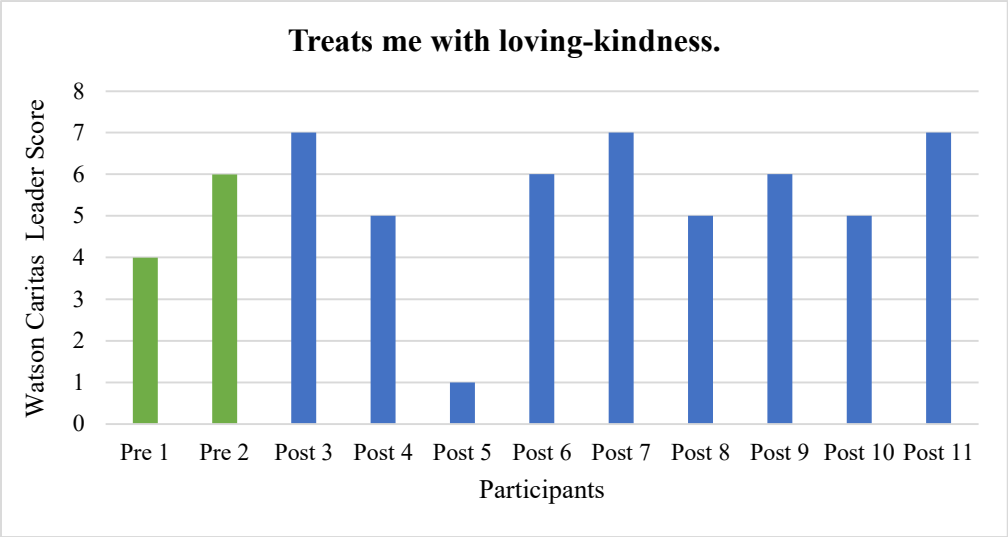
Post-Intervention Qualitative Response:

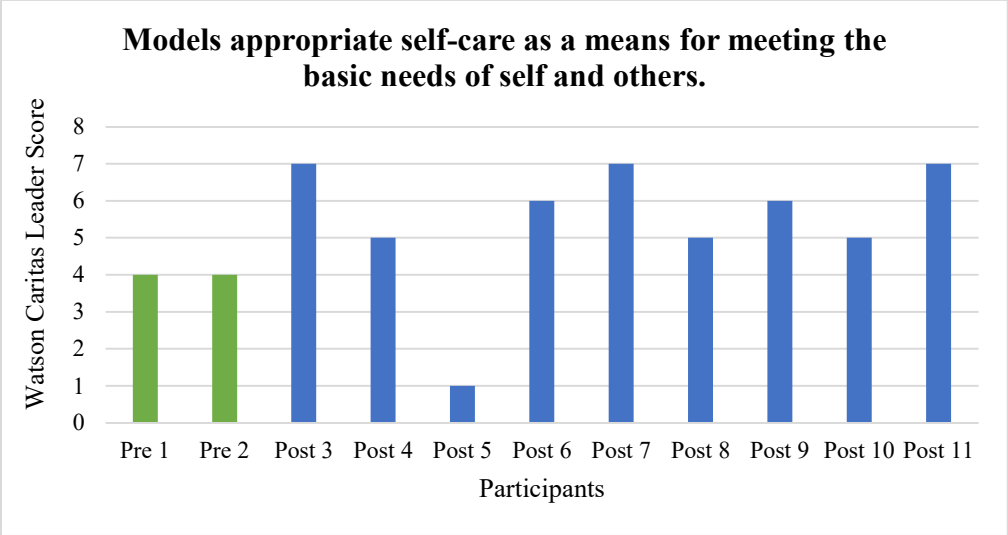
We invite you to share any notable caring or uncaring moments you have experienced with your co-worker.
P
Some do care, some really don't. And, some can be rude.
At difficult times, some have offered a "shoulder" or time to listen - quite meaningful when difficulties arise; sharing is selective as to the ones whom you "trust"
Uncaring experience: toxic interactions and behavior from a co-worker.
My co-workers are kind and caring. They are always willing to help me when assistance is needed and take the time to show me how to do something when needed.
We have had numerous birthday celebrations for each person here.

