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Addressing Nurse Burnout

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GEORGE FOX UNIVERSITY

PROJECT PORTFOLIO

ADDRESSING NURSE BURNOUT



IN PARTIAL FULFILLMENT FOR THE DEGREE OF

DOCTOR OF MINISTRY

PORTLAND SEMINARY

BY:

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PROJECT FACULTY:

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PORTLAND, OREGON

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CERTIFICATE OF APPROVAL

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DEDICATION

I dedicate this work to my children who sacrificed their time for me to write and research, and to the healthcare workers who are sacrificing their time to provide healing to those who are suffering.

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RESEARCH METHOD

This Project utilized a blended methodology that draws upon bibliographic resources, data derived from stakeholder collaboration, and human-centered design and iteration processes to create a heuristic-based, application-oriented Project.

ABSTRACT

The following is an abstract identifying the need, problem, and opportunity for the specific ministry context presented. Key insights emerged and guided the research leading up to the final developments of the project. The project description gives a snapshot of the research and conclusions. The project was developed in response to the NPO: Addressing the need for spiritual resilience to create a positive impact on nurse burnout for rural healthcare nurses providing home health and hospice services.

Key insights were to, first, gain nuanced understanding of rural nurse context; second, define a rural nurse's values; and, third, seed further visionary insight into the ideal rural nurse lifestyle. Research suggests generating a culture of gratitude and providing resiliency information via a podcast is a viable option for combating burnout.

The ministry context is oriented around home health and hospice (HH&H) nurses. HH&H nurses are often over-worked, maintain a current understanding of medical standards, organizational standards, and transport necessities to provide quality healthcare services.

The research provided is designed to address the needs of HH&H nurses to combat burnout. Burnout was an issue before 2019; it is now a real threat since the outbreak of Covid-19. The primary objective of this research is to provide a tool via a podcast for HH&H nurses to find support, be seen, and to draw inspiration and gratitude.

The Project is based on the recent prototype reports, which were conducted in the spring of 2021 within the ministry context. Generating a culture of gratitude suggests such an environment will give the nurses who work in traumatic situations the ability to thrive, thereby reducing the chances for nurse burnout. Designing and facilitating a podcast to foster a culture of gratitude is the chosen method to reduce nurse burnout.

INTRODUCTION

Discovery Phase

The ministry setting for my NPO is that of rural healthcare. This setting is non-religious and is primarily spread out across the breadth of Central Washington. As a ministry project, it will be focused mainly on creating awareness for healthcare professionals who are struggling with spiritual resiliency as well as focusing on meeting the need for spiritual resiliency by creating a tool to address the healthcare professional's spiritual resiliency growth in a healthy and safe manner. My immediate context is emphasizing nurses within the hospice, home care, inpatient, and emergency care, keeping in mind, this research may benefit and inform other professionals in the same work environment.

Original NPO

Nurses and other healthcare professionals need spiritual resiliency because they work in traumatic situations causing burnout and personal damage; awareness and an assessment can aid in potential growth.

Discovery Workshop

During this session, I presented my NPO (need, problem, opportunity), "Spiritual resiliency within healthcare professionals appears to be a need." (I purposefully left the statement

a bit vague as to not hinder the discovery session process.)¹ I guided the participants (nurses, receptionist, home health aid) through four exercises designed to create clarity on a particular subject.

Key Insights from Discovery Session

I found much of the topic theme hinged on a lack of space or agency to decompress. This is based on routine trauma, compassion fatigue, standards for practice. Participants identified hopelessness, reluctance, restlessness, and unaddressed grief as their regular experiences while working in this field.

One-on-One Interview Discoveries

I conducted two interviews to help hone my audience. In each one, I reviewed my findings and received feedback agreeing nurses were the key audience. In our discussions, we addressed closure, processing, and productivity. Productivity received the most pushback.

Synthesis

Nurses are the ones who have the greatest need for spiritual resiliency and are the most affected by their work environment. Time/productivity constraints, routine trauma, compassion fatigue, and standards of practice can be made all the more difficult by hopelessness, reluctance, restlessness, and unaddressed grief.

¹ Figure 1.

Next Steps

An area for further exploration is burnout with surrounding topics such as compassion fatigue, decompression after trauma, crisis, spirituality, and standards of practice for nurses, mindfulness, productivity, time management, diet, and exercise.

Comparison

The original discoveries have evolved into a more specific group of topics to address and understand the way rural home health and hospice nurses go about their day and thrive amidst the tension of their duties. Originally, the plan was to target and understand healthcare professionals and provide tools to support them. The original discovery session aided in narrowing down the field to nurses in the home health and hospice context. The same session also provided key insights and clarity in understanding the pressure points for the role of nurses.

Design Phase

Due to Covid-19 restrictions, only three people were able to participate. One skilled nurse, one chief ancillary officer, and one medical director. Each person participated in generating key ideas for potential projects (Napkin Pitches). To generate these ideas, the participants engaged in design thinking while utilizing specific brainstorming methods creating a Pain Gain Map, Post-up, Cover Story, and Anti-Problem. After engaging in these activities, the participants generated three Napkin Pitch concepts. One concept emphasized the idea of creating and fostering a culture of gratitude. Another idea focused on utilizing an assessment tool for nurses to regularly assess their level of burnout or fatigue. The final Napkin Pitch focused on the

idea of teaching and utilizing volunteers to alleviate the pressure placed on the role of being a nurse.

Resulting from the Napkin Pitches, I generated two prototypes. The prototypes were distributed in a survey format to accommodate Covid-19 restrictions. Participants included nurses from various roles within the context including an ancillary officer, part time HH&H nurse, clinical manager of HH&H, and full-time HH&H nurses. The first prototype identified the strongest values held by the nurses in their rural healthcare contexts. The second prototype offered potential solutions emphasizing the first prototype's findings. Findings show that HH&H nurses in this context most value gratitude, teamwork, resilience, and meaning in work, among the other categories provided. Other findings showed the nurses were less likely to utilize a tool that will take away from their time or will impede upon their schedule such as the use of an application for self-assessment or a tracking tool. However, nurses did show interest in resources provided by an application such as helpful information. Ultimately, the MVP became the creation of a tool showcasing or promoting gratitude, teamwork, and resilience.

Delivery Phase

Project Scope

- Develop a podcast launch plan oriented towards addressing nurse burnout with an emphasis on gratitude.
- Gain an understanding of the nuances of producing a quality podcast.
- Document and understand the different analytic methods.
- Obtain the necessary materials and tools for producing a podcast.

Benchmarks

- Content maintains quality sound and standards as indicated by obtaining necessary tools/equipment and the audience's ability to access the content.
- Podcast content is informative for combating nurse burnout and transformative with methods for MVP implementation, as indicated by one questionnaire administered to five select nurses within the Kittitas Valley Healthcare organization by November 22, 2021.
- Secure five professional guests to speak on the podcast by November 30, 2021.
- Develop a complete launch plan by November 30, 2021, including launch date and content for the first ten episodes based on the MVP as a tool for combating nurse burnout.

The podcast will be primarily hosted and developed by utilizing the Anchor podcast tool. Anchor is a comprehensive podcast development service free to all users until a certain listener threshold is reached. Anchor provides a comprehensive analytic tool for tracking the demographics of listeners, method of listening (mobile device, platform listened to, possible gender of audience), and can link with a WordPress blog site. Anchor will be the primary method for tracking the number of listens/plays and the amount of people who are actively following/subscribed to the podcast.

Long-term, as the number of episodes and listeners increase, I will develop a blog linking to the Anchor podcast webpage. Doing so will provide a more nuanced podcast, giving listeners the option to read about the material being produced and provide further opportunity for written feedback. Based on growth and listenership, the blog will be linked and available to the public by January 2023, if not sooner. The primary goal is to reduce nurse burnout and elevate the voices of healers in medicine.

Evaluation of Experience

Obstacles and Challenges

Much of the research and exploration for this project took place in a healthcare setting during the Covid-19 pandemic. Given the situation and restrictions, many individual and group meetings, individual and group projects, and discussions were forced to be shuffled between in-person, online, and telephone formats. Many individuals who were scheduled to participate in the research process became burnt-out. The healthcare field was stressed at the beginning of this research and the pandemic became the proverbial feather, breaking the camel's back.

Learning to present the various meetings was a challenge on its own, but with the pandemic forcing the use of online formats for discussion, created even more challenges. Trying to obtain participation from individuals in the healthcare field proved to be more difficult than I had anticipated. Nurses' busy schedules and the value of their time is indicative of the pressures they are working under and a sign of how close they truly are to becoming burned out.

Another obstacle that presented itself, though less blatantly than the pandemic, was the kind of feedback I received from the nurses I spoke with as I was researching the topic of burnout. Many nurses appeared to be hesitant to disclose their personal opinions and were quite guarded. Other nurses seemed open to the discussion but were also guarded when asked to share their experiences or thoughts. My suspicion is the nurses probably didn't feel safe to discuss themselves more openly. Healthcare can be a difficult environment to work in and one wrong word can have cascading affects.

Gaps, Shortcomings, Room for Improvement

Given the pandemic, the size and nature of researching rural healthcare nurses, and the discovery process gaps and shortcomings related to limited interactions with nurses, I experienced restrictions on time and issues in understanding how to research and approach the NPO. More time spent in conversation with nurses is an area for improvement. The short sessions with the stakeholders were valuable and informative and pointed me in the direction of a potential solution. In many ways, the NPO is the greatest area for improvement. Nurses need to be seen, heard, and given space so they have room to learn, grow, and share in the work they do. I believe this will be improved upon with the successful development of the podcast by facilitating such a space.

Risks were taken in attempting to facilitate group gatherings in person and via video conference. The risks brought many rewards and many setbacks. Some participants were unable to be present for the activities and conversations, but the people who did manage to participate brought insight. The participants who showed up were able to push the research forward to a valuable and viable solution to the issue of burnout. Looking back, I would have taken into consideration more of the nature of nurse schedules and planned my meetings more in line with their timetables; however, I still believe I did the best I could have done with what I knew at the time. Even with what I know now and the fluidity of nurse schedules, I am not sure I would be able to see greater results. Also, teamwork and resilience need to be addressed more in the podcast.

Viable Alternative Approaches

“After every patient dies or a traumatic situation occurs, where I have been present, I receive an invitation to debrief with the management, social worker, or spiritual care provider. I don't often utilize this service, but such a service gives me a sense of comfort and gratitude.”

The above quote is an example of one of the prototypes that received the most traction in the iteration phase of the research process. Gratitude, teamwork, and resilience were key values held by nurses, and this specific prototype lends to those core values. Trauma, time management, and decompression are also highlighted in this prototype, which addresses some of the main issues that became apparent in the discovery phase of this research. One of the drawbacks to this prototype is it requires investment from the management or the hospital amidst the demands on everyone's time.

“The daily/weekly meeting has just started. During the first ten minutes, the leadership provides space for people to share something they are grateful for, and to recognize someone/something that was exceptionally positive. This time brings me joy and peace, making the rest of my day go just a little bit smoother.”

The above quote is another example of a prototype considered to be a viable approach to addressing the NPO because it provided space for gratitude along with requiring investment from the care team and management. The ability to take a time-out and process or prepare for the day appears to be good way of approaching the NPO. The difficulty with this approach is that it's difficult to measure and track without detracting from it.

Key Learnings and Discoveries

Time management is incredibly important to healthcare workers, especially nurses working in the rural healthcare home health and hospice setting. The discovery session highlighted this fact at the onset of my research when nurses stated it, and the fact was further driven home as the research progressed. Nurses were unable to make it to team meetings, attend death visits, spend time with their loved ones, and in the end, half of the home health and hospice team was lost. Time and issues relating to time and productivity continue to plague nurses in this setting, which is why a podcast was deemed most appropriate for addressing the NPO. Nurses don't want to stop and do another assessment. Nurses don't want to stop and lose time and reduce their ability to be present for their patients. Nurses do want to be seen, supported, and given opportunities to do what they do best: serve their patients.

Gratitude, teamwork, and resilience became key values highlighted by nurses during the prototype iteration phase. Having such feedback aided in my decision to provide a podcast and guided the way I shaped the questions I ask my guests. The knowledge of such values allowed me to tailor the podcast in such a way as to highlight those values. Doing so speaks to my targeted audience on a deeper level than any assessment or a brief conversation ever will.

Looking Ahead

Further Research and Development

Teamwork and resilience need to be addressed further and questions need to be developed. The podcast will grow as it progresses after the first ten episodes. I will create seasons out of every ten and highlight a different theme for that season. New guests will highlight those different values as well and will bring more potency to the podcast episodes. The

development of solo episodes, the blog, and a potential website all need further research. More research on the impact of gratitude, teamwork, and resiliency and how they correlate with burnout, needs to be considered and implemented in future podcast episodes.

Further refining and developing a rubric and standards is still needed in assessing potential future guests, podcast quality, written works, and future website development. Short term, the podcast needs research on the values, addressed earlier, as a means to facilitate higher quality conversations and produced content. Longer term, the development of a blog connecting some of the dots will be helpful for those who are inclined to look deeper into the findings and conversations presented. Even longer term, the utilization of a website to host, display the podcast, provide the written works, and hold space for more refined feedback, will be beneficial. Such developments will also include the potential of a newsletter for “subscribers,” where people can receive weekly updates, quotes, and other written works.

Plans Post Graduation

The project will continually be developed with the continued production of episodes every week. After every ten episodes, the content and analytics will be reviewed and the blog will be updated with a summary of the previous ten episodes. The review process will continue throughout the year 2022. A comprehensive review of the year 2022 will take place in January 2023. This review will assess the viewership and the podcast listenership growth as well as provide a blog recapping the year 2022 content. A goal will then be presented for 2023, and the podcast will continue to be developed along with the blog. The potential for a website will be assessed at this time. Along with the development of the website, I would like to see a future with weekly newsletters for subscribers.

Post-graduation, I hope to develop a process for sharing the podcast and making it available to all nurses in central Washington state. The process may be sharing the podcast via word of mouth, email, and social media. Making the podcast available to this specific demographic will, by nature, make the podcast available to even more nurses and healthcare professionals on a much wider front. Participants to converse with and content to discuss will be an ever-present pursuit as time progresses.

Disappointments, Joys, Surprises, Why

I felt mixed feelings throughout the research period. The fear of the unknown was present throughout the process; however, the risk of proceeding during the unknown proved to be rewarding. Many times, I felt like I was shooting in the dark or just throwing things at the wall to see what stuck. In retrospect, I see a lot of value and rational in the approach to this research process. I understood at the onset of the program that this would not be the traditional format for a dissertation and research, and for that I am grateful. I am a hands-on person and I like to see change; this program provided a construct to facilitate and discover that change.

I was saddened at the lack of participation from my community, but looking back, I can see the lack of participation is also a symptom of the environment. It was enlightening to learn more about the nurses I work with and the struggles they face daily. I am still humbled every time I hear one of their stories. I was surprised to see the number of nurses who are interested in having one-on-one interviews via the podcast. I was also surprised at the level of reception to the idea of holding a podcast for nurses and burnout.

Impact On Personal Development, Vocational Context, Community

The research process created a reason and a space for me to ask questions in my context. The project itself gave me the agency to address one of the key issues plaguing the healthcare system for a long period of time. Burnout is not a new concern for healthcare professionals, there are many resources and methods available to nurses and other healthcare providers to address this. One of the issues with burnout is that the topic is somewhat taboo among staff except in specific contexts. Very few want to admit to being burnt-out or being close to being burnt-out while on the clock. I believe it is possible some nurses may ignore their burnout until it is too late and they then engage in drastic measures to address the issue.

Through having the agency to ask questions and invite people to participate in the research process, I was able to find my voice and the fortitude to act in an environment that is so mechanical. Having the ability and the tools to ask questions and give voice to an NPO is powerful in this vocation community because it breaks the hierarchical barriers down and places everyone in a space for growth while also giving people an opportunity to see and empathize with each other.

Dreams for the Project

My dream is the project will provide my listeners with inspiration, voice, recognition, a greater sense of gratitude, and a new level of resilience so they can continue to participate in collaborative harmonious teamwork with their patients and fellow clinicians. I see the podcast growing as I showcase guests from around the world who share their stories. I want the listeners to feel a sense of connection with the guests and the subject matter discussed as well as find a new sense of peace or understanding with each episode.

My long-term dream is the podcast will grow to the point that the idea of a blog, website, and newsletter seem like such an obvious and simple choice to make. I want the podcast to be a tool for healing the healers such as the nurses who are providing care for those who are sick in their homes and who are being present for those who are dying. I want the podcast to be a place where nurses who are on the brink of burnout find hope and a way forward amidst the chaos in which they are emersed. I hope to inspire nurses to speak up when they are feeling overwhelmed. The podcast will be considered a success if it can aid in saving just one nurse from burnout.

PRESENTATION/DOCUMENTATION OF PROJECT

Introduction

At the start of the doctoral program, challenges within the healthcare field were assessed. Nurse burnout became apparent as the most critical challenge. Research over the past two years has offered a better understanding of nurse life. This project focuses on generating a podcast to address the need, problem or opportunity (NPO). The following outlines ministry context, scope of work and benchmarks used to assess the work. Examples of findings, images of the development process, and conversations held can be found in the Appendix.

I am a clinical chaplain and my work and ministry context is in central Washington. I serve hospice patients and collaborate with nurses who travel around the area providing care to both home health and hospice patients. Home health and hospice (HH&H) nurses can easily travel over 100 miles to provide care. On call 24/7, they are often tired and over-worked. In brief, a nurse in this context must balance time with family, an inconsistent schedule, and regular team meetings. The nurse must maintain a current understanding of the documentation systems, medical standards, organizational standards, possess the ability to reach patients, and transport all the necessary equipment needed to provide quality home health services. The nurse also must be able to explain the nuances of the home health and hospice programs to the patients and families. This is a high stress job and burnout is common.

In 2019, skilled HH&H nurses in my rural healthcare setting were already pushed to the brink of exhaustion and burnout. I began this research to address the needs of these nurses so they may avoid burnout as they care for their patients. However, in 2020, COVID-19 became a reality in my context, exacerbating the HH&H nurse's plight. To protect both staff and patients,

new standards became necessary but with little to no support or supplies to keep up with the demand. Half of the HH&H department was lost by the end of year 2021. Thus, while burnout was an issue prior to 2019, it is now a real threat since the outbreak of COVID-19. My hope is to provide a tool via a podcast for HH&H nurses so they can find support, be seen, focus on gratitude, and draw inspiration.

NPO Statement

Addressing the need for spiritual resilience as a means to create a positive impact on nurse burnout.

Project Description

Based on the recent prototype reports (conducted in the spring of 2021, within my own context), generating a culture of gratitude suggests that such an environment will give the nurses who work in traumatic situations the ability to thrive. Generating a culture of gratitude by creating space for participants to witness and share in gratitude and thankfulness may provide the resilience needed to combat nurse burnout.

Project Scope

- Launch a podcast oriented towards addressing nurse burnout with an emphasis on gratitude.
- Orient the podcast to the primary audience of nurses who work in rural home health and hospice.
- Gain understanding of the nuances for producing a quality podcast.
- Document and understand the different analytic methods.

- Obtain the necessary materials and tools for producing a podcast.

Benchmarks

The following benchmarks were produced during the project development phase, fall 2021. Benchmarks are used to assess and evaluate the development of the project and give an idea of what success means for this project.

- Obtain 500 listeners in the first year, as indicated by the successful tracking of followers and feedback, via maintaining and leveraging different platforms (podcast analytics, Twitter, Instagram, Blog).
- Content maintains quality sound and standards as indicated by the obtaining of necessary tools/equipment and the audience's ability to access the content.
- Podcast content is informative for combating nurse burnout and transformative with methods for MVP implementation, as indicated by one questionnaire administered to five select nurses within the Kittitas Valley Healthcare organization by November 22, 2021.
- Secure five professional guests to speak on the podcast by November 30, 2021.
- Develop a complete launch plan by November 30, 2021, including launch date and content for the first ten episodes based on the MVP as a tool for combating nurse burnout.

Overview

The following is a week-by-week overview of the development and growth of the podcast project. The week-by-week overview provides a summary of the development of the project. Challenges, successes, points of interest, and areas of further consideration are

identified. The process for identifying the pursuit and fulfillment of the podcast is outlined within this documentation.

Week 1: Reflected on needs to meet benchmarks, researched tools for generating a website for hosting a podcast and blog. **10** hours.

Week 2: Further considered the need for the use of a website. Considered the nuances and benefits of having and maintaining a website. Noted the tools available. Met with project faculty group, attended Mind Body Spirit Expo. (MBS took up ten hours, including travel and time at the event.) Hours spent this week studying and planning for event equal **40** hours total.

Week 3: Researched podcast creation tools and outlined the positives and negatives of said tools. Considered reviews, pricing, and time investment for each tool. **10** hours.

