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Leslie Rhom

Gardner-Webb University, lrhom@gardner-webb.edu

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Self-Care Practice in Nursing

by

Leslie Rhom

A project submitted to the faculty of
Gardner-Webb University Hunt School of Nursing
in partial fulfillment of the requirements for the degree of
Doctor of Nursing Practice

Boiling Springs, North Carolina

2021

Submitted by:

Leslie Rhom

7/21/21

Date

Approved by:

t
Dr. Yvonne Smith, DNP, PMHNP-BC,
PMH-BC, CNE, NCSN

7/21/21

Date

Abstract

Nurses encounter multiple stressors throughout each shift. If this is not managed well through self-care and coping strategies, it can negatively impact one's health and the well-being and care delivered to patients. The purpose of this project is to bring awareness of current self-care strengths and limitations of nursing students, equipping students with evidence-based practices to enhance self-care. This effort can lead to improved patient care outcomes by decreasing job turnover, burnout, and compassion fatigue. The participants in this project were pre-licensure nursing students in the final semester of nursing school. Participants attended a didactic lecture, completed the Mindful Self-Care Survey-Standard to identify current levels of self-care practices, and participated in a role-play scenario to practice self-care techniques. Data was collected by qualitative and quantitative methods. To conclude, implementation of the project successfully provided education and integration of self-care techniques to manage stress nursing students can currently utilize and will be important in their future nursing careers.

Keywords: self-care, stress, nursing students, nurses

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Problem Recognition

Nurses encounter countless stressful situations daily on the job, and many have personal stressors as well that are impacting outcomes of the delivery of patient care. A question of interest one may ponder is, if nurses are equipped with positive self-care techniques to utilize in times of stress, will patient outcomes be positively impacted? After extensive literature review, it is evident that stress in nursing is not isolated to one specific specialty area, but present in all realms of nursing practice. Stress of the nurse affects many, as team members, health organizations, and patients are all impacted by the well-being of the nurse (Contreras Sollazzo & Esposito, 2020). Each day while working, a nurse must focus on the health of their patients, demands of the patients' family members, the requirements of physicians and supervisors, their own personal needs, as well as the concerns of their own family. It is not surprising that nearly all nurses voice moderate, high, or very high levels of work-related stress (Jordan et al., 2016).

At any moment in any day, a nurse may have a flashback to a previous traumatic experience when caring for a patient or have personal stressors at home that make it difficult to fully concentrate. The nurse may not be equipped with the knowledge and skills of positive self-care coping techniques enabling one to overcome this experience and provide the excellent level of care each patient requires and deserves. Van Vliet et al. (2017) shared findings that nurses experiencing elevated levels of stress have an impaired ability to express empathy, compassion, and patience, which are essential components necessary to provide optimal patient care. Repeated or prolonged exposure to stress with insufficient periods of recovery can lead to health complications, including fatigue, exhaustion, cognitive impairments, decreased immunity, shortness of breath, muscle

aches, gastrointestinal issues, as well as decreased motivation and self-doubt (Frögéli et al., 2020). As a result, this could lead to increased absences from work in relation to stress. Work-related stress can be detrimental to one's physical and mental health, resulting in low levels of productivity, reduce the quality of patient care, and increase incidences of practice errors (Sarafis et al., 2016). The effects of stress on nurses if not managed appropriately have the potential to lead to detrimental impacts upon a multitude of individuals.

Problem Statement:

A significant percentage of nursing professionals encounter high levels of stress and anxiety while on the job. Failure to intervene can result in poor patient outcomes, compassion fatigue, job burnout, and negatively impact the organization of employment.

Needs Assessment

Initial Literature Review

Research has indicated that up to 18%-30% of new graduates will leave their current position for a different practice environment or the profession altogether in the first year and up to 37%-57% will leave in their second year of practice (Sandler, 2018). High turnover rates of nurses can definitely be a factor that compromises patient care outcomes. One must assess what factor is responsible for driving so many individuals away from a career they so passionately pursued and worked hard to achieve. The nursing profession is an inherently stressful career, and stressed nurses are more prone to making errors (Tehrani, 2018). Each person may perceive levels of stress in certain situations differently and have diverse stress triggers. Therapeutic coping skills interventions should target staff who employ negative coping strategies to incorporate

positive coping strategies, which enables them to provide better quality patient care (Isa et al., 2019).

Expanded Literature Review

In order to gain an understanding of the existing research related to self-care in nursing, a literature review was conducted. The literature reviewed provided evidence supporting the need for the project. A literature review was conducted utilizing EBSCO host with the following keywords and combination of keywords: self-care, self-care for nurses, stress management, burnout, and compassion fatigue. The initial literature search was completed in 2020, searching literature ranging from 2015-2020. The literature search was narrowed by incorporating advanced search options consisting of articles that were full-text, English language, and peer-reviewed. Nineteen articles were selected for further review, focusing on the themes of stress identification, self-care coping strategies, and desired outcomes.

Research has indicated that up to 18%-30% of new graduates will leave their current position for a different practice environment or the profession altogether in the first year, and up to 37%-57% will leave in their second year of practice (Sandler, 2018). High turnover rates of nurses can definitely be a factor that compromises patient care outcomes. One must assess what factor is responsible for driving so many individuals away from a career they so passionately pursued and worked hard to achieve. The nursing profession is an inherently stressful career, and stressed nurses are more prone to making errors (Tehrani, 2018). Each person may perceive levels of stress in certain situations differently and have diverse stress triggers. Therapeutic coping skills interventions should target staff who employ negative coping strategies to incorporate

positive coping strategies, which enables them to provide better quality patient care (Isa et al., 2019).

Stress Identification and Implications

Stress is a normal response to the demands nurses encounter during each shift, yet the results of prolonged job stress may be detrimental, leading one to further evaluate and identify the possible sources of stressors encountered in the nursing profession. de Oliveira Almeida et al. (2016) conducted a cross-sectional study with a quantitative approach to identify the level of stress in nurses working in the direct care of critical patients. The sample consisted of 30 nurses working in the hospital setting. Data was collected using the Bianchi Stress Scale and descriptive analysis was performed, resulting in most participants (60%) had medium stress levels. The main domains of stress with the highest scores were excessive workload, nursing care, personnel management, and working conditions (de Oliveira Almeida et al., 2016).

The aim of Sarafis et al. (2016) was to investigate and explore the correlation among occupational stress, caring behaviors, and their quality of life in association to health. A correlational study of nurses who worked at public and private units was conducted. The variables were operationalized using three research instruments, including the Expanded Nursing Stress Scale (ENSS), Health Survey SF-12, and the Caring Behaviors Inventory (CBI). Univariate and multivariate analyses were performed. The study concluded that occupational stress affects nurses' health-related quality of life negatively, while it can also be considered as a negative influence on patient outcomes (Sarafis et al., 2016).

The study conducted by Labrague et al. (2018) determined the level of stress, its sources, and coping strategies among nursing students. Using a descriptive, comparative research design, 547 nursing students participated in the study. Two standardized instruments were used, the Perceived Stress Scale (PSS) and the Coping Behavior Inventory (CBI). Findings suggest that strengthening nursing students' positive self-care coping skills may be helpful for them to effectively deal with various stressors during their educational experiences while maximizing learning. Implementing empirically tested approaches such as stress management counseling, counseling programs, establishing peer and family support systems, and formulating hospital policies that will support nursing students may be useful to prevent the recurrence of stress and lessen its impact upon students and future nurses (Labrague et al., 2018).

Stress Management Interventions

Chesak et al. (2019) performed a literature review aimed to identify the current level of evidence for stress management interventions for nurses. A systematic search and review of the literature were used to summarize existing research related to stress management interventions for nurses and recommend directions for future research and practice. Ninety articles met the inclusion criteria for the study, which discovered various stress management interventions for nurses have been investigated, with the most beneficial treatment aimed at the individual versus the environment (Chesak et al., 2019).

de Oliveira et al. (2019) completed a study to identify the strategies for the prevention of stress and burnout syndrome in nurses and discussed the results for future interventions that can decrease burnout. An integrative review of the literature in data sources was conducted with 553 references found for the guiding question: which

interventions for the prevention of burnout in nurses have been applied and have obtained high effectiveness? The following interventions were found to be most effective: yoga, cognitive coping strategies, compassion fatigue program, systematic clinical supervision, meditation, web-based stress management program, and the Psychological Empowerment Program. The actions used to cope with stress and burnout were concluded to be effective, with some demonstrating greater success than others (de Oliveira et al., 2019).

To evaluate the effect of a group intervention aiming to prevent symptoms of stress-related ill health among new registered nurses (RNs), Frögéli et al. (2020) proposed increasing engagement in proactive behaviors. The intervention involved discussions and models of newcomer experiences and stress and the behavior change techniques reinforcing approach of behaviors, systematic exposure, and action planning. The study sample consisted of 239 new RNs participating in a transition-to-practice program for new RNs. Participants were randomized to either the experimental intervention or a control intervention. Data on experiences of stress, avoidance of proactive behaviors, engagement in leisure activities, role clarity, task mastery, and social acceptance were collected before and after the intervention. Effects were evaluated using multilevel model analysis and regression analysis. The research concluded that transition-to-practice programs may benefit from adding self-care interventions that specifically address new RNs' experiences of stress to further support them as they adjust to their new professional role (Frögéli et al., 2020).

Lee et al. (2016) completed a meta-analysis aimed to evaluate the literature on the effects of coping strategies in reducing nurse burnout. A systematic review of 351 studies was identified, and seven studies were included in the meta-analysis. Participants were

measured immediately after the intervention and 6 months, 1 year, 2 years, 2 ½ years, and 4 years afterward. Coping strategies were hypothesized to decrease burnout. The participants in the intervention group were provided coping strategies, such as cognitive-behavior training, stress management, mindfulness-based programs, and a team-based support group. During the process, problem and emotion-focused methods were applied and practiced. All of the programs included education and practice parts, with real-life experiences as an important part of the discussion. Study conclusions determined coping strategies can reduce nurse burnout and maintain effectiveness between 6 months- 1 year (Lee et al., 2016).

Jordan et al. (2016) completed a study examining the relationship between stress, coping, and the combined influences of perceived stress and coping abilities on health and work performance. A valid and reliable questionnaire was completed by 120 nurses. Nurses in the "high stress/poor coping" group had the poorest health outcomes and highest health risk behaviors compared to those in other groups. The combined variables of perceived stress and perceived coping adequacy influenced the health of nurses. Worksite health promotion programs for nurses should focus equally on stress reduction, stress management, and the development of healthy coping skills (Jordan et al., 2016).

Traylor (2018) conducted a multimodal training program intervention designed to promote resiliency through intentionality, self-connection, and self-care. Attempts were made to expose staff to different techniques of managing stress and reducing stressful experiences in response to the demanding experiences the medical-surgical staff faces every day. Twelve participants completed self-care educational sessions provided by the integrative health nurse in scheduled staff meetings over a 6-week period. The

instructional sessions included positive self-love and self-acceptance educations, various forms of relaxation and regulatory breathing, and hand and back massage education. The Connor Davidson Resilience Scale and Professional Quality of Life (ProQOL) Scale were completed by each participant before and after the program. Although only 12 nurses participated in the study, the entire staff reaped benefits of portions of the resiliency program as the pre-shift mindfulness activities were performed for the entire staff for the duration of the program. The 12 nurses participating in the study had higher resiliency scores upon completion than those that did not participate in the sessions (Traylor, 2018).

Target Population/Community – PICOT Statement

A PICOT question was formulated to guide the research in this paper. In practical nursing (PN) students (P), does completion of self-care training (I), compared with no self-care training education (C), improve stress management (O), and prior to graduation from nursing school (T)?