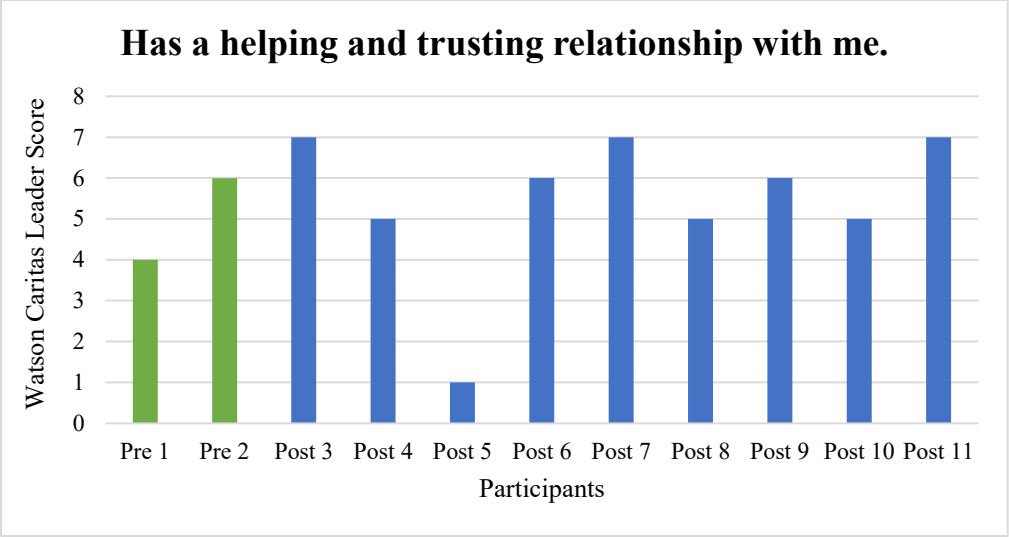
Note: There were 10 of 18 participants who completed the post-intervention survey in Qualtrics; however, not all answered the questions.

