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## **Exercise as Self-care to Combat Nurse Burnout**

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EXERCISE AS SELF-CARE TO COMBAT NURSE BURNOUT

EXERCISE AS SELF-CARE TO COMBAT NURSE BURNOUT

JESSICA PETEFISH

Submitted in partial fulfillment of the  
the requirement for the degree of  
Master of Arts in Nursing

AUGSBURG UNIVERSITY  
MINNEAPOLIS, MINNESOTA

2021



**Department of Nursing  
Master of Arts in Nursing Program  
Graduate Project Approval Form**

This is to certify that **Jessica Petefish** has successfully defended their Graduate Project entitled “**Exercise as Self-Care to Combat Nurse Burnout**” and fulfilled the requirements for the Master of Arts in Nursing degree.

Date of Oral defense August 11, 2021.

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## Table of Contents

	Page
FIGURES .....	v
TABLES .....	vi
ACKNOWLEDGEMENTS .....	vii
ABSTRACT .....	viii
CHAPTER 1: INTRODUCTION .....	1
Background .....	2
Significance of the Project .....	4
Theoretical Foundation .....	5
CHAPTER 2: LITERATURE REVIEW .....	10
Nurse Burnout .....	10
Cost of Burnout .....	14
Exercise .....	18
Wholeness .....	21
CHAPTER 3: CREATING A WALKING PROGRAM .....	24
Project Description Plan .....	24
Pre-Implementation .....	25
Implementation .....	25
Evaluation .....	26
Application of Watson's Theory .....	27
Burnout Metaphor .....	28
Transformational Nurse Leadership .....	30
CHAPTER 4: EVALUATION & PERSONAL REFLECTION .....	32
Evaluation Process .....	32
Personal Reflection .....	34
CHAPTER 5: FUTURE PLANS & IMPLICATIONS .....	36
Next Steps .....	36
Implications for Practice .....	37
REFERENCES: .....	40
APPENDICES: .....	45
Appendix A: Perceived Stress Scale .....	45
Appendix B: Indoor Walking Route .....	46
Appendix C: Outdoor Walking Route .....	47
Appendix D: Recruitment Email .....	48

Appendix E: Walking Program Protocol .....	49
Appendix F: Walking Log .....	50
Appendix G: Post Walking Program Survey .....	51

**Figure**

FIGURE

Figure 1: Nurse Burnout Battery.....29

**Tables**

## TABLES

Table 1: Jean Watson Theory of Caring Caritas Processes .....6

Table 2: Job Burnout Symptoms.....13

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### Abstract

The demands on nurses continue to grow, inducing stress and other symptoms of burnout. Nurse burnout can cause short and long term physiological and psychological symptoms. Nurse burnout not only affects nurses but has implications for patients and hospitals as well. Exercise has been proven to have many health benefits and the ability to alleviate symptoms of burnout. Nurses on a hematology/oncology unit cited burnout as their reason for leaving the unit. This project proposes a walking program as a self-care method to reduce symptoms of nurse burnout. Utilizing Jean Watson's Theory of Human Caring and her idea of self-care and energy transmission, a metaphoric battery was used to visualize this project. Pre and post surveys capture perceived stress levels with a goal of reducing perceived stress. Critical reflection identified needed changes before implementation of the walking program as well as implications for practice.

*Keywords:* nurse burnout, stress, exercise, Jean Watson, Theory of Caring, self-care, walking

## **Exercise as Self-Care to Combat Nurse Burnout**

### **Chapter 1: Introduction**

As healthcare advances and patients are living longer, complex illnesses, virus pandemics, and an increasing nursing shortage are creating additional workloads on nurses contributing to nurse burnout. The burden of caring for patients who are suffering and dying takes an additional emotional and psychological toll on nurses. These demands can induce stress in nurses and eventually lead to burnout. Nurse burnout occurs when work-related stress impacts the way a nurse feels about their career and cares for their patients (Grafton & Coyne, 2012). Burnout can cause a nurse to lose their sense of purpose and reduce their ability to be empathetic and compassionate. According to Bobbio and Manganelli (2015), burnout among nurses is well documented as a leading cause of nurses leaving the profession. Nurses who frequently deal with death and dying, like oncology nurses, are at increased risk for developing burnout symptoms (Kotpa et al., 2017). Many methods for reducing stress in nurses to combat burnout have been proven successful and include self-awareness, self-care, and resilience (Grafton & Coyne, 2012). Jean Watson's Theory of Human Caring (2008) focuses on loving-kindness, compassionate relationships, not only between the nurse and patient, but within the nurse as well. Nurses must take care of themselves and create a compassionate relationship within before they are able to create this positive relationship with the patient to aid in healing. This relationship based model of nursing as described by Watson is one approach to self-care that may assist nurses in reducing stress. Consequently,

a walking exercise program for oncology nurses at a large academic hospital in the Midwest, guided by Watson's (2008) Theory of Human Caring, will be created to help reduce their stress and ultimately decrease burnout.

### **Background**

Nurses, specifically oncology nurses, experience high levels of stress when caring for patients in the many stages of battling cancer. Patient's receiving a new cancer diagnosis, completing rounds of chemotherapy, achieving remission, or transitioning to hospice, all require emotional support from their nurses (Blackburn et al., 2020). Blackburn et al. goes on to define this type of emotional stress as secondary trauma. Secondary trauma often occurs when a nurse begins to put the needs of the patient first while ignoring their own. Although putting the needs of the patient first is necessary for care of the patient, this action leads to burnout when the nurse does not have a way to cope with their own emotional stress. According to Kotpa et al. (2017), oncology nurses are expected to achieve special educational qualifications to successfully complete the skills portion of their job in addition to having strong therapeutic interpersonal skills, which are not always taught with the same importance. When patients are scared, they often express feelings of frustration, aggression, shock and many other unpleasant emotions that are difficult for the nurse to endure each day (Kotpa et al., 2017). According to Mayo Clinic (2020), chemotherapy can often last 4-6 months depending on numerous factors. For some patients, the majority of this time is spent as an inpatient on the oncology units. This lengthy hospital stay often allows strong friendships to form between nurses and patients. This friendship can cause

increased emotional turmoil for nurses when these patients are struggling with their illness, decide to stop treatment, or pass away. These emotional stressors often plague nurses leading many to leave the field of nursing (Kotpa et al., 2017). Oncology nurses endure high levels of emotional stress and need a way to combat burnout.

To reduce the nurse's perceived stress and reduce the chance for burnout, an exercise program to combat burnout will be created for a group of oncology nurses working at a Midwest hospital. Nurses working on two oncology units will be asked to participate. The two units encompass 37 patient beds with a total of 93 nurses. Recently, nurses who have left the work units have cited emotional burnout as a reason for leaving. According to a nurse manager from one of the oncology units, the turnover rate has fluctuated over the last few years ranging anywhere from 20-60% for the two units. The majority of this turnover has been nurses with 2-3 years of nursing experience. Nurse Managers, as well as recruitment and retention committees are continually looking for ways to reduce turnover.

An exercise program, aimed at reducing stress, will consist of a 15 minute walking route that can be completed during the nurse's lunch break. The walking route will be completed during the lunch break of every shift over a four week period. The Perceived Stress Scale Survey (Appendix A) will be given at the start of the four week program and will be repeated at the conclusion of the four weeks. A Wellness Champion will initiate the program with a goal of having a minimum of twenty nurses participate.

