Promoting a Culture of Self-Care: Application of a Caring Science Framework to Prevent Nursing Faculty Burnout

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Promoting a Culture of Self-Care: Application of a Caring Science Framework to Prevent Nursing Faculty Burnout

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Author’s Message

This work started as a deeply personal undertaking to re-balance my work/life endeavors. Reconnecting with Jean Watson’s Theory of Human Caring has been foundational to my well-being and sustaining my nursing practice. I have been able to refocus and again find meaning and satisfaction in my life and work. Additionally, my attention to Human Caring, and specifically more intentionally caring for myself, has also served to alleviate the stress and self-doubt that intensified these last two years while teaching, learning, and living during COVID. I have felt very privileged to be able to share this perspective and the benefits of self-care practices with my colleagues throughout this project, and into the future, as a Caritas Coach®.
Acknowledgements

I would like to take this opportunity to express my gratitude to all those who have supported me on this journey. Gayle Novack, MAOM, BSN, RN, HNB-BC, Caritas Coach® for her wisdom and guidance throughout the CCEP. A. Lynne Wagner, EdD, MSN, RN, FACCE, HMCT, Caritas Coach® whose continued teaching, insight, and expertise served to ensure my being true to Caring Science, to Jean Watson’s 10 Caritas Process®, to my developing role as Caritas Coach, and most importantly, to myself. Cathleen Colleran, DNP, RN, Caritas Coach® and Department of Nursing faculty who has been a source of support and encouragement from the beginning. Gene Harkless, DNSc, APRN, FNP-BC, CNL, FAANP for supporting my enrollment in the CCEP. To my colleagues in the DON for placing their trust in me and participating in the project. Eta-Iota at Large Chapter of Sigma Theta Tau for grant monies that contributed to this project. Kathleen Grace-Bishop, MHSA, MCHES from UNH Health and Wellness for sharing her time and expertise. Finally, my ability to complete this work would not have been possible without the love, deep belief, and endless patience of my husband, Rob, daughter Zola and son Bennett, my mother, Barbara, sister Celeste and brother Joseph, and countless friends who cheered me on along the way. Thank you.
Abstract

BACKGROUND: Threats to nurses’ well-being from chronic workplace stress often leads to burnout. Lack of self-care contributes to nursing faculty burnout due to the inability to maintain well-being. Emerging evidence points to theory guided self-caring practices as effective coping strategies to manage the negative effects of workplace environments on well-being.

METHODS: This quality improvement project aimed to provide nursing faculty and staff in the academic workplace with opportunities to cultivate and enhance self-care practices to promote overall health and well-being following principles of Caring Science and Jean Watson’s 10 Caritas Processes®. A multifaceted set of interventions were provided: develop an on-line learning community, provide an experiential opportunity to explore and practice self-care, and design a healing space within the department to support self-care practices.

RESULTS: The Watson Caritas Self-Rating Score © was used to measure perceptions of self-caring. Participants’ lower scores were associated with statements pertaining to self-care practices and treating oneself with loving kindness. Higher scores were noted in two statements: having helping and trusting relationships with others” and “valuing beliefs and faith, allowing for personal success”. Narrative analysis revealed participants feelings about experiencing uncaring behaviors and the work environment being unsupportive and a source of stress while also expressing experiencing caring behaviors and wanting opportunities to create a more positive workplace environment that values discussion and sharing. Other findings were the need to prioritize self-care, commitment to take action to integrate self-care practices into their daily lives, and engagement in reflective practice to enhance self-care.

CONCLUSIONS: Participant responses demonstrate the need among Department of Nursing (DON) faculty and staff to better prioritize self-care. Findings indicate that self-reflection and
prioritizing caring for self may enhance an individual’s coping mechanisms and be an effective intervention to managing workplace stress and maintaining well-being. Moreover, engaging in self-caring practices to overcome workplace stress allows all faculty and staff to contribute to building a supportive healing work environment and culture of caring.

*Keywords:* Caring Science, academic, nursing, stress, burnout, self-care, Watson, Caritas, well-being
Promoting a Culture of Self-Care: Application of a Caring Science Framework to Prevent Nursing Faculty Burnout

Introduction

*The Future of Nursing 2020-2030: Charting a Path to Achieve Health Equity* (National Academies of Sciences, Engineering, and Medicine, 2021) was written to serve as a guide to support nurses in “charting a path for themselves while they work to serve others” and called for a strengthening of the nursing workforce with an emphasis on the health and well-being of all nurses (National Academies of Sciences, Engineering, and Medicine, 2021, p. xi). The report also notes that building a strong nursing workforce is a key area that will enhance nursing’s role in improving health and health care equity. The current nursing workforce shortage is a problem known to be compounded by the fact that “nursing schools across the country are struggling to expand capacity” to meet demands of an already strained healthcare system (American Association of Colleges of Nursing [AACN], 2020a). As written in the AACN’s (2020b) *Nursing Faculty Shortage Factsheet*, “Faculty shortages at nursing schools across the country are limiting student capacity at a time when the need for professional registered nurses continues to grow” (para.1).

An important factor to consider when looking at nursing faculty shortage is burnout and intention to leave the profession. Thomas et al. (2018) reports that chronic stress and burnout in nursing faculty are often overlooked when compared to acute care peers, despite that chronic stress “is a direct contributor to the nurse faculty shortage and overall nursing shortage” (p. 112). As was written in *The Future of Nursing 2020-2030*, “All environments in which nurses work affect the health and well-being of the nursing workforce. Ultimately the health and well-being
of nurses influence the quality safety and cost of the care they provide, as well as organizations and systems of care” (p. 12).

*Burnout* in nursing is considered an occupational phenomenon. Theory guided practice can provide a framework for nurses to better make sense of their experiences. According to Younas and Quannell (2019), nursing theory is needed as it “predicts and explains nursing phenomena . . .” (p. 541). However, absent in discussions of interventions to decrease burnout among nursing faculty is reference to an underlying framework or nursing theory to inform and guide practice. Theory guided practice allows for personal knowing and self-reflection, which in turn, enhances nursing knowledge and practice. Engaging in reflective practice can increase a nurses’ understanding of experiences and factors that contribute to burnout and therefore help the nurse to identify effective interventions to mitigate stresses. Jean Watson’s Caring Science and her 10 Caritas Processes® may provide such a framework that guides faculty in cultivating self-care practices into their workday.

**Problem Description**

Although there has been extensive research regarding burnout in nursing, less has been studied about the factors contributing to stress, burnout, and intention to leave among nursing faculty (Yedidia et al., 2014). Even less available are studies looking at impact of stress on academic support staff, the quality of work relationships, job demands, and control over work assignments which appear to be significant factors in contributing to workplace stress and well-being (Kabito et al. 2020). Studies have shown that *emotional exhaustion* among nurse faculty most often resulted from dissatisfaction with workload and flexibility to balance work and family life, which leads to stress, burnout, and intent to leave their position (Yedidia, 2014; AACN, 2019a; Farber et al., 2020). Unlike their colleagues in clinical practice, nursing faculty
experience additional stressors in relation to expectations in professional development, service, and research, while also continuing to hold clinical positions along with their full-time teaching role (Sacco and Kelly, 2021). Additionally, nurse faculty may experience secondary stress leading to burnout related to expected mentoring, counseling, and advising students and other faculty peers (Thomas et al., 2019).

As written in the introduction in *The Future of Nursing 2020-2030*, Chapter 10, *Supporting the Health and Professional Well-Being of Nurses:*

Nurses’ health and well-being are affected by the demands of their workplace, and in turn, their well-being affects their work and the people they care for. As it has in so many other areas, COVID-19 has imposed new challenges for the well-being of nurses. But it also has offered opportunities to give nurses’ well-being the attention it deserves and to address the systems, structures, and policies that create workplace hazards and stresses that lead to burnout, fatigue, and poor physical and mental health (p. 301).

This quality improvement project was one such opportunity that aimed to provide nursing faculty and staff with opportunities to cultivate and enhance self-care practices to promote overall health and well-being following principles of Caring Science and Watson’s *10 Caritas Processes*. Nursing faculty and staff were invited to take part in opportunities to cultivate self-care practices, to collaborate, and to integrate them into their daily life at work and home. The ability for nurses to care for their own well-being is an essential for well-being, as caring for themselves is a prerequisite to caring for others (Farber, 2020; Watson, 2008; 2010; 2018). *The Future of Nursing 2020-2030* reminds us that nurses are responsible for identifying their own needs and take the necessary steps to invest in their well-being. Additionally, the American Nurses
Association (ANA) *Code of Ethics (2015)*, Provision 5, states “That the nurse owes the same duties to self as to others, including the responsibility to promote health and safety . . .” and that “nurses should eat a healthy diet, exercise, get sufficient rest, maintain family and personal relationships, engage in adequate leisure and recreational activities, and attend to spiritual and religious needs—activities to promote and maintain their own health and well-being” (p. 19).

Farber et al. (2020) warns that the future nursing workforce is dependent upon faculty who are willing to teach, and there is an “an urgency for the nursing education community to address these issues” (p. 592). Additionally, nursing faculty must also recognize their role as nurse educators in socializing students into the profession. About this, *The Future of Nursing 2020-2030* speaks to the dissonance created when faculty urge students to adopt healthy habits and well-being practices but do not demonstrate those behaviors themselves. The lack of faculty who role model self-care behaviors increases the likelihood that these students will repeat these patterns of poor self-care in their own professional practice.

While nurses may know the importance of self-care, barriers to practicing self-care exists. One study exploring barriers and facilitators to self-care among registered nurses found that lack of time, lack of resources, fatigue, and outside commitments factored prominently as barriers to engaging in healthy self-care practices (Ross et al., 2019). These finding reinforce the statement in *The Future of Nursing 2020-2030* that although nurses understand the importance of self-care, that knowledge does not always translate into action” (p. 317). Moreover, among nurse faculty, Thomas et al. (2018) reports that “while most nurse faculty know about chronic stress and burnout, they may not personally recognize the symptoms in their own life” (p. 111). Burnout can be difficult to identify, and burnout manifestations vary of burnout among the individuals experiencing it. This lack of awareness contributes to delays in responding and
managing the stressors. Due to the personal nature of factors contributing to burnout, self-reflection and engagement in self-care activities and other behaviors to mitigate the effects of chronic stress is a necessary and effective means to manage workplace stress.

Considered within this context, it becomes even more essential that attention be paid to both organizational and individual factors that contribute to stress and burnout. It is critically necessary that interventions be developed to mitigate the effects of chronic workplace stress on nursing faculty, recognizing the impact that the health and well-being of each faculty member impacts the health and well-being of the larger community in which they work and live.

**Available knowledge**

**Burnout**

The World Health Organization (WHO) International Classification of Diseases (ICD-11) defines burnout as “a syndrome resulting from chronic workplace stress that has not been successfully managed” (2019). According to the research, burnout is typically characterized by several features: (a) feelings of energy depletion or exhaustion, being drained, depressed, unable to cope; (b) alienation of self from work related activities and/or increased mental distance from one's job or feeling negative, frustrated, cynical about one’s work; and (c) reduced work performance, professional efficacy, concentration, and creativity. (AACN, 2021; Thomas et al., 2019). In short, “burnout is mostly a job-related phenomenon” (Thomas et al., 2019, p. 111).