Sponsors and Stakeholders

Many individuals can be impacted by the outcomes of the project. The project sponsor in this project was the nursing school director at the academic institution. At the academic institution, many individuals can be positively impacted. Key stakeholders include nursing students that will be learning therapeutic self-care coping skills that can be utilized as a student and throughout their career, nursing faculty who provide education, and academic institute deans and president that are supportive of the project implementation and also benefit from program success.

Patients in the hospital or medical facility cared for by the nursing students would be anticipated to have the highest impact. Patient care outcomes would be anticipated to improve when the nurse caring for patients is adequately equipped with therapeutic self-care coping skills. In the facility, numerous people are internal key stakeholders. In addition to patients, managers, nursing support staff, family members of patients, and chief financial officers' benefit from healthier nursing staff. External key stakeholder impacts are endless as insurance companies are impacted based on the length of hospital stays for patients, families, and individuals in the community, suppliers of medical equipment and supplies, and various support groups.

Organizational Assessment – SWOT Analysis

When completing an organizational assessment, compiling a list analyzing strengths, weaknesses, opportunities, and threats (SWOT) is beneficial. Strengths include experienced nursing faculty, nursing students willing to participate as volunteers, academic facility easily accessible by students, office equipment readily available including computers, overhead projectors and screens, and ability to implement the project during scheduled class times. There was also a readiness and positive acceptance of the need to establish self-care in future nurses.

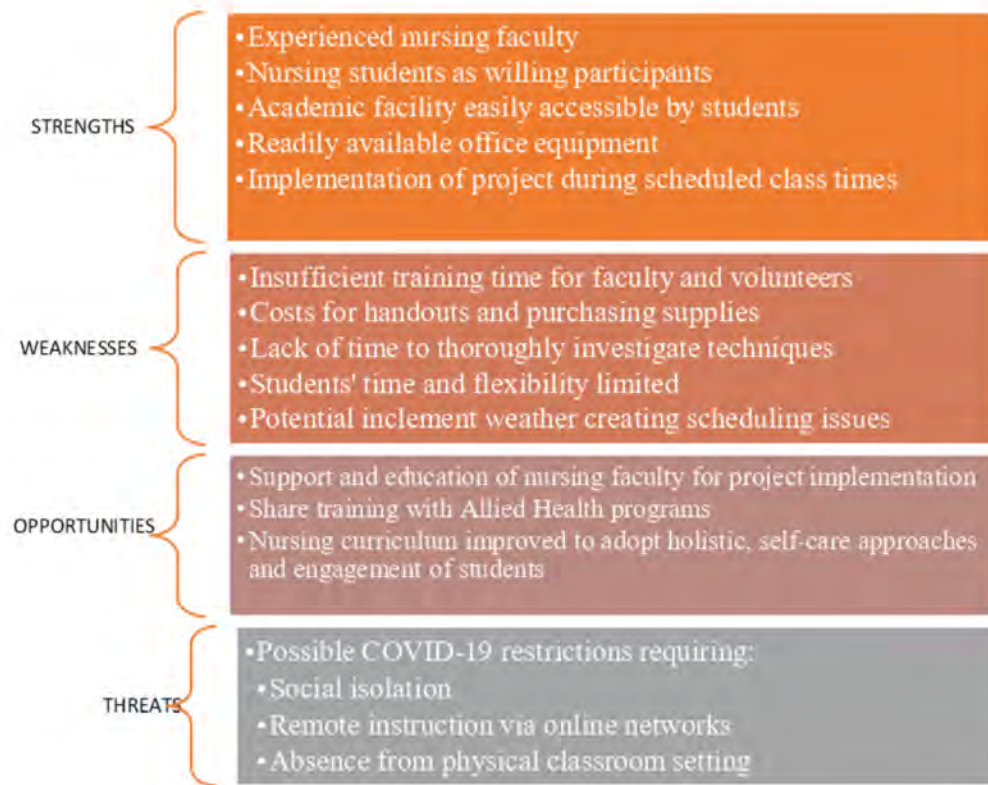
Weaknesses were unfortunately present in this and many projects. Weaknesses may include insufficient time to train faculty and volunteers for their role, costs incurred with handouts and purchasing supplies for therapeutic exercises, lack of time to thoroughly investigate therapeutic techniques, the limitation of students' time, limited schedule flexibility, and potential inclement weather can create scheduling issues. The

disruption of COVID-19 to the learning environment creates a multitude of additional demands on faculty and students.

Opportunities to help achieve the project objectives include support and education of nursing faculty that will be involved in the implementation of the project.

Opportunities to share training with other Allied Health programs at the college could benefit many students in various healthcare settings. The school of nursing's culture could be improved to adopt more holistic, self-care approaches and engagement of students. This could lead to improved recruitment and retention of students as well.

Threats that could damage the implementation of the project were COVID-19 restrictions requiring social isolation and remote instruction via online networks versus in the physical classroom setting. Faculty were experiencing additional demands related to COVID-19 through having to teach through different modalities, address shortages related to illness and quarantine, in addition to a student population encountering the same issues. Threats also prevalent were the readjustment of priorities in education to adjust to the current pandemic constraints and safety needs. These threaten the commitment to students' self-care education as critical content integration is understandably prioritized. The SWOT analysis is also shown in Figure 1.

Figure 1*SWOT Analysis***Available Resources**

An important component when planning a project is identifying available resources that one can incorporate that would not incur any significant additional costs. Utilizing the academic classroom at the project facility, many resources are readily available. Aspects that are already in place include faculty and staff salaries, student tuition, academic facility building, computers, projectors, simulation labs, and manikins. Human resources were an integral component and included peer faculty, supportive dean, program director, and the college president. Many of the examples of therapeutic self-

care techniques planned to share with students only required demonstration, such as utilizing breathing techniques or guided imagery.

Desired and Expected Outcomes

In an ideal world, the desired outcome for this project would be that nurses do not experience compassion fatigue, job burnout, or desire to leave their job or nursing profession. Despite this, stress is inevitable and will be encountered on a daily basis in the workplace. Nurses need knowledge and support to manage one's stress and providing education on therapeutic self-care techniques to incorporate when intense situations may alleviate or decrease levels of stress in individuals. It is desired that through the implementation of the project, individuals will be equipped with several therapeutic self-care techniques through education and demonstration which can be relied upon in the future throughout their career in stressful times. It is expected as a result, patient outcomes will be enhanced, as a nurse that is more mentally clear when providing care is more alert to changes in patient conditions indicating deterioration, heightened patient assessment, fewer patient injuries, and medication errors can be prevented.

Team Selection

The selection of a team of supportive, capable individuals is crucial for success when developing a project. Acting in the role of Team Leader, one must analyze which individuals would be most beneficial to invite to join the team and define and delegate responsibilities to each member. A project chair was assigned through the academic institution that was a doctoral-prepared faculty member equipped with knowledge and experience to guide one through the journey in written assignments and discussion of project ideas. A practice partner had been invited from the project facility, which was the

assistant director of a nursing program. Two masters of science prepared nurse faculty played the roles of project committee members.

Cost-Benefit/Analysis

The cost of the project incurred minimal expense. Utilizing the academic classroom at the project facility, many aspects were already in place, including faculty and staff salaries, student tuition, academic facility building, computers, and projectors. A Moodle online platform was established for each course at the college if the project would need to be completed via online modules, or via Collaborate for a live lecture. Prices for paper and ink for survey completion were minimal and planned for project implementation. Fixed Costs involved nursing faculty salaries and nursing student tuition. Variable Costs included paper for handouts and supplemental supplies for therapeutic techniques. Overhead expenses incorporated cost of electricity and utilities, computer and projector use, rent for the building, office equipment, clerical staff, environmental services staff, staff training time, and current faculty instructors on therapeutic techniques. Cost for professional development to increase expertise and learn more research-led evidence-based practices were utilized and funded via existing continuing education funds. Potential revenue incorporated in-kind donations of time volunteered by faculty and students. Grant funding may be explored in the future for sustainability. The most significant cost was the time investment for the project leader and faculty aiding in the implementation of the project.

Scope of Problem

Increased self-report of stress from nursing students and research statistics indicate nursing students are not adequately equipped with self-care techniques to

manage the stress of nursing school and in their nursing career. Research indicates that nursing students are at a higher risk for stress and anxiety due to the competitiveness and complexities of clinical and didactic experiences (Kachaturroff et al., 2020). Although there is no historical data on student self-care at the project facility, an increased number of nursing students self-report stress to nursing faculty on a weekly basis. Nursing students endure stress not only in the classroom setting when testing or during simulations, but also in the clinical setting as students, impacting the care provided to their patients. Students lack the preparation to deal with the inevitable stress from a career in nursing, as only 9% of undergraduate nursing programs offer resiliency training in their curriculum (Cochran et al., 2020). This project was aimed to equip nursing students with positive therapeutic self-care skills that will enhance their ability to manage stress in the classroom, clinical setting, and throughout their nursing careers.

Goals, Objective, and Mission Statement

Goals of Project

The purpose of this project sought to identify a practice problem with significant potential for quality improvement. The ultimate goal of the project was to provide self-care therapeutic technique education to decrease stress and anxiety levels of nursing students, equipping students with skills to utilize when in the classroom setting, caring for patients in the clinical setting, and throughout their nursing career to prevent compassion fatigue, job burnout, and to improve patient outcomes. It was anticipated to share a variety of positive coping techniques with the students, permitting the student to actively participate in demonstrating the self-care skills, then allowing the student to determine which techniques are the most effective in managing their stress. Students

were provided a scenario after being equipped with therapeutic self-care techniques during didactic lectures to apply their knowledge and capacity to utilize positive coping mechanisms in demanding situations in patient care. As a short-term goal, the aim was to improve retention rates and decrease levels of perceived stress and anxiety of nursing students. Long-term outcomes would involve the ability to utilize self-care techniques to decrease levels of job turnover and compassion fatigue of new graduates and improve patient care outcomes.

Process/Outcome Objectives

One must thoroughly analyze the desired process and outcomes objectives that were utilized to implement best practices that have been found in research to support the desired goal. Devising a SMART goal ensures all aspects are examined to guarantee the project will be effective and successful. The acronym SMART was utilized when writing objectives, listed in bullet format below.

- Specific: The PN students received didactic lectures in the third semester of nursing school discussing stress and coping techniques.
- Measurable: PN students demonstrated the application of therapeutic techniques in a simulated role-play scenario with surveys utilized to gauge learning and attitudinal shifts.
- Achievable: Evidence-based practices on self-care and resiliency techniques were researched. Didactic lectures discussed stress and positive self-care coping techniques to manage stress. Students will demonstrate self-care techniques as instructed. Students were provided a simulated role-play scenario following

didactic lectures to utilize coping skills when provided an emotionally challenging situation.

- **Realistic:** By attending didactic lectures and actively participating in demonstrating self-care techniques, following the lecture when provided a patient scenario, the student should realistically be able to recall and apply a positive technique to manage stress during the patient care scenario.
- **Timely:** It was anticipated the goal would be achieved by completion of the patient care scenario following lectures. There were multiple areas within the pre-licensure nursing curriculum where this content was highly applicable.

To conclude, the assembled objective would be stated as: PN students will be taught stress and self-care coping techniques during didactic lectures in the third semester of nursing school. PN students will demonstrate the application of therapeutic self-care techniques in a simulated role-play scenario following the didactic lecture.