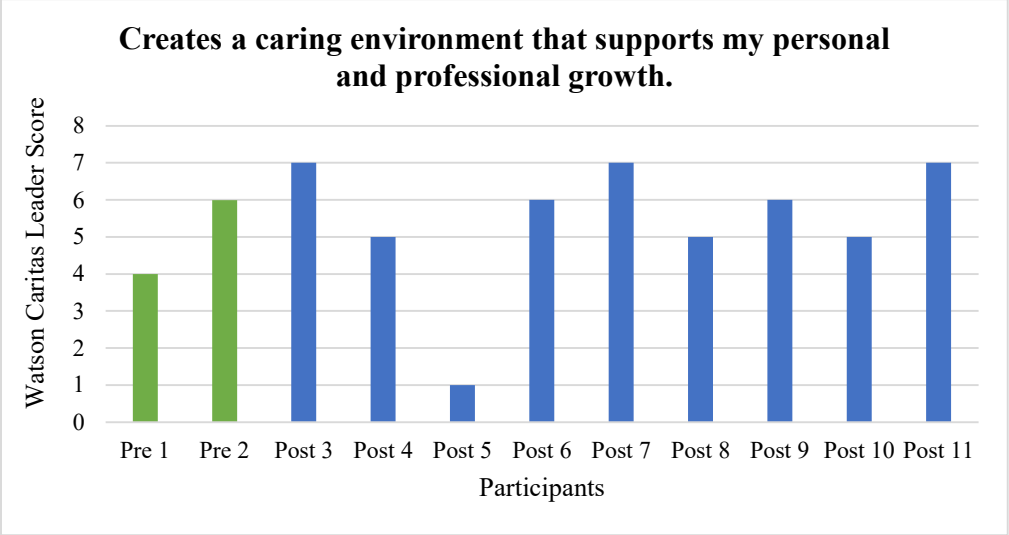
Appendix Q9

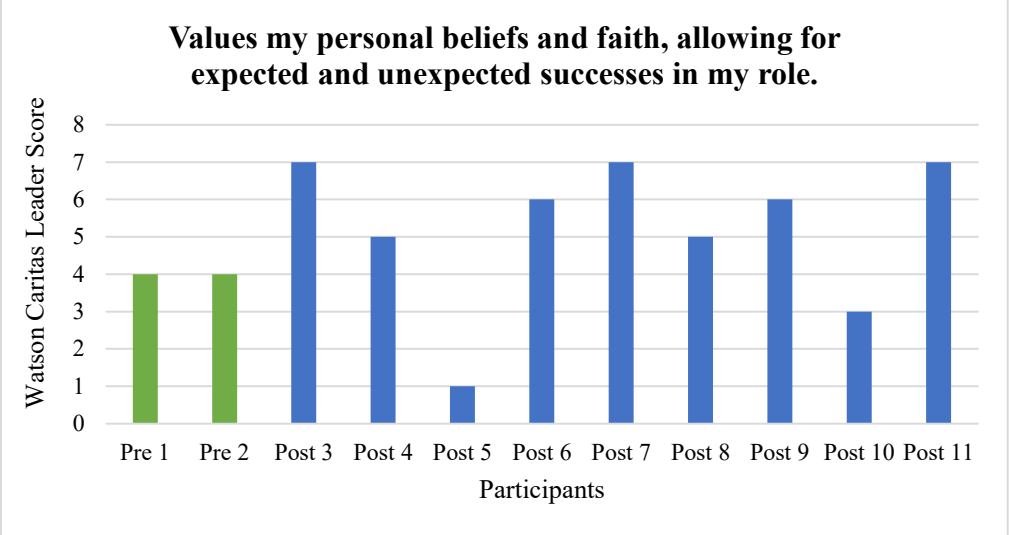
Pre- and Post-Intervention Results: Watson Caritas Leader Score






Has a helping and trusting relationship with me.
Watson Caritas Leader Score
0
1
2
3
4
5
6
7
8
Pre 1
Pre 2
Post 3
Post 4
Post 5
Post 6
Post 7
Post 8
Post 9
Post 10
Post 11
Participants


Creates a caring environment that supports my personal and professional growth.
Watson Caritas Leader Score
0
1
2
3
4
5
6
7
8
Pre 1
Pre 2
Post 3
Post 4
Post 5
Post 6
Post 7
Post 8
Post 9
Post 10
Post 11
Participants


Values my personal beliefs and faith, allowing for expected and unexpected successes in my role.
Watson Caritas Leader Score
0
1
2
3
4
5
6
7
8
Pre 1
Pre 2
Post 3
Post 4
Post 5
Post 6
Post 7
Post 8
Post 9
Post 10
Post 11
Participants

Pre-Intervention Qualitative Response:

We invite you to share any notable caring or uncaring moments you have experienced while working with your leader.
My immediate manager is easy to talk to and generally supports the needs I may have for work and in some instances even in my personal life. She rocks! The answers I checked as neutral (4) we have not really encountered.

Note: There were 2 of 18 participants who completed the pre-intervention survey in Qualtrics; however, not all questions were answered.

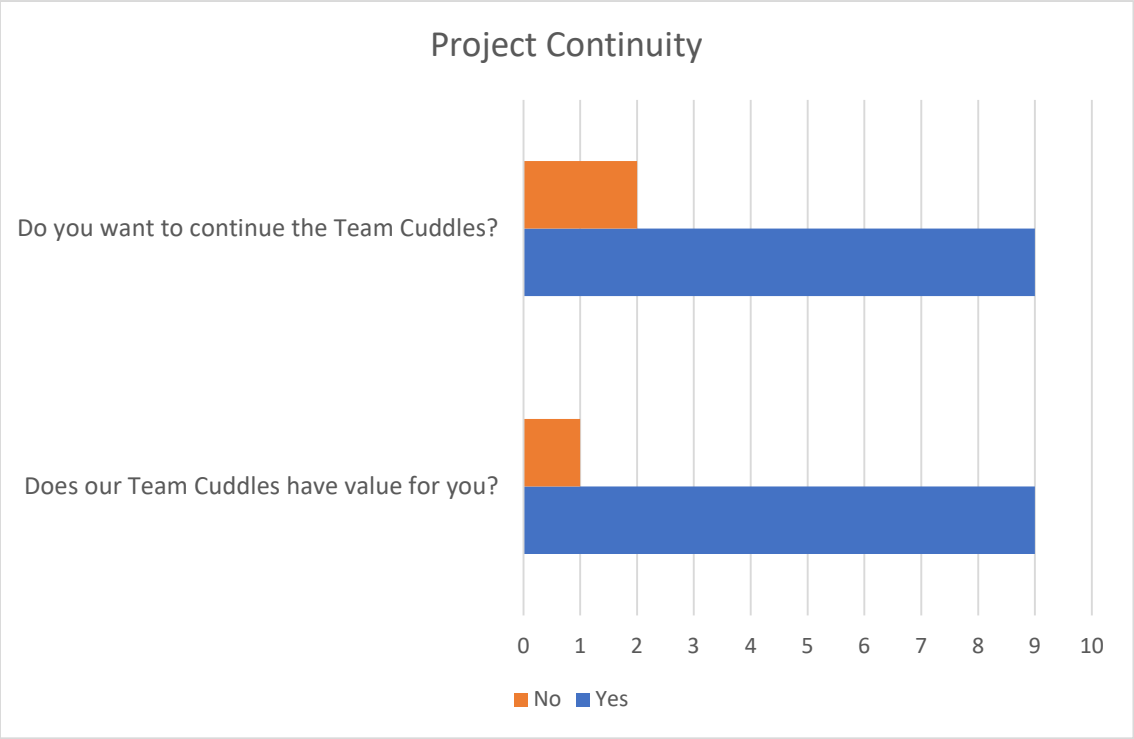
Post-Intervention Qualitative Response:

