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Empowering Nurse Leaders to Achieve Harmony: Fostering Work-Life Balance

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Abstract

BACKGROUND: Balancing professional and personal life demands has become a focal point in today's healthcare organizational culture. Despite the technological advances in providing better and faster healthcare, team members often struggle to achieve work-life harmony while meeting the demands of a growing population of healthcare clients. The evidence highlights nurse leaders as one group for which the identification and implementation of work-life balance interventions is crucial.

METHODS: An original tool based on available evidence was developed and used with a group of nurse leaders participating in an educational activity to engage them in behaviors supporting work-life harmony. A post-educational survey included collecting demographic information, and a statistical analysis followed. Finally, significant findings regarding opportunities for improvement and correlations between demographic data by sub-groups and the different domains of well-being were communicated.

INTERVENTIONS: This project planned an educational activity as its primary intervention. The delivery of that initiative via teleconference included a content expert conducting an in-depth exploration of the different domains of well-being in the *Wheel of Well-being*, or WoW (*Human-Centered Leadership: It Starts with You. The Wheel of well-being, n.d.*). A Caritas Coach® provided a live demonstration of relaxation techniques with the leaders' participation. An exhibition of other wellness techniques, such as utilizing *white space* and the available organizational resources, was also presented and later electronically distributed as a toolkit after the session.

RESULTS: The pre-educational intervention survey, designed by the project leader to establish a baseline measurement of participants' well-being, showed an acceptable internal consistency or reliability of Cronbach's Alpha of 0.71. The group shared similar approaches to activities and

behaviors linked to the domains of well-being included in the assessment, although some growth opportunities were also demonstrated. The data furthermore suggests that demographic variables played a role in the participants' confidence in adopting the tools of well-being presented during the intervention.

CONCLUSIONS: Organizational well-being and work-life harmony improvement start with leaders understanding the need to incorporate specific behaviors, model them with other team members, and make them part of the systemic culture. The results of this project suggest the potential of the interventions used to engage participants in behaviors that improve well-being and underline the differences between individual experiences, diverse needs, and limitations, highlighting the importance of personalized interventions.

Empowering Nurse Leaders to Achieve Harmony: Fostering Work-Life Balance

Introduction

When the ingredients of work and private life perfectly correspond with each other, work-life balance can occur (Work-Life Balance: Definition, Process, and Examples, n.d.). Karoly (2021) studied the conceptualization of this phenomenon and found that the emergence of work-life balance as a goal of an organized movement was recorded at the beginning of the twentieth century, with labor unions' fight to regulate the limit of working hours. The same report also mentions that the work week was reduced to 44 hours and later to 40 hours with President Roosevelt's introduction of the Fair Labor Standards Act of 1938 (Grossman, n.d.). While these movements focused on facilitating work-life balance by decreasing work hours, many decades later, the relationship between professional and personal life outside work has become complex and multidirectional. Placing a spotlight on balancing the demands of individuals' personal and professional lives has created a significant turning point in today's professional culture. The issue's importance in modern discussion emphasizes that finding an equilibrium between life and work is a complicated and ongoing task. Today, we understand this interrelation as a work-life balance. Many investigators have since delved deeper into the factors of work-life balance. Their initial approach contrasts with today's view of the phenomenon, which includes the perspective of social sciences such as psychology and sociology. Thanks to this more comprehensive perspective, early approaches to work-life balance have shifted from conflict-laden and negative to more conducive and positive perceptions of work (Karoly, 2021). That evolution is perceived today by incorporating evidence-based concepts to foment work-life harmony as a part of well-being, a movement explained by Kay Kennedy (2021) and her team, authors, and founders of *uLeadership*, a project focusing on incorporating self-care in leadership (Kennedy et al., 2021).

Kennedy's team recently incorporated a concept of well-being analyzed under the lens of eight domains intimately related to the wellness of nurse leaders (*Human-Centered Leadership: It Starts with You. The Wheel of well-being, n.d.*).

The healthcare sector is not unfamiliar with the need for its employees to find balance in their work and personal lives. Despite its use of technology to deliver better and faster care, the healthcare workforce faces the consequences of a growing population of those accessing healthcare services; this mainly affects nurses and nurse leaders. The latter group's work-life balance is crucial to maintaining productivity and ensuring safe and quality care, leading to better outcomes. A recent study on work-life balance among nurses shows that achieving work-family balance results in employees effectively dividing their time between work and family responsibilities, preserving that divide even when difficulties arise (Rony et al., 2023).

For a significant portion of the healthcare labor force, work ends with the conclusion of a shift or a daily assignment. However, this is only sometimes true for leadership teams that extend their work hours into the evenings and weekends. This process improvement project aimed to provide nurse leaders with the information they need to support a better work-life balance. Today, healthcare organizations make multiple resources available to their team members. Still, it is essential that employees also dare to take control and implement their interventions to discover and preserve a work-life balance (Leyshon, 2023).

Problem Description

The healthcare environment is a dynamic and demanding territory that requires leaders to be constantly ready. Team members at this level of work often opt to make personal choices to meet the demands of their roles, even if these choices conflict with the Joint Commission recommendations for healthcare workforce safety and well-being (*Health Care Workforce Safety and Well-Being | the Joint Commission, n.d.*). Those challenging conditions are also valid for

nurse leaders, who constantly deal with difficulties that include high volumes of patients, complex cases, and limited qualified workforce availability, among other demands that can put them in unhealthy circumstances (Sexton et al., 2017). This process improvement project responds to whether disseminating available organizational information improves nurse leaders' understanding of the need for work-life balance.

Available knowledge

The Cambridge Dictionary provides the most direct and straightforward definition of work-life balance: “the amount of time spent doing your job compared with the amount of time you spend with your family and doing things you enjoy” (Cambridge Dictionary, 2019). Work-life balance is a matter of well-being; it involves minimizing work-related stress and maintaining health and well-being while practicing a sustainable way to work (*Employee et al.: What It Is & the Benefits You Should Be Offering, n.d.*).

According to the literature, the healthcare sector is an area of the economy that presents high levels of burnout, which the World Health Organization defines as a syndrome resulting from chronic workplace stress that is not successfully managed (World Health Organization, 2019), and unhappiness with work-life balance (Schwartz et al., 2019). The results of a survey conducted in a large academic hospital in North Carolina indicate that regardless of meaningful relationships, critical intellectual engagement, and individual fulfillment, complicated and deficient flows and time demands can lead to unhealthy consequences that can interfere with individuals' immune system health, marital experience, and life expectancy (Schwartz et al., 2019). A five-month study focused on work-life balance and health among 367 leaders who reported frequently working from home showed that among participants with low resources, those who worked from home had a better work-life balance than those who did not. Another important finding was that regardless of the work location, leaders with more resources reported better health and work-life balance levels

than their counterparts with fewer resources (Neidlinger et al., 2022). Intending to establish a relationship between safety and work-life balance, a group in Taiwan collected data from 14,345 healthcare workers. The most important contribution of that work was designing a system-based approach to improve safety based on findings that indirectly associated work-life balance and a culture of safety (Tran et al., 2021).

Improving work-life balance among leadership is the beginning of a transformation at the institutional level. A team of investigators working with a nursing team in Switzerland found a correlation between nurses' work-life balance and promotion, perceived staffing resources, and other aspects related to leadership that affect nurses (Zraychikova et al., 2023). Nurse leaders cannot support work-life balance if they do not practice it. A recent study among 656 nurses found that 52% reported unhappiness with their jobs, compared to 48% who stated satisfaction. The same study showed that 60% of nurses reported a positive family impact on work, while 40% experienced a negative effect. Regarding the impact of their work on family, the study showed that 56% of nurses reported a positive impact, while 44% reported a negative impact (Sexton et al., 2017). Pangallo (2023), the lead investigator of the Qualtrics XM team, found that team members who practice a healthy work-life balance are willing to go above and beyond. The group that studied the responses of 28,808 survey participants in 27 countries throughout North America, Europe, Asia-Pacific, Japan, Latin America, and the Caribbean also learned that employee fulfillment with work-life balance decreased from a global average of 73% to 71% during 2022. The same measure for directors is at 77%, six points higher than the worldwide average (Pangallo et al., 2013).

According to Pangano's findings, when team members achieve a better work-life balance, 28% are more likely to exceed their expectations at work, 23% have a better engagement score, 20% feel included, 18% would consider staying with the company for three more years, and 16%

experience less burnout (Pangallo et al., 2013). The Future Forum Pulse (2022) surveyed 10,737 team members, including executives, senior and middle managers, and other knowledgeable employees, on how they feel about their working lives. This study found that employees who practice a hybrid schedule have better employee experience scores than those working fully in person. The report also highlights the new trends of the post-pandemic global work environment; among these, more flexibility regarding when and where people work has emerged as the dominant movement, a fact that supports the implementation of a hybrid work system (Future Forum, 2022). In 2022, 243 participants, including nurse leaders and staff nurses, participated in a study using a quality of work-life and organizational commitment scale and a work performance survey. The results of that work suggested that the quality of the staff nurses' work life could negatively influence their job satisfaction, which in turn affects their commitment to the organization. On the other hand, nurse leaders' scores suggested a better quality of work life, which correlated with better job performance scores and a higher commitment to the organization (Al-Dossary, 2022).

The dissemination of information among nurses is a cost-effective and convenient intervention to introduce initiatives and support organizational programs, as demonstrated by a quasi-experimental study performed with 300 nurses. The group was introduced to the content for 12 months to evaluate the impact of a safety leadership program. The results showed that the intervention improved the quality of care and patient safety outcomes (Xie et al., 2021).

Organizational resources to prevent problems with well-being among healthcare workers have been heavily studied in the literature. Poor work-life balance as an essential part of well-being has been studied, and recommendations to increase resilience have been made. The practice of mindfulness interventions has been adopted as a norm in many systems around the globe; according to a study among physicians practicing neonatology, the need to satisfy work and

personal responsibilities at the same time results in what the authors describe as “work-home conflict,” a phenomenon that leads to increased burnout, lower quality of life, depressive disorders, and lower job and career satisfaction. The study also suggests ways to balance competing work and life responsibilities, which can foment a better work-life blend and less burnout (Tawfik & Profit, 2020). Organizational commitment to well-being includes the declaration of values that align with team members’ values, as well as the creation of policies that support those values and increased transparency about what actions are being done to encourage and embrace them. Kay Kennedy (2021) and the coauthors of *Human-Centered Leadership in Healthcare* address not only the importance of well-being and health through the incorporation of “self” practices such as self-awareness, self-compassion, self-care, and mindfulness but also the crucial role of nurse leaders to model these behaviors as part of a culture of caring. In a call to nursing leaders, the authors describe the need to demonstrate care for themselves before caring for others because they cannot provide what they do not have (Kennedy et al., 2021).

The Wheel of Well-being

As part of a recent contribution, Kennedy’s team incorporated a concept of well-being, analyzed under the lens of eight domains intimately related to well-being with leadership in mind (*Human-Centered Leadership: It Starts with You. The Wheel of well-being, n.d.*). The Wheel of well-being (WoW) was first introduced in 2008 (Sadigh & Sadigh, 2008) as a holistic approach to wellness, achieved by balancing the physical, mental, emotional, relational, recreational, environmental, spiritual, and financial domains. Other groups have used the same concept to promote healthy community behaviors. An Australian team used a version of the WoW as a critical instrument for studying a systematic approach to wellness based on the theory of change (Spain et al., 2021) (United Nations Development Group, 2017), finding that the WoW could be an effective way to encourage and improve community well-being. The theory of change can be

explained as facilitating pathways from specific actions to achieve desired outcomes (United Nations Development Group, 2017).

One of the most important uses of the WoW is identifying the areas of opportunity across all domains and formulating strategies to achieve specific wellness goals. This methodology has much in common with the theory of constraints (Theory of Constraints Institute, 2019), which is explained as a way to identify weaknesses in every system; focusing on improving these areas of weakness is the most effective way to reinforce the whole system. Another aspect of this theory emphasizes how investing in places other than the areas of opportunity will never positively affect the entire system. This proposition is aligned with the holistic nature of the WoW—as presented by many authors, including the uLeadership team—and, in particular, the most recent version of the tool and its application to improve the life-work harmony of nurse leaders (*Human-Centered Leadership: It Starts with You. The Wheel of well-being, n.d.*) (see Appendix C).

The eight domains of health and well-being are placed in the context of the “self,” as proposed by Kennedy’s team (Kennedy et al., 2021), where they can be managed through mindfulness, self-compassion, and self-care. Regarding the intellectual and creative domain, many studies have demonstrated the positive effect of well-being on mental health, physical health, and overall performance in the activities of daily living, including work. The literature supports the suggestion that intellectual activities such as creativity have a positive relationship with well-being; it also supports the notion that people engaged in the creative process are happier, more satisfied, and perform better in tasks and problem-solving (Tan et al., 2021).

According to Stoewen (2017), when people possess strong social connections and healthy coping mechanisms, they are better equipped to navigate life's challenges. This aspect of well-being refers to the emotional/mental domain. Actions such as embracing self-awareness by understanding and honoring feelings and values, cultivating empathy by genuinely recognizing

and valuing the emotions of others, and nurturing a sense of optimism and enthusiasm refuel the emotional and mental domain of well-being (Stoewen, 2017). Furthermore, the relational domain focuses on maintaining healthy relationships, enjoying the company of others, fomenting friendships and intimate relations, caring about others, and letting others care about you. This domain responds to the question, “Am I able to develop and nurture relationships and a sense of belonging?” (*Human-Centered Leadership: It Starts with You. The Wheel of well-being, n.d.*).

According to the University of Maryland (2015), an awareness of others' particular financial circumstances, the knowledge to manage money, and the ability to make informed decisions, such as setting realistic goals, relate to the financial domain of well-being. This domain is linked to the question: “Am I satisfied with my current and future financial situation?” (*Human-Centered Leadership: It Starts with You. The Wheel of well-being, n.d.*). The uLeadership version of the WoW also presents the question, “Am I choosing things to nurture my body?” to introduce the physical domain of well-being, which involves finding healthy habits that energize the body and align with a specific lifestyle and fitness level, in addition to avoiding illness (University of Maryland, 2015). Next, individuals who discover a profound sense of purpose and live in harmony with their core values experience an alignment with the spiritual domain of well-being. To assess if someone's life is filled with meaning, a commitment to personal growth, and a more profound sense of fulfillment, individuals should answer, “Am I able to understand and accept my connection to the world and my place in it?” (*Human-Centered Leadership: It Starts with You. The Wheel of well-being, n.d.*).

The impact of recreational activities on well-being has been suggested in literature several times; for example, a study performed in the United Kingdom exposed 30 veterans with post-traumatic stress disorder to the practice of outdoor recreational activities, which decreased their symptoms and increased the participants' sense of well-being (Wheeler et al., 2020). The

recreational domain responds to the question, “Am I enjoying life and making it fun?” (*Human-Centered Leadership: It Starts with You. The Wheel of well-being, n.d.*). People who combine outdoor enjoyment and relaxation also prioritize long and short rest periods and find time to spend with their loved ones, all of which are activities aligned with the recreational domain of well-being. The final domain is occupational wellness, which includes actively pursuing fulfilling work that aligns with career goals and values (Colorado State University Pueblo, n.d.). Practicing activities in this domain promotes satisfaction in performing daily job tasks, demonstrates resiliency, and supports a growth pattern despite roadblocks and mistakes. These behaviors are linked to the question, “Am I receiving personal satisfaction and enrichment from my work?” (*Human-Centered Leadership: It Starts with You. The Wheel of well-being, n.d.*) (see Appendix D).

