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Developing Resiliency Knowledge in New Graduate Nurses Through Self-Care Education

KeEra Byrd
Walden University

Walden University

College of Nursing

This is to certify that the doctoral study by

KeEra Byrd

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

Review Committee
Dr. Melanie Braswell, Committee Chairperson, Nursing Faculty
Dr. Amy Wilson, Committee Member, Nursing Faculty
Dr. Diane Whitehead, University Reviewer, Nursing Faculty

Chief Academic Officer and Provost
Sue Subocz, Ph.D.

Walden University
2022

Abstract

Developing Resiliency Knowledge in New Graduate Nurses Through Self-Care

Education

by

KeEra Byrd

MS, Western Governors University, 2018

BS, West Texas A&M University, 2015

Project Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Nursing Practice

Walden University

May 2022

Abstract

During the transition to practice, new graduate nurses (NGNs) face conflict and

uncertainty influenced by lack of resiliency and self-care knowledge. In a rural hospital,

NGNs had minimal standardized guidance during the transition to practice. Without a

proper understanding of resiliency and self-care knowledge, NGNs could not adapt to

change and risked leaving the profession or harming patients. A self-care staff education

project was developed to improve knowledge of resiliency in a group of NGNs. Self-care

deficit theory provided the framework for the project. Sources of evidence published

between 2017 and 2022 were used as well as previously analyzed data from the hospital.

The education project was implemented as a series of modules to enhance NGNs'

knowledge of self-care and resiliency. A preeducation and posteducation survey were

completed by seven NGNs in the hospital. Descriptive and inferential statistics were used

to analyze the survey data. Although only one question elicited statistically significant

improvement, other survey results had clinical significance. Findings indicated an overall

positive relationship between the staff education project and NGNs' understanding of

self-care strategies and resiliency. Recommendations include altering instructional

delivery to improve accessibility, engaging stakeholders, and incorporating the project

into the NGN boot camp and residency program. Addressing NGNs' resiliency

knowledge and self-care practices may support the state and national focus on increasing

retention of nurses in practice.

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Table of Contents

List of Tables

Section 1: Nature of the Project

During the transition to practice, new graduate nurses (NGNs) face conflict and uncertainty leading to stress and jeopardizing resiliency. Lack of resiliency is attributed to emotional exhaustion, cynicism, and reduced professional efficacy (Guo et al., 2017). As a result of poor resiliency, self-care is inadequate, patient care is compromised, and nurse burnout or turnover rates are increased (Andersen et al., 2021). For NGNs to become resilient, they need knowledge of resiliency and enhanced opportunities to learn about correlating components such as self-care, decompression activities, and practicing gratitude (Kelly et al., 2021). Blackburn et al. (2020) reported knowledge of self-care and stress reduction are often not applied due to lack of practice or support. With independent commitment to self-care, resilience is a skill that can be learned and strengthened (Koprowski et al., 2021). Further, using a blended learning environment enhances individual participation in resilience-strengthening activities (Koprowski et al., 2021). Knowledge, skills, and resilience are reflected in the practice of self-care (Mills et al., 2021). By receiving staff education on self-care interventions and resiliency knowledge, NGNs may adapt to change during their transition to practice and become resilient.

The proposed change reflects position statements from the Oklahoma Nurses Association (ONA, 2020) and national initiatives to improve the nursing workforce and support positive social change. The ONA (2020) position statement directs nurses to consider self-care to decrease the effects of moral distress. The National Academy of Medicine (NAM, n.d.) launched the Action Collaborative on Clinical Well-Being and Resilience in 2017 creating a more significant social change focus. Personal well-being

must be maintained by clinicians to provide safe, high-quality patient care (NAM, n.d.).

To meet the proposed social change, a multidisciplinary approach must be incorporated

to improve patient care through caring for the caregiver (NAM, n.d.). Through improved

self-care and resiliency knowledge, local and larger scale nursing practice social change

can be achieved.

Problem Statement

As frontline caregivers, nurses sacrifice their personal health while being

responsible for completing numerous tasks and responsibilities (Joint Commission,

2019). The stress, uncertainty, and challenges experienced in the work environment may

have significant effects on the well-being of nurses (Zeb et al., 2021). Along with the

stress, nurses lack practice or support for use of self-care (Blackburn et al., 2020). The

American Nurses Association (ANA, 2017) Health Risk Assessment in 2017 reported

68% of nurses put the health, safety, and wellness of their patients before their own.

Further, 82% of nurses reported being at high risk for stress in their work environment

(ANA, 2017). In the stressful work environment, 59% of respondents reported working

10 hours a day or longer with approximately 57% arriving to work early or staying late to

complete tasks without breaks during their shift (ANA, 2017). For NGNs, the transition

to practice poses additional stressors moving from the familiarity of a school setting to

the unfamiliar nursing profession role (De Silva & Marikar, 2020). The transition to

practice creates hardship as NGNs lack coping skills, experience high levels of stress, and

experience burnout symptoms leading to turnover in the facility (Irwin et al., 2021;

Sampson et al., 2020).