We invite you to share any notable caring or uncaring moments you have experienced while working with your leader.
Very caring and genuine. Very considerate. Best I've seen.
N/A
Caring moment: Cares about how I'm doing
My Manager is very kind, caring and understanding. She has in many occasions taken the time to show me how to do things, processes. I feel confident in speaking with her if I have a problem at work.
Our current leader does not care about her employees.

Note: There were 10 of 18 participants who completed the post-intervention survey in Qualtrics; however, not all answered the questions.

Appendix Q10

Project Continuation Survey Results: Team Cuddles – Let's Do It Again?



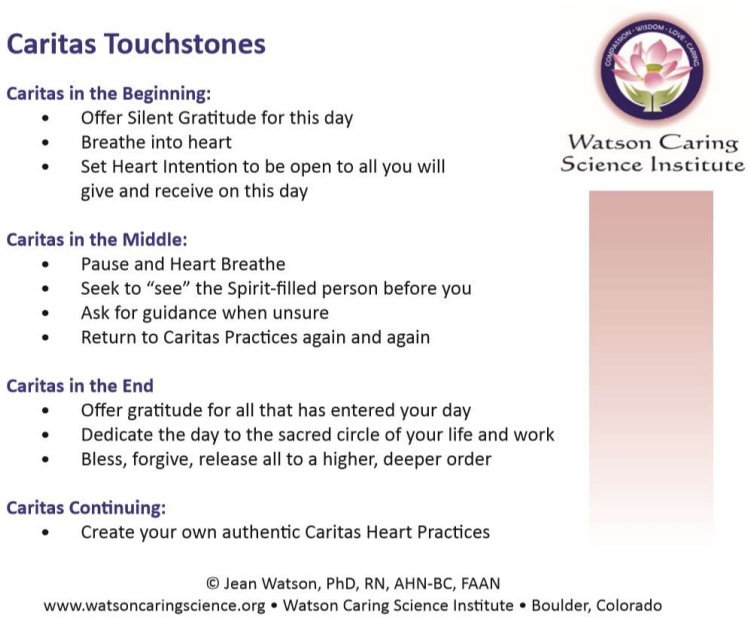
If you want our Team Cuddles to continue, how frequent? Please tell us (e.g., once a week for 30 minutes, every two weeks for 30 minutes or an hour, or once a month for an hour). (Response: 11 of 18)
If continued, either once every 2 to 3 weeks, even monthly seems sufficient
Every two weeks for 30 minutes or an hour.
Every two weeks for 30 or an hour.
Once a week for 30 minutes is sufficient, but I think it depends if there are activities plan. Some times there are moments of awkwardness. We don't have to utilize the whole 30 minutes. It could be just a 10 minute breathing exercise for that week. I think sometimes people are overwhelmed with the workload and not fully focus on the session. Maybe have it at the end of the day or the beginning of the day.