Mission Statement

Zaccagnini and Pechacek (2021) encourage one to answer the following three questions when formulating a mission statement: What is the purpose of the project? What is the population to be addressed in solving the problem? What are the methods to be used in addressing the problem? To answer these questions, the primary purpose of the project was to equip nursing students with therapeutic self-care techniques to reduce stress in the classroom, clinical setting, and future clinical practice to ensure the delivery of high-quality health care in all settings. The population to be addressed in solving the problem were third-semester PN students. The methods to be used in addressing the problem included integration of education on stress and coping techniques for healthcare

providers in the nursing curriculum, demonstration of techniques taught, and application of techniques in simulated role-play scenarios. The overall mission statement of the Doctorate of Nursing Practice (DNP) project was to equip PN students with self-care techniques through the integration of education in the PN curriculum on stress and self-care coping techniques for healthcare providers. Through demonstration and application of techniques in simulated role-play scenarios, faculty seek to enhance the student's ability to manage stress and anxiety during nursing school and throughout one's nursing career.

Theoretical Underpinnings

Theory Utilized to Guide Project

Research has indicated that work overload, stress, compassion fatigue, and occupational burnout significantly impact the practicing nurse. This is even more prominent for the student nurse and entry-level nurse as one develops their clinical proficiency and learns to acquire a work-life balance (Docherty-Skippen et al., 2019). The personal self-care practices of a nurse impact one's health and well-being, which consequently influences one's professional competence on the job (Smith, 2017). Dorothea Orem's Self-Care Deficit Theory of Nursing functions as a foundation for this DNP project focusing on self-care. Orem (2001), defines self-care as a voluntary purposeful action for one to take care of themselves for health or happiness, and contrasts self-care deficit as an insufficiency to independently function using one's own power to desire and conduct care for one's health and well-being. Hartwig and Pickens (2016), discuss the importance of analyzing Orem's four categories or set of actions, which include adequate resources for basic necessities of life, including the ability to perform

activities of daily living and personal interests, accepting a new normal, including realistic self-concept, maintaining one's health through self-care, and engaging in fulfilling interpersonal relationships. Utilizing Orem's theory is influential in guiding the DNP project steps, integrating application and incorporation of the theory into the project.

Self-Care Deficit Theory Application to Project

The primary emphasis of the DNP proposed project was self-care. Nursing students were currently not exposed to self-care techniques to adequately prepare their journey in the nursing field throughout their careers. Dorothea Orem's Self-Care Deficit of Nursing is broadly applicable in a variety of situations and settings, concentrating upon designing nursing care to meet the needs of patients (Zaccagnini & Pechacek, 2021). Not only can this be applied to the care of patients, but focus can be placed upon the nursing student or nursing staff, to design care to meet their own demands faced in the caregiver role. Orem's theory focuses on one's deliberate actions to meet their own therapeutic self-care demands. Self-care strategy promotion can overall effectively reduce occupational stress, promote well-being and job satisfaction, and promote retention (Hines, 2019). Through the incorporation of Orem's theory into the application of the project, optimally nursing students will assess one's level of self-care and learn techniques to efficiently cope in stressful situations, positively impacting their career in nursing and overall improving patient care outcomes.

Incorporation of Self-Care Deficit Theory into Project

Students were directly exposed to the theory, as Dorothea Orem's Self-Care Deficit Theory of Nursing (Appendix A) was included in the discussion during the

didactic lectures prepared for the students. The students were responsible to utilize self-assessment in determining their current perceived level of stress and knowledge of therapeutic self-care techniques and to examine what possible scenarios in nursing create stress. After instruction and demonstration of several therapeutic self-care techniques, the students then identified what behaviors they wished to integrate into their behavior or modify. The student could select and demonstrate a positive self-care therapeutic technique exercise to utilize in response to their stress reaction during a role-playing scenario with peers. Upon completion, the student could then evaluate the effectiveness of their perceived stress level after performing the positive therapeutic technique and complete a post-evaluation survey. To conclude, integration of Orem's Self-Care Deficit Theory of Nursing aims to allow one to assess areas of self-care deficits and discover interventions to fulfill self-care demands. The ultimate goal of this DNP project closely correlates with Orem's theory, identifying one's self-care strengths and limitations, empowering nursing students to recognize signs of stressors and respond appropriately.

Work Planning

Gantt Chart Project Management Tool

When planning a project, one must devise a plan, identifying and prioritizing the required steps to reach successful completion in the designated timeframe. A Gantt chart was utilized as the project management tool for this DNP project to illustrate the steps required from the initiation of the project until project completion. A Gantt chart is a visual aid utilizing two primary variables, indicating time along the horizontal x-axis, and tasks along the vertical y-axis, serving the analytic purpose of guidance for the project manager (Robles, 2018). A Gantt chart is a valuable tool to implement with project

organization and time management (Duffy, 2016). The Gantt chart can be found in Appendix B.

Timeline

The primary goal of a comprehensive timeline was to establish expectations of project team members and provide an overview of the DNP project process requirements from the time of proposal until the project conclusion (Hande & Phillippi, 2018). A Work Breakdown Structure (WBS) can be diagrammed as a tree diagram to dissect each task into levels and sublevels, specifying each step that must be completed to accomplish the project (Zaccagnini & Pechacek, 2021). A WBS tree diagram was formulated to include all of the components involved in the DNP process beginning with the assessment phase, planning, implementation, and evaluation phase. The timeline steps are briefly defined in the Work Breakdown Structure (WBS) Definition Table (Appendix C).

Budget

Formulation of a budget requires one to assess both direct and indirect costs when working on a DNP project. Direct costs include labor, materials, supplies, equipment for the project, and travel, while indirect costs include institutional shared entities including business space, internet access, and information technology services (Zaccagnini & Pechacek, 2021). The greatest cost that was incurred was the time investment for the project leader and faculty aiding in the implementation of the DNP project. Direct fixed costs included faculty salaries and nursing student's tuition. The indirect costs included electricity to use computers and projectors, rent for building, office equipment, clerical staff, environmental services staff, in which the cost is incurred by the instructional facility. A Moodle online learning platform was utilized to implement the project via a

collaborative virtual classroom as an alternate plan if an in-person lecture is not possible. Adhering to a budget is essential for one to meet the projected project outcomes efficiently.

Planning for Evaluation

The purpose of this project was to implement self-care education for PN students to decrease stress and anxiety levels while equipping students with skills to utilize when in the classroom setting, caring for patients in the clinical setting, and throughout their nursing career to prevent compassion fatigue, job burnout, and to improve patient outcomes. Education included providing information related to the identification of signs and symptoms of stress and demonstration of therapeutic coping skills to manage potential stressors. The Quality Improvement Model illustrates the evaluation plan for this project (Figure 2). Evaluations were collected through pre and post-evaluation survey tools and subjectively through debriefing of a simulated role-play scenario.

Figure 2

Quality Improvement Model

Plan	<ul style="list-style-type: none"> • Obtain educational institute approval • Obtain Institutional Review Board (IRB) approval • Development of a PowerPoint for didactic lecture • Development of a simulated patient care scenario • Develop pre and post data collection evaluation tool • Scheduling specific dates in class to implement
Do	<ul style="list-style-type: none"> • Present didactic lecture and simulated scenario to PN students • Conduct debriefing following role-play • Collect pre and post evaluation data
Study	<ul style="list-style-type: none"> • Analyze pre and post data collected
Act	<ul style="list-style-type: none"> • Consider integration of therapeutic self-care techniques into the nursing curriculum • Implement adjustments as needed and indicated through ongoing project analysis

The Mindful Self-Care Scale (MSCS) Standard, a 33-item scale, was applied to assess areas of strengths and weaknesses in self-care behavior as a baseline data collection tool prior to the didactic presentation. Six self-care domain areas of assessment were included in the MSCS-Standard, including mindful relaxation, physical care, self-compassion and purpose, supportive relationships, supportive structure, and mindful awareness (Hotchkiss & Cook-Cottone, 2019). MSCS surveys were administered via paper format as a data collection tool for pre-evaluation of students to complete discussing their perceived knowledge of self-care techniques and baseline level of self-care. The students were provided time to complete the survey at the beginning of class on the scheduled presentation day in order to potentially increase response rates.

Following the pre-evaluation survey, a didactic lecture on self-care was presented, sharing techniques to manage stress in the nursing student. Afterward, a simulated role-play scenario was provided for students to get into pairs to demonstrate self-care skills learned during the lecture in response to a stressful situation provided in a 5-minute timespan. The active teaching-learning methodology of role-playing allows the coordinator to develop a fictional scenario in which students take on the role of other individuals and experience clinical situations, allowing critical thinking and performance of skills for future professional practice (Sebold et al., 2018). Verbal debriefing was conducted following the role-play as an evaluation tool. An oral discussion facilitated as a debriefer based upon learning objectives was conducted. Alhaj et al. (2020) suggest incorporating the following during the debriefing session: students' performance focusing on their strengths, weaknesses and what could be done differently to improve, what was learned during the simulation session, how one's performance was perceived during the

simulation, how the group performed during the simulation, and how the simulation can be applied future performance.

Upon completion of debriefing, students were provided a post-training evaluation questionnaire survey via paper format to assess self-care education effectiveness. Participants would complete a short survey upon the completion of the training experience, rating on a 1-5 Likert scale the effects of their learning experience and if course objectives were adequately met. A comments section was included for open-ended responses if desired for feedback. Once feedback was received and evaluated, consideration will be given to future planning of integration of therapeutic self-care techniques and education into the nursing curriculum.

Implementation

Threats and Barriers

The planning for the implementation phase of this project occurred during the global pandemic of Coronavirus Disease 2019 (COVID-19). COVID-19 created threats and barriers in the decision when to implement the project with nursing students, as students did not return completely face-to-face in the classroom setting until summer semester 2021. Definitive plans were unable to be finalized in regards to providing paper copies of project surveys versus electronic, educational delivery methods versus face-to-face, and the implementation activity of simulated role-play with a partner until government-issued state mandates and college administration determined there was an appropriate level of safety for students to fully return on campus for the semester.

A second barrier consisted of site administration changes and challenges utilizing the originally selected cohort of associate degree nursing students for participants in the

project. Initially, informal permission was received, but upon time to implement another nursing program was utilized for participant access. Although this was an inconvenient organization matter for implementation, it did not alter the content and implementation process which had been developed.

Time to implement the project was the third barrier, as the summer semester is shorter, yet class time remains filled with a content-heavy curriculum with multiple topics to cover. Time to implement the project was unable to be scheduled during a classroom lecture day, but was able to be implemented during the clinical post-conference time when students return to the college classroom in the afternoon following the morning clinical rotation in the acute care setting. Instead of completing a written short assignment during the scheduled post-conference, students participated in the project with voluntary completion of the initial and post-surveys.

Monitoring of Implementation

Prior to implementation, the academic institute sponsoring the project leader IRB approval as a quality improvement project on June 24, 2021. The project site did not have a formal IRB process but provided permission for implementation from the facility administration. Copies were made of all forms and surveys required for the project, including copies of the Informed Consent form to allow the students to keep a copy and submit a signed copy, copies of the Mindful Self-Care Survey, and copies of the project evaluation post-survey. The project was implemented during the scheduled clinical post-conference time for the PN students. The project leader provided education to participants during clinical post-conference with an overview of the project, including the purpose, objectives, project surveys, data collection methods, and informed consent

review and completion. Participants received two copies of the informed consent, explaining the inclusion of a copy to sign and submit and a copy to keep for reference. Students were provided the opportunity to ask questions prior to the completion of the informed consent.