Rationale

Author Brené Brown states self-compassion is “easy to mention but hard to live”. Work-life balance and living our values are similar; this conclusion comes to light when the author mentions that work-life balance is all about sleeping well, exercising, eating healthy, and making connections (Brown, 2018). As Brown (2018) describes, work-life balance is an act of self-compassion that requires more than just attention. The most emphatic invitation to embrace self-care has been provided by Jane Watson (2008), who emphasizes the importance of learning about caring and experiencing it by living it in our professional and personal lives (Watson, 2008).

According to The Federal Work-Life Survey (2018), one out of every three employees reported needing more flexibility to manage their work, personal, and family responsibilities. While organizations provide and support multiple programs and resources to assist employees and leaders, the study suggests that more awareness and resource availability are needed for individuals to take advantage of those programs. The investigators also indicated that utilizing

available resources and programs minimizes the impact of work-life imbalances and is linked to positive outcomes, such as a better colleague experience, increased retention, and optimized organizational performance (Gov, 2018).

Based on the available evidence, implementing the interventions adopted in this project has the potential to increase understanding among nurse leaders of the need to adopt the work-life balance initiatives presented and the resources available at the organizational level. Some of the benefits described by the literature include a boost in productivity, improved time management, which leads to better physical and mental well-being, a cut in callouts and general absenteeism, motivation and commitment, which leads to better outcomes, and team members' perception of prioritization of family and personal life, among other benefits (Migrator, 2000). The population utilized for this project was the appropriate group to target, given that nurse leaders are not exempt from juggling demanding workloads and managing personal and household responsibilities; this makes it difficult for them to find a healthy balance between life and work. The content and techniques delivered through this initiative will further increase leaders' ability to incorporate healthy self-practices and model those behaviors among team members, thus positively influencing and helping others achieve work-life balance.

Specific Aims

This project aimed to enhance nurse leaders' understanding of the need for work-life balance by demonstrating techniques to improve their sense of wellness. Its goal was for leaders to practice these exercises, disseminate them throughout their teams, and make them part of a routine. Other wellness organizational resources were provided during this intervention. A vital element of the educational activity provided was an emphasis on the importance of tackling work-life harmony through a holistic approach by presenting and making available the Wheel of Well-

being as an evidence-based tool to achieve health and wellness (*Human-Centered Leadership: It Starts with You. The Wheel of well-being, n.d.*).

Upon further incorporation of the techniques, changes, and practices related to the various components of well-being, both leaders and organizations would experience an increase in job satisfaction, improved health, reduced job-related stress, reduced staff turnover and absenteeism, better productivity, enhanced safety, and improved patient and colleague experience, among other benefits (International Labour Organization, 2022).

Methods

Context

This process improvement project occurred at a major city hospital in Boston, Massachusetts. The organization to which this hospital belongs serves patients from the New England area and throughout the United States. The organization also consists of 150 outpatient practices, including outpatient procedural services, medical specialties, and primary care, among other services. This 793-bed hospital is a Magnet-designated teaching hospital. With over 140 training programs, it houses students from Harvard Medical School. It also places many nursing students from programs across Massachusetts (*About the Brigham - Brigham and Women's Hospital, n.d.*).

The delivery of care in a world-class organization is a demanding task that requires hard work from all team members at all levels. The practice of unhealthy work habits has been discussed as one of the roadblocks to sustainable operation, and nursing leadership, in particular, has been identified as one of the teams that could benefit from an intervention dedicated to achieving a more sustainable work-life balance. As such, the target group of this improvement project was a nursing leadership group composed of an associate chief nursing officer, a few nurse

directors, and the organization's team of professional development managers, which has a nurse director level in the organizational chart.

Cost Benefit Analysis

The cost-benefit of this improvement project will show that providing nurse leaders with necessary information regarding strategies to understand work-life balance needs has the potential to help them develop the skills to eliminate unhealthy work practices. It also has the potential to benefit the organization in aspects ranging from improved colleague and patient experiences to less stressful care delivery, through which clinicians and patients promote improved mental health (Kesri, n.d.).

A group of nurse leaders who practice, model, and support work-life balance initiatives means a workforce that values and trusts team members. The organization will benefit from flexible teams that show up to earn a salary and feel that they can manage family, community, and other life activities without guilt (Babin et al., 2015).

Many authors have discussed the turnover of staff RNs and CNOs, but few have discussed other nurse leaders in this regard. Several nurse managers and directors leave given their inability to manage work time more effectively and because of the high levels of stress and burnout, among other manifestations of inadequate work-life balance. It is estimated that replacing a nurse director costs \$132,00 to \$228,000 or more (Sherman, 2014). Supporting work-life harmony initiatives has the potential to prevent turnover among nurse leaders. It is estimated that the cost of turnover for a regular job is anything from six to ten months of that position's salary; replacing a leader could cost as much as 200% of that job's yearly earnings (Lindquist, 2023).

Interventions

A plan-do-study-act (PDSA) method was utilized for this initiative. This practice is described as testing an implemented change (Agency for Healthcare Research and Quality, 2020).

The first part of the project is known as the *Plan*. During this phase, the project manager selected a leadership group from the Brigham and Women's Hospital nurse directors and professional development managers team as the participant population. During one of the monthly professional development meetings, a pre-educational activity survey, designed based on the holistic approach proposed by the Wheel of Well-being, was conducted among those leaders who voluntarily elected to stay and participate. The tool comprised seven original questions linked to the intellectual/creative, emotional, relational, physical, spiritual, recreational, and occupational domains to assess and understand the participants' pre-intervention status regarding work-life harmony.

The *Do* portion of the project included a demonstration and active group participation in a relaxation technique guided by a Caritas Coach®. An essential portion of the intervention was the presentation of *The Wheel of Well-being* and *The Eight Domains of Health and Well-being* by Susan Campis, Chief Wellness Officer of *uLeadership (Human-Centered Leadership: It Starts with You. The Wheel of well-being, n.d.)*. The project lead presented other wellness techniques, such as Whitespace (Bach, 2019) and additional materials, among other information regarding available organizational resources. The Work-Life Balance Guide was also distributed with materials and links to help leaders control and balance work and life; the organization's Employee Assistant Program designed that material.

During the intervention, the participants recognized current resources and explored, learned, and applied different methods to improve work-life harmony. A post-educational intervention survey was administered to assess the effectiveness of the educational intervention, but more importantly, to explore the willingness of the participants to incorporate the learned techniques in their daily activities as part of a wellness journey. During the *Study* phase, the

information collected through the pre-instructional activity survey was analyzed to gather quantitative data, such as how many leaders participated and how often leaders engaged in behaviors that are linked with an ideal intellectual, emotional, relational, physical, spiritual, recreational, and occupational state, according to *The Eight Domains of Health and Well-being* (*Healthcare Leadership Resources / uLeadership / Books, Blog, Publications, 2023*). In this phase, the project leader analyzed the information collected during the post-intervention survey to learn the participants' confidence levels in utilizing relaxation techniques, incorporating concepts from *The Wheel of Well-being*, and using general skills and knowledge learned during the instructional activity. This phase also included the project lead investigating possible relationships between the previous variables and the demographic information collected during the intervention, seeking to identify significant correlations. During the *Act* portion, the project lead shared the intervention results with the stakeholders and the participants to further enhance their engagement, acceptance, and willingness to incorporate the acquired knowledge to create a change that improves life-work balance and general wellness. The intervention's results and key findings were shared with other teams to show the significance of the intervention, along with recommendations for implementation with other target groups within the institution.

At the organizational level, work-life balance initiatives are in alignment with the Professional Practice Model (*Center for Nursing Excellence - Brigham and Women's Hospital, n.d.*) and the goals of the Department of Nursing, specifically regarding a relationship-based care approach regarding how we provide care for each other and ourselves. Kay Kennedy and the coauthors of *Human-Centered Leadership in Healthcare* (Kennedy et al., 2021) explain how the American Nurses Association (ANA) unfolds in provision 5 of the ANA Code of Ethics: "The nurse owes the same duty to self as to others, including the responsibility to promote health and

safety, preserve wholeness of character and integrity, maintain competence and professional growth” (Babin Dhas & Karthikeyan, 2015).

Intervention Activities

Guided restorative exercise

The participants were introduced to guided meditation through a demonstration by a trained Caritas Coach® (*Caritas Coach Education Program® (CCEP)*, n.d.). According to the American Heart Association, the utilization of this technique has demonstrated positive effects on both physical and mental manifestations of stress, including hypertension, anxiety, insomnia, and depression (American Heart Association, 2019) (see Appendix E).

The Wheel of well-being and The Eight Domains of Health and well-being

The central portion of this instructional intervention was the presentation of *The Eight Domains of Health and well-being* and *The Wheel of well-being*. This demonstration will be reinforced by unveiling an original recorded video provided by Susan Campis, co-author of *Human-Centered Leadership in Healthcare* (Kennedy et al., 2021) and creator of the instrument. This tool will be provided and distributed among the participants for their further use and application with the permission of uLeadership (*Healthcare Leadership Resources / uLeadership / Books, Blog, Publications*, 2023).

White space

The Cambridge Dictionary describes *White Space* as “not wasted space; it is an important element in overall design, providing a resting place for your eyes” (Cambridge Dictionary, 2023). If we apply the concept of *white space* to work-life balance, it is a scheduled time in team members’ calendars to allow people to zoom out, reflect, and refuel (Bach, 2019). The CNO of the organization created a pre-scheduled weekly invitation for work-life balance, a *white space* in the nurse leaders' calendars that started approximately a year ago with the idea of initiating a

relationship-based care or self-care process. The purpose of presenting this intervention as part of this project is to encourage leaders to use that time in a meaningful way and not just to spend attending other meetings, emails, or calls.

Day remote

Nurse leaders are empowered to manage their work schedule and encouraged to work remotely for one day. This intervention is a demonstrated way to enhance leaders' engagement while providing a positive employee experience. A recent national poll about why work-life balance matters showed that 81% of employees value flexible hours and a hybrid schedule (Employee Work-Life Balance: What It Is & the Benefits You Should Be Offering, n.d.).

Work-life Balance instructional meeting

Approximately one hour of the monthly Ambulatory and Procedural Nurse Directors and Professional Development Managers monthly meeting was dedicated to educating the participants on the available organizational resources, which include mental health and well-being offerings to support colleagues in achieving work-life balance. The activity will start with the guided meditation exercise and the unveiling of *The Eight Domains of Health and well-being* as part of *The Wheel of well-being (Human-Centered Leadership: It Starts with You. The Wheel of well-being, n.d.)*.

Work-life balance guide

The organization's employee assistance program (EAP) created and provided a work-life balance guide, which was shared with the participants. This document includes internal and external organizational resources and other autonomous evidence-based interventions available to nurse leaders free of charge (see Appendix F). The guide also includes a self-assessment survey to identify the prevalence of unhealthy work practices directly linked with work-life imbalances.

Study of the Interventions

The project lead designed a pre-instructional activity survey to address the crucial components of the domains of health and well-being. The tool includes items related to the intellectual and creative, emotional and mental, relational, physical, spiritual, recreational, and occupational domains of well-being. Permission was obtained from the *uLeadership* group to utilize the content and the instrument. The survey, designed to collect basic background information, was constructed and conducted using the Qualtrics XM® platform available to UNH students. A post-intervention evaluation was conducted as a survey to collect demographic information from the participants and assess the effectiveness of the educational activity and participants' openness to employing the newly acquired techniques to improve their well-being.

Measures

The project manager collected the necessary data through anonymized surveys. No personal information was collected to guarantee anonymity. The data collection was performed electronically utilizing the Qualtrics XM® platform. Before the instructional activity, a survey was administered to participants. The participants also received information confirming that the project leader had no conflict of interest. Participation in the intervention was voluntary, and individuals provided consent before all the activities began by staying and engaging in the project.

Pre-Intervention Survey

The pre-intervention survey aimed to establish a baseline measurement of participants' well-being across various domains, including intellectual, emotional/mental, spiritual, relational, recreational, and occupational, before their exposure to the intervention materials. The project lead wrote a pool of questions related to each domain and then selected a single question representing each domain to be included in the survey. Utilizing a Likert scale facilitated the project leader's transfer of subjective content into qualifiable data (see Table 1). This process allowed the

statistical analysis of the answers to unveil patterns and trends regarding the subjective topic of well-being (see Appendix A).

Table 1

Alignment of the questions in the pre-intervention survey

Domain	Item
Intellectual/Creative	How often do you explore new methods to tackle challenges?
Emotional/mental	How frequently do you align your decisions and actions with your core values?
Relational	How often do you experience meaningful social connections contributing to your well-being?
Physical	How often do you consciously engage in activities that nurture your physical and mental health?
Spiritual	How frequently do you schedule and engage in activities that promote relaxation, mindfulness, and personal reflection throughout your day?
Recreational	How often do you incorporate activities that bring joy, relaxation, and enjoyment into your daily routine?
Occupational	How often do you feel your work allows you to express your strengths and make a meaningful impact?
Likert five-point scale	1 - Never 2 - Rarely 3 - Sometimes 4 - Often 5 - Always

Post-instructional Activity Survey

The main objective of the post-instructional activity survey was to evaluate the participants' willingness to implement the newly acquired techniques and estimate the effectiveness of the intervention. The carefully designed questions helped the project leader

understand how participants felt about their ability to take control of their motivation, behavior, and environment to make positive changes to improve their wellness. The participants' confidence level is critical to their ability to adopt new habits successfully and gives us valuable insight into the potential long-term impact of the intervention. A net promoter scale (NPS) 0 -10 rating scale was used, simplifying interpretation. The critical questions of the assessment were:

- On a scale from 0 to 10, how confident are you that you can use the relaxation techniques you learned today to improve your overall well-being?

This question targeted the participants' belief in successfully applying the learned relaxation techniques. Self-efficacy, defined as confidence in one's ability to achieve specific goals (Carey & Forsyth, 2009), has the potential to predict a behavioral change and can, therefore, influence whether the participants will utilize the techniques. The question also reflected whether the participants felt the tools provided were valuable and applicable for enhancing their well-being.

- On a scale from 0 to 10, how confident are you in your ability to use The Wheel of Well-being to improve your overall well-being?

This question measured the participants' confidence in using the Wheel of Well-being to identify areas where they want to make changes. It also evaluated the participants' understanding of the tool's domains and concepts as presented.

- On a scale from 0 to 10, how useful do you think the skills and knowledge you learned today will be in improving work-life harmony?

This question targeted whether participants believed the acquired skills and knowledge apply to fostering work-life harmony and whether they could integrate the new information into their routines.

Demographic Data

Demographic questions were included at the end of the survey to minimize their influence on the primary responses included in the questionnaire. These questions helped the project leader break down the participants into different groups, considering reported factors such as age, education, and years of experience in leadership roles, among other questions. Even if the project's target group is a leadership team of nurse leaders, including specific demographic questions ensures getting a representative group of the population of nurse leaders. This information type was also crucial for generating correlations and trends between variables (see Table 2).