Once a week for Mindfulness/HeartMath moments of about 15mins. And, once a month team-building activities for an hour.
every 2 weeks for 30 mins
every 2 weeks for 30 minutes
Every 2 weeks for 30 mins.
n/a
I will be interested to know how others weigh in on frequency and length
Once a week, OR biweekly
If there is one thing that we can improve our Team Cuddles, what would it be? (Response: 9 of 18)
Interactive use of time - sharing or games
Maybe brainstorming, as a group, topics and/or tasks for the Team Cuddles, then assigning the topics and/or tasks to the Team Cuddles and scheduling members of the group to lead the Team Cuddles (on a rotating basis).
I feel like there isn't much participation. Maybe have people pair up and lead a Team Cuddle meeting.
Better scheduling, so all can be present. Prices for games from management :))
more fun activities
This models works. I know it is hard to find games or things that we can do virtually.
n/a
It would be nice to rotate leaders for the cuddles

More participation and engagement even through our busy schedules and meetings to be intentional and present for these calls to team build
What did you enjoy in our Team Cuddles? (Response: 11 of 18)
Personal revelations
Everything...the meditations and whatever task was scheduled.
I enjoyed the meditation relaxation exercises. Like the ocean, sea animal images, which are also relaxing and beautiful.
Everyone has a chance to connect with one another, breathing exercise, chit-chatting.
HeartMath, sharing, knowing others, games. Baby photo game and the Bingo games. Thanks!
the relaxing music and conversation of getting to know each other.
I really enjoyed the baby picture exercise, the bingo and the yoga.
Fun games with the team or even just the need for a break from work and quick social time with the team as we are not all in the office setting. The one session of a quick stretch/yoga was great and it'd be nice to see those often as well.
n/a
I most enjoyed hearing and learning about others!
An avenue for us to come together and connect even during these challenging times everyone is facing and various impacts it has for some while may be more than others. LOVED the video you shared with us with how you never know what someone is going through. Very touching.

Appendix R1

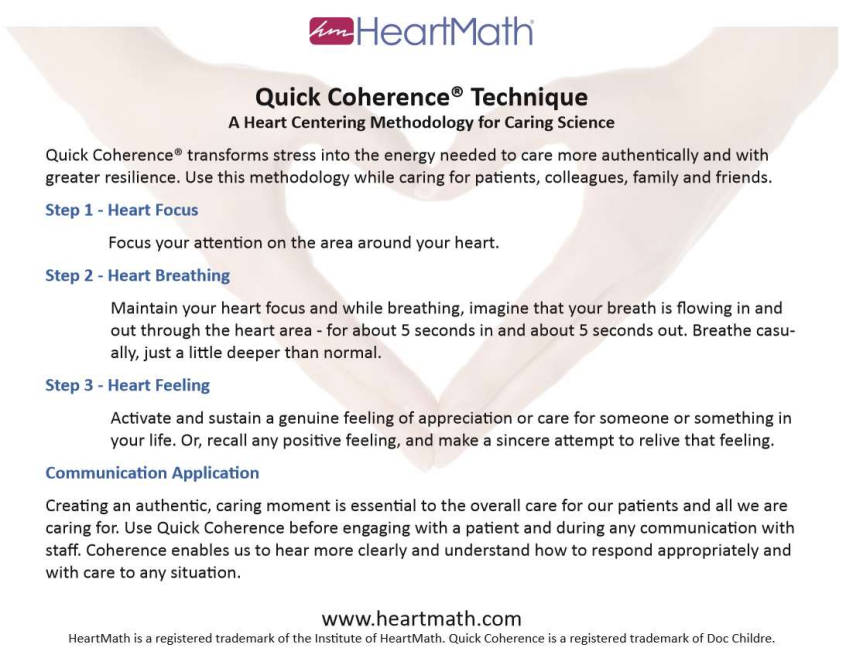
Part A: Caring Science – Caritas Touchstones Card (Front)



Note: Provided by the healthcare organization's Caring Science Program Director, and adapted with permission from Dr. Robert Browning, Ph.D., Director of the HeartMath Health Partners.

Appendix R2

Part B: HeartMath – Quick Coherence Card (Back)



HeartMath

Quick Coherence® Technique

A Heart Centering Methodology for Caring Science

Quick Coherence® transforms stress into the energy needed to care more authentically and with greater resilience. Use this methodology while caring for patients, colleagues, family and friends.