Week 4: Further reviewed software for creating and hosting a podcast and blog. Utilized Simplecast's podcast generation tool to further flush out the design of the podcast and the content of the podcast. Identified pricing for hardware and software and further identified processes for generating a podcast from the ground up. **20** hours.

Week 5: Further flushed out the contents and parameters for producing a podcast and identified further pricing. Settled on Anchor as the most viable option for producing the podcast. **10** hours.

Week 6: Further reviewed the use of Anchor and the process for posting content on their software. Reviewed cover art options and produced my own for the sake of cost. Practiced using the recording software on Anchor, Zoom, and GarageBand. **10** hours.

Week 7: Produced and practiced a rough outline for interviewing guest speakers. Practiced recording on Anchor, Zoom, and GarageBand. **15** hours.

Week 8: Produced a simple questionnaire related to the podcast project idea and presented it to five random skilled nurses within my hospital. **15** hours.

Week 9: Completed generating and setting up Zoom, Anchor, and WordPress accounts. I reached out to seven individuals to be potential guests on the podcast and successfully managed to secure five. All communication was completed via email, with the exception of skilled nurse Chad Bearup. One is confirmed to participate in the podcast in early January via Zoom. **15** hours.

Week 10: Further refined the vision of the podcast, outlined the first ten episodes, and decided on tools I will utilize for producing this podcast given my budget. **15** hours.

Week 11: Generated an initial podcast page using Anchor. Selected final art for the podcast page, displayed the podcast name, selected transition music, produced an introduction clip, and fleshed out the podcast information for the page. **10** hours.

Week 12: Generated the first podcast episode. Prepared materials, digital, hardware tools for recording, and interviewed my first guest for the show. Downloaded and edited the first episode, added the proper transition music, and posted the first episode on the Anchor page. **10** hours. Below is a sample from the second transcript. Full transcripts can be found on page 121.

Dwight: So to me, when those kind of days come along, I try to think about life balance. I try to think about the other things, my house, my cars, my kids, paying the bills, anything other than healthcare. A lot of times, if you just take a minute, take a couple of deep breaths, think about the rest of your life because your job is not your life. Your job is an important part of your life, but it's not your life.

Mathew: Yeah. It's powerful to say that, I mean, because there's so many people who have such giving hearts and just want to make a difference, and that's kind of how they start out, right?

Dwight: And sometimes you just kind of get sucked into it, and you lose track of the fact that it's bleeding you dry. Emotionally, it's bleeding you dry, and you keep thinking, "Well, I'm a professional caregiver. That shouldn't happen to me. I shouldn't feel that way. I shouldn't feel exhausted and overwhelmed." But sometimes you do.

Dwight: Sometimes as health givers, we're not very good at recognizing that and we're not very good at acting on it, doing what you need to do to address the problem. You think, "Well, I'll just keep forging ahead. It'll be better tomorrow. I'll just keep going."

Mathew: Do you have a specific go-to kind of decompression activity for yourself?

Dwight: Oh, I certainly do, Matt. I live on Teanaway River, and the river's always there for me 24 hours a day, seven days a week. I can walk down to the river, and I can put things back in perspective. For me, outdoors and nature and the river and Mount Stewart, those are all things that help me put life back into perspective.

Mathew: Passion. Yeah, I've been to your place once or twice, and it's beautiful up there. Something about being near water as well and being...

Dwight: Well, if you think it's eternal, it's not, really. But you look at it as being eternal and unchanging, and it's going to keep flowing no matter what happens to me or the patients that I'm seeing. The Teanaway River is going to keep on flowing.

Mathew: Yeah. That's beautiful.

Week 13: Developed the RSS feed and began the process of linking the recorded podcast with larger distribution sites; such as, Apple Podcasts, Spotify, Google Podcasts, Stitcher, Overcast, Breaker, Castbox, Pocket Casts, and RadioPublic. Reviewed some of the analytic tools available with the Anchor page and with Apple Podcasts. **10 hours.**

Week 14: Scheduled three more interviews with professionals who fit the request of some listener feedback from the previous podcast. The new interviews consist of one retired nurse, one active nurse, and one professional psychologist. Prepared for and completed the first interview with the retired nurse, edited the content, and posted the recording on the Anchor page for distribution. **10 hours.**

In summary, this work will continue to be refined through the distribution of the podcast based on quality standards, listener feedback, and goals to grow and develop a fully fleshed out tool for nurses to access. Future episodes may have more refined sound quality, better focus, and

will vary in length. The development of this podcast has produced positive feedback from the current listeners, and greater understanding of the use of such a tool. I continue to learn more as I progress with this project.

Assessment

The success and quality of this project is evaluated by the following 3-5 critical success indicators.

- 1. Obtain 500 listeners in the first year, as indicated by the successful tracking of followers and feedback, via maintaining and leveraging different platforms (podcast analytics, Twitter, Instagram, Blog).**

As of January 22, 2022, two episodes were launched within a two-week period. Tracking information from that two-week period via the podcast analytics show 30 listens/plays. Given such trends, there is reason to believe that 500 listens/plays are attainable within a one-year period. While 500 listeners is a different number entirely, 500 listens/plays seems just as appropriate. The podcast has not yet been released or advertised on Twitter, Instagram, or a blog.

The only listens that have been accumulated are from sharing the podcast with friends and posting on Anchor, Apple Podcasts, and Google Podcasts. Currently, the podcast has ten established listeners as of January 22, 2022. The addition of broadcasting and advertising the podcast across various social platforms may increase the number of listens and established listeners. The goal is to share the podcast with rural healthcare nurses. Once the first ten episodes are produced, the podcast will be distributed with more of the local targeted audience in mind. The future growth of the podcast over the next

year will include a blog for discussing the various topics and episodes along with a published website.

2. Content maintains quality sound and standards as indicated by the obtaining of necessary tools/equipment and the audience's ability to access the content.

The content currently maintains the base standard of sound quality for the lowest budget. The current equipment and tools utilized for recording the podcast episodes includes Zoom, Anchor software, and a laptop. Zoom provides space to invite, schedule, and record the podcast with guests who have access to Zoom as well. Anchor has the tools to host and distribute the podcast and other recorded content, edit, upload artwork, use premade tunes for transitions, and the ability to link to a blog site such as WordPress for easy and more nuanced distribution and access.

To produce solo episodes, the utilization of a Tonor microphone will be implemented. This will provide better manipulation of sound and voice quality. Such episodes may be recorded directly onto the Anchor platform to save on time. Recording directly into the Anchor software allows for a streamlined process with minimal room for mistakes or technical error. With the production of each episode, there is a learning curve giving me opportunity to further enhance the quality of the podcast, listen and learn from feedback, and implement change.

3. Podcast content is informative for combating nurse burnout and transformative with methods for MVP implementation.

The podcast is relatable to the environment of the target audience: home health and hospice nurses. The content identifies with the audience and provides quality feedback related to the audience's context. Tips, words of wisdom, and other tools are

provided during the podcast. Guests on the podcast describe their experience working through life challenges and share what they have learned on their individual journeys. The selected guests are specifically chosen for their perspectives and how their stories can speak to the audience. Gratitude, the MVP, is a result of the content provided. Gratitude may be achieved by the nature of the content, the subject matter, the tools, tips, or wisdom gleaned, or even the sense of being seen. Nurses in the rural healthcare setting are specifically identified and addressed with the goal of bringing them gratitude to reduce their chances of burnout.

The continued use of guests, feedback from the audience, the expansion to a blog, and website will increase the amount of and quality of content available to the target audience. Given such growth, it will also increase the granularity of content made available. More nuanced conversations and topics will be presented. The availability of such content in both written and spoken format will provide space for nurses to engage and have transformative experiences.

4. Secure five professional guests to speak on the podcast by November 30, 2021.

The five professional guests selected and confirmed during the project launch plan have changed. One nurse and one manager decided to cancel their appearances on the podcast. Fortunately, other guest speakers have volunteered to participate. A retired nurse and former chaplain, an active nurse, and a professional psychologist have signed up to participate on the podcast. The guests who have spoken on the podcast have proven to be appropriate and have provided quality content for the target audience.

Since the launch of the podcast more and more people have expressed interest in being guests and speaking on the podcast. The expressed interest to be a guest on the

podcast points to further probability of success and growth. With the increased interest, the development of a rubric will be more appropriate for deciding on which guests should be interviewed.

5. Develop a complete launch plan by November 30, 2021, including launch date, content for the first ten episodes based on the MVP as a tool for combating nurse burnout.

The first episode was launched on January 5, 2022, as outlined in the project progress report. The first guest spoke about life as a bodybuilder, entrepreneur, and husband. During our discussion, the guest shared about his work ethic, philosophies on life, goals, and challenges. The following week featured the next guest who is a retired nurse and former chaplain. The second guest shared life lessons as a nurse, inspiring words of wisdom, and encouragement for the target audience. Both episodes thus far have aspects oriented towards the MVP, generating a culture of gratitude for positive change. The podcast episode lineup has changed to accommodate guest schedules, but the direction and the content remain the same in nature.

One of the replacement guests is an active nurse working in Alaska. The guest will provide current information concerning the life of a nurse in the healthcare field while working in a rural setting. The guest will be encouraged to share what they have done to thrive in such a setting along with the added pressure of a pandemic. The following guest will be a professional psychologist who will share their thoughts on burnout and how it can affect someone working on a daily basis in a traumatic setting.

In summary, the podcast is on track with the benchmarks for success. Space is available for further refinement for the success of the project. Challenges may come in

the form of obtaining future guests, obtaining feedback, and developing the podcast into a blog and website.

LAUNCH PLAN PROJECT

The goal of this assignment is to display the long-term plan for this project post-graduation. The portfolio displays all that has been done up to this point. However, this plan identifies the growth of the project as it is intended to develop further down the line.

NPO Statement

Addressing the need for spiritual resilience to create a positive impact on nurse burnout for rural healthcare nurses providing home health and hospice services.

Project Description

Based on the recent prototype reports (conducted in the spring of 2021, within my context), generating a culture of gratitude suggests that such an environment will give the nurses who work in traumatic situations the ability to thrive. Developing a culture of appreciation by creating space for participants to witness and share in gratitude may provide the resilience needed to combat nurse burnout. Designing and facilitating a podcast to foster a culture of gratitude is the method to combat nurse burnout.

Audience

The ultimate audience the project is aimed at is rural healthcare nurses providing home health and hospice services. Feedback from research and conversations suggests that a podcast is a viable tool for providing quality information and engaging the conversation for nurse listeners who are on the road constantly. Home health and hospice (HH&H) nurses are so overworked and have full schedules already they don't want to engage in a self-assessment, and they don't have

the time. HH&H nurses need tools they can engage in on the go and with little effort. A podcast that recognizes them and is available at the touch of a button is as accessible as it gets.

Development Timeline

- March 11th, 2022, will air the tenth episode of the podcast.
 - 12th, review the analytics to identify how many listens and subscribers.
 - 13th, post on social media platforms (Twitter, Facebook, Instagram) for advertisement.
 - 14th, present the podcast to local nurses and distribute it to other healthcare organizations in my region.
 - 15th, if there are more than 20 dedicated listeners, I will expand the podcast and link a blog from WordPress showcasing the episodes and content discussed.
- March 17th, 2022, Provide a recap of the first ten episodes and present the next ten episodes and what is to come.
- March 18th, 2022, review the podcast analytics and assess listeners' needs and feedback.
- January 2023, review the previous year's listens and subscribers.

I will repeat the process of planning ten episodes, producing them, and evaluating the feedback available via comments, analytics, and discussions. Based on the growth will depend on how much more I expand the blog and how much I invest in producing the website.

Development Process

The project will continually be developed with the continued production of episodes every week. After every ten episodes, the content and analytics will be reviewed, and the blog

will be updated with a summary of the previous ten episodes. The review process will continue throughout the year 2022. A comprehensive review of the year 2022 will take place in January 2023. The review will assess the viewership and the podcast listenership growth and provide a blog recapping the year 2022 content. A goal will be presented for 2023, and the podcast will continue to be developed along with the blog. The potential for a website will be assessed at this time.

APPENDIX A—MILESTONE 1 THE NPO CHARTER

Personal Research Manifesto

I will seek out examples, facts, and philosophies related to spiritual resiliency for the sake of positive change; thus, I will be aware of my struggles and move forward appropriately.

NPO Statement

Nurses and other healthcare professionals need spiritual resiliency because they work within traumatic situations causing burnout and personal damage, awareness and an assessment can aid in potential growth.

NPO Scope

The ministry is intended to be a resource and a tool for nurses primarily and used for growing in spiritual resiliency to reduce burnout and compassion fatigue. However, the findings and assessment created by the end of the research will be useful for many healthcare disciplines. The topics I will focus on are grief, self-care, trauma, spirituality, spiritual resiliency, spiritual healing, compassion fatigue, hope, productivity in healthcare scenarios, crisis recovery, and burnout prevention systems used within and without healthcare scenarios. The cost for this research will not exceed the price for research materials.

NPO Context

The ministry setting for my NPO is that of a rural healthcare setting. This healthcare setting is non-religious and is largely spread out across the breadth of Kittitas county. There are multiple locations that fall under the umbrella of this healthcare setting. This ministry project

will be focused primarily on creating awareness for healthcare professionals who are struggling with spiritual resiliency. The NPO will also focus on meeting the need of spiritual resiliency by creating a tool to address the healthcare professional's spiritual resiliency growth in a healthy and safe manner. My primary context will be within hospice, homecare, inpatient, emergency care with an emphasis on nurses, even though this research may benefit and inform other professionals in the same work environment.

Root Causes

The identified root causes relating to the identified NPO theme included routine trauma, compassion fatigue, standards for practice, and a lack of debriefing or decompression. Other potential root causes related to a sense of feeling unloved, unhappy, not feeling empowered, lack of access, lack of safety, lack of comfort, fulfillment, lack of worth, and a lack of appreciation. Also, all of the participants in the discovery session stated that they felt a sense of injustice because they are unable to do little follow-up with the patient's family after the patient passes or is discharged from services. One of the interviewees identified that nurses were unhappy because they felt 'unloved.' These were all identified during the discovery session and interviews. See appendix for discovery report.

Discovery Session Stakeholders

Participants: two Skilled Nurses, one Home Health Aid, one Office Staff Personal, all of whom have a strong passion for quality patient care.

One-on-One Interviews

Interviewees: Chief Medical Director, Chief Ancillary Officer. These stakeholders hold key leadership roles within KVH.

Academic Resources

The resources I have decided to focus on include books, scholarly articles, medical journals. These resources discuss grief, resiliency in general and specifically within the medical field related to nurses, burnout related to nurses and healthcare professionals, resiliency growth, spirituality, and compassion fatigue as it relates to nurses. I also included a book by Ira Byock who discusses end of life care. His voice is a leading voice within the medical community when it comes to clinicians guiding patient's at or near end of life. I also included works designed to aid in building personal spiritual growth in the midst of our busy sometimes traumatic lives.

MILESTONE 1 APPENDIX 2:
DISCOVERY SESSION AND ONE-ON-ONE INTERVIEWS REPORT

Discovery Session Description

Four of my planed participants arrived and participated in the discovery session. All of which signed a letter of consent. We started the session at 11:00 am and ended at 12:00 pm, with the exception of one 15-minute break. Each participant was eager to participate. I provided snacks, beverages, and materials for the exercises.

I followed the discovery session guide as closely as possible. My discovery session included the following elements: (1) Introduction and Overview of the discovery session, norms and expectations, (2) NPO Statement, (3) Exercise one *Charting the Audience*, (4) Exercise two *Nailing your NPO*, (5) Exercise three *Starting with the End*, and (6) Exercise four *Putting it all Together*.

All the work produced from the discovery session was done on a large flip chart and captured on camera. All such materials will be included in the appendix at the end of this document. By the end of the session I was able to determine several points of interest surrounding my NPO topic. All of the participants expressed confusion at one point or another throughout the exercises, but all of such points of confusion were remedied.

Points of confusion related to the nature of each activity, and the verbiage used to present each exercise. One participant insisted on using one Post-It-Note for each exercise, even when presented with many and informed to use more than one. Conversely, each participant was eager to be heard. There was a sense of passion for the topic. All participants appeared to be thankful to have participated.

Discovery Statement

During this session I presented my NPO (need, problem, opportunity) that I have identified and have chosen to research for the next three years, “Spiritual resiliency within healthcare professionals appears to be a need.” (I purposefully left the statement a bit vague as to not hinder the discovery session process.)²

I guided the participants through four exercises that are designed to create clarity on a particular subject. We started with identifying the audience (who is affected by my NPO). In this exercise many different audiences were identified, thus I dove deeper. To narrow down the audience I had my participants vote on which group was affected the most. Nurses, as a group, were considered to be affected the most.³

In the second exercise we identified NPO themes, and as in the first exercise, there were many subjects that became apparent. Considering all the topics that were presented, they all fell within three general themes. ‘Time’ or issues surrounding ‘time,’ as a theme, had the greatest amount of traction. The two other themes were ‘hopelessness’ and ‘fatigue.’ With some constructive conversation the participants decided that ‘hopelessness’ and ‘fatigue’ were subthemes.⁴

For the third exercise we identified symptoms and causes of those various themes. Participants were asked to think of pain points, root causes, and symptoms. Key phrases that

² Figure 1.

³ Figure 2.

⁴ Figure 3.

were identified focused on: productivity, compassion fatigue, lack of debriefing and more that appeared to loop back into these topics.⁵

The fourth exercise was focused on envisioning potential end results. If the NPO was solved/addressed what changes would we see? Participants were asked to consider this and call out answers. Those answers centered on the following concepts: elevated mood, increased longevity, reduced burnout and much more. I then asked the participants, “Why not have, do, feel these things now?” Many of the responses looped back to the previously identified themes.⁶

Finally, I presented a statement where together, we filled in the blanks: Considering Nurses, (audience) we have discovered that issues surrounding the lack of ‘Time,’ (NPO) which is caused by issues surrounding the topic of ‘Productivity,’(root cause) if solved would mean solutions surrounding the topic of ‘Wellbeing’(outcome).⁷

Key Insights from Discovery Session

In the first exercise I was surprised the most by the large variety of potential audiences that are affected by my NPO (Spiritual resiliency within healthcare professionals appears to be a need). I was not surprised at the voting results for who would be the most affected (Nurses) because I personally would have placed my vote in that area of influence.

The second exercise was interesting to reassess. In the session we concluded that the greatest theme related to a lack of time. As I review the findings, I see that much of the topic

⁵ Figure 3.

⁶ Figure 4.

⁷ Figure 5.

theme hinges on more specifically on a lack of space or agency to decompress based on the outlined root causes (routine trauma, compassion fatigue, standards for practice). It is even more noteworthy that the participants identified so many symptoms or points (hopelessness, reluctance, restlessness, unaddressed grief). I believe these results are reinforced by the strong feedback identified in the third exercise.

One-on-One Interview Discoveries

Two interviews were conducted. Each interviewee was presented with the findings from the discovery session and was asked, ‘with what do you agree/disagree with, what would you add, and why.’ I will describe the conversations using the responses to those questions. Both agreed that nurses are the key audience for the NPO. One agreed that appropriate closure was needed. The other agreed that a sense of fulfillment, appreciation, and worth were needed to aid in preventing burnout. Both disagreed and were a bit perplexed with the point on ‘productivity’ being a cause. One expressed that productivity or the cause behind that analysis needs to be looked at deeper because it feels too simplistic.

One interviewee wanted to know what specifically the organization should invest in because there are instances where the organization attempts to address such concerns but see little results. This interviewee wonders if decompression and processing happens more spontaneously. This person also wonders if the nurses feel empowered to access or incorporate such activity into workflow. The other person wonders if it has to do with a sense of feeling unloved.

Synthesis

Undoubtedly, it is agreed upon across the board that nurses are the ones that have the greatest need for spiritual resiliency and are the most affected by their work environment. This is recognized by their identified concerns surrounding the topic of time (routine trauma, compassion fatigue, standards for practice), and emphasized by experienced symptoms (hopelessness, reluctance, restlessness, unaddressed grief) believed to be related to or caused by productivity. It is hoped or believed that, if this concern(s) was solved, nurses would have an overall better sense of wellbeing. Such results would be expressed content, positivity, a sense of readiness, increased empathy, higher quality patient care, and reduced burnout.

Additionally, it is agreed upon that change needs to occur; however, disagreement and confusion are also present in this area. Questions on what to do to meet this need are still remain. What does it take to make the nurses feel empowered to seek access for processing and decompressing? What does it look like to create an environment where a nurse can feel comfortable enough to process and ultimately feel valued and not rushed or critiqued? What does it mean to be productive in a healthy and satisfying way?

Next Steps

The areas that emerged to explore further in my academic research are burnout, but burnout in as much of a wholistic understanding because nurses are immersed with trauma in a wholistic way. Burnout by itself may present other topics; such as, compassion fatigue, decompression after trauma, crisis, spirituality, and standards of practice for nurses. I also believe the topics grief, mindfulness, productivity, time management, diet, and exercise need to be more closely looked at as I proceed in my research.