Table 2**Demographic-related items included in the post-interventional survey**

Item	Choices
Which age group do you fit into?	21 to 30 31 to 40 41 to 50 51 to 60 61 to 70 Over 70
For how long have you worked as a Nurse Leader?	Less than a year 1 - 3 years 4 - 6 years 7 - 9 years More than ten years
What is your usual working shift?	Days Evenings Nights Variable shifts
What is your primary work setting?	Inpatient Outpatient
What is the highest level of education you have completed?	Undergraduate/Bachelor Grad/Master Grad/Doctorate
Did the presenter disclose any potential conflicts of interest before the presentation?	Yes No

Analysis

The data collected through a pre-and post-survey were the subject of an analysis. The answers were evaluated to determine the intervention's effect on the participant's understanding of the need for work-life balance. The data regarding the work-life balance section of the tool was collected using a Likert scale; since the values used in this part of the tool had a natural order, it was logical and appropriate to assign them a numerical value to be coded from *1. Never* to *5. Always*. Frequent distribution tables were created to obtain an outline of the data, including how many times each option was selected for frequency analysis. This process helped determine the data's mean (average) to show the central tendency of the answers provided and their standard deviation (spread) to learn how much variation was found in the frequency of the collected data. By coding the data as explained previously, it was also possible to show their variability by finding their range, or how widely the scores from each of the three main questions differ. Bar graphs were created to plot the different groups and visually represent the data. A radar graph was also generated after the frequency calculation of the groups' data regarding their baseline status at the eight domains of well-being. Demographic data included age ranges and background information such as years in a leadership role, education, and usual working shifts. This information will be used to compare the different groups and their likelihood of using the tools provided.

Ethical Considerations

As a quality improvement project, an exception from the IRB approval process was granted to implement this DNP project by the University of New Hampshire Department of Nursing DNP (see Appendix G). An organizational checklist was utilized to determine that this project classified as a quality improvement/measurement (see Appendix H). The ethical

considerations of this initiative protected the rights of each participant to freely opt in or out of the project at any stage during the process. Before agreeing to participate, the participants were fully informed of the project's purpose and whether there was any funding or conflict of interest.

Confidentiality was ensured and provided; the participants were the peers of the leader of this initiative, and the responses and participation were anonymous. The author of this project ensures that this work was free of plagiarism and that the results were accurate.

Results

Initial Steps

The delivery of this project's intervention was planned to take place during one of the monthly professional development managers' meetings. The associate chief nursing officer (ACNO) sponsoring this project authorized the allocation of the required time following approval from the committee's co-chairs to introduce the educational items in the agenda. Participants were invited to participate voluntarily in the intervention, and any potential conflict of interest was disclosed.

Figure 1

Interventions, The Journey



Demographic Data

During the initial phase of the intervention the number of participants were 24, as evidenced by their participation in the pre-interventional survey, the total number of leaders taking part in the post-intervention survey and therefore completing the demographic questions were 21. The rationale of completing the demographic data at the end of the post-educational intervention survey was mainly to lessen the load of the initial survey and to facilitate participants' focus on the core questions, thus increasing completion rates. According to the data collected, 38.1% of the participants were between 31 and 40, 23.81% were between 31 and 40, 23.81% were between 51 and 60, and 14.29% were between 61 and 70 years old. None of the participants were over 70 or younger than 30 years of age. With a mean of 3.29, the average age of the group tends to cluster around the early part of the 31 to 40 age range. Regarding the years of experience as nurse leaders, 42.86% reported having more than ten years of experience, 9.52% having between 7 and 9 years of experience, 23.81% having between 4 and 6, 19.5% between 1 and 3 years, and 4.76% having less than one year of experience as a nurse leader. Smaller groups have less experience, 42.86% have more experience, and with a mean of 3.67, the average nurse leader in this group falls in the 4 to 6 years category. A standard deviation of 1.32 shows moderate variation in experience among the participants, with some having significantly more or less than the average.

Concerning the participants' highest level of education, 66.67% reported having a master's degree, 33.33% had a doctorate, and no undergraduate individuals participated. Out of the twenty-one leaders in the group, 71.43% work in inpatient settings, while 28.57% work in outpatient. 80.95% worked during day hours, and 19.05% reported working a variable shift; no one in the group reported working only night and evening hours (see Table 3). It is essential to clarify that during the demographic data collection point, the project was restricted by sample attrition or

reduced participants completing the initiative. This resulted in the population being 12.5% smaller at the post-intervention stage than at the pre-intervention stage.

Table 3**Demographic Data**

Age	% (n)
21-30	0 (0)
31-40	23.81 (5)
41-50	38.10 (8)
51-60	23.81 (5)
61-70	14.29 (3)
Over 70	0 (0)
Nursing Leadership Experience	% (n)
< 1 year	4.76 (1)
1 - 3 years	19.05 (4)
4 - 6 years	23.81 (5)
7 - 9 years	9.52 (2)
10+ years	42.96 (9)
Work Shift	% (n)
Days	80.95 (17)
Evenings	0 (0)
Nights	0 (0)
Variable	19.05 (4)
Primary Work Setting	% (n)
Inpatient	71.43 (15)
Outpatient	28.57 (6)
Highest Level of Education	% (n)
Undergrad/Bachelors	0 (0)
Grad/ Masters	66.67 (14)
Grad/Doctorate	33.33 (7)

Pre-intervention Survey Reliability Assessment

The pre-educational intervention survey designed by the project leader aimed to establish a baseline measurement of participants' engagement with different domains based on the Wheel of Well-being presented by uLeadership (*Human-Centered Leadership: It Starts with You. The Wheel of well-being, n.d.*). The Cronbach's Alpha formula, $Cronbach's\ Alpha\ (\alpha) = (K / K - 1) * (1 - \sum Si^2 / St^2)$, was utilized to determine whether the questions included in the initial project survey consistently measured the concept of well-being (*Reliability and Item Analysis Introductory Overview - Cronbach's Alpha, n.d.*) (see Table 4).

Table 4

Cronbach's Alpha spreadsheet

Fostering Work-Life Balance - Pre-Intervention Survey								
Participant	Q1	Q2	Q3	Q4	Q5	Q6	Q7	Total
1	3	4	2	1	4	2	3	19
2	5	2	2	2	2	2	2	17
3	4	3	4	2	5	4	2	24
4	3	3	4	3	4	4	3	24
5	3	3	1	2	2	2	3	16
6	2	2	2	3	3	3	3	18
7	4	1	2	2	3	3	2	17
8	5	2	2	2	4	3	2	20
9	4	3	3	2	3	3	4	22
10	4	3	4	3	5	5	4	28
11	2	3	2	2	3	3	3	18
12	3	2	2	1	3	3	3	17
13	2	3	3	3	4	3	4	22
14	4	2	4	4	4	4	2	24
15	4	4	3	2	4	4	3	24
16	4	3	3	2	3	3	3	21
17	4	2	2	2	3	2	2	17
18	4	3	3	3	4	4	3	24
19	4	3	3	2	2	2	3	19
20	4	2	3	3	4	4	3	23
21	4	2	2	2	3	3	2	18
22	4	2	4	2	3	2	2	19
23	4	2	3	2	4	2	2	19
24	3	3	3	2	4	4	4	23
Variance	0.67934783	0.514492754	0.717391304	0.456521739	0.69384058	0.775362319	0.519927536	10.0851449
		alpha	0.709987426					4.35688406

The alpha formula's primary purpose was to determine whether all the questions utilized focused on the same idea and whether they were working together to measure what the project leader wanted them to measure; in other words, a group of nurse leaders' self-described stage of well-being as a fundamental element of life-work harmony. A Cronbach's Alpha of 0.71 indicates an acceptable internal consistency or reliability within the survey used to assess the participants during the pre-interventional stage of the project. This alpha level suggests that the questions utilized are related and measure the concept of well-being to an acceptable degree; also, the responses to one question were generally consistent with the other questions in the tool, providing a reasonable level of reliability.

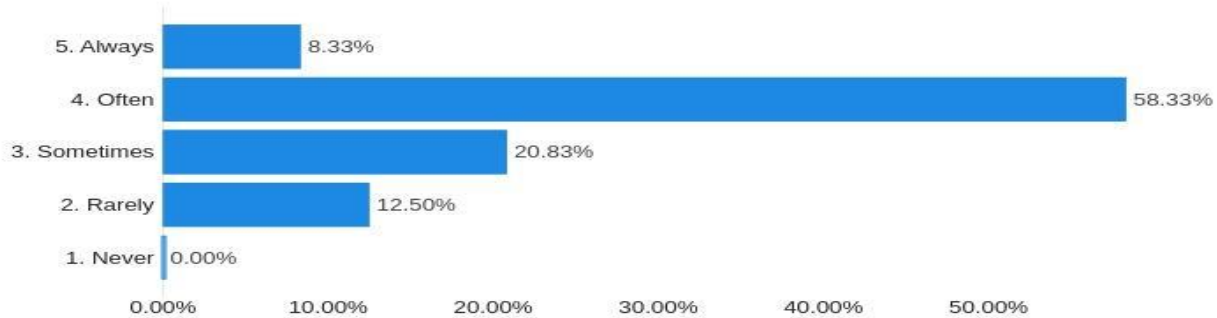
Pre-Intervention Wellbeing Assessment

During this initiative phase, the project lead engaged the participants in an individual assessment of the different segments that play a pivotal role in wellness, especially those intimately linked with work-life harmony. The options included a scale of one (never) to five (always). The question "How often do you explore new methods to tackle challenges?" explores intellectual and creative development by highlighting a person's drive for improvement and innovation, which are vital balance indicators. The results of this question indicate a strong inclination towards innovation, with most respondents (58.33%) reporting that they often explore new methods to tackle challenges. This suggests a willingness to experiment and embrace change, potentially leading to adaptability and success (White et al., 2023). No one (0.00%) said they had never explored new methods. A fair number of people (12.50%) said they rarely explore new methods. This could be due to a preference for sticking with what works or a lack of awareness of new methods. Some participants (20.83%) said they sometimes explore new methods, suggesting they are open to new things but not always (see Figure 2).

Figure 2**Intellectual domain assessment**

How often do you find yourself exploring new methods to tackle challenges?

24 Responses

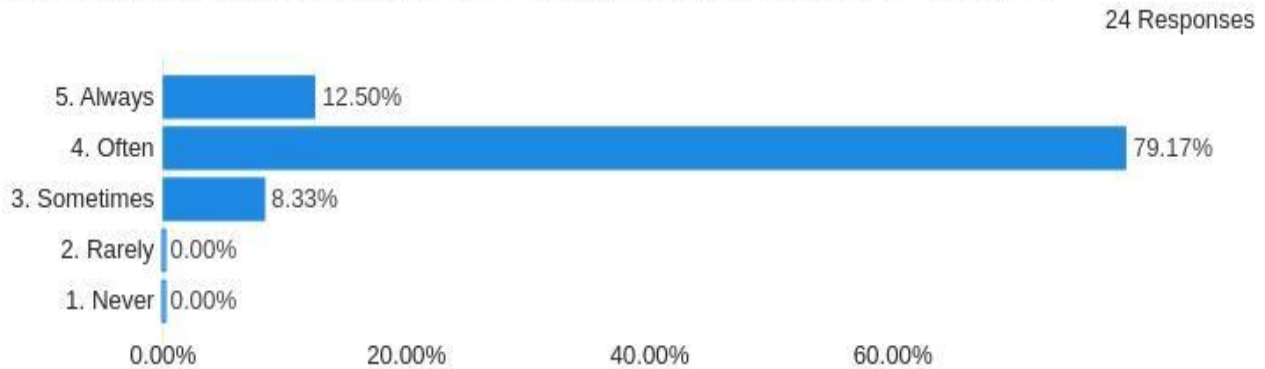


The group demonstrated a general tendency to explore new methods for tackling challenges, with the average response falling between sometimes and often (mean of 3.63). The standard deviation (0.81) suggests that while more individuals within the group are more likely to introduce new methods, others are more hesitant. The results indicate that the group utilizes similar problem-solving approaches and is generally open to experimentation. For a group of primarily professional development managers approaching similar opportunities, this might lead to the development of somewhat standardized strategies.

The question, “How often do you put yourself in the shoes of others to understand their perspectives?” explored the emotional and mental domain and helped assess how leaders manage emotions and daily stressors. The data suggests a strong emphasis on empathy within the participants. A marked majority (79.17%) reported frequently putting themselves in others' shoes to understand their perspectives. This suggests a high level of empathy as a general approach. A smaller percentage (8.33%) indicated only sometimes engaging in this behavior (see Figure 3). A standard deviation of 0.45 suggests that the average participant likely considers others' perspectives with a certain regularity, and most group members fall around that average.

Figure 3**Emotional/Intellectual domain assessment**

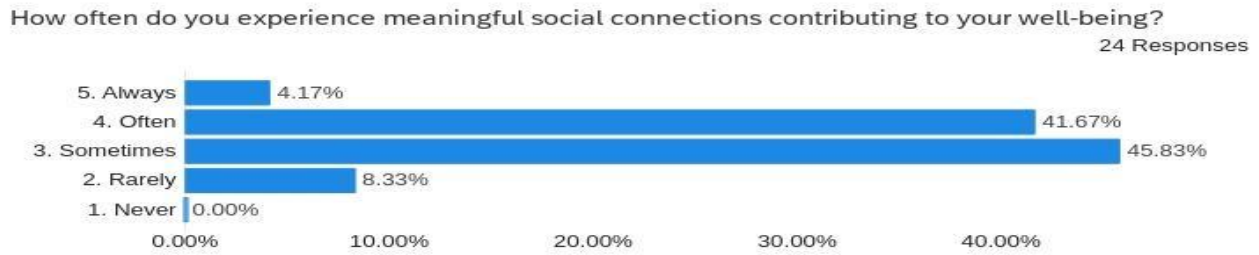
How often do you put yourself in the shoes of others to understand their perspectives?



The question "How often do you experience meaningful social connections contributing to your well-being?" assessed the quality and satisfaction of an individual's relationships with others, including social connections and a supportive network. This question aimed to measure the presence of social connections and their positive impact on an individual's sense of well-being and to represent the relational domain. The results for this question indicate that most participants experience meaningful social connections that contribute to their well-being with some regularity. A significant portion of people experience these connections sometimes (45.83%), and a nearly equal portion experience them "Often" (41.67%). Only a small percentage of them experience meaningful connections rarely (8.33%) or always (4.17%) (see Figure 4). The standard deviation (0.70) indicates that most group members have scores clustered reasonably close to the mean (2.58). This suggests that meaningful social connection is a positive aspect of most people's lives, and its consistent level contributes to the group's well-being.

Figure 4

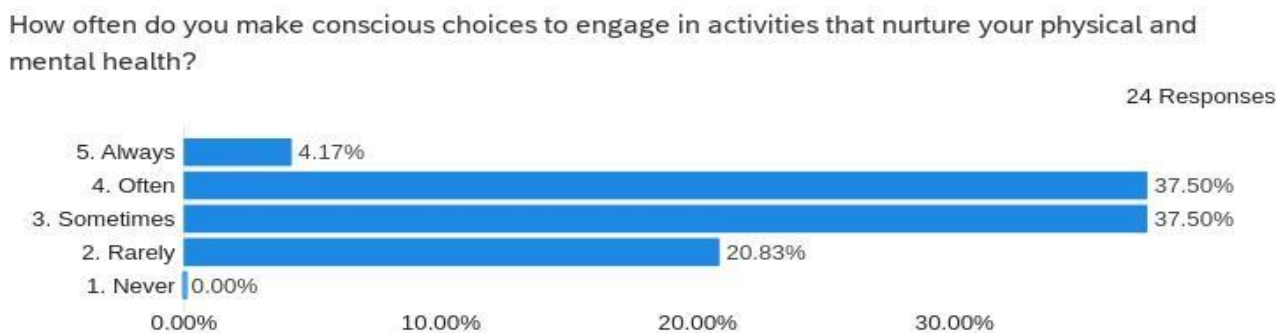
Relational domain assessment



The question "How often do you consciously engage in activities that nurture your physical and mental health?" assessed the physical domain in the Wheel of Well-being (*Human-Centered Leadership: It Starts with You. The Wheel of well-being*, n.d.). The results indicated that a small percentage of participants (4.17%) prioritize these activities, while a more significant portion (37.5%) engage in them often and sometimes. However, 20.83% rarely make time for their physical and mental well-being, and none of the participants indicated ever engaging in such activities (see Figure 5). The mean (2.75) suggests that, on average, people in this group consciously engage in activities that nurture their physical and mental health slightly less often than sometimes. The standard deviation (0.83) suggests a moderate degree of variety in how frequently individuals focus on these activities; some are likely more consistent than others.