Didactic instruction was provided in part 1 of the project PowerPoint discussing stress response and physiologic responses to stress. Following this introduction, information was discussed verbally and instructions were provided in PowerPoint part 2, including how to complete the Mindful Self-Care Survey-Standard (Appendix D). Students were provided a paper copy of the Mindful Self-Care Survey-Standard to voluntarily complete. Completion of the surveys was anonymous and optional. Students that desired not to participate were instructed to place their blank survey in the manila survey collection envelope located at the front of the classroom when surveys were submitted. The project leader was located in the opposite area of the room during survey collection to further facilitate anonymity and confidentiality. Didactic educational content continued with part 2, discussing the six domains of self-care in the Mindful Self-Care Survey-Standard and suggested interventions to improve areas of self-care weakness. Mindful Self-Care surveys were placed by students in a manila envelope at the front of the classroom following a review of the six domains.

Didactic educational content part 2 continued with the project PowerPoint and covered self-care techniques that can be practiced in the workplace and provided opportunities to discuss and practice self-care techniques. Students were asked to self-select a partner for simulated role-play scenarios. Instruction was provided verbally and on PowerPoint part 3 for two scenarios for students to respond and discuss which self-

care techniques could be implemented. The Self-Care Role-Play Scenarios (Appendix E) was read aloud by the project leader. The simulated role-play provided preparation for encountering stressful scenarios in the healthcare setting and offered the opportunity to explore reactions and positively alter behavior. Verbal debriefing was conducted by the project leader after completion of the role-play scenarios.

The educational content on the PowerPoint concluded with part 4 discussing resiliency. The project leader distributed the Project Evaluation of Self-Care Practice in Nursing Post Survey (Appendix F) in paper format upon completion of the didactic lecture. Students were encouraged to include any comments or suggestions about the Self-Care Practice in Nursing Project and how the educational activity could impact patient care. Students were informed the post-survey was anonymous and optional to complete and those desiring not to participate could submit a blank or partially completed survey. The participants placed the Project Evaluation of Self-Care Practice in Nursing post-survey in a manila collection envelope located in the front of the classroom. The project leader was located in the opposite area of the room to further facilitate anonymity and confidentiality during data collection.

Project Closure

Upon completion of the project, the students were acknowledged for actively participating in the project. The manila envelopes at the front of the classroom labeled Consent Form, Mindful Self-Care Scale, and Post-Survey were collected by the project leader to safeguard and place in a locked cabinet in the locked office of the project leader then later reviewed to compile and analyze descriptive statistic and qualitative data results. Following completion of interpretation of the data, all data was submitted to the

University, where it will be stored in a secure area for a 3-year period, then destroyed. The practical nursing faculty expressed gratitude for the opportunity to implement the project with the NUR 103 students. A debriefing session with practical nursing faculty discussed what went well, how the project could be repeated in the future, and ideas for improvement. Committee members were contacted to discuss the implementation and thanked for their contributions to the project.

Interpretation of Data

The research design for this project involved descriptive statistics, through mean, median scoring, and bar/graph data communication. Descriptive statistics were reflected in both the utilization of the Mindful Self-Care Scale (MSCS)-Standard paper survey and the Project Evaluation of Self-Care Practice in the Nursing post-survey. Qualitative information was provided voluntarily by participants in the Project Evaluation of Self-Care Practice in Nursing post-survey comments. Analysis of the participant's responses on the initial and post surveys was completed by the project leader, utilizing a password-protected computer to enter survey results into Excel to disseminate data. Participants that elected to not participate in data collection were instructed to return a blank survey. 18 participants were present, with 17 submitting fully completed MSCS-Standard surveys and 14 submitting the Project Evaluation of Self-Care Practice in the Nursing post-survey.

Mindful Self-Care Scale-Standard

The MSCS-Standard, a validated and standardized 33-item scale for assessing the variety and frequency of self-care strategies developed by Cook-Cottone and Guyker (2018), was administered after the introduction to the educational content to establish a

baseline of the nursing student's current level of self-care practice. The MSCS-Standard survey assists to identify areas of strengths and weakness in six domains of self-care, including the subscales of mindful relaxation, physical care, self-compassion and purpose, supportive relationships, supportive structure, and mindful awareness. The MSCS-Standard survey is a reliable and validated instrument with a Cronbach alphanumeric value of 0.89 (Cook-Cottone & Guyker, 2018). The author provided permission to use the MSCS-Standard survey via email communication from Cook-Cottone.

The participants received verbal and written instruction to circle the corresponding number on the MSCS-Standard scale reflecting the frequency of self-care behavior over the previous 7 days on a five-point Likert scale, indicating 1 = never (0 days) to 5 = regularly (6-7 days). The total score for each subscale area was calculated and averaged by the number of questions in the corresponding subscale category. At the end of the MSCS-Standard, the calculated average for each subcategory was shaded in by the participant on a table at the end of the survey to provide a visual aid indicating areas of strength and limitations in self-care.

Project Evaluation of Self-Care Practice in Nursing

Upon completion of the project, participants were provided the Project Evaluation of Self-Care Practice in Nursing post-survey to voluntarily complete on paper. The Project Evaluation of Self-Care Practice in Nursing post-survey consisted of 10 questions to identify and examine practical nursing students' attitudes and comfort levels in practicing therapeutic self-care techniques following the educational lecture and simulated role-play. Participants rated their level of agreement on a five-point Likert

scale, with 1 = strongly disagree to 5 = strongly agree. Reliability cannot be measured at this time, as the Project Evaluation of Self-Care Practice in Nursing tool was developed by the project leader. Face validity was provided by three Master's prepared nursing faculty members and the faculty chair.

Qualitative Data

Qualitative data was collected in the form of comments from students upon completion of the Project Evaluation of Self-Care Practice in Nursing post-survey. Of the 18 participants in the project, 14 students submitted completed project evaluation surveys with a response rate of 78%. Students were informed that completion of the post survey was not mandatory and was anonymous, and were encouraged to include comments in the section at the end of the page or to use the back of the form for additional space if necessary. Only one student responded with a comment, stating, "Very good presentation, made me aware of how I need to focus on me first. If I do that then my patient outcomes will be better." Though only one response was received, the comment was very positive and supported the primary purpose and goal of the project.

Quantitative Data

Quantitative data was measured through analysis of survey results for the MSCS-Standard and the Project Evaluation of Self-Care Practice in Nursing through utilizing Excel to tally and organize raw data and creation of charts and diagrams. The MSCS-Standard identifies areas of strength and weakness in six domains of self-care for individuals, indicating areas participants are managing self-care well and what areas would benefit from improvement. Upon completion of the MSCS-Standard, participants calculated the average for questions answered in each subcategory, and the scores for

each subcategory for all 17 participants were inserted in Excel to formulate an average. The overall average based upon Likert scale responses indicated the self-care subcategory Supportive Relationships ranked highest and Physical Care ranked lowest (Figure 3).

Figure 3

MSCS-Standard Average Subscale Domain Survey Results for 17 Returned Completed Surveys

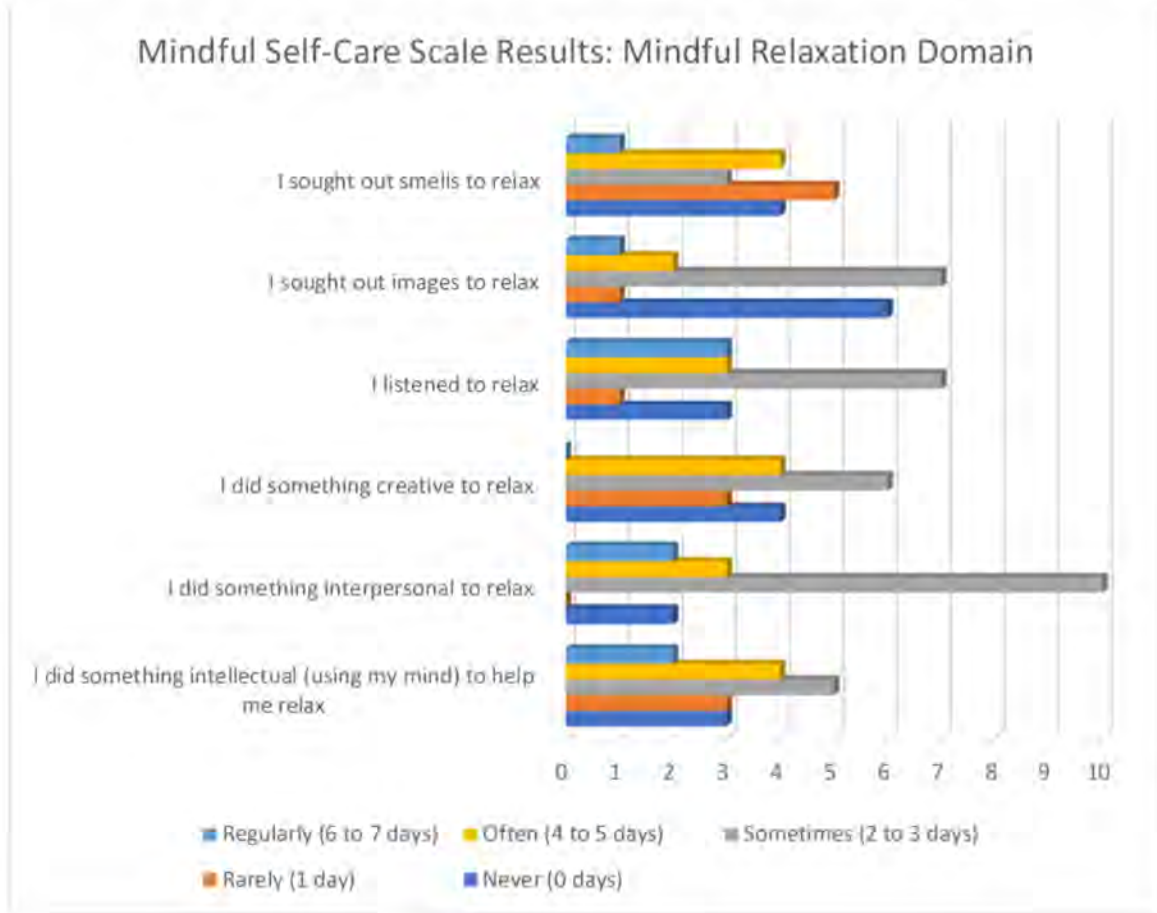


The results for each question in respective subcategories were collected and inserted into Excel to further analyze and examine specific areas of strengths and limitations in self-care in each domain. The Mindful Relaxation Domain indicated 59% of participants most frequently incorporated the self-care technique of doing something

interpersonal, like connecting with friends, and 35% were least likely to seek out images to relax (Figure 4).