Self-care appears to play a big part of this research as much of these topics center around it. I also want to explore self-care as it relates to community. Looking at the findings I see there is a large focus on the individual. There may be areas for growth if this subject (NPO) is approached from a community aspect. What does the church or this hospital have to offer as a whole?

MILESTONE 1 APPENDIX 2: DISCOVERY SESSION FIGURES

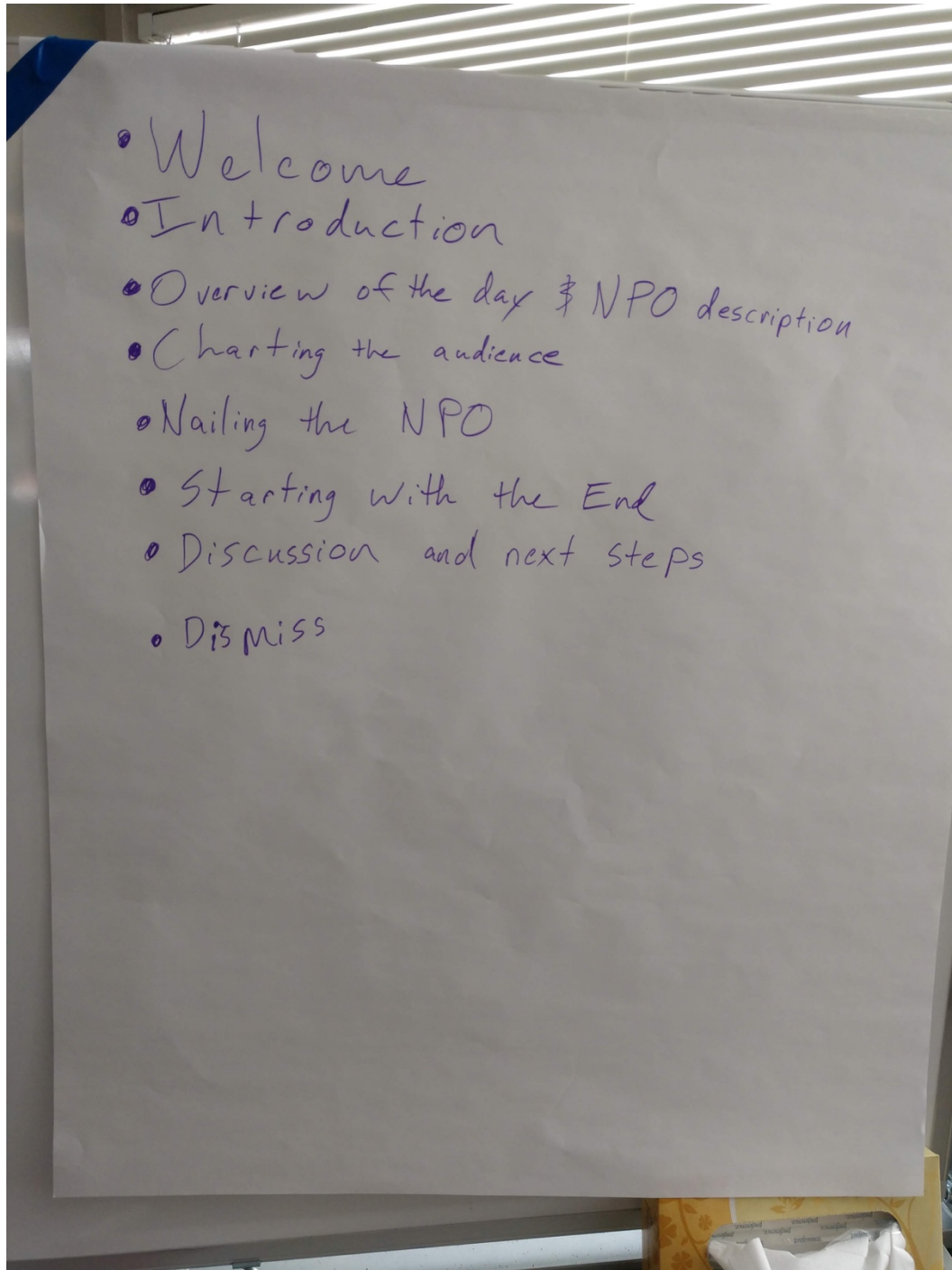


Figure 1.

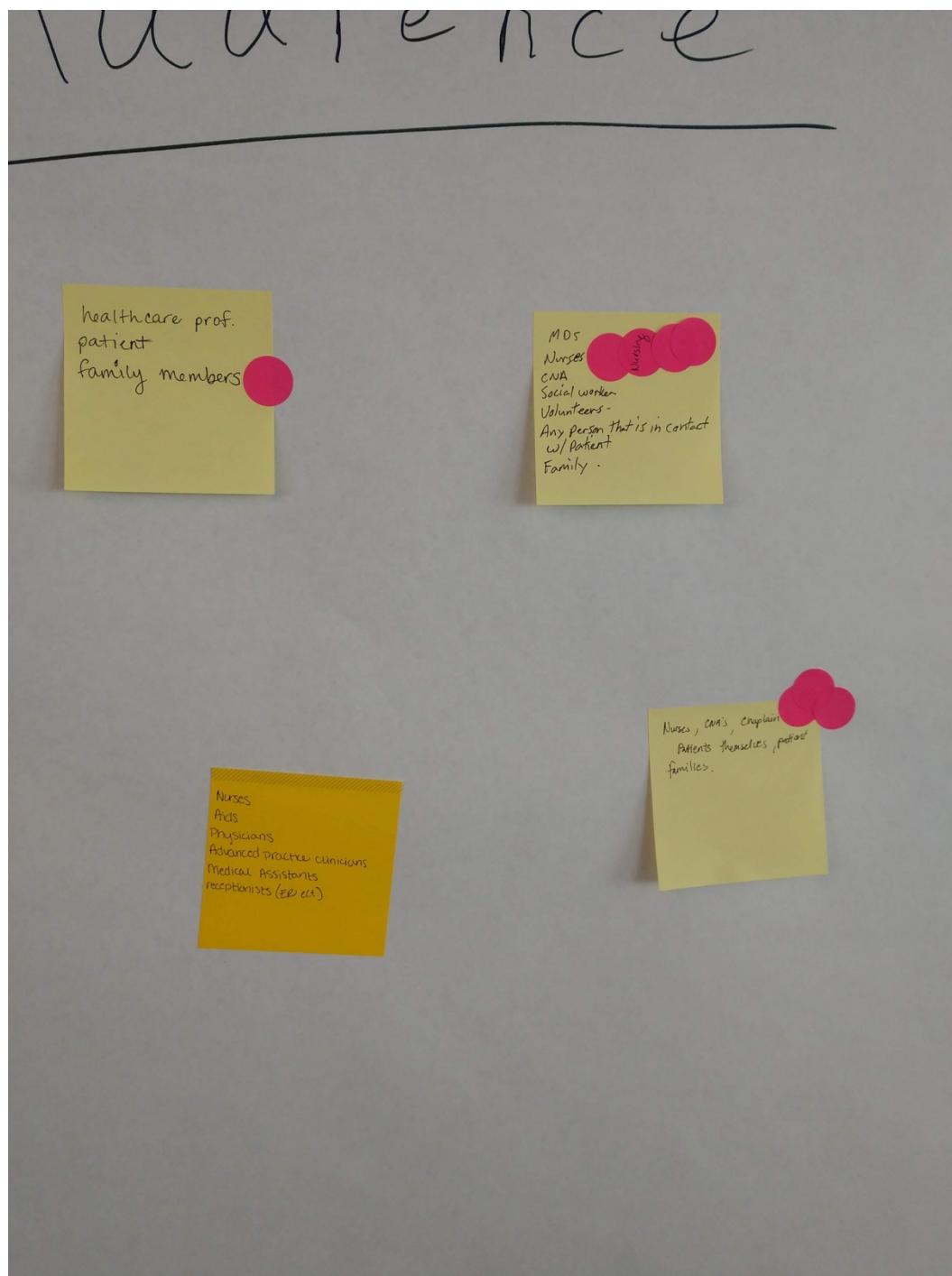


Figure 2.

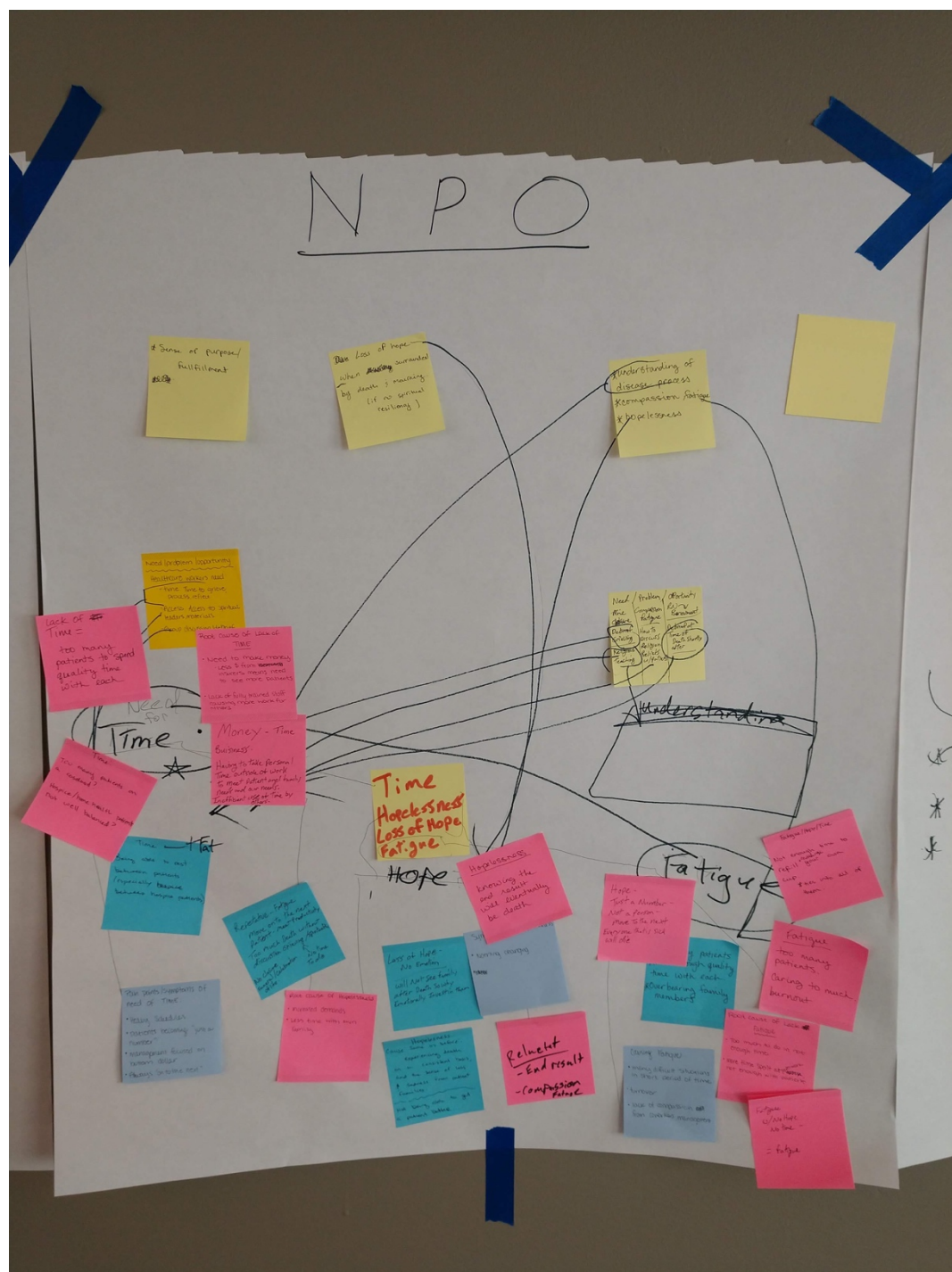


Figure 3.

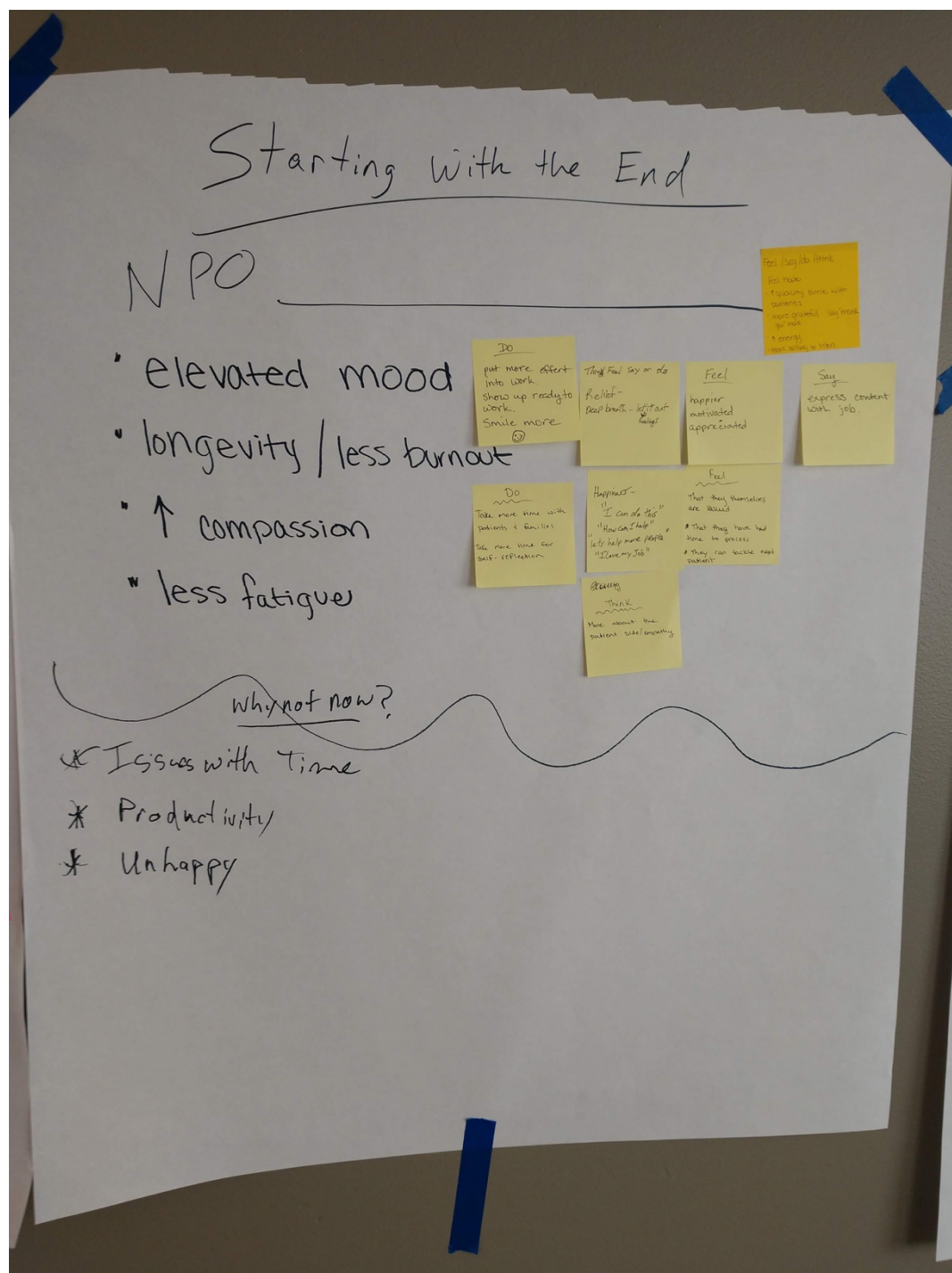


Figure 4.

Considering Nurses/?, (audience)
We have discovered Lack of Time,
(NPO),
Which is caused by Productivity,
(root cause),
If solved, It would mean
Wellbeing.
(Outcome)

Figure 5.

APPENDIX B—MILESTONE 2 NPO TOPIC EXPERTISE ESSAY

Introduction

The need for spiritual resiliency within the healthcare system has become more and more apparent as healthcare has grown. The healthcare system has proceeded to grow in size and complexity. Finance, productivity, efficiency, and quality all play large factors. A large chunk of the U.S. population works in healthcare to meet such demands.⁸ The need to meet such factors do not come without cost. In the past century new terms have arisen surrounding the condition of healthcare workers that allude to such a cost, caregiver fatigue, compassion fatigue, burnout, post-traumatic stress disorder, stress damage.⁹ All of these are signs that healthcare workers are suffering and are becoming damaged as they fulfill their intricate roles within the healthcare system. “But the relationship should not be overstated. Emergency medicine, for example, was the top group in that survey, with over 50% burnout...It is likely that the relationship between burnout and errors is true across all specialties. You don’t make an error because you’ve been up all night. You make an error because you’ve been up all night and you don’t care anymore. That’s burnout.”¹⁰

Spiritual resiliency appears to be rather vague as there are not many sources that define it well, or in and of itself; however, there are other terms that point to what might allude to the

⁸ John Commins, “Healthcare Job Growth Outpaced Nearly Every Other Sector in 2018,” Health Leaders, January 4, 2019, <https://www.healthleadersmedia.com/strategy/healthcare-job-growth-outpaced-nearly-every-other-sector-2018>.

⁹ Archibald Hart, *Adrenaline and Stress: The Hidden Link Between and the Exciting New Breakthrough that Helps you Overcome Stress Damage*, (W Publishing Co., 1995).

¹⁰ Charles Van Way, “Burnout,” Missouri Medicine, November 2013, <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6179804/>.

building of such resiliency. Spiritual resiliency in and of itself appears to be fluid and vaporous conforming to many different areas of research and terminology that seemingly direct the human condition to generate balance even in the midst of stressors and or trauma. “Spiritual resilience is defined as the ability to sustain an individual's sense of self and purpose through a set of beliefs, principles or values. ... Not only do you fill an immediate need, you also build spiritual resiliency and strength in your own life.”¹¹ Spirituality speaks to humanity and what it means to be human. Some of the ways we are able to identify with our own spirituality are through mindfulness, physical acts which ground us in the present, acts of devotion, time with loved ones, hobbies, and much more. Engaging in such acts in a healthy way can then lead to spiritual fortitude or resilience.

Spiritual resiliency relates to growth and a person’s ability to thrive. Spiritual resiliency doesn’t mean that a person is unaffected by the circumstances they experience. Spiritual resiliency mean that, a person who is spiritually resilient is able to process their surroundings (be they traumatic or otherwise) in a healthy and holistic (mind, body, and spirit) manner. The question then is, how do clinicians, specifically nurses, foster and build up spiritual resiliency within themselves to combat burnout?

¹¹ Ariel Delgado, “Pillars of resiliency: spiritual resilience,” Air Education and Training Command, <https://www.aetc.af.mil/News/Article/559208/pillars-of-resiliency-spiritual-resilience/>.

Section 1: Biblical and Theological Foundations

Throughout the biblical narrative there is large emphasis placed on topics that highlight the core values of the divine. Core values that relate most to addressing burnout are those that center around self-care, healing, and accountability. The topic being researched is: Nurses and other healthcare professionals need for spiritual resiliency because they work within traumatic situations causing burnout and personal damage. Awareness and interventions can aid in potential growth and healing.

The biblical narrative speaks to spiritual resiliency and burnout by addressing the three core values, stated above, directly and with symbolic examples. The earliest example to be drawn upon is Genesis 2:2-3 followed by Exodus 20:8-10, Proverbs 17:22, Matthew 10:8, Matthew 11:28-30, and Romans 12:11-17. The passages listed above will be starting points because the biblical narrative is rich with examples centering on the core values to be highlighted to influence and be a foundation for the research to come.

Self-care, healing, and accountability from the biblical narrative perspective will be addressed specifically within the first section of this essay. The key biblical passages will be the compass for which the three topics are addressed and will provide a basis for contexts of understanding. Given the need to see how spiritual resiliency/fortitude can address the crisis of nurses being affected burnout the following questions remain: What does the biblical narrative say about self-care, healing, and accountability? How does that relate to the healthcare system? How does it relate to nurses? Does the Bible's perspective have a foundation for this the addressing burnout and building resiliency for nurses? Does the Bible have a place or a voice within the healthcare system?