Step 1 - Heart Focus

Focus your attention on the area around your heart.

Step 2 - Heart Breathing

Maintain your heart focus and while breathing, imagine that your breath is flowing in and out through the heart area - for about 5 seconds in and about 5 seconds out. Breathe casually, just a little deeper than normal.

Step 3 - Heart Feeling

Activate and sustain a genuine feeling of appreciation or care for someone or something in your life. Or, recall any positive feeling, and make a sincere attempt to relive that feeling.

Communication Application

Creating an authentic, caring moment is essential to the overall care for our patients and all we are caring for. Use Quick Coherence before engaging with a patient and during any communication with staff. Coherence enables us to hear more clearly and understand how to respond appropriately and with care to any situation.

www.heartmath.com

Note: Provided by the healthcare organization's Caring Science Program Director, and adapted with permission from Dr. Robert Browning, Ph.D., Director of the HeartMath Health Partners.

Appendix S

Glossary of Terms

Terms	Definition	Source
Burnout	an occupational phenomenon resulting from chronic workplace stress characterized by emotional exhaustion, disengagement, and decreased efficiency at one's job; a state of emotional exhaustion where the individual feels overwhelmed by work to the point of feeling fatigued, unable to face the demands of the job, and unable to engage with others	WHO, 2019; Bakhamis et al., 2019, p. 3
Caring Moment	a heart-centered, meaningful, and authentic encounter between individuals, creating a natural healing environment	Watson, 2008
Caring Science or Theory of Human Caring	a framework based on human caring that "informs and serves as the moral-philosophical-theoretical-foundational starting point for nursing education, patient care, research, and even administrative practices"	Watson, 2008, chapter 1, para. 4
Caritas	Latin word for cherishes and appreciates and embodies compassion, generosity, and charity	Watson, 2008
Civility	formal politeness and courtesy in behavior or speech	Oxford Languages and Google
Coherence	clarity of thought, speech and emotional composure; synchronization or entrainment between multiple waveforms; order within a singular oscillatory waveform	McCraty, 2015
Compassion fatigue	decreased ability to emphatize or feel compassion for others	Delaney, 2018
Culture of Caring	where and when individuals who work together practice caring behaviors, loving-kindness, mindfulness, respect, trust, and creates a healing environment	Sitzman & Watson, 2018
HeartMath	an evidence-based program with over two decades of research on the science of stress and design effective ways to manage stressful or depleting emotions (e.g., overwhelm and frustration) and increase resilience	McCraty, 2015
Incivility	rude or unsociable speech or behavior	Oxford Languages and Google
Loving-Kindness	the act of tenderness and consideration towards self and others	Wei and Watson, 2019
Mindfulness	paying attention to one's present moment experience as it is happening, and relating to this experience with a curious, open, accepting stance.	Neff and Germer, 2013
Paired t-test	calculates the difference between paired observations (before and after)	https://blog.minitab.com/blog/adventures-in-statistics-2/understanding-t-tests-1-sample-2-sample-and-paired-t-tests
People Pulse Survey	monitors an employee's sense of satisfaction in their workplace, and at the same time, gives the organization the current "pulse" or performance of the department	Press Ganey, 2020
Resilience	the capacity to prepare for, recover from, and adapt in the face of stress, adversity, trauma or challenge	McCraty, 2015, p. 8
Self-Compassion	extending kindness and compassion to oneself and having the desire to alleviate one's suffering	Neff and Germer, 2013
Stress	how the heart and the brain respond to situations or experiences and triggers depleting emotions, such as anxiety, irritation, frustration, and hopelessness	McCraty, 2015
Team Cuddle	a mindfulness session with team members to provide space for caring, sharing their authentic self, practicing mindfulness, and self-compassion (e.g., Caring Moments, HeartMath, and team-building)	CNL student
Team Huddle	meetings between team members where they share priorities for the day and departmental updates; this is the traditional mode of conducting a staff meeting	CNL student
Unfavorable Score in People Pulse Survey	score of 65 and below	Department of Human Resources
Working in silos	the mentality of not sharing information with other members in the department, which leads to wasted time, cost, and missed opportunities	Hughes, 2016
Workplace bullying	a situation or negative behaviors (e.g., harassment and socially excluding) experienced by an employee repeatedly	Nielsen et al., 2018