Studies have identified increasing workload, poor compensation, and lack of work-life balance among the more significant contributors to nursing faculty burnout (Farber et. Al, 2020; Thomas et al., 2019; Yedidia et al., 2014). Interesting to consider is the cyclical nature of how the faculty shortage contributes to increased workload (Thomas et al., 2019; Yedidia et al., 2014).
Other notable contributing factors for experiencing stress and burnout in academic nursing found in the literature includes incivility, lack of administrative support, lack of mentorship, lack of preparation in the faculty role, and multiple, competing demands of teaching, service, and scholarship expectations and as an added pressure, the responsibility to prepare the coming nursing workforce to meet the demands of our current, and future, healthcare system (Thomas et al., 2019; Yedidia et al., 2014). In their study exploring aspects of work-life associated with intent to leave academic nursing, Yedidia et al. (2014) also used the term emotional exhaustion to describe the “emotional overload characterized by feelings of being drained and used up by one’s work and lacking the energy to face another day” (p. 571). In fact, their study found that levels of emotional exhaustion were higher among nursing faculty than those nurses in clinical roles as previously reported in the literature, with additional findings indicating that high emotional exhaustion was independently associated with intent to leave academic nursing (Yedidia et al., 2014).

The term compassion fatigue has also been used in the literature to describe this phenomenon associated with feelings of hopelessness and reduced work efficacy (Farber et al., 2020). While The Future of Nursing 2020-2030 considers compassion fatigue a distinct phenomenon from burnout, it is noted that “it occurs when a nurses’ ability to empathize with people is reduced as a result of repeated exposure to others suffering” (National Academies of Science, Engineering, and Medicine, 2021, p. 310). Interestingly, a lack of self-care was identified as an individual factor contributing to compassion fatigue (National Academies of Science, Engineering, and Medicine, 2021, p. 310). The capacity to experience compassion for self and others is highly relevant to discussion regarding self-care as an antidote for burnout.
As Watson (2008) writes, “If a nurse is not sensitive to her or his own feelings, it is difficult to be sensitive to another” (p. 69).

Also relevant to this discussion is the consideration of the impact the COVID-19 pandemic has had on nursing faculty. As noted by Sacco and Kelley (2021) in their study aiming to describe nursing faculty experiences during COVID-19, the authors reported that the need to remain competent in teaching and increased use of technology were added stressors. However, it is felt that these workplace stressors were likely “compressed by the additional stressors found in nursing academia brought on by the COVID-19 pandemic” (p. 285). Thomas et al. (2019) provides one example of this in the increasing on-line learning environment contributing to a 24/7 work life, which in turn, contributes to chronic stress that leads to burnout.

**Self-Care**

While identifying causes of faculty burnout can help to identify effective strategies to mitigate each of their effects, organizational strategies alone are not sufficient. Research shows that lack of self-care contributes to nursing faculty burnout due to the inability to maintain well-being. (Farber et al., 2022). Adding to this, as written in the *Future of Nursing 2020-2030*, there is emerging evidence that despite organizational or system barriers to well-being, “some nurses are able to remain healthy and whole and grow in response to adversity” (p. 317). Findings presented in a systematic review and meta-analysis of nurses’ burnout during COVID-19 echo these findings and that individual capacity to boost resiliency increases ability to cope with the negative effects of work systems on well-being (Galanis et al., 2021). Authors suggest that because the factors contributing to burnout are multifactorial, emphasis to mitigate the effects should instead be placed on interventions that promote *protective measures* (Galanis et al., 2021). In fact, how much one enjoys their work has been identified as a protective factor in and
of itself (Ross et al., 2019). Moreover, Brewer et al. (2020) writes that while management of the organizational environment is important, a more effective intervention in mitigating negative effects of the work environment is “theory guided professional self-caring practices” (p. 86).

Watson (2021) states, “An intentional focus on caring and healing practices helps to sustain caring” (p. 58). The *Future of Nursing 2020-2030* recommends that employers help support individual nurses in bolstering personal, protective, capabilities that may modify the effects of work systems on well-being. Providing examples such as education, resources, and training in mindfulness, resilience, and healthy habits, *The Future of Nursing 2020-2030* additionally emphasizes that “nurses also have an important role to play in promoting their own well-being” (p. 316). As a helping profession, a nurses caring is typically more focused on meeting needs and promoting well-being in others. As such, “Nurses don’t always recognize that the duty to care for others and the duty to attend to one’s own well-being are equal ethical obligations” (ANA, 2015, p. 15).

**Rationale**

“A professional discipline includes theories and research that inform a professional practice” (Smith, 2019, p. 5). Jean Watson’s Theory of Human Caring (2008; 2010; 2018; 2021, more specifically, her 10 Caritas Processes®, rooted in Caring Science, provides the theoretical foundation for this project. Caring Science is founded on a humanistic-moral-ethical philosophy that informs knowledge and practice based on the premise that caring is universal. The Caring Science framework offers a disciplinary foundation for nursing, providing a relational, values-based orientation that gives language for what nursing is, and what nursing does.

Caring Science differentiates from empirical science as it is also informed by humanities and the arts, which complement and expand empirical science by considering all ways of
knowing and embracing our shared human experience in all its complexity, as opposed to nursing practice based solely upon empirical science and medical knowledge. One must consider multiple ways of knowing, beyond empirical knowing, such as aesthetic, ethical, personal, political, and “unknowing”, to increase self-awareness, caring, and connection with others (Wagner et al., 2020). As Zander writes, this intentionality to seek out further knowing of the subjective experience is important because it “places us in a position of openness necessary to understand the complex realities of people and their world view” (p. 9).

Caring Science as defined by Watson (2018) “is an extant, evolved, unitary model of science, grounded in a moral-ethical unitary ontological praxis that promotes, preserves, and sustains human dignity, wholeness, caring-healing, and health for all” (p. 60). The basis of her theory is that caring is universal, and that Caring Science sets a moral orientation that guides actions and that informs nursing knowledge and practice. Through concern for self and others, honoring the subjective, attending to the spiritual, and being open to miracles, nursing can fulfill its purpose of caring for, and healing, humanity. Nursing theory guided practice (NTGP) “is essential for the continuous progress of nursing as a discipline and a science and for improving the quality of nursing care” (Younas and Quennell, 2019, p. 541).

The origin of Watson’s work dates to 1979 with publication of her first book, Nursing: The Philosophy and Science of Caring and since, Watson’s theoretical and personal evolution stems from her commitment to develop a distinct caring philosophy that embodies the essence of nursing as both a discipline and profession, identifying nursing’s mission “to care for and heal self and humanity” (Horton-Deutsch & Anderson, 2018, p. 5).

A key element of Watson’s theory are the 10 Caritas Processes®. In contrast to medicine’s curing orientation, using the term “caritas” was intentional to “indicate caring as
more than a slogan” (Watson, 2018, p. 52). *Caritas* is a Latin term meaning to “cherish, appreciate and to give special, if not loving attention to” (Watson, 2018, p. 44). The 10 Caritas Processes provides nurses with the opportunity to operationalize the value system of Caring Science; they embody the core concepts of Caring Science and serve to guide theory into caring actions, helping to translate theory in practice (Watson, 2021).

Although presented in numerical order, it is important to understand that one may enter and exit from each of these processes in a non-linear way. The intention of the 10 Caritas Processes is not about providing a checklist of behaviors, but instead serve to guide theory into caring actions by creating an awareness of how one is, and how one could be; it is about making a conscious choice about how to be in any given moment with self and with other. The 10 Caritas Processes reminds us that to evoke the essence of Human Caring, we are required to be authentic, present, relational and maintain an intention to seek connection, a *being with* rather than *doing to* another.

The first Caritas Process (CP), *Embrace (Loving-Kindness) Sustaining Humanistic-Altruistic values by practice of loving-kindness, compassion, and equanimity with self/others*, is the foundation on which all subsequent CPs are built and the focus of this project. To engage in behaviors that support self-care and self-compassion are essential because “how one is with oneself affects how one is with others” (Watson, 2018, xvii). Caring for self and others is considered a moral and ethical commitment; and caring for self a prerequisite for caring for others. Valuing and believing that you are worthy to be cared for allows you to attend to your mind-body-spirit well-being and sustains self-care practices (Wagner, 2020). As Watson (2008) writes:
Without tending to and cultivating one's own spiritual growth, insight, mindfulness, and spiritual dimension of life, it is very difficult to be sensitive to self and other. Without this lifelong process in journey, we can become hardened and brittle and can close down our compassion and caring for self and other (p. 67).

Within this framework, self-care practices do not simply refer to engaging in the tasks of self-care, such as exercise, eating well, getting enough sleep, although important, but rather requires a deep commitment to grow in our self-awareness, to reflect to promote renewal and healing from within. Instead, “self-care is based on reflective caring healing practices to promote and sustain the development of self-awareness mindfulness and caritas consciousness” (Horton-Deutsch & Anderson, 2018, p. 8). The complete list of Watson’s 10 Caritas Processes can be found in Appendix A.

“We practice who we are, we teach who we are, we live who we are as a person—thus, this work requires a personal transformation for our journey to a higher level of consciousness” (Watson, 2018, 46). A culture of caring starts with caring for self, and while the work of developing one’s Caritas Consciousness is done on an individual level, learning to love and accept oneself impacts the department, the students, and ultimately, our patients. As was written, “One of the greatest blocks to loving kindness is our own sense of unworthiness”, reminding us why first showing ourselves loving kindness is essential for our lives and work (Watson, 2008, p. 42).

“Through diligent articulate and honest reflection on the systems that are maintained and sustained by nursing the profession may begin to rid itself of nursing specific malignancies such as compassion fatigue burnout moral distress and horizontal violence…” (Watson, 2021, pp. 18).
Horton-Deutsch and Anderson (2018) further note the positive impact that cultivating self-care practices has on the environment and culture, having the power to transform the organization “from the inside out” (p. 11)

**Specific Aims**

This quality improvement project aimed to promote integration into an academic nursing workplace self-care practice based on core principles of Jean Watson’s 10 Caritas Processes, grounded in Caring Science (2008; 2010; 2018; 2021). Nursing faculty and staff in the Department of Nursing (DON) were invited to take part in opportunities to cultivate individual self-care practices, to collaborate, and to integrate them into their daily life at work and home. Self-reflection and caring for self are effective and necessary interventions to mitigate the effects of chronic workplace stress, increase well-being, and prevent burnout. Therefore, this project focused on raising awareness and specific self-care because, as Watson (2021) states, “An intentional focus on caring and healing practices helps to sustain caring” (p. 58).

The tagline from the American Nurses Association’s *Healthy Nurse Healthy Nation* (2022) campaign, “Improving the Nation’s Health- One Nurse at a Time”, provides supporting evidence of an individual’s self-care beliefs and behaviors being foundational to nursing’s efficacy in maintain the health of our nation. The specific aims included:

1. 50% of DON faculty and staff would participate in the Caring Science and Self-Care on-line community that served to increase knowledge, and facilitate adoption, of self-care practices grounded in Caring Science and Watson’s Theory of Human Caring among DON faculty to enhance self-care during the intervention period.
2. One third DON faculty and support staff would participate in an experiential DON Reflective Practice and Mindfulness Retreat, aimed at increasing awareness and understanding of reflective practice and mindfulness and commitment to self-care, on February 26, 2022.