Addressing the core values from the biblical narrative the first example provided indicating self-care is Genesis 2:2-3, “And on the seventh day God finished the work that he had done, and he rested on the seventh day from all the work that he had done. ³ So God blessed the seventh day and hallowed it, because on it God rested from all the work that he had done in creation.”¹² This passage is perhaps the most foundational to this research because it highlights the need for rest, the need for self-accountability, and the need for healing. It is implied that when we work something happens to us, there is a level of stress that we undergo. Thus, there is also an implied reasoning that we need to process what we have just experienced. Processing is needed for people of all beliefs sets, we need time to heal and to reflect. Christians may need time with God as a form of coping. Non-Christians also need an allotted time to process the trauma undertook in the act of work, creation, destruction, production. Even as non-believers, it is still imperative that true rest be implemented. The fitness industry even makes a case for quality rest among individuals who are trying to lose weight or become more fit¹³. After a person has undergone surgery they are often required to rest for a period of time. The mind, body, and soul all require rhythms of activity and rest.

Textual Discussions

In Exodus 20:8-10 we read, “Remember the sabbath day, and keep it holy. ⁹ Six days you shall labor and do all your work. ¹⁰ But the seventh day is a sabbath to the LORD your God; you shall not do any work—you, your son or your daughter, your male or female slave, your

¹² Genesis 2: 2-3 (New Revised Standard Version).

¹³ Pete McCall, “8 Reasons to Take a Rest Day,” Accessed August 17, 2020, <https://doi.org/education-and-resources/lifestyle/blog/7176/8-reasons-to-take-a-rest-day/>.

livestock, or the alien resident in your towns.”¹⁴ In this passage the message is to rest or to take a sabbath. This particular passage has been interpreted in many different ways. The concept of resting and finding a way to recover after toiling for a period of time applies to all people regardless of belief.

What does a sabbath look like today? From a self-care perspective, it can mean many different things. Time may also be something to consider when discussing sabbath. Full-time caregivers, such as adult children caring for their aging parent, may have a different concept of time and sabbath. Some people simply cannot take a day off from tasks that might be considered taxing in a wholistic way (taking a toll on the mind, body, and the soul). A sabbath may look entirely different to such people. Perhaps it is taking a walk, spending time in silence, movement, stillness of body, stillness of mind, activity that brings a different kind of comfort, time with loved ones, time alone, time in nature, time at the market, time in silence, time with God, or time in scripture.

Proverbs 17:22 “A cheerful heart is a good medicine, but a downcast spirit dries up the bones.”¹⁵ Two messages are presented in this short passage, and they both relate to self-care, accountability, and healing. Focusing on the later message, a ‘downcast spirit’ can be caused by many different things. The nature of this research focuses on burnout or lack of self-care, lack of healing, lack of accountability, a need for spiritual resiliency within a healthcare setting. Considering the nature of nurse work environments, one can see how the amount of trauma and the amount of rest correlates with a downcast spirit. Yet, as one identifies with the initial portion

¹⁴ Exodus 20: 8-10 (New Revised Standard Version).

¹⁵ Proverbs 17: 22 (New Revised Standard Version).

of the text, ‘a cheerful heart’ is created with proper self-care, healing opportunities, and accountability. What does that look like for healthcare professionals, particularly nurses?

One might deduce that when self-care, healing, and accountability are implemented in a healthy and sustainable way, healthcare professionals find joy in the act of healing, curing, fulfilling needs, and play an integral role in society. One might even suggest that they find these reasons more inspiring than the payment they receive for their services. On the other end of the spectrum the downcast spirit of a healthcare professional we might look to the biblical instances where people grumbled, participated in activities where they were self-destructive, or even harmful to others. When one is experiencing burnout, or are physically/emotionally unfit, should they be in a position of service to others?

Jesus said in Matthew 10:8, “Cure the sick, raise the dead, cleanse the lepers, cast out demons. You received without payment; give without payment.”¹⁶ This particular passage encapsulates the spirit by which nurses work. Nurses signed up for the carriers they are doing because they want to help people and meet a certain level of needs within their community. Jesus tells his disciples to go and do great things. Singularly though, when applied to the context of caregiving and healing it can also be taken to an extreme. Professionals within healing environments are at risk for taking on too much. Professionals must maintain the same level of professionalism toward their own limitations. People within healthcare settings care a lot about serving, giving, healing, and saving others and that is okay, but to what extent or at what cost?

¹⁶ Matthew 10: 8 (New Revised Standard Version).

Jesus cured the sick, raised the dead, cleansed the lepers, cast out demons, provided deep meaningful healing which resonates to this day. Christ provided wholistic care to the people he encountered. He addressed various social issues relating to healthcare, gender, equality, and much more. The healthcare industry is trying to meet the same needs for thousands of people on a never-ending basis. People have concerns about financing their healthcare, addressing different diseases/infirmities, and quality of care. Like the disciples of Jesus, nurses are facing monumental pressure to succeed.

Matthew 11:28-30 “Come to me, all you that are weary and are carrying heavy burdens, and I will give you rest. ²⁹ Take my yoke upon you, and learn from me; for I am gentle and humble in heart, and you will find rest for your souls. ³⁰ For my yoke is easy, and my burden is light.”¹⁷ Christ is clear in this passage when he beckons us to him for support, sustainability, and true rest/peace. Christ speaks to the human condition as he recognizes that we are weary, heavily burdened, and in need of rest. Christ recognizes that many folks don’t uphold the sabbath or the spirit of the sabbath.

Within this passage Christ calls people to himself. Reading this passage, one might assume that Christ is going to give teachings on how to live in a way that is healthy, but also find mercy and grace within Him. From a patient’s perspective one might in some ways view the healthcare system as a means to relieve heavy burdens as a means to finding rest. Cases have been found where people live in extreme pain for prolonged periods of time. Drug users seek support from the healthcare system. Overwhelming amounts of people are seeking help from

¹⁷ Matthew 11: 28-30 (New Revised Standard Version).

physical, emotional, social, and overall wholistic ailments. What does this mean for those who want to meet these needs?

Romans 12:11-17 “Do not lag in zeal, be ardent in spirit, serve the Lord. ¹² Rejoice in hope, be patient in suffering, persevere in prayer. ¹³ Contribute to the needs of the saints; extend hospitality to strangers. Bless those who persecute you; bless and do not curse them. ¹⁵ Rejoice with those who rejoice, weep with those who weep. ¹⁶ Live in harmony with one another; do not be haughty, but associate with the lowly; do not claim to be wiser than you are. ¹⁷ Do not repay anyone evil for evil but take thought for what is noble in the sight of all.”¹⁸ Healthcare professionals, nurses in particular, meet people where they are at. They take in the drama, the preexisting issues, the fears, the pain, and the grief.

The passage above suggests that we can serve with humility, patience, kindness, and with joy in our hearts. When considering these things and this method of servitude we must consider the nature of the person serving. Such a person must have sound character, be well rested, in good health, sound of mind, and have a strong moral compass. The theme at the core of each of these passages is an emphasis on caring for self and caring for others. The question remains can such a person continue to thrive while constantly exposed to trauma, suffering, exhaustion, and grief? I would suggest not. Yet, this passage calls for such service. People of all types claim the need for such servitude as they bring their children, parents, and loved ones to the healthcare system in hopes of healing.

¹⁸ Romans 12: 11-17 (New Revised Standard Version).

Synthesis of Themes, Values, and Commitments

Taking the passages into consideration and the messages they convey as they relate to spiritual resiliency, nursing self-care, healing, and accountability give us unique perspectives on how to approach further research. We can see in these passages some of the core values of the divine, including ideal conditions for humanity to thrive on a daily basis, and also a unique perspective of the human condition. The psychological, physical, and spiritual implications of how burnout is affecting nurses may reveal more light on biblical, ethical, and social perspectives leading to dynamic interventions.

Within these passages the themes identified there is a focus on rest, servitude, and joyful living. The focus of this research is centered around nurses experiencing burnout and how spiritual resiliency address the needs inherent in that situation. We can be safe to say that the biblical passages reinforce the need for further outside research connecting practices related to healing, self-care, and accountability.

“Times come when we yearn for more of God than our schedules will allow. We are tired, we are crushed, we are crowded by friends and acquaintances, commitments and obligations. The life of grace is abounding, but we are too busy for it! Even good obligations begin to hem us in.”¹⁹ Emilie Griffin speaks to the human condition in this quote. She outlines the fact that humanity is hard at work, distracted, and fragmented to a point of being unhealthy. She applies this even to those with the best of intentions. All humanity must take the time to slow down and find healing, self-care, and accountability before continuing in work, especially

¹⁹ Emilie Griffin, *Wilderness Time: A Guide to Spiritual Retreat* (New York: HarperCollins, 1997), 1.

the work of service to others within a healthcare setting. Further research might outline the ramifications for continuing in work without personal care.

Frequently the Biblical narrative speaks to this universal truth. Within the Old Testament God displays an example of self-care and rest. Later God calls the people of Israel to hold a specific sabbath for worship and rest. In the New Testament Christ calls people unto himself so that they may find rest, comfort, peace, and much more. Christ also calls for people to live healthy lives and to serve one another in a manner that is healthy and life giving. Even further into the New Testament followers are called to serve in a way that suggests undying love. The goal then, is to carry these principals with us as we seek key voices and historical examples addressing spiritual resiliency and it's positive effects on nurses who are at more risk for experiencing burnout.

Section 2: Topic History and Key Voices

Topic History

Burnout

In 1974 Herbert Freudedberger developed the concept of “burnout” as it applies to caring professionals.²⁰ Previously, in 1971 “vocational burnout” was applied to air-traffic controllers.²¹ In December 2013; 2,190,000 nurses were identified to having experienced burnout or burnout symptoms.²² Burnout symptoms have been identified as but are not limited to: feelings of

²⁰ Rajvinder Samra, “Brief history of burnout,” British Medical Journal, December 27, 2018, <http://search.proquest.com/docview/2161033380/abstract/6EBC2843408F42EDPQ/1>

²¹ Ibid.

²² Charles Van Way, “Burnout,” Missouri Medicine, 2013,

indispensability, overly stressed by the work environment, sense of powerlessness, low sense of personal accomplishment, and much more.²³

Heather Laschinger and Anthony Montgomery identify the Maslach Burnout Inventory Human Services Survey which is now widely used as an assessment for burnout, and notes that exhaustion is a large component of burnout concluding that prevention of burnout is better than a cure.²⁴ Studies show that self-compassion and mindfulness can have long lasting effects on reducing burnout.²⁵

Nurses in particular have been identified as being significantly more subject to burnout the following quote is an example:

O'Mahony (2011) summarized the consequences of burnout (based on previous decades of research) as low morale; increased absenteeism from sickness; decreased effectiveness and productivity; poorer job performance and patient care; and higher staff turnover. With another impending nursing shortage on the horizon, and an increased need for health services due to the aging population, the profession cannot afford to lose well-educated and/or trained nurses. Nursing must change the culture of accepted stress, subsequent behavioral responses, and the stress-producing work environments. The risk of nurses burning out is just too high in the current systems for practice.²⁶

The above quote also emphasizes a level of importance based on the need for nurses to remain healthy and be of a sound nature. The quote also addresses shortage in staff cementing that stress and burnout can have a high impact on the entire medical system. Authors such as

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6179804/>.

²³ Ibid.

²⁴ Heather Laschinger and Anthony Montgomery, "Burnout and HealthCare," Burnout Research, 2014, <http://www.sciencedirect.com/science/article/pii/S2213058614000278>.

²⁵ Tara F. McKinley, Kimberly A. Boland, John D. Mahan, "Burnout and interventions in pediatric residency: A literature review," Burnout Research, 2017, <http://www.sciencedirect.com/science/article/pii/S2213058616300432>.

²⁶ Suzanne Waddill-Goad, *Nurse Burnout: Overcoming Stress in Nursing*, (Indianapolis, Kindle Edition, 2016), Location 535.

Jennifer Carr, who have practice within the nursing field are taking steps to address the issue of burnout. Carr's book in particular has an emphasis on work life balance. Carr has done her own research in her own mission to cure burnout. Carr's book addresses the nature of burnout and how it specifically intersects with the daily life of a nurse.

Carr seeks to provide strategies to combat and hopefully cure burnout within the various nursing fields. The strategies include purposeful breathing, taking breaks, exercise, meditation, and much more. Carr also identifies with the outrage and frustration nurses are experiencing and displaying. "Yet, nurses all over the world echo the same sentiments; we feel disillusioned, betrayed, devalued, controlled, scripted-even disposable."²⁷

Psychological Perspective

Grief, crisis, stress, trauma these are areas that are addressed by various professionals. All of the stated categories and more can fit under the umbrella of psychology. Grief counselors are able to identify and provide coping strategies for those who are struggling with bereavement. Grief can cause a large variety of symptoms and behavioral changes²⁸ all of which can be life changing or even lead to death.²⁹ Grief, crisis, stress, and trauma are all experienced within the medical field, especially the emergency department. It is also seen with on-call nurses as they see patients for home health and hospice situations.

²⁷ Jennifer Carr, *Heal Thy Nurse: Escape Burnout and Discover the Ultimate Life/Work Balance*, (Columbus, Indiana, Matilda Publishing, 2006), 1-2.

²⁸ Ross and Kessler, *Grief and Grieving: Finding the Meaning of Grief Through Five Stages of Loss*, Scribner, 2005.

²⁹ Sherwin Nunland, *How We Die: Reflections on Life's Final Chapter*, Alfred A. Knopf, 1994.

Like grief counselors, crisis counselors and therapists are also able to assess and provide healthy coping mechanisms. New strategies are being developed within the various fields of medicine. Among the different tools used to address crisis within the medical field are group sessions, distance and in person individual or group therapy, and information addressing specific issues. Different models are used by professional counselors one model being motivational interviewing. Motivational interviewing can be used to identify and assess the reasoning behind a person's goals or actions. Different therapists and healthcare professionals use this tool in different settings.

Psychology brings a different approach to the table and addresses burnout from several different angles, as stated above, it is often prescriptive. Psychological approaches generally approach problems from a scientific angle or seek to address a specific issue. Testing, assessing results, and taking surveys are a start to how psychological researchers may assess a problem. Providing a potential solution or prescribed method for addressing the issue at hand is the next step. The psychological perspective can provide a synthesized understanding of a topic at hand and becomes a useful methodology for those who are seeking solutions or methods that may or may not meet the needs of the person suffering. Trial, testing, assessing, and reassessing are how psychology can maintain consistent and reliable solutions. Professionals in this field continue to develop new standards of practice not excluding mindfulness, self-compassion, exercise, and even medication.

Spirituality

Spirituality is a unique topic in the medical field, and becomes even more so when applied to burnout. Spirituality is often overlooked because of its broad nature. Neither confirmed or denied, spirituality is affected and can affect the different areas where burnout will

manifest. Burnout has been identified to form from stress and other factors listed above. Key voices have identified symptoms of burnout resulting in drastic and sometimes extreme manifestations including death, divorce, drug usage, depression, disrupted rest, and much more.

Many aspects of spirituality have been identified to aid in resisting the symptoms of burnout. Such forms fit in with other practices and key voices addressing burnout. Psychologists, grief workers, clinicians, and therapist all have practices including forms of therapy and models, which include elements of spirituality. The following practices all have roots in spirituality mindfulness, appreciative inquiries, nature-oriented activities, fasting, time with family, meditation, and exercise. Spirituality focuses on humanity as a whole, and humanity is the focal point for all helping practices.

Spirituality becomes tricky for the medical field when theology gets involved. Theology becomes relevant for most medical fields when it is focused on the patient needs and patient care, but rarely the clinician who is helping the patient. Nurses are expected to set their bias, preferences, and personal lives aside and put on the face of the company for which they work. Patients are allowed to follow their spiritual beliefs and have such concerns met. Some spiritual beliefs relate to medical practices in such a way that can interfere with standard procedures; such as, the belief in not sharing blood. The theological principals that relate to a person's overall wellbeing are extremely relevant to clinicians including time for rest, space for general processing, meditation, time with loved ones, etc., yet the needs of the organization or program often outweigh the organization's ability to allow for such spiritual demands to be met for the clinicians. Many organizations do try to meet the humane needs of their clinicians. Measuring such practices may become more apparent in future organizational change.

Awareness surrounding burnout among nurses is growing rapidly articles, books, and public speaking events are seeking to address the growing needs of the nurses. Differing voices are speaking to the need for resiliency. Game designers, grief leaders, psychologists, medical doctors, retired nurses, bloggers, life coaches, and more are seeing the need to address burnout and have introduced dynamic methods for addressing such needs. Burnout has become even more of a hot topic because of the introduction of Covid-19. Nurses are being expected to work even longer hours with less breaks, less personal protection, and increased risk of infection to themselves and their loved ones. The circumstances are generating conditions for even greater numbers of burnout cases among nurses.

In Jamie Aten's book *A Walking Disaster: What Surviving Katrina and Cancer Taught Me About Faith and Resilience* Aten recounts different reactions from people in the midst of his crisis, but a family member reads Aten a passage just after he was had finished a chemotherapy treatment, the scripture was Jer. 17, 7-8. His family member believes the scripture is talking about the need to continue being active despite the circumstances. The family member was Aten's wife, and he thought about all the hard work she had been doing despite all the disaster happening in their lives.³⁰ Aten's book is an example of spiritual resilience or fortitude, but this particular section identifies how such resilience can combat the circumstances of even the toughest of life stressors. Nurses and healthcare organizations may benefit from the development of such fortitude.

³⁰ Jamie Aten, *A Walking Disaster: What Surviving Katrina and Cancer Taught Me About Faith and Resilience*, (West Conshohocken, PA, Templeton Press, Kindle Edition, 2018), Location 1415.

Key Voices

Elizabeth Scala

Elizabeth Scala is a key voice for addressing burnout within the nursing field for many reasons. Scala is vocal in her books and on her YouTube channel³¹ addressing many aspects of burnout while incorporating the broader vision of what it means to be a nurse in today's healthcare field. Scala provides different self-care strategies including scenarios outlining different nursing perspectives and behavioral change. Scala has a wealth of experience as a nurse, leader, and Reiki specialist.

Scala has a vision for nurses and nurse organizations that thrive amidst the demands and requirements of the growing medical fields and practices needed to be successful. Scala has a unique understanding of nursing in practice, including her own bouts with burnout, providing opportunity for Scala to speak to the many challenges nurses face on a day-to-day basis. Scala is passionate about serving the nursing community and addresses specific questions and scenarios on her YouTube channel.

Elizabeth Scala has written a book specifically addressing nurse burnout. Scala has also written a book called *Nursing from Within: A Fresh Alternative to Putting Out Fires and Self-Care Workarounds*, which addresses the inner world and daily nurse practices. Scala shares some of the frustration nurses have while working in today's environment saying:

We've got the computerized charting and electronic medical record. We're expected to get patients in and out in what seems like no time at all. We're accused of having our faces buried in the screen all day, but we've got protocols, policies and procedures to follow. It's task after task after task. We're so rushed that even the critical thinking skills

³¹ Elizabeth Scala, <https://www.youtube.com/user/LivingSublimeWellnes>.

which nursing was founded upon, the very asset we take such pride in as a profession, are being lost on our newer generation of nurses.³²

The above quote identifies just a few sources of daily stress and internal struggles nurses have shared with Scala. Scala seeks to change the way nurses perceive the work they do by providing self-care models, infusing positive energy, and creating dynamic change. Scala's work empathizes with nurses recognizing nurse responsibilities and lifestyle flow. Scala's seeks to influence nurses by addressing their inner world bringing about positive change within the nursing work force. The changes Scala is working toward are essential for addressing burnout and maintaining nurses, ultimately, reducing turnover and increasing quality work within the medical industry. Nurses who take initiative and engage in the self-care practices proposed by Scala and other influencers are likely to see fundamental change within their mental, physical, and emotional health.

Jamie Aten

Jamie Aten is a psychologist who addresses resilience and faith strengthening amidst disaster. Aten is a writer and speaker who talks about his own experience with disaster and health crisis. Aten is the founder and director of the Humanitarian Disaster institute. He has co-authored several scholarly books addressing spirituality, psychology, spiritual interventions, religion for clinicians, therapeutic practices from a Christian aspect and much more.³³

³² Elizabeth Scala, *Nursing From Within: A Fresh Alternative to Putting Out Fires and Self-Care Workarounds*, (CreateSpace Independent Publishing Platform, Kindle Edition, 2014), Location 422.

³³ Jamie Aten, accessed August 10, 2020, <http://www.jamieaten.com/scholarly-books>.

Carmel Sheridan

Carmel Sheridan is the author of the book *The Mindful Nurse: Using the Power of Mindfulness and Compassion to Thrive in Your Work*. Sheridan is a psychotherapist who has developed strategies which work as tools for healthcare professionals. The tools she has developed are designed as a means to avoid burnout, provide stress reduction, generate mindfulness, and compassion for self and others. Sheridan has a website, <https://www.nursingmindfully.com>, created for meeting needs and providing resources for enhancing mindfulness and compassion. Sheridan's work is applicable to a wide range of scenarios speaking to the human needs and providing simple yet effective tools.