Although the emotional stressors of working on an oncology unit will always be present, the goal is to offer nurses the skills to cope with these stressors. According to Bhandari (2020), exercise has stress lowering effects that can be felt immediately from the release of endorphins. By encouraging nurses to step away from the unit and take a short walk, the body will trigger a release of endorphins with the aim to reduce stress and decrease symptoms of burnout.

### **Significance of Project**

Nurse burnout is real and has implications for not only nurses but patients and hospitals as well. Nurses who are experiencing burnout are more likely to provide less compassionate care to their patients and leave the nursing profession altogether (Bobbio & Manganelli, 2015). Bobbio and Manganelli go on to explain that patient outcomes are worse and patients feel less satisfied when nurses who are experiencing burnout provide their care. This can cause patients to go elsewhere for care and reduce reimbursement rates from insurers, severely impacting a hospital's bottom line (Trepanier et al., 2012). Therefore, the patient's own perception of their care can have a big impact on hospitals.

The patient's opinion of the care they receive can directly affect the dollar amount a hospital is reimbursed for that patient's admission. In 2012, the Patient Protection and Affordable Care Act allowed Medicare to withhold 1% of reimbursement rates to create an incentive bonus fund (Geiger, 2012). These reimbursement bonuses are given based on patient satisfaction scores from the Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) survey (Geiger, 2012). The HCAHPS survey of patient satisfaction carries a 30%

weight while the other 70% is based on clinical performance guidelines.

According to Geiger (2012), hospitals can also receive penalties for low scores.

With reimbursement being tied to patient satisfaction and with satisfaction being negatively impacted by nurses experiencing burnout, hospitals could see higher satisfaction when they address nurse burnout successfully.

As the demands on nurses grow and the nursing shortage continues to increase, the significance of reducing nurse burnout is exceedingly important and should be a main focus for hospitals. The vicious cycle of nurse burnout creates ripples throughout the healthcare system and tools like this exercise program are needed to reduce stress and decrease nurse burnout.

### **Theoretical Foundation**

Nurses have been trained to care for their patients. However, nurses need to understand that caring for themselves is the first step in being able to care for the patient. Jean Watson (2008) created the Theory of Human Caring to help nurses understand the art and science of caring. Watson's theoretical framework for caring is grounded in philosophy, science and art. Caring is essential to nursing and nurses have an ethical commitment to care for their patients (Watson). However, Watson also asserts that as human beings, nurses must care for themselves as well. This is often referred to as self-care and with this type of care, the nurse promotes their own healing, health, and sense of wholeness. By caring for oneself, the nurse is then able to authentically care for others. The concepts that guide this project are transpersonal caring relationships, authenticity, wholeness, and consciousness.

The concept of self-care is supported by several of Watson's (2008) Caritas Processes. Ten Caritas Processes were developed by Watson to support her theory (Table 1). As described by Watson, the word Caritas is defined as a Latin word that means, "...to cherish, to appreciate, to give special, if not loving, attention to" (p. 39). Out of this definition, Watson ties together caring and love which cultivates transpersonal relationships. She believes that love is the ultimate source of healing and with love, nurses can heal the universe, others, and ourselves. Before nurses can offer authentic caring and love to their patients they must first "...learn how to offer caring, love, forgiveness, compassion, and mercy to [themselves]..." (p. 41). Watson's Caritas Processes numbered 1, 3, and 4 support the exercise program and will be explored further.

**Table 1**

*Jean Watson Theory of Caring Caritas Processes*

1. Practicing loving Kindness and equanimity for self and others
2. Being authentically present; enabling/sustaining/honoring deep belief system and subjective world of self/other
3. Cultivating one's own spiritual practices; deepening self-awareness, going beyond "ego-self"
4. Developing and sustaining a helping-trusting, authentic caring relationship
5. Being present to, and supportive of, the expression of positive and negative feelings as a connection with deeper spirit of self and the one-being-cared-for
6. Creative use of self and all ways of knowing/being/doing as part of the caring process (engaging in artistry of caring-healing practices)

7. Engaging in genuine teaching-learning experiences within context of caring relationship-attend to whole person and subjective meaning; attempt to stay within other's frame of reference (evolve toward "coaching" role vs. conventional imparting of information)
8. Creating healing environment at all levels (physical, nonphysical, subtle environment of energy and consciousness whereby wholeness, beauty, comfort, dignity, and peace are potentiated (Being/Becoming the environment)
9. Reverentially and respectfully assisting with basic needs; holding an intentional, caring consciousness of touching and working with the embodied spirit of another, honoring unity of Being; allowing for spirit filled connection
10. Opening and attending spiritual, mysterious, unknown existential dimensions of life-death-suffering; "*allowing for a miracle*" (Watson, 2008, p. 31)

Watson's caring-healing model of nursing is grounded in the nurse's authentic and conscious intrapersonal relationship. Caritas Process 1 is "cultivating the practice of loving-kindness and equanimity toward self and other as foundational to Caritas Consciousness" (Watson, 2008, p. 47). Being a nurse is no easy endeavor and goes beyond the skills and knowledge required to do the job. Nurses must evolve and learn to become intentional with self-caring practices that cultivate their own loving-kindness relationships. When nurses are able to reach beyond conventional knowing and doing then they are able to connect on a deeper level with humanity. This new level of caring allows nurses to emerge into



the Caritas Consciousness, or a deeper/higher level of awareness filled with energy of love and compassion for oneself and humanity.

In order to be a compassionate nurse, there must first be compassion for oneself. Nurses have a professional commitment to caring-healing and love which cannot occur without focusing on the evolution of personal growth (Watson, 2008). Caritas Process 3 is “cultivation of one’s own spiritual practices and transpersonal self, going beyond ego-self” (p. 67). This is a journey that leads to connecting with the deepest part of self; an awakening that requires growth, mindfulness, and openness to the spiritual dimension of life. Nurses must pay attention to their thoughts and most importantly their feelings. Healing can only begin to occur by acknowledging both the positive and negative feelings. Looking within for the wisdom to evolve a deeper consciousness gives greater connection to humanity.

In order to heal nurses must first create a transpersonal caring relationship with themselves. Watson (2008) maintains that nurses are able to cultivate a healing environment by curating relationship-centered caring that is the foundation for a deeper level of health. Caritas Process 4 is “developing and sustaining a helping-trusting caring relationship” (p. 71). There are several layers to this relationship and the first layer is the relationship with self. A caring relationship with self allows an authentic relationship with others and humanity. When authentic connections are made then trust is often a byproduct. With trust as the precursor, faith and hope often follow in an authentic relationship (Watson, 2008). These feelings can provide beneficial outcomes for the emotional and

spiritual well-being of the patient and the nurse. This caring relationship promotes healing and wholeness. Not only can this type of relationship support improved health outcomes for patients, but can increase the personal and professional satisfaction of the nurse.

The necessity for nurses to practice self-care in order to authentically care for the patient is supported by Watson's (2008) Theory of Human Caring and several of her Caritas Processes. With a focus on self-love, finding wisdom within, intentionally being aware of thoughts and feelings, and cultivating trusting relationships, nurses can feel more fulfilled. Consequently, there is hope that feelings of stress and burnout will decrease.

As the evidence grows to support the effect of nurse burnout, so does the importance for finding a way to combat this problem. Not only does nurse burnout affect the career of the nurse but also the quality of care the patient receives and ultimately, the bottom line for hospitals. This project will evaluate the effectiveness of an exercise program on the nurse's perceived stress; utilizing the evidence of exercise on improving mood, reducing stress, and decreasing burnout risk. Several theoretical concepts including transpersonal caring relationships, authenticity, wholeness, and consciousness from Watson's (2008) Theory of Human Caring that support self-care, will guide the project. Next, Chapter 2 will discuss the literature on nurse burnout, the effects of stress, tools to measure stress, the benefits of exercise, the cost of burnout, and the theoretical concept of wholeness.