Figure 4

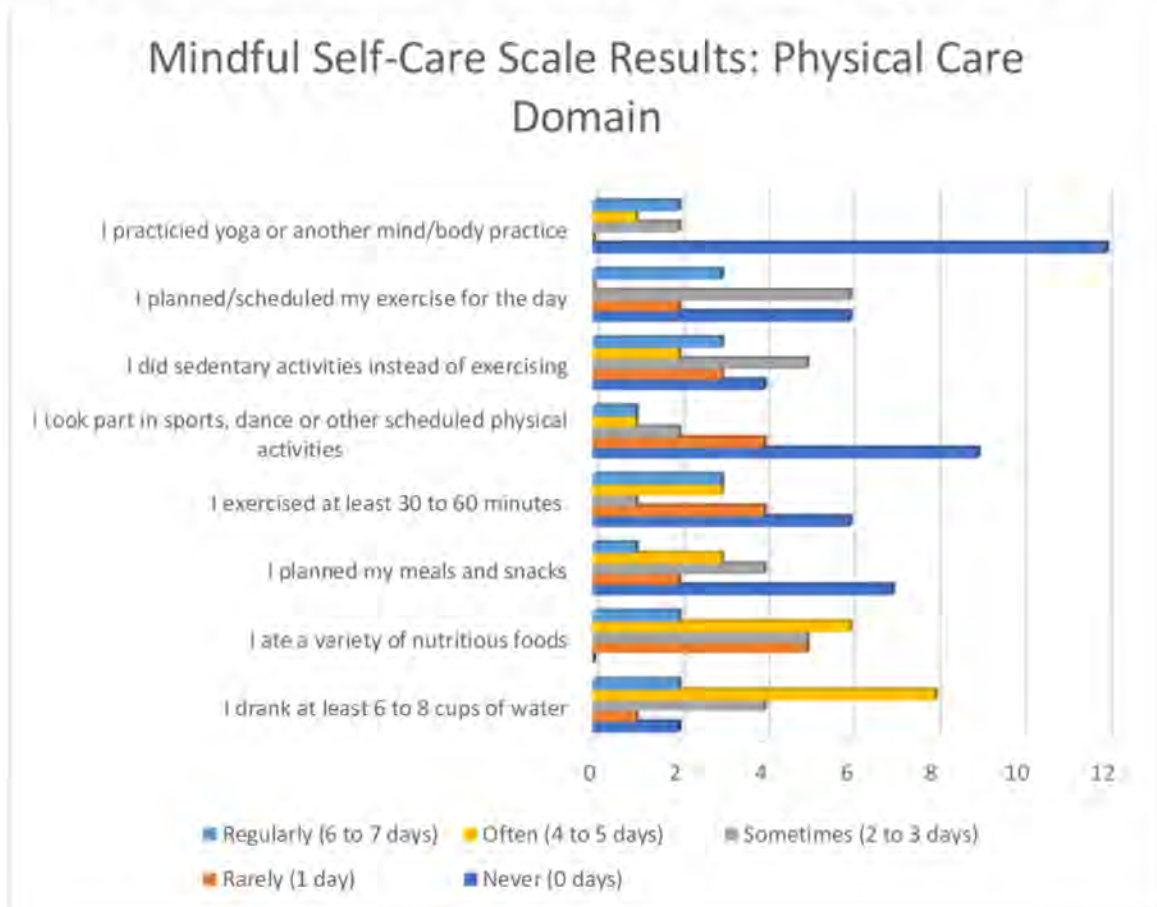
MSCS-Standard Mindful Relaxation Domain Results for 17 Returned Completed Surveys



The Physical Care domain indicated that participants were least likely to practice yoga or other mind/body practices with 71% indicating never (0 days). Drinking at least six to eight glasses of water ranked highest, indicating practicing often (4 to 5 days), by 47% of participants (Figure 5).

Figure 5

MSCS-Standard Physical Care Domain Results for 17 Returned Completed Surveys



The Self-Compassion and Purpose Domain demonstrated 65% of participants selected sometimes (2 to 3 days), indicating strengths in engaging in supportive and comforting self-talk and kindly acknowledging one's own challenges and difficulties. Limitations exist in the area of reminding oneself that failure and challenges are part of the human experience, with 29% selecting rarely (1 day) (Figure 6).

Figure 6

MSCS-Standard Self-Compassion and Purpose Domain Results for 17 Returned Completed Surveys

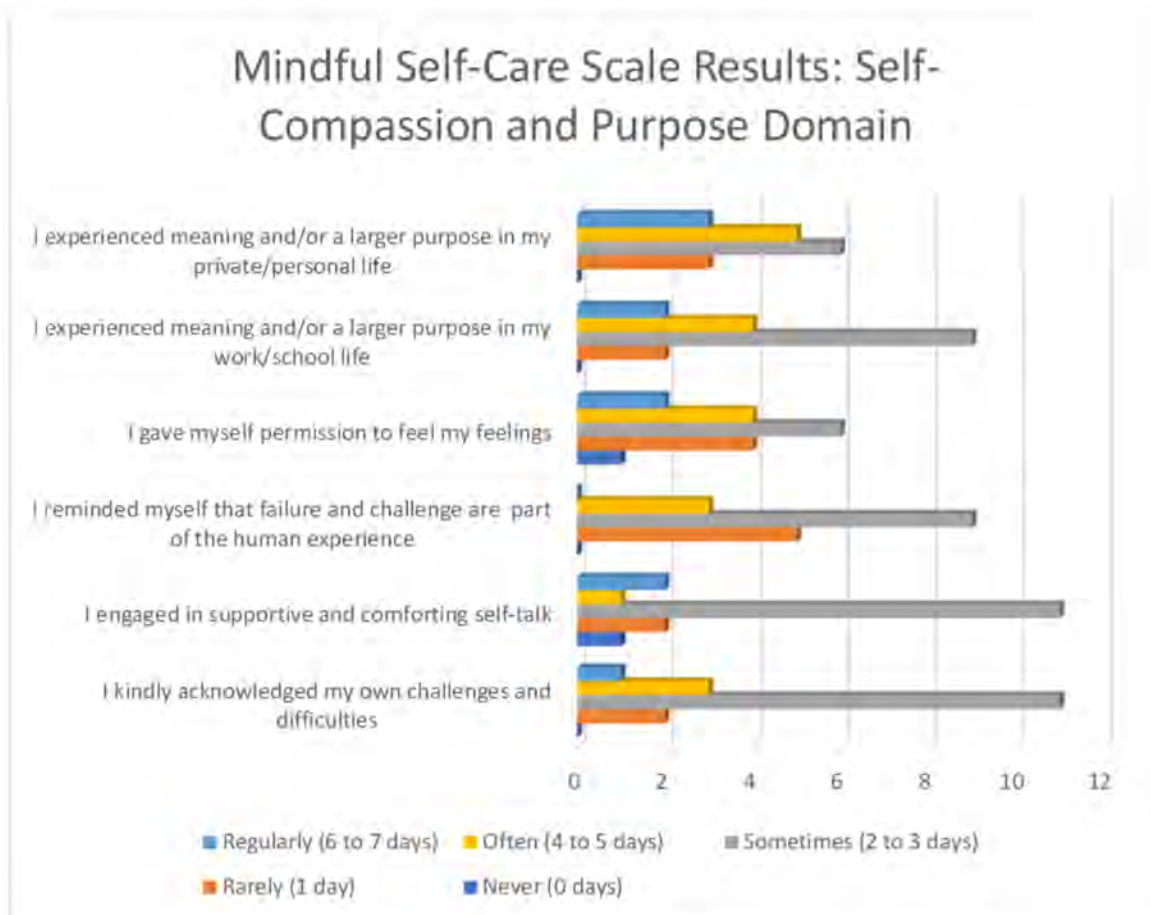
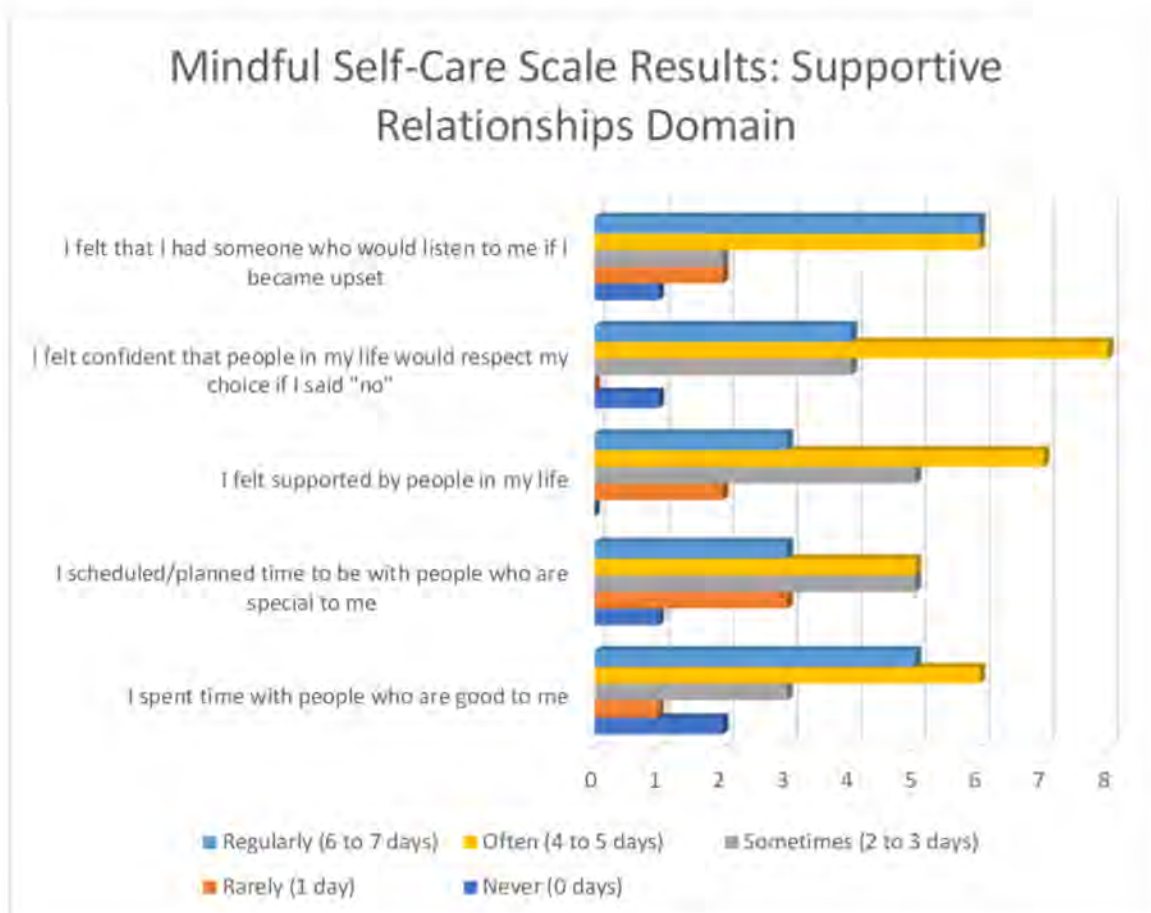


Figure 7 demonstrates Supportive Relationships Domain data, indicating that 47% of participants specified often (4 to 5 days), in feeling confident people in my life would respect my choice if I said “no.” Self-care limitations in the Supportive Relationships Domain revealed 24% of participants indicated never (0 days) or rarely (1 day) for the statement, “I spent time with people who are special to me.”