3. Daily use of the Zen Den designed to support and encourages self-care and caring practices in the work setting during the intervention period.

The outcomes were measured through the completion of a pre and post self-care survey, on-line course activity reporting, and analysis of participants narrative responses throughout the project intervention period. Process measures were evaluated in the DON retreat program evaluation, Qualtrics survey on room use, and narrative responses throughout the intervention period. The goal was that participants would show increased self-caring scores and intention to integrate self-care into their daily work and home lives.

Methods

Context

The DON has experienced significant change in the past two years; most notably the building of the Health Science Simulation Center (HSSC), which houses primarily Clinical Faculty. Tenured and Tenured Track Faculty offices remain in Hewitt Hall. Retirement of several tenured faculty and an increasing student enrollment that has required the doubling of administrative support and on-boarding of new faculty with more than 40% of current faculty having been hired just within the last two years. There has also been recent, open recognition among faculty of a need to decrease factors that contribute to stress and burnout among members of the department, for example, scheduling fewer, but more productive, departmental meetings or improving new faculty-onboarding procedures and resources. In conversations with colleagues,
one faculty member shared their interest in “turning the stress of the last few years into a growth opportunity for everyone here in the department”.

**Setting**

“The University of New Hampshire (UNH) is the state’s flagship public research university providing comprehensive, high quality undergraduate programs and graduate programs of distinction” (CCNE Self Study 2020, p. 4). The DON is situated in the College of Health and Human Services, one of 11 colleges and graduate schools within UNH. The programs of study offered are the Baccalaureate Nursing Program, multiple tracks within the Graduate Nursing Program, several Post-master’s Certificate Programs, and the Doctor of Nursing Practice (DNP) Program. The DON is composed of a total of 37 tenure/tenure track faculty, clinical faculty, lecturers, and adjunct, per course faculty and four administrative staff members. The DON is chaired by a tenured faculty member.

For all full-time faculty, the workload for a nine-month academic year is divided into 8 units. Pre-tenured faculty are expected to teach 4 units, complete 3 units of scholarship, and provide 1 unit of service and tenured faculty may have their teaching increased up to 6 units based on their scholarly productivity. Clinical faculty across ranks are expected to teach 6 units with 2 units of service. Across all DON programs, a teaching assignment may involve classroom, on-line and/or clinical instruction. Most tenure track/tenured and clinical faculty also provide academic advising. Undergraduate advising groups are usually under 25 students, but this can vary based on faculty workload. Additionally, based on their expertise, faculty may supervise student research, master’s theses and/or DNP projects.

In addition to teaching, all faculty are expected to provide service, which includes contributions to the university, including college, school, and department, to one's profession,
and to the community at large through public service and outreach. The department is also highly dependent upon the activities of four support staff.

**Project Team Members**

The Project Team Leader (PTL) was enrolled in a 6-month Caritas Coaching Education Program® (CCEP) through the Watson Caring Science Institute (WCSI) which began on October 01, 2021 and was completed April 01, 2022. One outcome of the CCEP training is to “return to your setting with new insight, wisdom, skills and confidence to give voice and help translate and live-out the theory and philosophy of human caring-healing” (WCSI, n.d.). Successful completion of the CCEP required a capstone Caring Science project that was supported by the institution in which this student works and that provided evidence of the student’s developing caring literacy and the synthesis of caring science knowledge and experience.

In *Dare to Lead: Brave Work. Tough Conversations. Whole Hearts*, Brené Brown (2018) discusses choosing courage over comfort, and the place where courage lives is also home to creativity, growth, and innovation. “Leaders expose themselves to failure, avoid mediocrity, and embrace opportunities rather than retreat from them” (Brown, 2018, p. 111). It was from within this frame of mind that this project was initiated; being authentic and true to self, and to connect with people, allowing for both personal growth and growth of others, with the aim of establishing a common ground on which the department can continue to grow and flourish.

The Practice Mentor for this project is a Caritas Coach Education Program (CCEP) faculty member and has been assigned to the PTL through the CCEP. They have experience in leading organizational change as a Chief Nursing Officer (CNO) of a large urban hospital and metropolitan area ambulatory care sites, whose organization’s nursing
professional practice model is built upon a foundation of holistic practice and Human Caring Science Theory.

The Project Faculty Mentor is a Caring Science Scholar, Watson Caritas Coach, Faculty Associate at Watson Caring Science Institute (WCSI), and Nurse Educator-Consultant. They are a co-founder and a leader of the Massachusetts Regional Caring Science Consortium (MRCSC) that offers programs since 2013 for nurses to explore caring practices together (MRCSC, n.d.).

Cost Benefit Analysis

The AACN reported that in 2019, a total of 80,407 qualified applicants for baccalaureate and graduate nursing programs were denied admittance, with most nursing schools citing that the top reason for not accepting all qualified applicants to their programs was the nursing faculty shortage (AACN, 2020b). And while the nursing faculty shortage is projected to worsen due to upcoming retirements in the current workforce and lack of doctorly prepared nurses to teach, less is understood about how stress and burnout contributes to nursing faculty turnover and the nursing faculty shortage. Yedidia et al. (2014) did find the percentage of faculty surveyed with an intent to leave academic nursing “alarming”, with “almost one third of current faculty members aged 51 to 60 years and one fifth of those 50 years or younger intend to leave academic nursing within five years” (p. 575). While retirement accounts for one third of the current nursing faculty leaving the workforce by 2025, one study did find that younger faculty experienced burnout at a higher rate than experienced faculty (Thomas et. al., 2019). This is an important consideration given the context for this project with DON recent growth and over 60% of current faculty aged 50 years or younger.
There are few studies exploring burnout among nursing faculty as compared to nurse burnout in the clinical setting (Yedidia, 2014; Thomas et al., 2019; Farber et al., 2020). There are fewer studies, if any, investigating costs associated with nursing faculty stress burnout and turnover, with research on costs of vacancy rates and turnover in the hospital setting much more readily available. For example, past studies have estimated that the “average cost of hospital RN turnover per RN ranges from approximately 40,000-100,000” (Muir et al., 2021, para. 3). These costs are mostly associated with RN on-boarding and the need to fill vacated positions with temporary staff, such as travel nurses. One could reason that in the academic setting, the time and resources to on-board new faculty and the filling of vacant positions with adjunct or per course faculty is likely to attribute to higher costs for the department, as well as contribute to overall inefficiencies in teaching and learning practices. Muir et al.’s (2021) recent study did explore nurse burnout- attributed turnover and was able to effectively demonstrate a costs savings of greater than $5000 per nurse per year because of burnout reduction efforts, resulting in both longer retention of nurses and fewer number of nurses experiencing burnout.

Specific costs associated with this project were limited to the initial purchase of items to furnish a room for faculty and staff that supports the integration of self-care practices throughout the workday. Growing in popularity, healthcare organizations are providing these commonly referred to “Restoration Rooms” as private, safe, quiet spaces for nurses to retreat as an effective intervention to combat feelings of stress and fatigue throughout their workday (ANA, 2019). The Zen Den is room# 194, within the Health Sciences Simulation Center (HSSC), the new home to the DON lab and simulation suites, clinical faculty offices, and meeting spaces as of Fall 2022. Most faculty workspaces are within a grouping of cubicles, which limits privacy. The potential was realized to adapt the sparsely outfitted an eight foot by twelve foot lactation room
into the *Zen Den* to create an inviting environment for all DON faculty and staff to practice self-care. A proposal for design of the *Zen Den* was presented and approved by the DON Chair.

Department spending for furnishing the *Zen Den* totaled $1433.82, Table 1 shows the items and cost breakdown.

**Table 1**

**DON Zen Den Costs**

<table>
<thead>
<tr>
<th>Item</th>
<th>Qty</th>
<th>Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Furnishings</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Small Rectangle Foot Stool, Gray</td>
<td>1</td>
<td>34.99</td>
</tr>
<tr>
<td>Bush Furniture Salinas 6 Cube Organizer</td>
<td>1</td>
<td>154.99</td>
</tr>
<tr>
<td>Round Persian Area Rug – blue (5’ 3&quot;)</td>
<td>1</td>
<td>109.00</td>
</tr>
<tr>
<td>Diagonal Collage Frame Holds Three 4x6 Photos (2 pk)</td>
<td>2</td>
<td>29.95</td>
</tr>
<tr>
<td>28” Handmade Rattan Mirror</td>
<td>1</td>
<td>59.99</td>
</tr>
<tr>
<td>Wall Art Living Room Décor - Scenery Triptych Canvas</td>
<td>1</td>
<td>102.65</td>
</tr>
<tr>
<td>4 Pot Small Plants Flowerpot Artificial</td>
<td>1</td>
<td>15.99</td>
</tr>
<tr>
<td>2 Pack Plants Artificial Potted</td>
<td>1</td>
<td>20.49</td>
</tr>
<tr>
<td>Modern Shelf Floor Lamp with Lamp Shade and LED Bulb</td>
<td>1</td>
<td>69.99</td>
</tr>
<tr>
<td><strong>Organizing</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Two Pocket Plastic Dividers, 8 Tab Set, Multicolor, Pack of 3 Sets</td>
<td>1</td>
<td>9.74</td>
</tr>
<tr>
<td>Linen Fabric 3 Ring Binder, 1.5 Inch Binder, for 3 Hole Punch Letter</td>
<td>1</td>
<td>25.95</td>
</tr>
<tr>
<td>Do Not Disturb Door Hanger Sign</td>
<td>1</td>
<td>8.99</td>
</tr>
<tr>
<td><strong>Reading</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>How to Live: Boxed Set of the Mindfulness Essentials Series by Thich Nhat Hanh and Jason DeAntonis</td>
<td>1</td>
<td>44.78</td>
</tr>
<tr>
<td>Unitary Caring Science: Philosophy and Praxis of Nursing by Jean Watson</td>
<td>1</td>
<td>34.95</td>
</tr>
<tr>
<td>Nursing: The Philosophy and Science of Caring, Revised Edition by Jean Watson</td>
<td>1</td>
<td>36.95</td>
</tr>
<tr>
<td>Caring Science as Sacred Science by Jean Watson</td>
<td>1</td>
<td>30.00</td>
</tr>
<tr>
<td>The Three Questions by Jon J. Muth</td>
<td>1</td>
<td>14.69</td>
</tr>
<tr>
<td>Sky Tree: Seeing Science Through Art by T. Locker, C. Christiansen</td>
<td>1</td>
<td>17.22</td>
</tr>
<tr>
<td>Four Seasons of Grieving: A Nurse’s Healing Journey with Nature by A. Lynne Wagner</td>
<td>1</td>
<td>19.95</td>
</tr>
<tr>
<td><strong>Mindfulness Activities</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Noise Cancelling Headphones, Wireless Over Ear, Bluetooth Headphones</td>
<td>1</td>
<td>56.99</td>
</tr>
<tr>
<td>Finger Labyrinth for Mindfulness, Meditation &amp; Stress Relaxation</td>
<td>1</td>
<td>52.00</td>
</tr>
<tr>
<td>LEEDAWEE 3-Fold Mat with Triangle Cushion</td>
<td>1</td>
<td>189.99</td>
</tr>
<tr>
<td>Island Falls Home Zen Garden Kit 11x8</td>
<td>1</td>
<td>45.97</td>
</tr>
<tr>
<td>The Original Buddha Board</td>
<td>1</td>
<td>37.95</td>
</tr>
<tr>
<td>Sketch Book, 9” x 6”,</td>
<td>1</td>
<td>4.88</td>
</tr>
<tr>
<td>Finger Labyrinth Travel Cards-10pack</td>
<td>1</td>
<td>10.95</td>
</tr>
<tr>
<td>Gel Pens Set for Adult Coloring Books</td>
<td>1</td>
<td>10.89</td>
</tr>
<tr>
<td>125 Mandalas: An Adult Coloring Book</td>
<td>1</td>
<td>9.99</td>
</tr>
<tr>
<td>Colored Pencils, 48 Colors</td>
<td>1</td>
<td>19.99</td>
</tr>
<tr>
<td>Large Craft Storage Tote Bag with 10 Pockets</td>
<td>1</td>
<td>17.99</td>
</tr>
<tr>
<td>Verilux® HappyLight® Alba - UV-Free LED Therapy Lamp</td>
<td>1</td>
<td>49.99</td>
</tr>
<tr>
<td>Yogasleep Whish White Noise Sound Machine</td>
<td>1</td>
<td>37.99</td>
</tr>
<tr>
<td>10 Pounds Soft Sherpa Weighted Throw Blankets</td>
<td>1</td>
<td>46.99</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td></td>
<td><strong>1433.82</strong></td>
</tr>
</tbody>
</table>
Additional items were obtained for the *Zen Den* with funds provided from a grant through *Eta Iota at-Large Chapter* of Sigma Theta Tau International (STTI) as shown in Table 2. The before and after image of the room can be found in Appendix B

**Table 2**

*Eta Iota-at-Large grant funding for Zen Den development.*

<table>
<thead>
<tr>
<th>Item</th>
<th>Quantity</th>
<th>Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>“Radiate boundless love” Wall Hanging</td>
<td>1</td>
<td>$125.00</td>
</tr>
<tr>
<td>Tapestry hanger</td>
<td>1</td>
<td>$20.99</td>
</tr>
<tr>
<td>Lamp mood tree silhouette</td>
<td>1</td>
<td>$59.99</td>
</tr>
<tr>
<td>“This moment” wall hanging</td>
<td>1</td>
<td>$34.99</td>
</tr>
<tr>
<td>Journey Journal</td>
<td>1</td>
<td>$39.99</td>
</tr>
<tr>
<td>Hand sewn Heart doorknob hanging</td>
<td>1</td>
<td>$8.00</td>
</tr>
<tr>
<td>Scented hand lotions (local)</td>
<td>3</td>
<td>$42.00</td>
</tr>
<tr>
<td>Scented Bar Soap (local)</td>
<td>1</td>
<td>$6.00</td>
</tr>
<tr>
<td>Paperless reusable hand towels (set of 12)</td>
<td>2</td>
<td>$60.00</td>
</tr>
<tr>
<td>Swedish Dishcloth</td>
<td>1</td>
<td>$6.49</td>
</tr>
<tr>
<td>Decorative pillow</td>
<td>1</td>
<td>$8.00</td>
</tr>
<tr>
<td>Decorative pillow</td>
<td>1</td>
<td>$15.99</td>
</tr>
<tr>
<td>Table runner</td>
<td>1</td>
<td>$14.62</td>
</tr>
<tr>
<td>Bath-towel tray</td>
<td>1</td>
<td>$5.99</td>
</tr>
<tr>
<td>Bath-bar soap dish</td>
<td>1</td>
<td>$4.50</td>
</tr>
<tr>
<td>Kitchen-soiled towel basket</td>
<td>1</td>
<td>$8.00</td>
</tr>
<tr>
<td>Workspace- clock</td>
<td>1</td>
<td>$14.99</td>
</tr>
<tr>
<td>Workspace- caddy</td>
<td>1</td>
<td>$8.00</td>
</tr>
<tr>
<td>throw</td>
<td>1</td>
<td>$12.00</td>
</tr>
<tr>
<td>Pair book ends</td>
<td>2</td>
<td>$3.98</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td></td>
<td><strong>$499.52</strong></td>
</tr>
</tbody>
</table>

**Interventions**

The interventions for this project were selected for two reasons; the first was to provide a variety of ways in which faculty could choose to participate in developing increasing awareness and selfcare practices depending on personal preference, comfort, ease, and convenience. The second was to establish a multifaceted set of interventions to address the relationship between each of three domains of quality improvement: structure, process, and outcomes to provide a comprehensive and balanced approach to this improvement work within the department.

Although developed to serve as a measure of clinical performance, the Donabedian’s model has been applied to non-clinical quality improvements efforts in the academic setting (Botma &
Labuschagne, 2017). “This three-part approach to quality assessment is possible only because good structure increases the likelihood of good process and good process increases the likelihood of a good outcome” (Donabedian, 1998, p. 1745). Donabedian’s model also seems most fitting for this project as he was known to have said “the secret of quality is love” (Berwick & Fox, 2016, p. 237). While Donabedian spoke of this love being for patients, profession, and God, I would add, love of self and others is the truer secret to successful improvement efforts.

The review of literature established that there is a known relationship between the structure and process elements of academic nursing workplace environment. Also established are the factors that contribute academic nursing faculty stress and burnout, and that the outcomes (stress and burnout) in turn, effect the structure and processes of the work environment. Structural elements refer to factors that influence the context for the project, which in this case considers faculty and staff, organizational resources, workload, setting attributes, and the presence of a Caritas Coach within the department. Process refers to what the organization is doing to facilitate self-care practices. The three interventions identified in this project serve to create new processes to integrate self-care into the work environment. Outcome reflects the impact of the interventions to enact the desired change, in this case, nursing faculty and staff increases in engagement in, and increased perceptions of, self-care.

**Intervention 1: Canvas Learning Management System (LMS)**

The Canvas Learning Management System (LMS) is the platform used by UNH which all nursing department faculty and staff has access. All DON faculty and staff were invited to enroll as students in the Caring Science Self Care course. This was to protect participation identity and limit access to project evaluation and survey data used for this project. The course provided three self-paced modules on key aspects of Caring Science and Watson’s 10 Caritas Processes to
support adoption of self-care behaviors among departmental faculty and staff. In addition to providing the three learning modules, the Canvas site also provides a reference list for course development, a UNH Box link to a Canvas Science library, and links to outside resources, such as the Watson Caring Science Institute (WCSI), International Association of Human Caring (IAHC), the Massachusetts Regional Caring Science Consortium (MRCSC), and UNH Health and Wellness Events, Workshops, Classes. The three learning modules were subsequently published on March 3, March 27, and April 3 and are titled as follows:

1. Learning Module 1: Introduction to Caring Science and Principles of Self Care
2. Learning Module 2: Principles of Reflective Practice and Mindfulness
3. Learning Module 3: Achieving Equanimity and Managing Emotions

The format of each module is the same; a quotation topped each page to set the theme of content. An image was imbedded, also chosen to represent the main theme. A centering exercise followed, to prepare and center participants before engaging in learning. Quoting Watson (2008), "A centering exercise is one way to enter into, prepare for, and begin a more formal cultivation of the practice of Loving-Kindness and Equanimity . . .” (p. 51). Each module then provided a list of outcomes, a brief “lesson”, and recommendations for continued learning, either reading and/or viewing, to offer participant choice. Each learning module was then followed by a discussion board. The discussion board provided a caption of one or more Caritas Processes® related to the topic, summary explanation, and question prompts. The project lead submitted the first “reply” as an example to demonstrate vulnerability to ensure the creation of a safe space for participants to engage in dialogue.
**Intervention 2: DON Reflective Practice and Mindfulness Retreat**

The second intervention is the DON Self-Compassion Retreat. This optional, half-day optional retreat in collaboration with the Health and Wellness staff, a half-day program was conducted to provide an experiential opportunity to learn about and engage in reflective practice and self-care. The collaboration with UNH’s Health and Wellness was also to direct faculty and staff’s attention to the extensive number of resources available from within our own academic community. UNH’s Health and Wellness offers many events, workshops, and classes as well as outreach and educational programs. A request was submitted on December 26, 2021, to co-facilitate a half-day program, a planning meeting was held on February 9, 2022, at which time program outcomes and evaluation tool was formulated. The session, incorporated and introduction to mindfulness and self-care wellness practices, facilitated discussions and opportunities to practice self-care and mindfulness through guided meditations and walk-through surrounding College Woods. Specific retreat outcomes were to: (a) broadening understanding of what self-care is, (b) exploring meaning of mindfulness and reflective practice, (c) sharing tools and resources to integrate self-care into daily life, and (d) participating in experiential opportunities to practice self-care.

**Intervention 3: Zen Den**

The creation of the *Zen Den* takes into consideration faculty and organizational resources, such as workspaces, that contribute to well-being. It was hoped that creating the *Zen Den* would encourage the integration of daily self-care practices into workplace culture by providing a private and quiet space to do so. True to Watson’s embracing multiple ways of knowing, the artistic process of collage was used to visually represent the intent and purpose of the space design and included in the project proposal. The building is open 24/7 to any department member.
who has a valid UNH ID. The room, #194, is located in the faculty wing of the HSSC building. As previously mentioned, approximately half the department’s faculty and administrative team have workspaces here.

**Study of the Interventions**

“Outcome reflects the impact of the interventions to enact the desired change” (Donabedian, 1998). The global aim of this project was to provide nursing faculty and staff with opportunities to cultivate and enhance self-care practices and integrate them into nursing departmental workflow to promote overall health and well-being following principles of Caring Science and Jean Watson’s 10 Caritas Processes. As such, the primary outcome measure for this project used was the *Watson’s Caritas Self Rating Scale*. The project intended a pre-intervention and post survey design to obtain baseline data of faculty perceptions of self-care behaviors in the context of Watson’s 10 Caritas Processes, specifically the first CP, *Embrace (Loving-Kindness)*, *Sustaining humanistic-altruistic values by practice of loving kindness, compassion, and equanimity with self and others*. A pre-intervention electronic survey of human-to-human self-caring experiences was available to all DON faculty and staff prior to the implementation of interventions. The same survey available for flow-up at the completion of the intervention period.

While important to know if interventions were effective in increasing participant self-caring scores, narrative expressions of increased self-care and engagement and utilization of interventions were also analyzed to assess intervention effectiveness; all narrative components of the Canvas course, retreat evaluation, and *Zen Den*, were also evaluated. Qualitative analysis was performed on all narrative elements related to the project to identify any themes that emerge.
Each of the interventions in this study had the potential to yield important outcomes data, primarily through qualitative analysis.

**Measures**

**Pre- and Post- Intervention Survey**

DON Faculty and staff were asked to complete a pre and post intervention survey; and permission to use and adapt the *Watson Caritas Self-Caring Scale* along with a pdf copy was received via email communication with the Watson Caring Science Institute (WCSI) on December 23, 2021. Watson The *Watson Caritas Self-Caring Scale* (Cronbach’s alpha = .89) consists of 5 items on a 7-point Likert scale, from 1 (never) to 7 (always) that measures perceptions of self-caring based on Caritas behaviors and includes one opportunity for narrative response, see Appendix C. The survey was adapted with the word “hospital” changed to “university” with permission and built into Canvas quiz. Aggregate data was de-identified and analyzed which enabled analytics to be performed on survey responses. Completion of the pre-survey was set a requirement in Canvas before beginning the *Caring Science and Self-Care* learning modules.

**Retreat Evaluation**

A 9 item, 6-point Likert scale, from (1) strongly disagree to 6 (strongly agree) program evaluation was created and used for retreat participants to provide feedback regarding meeting program outcomes. The evaluation also provided opportunity to answer four open-ended questions including one asking, “What is one step that you can take because of today’s program to improve your self-care practices?”
**Qualtrics Survey**

A 5-question Qualtrics survey was developed to capture data about faculty and staff use of the *Zen Den*. Questions were a “Yes/No” and multiple choice with an open-ended invitation to respond to the question” Do you have any feedback you would like to share about your experience regarding the Zen Den, including suggestions for improvement?”

**Narrative Evaluation**

A qualitative evaluation was performed throughout data collected from the narrative responses on the pre- and post-intervention survey, retreat evaluation, Canvas discussion posts, Qualtrics, and *Zen Den* journal entries. The attributes of narrative methods of inquiry were identified as: 1. Lends itself to participatory change processes because it relies on people to make sense of their own experiences and environments through storytelling 2. They can focus on intervention and can be used to reflect on an array of contextual factors that influence outcomes, 3. They can be systematically collected and verified from independent courses 4. Narrative data can be analyzed using existing conceptual frameworks and assessed for emergent themes and 5. Narrative methods can be integrated into ongoing organizational improvement processes (McClintock, 2003/2004, para 3.). Moreover, as Ross and Kerrigan (2020) write in their discussion about the importance of narrative in nursing research that Christine Tanner asserted "narrative is an important tool of reflection that having in telling stories of one experience as clinicians helps turn experience into practical knowledge and understanding” (p. 546).

**Analysis**

A combination of qualitative and quantitative methods was used to draw inferences from the data. Descriptive statistical analysis for continuous data was used to summarize and present *Watson Caritas Self Caring Score*® results and intervention usage. The pre- and post-survey
responses were compared and evaluated for changes in self-reporting, however, due to the low number of completed surveys, statistical analysis could not be performed as intended using a paired sample t-test. Analysis of narrative data was grounded in a phenomenological approach for analysis and exploration of emergent themes. Due to the low number of projects participants and the efforts to protect participant identity through anonymous survey responses, variations in the data related to project interventions cannot be explained.

Ethical Considerations

The UNH DON DNP Committee reviewed and approved the Application for Nursing Clinical Project prior to initiating this DNP project as a quality improvement project exempt from the IRB approval process (Appendix D). Participation in all aspects of this project was voluntary. Information collected in this project to evaluate intervention effectiveness was deidentified and aggregated as appropriate in the analysis and presentation of results. In fact, given the size of the department, and the ease in which process of elimination could lend itself to participant identification, the decision was made not to obtain and report on any potential participant identifying information.

Conflict of Interest

There are no financial, professional, or institutional, or conflicts of interest to disclose. The project lead is currently employed in the position of assistant clinical faculty in the DON at UNH and as such, is committed to the success of this project and the potential benefits it brings to the community.
Results

Participant Demographics

A total of 37 DON faculty and staff were invited to participate in the project. A decision was made to not collect demographic data to avoid identification of participants as the primary aim of the project being to promote health and well-being by inviting nursing faculty and staff to take part in opportunities to cultivate self-care practices into their workday while protecting confidentiality and promoting a sense of safety. However, overall departmental characteristics can be summarized as predominately white, female, ages split mostly between young and middle adult. There has been a recent shift in department demographics due to the retirement of several long-term faculty and the hiring of approximately fifteen new, younger, full-time faculty and 3 additional administrative staff in the last two years. This change, in part resulting from an early retirement program offered by the University during the COVID peak, coincided with the need to increase enrollment and admit more students to address the nursing shortage and workforce needs. Responsibilities and role expectations in terms of teaching, service, and practice, and research among tenured/tenure track faculty, are consistent with that cited in the literature.

Planning began in the Summer of 2021. Approval for this quality improvement project was obtained January 07, 2022, which determined that Institutional Review Board (IRB) was not required, and primary early efforts concentrated on communication with departmental faculty and staff. The project, officially launched on January 27, 2022, with personalized letter, see Appendix E, delivered to each of the 37 potential participants that included a project description, rationale and invitation to participate in project interventions to cultivate self-care practices that promote health and well-being. A “Save the Date” flyer for the DON retreat was also included in this mailing. Follow-up communication to potential participants occurred during the monthly
Faculty Council meeting on February 2, 2022, in which time was allocated to further explicate project rationale and aims as well as opportunity provided for departments members to comment or ask clarification questions. One faculty member suggested sending an invitation for the retreat using the department’s Microsoft Outlook© calendar feature.

The intervention period of the project spanned a period of 8 weeks, from Feb 9- Apr 24. A final invitation to participate announcement was sent through Canvas on April 14th, 2022. Time since has been dedicated to analysis of data and evaluation of results. A detailed timeline of project development and intervention timeline is presented in Figure 1.

**Figure 1**

_Nursing Faculty Self Care Project Timeline_

| JAN 25 | Received project stakeholder’s “Green Light” |
| FEB 02 | Presentation at Faculty Council |
| FEB 18 | Published Caring Science and Self Care Canvas course |
| MAR 03 | Module 1: Introduction to Caring Science and Caring for Self |
| MAR 27 | UNH DON establishes WCSI Affiliation |
| APR 03 | Module 3: Achieving Equanimity and Managing Emotions |
| APR 24 | Interventions “closed” for data collection |

| JAN 27 | DON Letter and “Save the Date” for Retreat |
| FEB 09 | Invitation to DON Reflective Practice and Mindfulness Retreat |
| FEB 26 | DON Reflective Practice and Mindfulness Retreat |
| MAR 20 | Furnishing Zen Den begins |
| MAR 27 | Launched Qualtrics Survey on Zen Den use |
| APR 14 | |

**Note:** Display evolutionary nature of project and timeline June 2021- April 2022

**Intervention Outcomes**

**Intervention 1: Canvas Learning Management System (LMS)**

The first project intervention implemented was the Canvas Learning Management System (LMS) “Caring Science and Self Care” course. The course was published, inviting DON faculty and staff with a welcome announcement on February 18, 2022. Initially, a list of 35 UNH usernames was obtained from department administration for the invitation to join the Canvas
“Caring Science and Self-Care” course; 2 usernames were never obtained so did not receive invite to join. Since project initiated, 2 additional “students” joined the course, one a recently retired faculty member and a newly hired member of administrative team. As shown in Figure 2, in total, 30 students (81%) enrolled, 2 remain in “pending” status (5%), and 5 declined (14%) and have been removed from the course roster (Personal Communication, Canvas chat 4/23/22).

**Figure 2**

*Caring Science and Self-Care Course Enrollment*

Built into Canvas LMS are a variety of metrics that can be accessed; including weekly on-line activity by date and by activity can be extracted, including participation by student. Figure 3 illustrates weekly online activity during the project intervention period.
PROMOTING A CULTURE OF SELF-CARE

Figure 3

Canvas Weekly Online Activity

![Canvas Weekly Online Activity Graph]

Table 3 displays highlights of the total number of participant activity in the three learning Modules and associated discussion boards, data retrieved from Canvas February 13, 2022-April 24, 2022.

Table 3

Canvas Module and Discussion Board Activity

<table>
<thead>
<tr>
<th>Resource</th>
<th>Number of Students</th>
<th>Page Views</th>
<th>Participation</th>
</tr>
</thead>
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<td>Module 1</td>
<td>7</td>
<td>7</td>
<td></td>
</tr>
<tr>
<td>Discussion 1</td>
<td>7</td>
<td>12</td>
<td>1</td>
</tr>
<tr>
<td>Module 2</td>
<td>3</td>
<td>9</td>
<td></td>
</tr>
<tr>
<td>Discussion 2</td>
<td>6</td>
<td>8</td>
<td>3</td>
</tr>
<tr>
<td>Module 3</td>
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<td></td>
</tr>
<tr>
<td>Discussion 3</td>
<td>2</td>
<td>2</td>
<td>0</td>
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</tbody>
</table>

Intervention 2: DON Reflective Practice and Mindfulness Retreat

The second project intervention, the DON Faculty and Staff Reflective Practice and Mindfulness Retreat, occurred on February 26, 2022. A Microsoft Outlook® calendar invitation
with an attached informational flyer (see Appendix F) was delivered to 36 faculty and staff on February 10, 2022. Below is the table of invitation responses collected. Of the 36 invitees, 9 (25%) accepted, 14 (39%) declined, 4 (11%) responded with tentative, and 9 (25%) did not respond. An invitation to the DON Reflective Practice Retreat went out via Microsoft Outlook Calendar feature to 36 faculty and staff on Feb 9, 2022. Figure 4 shows invitation responses.

Out of the nine who responded that they would attend, a total of seven (19%) participated in the 3-hour event that was co-facilitated by project lead and a UNH Health and Wellness Certified Health and Education Specialist. The program outcomes were identified as: (a) broadening understanding of what self-care is, (b) exploring meaning of mindfulness and reflective practice, (c) sharing tools and resources to integrate self-care into daily life, and (d) participating in experiential opportunities to practice self-care.

Figure 4

*DON Reflective Practice and Mindfulness Retreat Responses*

All seven attendees completed the electronic program evaluation that was developed for the Retreat through the Canvas LMS. The survey consists of 9 items on a 6-point Likert scale,
ranging from 1 (strongly disagree) to 6 (strongly agree) and included four open-ended questions to illicit narrative response about participant experiences and impact on learning and changing behavior (See Appendix G). Questions regarding presenter effectiveness as well as the environment were asked in addition to the questions related to program outcomes. Further qualitative analysis of the four open-ended retreat survey questions will be presented in the results portion of this presentation. The questions and corresponding quantitative results are shown in Table 4. Qualitative responses to the retreat survey are presented in Appendix H.

**Table 4**

_DON Reflective Practice and Mindfulness Retreat Evaluation Results (n=7)_

<table>
<thead>
<tr>
<th>Statements</th>
<th>Strongly Disagree</th>
<th>Somewhat Disagree</th>
<th>Disagree</th>
<th>Somewhat Agree</th>
<th>Agree</th>
<th>Strongly Agree</th>
<th>No Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>This program broadened my understanding of the meaning of self-care.</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
<td>14%</td>
<td>86%</td>
<td>0%</td>
</tr>
<tr>
<td>This program addressed principles of reflective practice and mindfulness.</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
<td>86%</td>
<td>14%</td>
</tr>
<tr>
<td>This program offered tools to integrate some improved self-care practices into my life.</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
<td>100%</td>
<td>0%</td>
</tr>
<tr>
<td>This program provided opportunities to apply/practice self-care techniques.</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
<td>14%</td>
<td>86%</td>
<td>0%</td>
</tr>
<tr>
<td>This program encouraged community building and sharing among participants.</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
<td>100%</td>
<td>0%</td>
</tr>
</tbody>
</table>

**Note:** Retreat evaluation quantitative results only.

**Intervention 3: Zen Den**

Budget approval and the “green light” from the DON Chair was received on January 25, 2022, at which time shopping for the room commenced; furnishing of the room began on March 20, 2022, and while largely complete, continues to evolve. This third, and final project intervention was initiated concurrently with the launching of the Canvas course “Welcome” on 2/18/22, and it included the opening of a discussion board inviting dialogue between colleagues...
to name the room and to help co-create a space to support integrating self-care practices throughout the workday.

The discussion post included a photograph of the room in its pre-intervention state with a prompt that asked, “What would make this room an inviting space?”, an example provided by the project lead, followed by the prompt, “We also need to “name” the room. What do you think fits with the intention of the room, our culture, and what we hope we can achieve in this space?” Canvas analytics revealed a total of 15 distinct students accessed this discussion board and the page was viewed 29 times, with a final total of 9 of the 28 (32%) students enrolled at the time participating in the discussion on what to name the room and what items should it include. Participant narrative responses are listed in Table 5, Canvas course discussion board Naming the Room and What We Need.

Included in the original aim of this project was to capture narrative data through the shared “community journal” found in the room. Inscribed inside the cover of the journal is an invitation that reads, “The intention of this community journal is to provide an opportunity to share, allowing us to take time to cultivate and enrich our self-care practices and to engage in an on-going dialogue to support and enhance well-being.” Although colleagues shared casually their enjoyment of visits to the “Zen Den”, at the time of data collection, only one entry was made as evidence of its use; “It is a beautiful space- so thoughtfully appointed. I think it is too easy to stay on the “treadmill of nursing practice” moving at an excruciating pace. I appreciate your intuitive to have us pause and reflect on what is really important”
### Table 5

**Canvas course discussion board naming the room and what we need.**

<table>
<thead>
<tr>
<th>Topic</th>
<th>Responses</th>
</tr>
</thead>
</table>
| Naming the room        | “I think a "Wellness/Rejuvenation" room is a good name but I’m sure colleagues are more creative.”  
Agreed that “Rejuvenation Room" sounds nice. "Zen Den" is another idea.”  
“Love the Zen Den name!!”  
“Great ideas.... loved 'Zen Den' as well....”  
“I love the energy this post has created. ZEN DEN is a cool title.”  
“I like Zen Den would love to go in there, sit in the massage chair, and listen to some relaxing music.” |
| What we need           | “I personally would like a lamp (those overhead lights are bright!) and a sound machine- I’d be happy to donate one. Oh, I also have a massage seat that I could donate to the cause.”  
“Also agree on a sound machine and more soothing lighting. Light therapy and a diffuser are some thoughts as well.”  
“Softer lights and soothing music would work for me. Aromatherapy is a nice touch. Comfortable chairs...”  
“Love the ideas! Improved lighting is a must while I like a sound machine perhaps noise canceling headphones and perhaps a Japanese sand garden. This is going to be great!”  
“Wondering about posters or small cards that have guided meditations or mantras on them?”  
“Cool light lamp, aromatherapy, journal, hand cream, tissues  
Possible some scenic art on the wall and aroma therapy. Maybe an intension wall.” |
| Dual Purpose           | “One question I have, I don’t want to get in the way of a lactating mother so how will this space be used simultaneously?”  
“As for balancing the room for dual purpose, maybe some signage for when pumping is in session? I've seen places do a sign-up sheet as well. Love this idea - both for a mindfulness space and for improved lactation space!”  
“Signage with a magnet? Picture of a baby for use for lactation? Wouldn't want to "barge in".”  
“Could there also just be a sliding 'in use' sign on the door so show when it is open? Sometimes stressful events aren't scheduled and the drop in option when available might be more useful.... or less guilt if you sign up and then get derailed from going. The reserve schedule can co-exist for those needing to schedule lactation or their time out.” |

*Note: Participant comments recorded between 2/18/22- 3/1/22, 28 students enrolled at the time.*

As a result, due to low participation in using the community journal, a 5-question Qualtrics survey was developed to capture data about faculty and staff use of the room. The anonymous response survey was launched on April 14, 2022, through an announcement made to enrolled students in the Canvas course site and closed on April 24, 2022. The questions included in the survey, along with an invitation that “All comments are welcome and appreciated”, were as follows:
1. Have you visited the Zen Den?

2. Have you spent any time using the Zen Den?

3. How many times have you used the Zen Den?

4. When you use the Zen Den, approximately how much time do you typically spend?

5. Do you have any feedback you would like to share about your experience regarding the Zen Den, including suggestions for improvement?

The survey was accessed by four distinct respondents, two respondents answered “yes” to both visiting and using the Zen Den. One respondent stated they visited only once and spent a total of 5 minutes. A narrative response from that same respondent commented, “I love it! It is very welcoming. I put an entry into the book and used the sand garden and rake. Thank you!”

**Quantitative Results**

The *Watson Caritas Self-Rating Score* © was intended to be the primary tool to measure project outcomes, namely, experiencing opportunities to cultivate self-care practices by a reported increased perception of self-caring. The scale consists of 5 items on a 7-point Likert scale, from 1 (never) to 7 (always) measuring perceptions of self-caring based on caritas behaviors of loving kindness, meeting basic needs of self, having helping and trusting relationships, creating an environment that enables flourishing and valuing beliefs, and faith to promote success” (Brewer et al., 2020, p. 87). In total, nine Canvas enrolled participants completed the pre-intervention survey. Figure 5 shows results of their individual scores.
 Means scores were totaled. Overall, lower scores were associated with statements pertaining to self-care and treating oneself with loving kindness, both showing a mean of 4.33. The statement, “I create a caring environment that helps me flourish” followed with a mean of 4.88. Higher scores were noted in two statements: “I have helping and trusting relationships with others” with a mean score of 5.22 and ‘I value own beliefs and faith, allowing for my personal success” with a mean score of 5.44. (See Table 6). An additional statement “I would recommend this University to someone I love”, was answered by all participants, eight of the nine participants answered “yes”, one participant answered “no”.

Because only one Canvas enrolled participant completed the post-intervention survey, the pre- and post-survey responses could not be compared using a paired sample t-test as originally
intended. However, the participant that did complete both the pre and post surveys did show an overall increased mean score from 4.8-5.8 on their *Watson Caritas Self-Rating Score* ©.

**Table 5**

Results *Watson Caritas Self-Rating Score* © (*n=9*)

<table>
<thead>
<tr>
<th>Statements</th>
<th>Range</th>
<th>Mean</th>
</tr>
</thead>
<tbody>
<tr>
<td>I treat myself with loving-kindness.</td>
<td>3-5</td>
<td>4.33 (SD 0.7)</td>
</tr>
<tr>
<td>I practice self-care as a means for meeting my own basic needs.</td>
<td>4-5</td>
<td>4.33 (SD 0.5)</td>
</tr>
<tr>
<td>I have helping and trusting relationships with others.</td>
<td>4-6</td>
<td>5.22 (SD 0.8)</td>
</tr>
<tr>
<td>I create a caring environment that helps me to flourish.</td>
<td>4-6</td>
<td>4.88 (SD 0.6)</td>
</tr>
<tr>
<td>I value my own beliefs and faith, allowing for my personal success.</td>
<td>4-7</td>
<td>5.44 (SD 0.9)</td>
</tr>
</tbody>
</table>

**Qualitative Results**

*Watson’s Caritas Self-Rating Score*

*Watson Caring Science Self Caring Score* © also included a narrative response to the prompt “We invite you to share any notable caring or uncaring moments you have experienced”. Participant responses are provided in the Table 7, *Watson Caritas Self-Rating Score* © Narrative Responses.

**Table 6**

*The Watson Caritas Self-Rating Score* © Narrative Responses

<table>
<thead>
<tr>
<th><strong>We invite you to share any notable caring or uncaring moments you have experienced.</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Thank you... for doing this!</td>
</tr>
<tr>
<td>There are some amazing caring behaviors that go on here in our department, but there are some amazingly uncaring behaviors as well. It is often frustrating</td>
</tr>
<tr>
<td>I sat in the zen den and did breathing exercises. It was very therapeutic!</td>
</tr>
<tr>
<td>I do find some incivility in this department, and I am not sure why. Life is too short. We should be holding each other up, not tearing each other down.</td>
</tr>
<tr>
<td>I have had the opportunity to foster a caring environment for myself and others</td>
</tr>
<tr>
<td>I enjoy quick texts from peers who check in or just offer a chance to gain a different perspective if needed.</td>
</tr>
</tbody>
</table>
Because narrative requires participants to reflect upon their experiences, which in turn, serves to give insight into the potential impact of project interventions on outcomes, opportunities to provide narrative responses were made available throughout this project. All narrative sources throughout this project were analyzed for emerging themes, the results presented here with an exemplar statement provided for each. Using Caring Science and Watson’s 10 Caritas Processes as the theoretical foundation to this project, a qualitative analysis of all narrative content was performed to identify emerging themes, as presented on Table 8.

**Table 7**

*Thematic Analysis of Narrative Responses*

<table>
<thead>
<tr>
<th>Theme</th>
<th>Sub-themes</th>
<th>Exemplar</th>
</tr>
</thead>
<tbody>
<tr>
<td>Feelings about the workplace environment</td>
<td>primary source of stress, maintaining sanity, uncaring behaviors, frustrating, unsupportive, excruciating pace, treadmill</td>
<td>“I liked being in our workspace and rebranding it as a place I can associate with relaxation and self-care, because normally it is not this for me. It is my primary source of stress.”</td>
</tr>
<tr>
<td>Opportunities for creating more caring environments</td>
<td>caring behaviors, discussion, conversation, support, community building, feeling, share, understand, wellness</td>
<td>“The program was calm and relaxing while offering techniques that I can add to my day. I also enjoyed the opportunity to engage in community building.”</td>
</tr>
<tr>
<td>Prioritizing time for self-care</td>
<td>taking more time, each day, regularity, morning and night, carving out time</td>
<td>“I think practicing mindfulness can enhance my self-care practices because it is being intentional about carving out time to rest and rejuvenate.”</td>
</tr>
<tr>
<td>Engaging in activities to promote self-care</td>
<td>outside, walk in the woods, guided mediation, journal, running, swimming, breathing exercises, Zen Den, texts to offer support</td>
<td>“Incorporating mindfulness breathing and walking throughout my day. Some apps and books were also suggested.”</td>
</tr>
<tr>
<td>On reflective practice</td>
<td>tuning in, removed, slowing down, being present, being, clear my head, focusing, increasing awareness, being intentional, reflect, pause</td>
<td>“There are these moments when everything else melts away… All the other things in the world seem to be removed.”</td>
</tr>
</tbody>
</table>

*Thematic Analysis of Narrative Content*

Through their narrative responses, participants were able to share their feelings about the workplace environment being a source of stress, frustrating, unsupportive, and further describing experiences of uncaring behaviors. However, as prominent were experiencing caring behaviors and expressing wanting opportunities to experience a more positive workplace environment; one that facilitates discussion, conversation and sharing. All participants shared in the realization of
the need to prioritize self-care. Moreover, participants committed to take action to integrate self-care practices into their daily lives. Finally, participants expressed a deeper understanding about the benefits of mindfulness and the relationship between reflective practice and self-care.

**Discussion**

**Summary**

This quality improvement project aimed to provide nursing faculty and staff with opportunities to cultivate and enhance self-care practices to promote overall health and well-being following principles of Caring Science and Jean Watson’s 10 Caritas Processes. Nursing faculty and staff were invited to take part in opportunities to cultivate self-care practices, to collaborate, and to integrate them into their daily life at work and home. Barriers such as time constraints, balancing multiple commitments, and feeling overstretched typically impede nursing faculty efforts to engage in self-care. (Swanson, 1999).

The quantitative data obtained to this project revealed that those who participated in the project currently practice self-care, however, opportunity to better prioritize this exists. Participants also appear to value relationships with others and a desire to contribute to more supportive environment. Qualitative analysis further supported this finding in that participants expressed welcoming opportunities to foster relationships with work peers outside of work. Interestingly, in an effort to respect attendees personal time, the retreat, that was held on a Saturday, was only three hours. However, several attendees responded that it needed to be longer, for example sharing, “A longer window of time would likely be beneficial for a dedicated retreat”, indicating a willingness to commit to practices to improve self-care.

It is unclear if participation in this project has an influence on increasing the valuing of self-care or self-care practices since only one post-intervention survey was completed, however,
it is encouraging that for that one-person, their self-caring score increased. This might reflect one of Watson’s most well-known quotations in saying, “Perhaps this one moment, with this one person, is the very reason we are here on this Earth at this time”. Contextual factors must also be considered in the interpretations of results, such as the timing and sequencing of learning modules in Canvas and the progression of the academic semester lessening the time available for busy faculty and staff to access the on-line resources. Another consideration is the proportion of faculty primarily work off campus most days due to clinical assignments or that have offices located in another building, making the Zen Den more difficult to access.

A strength of this project was increasing awareness among faculty and staff on the importance to prioritize caring for self to sustain one’s work and commitment to caring for others. This project has established several processes that will continue to evolve to provide DON faculty and staff with the resources and opportunities to cultivate self-care practices to foster a culture of caring and support.

**Interpretation**

**Building Community**

The retreat was inspired by the first of Dr. Jean Watson’s 10 Caritas Processes, *Embrace (Loving-Kindness)* Sustaining humanistic-altruistic values by practice of loving-kindness, compassion, and equanimity with self/others. Intended outcomes included participants’ increased awareness of, and engagement in, self-care practices to decrease workplace related stress and increase well-being. Narrative responses from the retreat survey revealed that attendees valued and enjoyed the opportunity to gather with colleagues outside of the workday. It has been suggested in the literature that enhancing interpersonal relationships within a nursing department is an achievable and worthwhile intervention in fostering a healthier workplace environment and
the adoption of healthy behaviors among faculty (Ross et al., 2019). Moreover, the retreat enabled attendees to make associations with the workplace that reflected more positive feelings and promoted an increased sense of well-being in the work environment. While attributes of the work environment, such as workload and lack of resources are known contributing factors to stress and burnout, these factors are not always modifiable. However, research shows that work environments that support nurses’ ability to developing self- coping skills enhances well-being and overall job satisfaction (Henson, 2017). Moreover, talking together and sharing personal and professional experiences and stories among colleagues and witnessing supportive peer role modeling in the workplace encourages caring behaviors (Swanson, 1999).

While the focus of this project was on self-care, ultimately it is about fostering relationships and practicing loving kindness toward others. Results also reinforce the importance of considering how one can contribute to building supportive community. It was heartening to witness faculty and staff working together to both name and contribute items for the Zen Den. While self-rating scores had a more positive lean, narrative responses indicated a desire for more team building opportunities. Participants highest self-rating scores that demonstrated helping and trusting relationships with others is strongly valued among participants. High levels of social support and quality relationships contribute to increase sense of well-being. However, this may also indicate the tendency many nurses have to put other needs before their own.

**Valuing self-care**

The Canvas course, *Caring Science and Self-Care*, based on key aspects of Caring Science and Watson’s 10 Caritas Processes was developed to educate about Caring Science and to support adoption of, or improvement in, self-care behaviors among departmental faculty and staff both within and outside of the workplace. This on-line community for DON faculty and
staff will continue to serve as a resource to increase knowledge, facilitate self-care practices grounded in Caring Science and Watson’s 10 Caritas Processes and build community to mitigate effects of stress and feelings contributing to burnout.

While overall activity in the course was lower in numbers than anticipated, engagement was demonstrated by those who did choose to participate through the discussion boards. Within the Caring Science framework, self-care practices do not simply refer to engaging in the tasks of self-care, such as exercise, eating well, getting enough sleep, but rather requires a deep commitment to grow in our self-awareness, to reflect to promote renewal and healing from within. In citing Benner and Wrubel’s 1989 work exploring the relationship between caring, stress and coping, Swanson (1999) summarizes, “when something matters to a person, that individual will pay attention to it” (p. 34). An important tenet of self-care through Watson’s lens is that individuals must first value and believe that they are worthy to be cared for and that doing so facilitates attending to one’s own mind-body-spirit well-being and sustains the actual self-care practices (Wagner, 2020). Caring Science and Watson’s 10 Caritas Processes provides nursing faculty and staff with a framework to guide the cultivation of self-care practices that serves as a coping mechanism to building resilience and promote well-being (Henson, 2017).

**Organizational support for a caring culture**

Designing a physical space that supports and encourage self-care and caring practices throughout the workday served, in part, to demonstrate organizational commitment to supporting faculty and staff in their efforts to maintain a sense of wellness in the workplace. Although extensive data was not captured through the community journal and Qualtrics survey, anecdotal evidence of Zen Den use and appreciation for the space has been received through casual remarks shared by department faculty and staff since its creation. This lends to some
encouragement that perhaps the room is used more frequently than what was revealed through data of this project.

**Impact on future nursing practice**

It is important to acknowledge that while most of the feedback throughout this project was overwhelmingly positive, it cannot be ignored that in response to Watson’s Caritas Self-Scoring prompt “We invite you to share any notable caring or uncaring moments you have experienced” one project participant responded “I do find some incivility in this department, and I am not sure why. Life is too short. We should be holding each other up, not tearing each other down”. Another responded “There are some amazing caring behaviors that go on here in our department, but there are some amazingly uncaring behaviors as well. It is often frustrating.” As was noted, workplace stress manifests differently in different people, and the personal nature of burnout makes identification and management difficult. The relationship between workplace stress, burnout, and intention to leave, supports the priority to foster an individual’s capacity to build resilience through self-care.

The results of *Watson Caritas Self-Rating Score*, reinforce the need to develop individualized, protective measure against stress and burnout and the deep personal nature of this work. Although scores indicated that participants currently practice some self-care, there does appear to be an opportunity to better prioritize more consistent self-care with a deeper understanding of how practicing loving kindness and caring for self builds protective factors to combat stress and burnout.

With the department’s recent hiring of new, less experienced faculty building resiliency to burnout is particularly important as research shows that new faculty with fewer years’ experience show less resilience and increased rates of burnout than more seasoned faculty
(Thomas et al., 2018). Such findings enforce the need for departmental culture to encourage and support integration of self-care practices into the workday. As previously discussed, research lacks in regard to the costs to on-board new nursing faculty us lacking, however, research in the clinical practice setting demonstrates high costs associated with nurse turn-over and issues of retention playing a significant role in the decreasing the quality of work, which would ultimately impacting student learning experiences and the department’s relationships with clinical practice partners.

**Limitations**

As a quality improvement project, it was not the intention of this project to generalize findings of this work, but rather to explore if providing opportunities to learn about and practice self-care throughout the workday would increase participants perceptions of self-care as evidenced by an increase in self-care rating scores. This project took place in a moderately sized academic department within a large public University, so findings are difficult to generalize to other academic nursing work environments, such as community colleges or on-line programs. However, responsibilities and expectations of teaching, service, practice, and scholarship of the nursing faculty role are consistent with descriptions found in the literature in terms of demands leading to workplace stress and burnout in academic nursing. Although this project was deliberate in offering several interventions for participants to choose from taking into consideration preferences for learning, time limitations, and choice, low post-intervention survey participation did not allow for robust data analysis as originally intended and perhaps focusing on one single intervention would have been a more practical approach.

Another important consideration in limitation to this project was despite opportunities for anonymous participation, given the size, there is a risk of identifying respondents by process of
elimination, which may have caused people to not be as forthcoming as they would have been in a much larger department. Moreover, one must consider another possible barrier to participation was an unwillingness to be vulnerable in sharing personal thoughts.

Inconsistencies in total numbers of potential participants upon initiation of this project resulted for two reasons; out of the 37 faculty and staff who received the original letter requesting participation, 36 were invited to the Retreat via Microsoft Outlook® calendar function due to one department member, a graduate assistant, not being in the departmental email list serve. Second, due to missing Canvas usernames required to join, 35 out of the 37 faculty and staff were invited through the Canvas LMS. While it is possible that increase in page views following the retreat likely accounts for increase in course activity due to completion of the online retreat evaluation, another consideration is that the decline participation as the semester progressed was due to workload and competing priorities. This idea is supported by findings in the literature about nurses’ lack of prioritizations when it comes to self-care. One study that explored barriers and facilitators to nurses’ self-care found that lack of time, lack of resources, fatigue, and commitments outside of the work setting all contributed to the lack of engagement in health promoting behaviors and self-care (Ross et al., 2019).

Conclusion

As written in Brewer et al. (2020), changing organizational culture to reflect human caring values and behaviors is best facilitated by integrating individuals who have completed the Caritas Coach Education Program. One outcome of the CCEP training was to “return to your setting with new insight, wisdom, skills and confidence to give voice and help translate and live-out the theory and philosophy of human caring-healing” (WCSI, n.d.) This project established a foundation for future work as a Caritas Coach. The Caring Science and Self-Care course will
continue to evolve, serving as an online community resource for DON faculty and staff of Caring Science and Watson’s 10 Caritas Processes. Feedback from the retreat indicates the need for more opportunities for community building, and the Zen Den will remain a quiet place for reflective practice and self-care.

As of March 27, 2022, the DON has established WCSI Affiliate status which will ensure sustainability and continued organizational support to promote ongoing work in creating a healing environment and culture of caring. Affiliation requires ongoing demonstration of commitment to integrating Caring Science throughout the organization and adoption of Caring Science and the 10 Caritas Processes as a model for professional practice. Future directions include increasing the presence of Caritas Coaches, of which the department at present has two, as a resource, to role model Caritas Consciousness, and to help build a community of people “who lift each other up”; a sentiment expressed by one of the project participants. The second future goal is to ensure visibility of Caring Science language in departmental documents, such as in the development of new undergraduate program curriculum and outcomes, in the recent revision of the DON Mission & Vision, and the integration of a caring practices into departmental processes, such as offering a centering exercise before meetings and shared storytelling. Lastly, an important goal is ensuring the use of evidenced based, theory guided caring-healing modalities, such as mindfulness, are built into teaching and learning practices and that our “classrooms-laboratories create a culture and community of human caring and healing” (Watson, 2018, p. 66).

In her book, “Caring Science, Mindful Practice” (2018), Sitzman writes: “Watson emphasizes that it is possible to read, study, learn, about even teach and research the caring theory; however, to ‘truly get it’, one has to personally experience it” (p. 21). While it is
important to integrate the teaching of Caring Science into nursing education practices, that is not
enough. In an article by Wei et al. (2021), researchers found that students’ perception of faculty
caring is a “significant predictor of students’ caring behaviors toward patients in the clinical
setting” (p. 128). The *Future of Nursing 2020-2030* reminds us that “students who witnessed
exhausted and overworked faculty who do not demonstrate investment in their own health and
well-being experience dissonance when those same faculty urge them to adopt healthy habits and
well-being practices” (p. 330). Research indicates that the challenges faced in academic nursing
needs to be addressed not only for the current workforce, but for the future workforce as well. It
is essential that academic nursing promotes a culture of self-care to students or otherwise risk
perpetuating the cycle of lack of self-care, stress, and burnout.

Caring Science requires caring for self as a moral and ethical commitment to care for
humanity. Watson's 10 Caritas Processes embody the core concepts of Caring Science and serve
to guide theory into caring actions. This project focused on the application of a Caring Science
framework and the first of Watson’s 10 Caritas Processes to promote the cultivation of self-care
practices of nursing faculty and staff as an effective coping strategy to manage chronic
workplace stress and prevent burnout. While it is not always possible in the academic work
environment to change factors that contribute to chronic stress, offering opportunities to practice
self-care can bolster an individual’s resiliency. The practice of loving-kindness and caring for
self leads to an enhanced sense of well-being and ability to practice loving-kindness with others.
Watson emphasizes that “the consciousness of the individual and systems are linked”, noting that
the personal growth of an individual contributes to increasing system awareness of caring (2021,
p. 271). An individual’s capacity to care fosters caring- trusting relationships in the workplace.
Engaging in self-caring practices to overcome the effects of chronic workplace stress allows all
faculty and staff to contribute to building a supportive healing work environment and culture of caring.

Funding

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Appendices

Appendix A

10 Caritas Processes®

1. **Embrace (Loving-Kindness)**
   Sustaining humanistic-altruistic values by practice of loving kindness, compassion, and equanimity with self and others.

2. **Inspire (Faith-Hope)**
   Being authentically present, enabling faith/hope/belief system; honoring subjective inner, life-world of self/others.

3. **Trust (Transpersonal)**
   Being sensitive to self and others by cultivating own spiritual practices; beyond ego self to transpersonal presence.

4. **Nurture (Relationship)**
   Developing and sustaining loving, trusting, caring relationships.

5. **Forgive (All)**
   Allowing for expression of positive and negative feelings—authentically listening to another person’s story.

6. **Deepen (Creative Self)**
   Creatively problem-solving—‘solution-seeking’ through caring process; full use of self and artistry of caring-healing practices via use of all ways of knowing/being/doing/becoming.

7. **Balance (Learning)**
   Engaging in transpersonal teaching and learning within the context of caring relationship: staying within the others’ frame of reference—shift toward coaching model for expanded health/wellness.

8. **Co-create (Caritas Field)**
   Creating a healing environment at all levels, subtle environment for energetic authentic caring presence.

9. **Minister (Humanity)**
   Reverentially assisting with basic needs as sacred acts, touching mind-body-spirit of spirit of other; sustaining human dignity.

10. **Open (Infinity)**
    Opening to spiritual, mystery, unknowns—allowing for miracles.
Appendix B

Zen Den Before and After

Lactation Room, Rm# 194, Health Sciences Simulation Center, December 2021

Zen Den, Rm# 194, Health Sciences Simulation Center, April 2022
Appendix C

Watson’s Caritas Self-Rating Score®

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

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

I would recommend this hospital to someone I love:

Yes ☐ No ☐

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

Thank you for completing our survey!
Appendix D

Quality Improvement Determination Letter

January 7, 2022

Dear Angela,

The UNH Department of Nursing Quality Review committee has reviewed your DNP proposal Titled: Promoting a Culture of Self-Care: Application of a Caring Science Framework to Prevent Nursing Faculty Burnout

Based on the SQUIRE 2.0 guidelines for determination of quality improvement and research activities, the proposal meets the standards for a quality improvement project. The Quality Review committee determined that this project does not constitute research, and therefore does not need review by the UNH Institutional Review Board for the Protection of Human Subjects, and there are no potential conflicts of interest (financial, professional, or institutional). You may implement your project as proposed. If you make any changes to your project, please notify the committee.

Best Wishes!

Dr. Cathleen C. Colleran DNP, RN
DNP Program Director
Graduate Program Coordinator
Clinical Associate Professor
Dept. of Nursing
University of New Hampshire
Cathleen.Colleran@unh.edu
603-862-1286
Appendix E

Project Letter to DON Faculty and Staff

January 27, 2022

Dear,

As you are all aware, the circumstances surrounding the COVID-19 pandemic has required a major shift and reworking of our academic teaching and learning practices as well has had a significant impact on our nursing student’s academic and experiential learning opportunities. As a current DNP student here at UNH, I too have been affected by this and was faced with needing to change plans to meet DNP project requirements late in the program.

I am writing to tell you about my upcoming quality improvement project work, grounded in Jean Watson’s Theory of Human Caring. Please consider this letter an invitation to each of you to take part in this project and upcoming opportunities to guide you in the cultivation of self-care practices with the aim to promote health and well-being. I have asked for time during the next Faculty Council to provide a brief explanation and answer any questions you may have.

This work started as a deeply personal undertaking, and in October 2021, I enrolled in a six-month Caritas Coach Education Program (CCEP) through the Watson Caring Science Institute (WCSI). I sought reconnection with Jean Watson’s Theory of Human Caring, as I believed this foundational to my nursing practice, and by doing this, have been able to refocus and again find meaning and satisfaction in my life and work. Additionally, my attention to Human Caring, and more specifically Caring for myself, has also served to alleviate the stress and self-doubt that had been intensified under the pressures of the last couple of years teaching, learning, and living during COVID. This is my reason for wanting to share this with you, and I sincerely hope that you will join me in this undertaking as it unfolds.

Respectfully,

Angela M. Braswell
Appendix F

DON Reflective Practice and Mindfulness Retreat Flyer

Invitation to:
Department of Nursing
Faculty & Staff
Mindfulness Retreat

When: Saturday, February 26th 10am-1pm
Where: Health Science and Simulation Center
Who: Facilitated by Kathleen Grace-Bishop, MHSA, MCHES, Director of Education and Promotion, UNH Health and Wellness

Program to include:

• Broadening understanding of what self-care is
• Exploring meaning of mindfulness and reflective practice
• Sharing tools and resources to integrate self-care into daily life
• Participating in experiential opportunities to practice self-care

The day will include a guided walk in nearby College Woods.

Questions? Please contact Angela: angela.braswell@unh.edu
Appendix G

DON Reflective Practice and Mindfulness Retreat Evaluation

Please take a moment to complete the evaluation form and return it to either Angela Braswell or Kathleen Grace-Bishop following program completion. Your input on this event is greatly appreciated and is needed to determine if program outcomes were met. As I often remind my students, “Feedback is an act of Love”.

Date of Event: February 26, 2022
Time of Event: 10:00am-1:00pm
Location: Health Simulation and Science Center

Instructions: Please circle the corresponding number 1-6 below each statement that indicates your level of agreement on the scale from Strongly Agree (1) to Strongly Disagree (6)

<table>
<thead>
<tr>
<th>Strongly Disagree 1</th>
<th>Disagree 2</th>
<th>Somewhat Disagree 3</th>
<th>Somewhat Agree 4</th>
<th>Agree 5</th>
<th>Strongly Agree 6</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Angela M. Braswell provided a clear explanation of program purpose and outcomes.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>2. Kathleen Grace-Bishop demonstrated knowledge and expertise.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>3. Kathleen Grace-Bishop presented effectively.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>4. This space was comfortable and supported program activities.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>5. This program broadened my understanding of the meaning of self-care.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>6. This program addressed principles of reflective practice and mindfulness.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>7. This program offered tools to integrate some improved self-care practices into my life.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>8. This program provided opportunities to apply/practice self-care techniques.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>9. This program encouraged community building and sharing among participants.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

1. What did you like best about today’s program?
2. What suggestions do you have for improving today’s program?
3. What is one step that you can take because of today’s program to improve your self-care practices?
4. Please share anything that you would like to add about today’s program:

With gratitude, Angela & Kathleen
Appendix H

DON Reflective Practice and Mindfulness Retreat Evaluation Narratives

What did you like best about today’s program?

“I liked being in our workspace and rebranding it as a place I can associate with relaxation and self-care, because normally it is not this for me. It is my primary source of stress.”
“I liked that it was a space with people that could share part of my experience even if there are many parts of my life beyond work.”
“I enjoyed the opportunity to have discussions with my coworkers outside of department business and to support one another with our own self-care and maintaining our own sanity in the difficulty of teaching a challenging subject in the midst of a pandemic.”
“Getting outside was a wonderful reminder that there is a beautiful resource literally right outside our door.”
“I really enjoyed the guided meditations. I can see myself returning to these in the future and it was helpful to be led through and practice them before attempting to try them alone.”
“The program was calm and relaxing while offering techniques that I can add to my day. I also enjoyed the opportunity to engage in community building. Thank-you for a great retreat! I enjoyed conversing with colleagues who were all supportive of each other. Kathleen walked us through some mindfulness exercises which were great, and I’d like to incorporate them into my day moving forward. I loved the walk in the woods and Angela thank you for coordinating this retreat and working on developing a wellness space within our workplace. Thanks for the treats and stone too!”

What suggestions do you have for improving today’s program?

“I would like it to be longer.”
“A longer window of time would likely be beneficial for a dedicated retreat.”
“Maybe have a longer session.”
“None. It was fantastic.”

What is one step that you can take because of today’s program to improve your self-care practices?

“Spend more time outside. I found our short quiet walk to be very relaxing and recharging.”
“Taking time each day to do a brief mindfulness exercise.”
“I will make an effort to get outside and enjoy the beautiful woods with some regularity.”
“Attention to breath - even just one breath in a day.”
“A morning centering exercise and at night a relaxing exercise.”
“Incorporating mindfulness breathing and walking throughout my day. Some apps and books were also suggested.”

Please share anything that you would like to add about today’s program. If you would like to follow-up on anything, please include your name and preference for how you would like to be contacted.

“I really appreciated the addition of the touchstones to take home. I really think that will help me center and remember what I learned and how I felt during the retreat.”
“I appreciated being able to share and understand to my colleagues who attended. I look forward to another opportunity to attend another retreat if available.”
“Nothing in particular. I appreciate your efforts . . .