## Chapter 2: Literature Review

Self-care is important to reduce nurse burnout. A survey completed by Kronos (2017), found that 63% of nurses have experienced burnout. According to the Mayo Clinic (2020), stress is a major symptom of burnout. To reduce stress and other symptoms of burnout, Bhandari (2020) states that exercise has immediate positive effects on reducing these symptoms. It is important for hospitals to focus on nurse burnout as the cost of turnover is high. Nurses should focus on wholeness within themselves to heal their symptoms of burnout physically, emotionally, and mentally. This chapter will focus on defining nurse burnout and the associated costs, the detrimental effects of stress on health, the benefits of exercise, and the concept of wholeness.

### Nurse Burnout

Burnout is a term that can apply to many things but needs to be defined in the context of nursing. According to the American Nurses Association (2020), the term nurse burnout refers to the emotional, physical, and mental exhaustion that comes from working as a nurse. The World Health Organization added nurse burnout to their International Classification of Diseases in 2020 and defines it as exhaustion and decreased professional efficacy as a nurse (Kurosaka, 2020). The Mayo Clinic (2020) states that burnout is not a medical diagnosis but experts believe that a diagnosis like depression, can be one of the factors causing burnout. Other causes of burnout include a lack of control, unclear job expectations, chaotic work environment, lack of support, and work-life imbalance (Mayo

Clinic, 2020). Burnout can be caused by many different reasons and can be different for each nurse.

Although every nurse's experience is different, experts have noticed common themes in the emotions of nurses experiencing burnout. The feelings of burnout can start with the nurse being tired, irritable, and dreading work (Kurosaka, 2020). These symptoms may seem harmless and natural when nurses work long hours with high workloads. So these symptoms often get missed until more symptoms begin to surface. As symptoms begin to escalate, the nurse may begin to arrive late, call in sick more, alienate from work activities, and have reduced performance. According to Kurosaka (2020), some nurses who experience burnout may turn to substances such as drugs and alcohol, to cope. Diverting controlled substances at work is often blamed on the stressors of the job (Kurosaka, 2020). These feelings can continue to compound, increasing the chances of burnout and negatively impacting the nurse's professional life.

Eventually, as these feelings continue to go unchecked, the consequences can start to affect the nurse's personal life and health as well. The consequences and symptoms of burnout can cause excessive stress in a nurse's life (Mayo Clinic, 2020). This unchecked stress can lead to substance abuse, heart disease, high blood pressure, type 2 diabetes, and a decreased immune system (Mayo Clinic, 2020). Nurses who are in a prolonged state of stress are more likely to have poor diets, exercise less, experience increased anxiety, and have mood and sleep disturbances (Donovan et al., 2013). According to the Mayo Clinic (2020), when in a state of stress the body triggers the nervous system to enter the fight or

flight response. This fight or flight response is a mechanism to protect the body from a perceived threat to survival. A cascade of hormones are released during a stressful situation that causes the human body to prioritize bodily functions (Mayo Clinic, 2020). Bodily functions that the body deems are not immediately necessary for survival include digestion, saliva production, tissue repair, and kidney function. This immediate disruption of the body's homeostasis allows more blood, oxygen, and energy to flow to the brain, heart, and lungs making it possible to fight or run (Mayo Clinic, 2020). However, when the stressors that cause the fight or flight response are long term, it can have a serious impact on the health of the nurse's body.

Disrupting the human body's homeostasis can have many negative consequences. Some of the short term symptoms of stress on the nurse can include headaches, muscular tension, chest pains, indigestion, palpitations, and increased susceptibility to respiratory infections (Donovan et al., 2013). The long term symptoms of stress are not only physiological but psychological as well. According to Donovan et al. (2013), stress produces an array of emotional responses that over time can lead to tension, worry, fear, numbness, anger, or even aggression. These mood disturbances can lead to anxiety or depression. There can also be cognitive impairment making it difficult to concentrate, organize thoughts, prioritize ideas, and short term memory issues (Donovan et al., 2013). All of these cognitive impairments can cause a decline in the nurse's quality of care and can make going to work a negative experience.

Because some of the first symptoms of burnout are very general, the beginning stage of nurse burnout can be difficult to recognize. The Mayo Clinic (2020) formulated a short questionnaire to assess for burnout symptoms (see Table 2).

**Table 2***Job Burnout Symptoms*

Ask Yourself:

Have you become cynical or critical at work?

Do you drag yourself to work and have trouble getting started?

Have you become irritable or impatient with co-workers, customers or clients?

Do you lack the energy to be consistently productive?

Do you find it hard to concentrate?

Do you lack satisfaction from your achievements?

Do you feel disillusioned about your job?

Are you using food, drugs or alcohol to feel better or to simply not feel?

Have your sleep habits changed?

Are you troubled by unexplained headaches, stomach or bowel problems, or other physical complaints?

If it seems that an individual may be suffering from burnout, it is recommended that they immediately take action by either seeking support from someone who might be able to help them cope, to find a relaxing hobby, be more mindful, or practice an enjoyable exercise (Mayo Clinic, 2020, p. 1).

### **Cost of Burnout**

Nurses and patients are not the only ones who suffer when a nurse is experiencing burnout, the hospital and organization is affected as well. The hospital job market continues to grow, especially for registered nurses (RN), and in 2019, 59% of hospitals planned to hire more RNs (Nursing Solutions, 2020). However, with more than half of hospital's nurses in the United States identifying as having symptoms of burnout, the nurse turnover rate in 2019 was 15.9% (Nursing Solutions, 2020). This section will explore the impact of nurse burnout on hospitals and why there should be more focus on nurse retention and nurse burnout reduction strategies.

The health care system is complicated and changes are continually happening. According to Trepanier et al. (2012), reimbursement for hospitals continues to be a stressor on management as there has been an ongoing reduction since the start of Diagnosis Related Groups in 1984. Most recently, revenue adjustments were made with the passage of the Affordable Care Act (Trepanier et al., 2012). On top of decreasing reimbursements, according to the American Association of Colleges of Nursing (AACN) (2020), there is a nursing shortage that is only projected to get worse as Baby Boomers age and the need for more health care increases. The AACN cites the shortage of nursing faculty, restricting nursing program enrollment, a significant number of nurses reaching retirement age, and current stressors of the job as reasons for nurses leaving the profession. An RN turnover rate of 15.9% essentially means that a hospital could turnover their entire RN staff every six years (Nursing Solutions, 2020). The average cost

of turnover for one RN working at the bedside is \$44,000. This dollar amount accounts for the cost of paying for travel nurses, overtime to current staff, or the use of an internal staffing pool. It is unclear whether this number takes into consideration the cost of training a new RN or the fact that it takes an average of three months to hire a new RN. Workforce projections for hospitals, and RNs in particular, continue to trend upwards meaning more staff are going to be needed. However, there has not been an equal focus on retention strategies or reducing nurse burnout.