Figure 5

Physical domain assessment

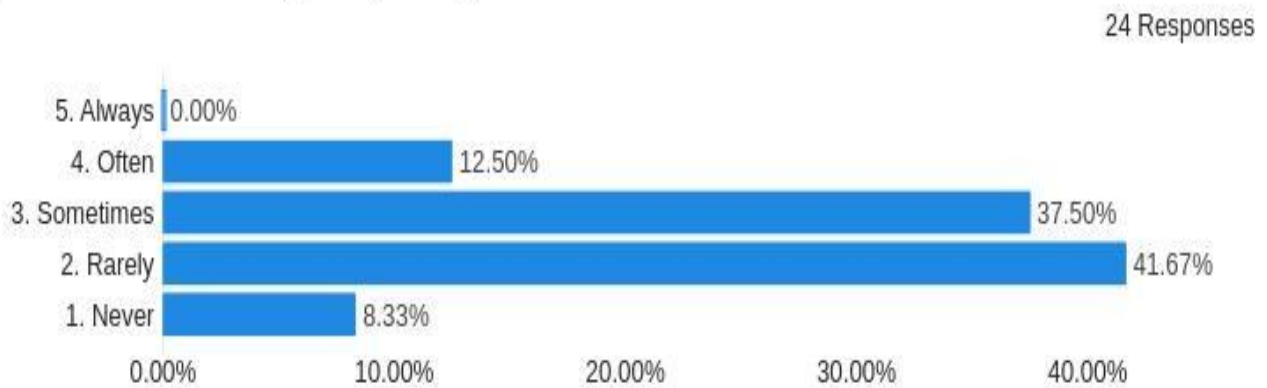


The survey asked participants how often they engage in activities promoting relaxation, mindfulness, and personal reflection to explore the spiritual dimension of well-being. Results revealed that 12.5% do so often, 37.5% sometimes, 41.67% rarely, and 8.33% never (see Figure 6). This suggests that while some prioritize these practices, many must incorporate them regularly. The findings highlight a potential area for growth in overall well-being. The standard deviation of 0.82 indicates a moderate variability within the group regarding how frequently they participate in relaxation, mindfulness, and personal reflection; most of the leaders' scores cluster closely around the mean (3.46) without a wide range of extremely high or low scores. The variance of 0.66 suggests that while some participants incorporate mindfulness practices, others likely do so less frequently.

Figure 6

Spiritual domain assessment

How frequently do you schedule and engage in activities that promote relaxation, mindfulness, and personal reflection throughout your day?



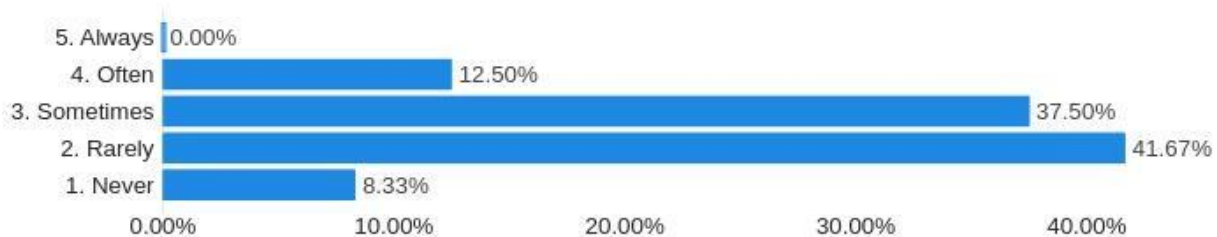
To assess the recreational dimension of well-being, the survey asked, "How often do you incorporate activities that bring joy, relaxation, and enjoyment into your daily routine?" Results showed that 4.17% of participants never engage in such activities, and 29.17% do so rarely. A more significant portion (37.5%) participate in recreational activities sometimes, while 29.17% do so often; no participants reported always making time for these joyful activities (see Figure 7). The mean of 3.08 suggests that, on average, participants in this group incorporate joyful, relaxing activities into their daily routine less than sometimes. A standard deviation (0.86) suggests variability in how frequently leadership team members engage in recreational activities. Some participants likely incorporate such activities far more or far less frequently than the average, as confirmed by a variance of 0.74 with a moderate spread in the scores. The results regarding the recreational domain, particularly the average score, suggest that many individuals in the group could benefit from dedicating more time to recreational activities that boost their well-being.

Figure 7

Recreational domain assessment

How frequently do you schedule and engage in activities that promote relaxation, mindfulness, and personal reflection throughout your day?

24 Responses



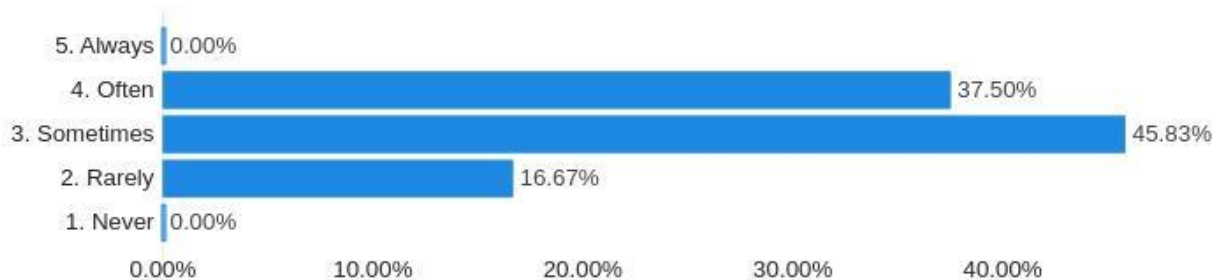
The Wheel of Wellbeing (*Human-Centered Leadership: It Starts with You. The Wheel of well-being, n.d.*) recognizes the importance of our work lives, understanding that finding satisfaction in our careers is crucial for overall well-being. To explore this occupational domain,

the survey asked: "How often do you feel your work allows you to express your strengths and make a meaningful impact?" Interestingly, no one reported consistently always or never feeling this way. Most participants (45.83%) experience these positive feelings sometimes, while 37.5% feel this way often. A smaller group (16.67%) expressed that they rarely get these feelings of fulfillment from their work (see figure 8). The small standard deviation (0.71) suggests slight variation in how people experience their work in terms of fulfillment. Most people's scores likely cluster reasonably close to the mean (2.79). The variance (0.50) reinforces the picture of limited spread within the data, further emphasizing the consistency in this nursing leadership group's experience. A consistency in scores regarding the occupational dimension in a group implies that the participants have similar types of jobs or share similar work environments that provide a moderate level of opportunity for expressing strengths and making meaningful contributions.

Figure 8

Occupational domain assessment

How often do you feel your work allows you to express your strengths and make a meaningful impact?
24 Responses



Post-intervention survey results

The primary goal of the post-instructional activity survey was to assess participants' readiness to apply newly acquired techniques and gauge the program's overall effectiveness. The

survey included thoughtfully designed questions to evaluate how participants perceived their ability to manage their motivation, behavior, and environment for positive wellness changes. Measuring participants' confidence is crucial for understanding the potential long-term adoption of new habits, thus providing insight into the intervention's sustainable impact (Carey & Forsyth, 2009). Data was simplified for interpretation using a net promoter score (NPS), a 0-10 rating scale. In addition, the platform Qualtrics XM® utilized to collect and analyze the data used the net promoter score (NPS) methodology to range the scores based on a 0 to 10 scale, where responders with a score of 9 to 10 were labeled “promoters,” those who responded with a score 7 to 8 were “passives,” and those who responded with a score of 0 to 6 were labeled “detractors.”

The question “On a scale from 0 to 10, how confident are you that you can use the relaxation techniques you learned today to improve your overall well-being?” targeted participants' confidence in successfully applying the learned relaxation techniques. The survey also assessed whether participants perceived the demonstrated and practiced tools as valuable and applicable for enhancing their well-being. According to the results, the majority of participants in the survey (48%) are promoters, which means they are confident in their abilities to use relaxation techniques to improve their overall well-being. Fewer participants are detractors (24%) and passives (29%). The data also show that, on average, leaders in the group reported a relatively high confidence level of 7.9 out of 10 in their ability to use relaxation techniques, suggesting that the demonstration and practice session were effective in increasing the leaders' confidence to use these techniques as part of their work-life harmony strategy. The standard deviation of 1.63 indicates a moderate spread in confidence levels among the participants, but generally, there was a positive confidence trend.

The question “On a scale from 0 to 10, how confident are you in your ability to use the Wheel of Well-being to improve your overall well-being?” aimed to measure two things:

1) participants' confidence in using the Wheel to identify areas for personal change, and 2) their understanding of the tool's domains and concepts. The data collected from that question suggests that most people (43.0%) are somewhat confident using the Wheel of Wellbeing. However, a significant portion of the participants were not confident (19.0%), compared to 38 % of the top confident participants. The average confidence score of 7.17 indicates moderate confidence among participants in using the Wheel of Well-being. However, the standard deviation of 2.60 and a score range of 4 to 9 reveal a degree of variation. Half the participants reported confidence levels above the median score of 8, while the other half fell below. This suggests the need for further training or support to ensure that all participants feel equally confident and comfortable using this tool effectively.

The question "On a scale from 0 to 10, how useful do you think the skills and knowledge you learned today will be to improve work-life harmony?" aimed to uncover whether participants see the skills as applicable to achieving better work-life balance and whether they can successfully integrate this new knowledge into their daily lives. Nearly half (48%) of participants found the information very useful (9-10), while an additional 38% found it somewhat helpful (7-8). Only a low portion (14%) did not find the information useful (0-6). These results suggest that the information presented during the activity was helpful for most participants in improving their work-life balance (see Table 5). Overall, participants found the skills and knowledge learned during the session relatively helpful for improving work-life harmony. The average rating was 7.00 out of 10. However, the standard deviation of 3.60 indicates a somewhat widespread opinion. This means that while most people found the information valuable, their individual perceptions of its usefulness varied from slightly useful to exceptionally useful.

Table 5

The perceived usefulness of the work-life harmony tools

The Perceived Usefulness of Work-Life Harmony Tools		
	Percentage	Count
On a scale from 0-10, how confident are you that you can use the relaxation techniques you learned today to improve your overall well-being? - Group		
Detractor	24%	5
Passive	29%	6
Promoter	48%	10
On a scale from 0-10, how confident are you in your ability to apply the use of The Wheel of Wellbeing to improve your overall well-being? - Group		
Detractor	19%	4
Passive	43%	9
Promoter	38%	8
Q12_NPS_GROUP - On a scale from 0-10, how useful do you think the skills and knowledge you learned today will be to improve Work-Life harmony? - Group		
Detractor	14%	3
Passive	38%	8
Promoter	48%	10

Comparing Work-Life Harmony Tool Usage Across Demographic Variances

Regarding relaxation techniques, the analysis of participants' confidence levels revealed the most substantial increase within the 41-to-50-year-old age group, with four participants reporting greater confidence. The 51-to-60-year-old group followed, indicating a total of ten promoters among all ages. Participants' confidence in using the Wheel of Wellbeing to improve work-life harmony was highest within the 41-to-50 and 51-to-60-year-old age groups (eight participants each). The 31-to-40-year-old group reported lower confidence (nine participants). Regarding the general skills and knowledge acquired during the intervention, the 41-to-50-year-old group demonstrated the highest confidence, followed by the 51-to-60 and 31-to-40-year-olds. There were 18 participants among the promoters and passives. When asked about their confidence in using relaxation techniques, leaders with ten or more years of experience reported feeling confident in introducing them to others. They also found the Wheel of Wellbeing and the knowledge and skills gained during the educational activity beneficial.

Regarding the willingness to use relaxation techniques, leaders with doctorate degrees generally expressed confidence, as did a similar number of participants with master's degrees (five). However, four master's degree holders also indicated a passive stance. This same split

occurred regarding willingness to use the Wheel of Wellbeing (WoW): five master's participants were promoters, with an equal number in the passive group. Among doctorate holders, four were passive, and three were promoters. Additionally, four master's participants fell into the detractor group regarding their confidence in using the WoW. When assessing confidence in applying the work-life harmony tools, five master's degree holders were supporters, six were passives, and three were detractors. The doctorate group showed five supporters, two passives, and no detractors (see Table 6).

Table 6

Comparison of the work-life harmony tools with age, experience, and education

Comparing Work-Life Harmony Tools Usage Across Age, Experience, and Education Levels															
	Use of relaxation techniques					Use of The Wheel of Wellbeing					Skills and knowledge to improve Work-Life harmony				
	Total	Detractor	Passive	Promoter		Total	Detractor	Passive	Promoter		Total	Detractor	Passive	Promoter	
Age	Total Count	21.0	5.0	6.0	10.0	21.0	4.0	9.0	8.0		21.0	3.0	8.0	10.0	
	31 to 40	5.0	1.0	3.0	1.0	5.0	1.0	3.0	1.0		5.0	1.0	3.0	1.0	
	41 to 50	23.8%	20.0%	50.0%	10.0%	23.8%	25.0%	33.3%	12.5%		23.8%	33.3%	37.5%	10.0%	
		8.0	2.0	2.0	4.0	8.0	2.0	3.0	3.0		8.0	1.0	3.0	4.0	
		38.1%	40.0%	33.3%	40.0%	38.1%	50.0%	33.3%	37.5%		38.1%	33.3%	37.5%	40.0%	
	51 to 60	5.0	1.0	1.0	3.0	5.0	0.0	2.0	3.0		5.0	0.0	2.0	3.0	
61 to 70	23.8%	20.0%	16.7%	30.0%	23.8%	0.0%	22.2%	37.5%		23.8%	0.0%	25.0%	30.0%		
	3.0	1.0	0.0	2.0	3.0	1.0	1.0	1.0		3.0	1.0	0.0	2.0		
	14.3%	20.0%	0.0%	20.0%	14.3%	25.0%	11.1%	12.5%		14.3%	33.3%	0.0%	20.0%		
	21.0	5.0	6.0	10.0	21.0	4.0	9.0	8.0		21.0	3.0	8.0	10.0		
Experience	Less than 1 year	1.0	0.0	1.0	0.0	1.0	0.0	1.0	0.0		1.0	0.0	1.0	0.0	
		4.8%	0.0%	16.7%	0.0%	4.8%	0.0%	11.1%	0.0%		4.8%	0.0%	12.5%	0.0%	
	1 - 3 years	4.0	1.0	2.0	1.0	4.0	1.0	2.0	1.0		4.0	1.0	2.0	1.0	
		19.0%	20.0%	33.3%	10.0%	19.0%	25.0%	22.2%	12.5%		19.0%	33.3%	25.0%	10.0%	
	4 - 6 years	5.0	1.0	3.0	1.0	5.0	1.0	3.0	1.0		5.0	1.0	3.0	1.0	
		23.8%	20.0%	50.0%	10.0%	23.8%	25.0%	33.3%	12.5%		23.8%	33.3%	37.5%	10.0%	
	7 - 9 years	2.0	1.0	0.0	1.0	2.0	0.0	2.0	0.0		2.0	0.0	1.0	1.0	
10+ years	9.5%	20.0%	0.0%	10.0%	9.5%	0.0%	22.2%	0.0%		9.5%	0.0%	12.5%	10.0%		
	9.0	2.0	0.0	7.0	9.0	2.0	1.0	6.0		9.0	1.0	1.0	7.0		
	42.9%	40.0%	0.0%	70.0%	42.9%	50.0%	11.1%	75.0%		42.9%	33.3%	12.5%	70.0%		
	21.0	5.0	6.0	10.0	21.0	4.0	9.0	8.0		21.0	3.0	8.0	10.0		
Education	Grad / Masters	14.0	4.0	5.0	5.0	14.0	4.0	5.0	5.0		14.0	3.0	6.0	5.0	
		66.7%	80.0%	83.3%	50.0%	66.7%	100.0%	55.6%	62.5%		66.7%	100.0%	75.0%	50.0%	
	Grad / Doctorate	7.0	1.0	1.0	5.0	7.0	0.0	4.0	3.0		7.0	0.0	2.0	5.0	
	33.3%	20.0%	16.7%	50.0%	33.3%	0.0%	44.4%	37.5%		33.3%	0.0%	25.0%	50.0%		

Discussion

Summary

This quality improvement project utilized the available evidence to select a few interventions that could improve participants’ understanding of the need for well-being as an essential part of work-life harmony. The appreciation from a group of nurse leaders towards the critical information delivered and its perceived usefulness showed encouraging results, not only regarding the

participants' willingness to engage in and model the wellness practices as part of a daily routine but also to spread them among their team members. A significant finding discovered during data analysis was validating the pre-educational intervention tool. This step was possible by the application of Cronbach's Alpha formula, $Cronbach's\ Alpha\ (\alpha) = (K / K - 1) * (1 - \sum Si^2 / St^2)$, primarily utilized to determine whether the questions included in the survey consistently measured the concept of well-being (*Reliability and Item Analysis Introductory Overview - Cronbach's Alpha*, n.d.). An alpha of 0.71 indicated an acceptable internal consistency, meaning that the questions utilized were related and measured the concept of well-being to an acceptable degree. This alpha level also shows that responses to one question were consistent with the other questions included in the tool, yielding a reasonable level of reliability.

Group Findings

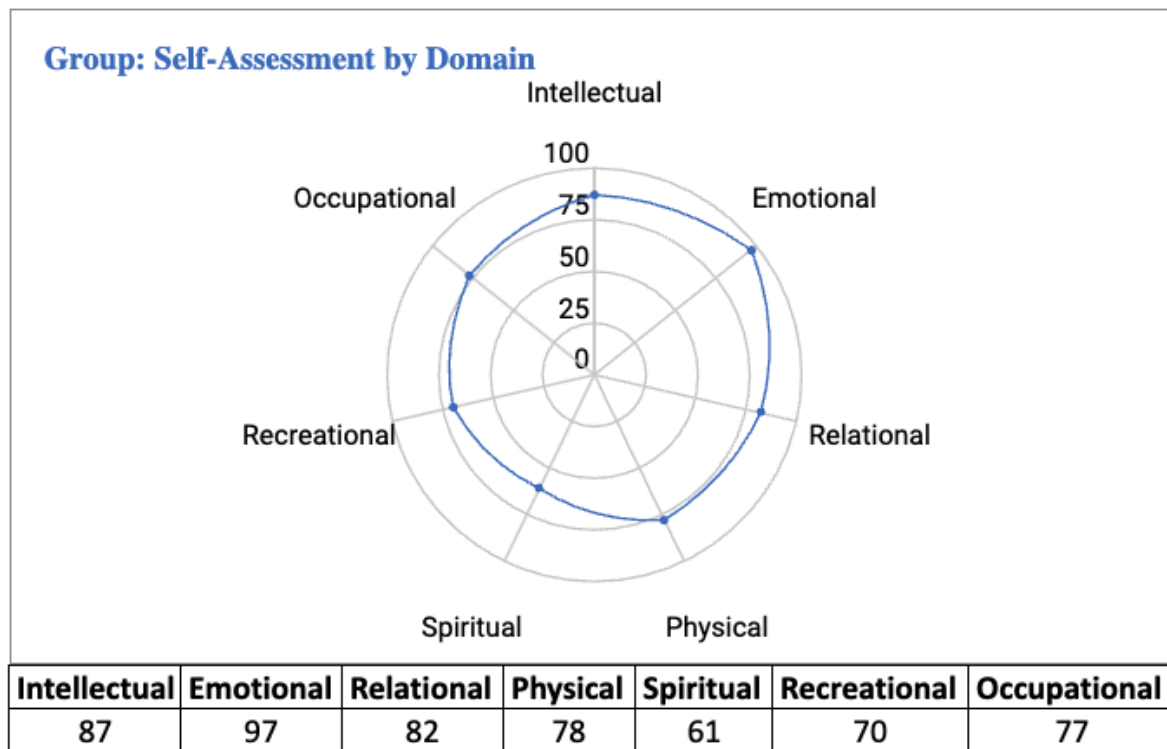
The group generally shared similar approaches to activities and behaviors linked to the domains of well-being included in the assessment, although there were a few differences. An analysis of the group's individual results by domain also showed some growth opportunities. The participants as a group scored the highest in the emotional domain (97), positioning them in the outermost circumference of the wheel; this may indicate a general expression of empathy and emotional intelligence. The scores regarding the intellectual domain placed the group at 87, indicating that the participants may approach problem-solving similarly. As a group, a score of 82 for the relational domain assessment suggests a consistent level of social connections that may contribute to the participants' general well-being.

Regarding the physical domain, the group scored 78, indicating room for improvement and a need to prioritize activities supporting mental and physical health. The group received 77 in the occupational domain, suggesting opportunities for members to express their strengths and make meaningful contributions. Next, the recreational domain produced a score of 70, indicating that

many participants in the group could benefit from investing more time in joy, relaxation, and similar activities that may boost their well-being. Lastly, the score of 61 for the spiritual domain suggests opportunities for improvement as a group to promote relaxation and mindfulness activities. Figure nine shows the placement of the group scores in a spider graph to represent a wheel of well-being that incorporated seven of the eight domains provided by uLeadership (*Human-Centered Leadership: It Starts with You. The Wheel of well-being, n.d.*) and was presented during the intervention (see Figure 9).

Figure 9

Group scores across seven domains of the WoW



Interpretation

The participants in this initiative generally shared similar approaches to activities and behaviors linked to the domains of well-being included in the assessment, although there were a few

differences. An analysis of the group's individual results by domain also showed some growth opportunities. As stated by Stowen (2017), people find an effective way to refuel their well-being when they possess strong social connections and healthy coping mechanisms, rendering them better equipped to navigate life's challenges; the participants as a group scored the highest in the emotional domain, positioning them in the outermost circumference of the wheel; this may indicate a general expression of empathy and emotional intelligence. According to a study done to examine the impact of mindfulness activities on nurse leaders' well-being, these activities should be constantly reinforced to prevent them from falling to a leader's lowest level of priorities; this finding may represent the need for organizational and, more importantly, personal sustainability to support emotional well-being.

A literature review suggests that individuals who engage in the creative process are happier, more satisfied, and usually are better problem-solving team members, creating a positive and direct relationship with well-being (Tan et al., 2021). The scores of the participating group in the intellectual and creative domain assessment demonstrated that, with some variation among the responders, most were open to new problem-solving methods with some consistency. This group, composed mainly of professional development managers, may take similar avenues in the presence of opportunities for growth and show a similar willingness to try new strategies. This reflects that a team collaborating within the same environment or facing the same opportunities may generate similar strategies (Goldstone, 1994). This finding indicates a high level in that domain but suggests that the participants may approach problem-solving similarly.

Authors have previously established connections between relational behaviors and well-being, such as maintaining healthy relationships, enjoying the company of others, fomenting friendships and intimate relations, caring about others, and letting others care about themselves and their well-being (Kennedy et al., 2021). As a group, the participants' assessment of the

relational domain suggests a consistent level of social connections that may contribute to the participants' general well-being. The group's status in the relational domain also showed that the participants had a moderate level of developing and nurturing positive and healthy relationships with a generally consistent degree of social connections among the group, with some individuals who might benefit from understanding the value of connections. (*Human-Centered Leadership: It Starts with You. The Wheel of well-being, n.d.*). According to Dodge (2012), well-being responds to a state of equilibrium that moves due to events or changes; the author states that the homeostasis stage should include physical well-being and access to physical resources, among other conditions (Dodge et al., 2012). The group's results regarding the physical domain indicated room for improvement and a need to prioritize activities supporting mental and physical health. A Mayo Clinic study pointed out strategies to help healthcare executives' work-life balance, including fitness, diet, sleep, and preventive care, among other behaviors, suggesting that individuals practicing better self-care usually provide better care (Shanafelt & Noseworthy, 2017). Regarding the physical domain, on average, participants regularly exercise, allocate enough time to sleep and rest, receive regular health screenings, avoid harmful substances, and prefer activities that nurture their bodies slightly less than sometimes, with some individuals being more consistent than others. This may suggest different needs when engaging in healthy habits, which requires approaches based on individual opportunities and preferences.

The authors of *Meaningful Work, Well-Being and Health: Enacting a Eudaimonic Vision*, an examination of work-life balance under the scope of happiness and well-being, endorse the importance of value-driven organizations highlighting a sense of belonging and shared purpose, supporting behaviors at work such as trust, mentoring, respectful engagement (Soren & Ryff, 2023). The group assessment in the occupational domain gave members the chance to showcase their strengths and contribute meaningfully. The interpretation of the occupational domain results

indicates that the group feels satisfied and receives enrichment from work less often than sometimes. It is vital to underline the organization's acknowledgment of team members' challenges by addressing psychological safety as one of the priorities, as evidenced by most participants recently participating in training regarding that occupational aspect. Engaging nurse leaders in recreational activities has the potential to enhance their work-life harmony, as shown in the literature. The positive impact of activities supporting the recreational domain of well-being was evident in a study that recruited a group of veterans experiencing post-traumatic stress disorder; as stated by the authors, the participants experienced a significant reduction in symptoms related to the disorder that was considered clinically meaningful (Wheeler et al., 2020). The nurse leaders' recreational assessment suggests an opportunity to increase well-being through greater emphasis on joy, relaxation, and similar activities. The results indicated that, on average, the participants embraced opportunities to live a vibrant life slightly less than sometimes because some participants incorporated these activities more or less than the average. These results imply the need for individualized recommendations to support the recreational domain; perhaps understanding why some individuals find these activities more doable could help eliminate the barriers for those struggling.

Brown (2018) emphasizes the importance of enhancing spirituality by addressing true belonging, an essential theme for leaders, stating that it is the spiritual practice "of believing in and belonging to yourself," permitting people to share their most authentic selves (Brown, 2018). Kennedy (2021) and her team also expressed the importance of placing humanity at the core of leadership and self-awareness to enhance well-being, including spirituality (Kennedy et al., 2021). The obtained scores for the spiritual domain suggested that, on average, leaders in the group engage in mindfulness activities sometimes and often, whereas few others rarely do; this small group would benefit from learning and incorporating techniques to enhance their spiritual well-

being and exploring their barriers to including those techniques, including opportunities to promote connections with the world, a sense of fulfillment and personal growth, and mindfulness activities. Figure 9 shows the placement of the group scores in a spider graph to represent a wheel of well-being that incorporated seven of the eight domains provided by uLeadership (*Human-Centered Leadership: It Starts with You. The Wheel of well-being, n.d.*).

Assessing the different domains of this initiative generated an important collateral finding as part of the statistical analysis, specifically regarding the reliability testing of the tool designed by the project lead to assess the pre-intervention status of the participants. Cronbach's Alpha was included to determine how well the questions included in the survey were correlated and whether they were measuring the same concept of well-being (*Reliability and Item Analysis Introductory Overview - Cronbach's Alpha, n.d.*). Using the alpha formula with the collected data generated a value of 0.71; this is not considered an excellent figure but indicates an acceptable and reasonable level of reliability. This finding also suggests that individual responses may not reflect what the particular domains intended to measure. As evidenced by the patterns of the data collected, there is a decent level of confidence in the tool's reliability; however, the project lead was cautious about comparing and generating conclusions based on individual responses. When a high level of precision is not critical, this tool can be reused, perhaps after a revision, which may consist of rewording, adding vital items, or removing weak items that misrepresent or create confusion about well-being. Utilizing the current tools in future projects would support the replication process with more extensive and different groups, thus maximizing the impact of the intervention's effectiveness by encouraging more team members to engage in life-work harmony behaviors.

The consistency of results implies that the participants, who mainly were professional development managers, share organizational functions and work environments that provide similar opportunities to improve their well-being and enhance their work-life harmony through the

incorporation of behaviors associated with the well-being domains and the use of the tools provided in this project's educational intervention. Multiple studies of work-life harmony and worker well-being focus on burnout (Niinihuhta & Häggman-Laitila, 2022); this project suggests whether understanding leaders' struggles to achieve harmony between life and work requires a more holistic approach than just assessing burnout among nurse leaders. Some critical aspects to consider include the organization's ability to provide the necessary resources and personal empowerment as the main components of the recipe for work-life harmony. The second aspect is a semantic concern: does the term "work-life" adjudicate a prime importance to work over life? Should it be referred to as "life-work" instead?

Limitations

The primary purpose of this initiative was to educate the voluntary participants on their opportunities as a group to improve their work-life harmony; at the individual level, the intention was to motivate leaders to incorporate behaviors to address each domain identified as an area for improvement based on the tools provided during the intervention. The participants' confidence levels in utilizing the tools and information provided were measured at the end of the intervention using a post-educational activity survey. Sample attrition, understood as a reduction in the number of people who leave an educational or training activity before it has finished (Cambridge Dictionary, 2022), was identified as one of the limitations. A reduction of 12.5% of the target group occurred from the pre-intervention to the post-intervention stage. This factor may have reduced the conclusions' statistical power and strength. However, the remaining participants accurately represented the entire group, eliminating potential bias.

The small size of the target group was also identified as a limitation, making it more challenging to identify any other potential differences between groups of participants, such as those delineated by the participant demographics. A small group of nurse leaders may also

misrepresent the larger population of nurse leaders in a large organization. While this project used a small population (n=24), it represents a valuable source of insight regarding well-being status and potential interventions to enhance well-being as a critical component of work-life harmony among leadership. Another significant limitation was created due to protecting the participants' confidentiality. The post-intervention survey design precluded the inclusion of identifiers that would permit the initiative leader to link the demographic information to the data related to the domains of well-being included in the pre-intervention survey; this limited the ability to analyze additional variables. Other methods for future use of this initiative may include the recordability of IP addresses in both pre- and post-surveys. This method would continue to prioritize participant confidentiality while creating a mechanism to link users between answers.

Conclusion

The results of this project reiterated the notion that improving well-being and work-life harmony starts with leaders who understand the need to incorporate specific behaviors, model them with other team members, and make them part of the organizational culture. The central portion of this initiative was the holistic approach presented by the Wheel of Well-being (*Human-Centered Leadership: It Starts with You. The Wheel of well-being, n.d.*) as an evidence-based tool to achieve health and wellness. The data analyzed suggests the tool's potential, combined with the resources available to team members, to engage participants in behaviors that improve well-being. A study of the correlation between the interventions demonstrated, the knowledge delivered during the intervention, and participants' demographic information suggests that the differences between the participants' experiences may be affected by other factors, such as diverse needs and limitations. This highlights the importance of incorporating personalized interventions.

The organizational priorities include wellness as one of its key initiatives. This project has the potential to maximize the impact of the resources studied; a plan for this initiative's

sustainability and its application with larger teams is both essential and justified. As stated previously, incorporating well-being behaviors is associated with increased job satisfaction, improved health, and reduced job-related stress. Organizations implementing this initiative may experience reduced staff turnover and absenteeism, better productivity, enhanced safety (International Labour Organization, 2022), and improved patient and colleague experience, among other benefits.