Figure 7

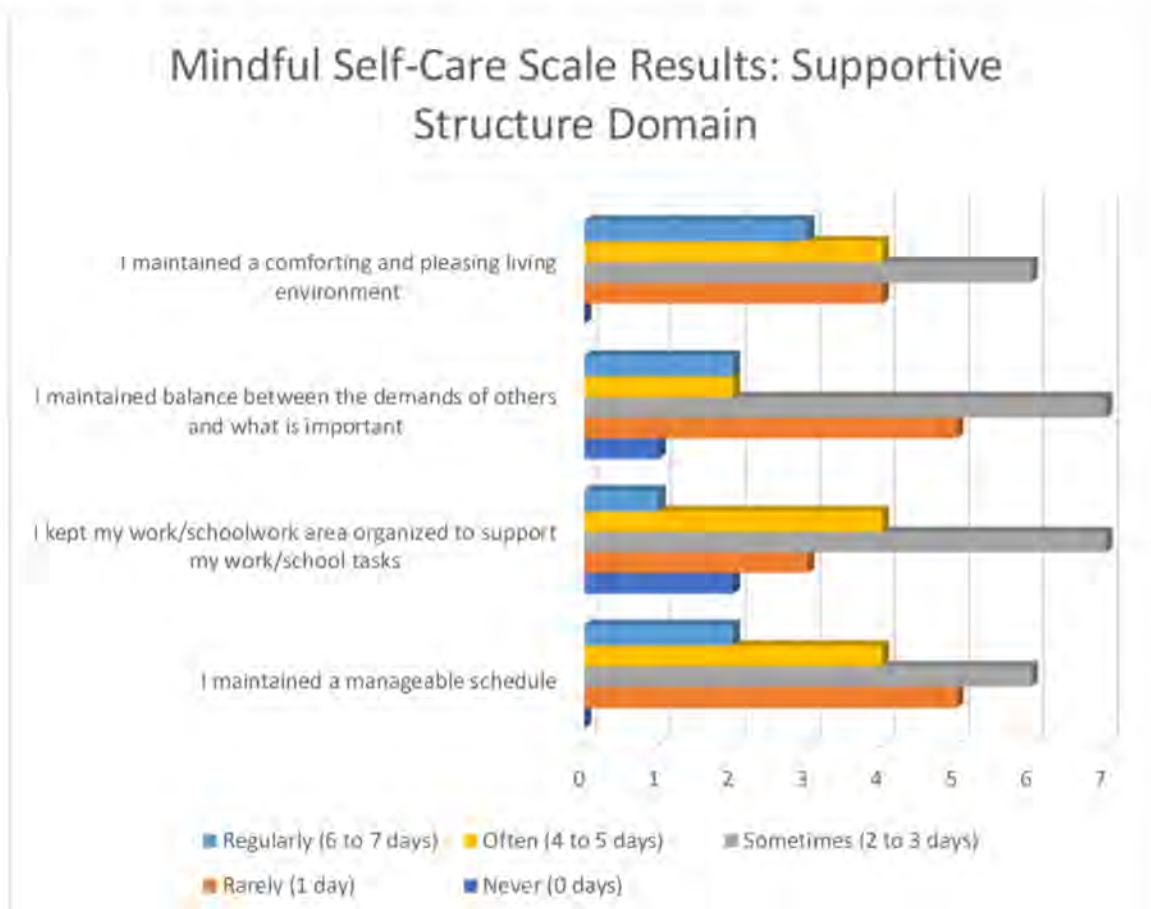
MSCS-Standard Supportive Relationships Domain Results for 17 Returned Completed Surveys



Supportive Structure Domain revealed the highest strength in self-care in this category among the participants was maintaining balance between the demands of others and what is important, with 41% selecting sometimes (2 to 3 days). The identified area that 29% of participants selected requiring further development of self-care was keeping their work/schoolwork area organized to support work/school tasks (Figure 8).

Figure 8

MSCS-Standard Supportive Structure Domain Results for 17 Returned Completed Surveys

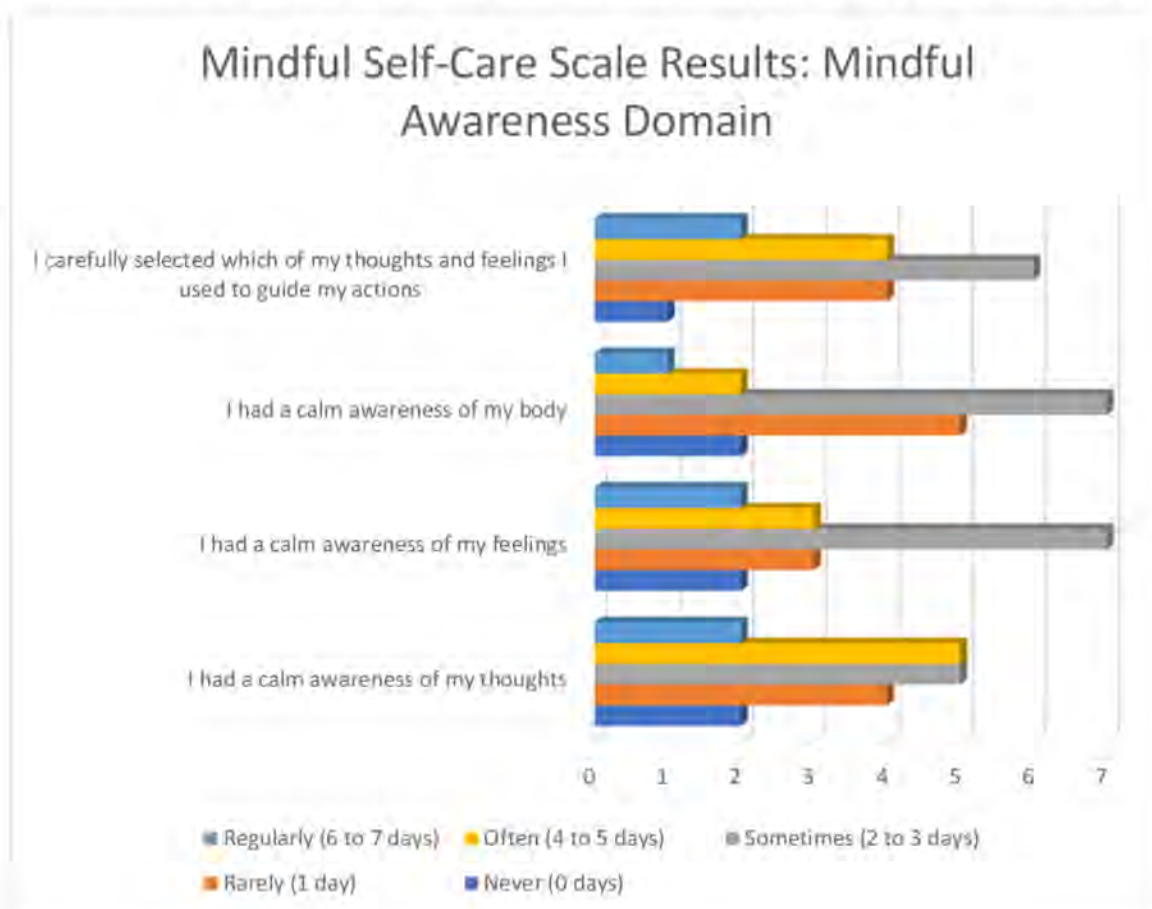


The Mindful Awareness Domain presented an array of results selected from each Likert scale number option. Several questions were similar in number of responses of strengths and limitations of self-care. Forty-one percent of participants selected sometimes (2-3 days) for the statements having a calm awareness of my body and calm awareness of my feelings as an overall strength. Despite these areas ranking highest among participants, the same statements, along with having a calm awareness of my

thoughts, were also indicated as never (0 days) by 35% of participants, indicating the need to improve (Figure 9).

Figure 9

MSCS-Standard Mindful Awareness Domain Results for 17 Returned Completed Surveys



Three questions in the General category were present at the completion of the MSCS-Standard survey to assess the individual's general or more global practices of self-care. Forty-seven percent of participants selected sometimes (2-3 days), in planning self-care and engaging in a variety of self-care activities as a current self-care practice. Exploring new ways to bring self-care into the participant's life indicated an area that

requires further development of self-care, demonstrated through 41% selecting never (0 days) or rarely (1 day) (Figure 10).

Figure 10

MSCS-Standard General Question Results for 17 Returned Completed Surveys

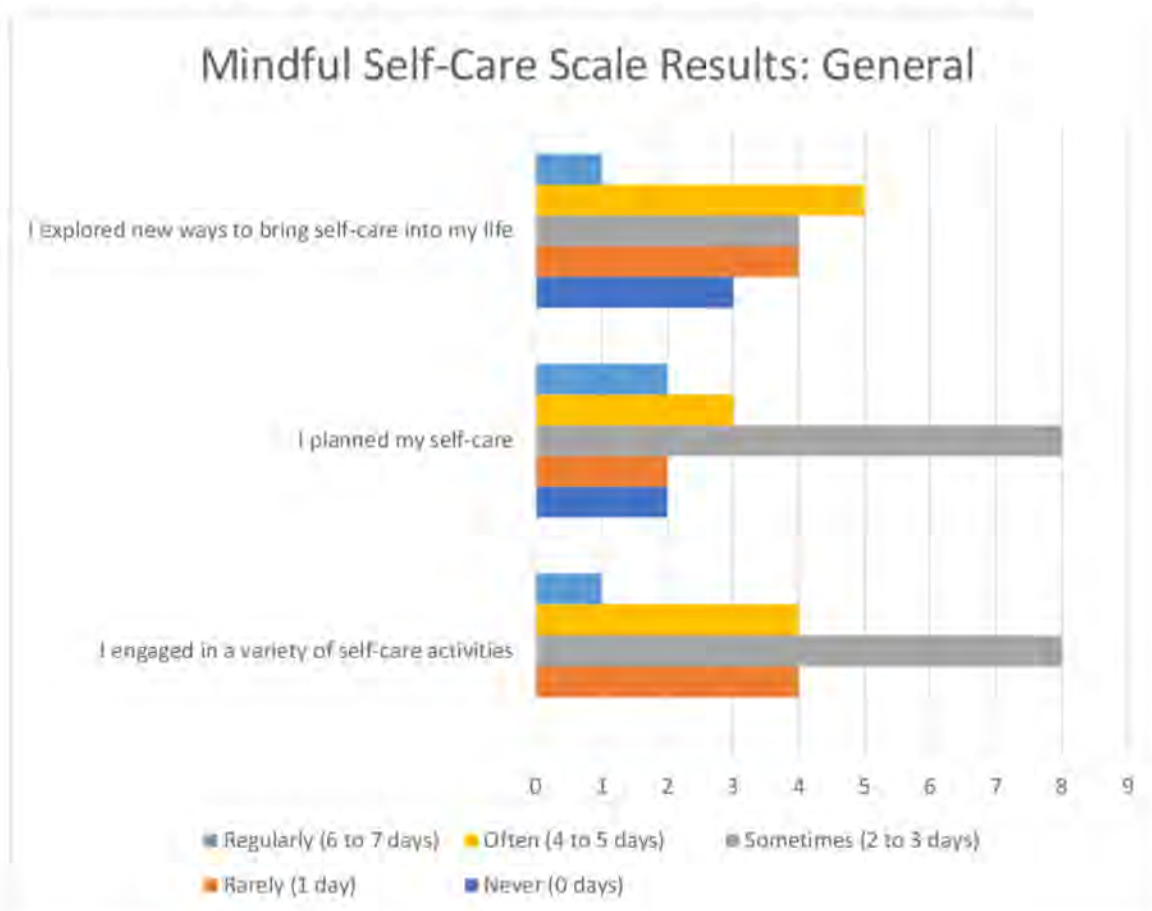
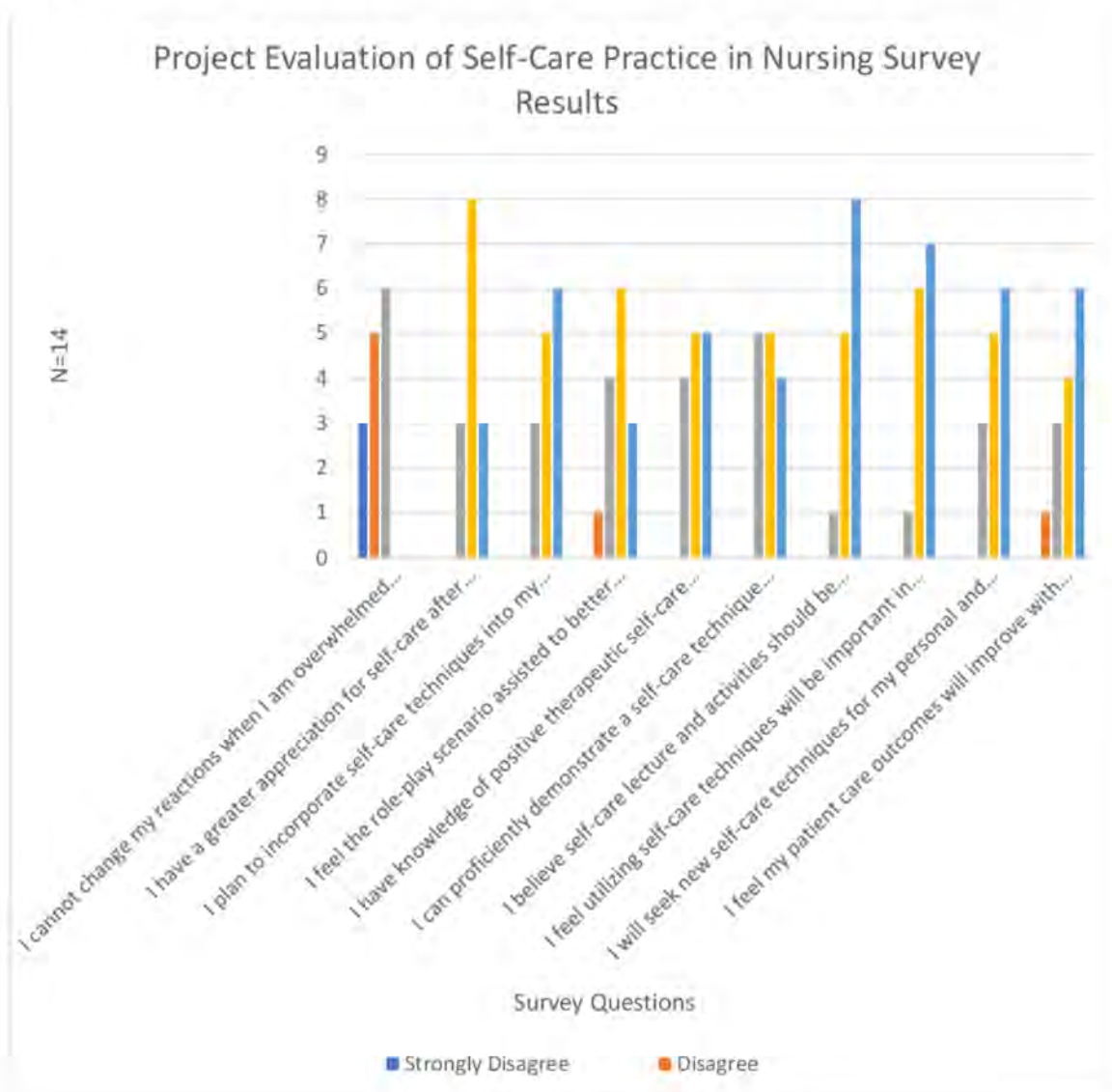