With the high cost and lengthy process of replacing a nurse, the easiest way to avoid it is to retain the nurses already employed. With continually shrinking margins and the high cost of RN turnover, it is surprising that over 80% of hospitals in the United States identified retention as a major component in their strategic plans, yet only 39.4% of them actually have formal retention strategies (Nursing Solutions, 2020). When trying to identify hospitals that value nurses and have programs in place to retain their talented workforce, the Magnet Recognition Program is a great tool. Hospitals that gain Magnet Status have proven their ability to retain nurses. In 1983 the American Academy of Nursing conducted a study to identify hospitals with high retention rates and described them as magnet hospitals (American Nurses Credentialing Center, n.d.). When striving to become a magnet hospital, there are 5 model components that must be met. These include having Transformational Leadership, Structural Empowerment, Exemplary Professional Practice, New Knowledge, Innovation and Improvements, and Empirical Quality Results (American Nurses Credentialing Center, n.d.). Meeting



all of these components result in exceptional nursing practice and better outcomes in patient care.

Achieving magnet status is a rigorous and lengthy process. When a hospital wants to achieve magnet status, it requires widespread participation from the health care organization that involves many self-assessments and identification of any deficiencies. The health care organization must educate the nurses about the Magnet Model and provide support for shared governance groups, quality improvement projects, evidenced based practice, and create an overall supportive culture (American Nurses Credentialing Center, n.d.). The journey to Magnet designation includes an application, written documentation, a site visit, and a final review where a vote is taken by the Commission on Magnet to determine if the designation will be granted. Once a Magnet hospital, the designation lasts for four years before the application process must be completed again. Becoming recognized as a Magnet hospital is a great honor as only 552 organizations in the country currently hold the designation (American Nurses Credentialing Center, n.d.). Nurses, patients, and others can use the Magnet Designation Program to find a hospital to work for or to receive care.

Once hospitals have strategies to retain their talented workforce of nurses, there must be a focus on reducing nurse burnout. Nurses who are experiencing burnout are more likely to provide less compassionate care to their patients (Bobbio & Manganelli, 2015). Bobbio and Manganelli (2015), go on to explain that patient outcomes are worse and patients feel less satisfied when nurses who are experiencing burnout provide their care. The patient's own perception of their

care can have a big impact on hospitals and their reimbursement rates will be affected.

A hospital needs to prioritize the issue of nurse burnout to improve patient satisfaction in order to maximize reimbursement rates. The implementation of the Affordable Care Act (ACA) began in 2010 and continued to roll out provisions for several years, affecting the way hospitals are reimbursed (Centers for Medicare & Medicaid Services, 2020). In 2012, 1% of reimbursement rates began to be tied to hospital's scores on the HCAHPS survey (Geiger, 2012). According to the Centers for Medicare and Medicaid Services (2020), this survey is a 29 item instrument that is intended to capture the patient's experience while in the hospital. The survey is given 2-42 days after discharge from the hospital either through the mail or by telephone. The survey includes questions on communication with doctors and nurses, responsiveness of staff, communication about medicines, discharge education and more. The HCAHPS survey results compile over 3 million responses a year, are publicly reported and can be found online at [hcahpsonline.org](http://hcahpsonline.org) for more than 4,000 participating hospitals. Starting in 2012, all hospitals now have a 1% reduction in reimbursement from Medicare and Medicaid insured patients (Geiger, 2012). The money from this 1% reduction is paid out partially based on the HCAHPS survey results. Hospitals get "value-based purchasing" bonuses with 30% of the bonus dependent on the HCAHPS survey results (p. 11). Simply put, this means that when patients are satisfied with their care, the hospital gets a higher reimbursement rate. With patient satisfaction

being largely impacted by nurse burnout, according to Bobbie and Manganelli (2015), there should be a huge focus on reducing nurse burnout.

The cost of nurse burnout for hospitals is high in a market where the nursing shortage is growing. Hospitals need to identify reasons for nurse burnout and implement strategies to prevent it. It is more important than ever to attract and retain skilled and experienced nurses and provide them with the tools to cope with and prevent nurse burnout. Not only do nurses benefit but patient satisfaction improves and hospitals can reallocate labor expenses to strengthen their bottom line.

### **Exercise**

Exercise has many health benefits. Exercise is defined as “bodily exertion for the sake of developing and maintaining physical fitness” (Merriam-Webster, n.d.). According to Amatriain-Fernandez et al. (2020), an increase in physical exercise has shown positive physiological and psychological effects. By engaging in exercise, Amatriain-Fernandez et al. identified that the body produces more high-density lipoprotein (HDL) cholesterol and decreases the low-density lipoprotein (LDL) cholesterol, which helps keep blood flowing and decreases the risk for cardiovascular disease. Improved cholesterol levels also allow the body to better regulate blood pressure. Engaging in exercise regularly also increases weight loss, strengthens muscles, and improves bone strength (Amatriain-Fernandez et al., 2020). In addition, Amatriain-Fernandez et al. provided evidence that exercise can improve brain health and reduce the chances of developing dementia. Those who exercise regularly also show lower diagnosis of cancer and

have better balance and coordination reducing the risk of falls (Amatriain-Fernandez, et al., 2020). There is also new research that has shown regular exercise can boost the immune system and reduce the risk of infection (Jones & Davison, 2019). These long term health benefits increase with an increase in exercise frequency.

Despite the positive long term health benefits of exercise, one of the inevitable hindrances is the length of time needed to achieve results. However, according to Bhandari (2020), there are also immediate health benefits of exercise. Some immediate effects of exercise come from the release of endorphins. Endorphins interact with receptors in the brain causing a mood boost. These endorphins can reduce the perception of pain and reduce anxiety as well. Bhandari also states that with exercising regularly, individuals can ward off depression and boost self-esteem while also improving sleep quality. In addition, the Mayo Clinic (2020) states that exercise boosts energy by pumping blood throughout the body delivering oxygen and nutrients to tissues and organs more efficiently. These short term health benefits can be felt immediately and are often why individuals enjoy exercising.

There are many other health benefits of exercise as well. According to Vina et al. (2012), exercise can also improve brain function. Vina et al goes on to state that exercise releases chemicals that contribute to remodeling of synaptic circuits that enhance cognition. These chemicals improve the ability to problem solve, make quick decisions, and increase memory function. Exercise is also a powerful stimulus for neurogenesis, or the creation of neurons, counteracting the

effects of age and other negative effects, like stress, on the brain (Vina et al., 2012). A study by Gerber et al. (2013) found that participants with moderate and high cardiorespiratory fitness levels reported lower levels of stress and burnout than participants with low cardiorespiratory fitness levels. This reason, along with the many other health benefits discussed, is why exercise is so important to stay physically and mentally healthy.

Exercise can be achieved in many different ways. When deciding on an exercise program, it is important to determine goals first (Mayo Clinic, 2020). According to the Mayo Clinic (2020), if the goal is for reduced anxiety, stress relief, and mood boosting, a shorter exercise routine might be fine. If the goal is improved cardiovascular fitness, bone strength, and a reduced risk of chronic diseases then at least 150 minutes a week of moderate exercise is recommended. If the goal is weight loss and even more cardiovascular benefits than 300 minutes or more of moderate activity a week is recommended (Mayo Clinic, 2020). Regardless of the goal, the most important factor in determining the success of an exercise program is to find one that is enjoyable.

There is a great amount of evidence that demonstrates the immediate and long term benefits of exercise both psychologically and physiologically for the human body. The goals of the individual should be evaluated before starting an exercise program but starting small is a great way to just get moving as small steps add up to provide great health benefits.

### **Wholeness**

When trying to prevent nurse burnout by promoting self-care activities, it is important to think of more than just one dimension of the nurse. Nurses experience not only physical demands on their bodies but emotional, spiritual, and mental demands throughout the day as well. Truly caring for their patients can cause emotional turmoil, ethical conflicts, and spiritual stifling (Trepanier, 2012). The theoretical concept of wholeness is a major theme in Jean Watson's (2008) Theory of Human Caring. The word wholeness is aimed at describing what is meant by an individual's mind, body, and spirit or the physical, emotional, mental, and spiritual dimensions (Watson, 2008). Wholeness will be further explored to gain a deeper understanding of the concept and its application to nursing.

When thinking of the theoretical concept of wholeness, there are many different elements of a nurse that must be considered. According to Greenwood & Delgado (2013), wholeness is seen as a connection between the material body, which is in the physical world, and the soul that is located in the spiritual world. This connection is described as "fluid" and takes continual effort to keep this connection. For example, a nurse may have achieved this wholeness but after a stressful shift may need to refocus, practice self-care, and reestablish this connection. The spiritual dimension is not often talked about when considering self-care for nurses but is often focused on for patients. The spiritual dimension can but does not always refer to religion. The nurse does not need to practice a religion to focus on their spiritual wellbeing.

Another element to be considered is the nurse's life outside of work. According to Crowling (2020), the idea of work-life balance also correlates to the concept of wholeness. The nurse is not only a nurse but a human being that takes on many other roles outside of work. The events, stressors, and emotions that are taking place outside of work can affect the nurse when caring for patients as well. Crowling (2020) adds that these stressors can also compound on each other making it difficult to manage emotions that result from working as a nurse. Previous experiences in a nurse's life in and outside of a hospital setting have real implications on a nurse's thoughts, feelings, and emotions (Crowling, 2020). The culmination of life experiences shape character and have effects on the nurse which they may or may not even be aware of when caring for patients.

Considering the element of life experiences and how it impacts the nurse and their ability to care for the patient is important. According to Wong (2013), there are also references to the wholeness of an experience. There are many components to an experience. When a nurse is told or reads about an event or diagnosis versus when they can see, hear, smell, touch, feel, and actually experience the situation, it achieves a much better understanding (Wong, 2013). In nursing school not only are nurses taught skills but they practice them in lab and then experience them in the clinical setting. All three situations bring up different challenges, questions, and emotions. Every nurse has different life experiences that can affect the care they provide to patients, how they manage stress, and their risk for burnout.

The theoretical concept of wholeness is not a new concept for nurses. Nurses are taught to care for the whole patient and that health is more than physical. Health encapsulates elements of spiritual wellbeing, a work-life balance, and lived experiences. Nurses' life experiences and life outside of work have substantial impacts on their health as wholeness and influences their ability to cope with stress and manage their risk for nurse burnout. Nurses need to be taught to identify and manage nurse burnout by practicing self-care strategies that deliver health as wholeness for themselves which will allow them to better provide health as wholeness for their patients.

The literature provides insight on nurse burnout, the harmful effects of stress, the cost of burnout, benefits of exercise, and the importance of focusing on ways to reduce its impact. The detrimental effects of stress and burnout not only affect the nurse but their patients and the hospital as well. The cost of nurse burnout is high, supporting the importance of nurse retention and nurse burnout reduction strategies. The theoretical concept of wholeness, derived from Watson's (2008) Theory of Human Caring, provides support for the importance of nurses to practice self-care as a way to reduce nurse burnout symptoms. Next, Chapter 3 will discuss the steps needed to implement a walking program as a strategy to reduce stress and therefore nurse burnout.



### **Chapter 3: Creating a Walking Program**

Burnout symptoms can cause physiological and psychological effects that have many negative consequences on nurses' health. Exercise can combat these with its numerous health benefits. According to Amatriain-Fernandez et al. (2020), an increase in physical exercise has shown positive physiological and psychological effects in the short and long term. Some of the positive effects are immediate according to Bhandari (2020), and include the reduction of stress and anxiety. To stimulate the immediate effects of stress reduction, I will create a walking program to help combat nurse burnout on an oncology unit at a large teaching hospital in the Midwest. I chose to create a walking program because it is a low risk activity, easy to start, does not require participants to learn a new skill, and no equipment is needed. Watson's (2008) Caritas Processes 1, 3, and 4 will guide the development of the project.

#### **Project Description Plan**

The walking program will consist of completing a 15 minute walking route, or approximately 1 mile, outside of the nursing unit where the nurses currently work. There will be an indoor and an outdoor route provided that will take approximately 15 minutes to complete so nurses can choose which option they prefer on any particular day (see Appendix B & C). The 15 minute duration was chosen so nurses could complete the walking program during their lunch break, if they choose. I think this will help with compliance as some nurses work back-to-back 12 hour shifts and have lengthy commutes. The walking program

must be completed, at a minimum, each day that the nurse is working for a total of four weeks.

There are several different oncology units but I will focus on the hematology/oncology nurses. There are a total of 93 nurses on these units and I will want a minimum of 20 nurses to volunteer in order to get results that accurately reflect the target population. To recruit nurses I will send out an email (see Appendix D) identifying the plan for the walking program and to let me know if they are interested.

### **Pre-Implementation**

Prior to implementing my walking program, I will talk with the nurse manager to inform her of my plan and to obtain permission. I will then apply to become a “Wellness Champion” for the hematology/oncology unit. The Wellness Champion is an individual who wants to improve the overall wellness of their unit by promoting healthy lifestyle choices. To become a Well-Being Champion, I must fill out an application detailing my ideas for cultivating a healthy culture which is then approved by the Wellness Committee.

### **Implementation**

Once the participant pool is identified, nurses will be required to complete the Perceived Stress Scale (see Appendix A) to obtain their pre-score. The Perceived Stress Scale is a common instrument to get an idea of an individual’s self-perceived stress level (Cohen et al., 1983). The instrument consists of 10 questions where the participant answers using a scale of 0-4. According to Cohen et al. (1983), to determine the Perceived Stress Scale total score, the scores for

questions 4, 5, 7, and 8 must be reversed. For example, these questions would be changed as follows: 0=4, 1=3, 2=2, 3=1, 4=0. Then all the scores can be added up to get the total. Scores can range from 0 to 40 with the higher the score indicating a higher perceived stress level. The total scores can be broken down into ranges. Scores from 0-13 would indicated low perceived stress. Scores from 14-26 would indicated moderate perceived stress. Scores from 27-40 would indicate high perceived stress.

Once the nurses complete the Perceived Stress Scale, they will receive the walking program protocol (see Appendix E) and a walking log (see Appendix F). During the four weeks, participants will receive a daily email to remind them to complete their walking program. The goal of this walking program is for participants to score at least one point lower in their post-score compared to their pre-score.

### **Evaluation**

To evaluate if the walking program had an effect on the stress level, a major factor of nurse burnout, the Perceived Stress Scale (Cohen et al., 1983) will be administered after the completion of the four week program and compared to the pre-survey results. A lower post score would reflect a lower perceived stress level which in turn could indicate a reduction in nurse burnout. A survey (see Appendix G) will also be administered at the end of the program to determine compliance and variations in the program. The purpose of this survey is to determine the nurse's compliance with the walking program's protocol and to

gather information on variables that may have impacted the scores on the Perceived Stress Scale.

### **Application of Watson's Theory**

In order for nurses to be able to care for their patients they must first care for themselves. The idea of self-care for nurses is supported by several of Jean Watson's (2008) Caritas Processes. Caritas Process 1, 3 and 4 help to guide the framework of this project and will be explored further.

The nurse's intrapersonal relationship is an important factor in stimulating a healing environment. Watson's Caritas Process 1 is "cultivating the practice of loving-kindness and equanimity toward self and other as foundational to Caritas Consciousness" (Watson, 2008, p. 47). Caritas Process 1 supports the entire reasoning behind the walking program. The walking program's aim is to provide nurses with a tool they can use to practice self-care that is quick yet effective. According to Watson (2008), by creating their own loving-kindness relationships, nurses will enter into the Caritas Consciousness and be able to better care for their patients.

A nurse may not even realize when symptoms of burnout begin to occur. Caritas Process 3 is "cultivation of one's own spiritual practices and transpersonal self, going beyond ego-self" (Watson, 2008, p. 67). This is a journey that requires the nurse to connect with the deepest part of self. By administering the Perceived Stress Scale to determine a pre-score, nurses may be shocked at what the results reveal about their stress level. By becoming aware of their current stress level,

nurses can acknowledge feelings of burnout and strive for personal growth by completing the walking program.

After completing the four week walking program, the Perceived Stress Scale will be administered again. This is supported by Caritas Process 4 which is “developing and sustaining a helping-trusting caring relationship” (Watson, 2008, p. 71). With the goal of having a lower post-score, I am hopeful that nurses will continue to utilize a walking route to sustain a self-care intrapersonal relationship. A caring relationship with oneself promotes healing and wholeness for the nurse and the patients.

By utilizing Watson’s (2008) Caritas Processes 1, 3, and 4, a walking program was created to help nurses curate a caring relationship within, explore their deepest part of self, and sustain that caring intrapersonal relationship. These Caritas Processes promote self-care for nurses and allow them to enter into the Caritas Consciousness. Consequently, nurses will be able to feel more fulfilled and feelings of burnout will decrease.

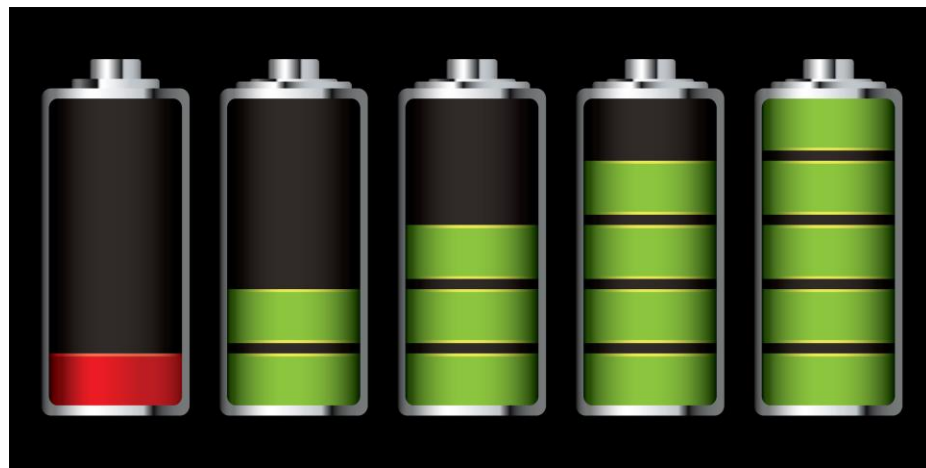
### **Burnout Metaphor**

A battery can carry and transmit different amounts of energy depending on its charge. Nurses can also carry and transmit different amounts of energy according to Watson’s (2008) Theory of Human Caring. One of the symptoms of nurse burnout is feeling tired, and having low energy to complete the job (Kurosaka, 2020). Like batteries, nurses must be sufficiently charged in order to accomplish their tasks. When thinking about nurse burnout, the metaphor of a battery depicts the project.

The nurse's energy level is inversely related to symptoms of burnout. As shown in Figure 1, the battery with the lowest energy is on the far left and the battery with the most energy is on the far right. The battery with the lowest energy would represent a nurse who is experiencing a majority of the symptoms of burnout and it is affecting their professional and personal life. The battery with the highest energy would represent a nurse who has identified and practices effective coping methods to handle their feelings of burnout resulting in no symptoms of burnout. The batteries in between represent nurses who may be unaware their symptoms are due to burnout, or have not yet identified effective coping methods to handle their feelings of burnout. The goal of this project is to help nurses identify their level of stress by taking the Perceived Stress Scale and then provide an effective coping tool to get nurses' batteries full.

### Figure 1

*Nurse Burnout Battery*



Burnout can cause symptoms that not only affect the nurse but the people and environment around the nurse as well. In Watson's (2008) Theory of Human

Caring, energy moving throughout the environment is an important concept. Watson explains that the nurse and the patient are in the same physical environment and energy is flowing, creating an “environmental field” (p.137). This environmental field can be re-patterned whenever energy changes. The nurse’s energy is guided by their thoughts, feelings, and emotions. When a nurse is experiencing symptoms of burnout, their energy is low and can re-pattern the energy in the environment, affecting the patient’s energy field as well. Watson explains that nurses are not separate from their environment and calls for nurses to enter a deeper level of consciousness to become aware of their energy. Nurses must practice self-love and healing in their own lives to potentiate a healing environment for their patients.

The image of a battery can be visualized when thinking of nurse burnout. A nurse must realize that their energy level is related to the symptoms of burnout they are feeling. Their energy, or lack thereof, can affect the energy of the environment and their patients. When a nurse is able to identify their charge, they can take steps to practice self-care to recharge their battery to increase the energy within the patient’s environmental field.

### **Transformational Nurse Leadership**

Within the unit there are many nurse leaders but the skills of a transformational leader are critical for the unit to be successful. As health care facilities expand to meet the demand for services, the distance between RNs and administration grows (McGuire & Kennerly, 2006). McGuire and Kennerly discuss the importance of having a nurse manager who can bridge the gap that

exists with nurse burnout and retention. Transformational leadership utilizes inspirational motivation and individualized consideration to increase morale, job performance, and loyalty within its followers (McGuire & Kennerly). This is the type of leadership that RNs need to help combat burnout. The characteristics and concepts of transformational nurse leadership have influenced this project's development by providing tools as I aspire to become a nurse manager someday.

Nurses need a nurse manager with transformational leadership qualities to identify nurse burnout and inspire nurses to practice self-care. This project was designed to demonstrate to nurses how a short walking program could decrease feelings of stress resulting in less nurse burnout. By administering the Perceived Stress Scale, nurses are able to identify their level of stress and this exercise program provided an easy method of self-care to help nurses decrease their stress level.

Because nurse burnout affects performance, retention, and patient satisfaction, the transformational nurse leader should focus on ways to help their nurses identify these symptoms and provide tools to combat them. By implementing the walking program guided by Watson's (2008) Caritas Processes 1, 3 and 4, a transformational nurse leader can inspire nurses to recharge their batteries to decrease stress and increase retention. Next, Chapter 4 will discuss evaluation and reflection of this project.



### **Chapter 4: Evaluation & Personal Reflection**

The goal of this project is to help nurses identify their stress level and provide them with a walking program as a self-care method to reduce stress and symptoms of burnout. Although this project has not been implemented yet, critical reflection of the plan has led to many new insights. Success can look different for different projects but evaluating for success is imperative in every project. Reflection is also important to assess learning, to explore the experience in depth, and can lead to a new understanding. This chapter will review the evaluation plan and critically reflect on the project.

#### **Evaluation Process**

To evaluate the effectiveness of the walking program on nurse's perceived stress levels, participants will complete a pre and post Perceived Stress Scale (Cohen et al., 1983). The Perceived Stress Scale (see Appendix A) is a 10 item instrument that uses a 5-point Likert scale that, "...presents a set of attitude statements, with respondents then being asked to express agreement or disagreement with each statement... Each degree of agreement is given a numerical value, so a total numerical value can be calculated from all the responses" (Houser, 2018, p. 198). According to Nielsen et al. (2016), the Perceived Stress Scale has a Cronbach  $\alpha$  of 0.75 to 0.91 depending on the language the scale is translated into. This means the Perceived Stress Scale has good reliability or internal consistency.

Before the Perceived Stress Scale is administered, the participants will receive the protocol for the project. According to Houser (2018), a protocol is

important because it ensures instructions are consistent and unambiguous. Although the walking program is not a research study but rather a quality improvement study, the pre and post Perceived Stress Scale instrument administration aligns closest to a single-subject design. Houser describes a single-subject design as, “an investigation using a single case or subject in which baseline data are collected, an intervention is applied, and the responses are tracked...” (p. 270). The data findings then can be generalized for other individuals in a similar situation. Advantages of using this type of design include in depth information about the population being studied, however it is hard to generalize the results to a broader population.

A survey (see Appendix G) will also be administered at the end of the program to determine compliance and variations to the program. The purpose of this survey is to determine the nurse’s compliance with the walking program’s protocol and to gather information on variables that may have impacted the scores on the Perceived Stress Scale. According to Houser (2018), surveys are able to answer the what, why, and where questions that help describe relationships between the data. Houser also goes on to explain that surveys are good tools for collecting a large volume of data, questions are predetermined and standardized to remove researcher bias, and are flexible with a broad scope. However, there are some limitations to surveys as well. These include questions being misinterpreted, superficial responses, and responses limited by subject recall and self-knowledge (Houser, 2018). Creating a survey with a good design and administering the survey in an identical way help ensure survey results are reliable and valid. So,

with the results of this survey it may be possible to determine why an individual has an increase or decrease in their Perceived Stress Scale score. Because stress is a major symptom of burnout, the hope is to demonstrate a lower Perceived Stress Scale score, which results in a reduction of nurse burnout.

### **Personal Reflection**

Critical reflection on the creation of this walking program as a method of self-care for stress reduction has led to new insights. The Perceived Stress Scale (Cohen et al., 1983) measures an individual's perceived stress level from general life events over the past month. Due to the Perceived Stress Scale measuring reactions from the past month, it was determined the walking program would be four weeks in length. Then, the post Perceived Stress Scale would encompass the four weeks during which the walking program was implemented. However, I learned that four weeks is a relatively long time when measuring something like perceived stress. According to Houser (2018), there can be historical threats and maturation effects that can affect the validity of the results. Historical threats are unpredictable events that could happen during the four weeks that have nothing to do with the intervention. For example, a nurse who volunteered for this walking program and completed the pre instrument but during the four weeks, her house burnt down, the post score for her perceived stress level would probably be significantly higher. Maturation effects are normal events that take place over time including gaining new knowledge or skills (Houser, 2018). For example, a nurse who begins taking yoga classes during the four weeks will learn to let go of stress, so therefore the walking program will not have been proven effective.

After learning that short term benefits of exercise can happen almost immediately with the release of endorphins (Bhandari, 2020), I think the evaluation of the effects of the walking program should be measured much sooner. Because the Perceived Stress Scaled measures feelings from the past month, I should find a new instrument to measure stress. I should also measure the nurse's stress right before and right after the exercise intervention to avoid historical threats and maturation effects. The results then would hopefully better reflect the walking intervention.

Another insight gained is the limitation of generalizability with the results of this quality improvement study. When designing my walking program, I wanted to focus on a small subset of nurses. Being an oncology nurse, I know the immense emotional and physical stress this subset of nurses endures on a daily basis. However, Houser (2018) explains that without the randomization of subjects to study groups and by using intact groups, there is a lack of a control group. This means that results can only be generalized to similar nurses. For example, the results of this project could be generalized for other oncology nurses in the inpatient setting in this hospital but cannot be over-interpreted to all nurses.

After reviewing the evaluation plan and critically reflecting on this project, I have gained several new insights. The use of the Perceived Stress Scale and a survey as evaluation tools are reliable. However, measuring stress over four weeks can be difficult without the influence of outside events and emotions. Chapter 5 will discuss future plans and the implications for advancing nursing practice.

### **Chapter 5: Future Plans and Implications**

There needs to be more focus on nurse retention and stress reduction if nurse leaders want to reduce symptoms of burnout in their nurses. This project focuses on only a small subset of nurses on the hematology/oncology unit within the hospital but leaves room for future expansion of the project. The next steps to implement this quality improvement study will be discussed as well as the implications this project could have for advancing nursing practice and improving the health care system.

#### **Next Steps**

The walking program quality improvement study has yet to be implemented. In order to execute this project, I would make the changes I identified after my critical reflection of the evaluation plan. Next steps would then include applying to become a Wellness Champion and getting permission from the Nurse Manager. Recruitment of nurses would then take place to ensure I have a sample group. If the data at the completion of the walking program shows reduction in stress, and potentially nurse burnout, I would expand the project to different units. I would implement the project on orthopedic, general medicine, psychiatric units and others. If the walking program is successful on these units then a research study could be designed. Nurses would be placed in one of two groups, the first completing the walking program as the intervention and the second being the control group without an intervention. This project could be adapted to become a true experimental design, which would increase validity and generalizability of the results.

The stress reduction benefits that are being explored in the walking program could also be explored with other types of physical exercise. A quality improvement study could look at cycling classes, weight lifting, or swimming as other forms of exercise to reduce stress. Other variables to be looked at could include exercise as an individual, exercising with someone in your household, and exercising in groups or classes.

Another aspect that could be explored is the effectiveness of an education program given to nurses about the implications of nurse burnout. Many nurses experience symptoms of burnout, yet have a hard time identifying the symptoms as such. Education could be accomplished by providing a yearly class where nurses participate in 15 minutes of exercise. Nurses could take pre and post stress surveys and then receive education on stress and burnout. It would also be important to educate nurses on different methods of self-care and the benefits of exercise. The effectiveness of the educational program could then be measured by a survey revealing any changes in behavior or feelings.

### **Implications for Practice**

Burnout in nursing is real, and as nurse leaders are managing the growing gap between nurses working at the bedside and administration, it is important to be aware of the implications of nurse burnout. When nurses are suffering symptoms of nurse burnout, including excessive amounts of stress, not only does the nurse suffer but the entire health care system is affected (Bobbio & Manganelli, 2015). In addition, Bobbio and Manganelli (2015) discuss how patients are less satisfied with the care they receive when being cared for by

nurses experiencing symptoms of burnout. With the rollout of the Medicare incentive bonus fund, tying reimbursement rates to patient satisfaction surveys, the importance of combating nurse burnout is amplified (Geiger, 2012). This means that not only should nurses be focused on self-care to combat nurse burnout but nurse leaders and hospital administration also need to find ways to support nurses.

Investing into programs like the magnet designation program and other retention strategies greatly benefits the hospital by supporting nurses. However, more focus is needed on ways to reduce nurse burnout. Stress plays a major role in the nurse's energy at work and according to Watson (2018), a nurse's energy can greatly affect the patient's energy and their satisfaction with the care they are receiving. By demonstrating that nurse burnout affects not only the nurse but creates ripples throughout the health care system, it is hopeful that more than just nurses will pay attention.

Oncology nurses care for their patients physically, emotionally, and spiritually. Without a focus on self-care, oncology nurses can quickly begin to experience stress and other symptoms of burnout. According to a survey by Kronos (2017), over 60% of nurses are experiencing burnout with symptoms ranging from headaches to heart disease, urgently calling for ways to combat nurse burnout to be explored (Kurisaka, 2020). Being an oncology nurse takes special skills training, however there is a lack of training to handle the secondary trauma of caring for patients in the many stages of cancer (Blackburn et al., 2020). Watson's (2008) Theory of Human Caring introduces us to the theoretical

concept of wholeness and supports the idea of self-care for nurses. Watson asserts that without caring for themselves first, nurses will be unable to practice in the Caritas Consciousness and properly care for patients. With the immense physiological and psychological benefits of physical exercise, it seems apparent to explore its use on the reduction of burnout symptoms (Bhandari et al., 2020). Utilizing Watson's (2008) Theory of Human Caring and her idea of energy transmission, a metaphoric battery was used to visualize this project. A walking program was created to determine if a 15 minute walk would be effective on reducing a nurse's perceived stress level. After evaluation and critical reflection of the planned quality improvement project, new insights were gained and needed changes have been identified. The implications of nurse burnout on nursing practice, patients, and hospitals are immense, the use of a walking program could help combat nurse burnout.



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## Appendix A

### Perceived Stress Scale

0=Never 1=Almost Never 2=Sometimes 3=Fairly Often 4=Very Often

1. In the last month, how often have you been upset because of something that happened unexpectedly?

2. In the last month, how often have you felt that you were unable to control the important things in your life?

3. In the last month, how often have you felt nervous and stressed?

4. In the last month, how often have you felt confident about your ability to handle your personal problems?

5. In the last month, how often have you felt that things were going your way?

6. In the last month, how often have you found that you could not cope with all the things that you had to do?

7. In the last month, how often have you been able to control irritations in your life?

8. In the last month, how often have you felt that you were on top of things?

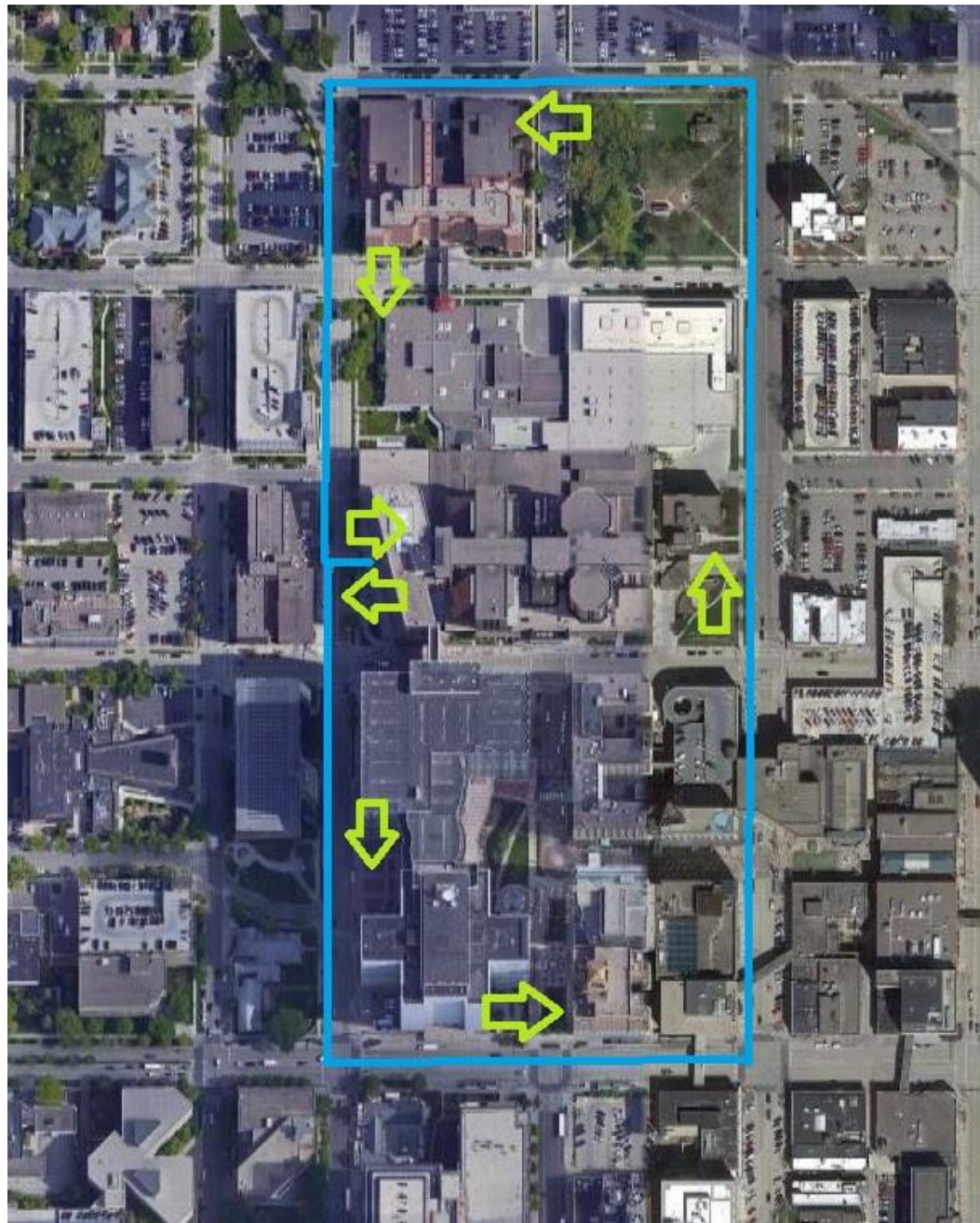
9. In the last month, how often have you been angered because of things that happened that were outside of your control?

10. In the last month, how often have you felt difficulties were piling up so high that you could not overcome them?



Appendix C

Outdoor Walking Route



\*Names of buildings and streets have been removed to maintain confidentiality.



**Appendix D****Recruitment Email**

Attention all Hematology/Oncology Nurses!

Want to reduce stress and feelings of nurse burnout? Be a part of a quality improvement project that is aiming to do just that! It's easy!

Join your Wellness Champion in completing a 4 week walking program that will consist of a 15 minute walk (about 1 mile) during your lunch break on the days you're at work. There is an indoor and outdoor route to choose from. You will be asked to complete 1 pre and 2 post surveys as well as keep a walking log. It's that easy!

Interested? Please email back with your intent to participate and you will receive the protocol, log, and pre survey.

Thank you!

Your Wellness Champion

## Appendix E

### Walking Program Protocol

- The walking program will consist of a 15 minute walk, ideally over your lunch break, for every shift you work during a 4 week period.
- You can complete the indoor or outdoor walking route.
- Before and after you complete the walking program you will complete the Perceived Stress Scale Survey.
- After you complete the walking program you will also complete the Post Walking Program Survey.
- During the walking program you will fill out the Walking Log to submit at the end of the 4 weeks.

## Appendix F

### Walking Log

Dates Worked	Walk Done?	Inside	Outside	Minutes
Week 1				
Week 2				
Week 3				
Week 4				

## Appendix G

### Post Walking Program Survey

1. Do you work 8, 12, or a combination of 8 and 12 hour shifts?
2. Did you complete the 15 minute walking program every shift that you worked?
3. Did you participate in the 15 minute walking program more than just the days you worked?
4. Did you complete the 15 minute walking program for a total of four weeks?
5. Did you walk for at least 15 minutes each time?
6. Did you walk inside or outside for a majority of your walks?
7. Did you complete the 15 minute walking program during your lunch break?
8. Did you do any other exercise in addition to the 15 minute walking program?
9. If yes to question 8, do you normally participate in other exercise?
10. Will you continue to walk during your lunch break?

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