Funding

Allocating resources for the realization of the project was not necessary. The tools and resources utilized included software and other electronic applications provided by the university and the organization. The educational initiative's materials and information were distributed electronically to the participants. The time utilized for the educational activity was part of a leadership series meeting, which was possible due to the stakeholders and ACNO's commitment and the generous partnership of other team members, such as the Caritas Coach®.

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Appendix A

Fostering work-life harmony pre-instructional activity survey



Thank you for taking the time to participate in this survey.

This survey should take approximately 2 minutes to complete. Please answer all questions to the best of your ability. Your responses are confidential and used for process improvement purposes only.

Instructions

1. Please read each question carefully before selecting your answer.
2. If you are still trying to find an answer, please select the option that best reflects your understanding.
3. There are no right or wrong answers. We are interested in your honest opinions and feedback.
4. Once you have completed the survey, please click the "Submit" button.

Thank you for your participation!

How often do you find yourself exploring new methods to tackle challenges?

1. Never

2. Rarely

3. Sometimes

4. Often

5. Always

How often do you put yourself in the shoes of others to understand their perspectives?

1. Never

2. Rarely

3. Sometimes

4. Often

5. Always

How often do you incorporate activities that bring joy, relaxation, and enjoyment into your daily routine?

- 1. Never
- 2. Rarely
- 3. Sometimes
- 4. Often
- 5. Always

How often do you feel your work allows you to express your strengths and make a meaningful impact?

- 1. Never
- 2. Rarely
- 3. Sometimes
- 4. Often
- 5. Always

How frequently do you align your decisions and actions with your core values?

- 1. Never
- 2. Rarely
- 3. Sometimes
- 4. Often
- 5. Always

How frequently do you schedule and engage in activities that promote relaxation, mindfulness, and personal reflection throughout your day?

- 1. Never
- 2. Rarely
- 3. Sometimes
- 4. Often
- 5. Always

How often do you experience meaningful social connections contributing to your well-being?

1. Never

2. Rarely

3. Sometimes

4. Often

5. Always

How often do you make conscious choices to engage in activities that nurture your physical and mental health?

1. Never

2. Rarely

3. Sometimes

4. Often

5. Always

Appendix B

Fostering Work-Life Balance - Post-instructional activity.

Fostering Work-Life Balance

The purpose of this survey is to collect feedback on your recent training.

It will take only one minute. Your feedback is anonymous and will be used only to help us improve training sessions.

Did the presenter disclose any potential conflicts of interest before the presentation?

Yes

No

On a scale from 0-10, how confident are you that you can use the relaxation techniques you learned today to improve your overall well-being?

Not at all likely Extremely likely

0 1 2 3 4 5 6 7 8 9 10

On a scale from 0-10, how confident are you in your ability to apply the use of The Wheel of Wellbeing to improve your overall well-being?

Not at all likely Extremely likely

0 1 2 3 4 5 6 7 8 9 10

On a scale from 0-10, how useful do you think the skills and knowledge you learned today will be to improve Work-Life harmony?

Not at all likely Extremely likely

0 1 2 3 4 5 6 7 8 9 10

For how long have you worked as Nurse Leader?

Less than 1 year
1-3 years
4-6 years
7-9 years
10+ years

Which age group do you fit into?

Under 21	51 to 60
21 to 30	61 to 70
31 to 40	71 to 80
41 to 50	Over 80

What is your usual working shift?

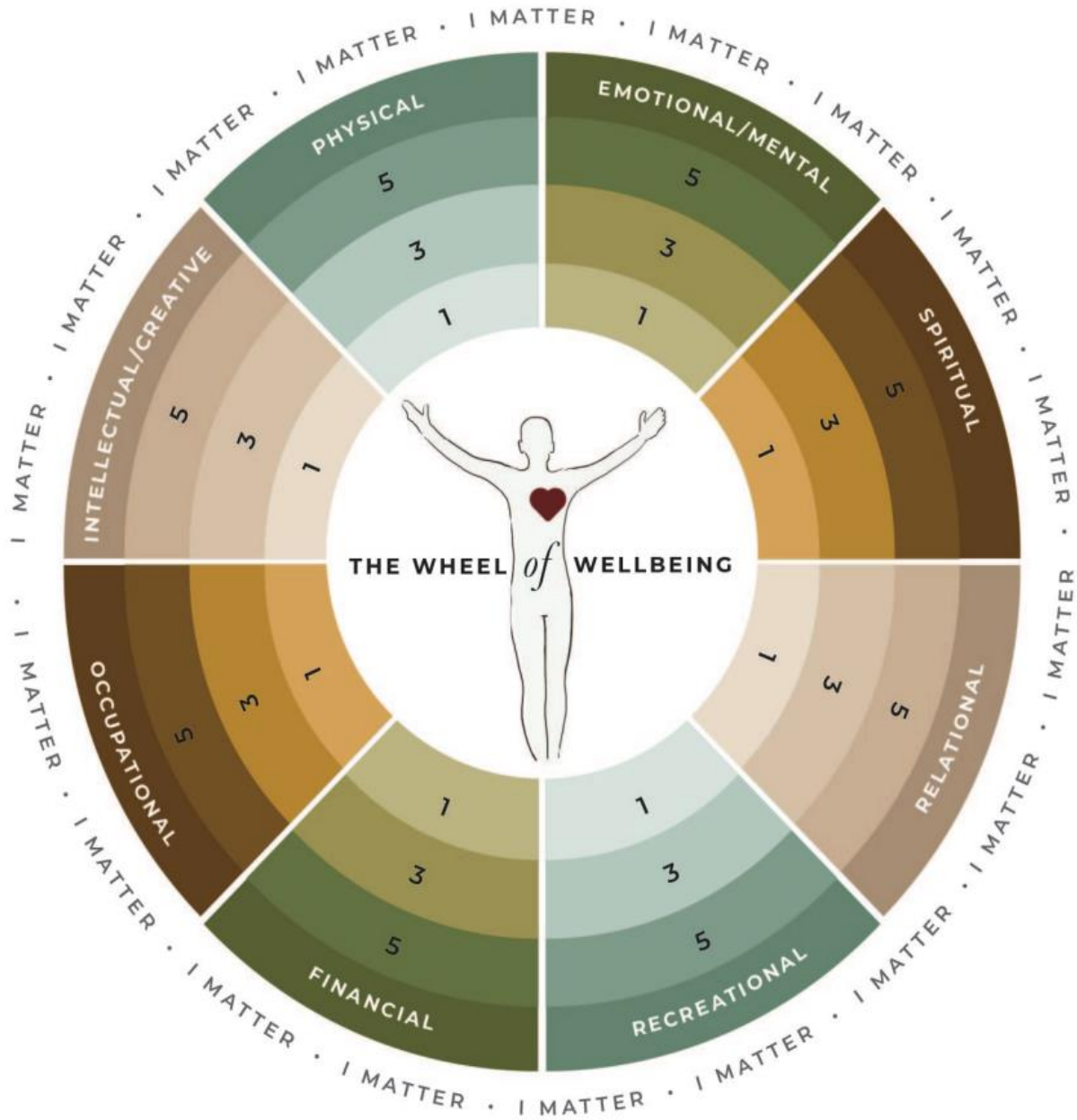
Days	Nights
Evenings	Variable

What is the highest level of education you have completed?

Undergrad/bachelors	Grad / Doctorate
Grad / Masters	

Appendix C

The Wheel of Well-being used with permission of uLeadership (*Healthcare Leadership Resources / Uleadership / Books, Blog, Publications, 2023*).



Appendix D

The Wheel of Well-being is used with permission of uLeadership (*Healthcare Leadership*

Resources / Uleadership / Books, Blog, Publications, 2023).



Self—It starts with you!

The Eight Domains of Health and Wellbeing: Worksheet

In each of the eight domains, consider where you are today and where you would like to be. How will you move closer to your vision of health and wellness?

How will you honor your values and sense of purpose?

INTELLECTUAL/CREATIVE

Am I able to find ways to expand my knowledge and/or connect to my creativity?

- I am a lifetime learner.
- I use my creative abilities.
- I read often.
- I exercise critical thinking skills.
- I have a positive self-image.
- I focus on learning new skills.

EMOTIONAL/MENTAL

Am I able to cope effectively with life and build satisfying relationships with others?

- I find healthy ways to cope with stress.
- I ask for assistance when I need it, either from friends, family, or professionals.
- I accept responsibility for my own actions.
- I'm able to set priorities.
- I feel good about myself and believe others like me for who I am.
- I treat myself with kindness & compassion.
- I'm flexible and able to adapt to life's changes in a positive way.
- I can express all ranges of feelings & manage emotion-related behaviors in a healthy way.
- I maintain a balance of work, friends, family, and other obligations.
- I don't let my emotions get the better of me. I think before I act.
- I utilize resources to improve my wellbeing.
- I believe a healthy relationship with social media.

RELATIONAL

Am I able to develop and nurture relationships and a sense of belonging?

- I focus on maintaining social connections by keeping in touch and staying connected with others.
- I interact with a diverse group of friends.
- I draw healthy boundaries with myself and others.
- I nurture positive and healthy relationships.
- I have good communication skills.
- I reach out to others for support and ask for help when I need it.

FINANCIAL

Am I satisfied with my current and future financial situations?

- I'm comfortable with what I'm earning to satisfy my needs.
- I maintain a budget and monitor my spending.
- I explore ways to save money.
- I'm financially responsible.

PHYSICAL

Am I choosing things to nurture my body?

- I exercise regularly.
- I get 7-9 hours of sleep each night and feel rested in the morning.
- I seek advice from healthcare professionals if I have a concern I can't solve on my own.
- I avoid harmful use of drugs (over-the-counter, prescription, or illicit).
- I drink alcohol responsibly.
- I maintain healthy eating patterns with clean, whole foods like fruit and vegetables.
- I stay hydrated and drink water throughout the day.

SPIRITUAL

Am I able to understand and accept my connection to the world and my place in it?

- I take time to think about what is important in my life—who I am, what I value, and where I fit in.
- I make time for relaxation and reflection during the day.
- I pray or meditate each day.
- I have a belief system in place.
- My values guide my decisions and actions.
- I have a sense of purpose in my life, I understand my "why."
- I'm tolerant and accepting of the views of others.
- I'm active in communities and causes I care about.
- I'm able to help others in need.
- I work to create balance and peace with my interpersonal relationships, community, and the world.

RECREATIONAL

Am I enjoying life and making it fun?

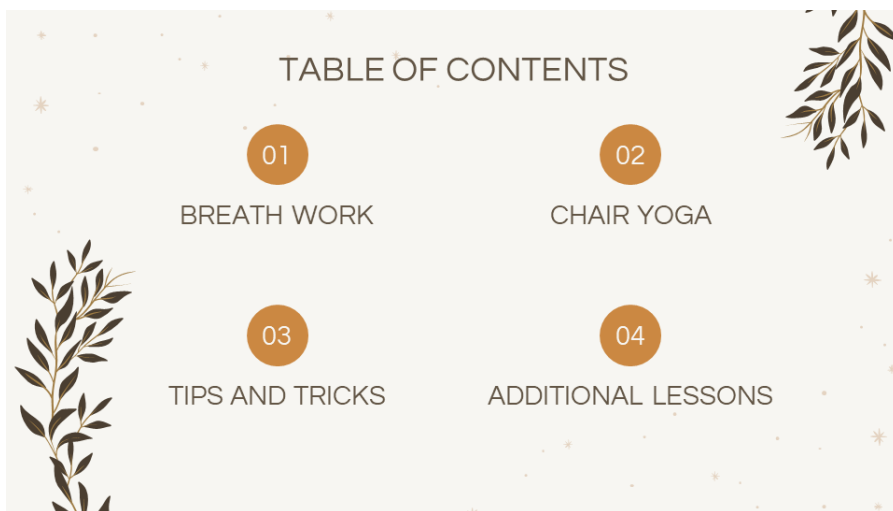
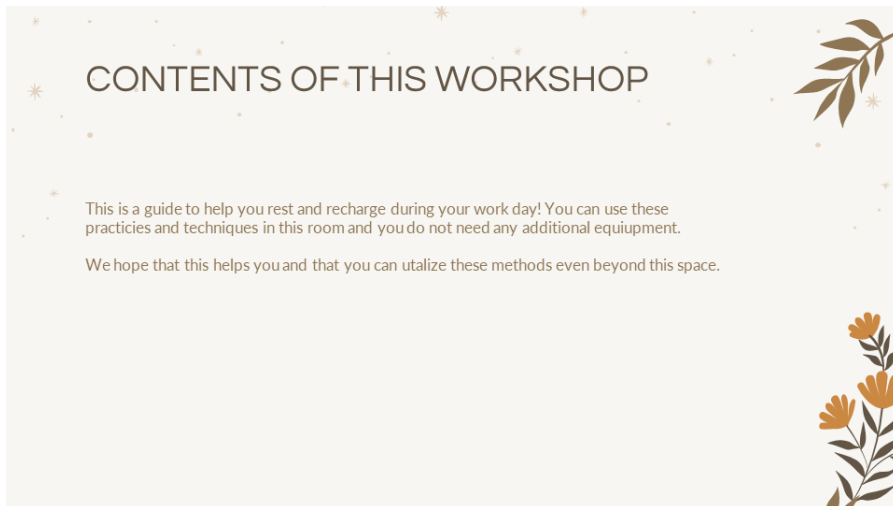
- I spend time outdoors enjoying nature.
- I take vacations or short getaways regularly.
- I laugh every day.
- I find time to relax every day.
- I find time to be with friends and family on a regular basis.
- I find ways to move my body every day.

OCCUPATIONAL

Am I receiving personal satisfaction and enrichment from my work?

- I have career goals.
- I'm satisfied with the work I do.
- My work is meaningful to me.
- I have good work habits and maintain harmony between work & life.
- I'm able to learn from my mistakes and move forward.

Appendix E



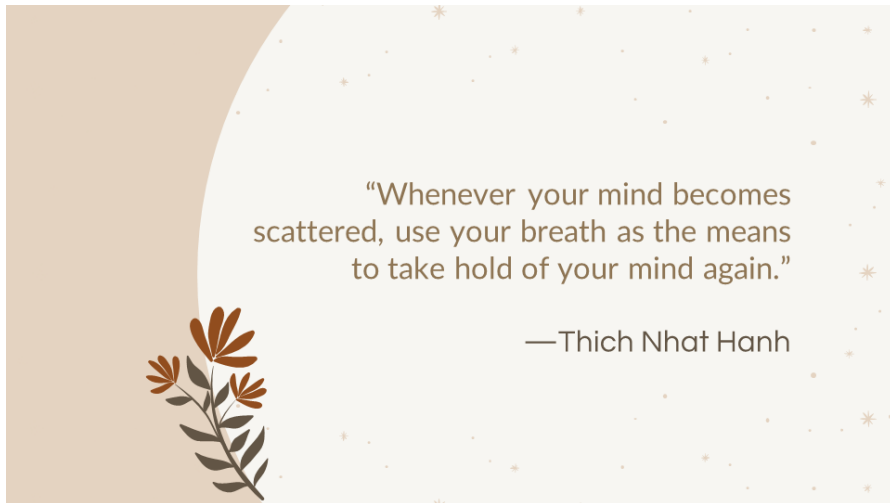


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INTRODUCTION

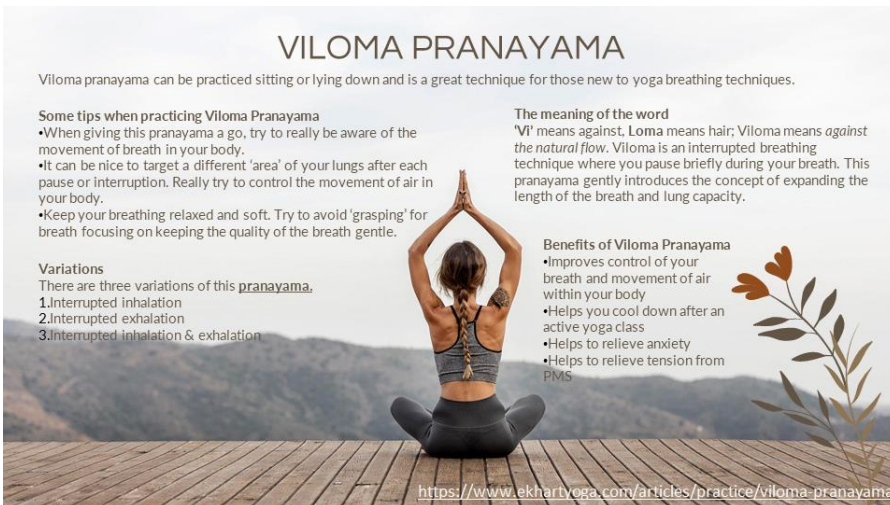
In the pages ahead, you will learn about the following breathing techniques:

- Viloma Pranayama
- Breath of Equal Holds
- Alternate Nostril Breathing
- Ujjayi Breathing



“Whenever your mind becomes scattered, use your breath as the means to take hold of your mind again.”

—Thich Nhat Hanh



VILOMA PRANAYAMA

Viloma pranayama can be practiced sitting or lying down and is a great technique for those new to yoga breathing techniques.

Some tips when practicing Viloma Pranayama

- When giving this pranayama a go, try to really be aware of the movement of breath in your body.
- It can be nice to target a different ‘area’ of your lungs after each pause or interruption. Really try to control the movement of air in your body.
- Keep your breathing relaxed and soft. Try to avoid ‘grasping’ for breath focusing on keeping the quality of the breath gentle.

Variations
There are three variations of this pranayama.

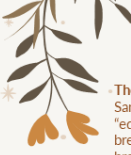
- 1.Interrupted inhalation
- 2.Interrupted exhalation
- 3.Interrupted inhalation & exhalation

The meaning of the word
‘Vi’ means against. Loma means hair; Viloma means *against the natural flow*. Viloma is an interrupted breathing technique where you pause briefly during your breath. This pranayama gently introduces the concept of expanding the length of the breath and lung capacity.

Benefits of Viloma Pranayama

- Improves control of your breath and movement of air within your body
- Helps you cool down after an active yoga class
- Helps to relieve anxiety
- Helps to relieve tension from PMS

<https://www.ekhartvoga.com/articles/practice/viloma-pranayama>



SAMA VRITTI PRANAYAMA (BOX BREATH OR EQUAL BREATHING)



The meaning of the word
Sama Vritti Pranayama is a yoga breathing exercise is also known as the equal breath or box breathing. *Sama* means "equal", and *vritti* means "mental fluctuations", so Sama Vritti Pranayama translates as "equal mental fluctuation breathing". Samavritti pranayama is a ratio breathing technique that uses a set length of equal inhalations, exhalations and breath retentions. The main goal of this technique is to reduce mental chatter and distractions.

The benefits of Sama Vritti Pranayama
The main benefit of this pranayama practice is to equalize, harmonize and balance the prana flowing through the body's nadis or energy channels. This four-part breathing technique is primarily practiced for calming and balancing the mind and body to reduce mental stress and worry. The conscious use of the diaphragm to increase the flow of air into the lung is a great way to improve your ability to breathe deeply and to bring oxygen to the lungs. Sama Vritti can also help slow down the heart rate, increase oxygen to the brain, and reduce anxiety. People who practice this yoga breathing technique regularly will find they are more focused and are able to experience deep, restful states of relaxation.


Using kumbhaka (breath retention)
An essential part of the Sama Vritti Pranayama is the practice of holding the breath after the inhalation and exhalation. Kumbhaka is a Sanskrit word which translates as "breath retention". We practice kumbhaka to strengthen our breathing, to stabilize our senses, to increase inner awareness, calm the mind and energize the body. It is important to never hold the breath past the point of discomfort. Advanced yoga students can add one or more bandhas with kumbhaka to intensify the practice.

When to Use Sama Vritti Pranayama
Sama Vritti Pranayama can be practiced at any point during the day, but the best time to practice is when you are needing to cultivate inner peace, balance and groundedness. Ideally find a quiet spot away from distractions so you can fully focus and tune into your breath. It is recommended to be practiced before other practices, as it will help to prepare the body and mind for yoga asana practice, meditation, and other types of pranayama. You can also use this technique while holding yoga poses to deepen your concentration.

Sama Vritti Pranayama (Box Breath or Equal Breathing) • Yoga Basics

EQUAL BREATHING : Step-By-Step Instructions



- 01 Find your seat**
Find a comfortable cross-legged seated position on the floor, with the back of the body straight. Rest the back of your hands on your legs, palms up with the tips of the index finger and thumb touching (Jnana Mudra). Make sure you are not holding tension in your body and take special care to have the shoulders relaxed. If you are not comfortable on the floor, a chair can be used but make sure the feet can rest flat on the floor and the back is straight. You can also practice this lying down on your back, perhaps with the knees slightly raised by placing your legs on a bolster.
- 02 Find your breath**
With the mouth closed, inhale and exhale through the nose in a slow, even and continuous flow. Use a diaphragmatic breath so that the belly rises and falls with little or no movement in the chest.
- 03 Set your pace**
Slow and deepen your breath as much as comfortable. Most importantly, breathe in and out of the body at your own pace. If you begin to struggle, then shorten the length and number of counts.
- 04 Start your breath cycle**
 - Inhale for a count of 4.
 - Hold the breath in for a count of 4.
 - Exhale for a count of 4.
 - Hold the breath out for a count of 4.
- 05 Find your flow**
Repeat the four-part cycle for another 2-6 rounds of breath. When you are comfortable with the practice, you can increase the duration to 10-30 breaths or a maximum of 10 minutes. Only continue as long as you can stay present and focused with the breathing practice.

Sama Vritti Pranayama (Box Breath or Equal Breathing) • Yoga Basics



ALTERNATE NOSTRIL BREATHING



Varitations

Anulom vilom: This type of pranayama involves conscious inhalation through one nostril and exhalation through the other.

Nadi shodhana: Similar to anulom vilom, this technique involves breathing from one nostril to the next. On the inhale, you hold the breath for a brief period of time.

Benefits

- relax your body and mind
- reduce anxiety
- promote overall well-being

When to use:

You can do alternate nostril breathing at any time and place that feels most comfortable to you. You may find that you enjoy doing it in the morning or evening. It can also be done during the day when you need to focus or relax.

- Alternate nostril breathing is best done on an empty stomach. Don't practice alternate nostril breathing if you're sick or congested.
- Alternate nostril breathing can be done before or after your yoga practice. Find the way that suits you best as people have different results and experiences. Or you can do it at the start of your meditation practice. This may help you to deepen your meditation.

Alternate Nostril Breathing: Benefits, How To, and More (healthline.com)



ALTERNATE NOSTRIL BREATHING: Step-By-Step Instructions

You can practice alternate nostril breathing on your own, but you may want to ask a yoga teacher to show you the practice in person so you can make sure you're doing it correctly. Focus on keeping your breath slow, smooth, and continuous. Focusing on your breath will help you to remember where you are in the cycle. You should be able to breathe easily throughout the practice.

To practice alternate nostril breathing:

- Sit in a comfortable position with legs crossed.
- Place left hand on left knee.
- Lift right hand up toward nose.
- Exhale completely and then use right thumb to close right nostril.
- Inhale through left nostril and then close left nostril with your fingers.
- Open right nostril and exhale through this side.
- Inhale through right nostril and then close this nostril.
- Open left nostril and exhale through left side.
- This is one cycle.
- Continue for up to 5 minutes.
- Always complete the practice by finishing with an exhale on the left side.

[Alternate Nostril Breathing: Benefits, How To, and More \(healthline.com\)](#)

UJJAYA BREATHING

Ujjayi Pranayama (breath regulating technique) is a soft, whispering breath which you'll also hear called victorious breath, or perhaps ocean breath. It's compared to the sound of the wind through the trees or the waves coming to shore.


Meaning of the word

- **Ujjayi:** Victory over
- **Pranayama:** Prana – life force, breath; Yama – control, restraint, regulation

When to use:

You can practice Ujjayi breath any time you wish. You don't have to be on your yoga mat. But if you are on your yoga mat, acknowledge that the breath creates heat in the body. If you are doing a Yin or Restorative yoga class you may not want to add this element of heat in the body. Instead, you might want to maintain a soft and fluid breath without sound. There also might be times in your practice where adding heat is inappropriate (e.g. some pregnant practitioners find Ujjayi breath too heating to maintain for an entire practice) or where breathing in and out of the nose is impossible (e.g. blocked sinuses). At times like this you might want to keep the intention of Ujjayi breath in mind without practicing it.

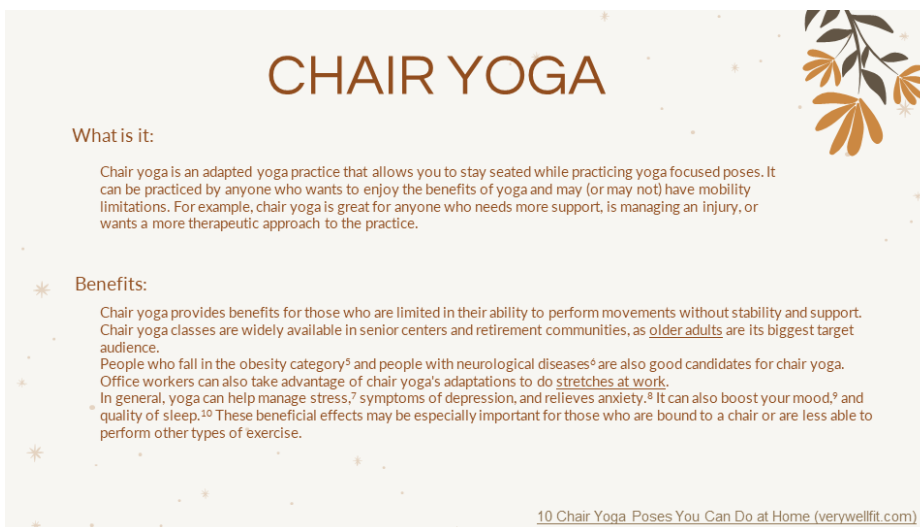
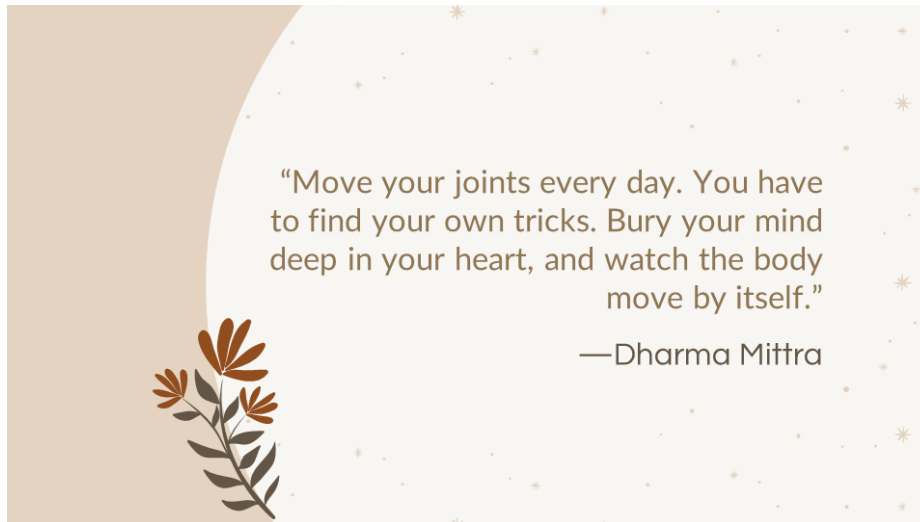
[A guide to Ujjayi breath - Ekhart Yoga](#)



UJJAYA BREATHING: Step-By-Step Instructions

- Sit in a comfortable seat, where your sit bones are grounded and bearing even weight on both sides. Knees no higher than hips. Stacking head over neck, neck over shoulders, 4 corners of ribs stacking 4 corners of hips. Perceive equal length in both sides of your body, spine feels lifted and tall. Chin is parallel to earth.
- Rest one hand on your lap/ thigh, Palm facing up or down and the other hand at the same height and in front of your mouth, Palm facing towards you.
- With your mouth open exhale into your palm, imagining you are steaming up a mirror/ glass and feeling the warm breath on your palm. On your next inhale keep the hand where it is, breathe in making that same sound. Practice this for up to 10 cycles (4 count in, 4 count out, x10). Notice if you find the inhale or exhale more difficult.
- When you feel comfortable here move on to closing your mouth on the inhale but opening mouth on the exhale. See if you can maintain the sound even with the lips are sealed. Next inhale with mouth open and exhale with mouth closed, keeping sensation in your throat and the sound of breath the same. Do each for 5-10 cycles.
- When you feel you want to move on from here, relax your hand and begin Ujjayi Pranayama. You might time yourself with a stopwatch for 2 minutes or chose how many cycles of breath you want to aim for (feel free to use the metronome here).
- Again notice where resistance lies in the breath. Maybe you find the audibility awkward, equalising the volume of breath on both inhale and exhale difficult, or you notice the discrepancy of ease between in-breath and out-breath. Notice where you need to focus and what you need to practise on. I recommend that my students shorten the longer breath to meet the shorter breath if they are unable to stretch the breath evenly on both sides. You don't want to feel out of breath or gasping at any point. There is absolutely NO RETENTION, it's like a continuous sea of waves, no holding, totally fluid and seamless. Equanimous.

[A guide to Ujjayi breath - Ekhart Yoga](#)




1. Chair Cat-Cow Stretch



Sit on a chair with the spine long and both feet on the floor. Place your hands on your knees or the tops of your thighs.
 On an inhale, arch your spine and roll your shoulders down and back, bringing your shoulder blades onto your back. This is cow position.
 On an exhale, round your spine and drop your chin to your chest, letting the shoulder and head come forward. This is cat position.
 Continue moving between cow on the inhalations and cat on the exhalations for five breaths.

2. Raised Hands Pose-Urdhva Hastasana




On an inhalation, raise your arms toward the ceiling.
 Maintain good upper body posture with the shoulders relaxed and rib cage sitting naturally over the hips. Anchor your sit bones in your chair seat and reach up from there.

3. Chair Forward Bend- Uttanasana


FORWARD BEND IN CHAIR

TIP
 Bend from the waist over the legs, and let the head hang heavy. Hands will rest on the floor.



FORWARD BEND IN CHAIR

TIP
 Bend from the waist over the legs, and let the head hang heavy. Hands will rest on the floor.



On an exhalation, come into a forward bend over the legs. Let the hands rest on the floor if they reach it. Let the head hang heavy.
 On an inhalation, raise the arms back up over the head. Repeat this movement between a raised arms position and a forward fold several times, moving with the breath.

4. Chair Extended Side Angle- Utthita Parsvakonasana




After your final forward bend, stay folded. Bring your left fingertips to the floor on the outside of your left foot. If your left hand doesn't come easily to the floor, place a block under it or bring it to your left knee instead and twist from there.

Open your chest as you twist to the right on an inhale, bringing your right arm and gaze up at the ceiling. This is your chair version of extended side angle pose. Hold here for several breaths. Bring the right arm down on an exhale.