Figure 11 displays the Project Evaluation of Self-Care Practice in Nursing survey predominantly resulted in selecting Likert scale scores of four or five, indicating agree or strongly agree in response to questions two through 10. The exception was question one, which anticipated reverse scoring in response to the statement. Responses received were supportive of the goals and objectives of the project, overall indicating participants were

receptive to enhancing personal self-care and realized patient care outcomes have the potential to improve through routine practice of self-care.

Figure 11

Project Evaluation of Self-Care Practice in Nursing Results for 14 Returned Completed Surveys



Process Improvement Data

The outcomes of the project were successful and effectively achieved. The participants were provided the opportunity to examine personal strengths and limitations in self-care through the MSCS-Standard survey completion, then discussed and demonstrated methods that could strengthen areas of limitations during lecture and role-play. Through participation in the project, participants were exposed to a variety of self-care techniques to enhance knowledge and awareness of methods that could be utilized in the present and future, which may change the participant's mindset on the overall importance and potential impact of self-care in nursing.

The short-term impact of the project was measured by the participant responses on the Project Evaluation of Self-Care Practice in Nursing post-survey. Seventy-nine percent of participants responded agree or strongly agree to having a greater appreciation for self-care after participation in the project (Figure 9). The long-term potential impact of the project was unmeasurable, as the lives of many patients may be positively impacted by their nurse practicing self-care techniques on a routine basis and possessing knowledge of the influence of self-care in decreasing job turnover, burnout, and improving patient care outcomes. Ninety-three percent of participants that responded selected agree or strongly agree that utilizing self-care techniques will be important in their future nursing career. Seventy-one percent of participants indicated patient care outcomes will improve with routine practice of self-care techniques (Figure 11).

To sustain this project, nursing faculty members were encouraged and instructed on self-care techniques to share and practice briefly the first few minutes of each class or during clinical post-conference with students to demonstrate and reinforce

the importance of self-care in nursing. The Project Evaluation of Self-Care Practice in Nursing post-survey indicated 93% of participants agree or strongly agree that self-care lectures and activities should be integrated into nursing courses (Figure 9). Many faculty have verbally expressed interest in integrating self-care into the classroom and improving personal self-care as nursing faculty. In the future, measurements of self-care could be collected at the beginning of the nursing program, administering the Mindful Self-Care Scale to nursing students during the first semester of the program, then administer again at the end of the final semester to assess if self-care has increased, decreased, or remained the same throughout enrollment as a nursing student.

Conclusion

Stress impacts the nursing student and future nurse throughout one's career, yet is equipped with self-care coping strategies allows one to sufficiently identify and manage stressors that are certain to arise. Identification of one's areas of strengths and limitations within the six self-care domains allows one to become more cognizant of areas one excels in and areas in self-care one require to further cultivate and develop. If one does not adequately attend to self-care measures, the implications for the nurse, healthcare organization, and patient outcomes could be detrimental. Through the integration of self-care education into the nursing curriculum, current students could be positively impacted in the classroom and clinical setting, potentially decreasing attrition rates while in college through improved stress management. These future nurses will have a further awareness of the positive impact one's self-care can have not only upon their personal health and well-being but the relation of self-care to outcomes in patient care, which can positively impact the lives of many for years to come.

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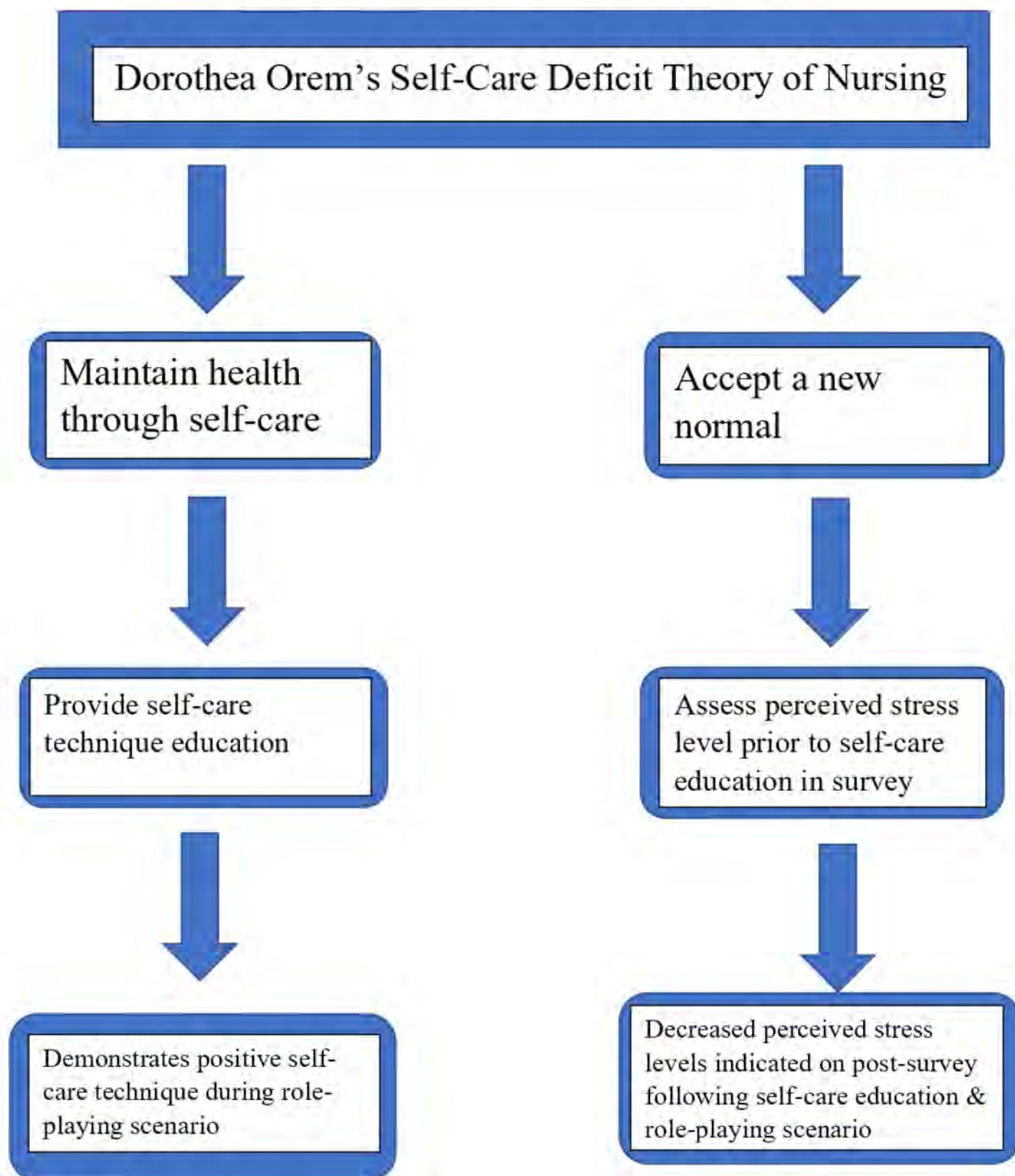
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Appendix A

Dorothea Orem's Self-Care Deficit Theory of Nursing



Appendix B

DNP Project Gantt Chart

DNP Project Planner

Select a period to highlight at night. A legend describing the charting follows.

Period Highlight: 1

Plan Duration

Actual Start

% Complete

Actual (beyond plan)

% Complete (beyond plan)

[illegible]

Appendix C

Work Breakdown Structure (WBS) Definition Table



Level	WBS Code	Element Name	Definition
1	1	Self-Care DNP Project	All work to implement a Self-Care DNP Project.
2	1.1	Assessment	The work to assess need for the project.
3	1.1.1	Identify Problem	Identify the need and background of the issue.
3	1.1.2	Create Problem Statement	Create 1-2 sentence problem statement.
3	1.1.3	Review Literature	Initial literature review specific to the problem and create in Matrix Format.
3	1.1.4	Create Goals & Objectives	Develop goals and objectives for the project.
3	1.1.5	Apply to Theoretical Underpinnings	Select a theoretical underpinning to apply to the DNP Project.
2	1.2	Planning	The work for the planning process for the project.
3	1.2.1	Create Preliminary Plan	Project Manager creates a preliminary plan.
3	1.2.2	Determine Project Team	The Project Manager determines the project team.
3	1.2.3	Project Team Committee Kickoff Meeting	The planning process is officially started with a project kickoff meeting which includes the Project Manager and Project Team.
3	1.2.4	Develop Project Plan	Under the direction of the Project Manager the team develops the project plan.
3	1.2.5	Attend Self-Care Webinars	Project Manager attends online Self-Care Webinars to learn techniques to share with students.
3	1.2.6	Develop Observation Instrument	Project Manager researches to find or develop Observation Instrument.
2	1.3	Implementation	Work involved to execute the project.
3	1.3.1	Project Committee Meeting	Project Manager conducts a formal meeting with the project team and project stakeholders.
3	1.3.2	Obtain IRB Approval	Project Manager will complete IRB Citi Modules and IRB Application.
3	1.3.3	Assess Threats & Barriers	Potential threats and barriers will be assessed prior to implementation to make necessary adjustments.