Resiliency includes persevering through hardships and undergoing change that allows for personal growth (Blackburn et al., 2020). During stressful situations, resiliency involves adapting regardless of adversity (Blackburn et al., 2020). Although self-care builds resilience and decreases burnout, most nurses view primary methods of self-care as pedicures and massages (Blackburn et al., 2020). However, there is lack of knowledge on self-care interventions available during a stressful shift (Blackburn et al., 2020). Although resilience is not an innate characteristic, it can be taught and learned through techniques that change the structure of the brain and meet the stressor, bringing the body back to homeostasis (Liljestrand & Martin, 2021).

In a local nursing setting, the problem was the lack of education on self-care and resilience in a rural hospital. Without the education, NGNs in the facility did not have the resources needed to improve their transition to practice with utilization of self-care interventions. In addition, NGNs lacked the knowledge of resiliency and were unable to foster the growth needed to become a resilient nurse. The focus of the staff education project was to enhance knowledge of resiliency through self-care interventions.

Purpose Statement

To combat the effects of a stressful work environment and increase resiliency, interventions are required to keep nurses at the bedside and improve the quality of patient care. The purpose of the staff self-care education project was to improve knowledge of self-care measures and resiliency to NGNs in the hospital facility. The doctoral project was guided through the following practice-focused question: Will a staff education project on self-care improve knowledge of resiliency in new graduate nurses? To build

resiliency for personal and professional health, nurses must utilize good self-care techniques (Abelard & Black, 2021). Education provides an opportunity for NGNs to incorporate self-care strategies into daily routines, enhancing care for the individual, family, and patients (Abelard & Black, 2021). Teaching strategies for self-care can prevent everyday stressors from building up and leading to more severe issues (Franco & Christie, 2021). Over time, resiliency is improved with protection from emotional stress experienced in the profession (Franco & Christie, 2021). By improving knowledge of resiliency through self-care education, NGNs may be able to improve their transition to practice and become resilient.

Nature of the Doctoral Project

Data and evidence were obtained through a review of the literature using the following databases: CINHAL Plus with Full Text, MEDLINE Plus with Full Text, and PubMed. Google Scholar and government and nursing websites were also used. Key words and phrases for the literature review included *self-care*, *resilience*, *new graduate nurse*, *transition to practice*, *wellbeing*, *nursing*, and *healthy behaviors*. Relevant peer-reviewed articles from the last 5 years were included. Participants took part in a pretest and posttest evaluation. Data were analyzed to determine the effectiveness of education on self-care and knowledge of resiliency.

The doctor of nursing practice (DNP) project has the potential to address the gap in resiliency knowledge and self-care identified by the hospital. When NGNs transition to practice, their inability to incorporate self-care practices into their professional practice results in poor outcomes for the individual, their employer, and patients whom they care

for. By receiving the staff education, NGNs can be impacted and provide safe care to patients while enhancing personal well-being.

Significance

Primary stakeholders for the self-care and resiliency knowledge staff education project included the chief nursing officer (CNO), nurse educator, nurse managers, NGNs, and patients. The goal of the staff education project was to improve self-care and resiliency knowledge in NGNs to promote overall resiliency. Nurse resiliency reduces nurse burnout, allows for excellent patient care, and improves organizational finances (Wei et al., 2019). With enhanced resilience, nurses report higher job satisfaction (Brown et al., 2018). For the CNO, the impact of the staff education project may be significant in reducing turnover rates. Turnover rates continue to increase, supporting the need to identify ways to improve job satisfaction among nurses (Brown et al., 2018). Keeping NGNs at the bedside with resilient attributes may improve the likelihood of continued employment, thereby decreasing turnover rates and financial burden. The nurse educator in the facility is responsible for all educational activities in the rural hospital. By providing staff education, the nurse educator was given strategies to take forward to the larger hospital employee population. Nurse managers may see improvements in quality of patient care and the ability of nurses to adapt to the stress experienced on the unit. When NGNs are able to understand resiliency and employ self-care strategies, they may be more likely to stay at the bedside, enhancing staffing on the unit. By improving self-care acceptance in the workplace, hospitals can aid in reducing the nursing shortage and retain resilient and engaged nursing staff (Hetzel-Riggin et al., 2020). Of utmost importance are

the NGN stakeholders. In the work environment, self-care can be viewed as a form of personal protective equipment (Blackburn et al., 2020). Use of self-care as personal protective equipment may have a significant impact on NGNs because they may be able to build their resiliency and provide quality patient care. Incorporating self-care strategies into daily work routines can affect the organization's culture by focusing on stress reduction (Andersen et al., 2021). Over time, NGN knowledge of resiliency may be passed down to future NGNs and improve the culture of the workplace. With knowledge of resilience and self-care strategies, NGNs become more dependable and less prone to mistakes, resulting in improved patient satisfaction (Blackburn et al., 2020).

Summary

Nursing is a profession with physical and psychological demands. During the transition to practice, NGNs are at increased risk for experiencing stress and burnout (Irwin et al., 2020). Although nursing is focused on the health of patients, nurses often forget to practice self-care behaviors. There was a need for self-care education and resiliency knowledge for NGNs during their transition to practice at the rural hospital. This education project provided a strong foundation for building resiliency among NGNs, improving their personal well-being, and enhancing their quality of care for patients in the rural hospital setting. Section 2 provides the framework and theories that served as the foundation of the staff education project. The relevance to nursing practice, problem background, context, and DNP student role are also addressed.

Section 2: Background and Context

In a rural hospital, NGNs were not provided education on self-care activities or resiliency to enhance their transition to practice and improve their overall resiliency. To address the identified practice problem, a staff education project was developed. The focus of the staff education project was to provide education on self-care interventions to improve knowledge of resiliency in NGNs. With the staff education, an impact was made on the NGN transition to practice through building resiliency knowledge and providing education on self-care strategies to be used in the workplace. In Section 2, theories, relevance to nursing, local background and context, and the role of the DNP student are addressed.

Concepts, Models, and Theories

The framework supporting this DNP project was Orem's (2001) self-care deficit theory. The theory of nursing systems subsumes the theory of self-care deficit and the theory of self-care (Orem, 2001). With revisions, the theory currently expresses each of the theories separately with articulations that form the overall self-care deficit theory. The theory is built on the premise that human beings require self-care as a regulatory function to supply materials and conditions that maintain life, keep physical and psychic function, and ensure the integrity of functioning and development (Orem, 2001). Practicing self-care can lead to improved quality of care for the nurse and patients (Zeb et al., 2021). The rationale for using the self-care deficit theory was that it supported the need to educate NGNs on self-care strategies to increase their knowledge of resiliency and improve their transition to practice.

Orem (2001) described self-care as a learned skill that has to be performed continuously and conform with requirements of the individual. With engagement in self-care, individuals are able to determine what self-care is required, how they will meet the demands, how they will perform self-care activities, and how they will evaluate their results (Orem, 2001). Self-care is not used independently but rather is incorporated among other activities in the healthy individual (Orem, 2001). However, there are times when the individual must choose between self-care and other activities creating a need for modified self-care requisites (Orem, 2001). Central requisites for self-care include learning and the use of knowledge to perform external or internal sequences of self-care actions (Orem, 2001). As a learned behavior, self-care incorporates beliefs, habits, and practices characteristic of a person's cultural way of life (Orem, 2001). By learning and developing self-care strategies, NGNs may develop a culture of self-care and resiliency.

The following terms required defining because their meanings were unique to the rural facility and the project. In the hospital setting, the *nurse educator* is a single person responsible for providing education to all units in the facility as well as coordinating the onboarding process for new hires, NGN boot camp, and orientation. *Nurse managers* on their respective units function as mediators between upper level administration and bedside nursing staff. In the project, *NGNs* are defined as a registered nurse entering the professional field of nursing practice within the last year. *Self-care* includes physical, psychological, social, and spiritual well-being maintenance with implementation of activities to maintain and achieve a desired level of well-being (Matarese et al., 2018). To achieve *self-care*, energy expenditure, time, and resources are required (Orem, 2001).

Resiliency is the ability to meet a stressor and bring the body back to homeostasis, which is a skill that is taught and learned (Liljestrand & Martin, 2021).

Relevance to Nursing Practice

Nurses are the most trusted health care professionals highlighting the critical need to shape the health of the United States (ANA, n.d.). Nurses face ongoing daily exposure to human trauma, stress, and an ever-changing work environment (Blackburn et al., 2020; Mintz-Binder et al., 2021). Nurses focus on healing and promoting well-being of their patients rather than themselves (Babiarczyk & Sternal, 2022). With 68% of nurses reporting that they put patients' health, safety, and wellness before their own, there is a need to promote self-care among nurses and their employers (ANA, 2017). Compared to the average American, nurses are more likely to be overweight, get less sleep, and experience higher levels of stress (ANA, n.d.). In addition to causing personal problems, the compromised psychological and physical health of a nurse can result in medical errors and lower quality of patient care (Andersen et al., 2021; Sampson et al., 2020). Nurses must identify experiences with the potential for burnout and secondary trauma to develop counteractions to these experiences (Blackburn et al., 2020). In current practice, the ANA (2015) has recognized the stress and burnout experienced by nurses and has supported the use of health-promoting activities in the workplace. In the Code of Ethics for nurses, the ANA stated that nurses have the same duties to themselves as they do to others, including the promotion of individual health and safety.

As health care organizations began to recognize the need for self-care in the workplace, programs were implemented equipping nurses with ways to deal with stress.

In 2017, the ANA implemented the Healthy Nurse, Healthy Nation initiative to engage

nurses in action for five domains: activity, sleep, nutrition, quality of life, and safety.

Healthy Nurse, Healthy Nation followed an implementation model of engaging nurses,

improving key aspects of health, and creating healthy nurses that in turn would create a

healthy nation (ANA, n.d.). Although this initiative is not likely to eliminate stress,

leaders should help nurses incorporate meaningful self-care to build their resilience (Wei

et al., 2019). Mintz-Binder et al. (2021) found a statistically significant improvement in

resiliency following adoption of strategies focused on reducing stress and building

resiliency in the workplace. There are many conscious and unconscious coping skills

applied to build resiliency (Mintz-Binder et al., 2021). The use of coping and adaptive

skills improves the NGN's transition to practice (Irwin et al., 2021). Ensuring nurses

incorporate self-care measures into their practice is key to their health and resiliency

when providing care to the patients they serve.

Although evidence supported the need for self-care and resiliency knowledge,

there was a gap in nursing practice related to the application of self-care interventions in

a rural hospital. An area of confusion was misunderstanding of the activities of self-care.

There was also a lack of participation in self-care activities due to feelings of being

overwhelmed (see Kelly et al., 2021). Despite being overwhelmed, nurses have a variety

of strategies that can be accessed during a busy shift (Blackburn et al., 2020). Self-care

strategies can be simple and accessed through a variety of strategies, but are often

overlooked by the stressed nurse (Blackburn et al., 2020; Kelly et al., 2021). To address

this issue, NGNs can be introduced to self-care strategies early in their professional

career. Strategies for self-care include consuming adequate nutrition, engaging in exercise, getting adequate sleep, using aromatherapy, and finding a hobby (Abelard & Black, 2021; Wei et al., 2019). During a shift, nurses can utilize strategies such as staying hydrated, taking restroom breaks, incorporating relaxation techniques, and practicing mindfulness (Abelard & Black, 2021; Wei et al., 2019). In nursing terms, self-care can be viewed as a form of personal protective equipment (Blackburn et al., 2020). Without proper self-care strategies, nurses can become overwhelmed with stress reflecting poor resiliency (Hetzel-Riggin et al., 2020). Facilities should educate NGNs on self-care strategies to ease the transition to practice and build resiliency for stressful situations in their professional nursing practice (Irwin et al., 2020).

The DNP project was intended to advance nursing practice by addressing the gap in practice with self-care and resiliency education at a rural hospital. Through support of NGNs with resilience strategies during the transition to practice, burnout is reduced and retention is improved (Andersen et al., 2021). Providing education to NGNs could allow for prompt building of resiliency knowledge and self-care strategies to be taken forward in their professional nursing practice.

<p style="text-align:center">Local Background and Context</p>

The local nursing problem was the lack of self-care and resiliency education for NGNs during their transition to practice. The facility had policies in place that reflected a need for self-care. However, there was no education provided for NGNs upon gaining employment. In addition to the lack of education, the facility is located in a rural area

hiring a small number of new graduates each year. With the already taxed nursing staff, the facility needed to enhance the transition to practice for the NGNs hired.

The facility is a rural hospital that is part of a larger health system servicing multiple surrounding communities. The facility is committed to their employees and health within the community. Service and quality excellence awards have been received by the facility as well as high ratings for best places to work. The goals of improving self-care for nurses align with the ONA position statement regarding nurse safety as well as ANA initiatives to improve nurse well-being.

<div align="center">**Role of the DNP Student**</div>

I completed my practicum hours in the hospital facility. Throughout my practicum experience, I attended the orientation for NGNs and monthly residency meetings, and I observed flow of NGNs in various departments. As a DNP student, my role was to evaluate the effectiveness of staff education on NGNs' self-care and resiliency knowledge. In my professional practice, I am a faculty at a local university preparing students to become NGNs. I oversee clinical experiences and understand the struggles during the transition to practice. I desired to improve retention of nurses in the taxed profession by promoting their self-care and improving their resiliency from the beginning of their professional career. Due to my position, there was risk for bias based on my personal experiences, various processes used, and the deep understanding of the need for change.

Role of the Project Team

The project team consisted of two nurses and myself. The first team member was the CNO, and second was the nurse educator. Each team member had unique experiences and inputs regarding the development of the staff education project. The project team assisted in the development of educational materials and administration of a survey to evaluate the project's effectiveness. The survey was designed to assess nurses' initial understanding of self-care and resiliency prior to the staff education. After the staff education, the survey was administered to evaluate nurses' understanding of self-care and resiliency.

Summary

With the stressful work environments, NGNs have significant risks to their well-being, including burnout, turnover, and ineffective transition to practice. Educating NGNs regarding self-care strategies is necessary to ensure they can become resilient and provide safe and high-quality care to the patients they serve. In the local setting, there was no program in place for self-care or resiliency education. This resulted in a lack of knowledge and the inability of NGNs to apply strategies to promote their well-being. To address the health of NGNs, a staff education project was developed. The foundation for the staff education project was the self-care deficit theory. This theory supported the need for the nurse to care for themselves before caring for others as well as the need to learn self-care strategies. For NGNs to incorporate self-care into their practice and improve knowledge of resiliency, education is required. With the project team, I developed a self-

care and resiliency staff education program to address the gap in practice. Sources of

evidence for the project are presented in Section 3.

Section 3: Collection and Analysis of Evidence

High levels of stress and uncertainty jeopardize NGNs' self-care and resiliency during the transition to professional practice. Emotional exhaustion, cynicism, and reduced professional efficacy are attributed to a lack of resiliency (Guo et al., 2017). Without adequate resiliency, nurses have inadequate self-care, patient care is compromised, and there is an increase in burnout or turnover rates in nurses (Andersen et al., 2021). Through improved resiliency knowledge and self-care strategies, there is a reduction in burnout (Guo et al., 2017). Nurses are held to strong ethical and professional standards through the ANA Code of Ethics. The Code of Ethics established that nurses have the duty to care for themselves as they do for others, including promoting their own health and safety (ANA, 2015). Resilience and self-care are learned skills that require fostering to maintain and improve. In the local setting, NGNs did not have educational opportunities to learn about self-care and resiliency. Without this knowledge, they were unable to apply these skills to their professional practice. Strengthening resilience through meaningful activities has shown powerful results for individuals (Koprowski et al., 2021). The purpose of the DNP project was to evaluate the effectiveness of staff education on NGNs' self-care and resiliency knowledge. This education was critical to reducing burnout and turnover rates and improving the quality and safety of care provided to patients. In Section 3, the practice-focused question, sources of evidence, generated evidence, and analysis and synthesis of evidence are addressed.

Practice-Focused Question

The local nursing practice problem was the lack of self-care activities and resiliency education for NGNs. There was no program in place directed toward self-care or resiliency of any employee. Although these skills were acknowledged as beneficial, the facility lacked education on incorporation of self-care strategies and resiliency. The local hospital facility identified the gap in practice of NGNs not engaging in self-care activities or understanding resiliency, which was related to increased turnover rates. To address the lack of self-care and resiliency knowledge, a staff education project was implemented. The DNP project was intended to answer the following practice-focused question: Will a staff education project on self-care improve knowledge of resiliency in new graduate nurses?

With the identification of the lack of self-care and resiliency as the gap in practice for NGNs, education was necessary to promote use of these skills. The purpose of the DNP project was to evaluate the effectiveness of staff education on knowledge of resiliency through self-care interventions. The practice-focused question and purpose were aligned as I sought to evaluate the effectiveness of self-care on NGNs' resiliency knowledge. A survey was administered to evaluate the effectiveness of the self-care and resiliency education on improvement of self-care engagement, knowledge, and resiliency.

Resiliency is the ability to return to homeostasis after meeting a stressor and is an attribute that is taught and learned (Liljestrand & Martin, 2021). Individuals who are resilient have characteristics including self-efficacy, adaptability, patience, and motivation. Resilient nurses contribute to healthier work environments, are more

dependable and less prone to mistakes, and provide quality patient care resulting in improved patient satisfaction (Blackburn et al., 2020). Nurses who are able to adapt in stressful situations are considered resilient. Self-care is a component of resiliency and must be utilized to foster the understanding and adaptability of a resilient nurse. Self-care includes physical, psychological, social, and spiritual well-being maintenance with implementation of activities to maintain and achieve a desired level of well-being (Matarese et al., 2018). Through enhanced self-care, knowledge of resiliency may be built, thereby promoting resilience of NGNs.

Sources of Evidence

The sources of evidence used to address the practice-focused question were published between 2017 and 2022 and were obtained from CINHAL Plus with Full Text, MEDLINE Plus with Full Text, PubMed, Google Scholar, and government and nursing websites. Empirical data were incorporated to show validity of theories and models used throughout the project. Key words and phrases for the literature review included *self-care*, *resilience*, *new graduate nurse*, *transition to practice*, *wellbeing*, *nursing*, and *healthy behaviors*. The initial search revealed approximately 60 articles, and 20 were considered appropriate for this project. Sources of evidence were organized in a Microsoft Excel spreadsheet.

The facility also provided analyzed data as a source of evidence for the project. Data included nurse turnover rates and first-year retention rates. Although nurse turnover rates were within the expected range given the ongoing global pandemic, first-year retention rates had increased. The most recent cohort of NGNs had experienced a 31%

first-year turnover rate. Of the 13 NGNs, three did not finish orientation and one changed positions in the facility. Exit information revealed lack of resiliency as a factor in the resignation or position change of the NGNs. The evidence obtained from the literature, websites, and facility supported the need for a staff education project to evaluate the effectiveness of self-care on knowledge of resiliency.

Evidence Generated for the Doctoral Project

Participants

Participants selected for the staff education project were NGNs hired in the last year. A NGN was defined as a recent graduate with no prior experience working as a registered nurse. There were no restrictions to units involved in the staff education project. The NGNs practiced on a variety of units including labor and delivery, medical-surgical, emergency room, and the intensive care unit. The survey and modules were completed by the NGNs in the allotted time frame. Involvement was voluntary with no identifying information collected. Participation was anonymous to protect the NGNs. The survey contained questions specific to knowledge of resiliency and self-care to evaluate the effectiveness in the education project.

Procedures

To collect data, the project team created a survey. The project team consisted of the CNO, the nurse educator, and myself. The survey consisted of 20 questions in the Likert-scale format requiring approximately 15–20 minutes to complete. The survey was designed to measure the effectiveness of the education project on resiliency knowledge.

Participants completed the survey prior to the staff education and after completing the

education modules.

Protections

Throughout this DNP project, I worked with staff in the rural hospital facility to

develop a positive working relationship. The project team had a variety of nursing and

leadership experiences within the facility. This enhanced the development of the project

because team members were aware of the needs of their employees. To ensure ethical

protection of participants, there was no incentive for participation and participation was

voluntary. No identifying data were collected to safeguard the NGN participants. The

NGNs were provided an informed consent form and the ability to withdraw from the staff

education project at any time.

The DNP project was reviewed by my doctoral project committee. Following

approval, the project was sent to the Institutional Review Board (IRB) at Walden

University. The IRB approved the staff education project under approval number 01-19-

22-1040927. The IRB ensured the staff education project met ethical standards and would

produce results in which the benefit would outweigh the risks. The local facility

determined that Walden IRB approval was sufficient and waived the need for secondary

approval.

<div align="center">

Analysis and Synthesis

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To record, track, and organize the evidence, I used a Google Form. Analysis of

the data took place in Statistical Package for the Social Sciences (SPSS). Information was

password protected with use of de-identified data. Within the survey, participants were

required to answer each question before submission to eliminate missed data. Based on the analysis in SPSS, the effectiveness of the staff education project on NGNs' self-care to build knowledge of resiliency was confirmed.

Summary

In the local rural hospital facility, NGNs lacked support with self-care and did not understand the significance of resiliency. The NGNs did not participate in self-care and were unable to adapt during the transition to practice. This evidence was reflected in the high first-year turnover rates for the facility. To combat the increasing turnover rates, a staff education project was developed to improve self-care and the knowledge of resiliency for NGNs. A survey was distributed prior to the staff education, and a posteducation survey was used to measure the effectiveness of self-care activities on NGNs' knowledge of resiliency. No identifying data were obtained with voluntary participation of the NGNs. Following the staff education, data were analyzed in SPSS to determine the effectiveness of the staff education.

Section 4: Findings and Recommendations

There was a problem with use of self-care practices and understanding of resiliency in NGNs at the local facility. The lack of understanding of resiliency and self-care had led to higher turnover rates, poor personal outcomes, and less than optimal patient care. Nurses tend to be givers, putting the needs of others ahead of their own and having difficulty balancing their work and private lives (Babiarczyk & Sternal, 2022). The local nursing practice problem was that NGNs at a rural hospital lacked educational opportunities to strengthen self-care and develop resiliency knowledge. The identified gap in practice was the lack of NGNs engaging in self-care activities to promote health and well-being while understanding resiliency and how it affects their ability to care for themselves and their patients. The guiding practice question was the following: Will a staff education project on self-care improve knowledge of resiliency in new graduate nurses? The purpose of the DNP project was to improve knowledge of self-care measures and resiliency in NGNs in the rural hospital facility through staff education.

An exhaustive literature review was conducted using CINHAL Plus with Full Text, MEDLINE Plus with Full Text, PubMed, Google Scholar, and government and nursing websites. Key words including *self-care*, *resilience*, *new graduate nurse*, *transition to practice*, *wellbeing*, *nursing*, and *healthy behaviors* were used, resulting in approximately 20 articles providing sources of evidence to guide the DNP project. In addition to evidence from the literature review, the organization provided analyzed data as a source of evidence to guide the DNP project. Data included nurse turnover rates and first-year retention rates. The nurse turnover rate aligned with the expected outcome due

to the ongoing global pandemic. However, the first-year retention rates were decreased

from previous years. The increased first-year turnover rates were evidenced by

approximately 23% of the NGNs not completing orientation or moving to different

facility positions. Within the analyzed data, resiliency appeared to be a contributing

factor to the changes in position or resignation of the NGNs. This DNP project was

designed to evaluate the effectiveness of educating NGNs on self-care strategies and

resiliency. The staff education was presented via an online module including a 20-

question Likert-scale preeducation and posteducation survey distributed through the

facility's education platform, HealthStream. Data obtained from the survey were entered

into SPSS for analysis. Descriptive and inferential statistics were used to analyze the

data, summarize the results, and determine the effectiveness of the staff education

project.

Findings and Implications

The preeducation and posteducation survey was distributed to various

departments within the facility reaching NGN participants. The survey was available to

all NGNs hired in the last year with no previous work experience as a registered nurse.

Analysis of the data was completed using SPSS. Within the hospital facility, 10 NGNs

qualified for participation in the staff education. Two of the NGNs were out on leave and

one worked outside of the general hospital facility, leaving a sample size of seven NGNs.

A paired t test was used to determine statistical significance between the preeducation

and posteducation surveys. A p value of 0.05 was used to determine statistical

significance. Although only one question from the survey met statistical significance,

many questions met clinical significance with increases in mean values. Table 1

summarizes the results that revealed increased mean values between preeducation and

posteducation surveys meeting clinical significance for the staff education.

Table 1

Overall Clinical Significance in Mean Values

Question pair	Preeducation mean	Posteducation mean	Sig. (2-tailed)
When given a new task, I am confident that I will succeed	3.71	4.00	0.172
I have strategies in place for dealing with stress	4.14	4.29	0.356
Resilient individuals have an optimistic view of life	3.57	4.14	0.030*
I am able to be mindful during a busy shift	3.71	3.86	0.356
I am aware of self-care resources available during my work shift	3.29	3.71	0.200
I am able to practice self-care	3.86	4.00	0.356

Note. * denotes statistical significance.

There was a positive relationship between the education module and the mean

values of confidence, practicing mindfulness, self-care resources and strategies, and

resiliency knowledge as shown in Table 1. There was no relationship between the

education module and peer support. Although the results were not statistically significant,

they represented clinical significance because there was improvement of respondents in

those areas. The lack of statistical significance reflects the need for individual and

collective efforts to improve mindful self-care strategies (see Zeb et al., 2021). The

values indicated the foundational aspect of self-care and resiliency knowledge. Having

the knowledge allows for potential implementation into daily practices. The institution

and staff share joint responsibility in ensuring self-care strategies are understood and

implemented through programs, self-reflection, and application of strategies (Blackburn et al., 2020).

Support throughout the transition to practice and peer support in times of need had no statistical significance, creating a concern for clinical significance. Participants reported below the average mean for feelings of support during the transition to professional nursing practice. The mean average for feeling comfortable asking for help from colleagues was lower in posteducation surveys. This was clinically significant because NGNs need the support from their colleagues and management during the transition to practice. Nurse leaders must help nurses recognize the importance of self-care to build their resilience (Wei et al., 2018). Due to the lack of open-ended questions in the survey, it was difficult to determine the rationale for NGNs' lack of feeling supported and their discomfort asking colleagues for help.

Unanticipated limitations occurred during the implementation phase. To access the education module, NGNs had to use computers in the facility. This restricted access to work hours, which were burdened by time constraints and patient care. To offset this limitation, an additional week was added for access to the staff education and surveys, encouraging NGNs to find time to complete. Providing an additional week for access increased participation. In addition to lack of access, two NGNs were out on leave, restricting their ability to participate in the staff education. This resulted in a smaller than expected sample size and potentially limited the survey results. Lastly, participation was limited to an online education module and completion of a survey. Time was not allotted for implementation of the self-care strategies or gaining additional understanding of

resiliency. The staff education project focused on a moment in time rather than a commitment to implementing self-care and understanding resiliency. The provided education was reflective of retaining or understanding the information being read rather than implementing and analyzing the pros and cons of self-care and resiliency in practice.

One implication of the findings for NGNs is that implementing self-care strategies into daily practice can increase their knowledge of resiliency, decrease stress, and improve patient care. The hospital facility remains committed to decreasing nurse turnover and improving first-year retention rates. To continue to achieve the goal, support for the inclusion of self-care and resiliency education is necessary. Supporting resilience-promoting interventions prevents burnout and improves retention (Andersen et al., 2021). With knowledge of resiliency, NGNs can implement components of resiliency into their practice, further becoming a resilient nurse who has job satisfaction. The potential implications for positive social change include the impact NGNs have as role models for the wider population. The use of self-care strategies and resiliency knowledge in the workplace can create an improved culture within an organization (Andersen et al., 2021). Implementing self-care strategies benefits not only the individual, but also families and patients as well (Abelard & Black, 2021).

Recommendations

The following recommendations were made to the project team to continue the self-care and resiliency staff education. The first recommendation was to enhance the education and convert it to a hybrid format. Through hands-on opportunities and time for implementation after the education session, strategies can be analyzed and the NGN can

make the best decision for their personal preference in stressful situations. Second, online

modules can be developed so NGNs can access them outside of work hours. Time is

valuable during a busy nursing shift, especially in the midst of the ongoing global

pandemic. Once the NGN clocks in, there is often limited time for completion of

education that is not required. By allowing for access at home or outside of work hours,

the education project can enable the NGN to take time to read materials, reflect, and

employ the strategies during their shift. Third, self-care strategies and resiliency

education can be incorporated into the nursing boot camp and residency program for

NGNs. Providing the education from the beginning will allow the NGN to implement

positive self-care strategies early on in their professional nursing career. The residency

program also allows for time for reflection, the ability to ask for guidance, and improved

support in the transition to practice.

Next, the education project can be enhanced to accommodate a wider variety of

health care workers. Through engagement with a wider audience, strategies can be

employed by other health care providers, knowledge can increase, and workers can

become more resilient in their professional careers, thereby decreasing turnover rates.

Improving stakeholder engagement will aid in implementing self-care strategies and

developing a deeper understanding of resiliency. Stakeholders demonstrate leadership

skills that NGNs and other health care workers strive to achieve. A leader's endorsement

will inspire more engagement in self-care education and improved resiliency.

Contribution of the Doctoral Project Team

The findings were shared with the team members (the CNO and nurse educator). The team members were appreciative of the data collected and the education provided. The outcomes support the need for continued education opportunities not only for NGNs but for all hospital staff. The team provided recommendations, and I shared my perspectives. The team plans to continue the education project and implement the modules in nursing boot camp. They will also attempt to include the education and reflection into monthly residency meetings. The team's hope is to share the findings with other stakeholders and managers in the facility to encourage use of the online modules after they are modified to fit a wider audience. The team is prepared to continue the education by working together to improve first-year retention rates, decrease nurse turnover, and enhance the transition to practice for NGNs.

Strengths and Limitations of the Project

The DNP project strengths included addressing the gap in practice that exists for NGNs during their transition to practice. With the ongoing global pandemic, there is a pressing need to implement self-care measures and enhance resiliency in health care. Despite the online format, there was clinically significant improvement in self-care and resiliency knowledge in the NGN participants. Limitations of the DNP project were the small sample size and data collection in only one organization. There was also potential for bias in the NGNs' responses because they may have answered questions in terms of what I was seeking to improve. In addition, there were no data collected in regard to age, gender, or education level of the NGN. Therefore, there was no way to distinguish

potential differences in age, gender, or education levels of NGNs with the staff education.

Future projects should be altered to improve accessibility of the education. The education

should also be made available to all health care workers in the facility or geographical

area to improve the health of the community. Future research is needed to improve self-

care, resilience, and retention of nurses that will aid in reducing the nursing shortage and

improve patient care.

Section 5: Dissemination Plan

To disseminate the findings from this DNP project to the institution, I will conduct an oral presentation. The presentation will take place during bed huddles with nurse managers and other leadership staff. The NGN participants and nurses will be invited to attend the presentation. The findings of the project and recommendations may assist the project team and hospital leadership in making decisions moving forward with continuing staff education on self-care and resiliency. Leaders play a vital role in improving nurse performance while supporting a resilient nurse workforce (Wei et al., 2018). By creating a work environment supportive of self-care, leaders relay the message that it is necessary to take time to care for oneself (Wei et al., 2018). Through dissemination of results to leadership staff, the culture of self-care may be better understood and accepted in the hospital. This may further improve self-care and resiliency of staff on the respective units, leading to increased nurse retention and optimal patient outcomes.

Due to the nature of the project, nurses who work in high-stress areas may benefit from implementing the self-care strategies and developing resiliency knowledge into their personal and professional life. To expand dissemination to the broader nursing field, I may present a poster at the next state nursing conference. In addition to nurses, nursing students would be another important group to provide education for on self-care and resiliency. Implementing self-care and resiliency education into higher education settings prepares graduates for the complex reality of nursing (Mills et al., 2021). Developing strategies of self-care and practicing through nursing programs provides acquisition of

knowledge about health and well-being (Mills et al., 2021). The current education project

may aid in a smoother transition to practice with NGNs prepared to face conflict, become

resilient, and stay within the nursing workforce. As a nurse educator, I plan to present this

information at local nursing conferences to disseminate the knowledge to other educators.

This may allow for change to be implemented in other nursing programs and reach a

wider NGN audience. I also plan to implement the self-care and resiliency education into

my current workplace to improve self-care and resiliency of the students I teach prior to

their entrance into professional nursing practice.

Analysis of Self

During the last 2 years, I have learned about many aspects of nursing from

research and leadership to health care systems and interprofessional collaboration. In the

beginning, I had limited understanding of how I would develop, implement, and

disseminate a project. I encountered significant challenges during my time in the program

related to the global pandemic, which limited my ability to interact with others. As I

completed courses, my confidence grew and I felt prepared to develop and implement my

DNP project. Becoming a scholar involves developing the skills necessary to use nursing

research with the goal of advancing nursing knowledge and improving outcomes for all.

This requires dedication to the nursing profession and reflection on previous experiences

to continue moving forward. I developed my own resilience and recognized the need for

self-care while completing my DNP project. The knowledge and experiences I gained

during my educational journey have enabled me to be more engaged in my workplace. I

feel confident in understanding evidence-based practice, developing change initiatives,

and implementing the change into practice. My long-term professional goals include continuing to work in nursing education and teaching my students how to become the best nurses they can be despite challenges they may face. I also want to become more engaged in my community with other schools, health care professionals, and health care systems. By developing these relationships, I can help to build a network of nurses who seek to improve patient care and aid future NGNs in their transition to practice.

Summary

In the stressful health care profession, nurses often put their patients' well-being ahead of their own. With the dissemination of this DNP project and future research, changes can be made. Nurses need to implement personal self-care strategies and understand resiliency to provide quality patient care to each individual they serve (Blackburn et al., 2020). The findings from the DNP project support the need for NGNs to have self-care and resiliency education to improve knowledge of the topics. Although long-term effectiveness of the education project was beyond the scope of this study, the results reflected the effectiveness of the education project in improving NGNs' understanding of self-care strategies and the importance of resiliency. To deal with the complex challenges of health care, NGNs need to employ self-care strategies and provide attention to understanding resiliency. Nurses who engage in self-care and are able to cope with the stress of the nursing profession develop resiliency. In return, their personal health improves, their patients attain optimal outcomes, and nursing turnover rates decrease.

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