Do the same position with the right arm down and the left arm up.


5. Chair Pigeon- Eka Pada Rajakapotasana



Come back up to sit. Bring your right ankle to rest on your left thigh, keeping the knee in line with your ankle as much as possible. Hold this chair pigeon for three to five breaths.

You may forward bend to intensify the stretch if you like. Repeat with the left leg.

6. Chair Eagle- Garudasana



CHAIR EAGLE POSE


TIP
Lift your elbows to the height of your shoulders, keeping your shoulders down and away from your ears.

Cross your right thigh over your left thigh for eagle pose. If you can, wrap the right foot all the way around the left calf.

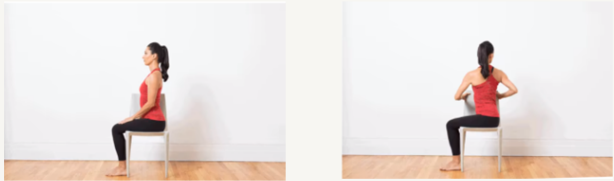
Cross your left arm over the right one at the elbow. Bend the elbows and bring your palms to touch.

Lift the elbows while dropping the shoulders away from the ears. Hold three to five breaths.


Repeat on the other side.



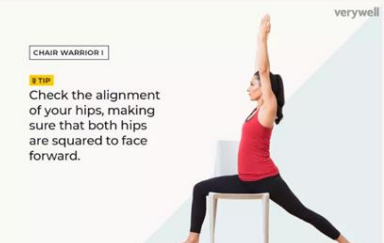
7. Chair Spinal Twist- Ardha Matsyendrasana



Come to sit sideways on the chair, facing to the left. Twist your torso toward the left, holding onto the back of the chair, for a spinal twist. Lengthen your spine on each inhale and twist on each exhale for five breaths. Move your legs around to the right side of the chair and repeat the twist to the right side.




8. Chair Warrior I- Virabhadrasana I

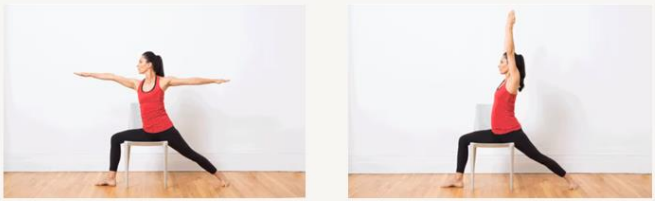


TIP
Check the alignment of your hips, making sure that both hips are squared to face forward.

Now keep the right leg in position over the side of the chair while you swing the left leg behind you. Plant the sole of the left foot on the floor roughly parallel to the seat of the chair and straighten the left leg. Keep your torso facing over the right leg as you raise your arms up to the ceiling on an inhale coming to warrior I. Hold for three breaths.




9. Chair Warrior II- Virabhadrasana




On an exhale, open up the arms with the right arm coming forward and the left arm going back. Draw the left hip back and turn the torso to the left, so that it is aligned with the front of the chair. Gaze out over the right fingertips and hold warrior II for three breaths.



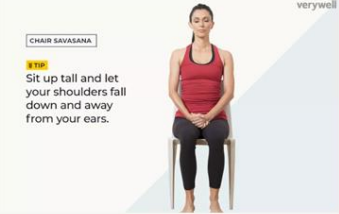
10. Reverse Warrior





Let the left arm come down the left leg and lift the right arm up to the ceiling on an inhale for reverse warrior. Hold for three breaths. Bring both legs to the front of the chair before coming to sit sideways on the chair facing left and going through the series of three warrior poses on the left side.



11. Final Relaxation: Chair Savasana

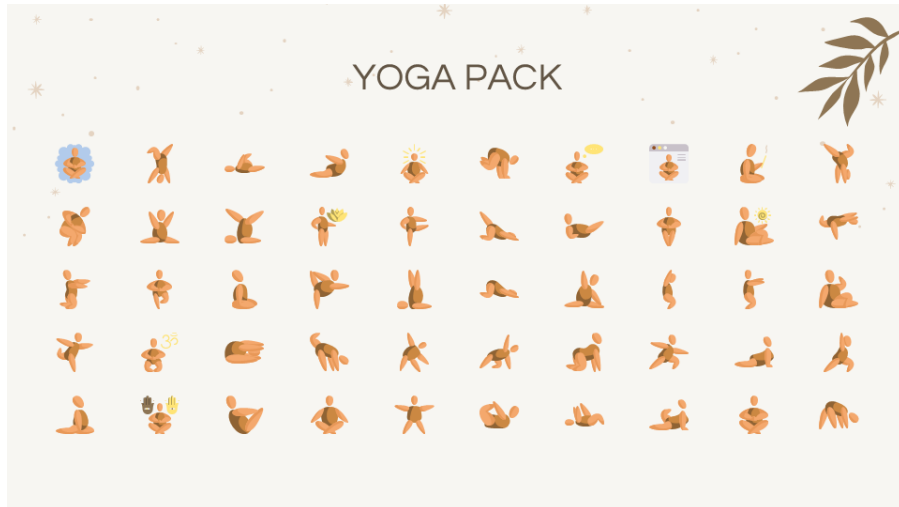


Take a few minutes to sit with your eyes closed and hands in your lap at the end of your practice. This seated savasana will help your body absorb all the good effects of the poses you have done and transition you into the rest of your day.



There are many more resources online!

Utilize youtube videos and google for guidance on positions and breathing



Appendix F



Employee Assistance Program

BWH - Resiliency Resources

Stress Reduction and Resiliency Building - Online and via Apps

Building Your Coping Skills

The EAP created a booklet filled with tools to manage these stressful times. View or download:
https://eap.partners.org/wp-content/uploads/Building_Your_Coping_Skills_Web_Dec-20.pdf

Foundations

Foundations (previously called Evermind) is for people feeling more acutely stressed, anxious, and depressed who would like to learn how to handle stress. The app applies techniques used cognitive behavioral therapy (CBT). Access Foundations:
<https://foundations.koahealth.com/become-a-beta-tester-at-partners-healthcare/>

Headspace

Headspace is an application that can be used on your phone with meditation and guided relaxation. Access Headspace:
<https://work.headspace.com/partnershealthcare/member-enroll/login>

SilverCloud

SilverCloud is a digital mental health platform that offers self-paced and self-directed cognitive behavioral therapy through clinically created online tools.
<https://massgeneralbrighamemployee.silvercloudhealth.com/signup/> PIN: MGB2020

Meditation Mondays with Dr. Darshan Mehta & a Midweek Meditation with a Guest Speaker on Wednesdays

Monday 8-8:30 am Zoom sessions. The Office for Well-Being and the MGPO Frigoletto Committee co-sponsor guided meditation sessions on Mondays with Darshan Mehta, MD, MPH.
 Wednesday 8-8:30 Zoom sessions. Join a different guest meditation leader every week for a guided meditation. To receive an Outlook invitation for these sessions, email owb@partners.org.

Lyra Health

Mass General Brigham employees and their families who are enrolled in the Select or Plus employee health plans can confidentially register for high-quality mental health services through Lyra Health.
<https://mgb.lyrahealth.com/>

Mental Health Connections (MHC)

MHC is a clinical assessment service connecting MGB employees and their immediate family household members (spouses, partners, dependents) with the most appropriate and accessible behavioral health treatment, both within and outside the system, in a timely and efficient way. Contact MHC by email via: mentalhealthmatters@partners.org

Success with Stress - Taking Care of You

EAP offers 10 minute on demand recordings demonstrating a variety of relaxation techniques. Access seminars on EAP site:
<https://eap.partners.org/webinars/#webinar-taking-care>



www.eap.partners.org
 Confidential Work&Life Resources
 1-866-724-4327

EAP Resiliency Sessions

Managers at Mass General Brigham entities and departments can call 866-724-4327 to request free EAP sessions/trainings for employees.

Compassion Fatigue

Sixty-minute session led by EAP clinicians, geared towards helping healthcare workers recover from feelings of exhaustion, frustration, anger and depression. Also helpful for employees experiencing Secondary Traumatic Stress - a negative feeling driven by fear and work-related trauma.

Re-imagining Stress

Sixty-minute webinar led by EAP clinicians, designed to help change mental attitudes about stress. Participants can learn how to change their body’s response to stress.

R U OK?

An EAP webinar (45-60 minutes) to help employees feel comfortable checking-in with colleagues to see how they are doing. Using the R U OK? Mental Health Awareness framework, this presentation will guide you through why, when and how to approach a colleague about whom you have concern, so that you feel equipped to respond. More information can be found on the EAP website: <https://eap.partners.org/ruok-mental-health-awareness-initiative/>

Mass General Brigham EAP

Recognize when you need help. If emotions feel overwhelming and too intense, if you have trouble focusing at work, if you can’t sleep or if you feel anxiety that is not improving, then consider getting assistance. The EAP is available to you as a free and confidential resource. More information can be found on the EAP website: <https://eap.partners.org/> If you want to talk, have questions, want information or consultation now or in the future... call 866-724-4327 for assistance.



In addition to the EAP other BWH Support Resources:

- Chaplaincy/Spiritual Care617-732-7480 or Pager 11724 (24/7)
- Faculty Trainee Mental Health Program..... 617-732-8905 or BWHfacultytraineeMHP@bwh.harvard.edu
- Occupational Health..... Ext. 2-8501 or BWHOHS@partners.org
- Organizational Development and Learning..... BWHtraining@partners.org
- OMCOSS – Office Mediation, Coaching and Support Services... 617-525-9796 or bhomcoss@partners.org
- Office of Diversity..... bhdei@bwh.harvard.edu
- Peer Support For MDs and PAs 617-525-9796 or Morana Lasic, MD mlasic@bwh.harvard.edu
- BWH Psychiatry Department 617-732-6753
- Psychiatric Nursing Resource Service 617-732-5803, Pager 31277, BWHPsychNurseResourceService@partners.org
- RISE (Resilience in Stressful Events) Peer Support.....Pager #12418 or rbwh9@bwh.harvard.edu



www.eap.partners.org
Confidential Work&Life Resources
1-866-724-4327

Appendix G



November 28, 2023

Dear Gilberto,

The UNH Department of Nursing Quality Review committee has reviewed your DNP proposal titled: *Empowering Nurse Leaders to Achieve Harmony: Fostering Work-Life Balance*. 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!

A handwritten signature in black ink that reads 'Cathleen C. Colleran'.

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 H

CLINICAL QUALITY IMPROVEMENT/MEASUREMENT CHECKLIST

The checklist below can be utilized to help determine whether your proposed activity is **Clinical Quality Improvement/Measurement** that does not need Mass General Brigham IRB review, or **Quality Improvement Research** which does require IRB review. Consider consulting the IRB on challenging projects, for example those involving international sites, vulnerable populations, sensitive content, medical errors, or monetary incentives that are not hospital-wide. If necessary, review this checklist with the appropriate Department Chairperson or Administrative Supervisor where your project will be conducted.

Examples of QI Projects **NOT** requiring IRB review:

- Evaluation of characteristics of patients with catheter-associated UTI's on a particular service to minimize this problem.
- Implementation of a daily checklist to routinely assess "extubation readiness" in an ICU.
- Examination of "no-shows" at a clinic in order to ensure linkage to care and cost-effective utilization of staff time. This could include calling patients to ascertain why they did not make a scheduled visit.
- Tracking "Door-to-Procedure" or "Door-to-Drug" turnaround times to develop ways to better meet accepted standards or goals.
- Monitoring radiation dosimetry in order to minimize radiation exposure in young patients likely to undergo multiple scans for care.
- Implementing a safety assessment in a clinic seeing geriatric patients, in order to recommend/initiate appropriate referrals and services designed to keep older people safely in their homes.
- Reviewing pharmacy records to determine whether certain medications can be switched from IV to oral formulations in order to minimize risks and reduce costs.

Publication of Results: The intent to publish the results of a project does not determine whether or not it needs IRB review. Publication of a quality improvement project does not necessarily mean it fits the definition of research. You may wish to publish something if you believe others would be interested in learning about your activities without it being research. The publication should not refer to the activity as research and should make it clear that the publication is the result of a quality improvement activity. In addition, some QI projects are in fact better classified as research even when there is no intention of disseminating or publishing the findings.

External Funding: If your project is funded by an external research grant you should submit it for IRB review, as it is likely the funding agency is considering your project, or a part of it, research. If your project is funded by some other external entity, but not as a RESEARCH grant (e.g., foundation or individual philanthropy), send the grant title, funder, PI and a one paragraph summary of your project to the IRB Office: IRB@partners.org. We will assist you in determining whether the project should be formally reviewed by the IRB.

Additional References:

- [MGB Guidance: Review of Quality Measurement Initiatives](#)
- [OHRP Quality Improvement Activities FAQs](#)

CLINICAL QUALITY IMPROVEMENT CHECKLIST		
Date: 11/11/2023		
Division: BWH - Nursing - Project Sort Name: LEADERSHIP: FOSTERING WORK-LIFE HARMONY		
Project Leader: Gilberto Gamba, RN -		
Instructions: Answer YES or NO to each of the following statements about QI projects.	YES	NO
The project does NOT involve developing or testing a drug, device (including medical software or assays), or biologic.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
The aim(s) of the project is to improve the process or delivery of care with established /accepted quality standards, or to implement change according to mandates of the hospital's Clinical Quality Improvement programs. There is no intention of using the data for research purposes.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
The specific aim is to improve performance on a specific service or program in the hospital and is part of usual care. All participants will receive standard of care.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
The project is NOT designed to answer a research question or test a hypothesis and is NOT intended to develop or contribute to generalizable knowledge.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
The project does NOT follow a research design (e.g., hypothesis testing or group comparison (randomization, control groups, prospective comparison groups, cross-sectional, case-control)). The project does NOT follow a protocol that over-rides clinical decision-making.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
The project involves implementation of established and tested quality standards and/or systematic monitoring, assessment or evaluation of the organization to ensure that existing quality standards are being met. The project does NOT develop paradigms or untested methods or new untested standards.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
The project involves implementation of care practices and interventions that are consensus-based or evidence-based. The project does NOT seek to test an intervention that is beyond current science and experience.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
The project is conducted by staff where the project will take place, and involves staff who are working at, or patients who are seen at the MGB institution.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
The project has NO funding from federal agencies or research-focused organizations, and is not receiving funding for implementation research (see External Funding on pg 1).	<input checked="" type="checkbox"/>	<input type="checkbox"/>
The clinical practice unit (hospital, clinic, division, or care group) agrees that this is a QI project that will be implemented to improve the process or delivery of care (i.e., not a personal research project that is dependent upon the voluntary participation of your colleagues, students and/or patients).	<input checked="" type="checkbox"/>	<input type="checkbox"/>
If there is an intent to, or possibility of publishing your work, you and your Department/QI Oversight group are comfortable with the following statement in your methods section: <i>"This project was undertaken as a Quality Improvement Initiative at X hospital or clinic, and as such was not formally supervised by the Institutional Review Board per their policies."</i> **	<input checked="" type="checkbox"/>	<input type="checkbox"/>
ANSWER KEY: If the answer to ALL of these questions is YES , the activity can be considered a Clinical Quality Improvement/Masurement activity that does not meet the definition of research. IRB review is not required. Keep a dated copy of this checklist in your files. If the answer to ANY of these questions is NO , the project must be submitted to the IRB for review.		

****If projects meet ALL of the criteria on this list and an editor or publication has concerns about, or disagrees with this statement, the IRB is willing to write in support of your submission, clarifying the IRB policy/approach (Please contact the IRB Office. Tel: 857-282-1900 Email: IRB@partners.org)**