3	1.3.4	Didactic Lecture	Didactic Lecture is completed and approved to share with students.
3	1.3.5	Lecture PowerPoints	Lecture PowerPoints are completed to accompany didactic lecture to share with students.
3	1.3.6	Case Study Scenarios	Case Study Scenarios are formulated and shared with students following didactic lecture.
3	1.3.7	Pre-Evaluation	Pre-Evaluation of self-care knowledge is assessed prior to didactic lecture.
3	1.3.8	Post-Evaluation	Post-Evaluation of self-care knowledge is assessed following didactic lecture and case study scenarios.
2	1.4	Evaluation	The work to close-out the project.
3	1.4.1	Review Data	A review of all data collected during the project is reviewed and analyzed.
3	1.4.2	Document Recommendations	Project Manager along with the project team performs a lessons learned meeting and documents the recommendations learned from the project.
3	1.4.3	Written Dissemination	Project Manager will complete a written dissemination including: Final Bound Document of either "Full Written Document Including All 9 Steps" or "Manuscript" Ready for Journal Submission.
3	1.4.4	Oral Dissemination	Project Manager will prepare an oral dissemination to present at Hunt School of Nursing Scholar's Day Presentation.
3	1.4.5	Electronic Dissemination	Project Manager will complete an electronic dissemination to submit to GWU Dover Library Digital Commons.

Appendix D

Mindful Self-Care Survey-Standard

Mindful Self-Care Scale

Please cite as: Cook-Cottone, C. P., & Gayler, W. M. (2018). The development and validation of the Mindful Self-Care Scale (MSCS): An assessment of practices that support positive embodiment. *Mindfulness*, 9(1), 163-173.

The Mindful Self-Care Scale (MSCS, 2018) is a 33-item scale that measures the self-reported frequency of behaviors that measure self-care behavior. Note, there are an additional three general questions for a total of 36 items.

Self-care is defined as the daily process of being aware of and attending to one's basic physiological and emotional needs including the shaping of one's daily routine, relationships, and environment as needed to promote self-care. Mindful self-care addresses self-care and adds the component of mindful awareness.

Mindful self-care is seen as the foundational work required for physical and emotional well-being. Self-care is associated with positive physical health, emotional well-being, and mental health. Steady and intentional practice of mindful self-care is seen as protective by preventing the onset of mental health symptoms, job/school burnout, and improving work and school productivity.

This scale is intended to help individuals identify areas of strength and weakness in mindful self-care behavior as well as assess interventions that serve to improve self-care. The scale addresses 6 domains of self-care: mindful relaxation, physical care, self-compassion and purpose, supportive relationships, supportive structure, and mindful awareness. There are also three general items assessing the individual's general or more global practices of self-care: engaging in a variety of self-care activities, planning self-care, and exploring new ways of bringing self-care into the individual's life.

Contact information: Catherine Cook-Cottone, Ph.D. at cpcook@buffalo.edu

Circle the number that reflects the frequency of your behavior (how much or how often) within past week (7 days):

Never (0 days)	Rarely (1 day)	Sometimes (2 to 3 days)	Often (4 to 5 days)	Regularly (6 to 7 days)
1	2	3	4	5

Reverse-Scored:

Never (0 days)	Rarely (1 day)	Sometimes (2 to 3 days)	Often (4 to 5 days)	Regularly (6 to 7 days)
5	4	3	2	1

The questions on the scale follow.

Mindful Self-Care Scale

Mindful Relaxation (6 items)

I did something intellectual (using my mind) to help me relax (e.g., read a book, wrote)	1	2	3	4	5
I did something interpersonal to relax (e.g., connected with friends)	1	2	3	4	5
I did something creative to relax (e.g., drew, played instrument, wrote creatively, sang, organized)	1	2	3	4	5
I listened to relax (e.g., to music, a podcast, radio show, rainforest sounds)	1	2	3	4	5
I sought out images to relax (e.g., art, film, window shopping, nature)	1	2	3	4	5
I sought out smells to relax (lotions, nature, candles/incense, smells of baking)	1	2	3	4	5

Total _____

Average for Subscale = Total/# of items _____

Physical Care (8 items)

I drank at least 6 to 8 cups of water	1	2	3	4	5
I ate a variety of nutritious foods (e.g., vegetables, protein, fruits, and grains)	1	2	3	4	5
I planned my meals and snacks	1	2	3	4	5
I exercised at least 30 to 60 minutes	1	2	3	4	5
I took part in sports, dance or other scheduled physical activities (e.g., sports teams, dance classes)	1	2	3	4	5
I did sedentary activities instead of exercising (e.g., watched tv, worked on the computer) <i>*reverse scored*</i>	5	4	3	2	1
I planned/scheduled my exercise for the day	1	2	3	4	5
I practiced yoga or another mind/body practice (e.g., Tae Kwon Do, Tai Chi)	1	2	3	4	5

Total _____

Average for Subscale = Total/# of items _____

Mindful Self-Care Scale

Self-Compassion and Purpose (6 items)

I kindly acknowledged my own challenges and difficulties	1	2	3	4	5
I engaged in supportive and comforting self-talk (e.g., "My effort is valuable and meaningful")	1	2	3	4	5
I reminded myself that failure and challenge are part of the human experience	1	2	3	4	5
I gave myself permission to feel my feelings (e.g., allowed myself to cry)	1	2	3	4	5
I experienced meaning and/or a larger purpose in my <u>work/school</u> life (e.g., for a cause)	1	2	3	4	5
I experienced meaning and/or a larger purpose in my <u>private/personal</u> life (e.g., for a cause)	1	2	3	4	5

Total _____

Average for Subscale = Total/# of items _____

Supportive Relationships (5 items)

I spent time with people who are good to me (e.g., support, encourage, and believe in me)	1	2	3	4	5
I scheduled/planned time to be with people who are special to me	1	2	3	4	5
I felt supported by people in my life	1	2	3	4	5
I felt confident that people in my life would respect my choice if I said "no"	1	2	3	4	5
I felt that I had someone who would listen to me if I became upset (e.g., friend, counselor, group)	1	2	3	4	5

Total _____

Average for Subscale = Total/# of items _____

Supportive Structure (4 items)

I maintained a manageable schedule	1	2	3	4	5
I kept my work/schoolwork area organized to support my work/school tasks	1	2	3	4	5

Mindful Self-Care Scale

I maintained balance between the demands of others and what is important to me	1	2	3	4	5
--	---	---	---	---	---

I maintained a comforting and pleasing living environment	1	2	3	4	5
---	---	---	---	---	---

Total _____

Average for Subscale = Total/# of items _____

Mindful Awareness (4 items)

I had a calm awareness of my thoughts	1	2	3	4	5
---------------------------------------	---	---	---	---	---

I had a calm awareness of my feelings	1	2	3	4	5
---------------------------------------	---	---	---	---	---

I had a calm awareness of my body	1	2	3	4	5
-----------------------------------	---	---	---	---	---

I carefully selected which of my thoughts and feelings I used to guide my actions	1	2	3	4	5
---	---	---	---	---	---

Total _____

Average for Subscale = Total/# of items _____

General (3 items – not to be averaged)

I engaged in a variety of self-care activities	1	2	3	4	5
--	---	---	---	---	---

I planned my self-care	1	2	3	4	5
------------------------	---	---	---	---	---

I explored new ways to bring self-care into my life	1	2	3	4	5
---	---	---	---	---	---

Mindful Self-Care Scale

Total Score Summary

Be sure you have correctly scored your reversed-scored item

Averaged Score Subscale

- _____ Mindful Relaxation
- _____ Physical Care
- _____ Self-Compassion and Purpose
- _____ Supportive Relationships
- _____ Supportive Structure
- _____ Mindful Awareness
- General – 3 separate scores:
- _____ Variety
- _____ Planning
- _____ Exploring

Shade in your average score for each subscale below:

5						
4						
3						
2						
1						
Scale	Mindful Relaxation	Physical Care	Self-Compassion & Purpose	Supportive Relationships	Supportive Structure	Mindful Awareness

For a long version of the scale and a detailed description of the source scale see:

Cook-Cottone, C. P. (2015). *Mindfulness and yoga for embodied self-regulation: A primer for mental health professionals*. New York, NY: Springer Publishing.

Appendix E

Self-Care Role-Play Scenarios

Learning Outcome: Identify one appropriate self-care strategy that would be applicable to each role-play scenario.

Scenario 1

Upon arrival to work on your Medical unit at the hospital, you are instructed to report to the surgical unit for your 12-hour shift as it is your turn to be floated to another unit. You have only been off of New Graduate Orientation with your preceptor for three months on your Medical unit. You arrive to the assigned surgical unit, not sure where to go to receive report or where to place your belongings. The staff you encounter are not very friendly, only pointing you in the direction of the breakroom and requesting you hurry back so they can give report and go home. You receive report on your 6 patients, with 2 patients on call to go to surgery and to ensure the surgical checklist is completed and consent forms are all signed. The third patient has returned from surgery 1 hour ago and is on the post-operative vital sign protocol. The fourth patient is receiving a blood transfusion that should be complete within the next hour. The fifth patient has just received orders during your report to initiate a patient-controlled analgesia (PCA) pump, which you have not worked with on your unit. The sixth patient is scheduled for discharge to a long-term care facility at 0900 and will need report called prior to their transfer.

Scenario 2

One of the patients you are caring for during your scheduled night shift in the Emergency Department (ED) is a fourteen-year-old boy that was in a 4-wheeler accident early this afternoon. While driving up a steep hill, the 4-wheeler overturned and the boy and his 4-wheeler rolled down an embankment. The boy was not wearing a helmet, but only appeared to have some scratches and bruises present after the accident. The parents felt very fortunate and did not see a need to bring their son to the ED following the accident until he began vomiting later in the evening and was confused. He has just arrived from triage to the ED room accompanied by both his parents. As you are on the way to complete your initial assessment on this patient, you hear the parents frantically yelling and quickly run to the patient's room to observe seizure activity and cyanotic skin and lips. You immediately get assistance and the boy requires cardiopulmonary resuscitation (CPR), which you initiate. Despite aggressive measures of prolonged CPR and administration of multiple medications, the 14-year-old's death is pronounced by the ED physician. When the physician shares this news with the parents that were waiting outside of their son's room, the father becomes irate, yelling and cursing, stating this is all your fault, pointing directly at you, saying what a worthless, sorry nurse you are when their son walked into the ED perfectly fine and now you have killed him.

Verbal Debriefing Questions

How did you react following the scenario?

How did you feel following the scenario?

Have you experienced a common scenario before and how did you react?

Can you think of any strategy to better deal with this scenario in the future?

What did you learn from this scenario?

Appendix F

Project Evaluation of Self-Care Practice in Nursing Post Survey

Directions: Please indicate the range which best reflects your current attitude with each statement listed in the chart below by placing a check mark in the appropriate column.

	Strongly Disagree 1	Disagree 2	Neutral 3	Agree 4	Strongly Agree 5
I cannot change my reactions when I am overwhelmed with stress in the workplace.					
I have a greater appreciation for self-care after participating in this project.					
I plan to incorporate self-care techniques into my personal and professional life.					
I feel the role-play scenario assisted to better understand and learn how to react to stress in the healthcare setting.					
I have knowledge of positive therapeutic self-care techniques to incorporate in stressful situations in nursing.					
I can proficiently demonstrate a self-care technique when encountering a stressful situation in healthcare.					
I believe self-care lecture and activities should be integrated into nursing courses.					
I feel utilizing self-care techniques will be important in my future nursing career.					
I will seek new self-care techniques for my personal and professional life.					
I feel my patient care outcomes will improve with routine practice of self-care techniques.					

Please include any comments or suggestions you have about the Self-Care Practice in Nursing Project and how this educational activity will impact your patient care. Feel free to use the back of the form if needed. Comments: