

Well-Bing Initiative – Program Evaluation

Website: <https://www.nursingworld.org/thewellbeinginitiative>

Background:

Research has identified that nurses commonly face burnout, including mental, physical, and emotional exhaustion (Papathanasiou et al., 2014). Papathanasiou et al. (2014) state that this overall exhaustion stems from long-term exposure to work situations that are emotionally demanding. Throughout the COVID 19 pandemic, nurses have been on the frontlines day in and day out, dealing with stress, anxiety, emotional and physical exhaustion (Mental Health American, 2020). As the pandemic continues, additional threats to nurses' well-being are surfacing, such as post-traumatic stress disorder, depression, difficulty sleeping (Lu et al., 2021). In addition, nurses are also at risk for leaving their jobs, increased absenteeism, reduced performance quality, disengaged care for patients, and adverse patient experience (Dall'Ora et al., 2020). These outcomes affect the entire nursing staff, the patients and their families, hospital leadership and management, and the healthcare system.

Havaei et al. (2021) measured anxiety and depression in nurses pre-pandemic, one month, and three months into the pandemic. The results suggested that both anxiety and depression were higher one month and then even a little higher after three months into the pandemic compared to pre-pandemic levels. We are now eighteen months in, without an end in sight to this pandemic and with the threat of new ones, we feel that supporting our nurses' mental health is a preventative service for the future of our entire healthcare system.

Mental Health American (MHA, 2020) published a survey of 1,119 healthcare workers (22% were nurses) from June 2020 to September 2020 about their experiences during COVID-19. Of those who responded to the survey, 93% were experiencing stress, 86% reported anxiety, and 76% reported exhaustion and burnout (MHA, 2020). The number one answer for changes in how healthcare workers felt over the previous three months was "emotional exhaustion" (MHA, 2020). Also, 39% of the respondents reported they didn't feel they had enough emotional support, and 45% of nurses stated the same (MHA, 2020).

In general, authentic leadership and intrapersonal resources can positively or negatively affect burnout and mental health troubles (Papathanasiou et al., 2014 & Spence Laschinger & Fida, 2014). In addition to hospital leadership, providing interventions to nursing staff can help improve the psychological factors and the added effects of stress and emotional exhaustion. Kravits (2010) utilized a pre and post-self-care intervention assessment measuring stress and burnout in nurses. They provided art reflection for coping strategies, wellness plans with guided exercise, and guided imagery meditation practice in a classroom format, which proved to all be promising methods to reduce stress and burnout (Kravits, 2010). Aryankhesal et al. (2019) conducted a systematic review of randomized control trials and pretest-posttest studies that used interventions to reduce nursing burnout. They found that the most helpful interventions included communication skills, teamwork, and psychological interventions such as yoga and meditation (Aryankhesal et al., 2019). They also concluded that preventing and treating burnout in nurses is complex and should be treated with a wide variety and combination of interventions (Aryankhesal et al., 2019).

Program Description

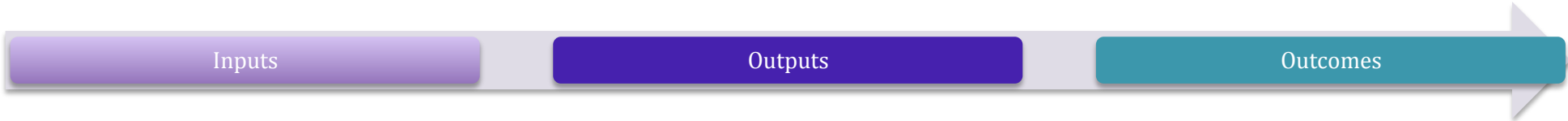
The American Nurses Foundation "Well-Being Initiative" program provides tools and resources to support nurses' mental health and resilience during the Covid-19 pandemic on a national level. The program consists of a website with hotlines, writing exercises, grief work, apps for self-care and better sleep, stress assessments, support services, counseling discounts, suicide prevention resources, and family supports.

The program aims to support all nurses across the nation during a time of increased stress. Healthcare systems may address nurse anxiety through interventions offered by organizations, such as providing psychological and mental support services and resilience-promoting stress management resources (Labrague & De los Santos, 2020). Also, the amount of organizational support can affect levels of anxiety and resilience in nurses (Labrague & De los Santos, 2020).

Nurses may benefit significantly from changing their self-care priorities. A successful program would give them quick access to easy-to-use tools and resources, making them more likely to act. Also, healthcare leaders and managers could promote the program in their hospital systems so that nurses know it is available for them to use. I would like to see the program utilized by nurses across the nation and report benefits and increases in mental health and resilience. I also want to use the evaluation to explore how this national program could be used in more specified, personalized ways in the communities hardest hit by the pandemic.

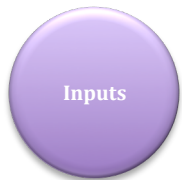
Stakeholder Identification

Who is affected by the program?	Nurses, other healthcare workers, Doctors, Hospital leadership, Hospital Managers, Patients, Patient's families
Who is involved in program operations?	American Nurses Foundation, American Nurses Association, American Psychiatric Nurses Association, Emergency Nurses Association, American Association of Critical Care Nurses
Who will use the evaluation results?	American Nurses Foundation, American Nurses Association, American Psychiatric Nurses Association, Emergency Nurses Association, American Association of Critical Care Nurses. Possibly Hospital Leadership across the nation.
Who are the key stakeholders that you will need to engage the most?	A selection of nurses and hospital leadership across the nation to report impact and efficacy of the program, American Nurses Foundation to evaluate the interventions related to reported outcomes.
What activities and outcomes of the program matter to them the most?	The self-reported outcomes in the frontline nurses themselves will provide the most information in evaluating the program. Considering which programs were used most and which proved most effective will also be necessary. Another essential yet straightforward outcome will be related to how many nurses across the nation took advantage and used the program, how they learned about it, and how we can better promote the use of resources offered.

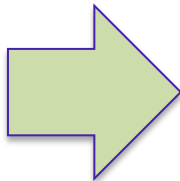


Program: Well-being Initiative – Logic Model

Aim: To reduce nurse burnout nationally by addressing mental health and resilience through an easily accessible online platform housed on the American Nurses Association website.



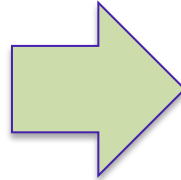
- Funding
- Staff
- Equipment
- Time
- Technology
- Existing Resources



- Training
- Marketing
- Education
- Networking
- Identify resources
- Create Webpage



- Nurses
- Other Healthcare Workers
- Doctors
- Hospitals' Leadership
- Hospitals' Managers
- Patients
- Patient Families
- ANF, ANA, APNA, ENA, ACCN



- Increased awareness of website
- Increased knowledge of resources
- Increased utilization of resources
- Increased reported feelings of support



- Decreased absenteeism
- Increased feelings of resilience
- Increased daily utilization of resources



- Decrease in nursing staff costs
- Decrease in nursing staff turnover
- Adaption of resources to on-site and local offerings

Assumptions: Hospital Leadership will support and encourage the use of online resources; technology will be accessible to participants

External Factors: Lack of time to participate, support from hospital leadership, access to technology to participate, supportive families and peers

Evaluation Goal and Objectives

Goal:

Develop an increased understanding of the effectiveness of the national Well-being Initiative as related to nurses' mental health and resilience by April 2022.

Objectives:

- 1) Within 2 months of the program, survey results will indicate that 10% of nurses nationally report weekly utilization of at least 1 resource from the Well-being Initiative website.
- 2) Within 3 months of the program, survey results will indicate a 20% increase in reported feelings of mental health support in nurses utilizing at least 1 resource weekly from the Well-being Initiative website.
- 3) Within 3 months of the program, survey results will indicate a 20 % increase in job satisfaction by those nurses utilizing at least 1 resource weekly from the Well-being Initiative website.
- 4) Within 6 months of the program, survey results will show a 20% decrease in absenteeism from work for those nurses utilizing at least 1 resource weekly from the Well-being Initiative website.
- 5) Within 6 months of the program, survey results will indicate a 20 increase in feelings of resilience in nurses utilizing at least 1 resource weekly from the Well-being Initiative website.
- 6) Within 12 months of the program, survey results will indicate a 10% decrease in nurse staffing costs in hospitals where 50% of nurses use at least 1 resource from the Well-being Initiative website.

- 7) Within 12 months of the program, survey results will indicate a 10% decrease in nursing staff turnover in hospitals where 50% of nurses use at least 1 resource from the Well-being Initiative website.

Methodology

This evaluation utilizes an outcome/effectiveness approach to assess the achievement of the program's short, medium, and long-term goals and objectives. Short-term outcomes include increases in target audience awareness, knowledge, and utilization of resources, as well as a change in feelings of support. Medium-term outcomes include decreased absenteeism among nurses as well as increased feelings of resilience and utilization of resources. The long-term effects include decreased nursing staff costs and turnover and the adaptations of utilized resources to on-site offerings.

Our educators are providing training to increase awareness of the available resources and navigation of the web page to increase the utilization of the resources. We are sending marketing materials and establishing networking opportunities for healthcare systems across the nation to increase awareness and knowledge. We are identifying all resources available to assess and ensure the appropriateness and evidenced-based offerings on the webpage. Hospital HR records will be utilized to determine absenteeism trends, costs, and turnover. A survey will measure nurses' feelings of support and utilization of resources over the long term. Hospitals will be sent surveys one-year post-program launch to assess the need for education to build on-site programs.

Analysis

The evaluation design will include qualitative data (how many accessed the site, how many utilized resources), gained via survey results, and qualitative data (interviews

with nurses who used the resources or surveys since time for healthcare workers is limited). I also believe the evaluation will be ongoing as the pandemic persists. Maybe, if someday we are through the worst of it, we can have a final review. However, I think the ongoing evaluation and reassessment to change and adapt is very important with this program due to the importance of having these resources available during this crucial time.

Dissemination of Results

The program evaluation results are intended to assess the program itself for areas of improvement and increase knowledge of the problem and acquire support for nurses across the nation. A video and print summary of results will be sent to donors and healthcare leadership. A separate video and downloadable written report of findings will be presented on the Well-Being Initiative's webpage for participants and supporters to view. Due to the large area covered by this program, virtual presentations will be made available for healthcare facilities to receive and discuss the results in a Q&A format. It may also prove beneficial to present the program and evaluation results at the list of involved national nurses associations' conferences in the future.

It is important to relay the results of this evaluation to all stakeholders, as the need for an effective program to reduce stress and increase resilience among nurses is crucial. This program can make a nationwide impact and has the potential to increase opportunities and support at the local level as well.

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