In *The Mindful Nurse: Using the Power of Mindfulness and Compassion to Thrive in Your Work* Sheridan specifically identifies the need for nurses to have coping methods or tools for combating compassion fatigue. Sheridan identifies circumstances where nurses should have tools when they didn't, and the repercussions they experienced because of the lack of such tools. Sheridan identifies need for such tools with facts, "Anywhere from 40% to 85% of helping professionals suffer from compassion fatigue or exhibit trauma symptoms. Some specialties—including palliative care, oncology, pediatrics, and traumatology—are more prone to this problem."³⁴ Such facts further cement the need for interventions to aid nurses.

Frank Gabrin

Frank Gabrin was an emergency physician who wrote the book *Back From Burnout: Seven Steps to Healing From Compassion Fatigue and Rediscovering (Y)our Heart of Care*.

³⁴ Carmel Sheridan, *The Mindful Nurse: Using the Power of Mindfulness and Compassion to Thrive in Your Work*, (River Time Press, Kindle Edition, 2016), Location 2255.

Gabrin discusses his own struggle with burnout. Gabrin provides different methods to revitalize one's passion for the work they do within the healthcare setting. Among those are practices in gratitude, being purposeful about taking space for self, reflection, and much more. Gabrin unpacks the need for such tools as he recounts the nature of the environment for healthcare workers (identifying different emotional traumas and stressors).

Gabrin reflects that, "burnout never needs to happen, and that if it does happen, there is a clear path back to being a joyful and fulfilled human once again."³⁵ Gabrin's experience allowed for him to develop the tools he shares with the reader in his book. The practices Gabrin identifies are simple and to the point, this may be due to his position being within the emergency department. Gabrin's experience allowed for him to find a way back from burnout equipping him to proceed with his work within the healthcare field. Gabrin's voice is important because of the successful nature of his story. Gabrin displays his own resilience growth as one reads his book and story, he is an inspiration for all medical workers who experience struggles that come with working in healthcare. Gabrin recently passed away from the deadly virus Covid-19 and is deeply missed by all those he touched.³⁶

Robert Wicks

Robert Wicks is a clinical psychologist who has written many books surrounding the topic of resilience, particularly for healthcare professionals. *Spiritual Resilience: 30 Days to*

³⁵ Frank Gabrin, *Back From Burnout: Seven Steps to Healing From Compassion Fatigue and Rediscovering (Y)our Heart of Care*, (Kindle Edition, 2013), Location 3740.

³⁶ Marisa Lati, "Emergency room doctor Frank Gabrin dies of covid-19," The Washington Post, 2020, <https://www.washingtonpost.com/nation/2020/04/10/infected-er-doctor-who-died-husbands-arms-was-save-world-kind-human/>.

Refresh Your Soul provides a method for building spiritual resiliency from the Christian perspective. Wicks provides a definition for spiritual resiliency which not only includes the concept of recovering from adversity, but also with an emphasis on spiritual growth. Wicks' methodology is not simply about coping with stress and adversity, but about thriving in the midst of it.

Wicks describes the impact of crisis causing stress on a person's level of self-esteem and also notes a distorted sense of self-awareness. Wicks claims that a person's faith or grounded spirituality can combat such stress and even transform levels of cynicism and despair into positive perspectives.³⁷ The assertions Wicks makes concerning the power of spirituality or spiritual resilience can be directly applied to the nursing world. Nurses are subject to many levels of crisis and stress one can see how self-esteem issues and distorted self-awareness can dramatically impact quality of a nurse's work as well as the nurse's ability to recover from one patient case to the next.

Suzanne Waddill-Goad

Suzanne Waddill-Goad wrote the book *Nurse Burnout: Overcoming Stress in Nursing* among her many other achievements. Dr. Waddill-Goad's level of achievement in nursing, leadership, and education within the healthcare system is renown and is known for providing the finest level of expertise within her field of practice. *Nurse Burnout* provides quality tools and informational tidbits for nurses to utilize titled "practice pearls." The book is straight forward

³⁷ Robert Wicks, *Spiritual Resilience: 30 Days to Refresh Your Soul*, (Cincinnati, OH, Franciscan Media, Kindle Edition, 2015), Location 133.

and discusses the effects of stress, burnout, the nature of nursing, work-life balance, and preparing for the long haul. Dr. Waddill-Goad provides a quality and experienced perspective on what it means to thrive and understand the full nature, including the risks, of what it means to be a nurse and how to do it well.

Goad identifies that nursing is a good field to work in stating, “Nursing is a fabulous career choice—it offers diversity, flexibility, entrepreneurship, innovation, a true sense of satisfaction, and a nice lifestyle. Nurses are generally people who exhibit traits of caring, nurturing, and altruism.”³⁸ Goad explains that nurses want to help people and expresses that nurses want to thrive as they experience the benefits of being in a helping profession. Goad’s assertions lend to the idea that nurses are generally well-rounded good people who are good at what they do. Nurses are willing to go the extra mile to meet the needs of the patient’s they serve and the organization they work for.

Goad then identifies different aspects of nursing that can wear on the nurse’s psyche including, “Adverse stimuli can be both internal and external: regulatory and policy changes, leadership influences, operational initiatives, industry mandates, customer expectations, publicly reported data, quality metrics, colleague relationships, and the list goes on.”³⁹ Goad’s book addresses the different aspects of nursing while providing tools to shift perspective on common issues seeking to prevent reaching burnout.

³⁸ Suzanne Waddill-Goad, *Nurse Burnout: Overcoming Stress in Nursing*,” (Indianapolis, Sigma Theta Tau International, Kindle Edition, 2016) Location 232.

³⁹ Ibid, location 238.

Jane McGonigal Ph.D.

Jane McGonigal is known around the world for her many achievements. McGonigal is a popular speaker, game designer, author, and teacher who has developed methods for increasing resilience in dynamic areas of the human life. McGonigal is also a future forecaster, and her methods for resilience have been implemented in a vast scope of practices. McGonigal's work has been proven to aid in the reduction of depression and increase the quality of life of those who participate in the programs she has helped develop. McGonigal's work has been used in medical practices, she has developed an app which uses the methods she discusses in her book *Super Better*.

Super Better is a game designed to solve or address real world concerns; such as, mindset, flexibility, optimism, emotional control, efficiency, and social connectedness.⁴⁰ McGonigal's methodology for addressing real world problems is unique and impactful. The ease with which to access McGonigal's tools is a boon within itself. Nurses, or anyone, who desires to address the concerns listed above can simply download the application and begin. The process is simple and easy to use.

McGonigal is a leader, is also well known on TED talks, and for her many other achievements. McGonigal qualifies as a key voice for addressing burnout and spiritual resiliency for healthcare clinicians because of the methodology for which she is so well known for.

⁴⁰ Jane McGonigal, Super Better, <https://www.superbetter.com/>.

McGonigal approaches problems and life stressors from a space that is new but proven to work.

McGonigal takes her understanding of how games work to address the many dynamics of life.

McGonigal's voice is unique, powerful, and effective.

David Kessler

David Kessler is a key voice because he is world renown for his insights on grief and grieving. He worked closely with the late Elizabeth Kubler-Ross, who generated the five stages of grief model.⁴¹ To this day David Kessler provides teachings for all individuals who are processing or will be processing grief.

David Kessler presents approaches to grief that relate to the person as a whole. Kessler doesn't deny or force religious practices or any other particular practice on people who are seeking grief support, but instead focuses on the end results by accepting humanity as a whole which is inclusive of all belief sets; therefore, including the feelings, emotions, and physical aspects of the person as they grieve. Kessler has also generated several teachings and books which deal with the different aspects of grief, loss, transition, holidays, complicated grief, possessions, the loss of a child, suicide, and much more. Kessler's message speaks to key aspects surrounding burnout compassion fatigue, emotional stress, sadness, self-care and much more.

Kessler's website *Grief.com* is a tool for anyone who is seeking grief support. On the website Kessler provides access to workshops covering specific aspects of grief, resources, and quality information for addressing common and unique inquiries related to grief. Kessler also

⁴¹ Ross and Kessler, *Grief and Grieving: Finding the Meaning of Grief Through Five Stages of Loss*, Scribner, 2005.

travels for speaking events and specialized seminars for those who wish to learn from him in person. Kessler recognizes that people need to feel their emotions and experience the grief they have, but he takes that a step further and seeks to bring people out and to the other side of grief. Kessler's approach to the grief process heavily emphasizes healing. Kessler's methodology and various tools available may prove useful to nurses who experience grief on a routine basis potentially reducing chances for burnout.

Diane Shannon

Diane Shannon is a former primary care physician, and is currently a professional coach, who has co-authored *Preventing Physician Burnout: Curing the Cause and Returning Joy to the Practice of Medicine*. Much of Shannon's work is centered around preventing and addressing burnout for healthcare clinicians. Shannon has a wealth of resources including blogs, articles, and including resources addressing Covid-19. Shannon claims that she herself experienced burnout causing her to leave the medical field.⁴² Shannon now works with organizations and healthcare clinicians to aid in preventing burnout. Much of Shannon's work emphasizes professional coaching

Shannon recounts, in detail, her time experiencing burnout as a physician in the book she co-authored *Preventing Physician Burnout: Curing the Cause and Returning Joy to the Practice of Medicine*. Notably, Shannon recognizes the trauma and the hurt she still feels as she reflects back on the time she was experiencing burnout. Shannon's deep familiarity of how burnout can

⁴² Diane Shannon, "My Story," 2020, <https://dianeshannon.com/mystory/>.

affect a person who works in healthcare is valuable to the research needed for addressing burnout among nurses.

Paul DeChant

Paul DeChant co-authored *Preventing Physician Burnout: Curing the Cause and Returning Joy to the Practice of Medicine*. DeChant has a wealth of experience in patient care, provides leadership for healthcare clinicians, professional coaching, clinician safety, and has developed realistic models for clinicians and organizations to address burnout.⁴³ DeChant has a strong focus on organizational change for addressing and preventing burnout. His work is primarily focused on the clinical setting including examples of burnout and areas of growth for organizations to address standards of practice. DeChant also outlines ways to identify and treat burnout.

DeChant has extensive experience within the healthcare industry including a wide knowledge base on how healthcare organizations function. DeChant is a voice when it comes to generating organizational change. DeChant advocates for the Lean manufacturing process which emphasizes the reduction of waste, maintaining standardized work, and improving efficiency and many other aspects. DeChant has a deep understanding of Lean processes and uses such understanding to address burnout for healthcare physicians. DeChant's deep understanding of how the healthcare industry functions provides validation and understanding on how burnout gains traction among nurses.

⁴³ Paul DeChant, <https://www.pauldechantmd.com>.

Section 3: Synthesis and Conclusion

The history and key voices have provided many different perspectives to addressing how spiritual resilience can affect nurse burnout. Spiritual practices have proven to be unique and far reaching when it comes to addressing fortitude in many different fields. Spirituality addresses the human condition and what humanity is and means. The goal of spiritual fortitude is to instill practices which a person can rely upon in order to cope with life. Life by itself can be difficult, but there are circumstances that can force life to become harder to cope with, causing a disruption in balance. The Bible teaches the need for balance and gives plenty examples clarifying what it means to rest, how to deal with the difficulties of life, what it means to live a holy life. To be a nurse, a person must become well practiced in work life balance because nurses deal with immense pressures causing burnout, or symptoms of burnout.

Across the board, the key voices acknowledge the need for resiliency and quality coping skills. Unanimously, there is an understanding that burnout is a serious problem for nurses. The different lines of thinking which address burnout all seem to have differing methods and solutions for addressing burnout and fostering balance, as a person or as an organization. Some of the key voices differ in larger ways because their varying methodologies. Nearly all of the key voices agree with the underlying message, that rest is of key importance when combating burnout.

Looking at Isaiah 40: 29-31, “He gives power to the faint, and to him who has no might he increases strength. Even youths shall faint and be weary, and young men shall fall exhausted; but they who wait for the Lord shall renew their strength; they shall mount up with wings like eagles; they shall run and not be weary; they shall walk and not faint,” we see a biblical statement addressing the nature of humanity, and hope. The verse also states that we must wait

for the Lord. Waiting, resting, slowing down, breathing, focusing on the here and the now are frequently addressed by the key voices in different instances. Rest isn't the cure for burnout, but it may indeed be one avenue to begin the process of recovery from burnout, or even be a form of prevention.

All of the above resources are a foundation to start addressing spiritual resiliency as it relates to nurses and burnout. Daily nurses place themselves in harm's way to combat illnesses around the world. Nurses serve humanity and treat people humanely. Compassion, patience, and the willingness to serve are hallmarks of a grounded nurse who is providing quality care. Addressing and equipping the medical community with better understanding of burnout symptoms, causes, and healing measures will benefit all humanity. More importantly, the knowledge and methods may become an avenue for society to extend the same compassion, patience, and servitude to our nurses causing a cycle of positive change this world so desperately needs.

Considering the work, I do as a clinical chaplain I have witnessed the intensity of hospice nurse schedules, productivity requirements, and social demands. Weekly, nurses experience grief and loss, high patient turnover, and are required to maintain a level of composure that meets the standards of the organization they work. Hospice nurses meet the patient's family, learn about the life the patient lived. The hospice nurse is usually present from the point the patient believes they are still doing well (physically or mentally) and think they may graduate (reach a point to where they are no longer appropriate for hospice) from hospice.

The nurse is beside the patient as the patient declines in health (rapidly or gradually). The nurse cleans the wounds that no longer heal. The nurse provides teaching to the family that has little knowledge about the hospice program, medication management, or the process of dying.

The nurse is present in the midst of the patient and family panic when something goes wrong or there is crisis. The nurse is exposed to the fear tears or outrage of the patient and the family, as well as the gratitude. The nurse has little time to spend with the patient's family after the patient has died because they must move on to the next patient and start the process all over again.

From an outside perspective, this researcher has a limited perspective. From this perspective, the hospice nurse role was identified, although there are many different kinds of nurses in the medical field. The authors and leaders, identified in the key voices and historical section, who have experience being a nurse are the ones with the most accurate insight into what it means to be a nurse. Tensions and pressure points with medical leadership addressing nurse burnout lay in the fact that there are those in leadership that don't have experience or the understanding of what it means to be a nurse. The possible weaknesses with the research surrounding nurse burnout correlate with lack of experience in nursing resulting in lack of understanding causing systemic weakness for addressing the problem. Larger pressure points may include grand programs in place that govern national standards, which are designed to meet patient and financial needs are often given higher priority over local governing processes because they are often sources for financial reimbursement. Many of the answers to addressing burnout are based on addressing the symptoms of burnout and are thus reactive. Strengths include addressing systemic change, prevention ideology, and information sharing.

APPENDIX C—MILESTONE 3 DESIGN WORKSHOP REPORT

NPO Statement

Addressing spiritual resiliency as a means to meet the need for reducing burnout among nurses.

NPO Scope and Constraints

Given the information collected from the interviews, the design workshop, and the research collected the major constraints relate to time management, recognition of participation, creation of access for meaningful self-care, resource availability, and the facilitation of a safe atmosphere/emotionally healing. Issues relating to time management were identified the most during the discovery session and the interviews. Research related to the topic history frequently identified that the work-life of a nurse maintains high productivity standards in the presence of traumatic situations, extensive documentation, and management directly impacting patient care. Given the same circumstances, the facilitation of resource access and an emotionally healthy environment are essential.

NPO Context

The ministry setting for the NPO takes place within a rural healthcare context, where people from many different spiritual beliefs and cultural backgrounds converge. Nurses in particular, maintain a professional space where they can interact with people from all backgrounds, while refraining from sharing their own personal beliefs. The environment the nurse works can be considered emotionally heavy, traumatic, demanding, and taxing on the

human spirit. Healthcare requires the highest of standards to be maintained in quality of care, documentation, teamwork, communication, speed, accuracy, and on-demand. Home-care providers place themselves within the patient's most personal spaces including rural and inner-city environments. The home environments range from toxic and neglectful to high functioning and quality care living spaces. The people the nurses serve come in all backgrounds and have their own stories which influence their habits and behaviors (drug use, paranoia, health fanatic, fearful, trauma, grief, at peace, angry, confused, lost, and much more). The administrative environment requires high efficiency and accuracy within limited time constraints.

Root Causes

The identified root causes relating to the identified NPO theme included routine trauma, compassion fatigue, standards for practice, and a lack of debriefing or decompression. Other potential root causes related to a sense of feeling unloved, unhappy, not feeling empowered, lack of access, lack of safety, lack of comfort, fulfillment, lack of worth, and a lack of appreciation. Also, all of the participants in the discovery session stated that they felt a sense of injustice because they are unable to do little follow-up with the patient's family after the patient passes or is discharged from services. One of the interviewees identified that nurses were unhappy because they felt 'unloved.' Many of these root cause relates directly with the identified concerns addressed during the design workshop and interviews. Narrowing down the root causes to three, would include time management, work environment (as it relates to stress, emotions, a relation to co-operation), and intentional self-care access.

Three Big Ideas

Identifying a tool/process that is already in place which measures the wellbeing of an individual. Creating a culture of gratitude. Empowering volunteers to reduce nurse workload.

Definition of 'Done'

The ultimate goal is to identify what needle we can intentionally move, alleviating and/or combating nurse burnout in the most effective way within this context.

3 Napkin Pitches

1. Big Idea: Identify a tool/process that is already in place which measures the wellbeing of an individual.

Audience: Nurses working within a rural healthcare context ranging from home health to emergent departments.

NPO: Creating a routine opportunity for the Skilled Nurse (S.N.) to perform an in-depth self-assessment which addresses the overall wellbeing.

Benefit: The S.N. benefits by having increased self-awareness which empowers them to make positive consistent change in their habits and behaviors impacting their overall performance.

Approach: Present three proven models, designed for self-care assessment, to key management and willing S.N. set for a specific trial period. Feedback from participants will be assessed.

Risks: Not being able to find anyone who is willing to participate or give feedback in such a trial or assessment would result in a failed attempt.

Assumptions/Hypotheses to test: Participation in the assessment process, level of self-awareness, and changes in habits/routines are all areas being tested and assessed for significant (realistic and measurable) change.

Benchmarks of success: Routinely engaging in the assessment, generating change in habits, and reports of improved lifestyle. Reports of increased self-awareness would also constitute as success.

Other approaches: Others are monitoring based on patient satisfaction surveys, productivity algorithms, and attendance (that is not to say these are the only methods being used to address the NPO).

2. Big Idea: Informing and supporting the volunteer work force in order to alleviate and inspire nurses.

Audience: S.N., management, volunteers, and the rest of the care team working within a rural hospice setting.

NPO: Creating space for the S.N. to perform their duties, and opportunity to hear from the volunteers concerning care and gratitude.

Benefit: The Skilled Nurse benefits from increased volunteer performance, alleviating tasks that fall outside the S.N. scope of practice. Volunteer/patient feedback create opportunity for gratitude and quality care.

Approach: Collaborate with key leadership to implement training for volunteers to engage deeper and create space for the volunteer to share within key meetings evaluating patient care.

Risks: A lack of buy-in from key management and volunteers would result in failure, as well as a lack of quality engagement from all parties involved.

Assumptions/hypotheses to test: The idea is that the S.N. will have more time available and the patient will be just as satisfied, thus we are testing the satisfaction of the S.N. and patient.

Benchmarks of success: Positive reporting from the S.N., patient, volunteer, and the rest of the care team would constitute a success. S.N. reporting ability to complete tasks in a timely manner without feeling overwhelmed.

Other approaches: Other approaches have included receiving feedback from patient/family surveys, assessing S.N. productivity, and providing flexible schedules for the S.N. to have more agency in workflow (there are certainly more approaches, these are a few).

3. Big Idea: Generating a culture of gratitude by creating space for participants to witness and share in gratitude and thankfulness.

Audience: Nurses, management, volunteers, and the rest of the care team working within a rural hospice setting.

NPO: Create an environment that Skilled Nurses find comfort, joy, and value in being a part of by increasing opportunity to share in gratitude.

Benefit: S.N. may have reduced compassion fatigue, stronger emotional health, increased feelings of success, experience a more welcoming and supportive work environment creating higher quality care.

Approach: Collaborate with management to create opportunities for sharing, emphasizing gratitude. The implementation of such opportunities is innovative because it doesn't require training, is practical, engaging, and meaningful.

Risks: A lack of participation from the care team, lack of time investment, consistency, emotional investment, and a poor perspective of the activities would result in failure.

Assumptions/Hypotheses to test: S.N. satisfaction with work, work environment is welcoming/accepting/allows space for voices to be heard, comfortability with sharing are all displayed in S.N. participation in opportunities provided.

Benchmarks of success: increased number of S.N. display willingness to share during provided opportunities, increased amount of positive interactions between S.N. within office and during meetings, increased willingness to listen.

Other approaches: Other organizations may provide similar approaches to increasing the culture of gratitude, others include opportunity for the S.N. to provide positive feedback to their peers, and there are awards given for exceptional service. The approach being presented doesn't include extensive teaching or a guru to provide new perspective, this approach is practical and meaningful.

Design Workshop Stakeholders

Unfortunately, due to Covid-19 restrictions and the nature of my stakeholder's work only one Skilled Nurse was willing or able to attend the discovery workshop.

One-On-One Interviews

Due to the number of participants from the discovery session, I carried much of the discovery session into the one-on-one interviews, where the chief medical director and chief ancillary officer gave quality feedback.

Academic Resources

The resources I have decided to focus on include books, scholarly articles, medical journals. These resources discuss grief, resiliency in general, specifically within the medical field related to nurses, burnout related to nurses and healthcare professionals, resiliency growth, spirituality, and compassion fatigue as it relates to nurses. I will take a deeper look at Jane McGonigal's work in creating a system for gauging overall wellbeing, as well as other systems that are available which have been tested and implemented.

I also included works designed to aid in building personal spiritual growth in the midst of our busy sometimes traumatic lives. Other texts I will include relate to the global impact of Covid-19 and how nurses are learning to combat the symptoms of burnout. Included in this research will be articles related to the benefits of creating a culture of gratitude. The study of volunteers and how they can impact and reduce burnout by providing relief to nurses. Articles highlighting the topic of work environment for nurses and how such an environment can be shaped to produce resiliency for the nurse resulting in quality care for the patients, and cohesive teamwork among care professionals.

MILESTONE 3 ANNOTATED BIBLIOGRAPHY

McGonigal, Jane. *Super Better: A Revolutionary Approach to Getting Stronger, Happier, Braver, and More Resilient*. New York: Penguin Press, 2015.

[Jane McGonigal is known around the world for her many achievements. McGonigal is a popular speaker, game designer, author, and teacher who has developed methods for increasing resilience in dynamic areas of the human life. McGonigal is also a future forecaster, and her methods for resilience have been implemented in a vast scope of practices. McGonigal's work has been proven to aid in the reduction of depression and increase the quality of life of those who participate in the programs she has helped develop. McGonigal's work has been used in medical practices, she has developed an app which uses the methods she discusses in her book *Super Better*.]

Waddill-Goad, Suzanne. *Nurse Burnout: Overcoming Stress in Nursing*. Indianapolis: Sigma Theta Tau International, 2016.

[Suzanne Waddill-Goad wrote the book *Nurse Burnout: Overcoming Stress in Nursing* among her many other achievements. Dr. Waddill-Goad's level of achievement in nursing, leadership, and education within the healthcare system is renown and is known for providing the finest level of expertise within her field of practice. *Nurse Burnout* provides quality tools and informational tidbits for nurses to utilize titled "practice pearls." The book is straight forward and discusses the effects of stress, burnout, the nature of nursing, work-life balance, and preparing for the long haul. Dr. Waddill-Goad provides a quality and experienced perspective on what it means to thrive and understand the full nature, including the risks, of what it means to be a nurse and how to do it well.]

Craigie, Frederic. *Positive Spirituality in Health Care: Nine Practical Approaches to Pursuing Wholeness for Clinicians, Patients, and Healthcare Organizations*. Minneapolis: Mill City Press, 2010.

[Frederic Craigie PhD provides a broad perspective of spirituality within the healthcare system encompassing a wide range of healthcare individuals. Craigie touches on many aspects that affect spirituality among those various individuals and provides detailed solutions and strategies to refine overall spiritual wellness. Craigie's wholistic approach is valuable in that it encompasses how volunteers, nurses, patients, and the system in of itself can work together in innovative ways, creating a positive spiritual impact on nurse burnout. Craigie's experience within the healthcare community and strong knowledge base of the healthcare system makes his work an essential tool for further understanding the projections for future research.]

MILESTONE 3 APPENDIX

Report:

Design Workshop: Date: 11/8/2020, Time: 9:00 A.M.-12:00 P.M.

Interviews: Date 1: 11/11/2020, Time: 3:00 P.M.-3:40 P.M. Date 2: 11/13/2020, Time: 11:00 A.M.-11:40 A.M.

The design workshop stakeholders originally intended for this workshop were all unable to attend the design workshop for varying circumstances. Fortunately, one of the nurses, who has been nursing for several years and is now the quality assurance expert of the home and hospice departments, was able to attend and provide quality feedback during the design workshop.

In sequence we participated in the following activities starting with an icebreaker and introduction to the research. Presented in figure 1, we produced a pain/gain map, describing the potential good and bad aspects of nursing. The pains expressed were related to: feeling rushed, lack of time, lack of support in terms of protection (such as masks, gloves, etc), lack of a hospitable work environment, lack of recognition. The gains were similar in nature: a sense of recognition for the services provided, ample time available to provide quality care to patients, quality PPE, and quality downtime.

Presented in figure 2, a Post-up activity outlines different root causes related to nursing burnout. The information provided related to and identified: Lack of time, exercise, sleep/self-care, tensions with family from being overworked, limited staffing, limited resources, and varying behaviors from others. Presented in figure 3, are the activities I sought to achieve; however, as you can see, I was only able to achieve what is displayed in figure 4 and figure 5.

Figure 4 depicts the cover story activity where one imagines the problem is solved and this is how it was achieved, via a cover story. Both the design workshop participant and the one-

on-one interviewees provided input for this activity, since I was short on participants in the design workshop. Nearly all responses related to time management, work environment, and self-care opportunities.

Figure 5, depicts a similar activity but from the opposing end of the spectrum ‘Anti-Problem.’ Both the design participant and the interviewees provided feedback for this activity. During this activity I asked the participants to think about the things that would really cause a nurse to burnout. Similarly, to the other activities the answers provided related to time management, opportunities for self-care, and work environment. Examples as expressed in shout outs: ‘a pandemic,’ ‘constant belittling in the office,’ ‘poor relations with the M.D. and the rest of the care team,’ ‘productivity standards are set 20% higher,’ ‘4 less hours to get the same work done...’

Figures 6, 7, and 8 represent the different ‘Napkin Pitches’ developed through the collaboration of the design participant and the two interviewees. Figure 7, depicts the development of a ‘Napkin Pitch’ the chief medical director expressed great interest, as a means for routine assessment in hopes of burnout risk reduction. Based on the research I had done, I found this appropriate to include for further research. Figure 8, depicts the utilization of volunteers as a means to impact nurse burnout, this idea was presented in one of the interviews by the chief ancillary officer. I found this to be an innovative and profound means to address the NPO. Figure 6, was developed in the design workshop highlighting the idea of creating a culture of gratitude as a means for impacting nurse burnout.

Figure 9, depicts the closing thoughts and questions asked and shared with the participant and interviewees. Different topics for continued research, suggested by the participants, in relation to the ‘Napkin Pitches’ included studies on volunteer impact with the healthcare system,

formulated systems designed to promote quality self-care, and the impact of gratitude on generating positive change. Further suggestions included were for me to collaborate with the head emergency department nurse, the volunteer coordinator, and other leadership within the hospital network.

Interview 1:

The chief ancillary officer, who participated in the previous series of interviews, was willing to participate in the first interview. During this interview I presented the findings from the design workshop and a recap on the research being done up to this point. The interviewee was willing to provide some input on the different activities, and also collaborate formulating a ‘Napkin Pitch’ emphasizing volunteers. The interviewee appeared to agree with the findings presented up to this point. I found the interviewee’s thoughts on utilizing volunteers as a means for reducing nurse burnout, new and innovating. Suggestions for further research included, how the role of a volunteer can support care.

Interview 2:

The chief medical officer, who participated in the previous series of interviews, was willing to participate in the second interview. The interviewee was presented with the same information as the first interviewee. The interviewee was happy to share the thoughts on the different activities and collaborated with me in formulating a ‘Napkin Pitch’ emphasizing the utilization of formulated systems designed to promote quality self-care. The interviewee presented a wellness application and suggested it as a source for further research.

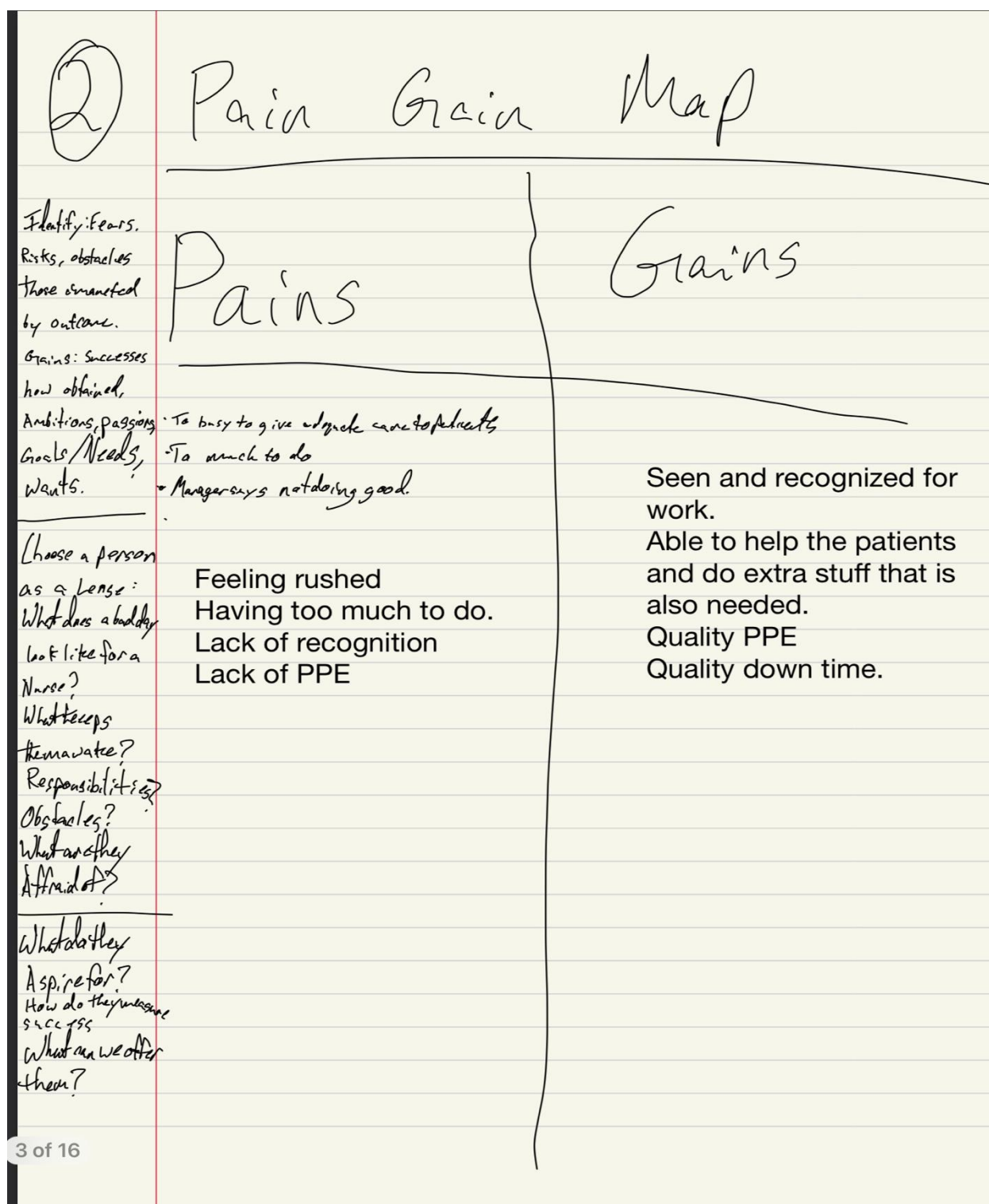


Figure 1.

2. B. Post-up (Identify Root Causes)

Sleep deprived

* Coworkers
Behaviors

Exercise

Environment

Access to proper nutrition

Staffing

Family drama - can reduce compassion

* Resources

Having a religious/spiritual foundation.
Assurance

Afinity Diagram (Outline Clusters)

Figure 2.

3. (Defining done.)
(Identify Ways to Address the NPO)
Lots of IDEAS!

Identify:
Knowledge
gaps,
Ideas
Addressing
NPO.

Choose 2-3 of the activities below to articulate the intended outcome (definition of 'done') for your NPO, generate a MYRIAD of ideas for addressing the NPO, and identify possible knowledge gaps.

- ☒ Brainwriting
- ☒ 3-12-3 Brainstorm
- Cover Story
- ☒ Forced Analogy
- Mission Impossible
- Anti-Problem (aka Reverse It)
- The Blind Side
- Post-up + Affinity Diagram with good leading questions such as some of the following:
 - What do we know about 'what is'? What do we not yet know about 'what is'?
 - Question storming possible 'future states.' What are important trends, emerging approaches, disruptors, technological changes to consider?
 - It would be game-changing if... / How might we...?

5

— Benchmarks: What would it look like for the project to be wildly successful? How would you know?

- Identify snags/drag: Points of friction, workarounds, inefficiencies, tensions, contradictions, predicaments, stated/unstated rules, or assumptions.
- Alternatively, you can combine this with Columbo.

Break

5 of 16

Figure 3.

- organizing participants so it makes sense / logically
- work assign - 3/4 at the time
- Extra 4 hours in the day
- instant refreshment station
- all free
- able to spend time with coworkers...

Cover Story

- Taking a nap

What

Goal: An exercise in visioning and imagination. This Activity not only encourages people to "think big," but also actually plants the seeds for a future that perhaps wasn't possible before engaging in the Activity.

People: Any

Time: 45-90 minutes

Notes: Participants need to suspend all disbelief and envision a future state that is so stellar that it landed your NPO solution on the cover of a magazine. The stakeholders must pretend as though this future has already taken place and has been reported by the media.

Process

1. Before the Workshop, [print out this template](#) or draw out large-scale templates like the one shown above. Your template does not need to look exactly like this one, but be sure to keep the categories intact. Generate one template for every 4-6 participants.
2. Explain the objective to the stakeholders and define each category on the template:

"Cover" tells the BIG story of their success.

"Headlines" convey the substance of the cover story.

"Sidebars" reveal interesting facets of the cover story.

"Quotes" can be from anyone as long as they're related to the story.

"Brainstorm" is for documenting initial ideas for the cover story.

"Images" are for supporting the content with illustrations.

3. Divide the stakeholders into groups of 4-6 and make sure there are markers and one template for each group. Have the group choose a spokesperson to present at the end of the Activity.

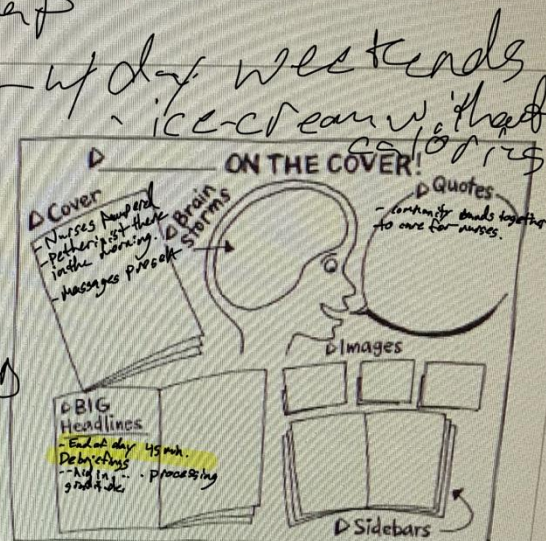


Figure 4.

- SOD - Anonymity
- Management is Adversarial
- Fear based consequences
- Productivity is 20% higher
- Not enough time to be with Patients & Address Problems
- Time is stretching
- Not enough time
- Exposed to disease DPE
- Powerfully need as DPE
- injury: community not the (Am)
- or advocacy
- unethically able to care for Patients & support
- Issues with MD
- Belittling
- talked down to
- Break time - software
- panel emc

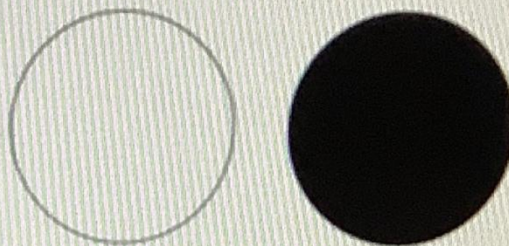
Anti-Problem (aka Reverse It)

What

Goal: This activity helps participant teams get unstuck. By addressing the opposite to their current NPO, it becomes easier for teams to evaluate the NPO differently and break out of existing patterns.

People: 5-20

Time: 30-45 minutes



Process

1. Break the stakeholders into smaller groups of 3-4 people and describe what they'll tackle together: the current opposite of the NPO. The more extreme the opposite, the better. For instance, if the NPO is church membership decline, participants would brainstorm ways to drive members away from the church.
2. Give the players 15-20 minutes to generate and display various ways to address the anti-problem. Encourage fast responses and a volume of ideas.
3. When the time is up, ask each group to share how they addressed the anti-problem.
4. Discuss any insights and discoveries that emerge.

Don't worry if the players don't generate many (or any) viable or actionable approaches. The intention is not to eliminate a complex problem in 30 minutes, but rather give participants a new approach that can lead to a solution. Since this activity tends to segue into a conversation about the real problem naturally, you could use any extra time to start that conversation while the stakeholders' ideas are ignited.

Figure 5.

DMIN850 Napkin Pitch Worksheet.pdf

Use this template to solidify an idea. Gain clarity on how to execute and pitch your idea. A good idea can be communicated simply, often on the back of a napkin.

Create a napkin pitch for each concept you propose to address the NPO.

WHAT IS THE BIG IDEA?

Gratitude / Thankfulness

WHO IS IT FOR?

- Nurse
- Patient

WHAT IS THE NPO?

How does spiritual Resilience impact/
Reduce Burnout?
Nurse.

HOW DOES THE USER BENEFIT?

- ↑ feelings of success
- Higher quality care - for Nurse
- Reduce Turnover
- improvement health
- Reduce counterfactuals - measurable

ILLUSTRATE OR DESCRIBE HOW IT WORKS

- Expressions of Gratitude reduce burn out
 - Management buy in
- Identifying thankfulness
- Provide opportunity
 - standard - good job
- creating a culture of gratitude & thankfulness
- Engage with gratitude.

+ meaningful

WHY MIGHT IT FAIL?

- No time for this
- Lack of participation
- Waste of time

WHAT SPECIFICALLY ARE WE TESTING?

- Energy
- Positivity
- Satisfaction
- Participation

HOW MIGHT WE MEASURE SUCCESS?

- Expressions of gratitude
- Survey - weekly, monthly
- Count in meetings - weekly
- Thank yous & Expressions of gratitude
- Difficulties coming up with Answers.

WHAT MAKES THIS STAND OUT FROM OTHER APPROACHES?

- Not a big name game
- Not educational
- Practical
- Opportunity for more
- imaging - Application - meaningful

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Thankfulness
• translates
• Napkin

Figure 6.

~~DEVELOPMENT~~ - State Holder

11:00 am - 11:30

* ~~My Wellbeing index - Tool 1~~ (Can of the checks)

7 Questions

* Prototype

- Risk vs. Efficacy -
- Multiple topic
- Needle scan move -

15 of 16

Figure 7.

DMIN850 Napkin Pitch Worksheet.pdf

Use this template to solidify an idea. Gain clarity on how to execute and pitch your idea. A good idea can be communicated simply, often on the back of a napkin.

Create a napkin pitch for each concept you propose to address the NPO.

WHAT IS THE BIG IDEA?
Teaching others in the units of death & dying

WHO IS IT FOR?
Volunteers

WHAT IS THE NPO?

HOW DOES THE USER BENEFIT?

- Volunteers
- Patients/Families
- Organization

ILLUSTRATE OR DESCRIBE HOW IT WORKS

- Recognizing signs & symptoms of Burnout
- Self-care
- Provide small teaching during Volunteer training.
- Volunteer sharing.

WHY MIGHT IT FAIL?

- Not all of it
- Want to teach
- Not engaged
- Burnout coordinator

WHAT SPECIFICALLY ARE WE TESTING?

HOW MIGHT WE MEASURE SUCCESS?

- Turnover rate
- Pat satisfaction

WHAT MAKES THIS STAND OUT FROM OTHER APPROACHES?

- Recognizing value of the volunteer
- Realistic
- Value placement & recognition.
- Creates higher quality engagement

+ Ask about campus students for volunteer
~~Volunteer~~ Volunteer Coordinator

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Figure 8.

Nov 11, 2020 3-3:42
 Interview with ~~stakeholder~~ **stakeholder**
 Prayer Request. - Not worry & calm.

Gratitude as a means of Change

Different coping mechanisms in a pandemic

Debrief

Approximate time: 30 minutes

As you conclude your Design Workshop, explore knowledge gaps that require further research in the **final debrief questions to ask your stakeholders before they leave**. This input will help you identify materials you will consult to fill knowledge gaps, either in the Annotated Bibliography or in the one-on-one interviews.

- In light of what emerged today...
 - a. What should I be sure to examine?
 - b. What are the potential blind spots that I best explore?
 - c. What are the potential pitfalls that I best avoid? - keep it short & sweet, shut it down after private
 - d. What *must* I research before I begin prototyping? - How gratitude eddie - How to foster a culture gratitude
- Ask if any of your stakeholders have **questions**.
- Invite further input by **email**.
- Thank your stakeholder participants for their help in your research.

Talk to Hospice Friends Director. - Volunteer Coordinator

Document the Workshop

After stakeholder participants have left, you have a few last steps to wrap up the Workshop:

- Design Workshop documentation.** First, document the process and insights generated. These will be added to the Appendix of the Design Workshop Report. This includes:
 - Cataloging the location, dates, meeting time(s), agenda, a description of the stakeholders present (no names), activities conducted, and a 1-5 Likert Scale assessment of how you felt the workshop went and why.
 - Capturing all artifacts and materials produced in the Workshop activities. This output should be captured and digitized in the form of photos, transcribed/copied text, etc. identifying the three big ideas, the definition of done, the 3 rough-draft napkin pitches, other key insights, and areas requiring further research that emerged on the day.
- Clean up the premises (If appropriate).
- Organize the digital artifacts in the archival location.
- 1-page post-Workshop message to stakeholders.** Compose and send a follow-up

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Figure 9.

APPENDIX D—MILESTONE 4: PROTOTYPE ITERATION REPORT

Introduction

This report includes the findings, gridlocks, and methods utilized to explore the two prototypes presented in the prototype iteration plan.

Prototype #1 Summary and Findings

- Description: Identify a set of tools or process, in the form of a survey, that is already in place which measures the wellbeing of an individual.
- Goldilocks Quality Strategy: Provide a survey to a group of specific individuals who have been screened to provide feedback/answer the survey.
- Research Question: What are the key/valued qualities of an ideal assessment tool that help prevent nurse burnout?
- Assessment Benchmarks: Identified tools are identified as engaging, habit-forming, increasing self-awareness, attractive, inspiring, and lifestyle improving. Having gained more profound insight into what the targeted audience sees in the prototype provided will provide me with quality information.
- Prototype participant demographic description: Participant works in healthcare, has experience with burnout, finds content in current work, has worked directly with patients, has been a skilled nurse for over five years.
- Summarize what you learned: [What worked?] The prototype was successful at answering the research question by identifying qualities valued by experienced nurses. [What could be improved?] The primary questions and the rating scale could have used a little more clarification. [What matters to the participants?] Teamwork, gratitude, resilience, and meaning in work were identified as the most important topics to the participants. More importantly, the least essential topics and topics of caution were identified.
- What was your important discovery? The important discovery is seeing what matters and doesn't matter to nurses in this context. Gratitude, teamwork, and resilience being the most important subjects lend to the idea of an application meeting those specific points or the utilization of Prototype 2 because it is directly oriented towards gratitude.

Prototype #2 Summary and Findings

- Description: Provide a written scenario focused on generating a culture of gratitude within the typical nurse workday.
- Goldilocks Quality Strategy: I will provide one scenario for the participant to review and reflect on. Space will be provided for the participant to share within an allotted time.

- Research Question: What aspects of a nurse's day bring a sense of gratitude that can be replicated?
- Assessment Benchmarks: Participant affirms or denies specific aspects of the scenario to bring gratitude, provides positive feedback for other potential sources or forms of gratitude.
- Prototype participant demographic description: Participant works in healthcare, has experience with burnout, finds content in current work, has worked directly with patients, has been a skilled nurse for over five years.
- Summarize what you learned: [What worked?] The prototype achieved addressing the research question by identifying what brings gratitude to a nurse and can be replicated. [What could be improved?] I believe two to three more scenarios may have granted further clarification to the prototype. Having in-person interviews with the participants as outlined in Sprint would have also been an improvement. Covid-19 and the nature of the participant's work made it difficult to achieve individual interaction. [What matters to the participants?] Having a routine follow-up after a traumatic situation and having space to check in on a regular basis are the two things that matter most to the participants in generating a culture of gratitude.
- What was your important discovery? The important discovery was identifying the key scenarios the experienced nurses found most valuable.

Most Viable Prototype

Given the participants' feedback and the data collected from the prototypes, the most viable prototype is Prototype 2. Generating a culture of gratitude goes hand in hand with the results from Prototype 1 and Prototype 2. The findings from both prototypes yielded strong results presenting traction for both prototypes; however, Prototype 2 presented slightly more traction than Prototype 1. The data from both prototypes highlighted gratitude as a core value for nurses. Prototype 1 also identified teamwork and resilience as core values. Prototype 2 primarily focuses on generating a culture of gratitude. Teamwork and resilience have space to flourish within a developed culture of gratitude. My skillset and position as a spiritual care provider uniquely enables me to entertain different scenarios emphasizing gratitude. I am able to influence, present, and implement systemic change models that can impact nurse activity within the hospital I am employed. The management within the hospital I work and other hospitals are

keenly interested in investing and exploring different research oriented towards addressing nurse burnout. Potential limitations I can foresee at this time are related to the Covid-19 pandemic, productivity restrictions, and gaining buy-in/interest from the potential participants. The feedback from Prototype 2 gives a strong indication that the final product will be well received. The nature of Prototype 2 is wide and narrow enough to merit further research and refinement for different cases. The versatility of Prototype 2 makes it suitable for various healthcare settings. Generating a culture of gratitude will promote higher quality care for patients and an overall better environment for the nurses who work in traumatic situations.

MILESTONE 4 APPENDIIX

Recruiting Screener

Screener Worksheet: Prototype 1

Who is your NPO audience?	What exact criteria will you use to identify these people?	What questions will you ask for each criteria to screen participants?
Nurses	Has practice in nursing.	Are you or have you been a nurse?
People familiar with the medical field and practices.	Works within or has experience working in a medical environment.	Do you or have you worked within the medical field?
Healthcare professionals who have encountered burnout in the workplace, particularly nurses.	Has had over one year of experience within the medical field as a nurse.	How long have you worked in the medical field?
Medical professionals who work directly with patients.	Daily work involves direct patient care.	Could you provide a snapshot of your daily workflow?
Seasoned nurses who find content with their work.	Nurses who have been practicing for longer than five years.	What kinds of feelings arise as you think about your workflow (positive/negative)?

Who isn't your NPO audience?	What exact criteria will you use to identify these people?	What questions will you ask for each criteria to screen participants?
Non-medical workers.	Has no practice in nursing.	Are you or have you been a nurse?
People with little to no understanding of the medical field/processes.	Has no experience with the medical field firsthand.	Do you or have you worked within the medical field?
Healthcare professionals who have not encountered burnout in the workplace, particularly nurses.	Has had less than one year of experience within the medical field as a nurse or healthcare professional.	How long have you worked in the medical field?
Medical professionals who don't work directly with patients.	Daily work doesn't involve direct patient care.	Could you provide a snapshot of your daily workflow?
Nurses who are new to nursing and find discontent with their work.	Nurses who have been practicing for less than five years.	What kinds of feelings arise as you think about your workflow (positive/negative)?

Screeners Worksheet: Prototype 2

Who is your NPO audience?	What exact criteria will you use to identify these people?	What questions will you ask for each criteria to screen participants?
Nurses	Has practice in nursing.	Are you or have you been a nurse?
People familiar with the medical field and practices.	Works within or has experience working in a medical environment.	Do you or have you worked within the medical field?
Healthcare professionals who have encountered burnout in the workplace, particularly nurses.	Has had over one year of experience within the medical field as a nurse.	How long have you worked in the medical field?
Medical professionals who work directly with patients.	Daily work involves direct patient care.	Could you provide a snapshot of your daily workflow?
Seasoned nurses who find content with their work.	Nurses who have been practicing for longer than five years.	What kinds of feelings arise as you think about your workflow (positive/negative)?

Who isn't your NPO audience?	What exact criteria will you use to identify these people?	What questions will you ask for each criteria to screen participants?
Non-medical workers.	Has no practice in nursing.	Are you or have you been a nurse?
People with little to no understanding of the medical field/processes.	Has no experience with the medical field firsthand.	Do you or have you worked within the medical field?
Healthcare professionals who have not encountered burnout in the workplace, particularly nurses.	Has had less than one year of experience within the medical field as a nurse or healthcare professional.	How long have you worked in the medical field?
Medical professionals who don't work directly with patients.	Daily work doesn't involve direct patient care.	Could you provide a snapshot of your daily workflow?
Nurses who are new to nursing and find discontent with their work.	Nurses who have been practicing for less than five years.	What kinds of feelings arise as you think about your workflow (positive/negative)?

MILESTONE 4 DOCUMENTATION OF PROTOTYPE

Prototype 1

Summary of findings

Prototype 1: Identifying Tools or Processes: Thank you for your participation; this is an anonymous survey to aid in my research addressing burnout and resiliency. Please return the completed form to **mpanattonil1@georgefox.edu**

✓ = Yes or Affirmative
- = No or Negative
/ = Partially

Preliminary Questions: Management, RN, Management, RN/M, RN

1: What is your title? _____

2: Have you encountered burnout within the workplace personally? ✓, ✓, ✓, ✓, ✓

• If yes, do you feel as though you have recovered from that particular instance of burnout?
✓, ✓, ✓, ✓, /

3: Do you find content in the work you do? ✓✓✓✓

4: How long have you been in this profession (number of years)? 26, 11, 36, 40, 20

5: How long have you worked in the medical field? 27, 11, 40, 40, 24

6: Do you work directly with patients? ✓✓ - - ✓

7: Have you worked as a nurse for over 5 years? ✓✓✓✓✓

Primary Questions:

1: Would you utilize a personal application on a routine basis, which assesses your level of burnout and well-being? ✓, -; ✓, ✓, - = More likely

• Would you utilize the resources the application provides; such as, articles, development material, teachings, and other materials? ✓ - ✓✓✓ = Open to Resources.

2: Do you utilize routine meditation? ✓ - - ✓ - = Less likely

3: Would you be more or less likely to follow through with goals tracked on an application?
✓ - - / ✓ = Almost all are less likely to utilize an APP for Tracking

4: Are you competitive? ✓ / ✓✓✓✓ = Almost all are competitive.

5: Do you enjoy playing games? ✓✓✓✓ = Almost all play games.

1-10 scale: 1 = not important to me; 10 = Extremely important to me. Please rate the following subjects on a scale of 1-10.

- 1: Mindfulness: 10, 8, 9, 10, 5 Comments (optional): "Stay Grounded"
- ★ = 2: Gratitude: 10, 10, 10, 10, 10 = 50 "Thankful for personal life"
- 3: Rest: 8, 10, 10, 8, 10 "Hard for me to rest, cannot afford"
- 4: Sleep: 8, 10, 9, 8, 10 "Don't sleep well"
- ★ = 5: Teamwork: 10, 10, 10, 10, 10 = 50 "Goal driven, make lists for everything!"
- 6: Goals: 10, 9, 8, 7, 7 "Not very good at setting."
- 7: Positive Mindset: 8, 9, 10, 9, 9
- 8: Physical Exercise: 8, 8, 5, 7, 7 Says, Hard on self Type A!"
- 9: Self-Criticism: 10, 5, 7, 8, 1
- + = 10: Meaning in Work: 10, 10, 9, 9, 10 = 48
- 11: Compassion Fatigue: 10, 5, 9, 10 "core value"
- 12: Work-Life-Balance: 10, 7, 7, 8, 5 "I feel like I have it."
- 13: Stress: 10, 5, 8, 8, 10
- 14: Nutrition: 8, 8, 9, 8, 10
- 15: Professional Development: 10, 8, 8, 8, 2 "Need more"
- 16: Time with Family: 10, 10, 9, 10, 7 "Becoming more important."
- 17: Vacation: 7, 10, 5, 6, 2
- + = 18: Resilience: 10, 10, 10, 9, 10 = 49
- 19: Routines: 10, 6, 5, 9, 7
- = 20: Journaling: 8, 2, -, 2, - "Keep handwritten notes in calendar"
- "I don't Journal but understand it can be useful."

Summary

Prototype 2: Generating a culture of gratitude within the typical nurse workday: Thank

you for your participation; this is an anonymous survey to aid in my research addressing burnout and resiliency. Please return the completed form to

mpanattoni11@georgefox.edu

Preliminary Questions:

- 1: What is your title? _____.
- 2: Have you encountered burnout within the workplace personally? _____.
- If yes, do you feel as though you have recovered from that particular instance of burnout? _____.
- 3: Do you find content in the work you do? _____.
- 4: How long have you been in this profession (number of years)? _____.
- 5: How long have you worked in the medical field? _____.
- 6: Do you work directly with patients? _____.
- 7: Have you worked as a nurse for over 5 years? _____.

Primary Questions: Please read the scenario and rate on the following scale. Optional space is provided for additional comments. 1-10 scale: 1= I strongly disagree; 10 = I strongly agree.

1: The daily/weekly meeting has just started. During the first ten minutes, the leadership provides space for people to share something they are grateful for and to recognize someone/something that was exceptionally positive. This time brings me joy and peace, making the rest of my day go just a little bit smoother.

Rating: ____ 8

"Already implements something similar see P."

Comments:

10 - "would make people feel noticed & appreciated."
8 - "see comment, concerned about productivity."

9,

10, -

45

Same as P1

+ 7

2: I show up to work and find an encouragement card in my mailbox. The leadership produces these every two weeks. I know they are coming, and they are commonplace. Knowing the company I work for cares about the employees gives me joy as I go about my workday.

Rating: 5,
"concerned if genuine"

Comments:

- 10, - "Wish it were true"
2, - "see comment, concerned about it being genuine"
8, - "seems habit instead of acknowledgment"
9, -

34

3: I finish up my work so I can be at the meeting place, where we gather every three months to recognize all of the people who we have served and the sacrifices we have made. I am looking forward to this because we gather as a community, and it shows this lifestyle is more than a job.

Rating: 8,

Comments: "Love community involvement."

- 10, - "It would be nice to get together after work 3 have fun!!"
2, - "I feel this should be an obligation, it would take away personal time."

8,

5, - "Only if during business hours, when I am off work I want to be with family!"

33

4. After every patient dies or a traumatic situation occurs, where I have been present, I receive an invitation to debrief with the management, social worker, or spiritual care provider. I don't often utilize this service, but such a service gives me a sense of comfort and gratitude.

Rating: 10,
"very important to have available"

Comments:

- 10, - "It's necessary to have it available"
9, - "I would feel good knowing this is an option"

8,

10, - "It's nice to be acknowledged that the job is traumatic."

47

5. My work provides imagery which symbolize the work we do individually and as a team.

I am inspired and comforted from such images and symbols. Rating: 8

Comments: "I like this idea."

- 5, - "see comment, emphasis on team work!"
8, - "identifies current symbols."
6, - "not a lot of experience in this."

7,

34

MILESTONE 4 OBSERVATION NOTES

Measuring the results from Prototype 1*1-10 Importance Results*

Overall Rating Based on 5 Participants	Amount	Subjects
50	2	Teamwork, Gratitude
49	1	Resilience
48	1	Meaning in work
46	2	Rest, Time with Family
45	2	Sleep, Positive Mindset
43	1	Nutrition
42	1	Mindfulness
41	2	Goals, Stress
37	1	Routines
36	1	Professional Development
34	1	Compassion Fatigue
32	1	Work-life Balance
31	1	Self-Criticism
30	1	Vacation
28	1	Physical Exercise
12	1	Journaling

Utilization of Application for Tracking Wellness Results:

Score Based on 5 Participants	Amount	Subject
High	3	Open to resources provided by an application; Identifies as competitive; Enjoys games.
Medium	1	Willingness to use an application to assess wellness.
Low	2	Utilize Meditation; More likely to track using an application.

Generating a Culture of Gratitude: Prototype 2

Overall Rating Based on 5 Participants	Amount	Scenario
47	1	Follow-up with M/SW/CH
45	1	Space for check-in/gratitude
34	2	Consistent Card, Symbolism
33	1	Gathering for remembrance

Notes

Due to the Covid-19 pandemic, I was forced to change my testing scenario (for Prototype 2) from one to five and present it in a survey format. The changes proved helpful because they created space for further feedback and painted a picture of what ideas have more traction. The comments from the participants in Prototype 2 were more nuanced than the comments in Prototype 1. Prototype 2 also showcased one of the top-scoring subjects from Prototype 1; therefore, this may account for the increased feedback from the participants.

APPENDIX E—SUPPLEMENTAL PROJECT DOCUMENTATION

PROJECT APPENDIX 1: WEEKLY REFLECTIONS

Week 1

1. Obtain 500 listeners in the first year, as indicated by the successful tracking of followers and feedback, via maintaining and leveraging different platforms (podcast analytics, Twitter, Instagram, Blog).
2. Gain understanding of the nuances for producing a quality podcast.
3. Document and understand the different analytic methods.
4. Obtain the necessary materials/tools for producing a podcast.

Understanding Platforms for Hosting Podcast and Blog Content

- Squarespace - blog/website
 - <https://www.squarespace.com> is a quality website builder and manager designed to provide tools and support to content creators or anyone who has the need to maintain a working website.
 - Features include customization of a personal website, including a two-week trial for basic construction, learning to use the service, and includes the option to hire one of the Squarespace experts.
 - The Squarespace tool is available for \$12/month with additional fees depending on needs.

- Squarespace is easy to use, even for a beginner such as myself.
- Pricing is difficult to justify since I will not be making any money doing this podcast or writing this blog.
 - However, if the Project is adopted by contributors (Patreon may need to be something to consider for such funding), the use of Squarespace may be a viable option.
 - https://www.patreon.com/?utm_source=google&utm_medium=cpc&utm_campaign=Rain_Google_Search_Brand_TopLevel_Alpha&gclid=Cj0KCQiAy4eNBhCaARIsAFDvtl3GF1x-A5loe3eXRXZSujqTP4BmzciMZWOUrDEWL9hmSU6zPrpo8doaAuSQEALw_wcB&gclsrc=aw.ds
- Other Website Options for Hosting Content
 - Bluehost.com, Wix.com, Networksolutions, etc., all have good plans of service similar to Squarespace, though reviews all suggest that Squarespace is among the easier to use.
 - WordPress is a free option to host and reference blog/podcast content. WordPress allows for easy analytics to be viewed. Limitations include customization, external support, and simplicity. Considering the cost, WordPress is a viable option.
 - Google also has free tools for both blogging and podcast built directly into the Chrome web browser.
 - Blogger by Google is a simple format with step-by-step instructions. The Blogger application is free to use with similar downsides to WordPress.

Week 2

What is the point of investing in a website?

About: A website can describe and flesh out the content being produced by filling in the cracks that are not fillable from a simple podcast or blog. A website works as a plate to facilitate the coming and going of different content and works as a place to showcase the content creator.

Episodes: A good website showcases and provides access to all the episodes. Many websites include creator notes, comprehensive background information on each episode, and important references.

Blog: In addition to the episodes available on a good website, the website will often include access to a working blog as well. The blog would showcase the same content presented in the podcast but with more depth.

Contact: Perhaps the most critical part of maintaining a good website is the contact and tracking features. A good website will have options to contact the content creator. In turn, the content creator will have access to information trackable through the website tools. The tracking information may include how many people have visited the website, read the blog, commented, listened to the podcast, subscribed, and much more.

Meeting with Project Faculty

- Meeting with project faculty and cohort members went well. Project faculty provided quality feedback and shed more light on the writing process throughout the semester. Project faculty described the process and answered questions. Cohort members have shared their project ideas and progress thus far. I shared my thoughts on creating a podcast as a tool for combating nurse burnout.

- Notes from meeting:
 - Suggestions: Mind Body Spirit Expo, look up participants for feedback.
 - Feedback included positive reactions from randomized individuals visiting the exposition.
 - Make a questionnaire.
 - Ask for help.
 - Fred Grewe - Chaplain
 - Angela Plowhead - Linked-in
 - Bill Burrough - Dean of student services
 - Edit benchmarks asap.
- After the meeting, I attended the Mind Body Spirit Expo, which took up 10 hours of my day. Eight hours was spent traveling to and from the expo, and two hours was spent at the expo.

Week 3

Tools needed for creating a podcast

Podcast Host: <https://anchor.fm>, <https://simplecast.com>

The tools needed for creating a basic podcast are simple. Realistically, the free application, Anchor, and a recording device (like a phone) are all that is needed to create the most basic podcast. Anchor is a free podcast platform designed to develop and maintain a podcast for beginners or professionals. Anchor provides all the essential tools needed to create a podcast. Anchor can store and distribute recorded podcast content to all podcast listening

platforms. Anchor also connects directly with WordPress, a blogging platform. This feature is ideal for starting a podcast from scratch.

While Anchor is an excellent place to start a podcast, it does have drawbacks. Anchor is not as customizable and has limited tracking features and support compared to other podcast hosts, such as Simplecast. Simplecast has in-depth podcast construction features and comprehensive tools for tracking and support; however, Simplecast charges a monthly fee.

Podcast Recording: <https://zoom.us>

The software and host Anchor can record content, though it is limited. The solution for such limitations I have found is Zoom. Zoom can host and record one-on-one conversations for over an hour and for free. Given the current Covid-19 limitations, I will be using Zoom as a primary method for recording content. Having this as an option to generate the content needed for this podcast allows for me to speak with people that I would otherwise be unable to meet in person. Zoom has the option of recording and storing content locally or within a cloud-based service, creating a convenient place to host quality conversations.

Discord is also another quality recording tool for meetings and conversations.

GarageBand is another recording software that is free on all Mac devices. It can create, record, and edit conversations and has extensive tools for further refinement. GarageBand may be used to produce the intro tune and outro tune for the podcast if themes are not available by other methods. I have taken the time to develop some original sounds for such purposes, though I am new to the development of such music. I hope to continue to refine this feature in the near future or to have someone who is more experienced than I to produce such music or tunes.

<https://youtu.be/apnOym7bLpM> <https://youtu.be/mC92kIOfdpw>

Hardware

I will utilize my iPhone 12, MacBook Air, Tonor microphone, and basic earbuds to record and capture the podcast content. Optimally, it would be best to sit face-to-face with someone where we both have high-quality microphones. Given the budget for this podcast and its early stages, it is appropriate to go for the most affordable route, which I have done. I have only purchased my microphone for this podcast, which cost \$26.99 on Amazon. The quality of the microphone was compared to higher quality microphones by various YouTuber creators <https://youtu.be/Tuiar7PxWgo> <https://youtu.be/O-Py-IDJydY>

Blog Host

Wordpress.com, Medium.com, and Blogger are all potential places to post content about the blog. Links on the hosting website would direct viewers to these blogs and vice versa. The point of having a blog or written format available to viewers and followers is to provide further resources, awareness, and opportunities to expand the conversation. Expanding the conversation to the broader audience aligns with this podcast's values and spirit. It brings more attention and tools to the table for nurses seeking help and addressing or preventing burnout in their own context. WordPress and Anchor can be linked, thus providing a quality interface for both tracking, via analytic tools.

Conveniently, the Ulysses writing application can directly post to WordPress and Medium, streamlining the blogging aspect of this process. The downside to using Ulysses is the monthly subscription fee. The benefit of using WordPress and Medium is that I can create links to those specific posts and place those links on other social media domains (Twitter, Instagram, Facebook, and so on).

Week 4

General Notes: Research and Reflection

- Find a medium to manage the podcast.
 - Create the podcast
- Recording software (GarageBand, Anchor, Zoom, Simplecast)
 - Host for the MP3s
- Personal website host (Kinsta, Bluehost, Squarespace)
 - Personal domain name.
- Buzzsprout, RSS feed
- Booking speakers <https://acuityscheduling.com/> Basic Price: \$14/Month.

Recording software for distance conversations (Zoom, Discord)

https://iris.fm/?utm_source=podcastinsights&utm_medium=blog&utm_campaign=reflink)

Planning

- Publishing app. (Ulysses, Microsoft Word)
 - WordPress, Medium, Blogger
- Squarespace
- Simplecast, Anchor, GarageBand

Choosing a topic & name

- Name: Reduce Nurse Burnout: Rural Nurses, Healthcare, Home Health, Hospice
- Topic: Burnout in healthcare and gratitude. Revised: Address burnout providing tools and conversations for home health and hospice nurses in a rural context.
- Show and episode format

- Audio format
- Cover art creation: Cover art displayed on Anchor. Cover art is an original photograph I produced by taking a picture of a golden retriever. This was inspired by one of the nurses I spoke to during the research and development process. The nurse stated, “Petting a golden retriever before work every day would be a great way to start the day.”
- Intro & outro music: produced by GarageBand application.
- Equipment selection: MacBook Air, iPhone 12, Tonor USB microphone.
- Audio recording & editing
 - Zoom Conference Online Tool
 - Anchor podcast creator
 - GarageBand Audio Editor
 - All three software tools are free.
- Submission to Apple Podcasts (iTunes): This can be bypassed by utilizing a podcast creator, such as Anchor or Simplecast.
- Promotion: Provide links to the podcast and blog on three or more social media platforms.

Week 5

Starting a show with Simplecast

- Simplecast pricing is \$15/month (Will utilize the Simplecast model to flesh out the podcast for Anchor Podcast)
- Anchor Podcast will host podcast content for free until a certain viewer threshold is obtained.

Name: Reduce Nurse Burnout: Rural Nurses, Healthcare, Home Health, Hospice

Description: A podcast created to target burnout for healthcare professionals, specifically nurses who work in rural home health and hospice. Deep conversations addressing many nuances related to burnout and its reduction. Tips, suggestions, and discussions showcasing gratitude as a viable means for combatting burnout.

Week 6

Step by step considerations when building the podcast

Image/cover art

- 99designs.com, very expensive, produced my own cover art but may consider in the future if developed further.
- Will create cover art for free with an iPhone camera

Format: Episodic/with seasons: I plan to produce a minimum of 10 episodes.

Time zone: PST

Language: English

Contains: Explicit content: may contain cussing; I cannot predict the language people may use when interviewed.

Website: Podcast creator and distributor - Squarespace/Anchor

Week 7

Title: Reduce Nurse Burnout Podcast: Basic outline for interviewing guests.

- Introduction:
 - Hello this is the Reduce Nurse Burnout Podcast. I am Mathew Panattoni and today I have with me _____ as my special guest. I invited this

guest specifically because _____. I hope you and enjoy the podcast and glean inspiration or insight.

- Intro music.
- Hello and welcome to the show _____, it is a pleasure to have you here on the podcast.
- Questions:
 - How did you get into the field you are currently in?
 - What inspired you to such a role?
 - What have been some of the challenges you've faced as a _____?
 - What keeps you motivated?
 - What are some things our listeners can take away from your experience as a _____? Are there any specific tools/methods you might suggest?
 - What does burnout mean to you?
 - Have you ever been burnt out?
 - If so, what are some ways you found healing?
 - What are three things you are grateful for in your day to day?
- Could you dive deeper into _____, _____, _____?
- Thank you for your time today and for all you do. I look forward to talking with you more in the future.
- Outro.

Week 8

Questionnaire: For Nurses in the context this podcast is being produced.

1. On a scale of one to ten, how helpful would a podcast discussing nurse burnout be to the work you do?
2. On a scale of one to ten, how meaningful would a podcast focused on addressing burnout be to you?
3. On a scale of one to ten, how transformative would such a podcast have on your life?
4. On a scale of one to ten, if the podcast was meaningful and transformative to you, how often would you listen?

Week 9

Guest List:

- 1) Robert Sikes: Natural competition bodybuilder, entrepreneur, podcaster, YouTuber. January 5, 2022, Via Zoom. Robert Sykes was selected as a special guest to speak on burnout because he is an entrepreneur, professional natural competition bodybuilder, fitness trainer, coach, and much more. Robert Sykes understands how to motivate himself and others through discipline, hard work, consistency, creativity, and the use of facts.
- 2) Dwight Watson: Medical Social Worker. To be announced. Dwight Watson was selected to speak because he is a seasoned medical social worker who has worked with nurses and patients within several medical settings, including home health and hospice. Dwight Watson has extensive knowledge, experience, and expertise on the topic of self-care and burnout.

- 3) Dr. Martin: Medical Director. To be announced. Medical Director was selected because of his role as a physician and chief medical officer for a local rural healthcare hospital. Medical Director is also the director for home health and hospice. Medical Director collaborates with patients, nurses, and other care team members daily. Medical Director has extensive knowledge of what may cause a nurse to burn out within the rural healthcare setting.
- 4) ~~Clinical Manager: Nurse. To be announced. Clinical Manager was selected to speak because she has been a nurse for well over a decade. Clinical Manager has worked as a clinical manager, directing and leading nurses who are in the field with patients on a daily basis. Clinical Manager has worked as a home health and a hospice nurse. Clinical Manager knows precisely what hurdles a nurse will experience while working as a rural home health and hospice clinician.~~ Was unable to participate/backed out due to unforeseen circumstances.
- 5) ~~SN: Home health and Hospice nurse. To be announced. SN is currently a home health and hospice skilled nurse. SN manages multiple patient cases on any given day. He is known for being an excellent and knowledgeable nurse. SN understands how to push through the more complex cases while maintaining a quality home life.~~ Was unable to participate/backed out due to unforeseen circumstances.

Replacement 1: Retired Nurse and former chaplain. Retired nurse and former chaplain shares in life challenges as a nurse and navigating all the different changes that may come from following your heart. Given all of this person's experience, the audience will be able to relate directly with the many challenges outlined by the guest speaker.

Replacement 2: Skilled nurse who is currently working through burnout. The guest speaker shares in life experiences as a clinical manager and as a hands-on nurse. The speaker identifies the various challenges with being a skilled nurse, as well as the challenges with being burnt-out.

Week 10

Define the type of audience the podcast is directed toward

Reduce Nurse Burnout is designed to address burnout for nurses who are working in home health and hospice here in rural Kittitas County. The podcast content includes resources, tools, and conversations directed at addressing burnout while showcasing the MVP from the previous semester. Gratitude and teamwork were highlighted in the last semester, so gratitude and teamwork will be appropriate topics to touch base on and even showcase.

Episode topics and outlines:

- Episode 1:** Interview with Robert Sikes: How to live a busy life and not become burnt out.
- Episode 2:** Interview with medical social worker: What does it look like to work in a home health and hospice setting from a non-nurse status?
- Episode 3:** Interview with medical doctor: Burnout from a medical doctor's perspective.
- Episode 4:** Interview with Skilled Nurse: Burnout from a retired nurse's perspective.

- Episode 5:** Interview with Skilled Nurse: Being a skilled nurse during the Covid-19 pandemic.
- Episode 6:** Solo podcast: Six tools for combating burnout.
- Episode 7:** Solo podcast: Seven book recommendations for building resilience.
- Episode 8:** Solo podcast: Three vital behaviors everyone should practice.
- Episode 9:** Solo podcast: Nine considerations to promote better teamwork.
- Episode 10:** Solo podcast: Gratitude in the joy and in the sorrow.

Conclusive Notes

I will be utilizing the most affordable method for producing a beginner-level podcast. In summary, I will use WordPress and Anchor as my primary hosting and posting locations until a viable website option is available. Utilizing Squarespace during their two-week trial period expanded my understanding of what a hosting website might include. For now, using the joint WordPress and Anchor method meets most of those criteria at zero cost.

Subsequent links per blog and podcast posting will be shared across three social media platforms: Twitter, Instagram, and Facebook. These links will also be made available via work email at my local hospital organization, among the announcements.

Week 11

Generated an initial podcast page using Anchor. Selected final art for the podcast page, displayed the podcast name, selected transition music, produced an introduction clip, and fleshed out the podcast information for the page. **10** hours.

The screenshot shows the Anchor.fm website for the 'Reduce Nurse Burnout Podcast' by Mathew Panattoni. The browser address bar shows 'anchor.fm/mathew-panattoni6'. The website has a dark purple header with the Anchor logo and navigation links: Dashboard, Episodes, Money, New Episode, and Settings. The main content area features a large image of a bouquet of colorful roses with the text 'Reduce Nurse Burnout Podcast' overlaid. Below the image is a 'Play trailer' button. To the right of the image, the podcast title 'Reduce Nurse Burnout Podcast' is displayed, followed by 'By Mathew Panattoni'. A description follows: 'A podcast created to target burnout for healthcare professionals, specifically nurses who work in rural home health and hospice. Deep conversations addressing many nuances related to burnout and the reduction of. Tips, suggestions, and discussions showcasing gratitude as a viable means'. Below the description are two buttons: 'Listen on Spotify' and 'Message'. At the bottom, there is a 'WHERE TO LISTEN' section with icons for Apple Podcasts, Spotify, and RSS.

anchor.fm/mathew-panattoni6

Apps Dashboard Burnout from emo... How To Start A Po... Washington Form... Find Forms How To Make a W... Anchor - The easi... DMIN/DLGP951 Pr... Reading List

Anchor by Spotify

Dashboard Episodes Money New Episode Settings

Reduce Nurse Burnout Podcast

By Mathew Panattoni

A podcast created to target burnout for healthcare professionals, specifically nurses who work in rural home health and hospice. Deep conversations addressing many nuances related to burnout and the reduction of. Tips, suggestions, and discussions showcasing gratitude as a viable means

Listen on Spotify Message

Play trailer

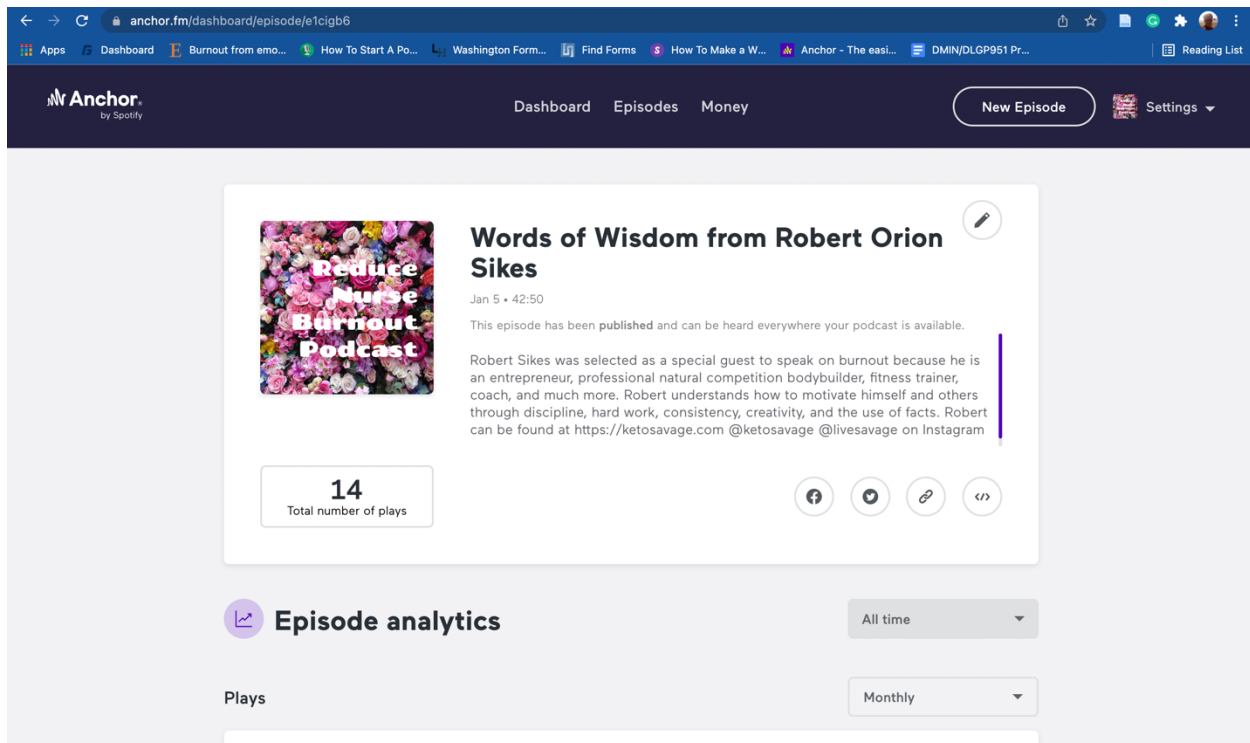
WHERE TO LISTEN

Apple Podcasts Spotify RSS

<https://anchor.fm/mathew-panattoni6>

Week 12

Generated the first podcast episode. Prepared materials, digital files, hardware tools for recording, and interviewed my first guest for the show. Downloaded and edited the first episode, added the proper transition music, and posted the first episode on the Anchor page. **10 hours.**



<https://anchor.fm/mathew-panattoni6/episodes/Words-of-Wisdom-from-Robert-Orion-Sikes-e1cigb6>

Week 13

Developed the RSS feed and began the process of linking the recorded podcast with larger distribution sites such as, Apple Podcasts, Spotify, Google Podcasts, Stitcher, Overcast, Breaker, Castbox, Pocket Casts, and RadioPublic. Reviewed some of the analytic tools available with the Anchor page and with Apple Podcasts. **10 hours**



Podcast Availability



Spotify

<https://open.spotify.com/show/75JwArAlOw7xDXJhFY5we>



Anchor

<https://anchor.fm/mathew-panattoni6>

RSS Distribution

RSS Feed

<https://anchor.fm/s/76e59644/podcast/rss>

Copy

Redirect URL

<https://newhost.com/feed>

Redirect

What does my RSS feed do?

Your RSS feed allows your podcast to appear in other podcast apps, in some cases automatically. This feed is public and contains your email address. [Learn more](#)

How do I distribute my podcast elsewhere?

Use your RSS feed to submit your podcast to other platforms. Specific instructions are available in the dropdowns below for each platform.

Chat

PROJECT APPENDIX 2: EXAMPLE OF WEEKLY RESEARCH

Is Gratitude a Solution?

Aged care professionals need to be aware of the adverse effects of using some ER strategies to regulate others' emotions at work on their own well-being. Modifying others' emotional expressions can lead to feeling exhausted and depersonalization towards clients, which may impair the quality of person-centered care. Practicing the experience of gratitude can help aged care professionals to broaden and build more personal resources to change the adverse effects and even bolster the positive effects of regulating emotions at work. Clients who express gratitude help to build a grateful culture in care relationships to enhance aged care professionals' resources and well-being (Lee, Bradburn, Johnson, Lin & Chang, 2018), consequently benefiting clients' own emotions and well-being.⁴⁴

The above reference is presented near the end of “Burnout from Emotion Regulation at Work: The Moderating Role of Gratitude,” after presenting evidence supporting the claims of gratitude being a potential solution to burnout. The article identifies depersonalization towards clients, emotional exhaustion, suppression, and more. In addition to taking a deep look at the effects of gratitude and the negative symptoms of burnout, the article suggests gratitude can and does lower the amount of depersonalization, emotional exhaustion, and suppression a worker may accumulate, thus having a direct influence on the service provided to the client and ultimately shaping the organization as a whole.

What does it mean to engage in these different emotional responses? Suppression suggests that one may take all the trauma and tensions from a given day, in this case within healthcare, and suppress it. How long can a person suppress the weight of emotional trauma until

⁴⁴ Bichen Guan and Jepsen Denise. “Burnout from Emotion Regulation at Work: The Moderating Role of Gratitude,” *Personality and Individual Differences* 156 (April 1, 2020): 109703, <https://doi.org/10.1016/j.paid.2019.109703>.

negative symptoms occur? What are some of the symptoms? From a speculative stance, one may suspect the usual suspects will rear their ugly heads. Sickness, exhaustion, general fatigue, a cloud of indifference. These all settle in and soon the healthcare worker is looking for a different job or their scores diminish. Simple symptoms become apparent to the organization such as the healthcare worker's charting becomes sloppy, patient care becomes rushed or dissolves to less than optimal care, and medication or wound care may become poorly managed by the worker.

The healthcare worker may begin to feel the side effects of suppression and attempt to self-medicate through the use of drugs, habits, or escapism. Spirituality, relationships, along with physical and emotional health, may decline. Alternatively, a healthcare worker may self-medicate in a healthy way. The act of suppression goes hand in hand with denial; therefore, the healthcare worker must find a way to face the daily tension.

To have gratitude, one must face the truth of reality. The act of acceptance flies in the face of suppression. One must find a way to sit in the tension of reality to move forward to find any sense of acceptance. A period of sadness or liminality may take place before someone can utilize the power of gratitude to thrive. David Kessler once said, "Isolation is an island we all visit, but is not a place we want to live."

Grief is a topic that will come up routinely in this podcast. Suppression can manifest itself through grief in various ways. Grief itself can occur easily and within many contexts. A nurses' grief may be a constant companion, and suppression may be a tool frequently utilized to cope with the grief they experience on such a routine basis. Grief can come back in wild and powerful surges, though, overtaking the suppression mechanisms. What a nurse or any human does at that point to deal with the wave of grief can determine the direction that person will go.

The wave of grief may increase the chances of burnout, especially if experienced on a frequent basis, and if not treated appropriately. `

What are some solutions to combat suppression, specifically for nurses?

See (Heal Thy Nurse)

Bibliography

Guan, Bichen, and Denise M. Jepsen. "Burnout from Emotion Regulation at Work: The Moderating Role of Gratitude," *Personality and Individual Differences* 156 (April 1, 2020): 109703. <https://doi.org/10.1016/j.paid.2019.109703>.

PROJECT APPENDIX 3: PODCAST PRODUCTION RESOURCE

Further YouTube videos with tips for producing a podcast: <https://youtu.be/HUwhPlsxpqI>

PROJECT APPENDIX 4: TRANSCRIPTS

Transcript Interview with Robert Sikes, Bodybuilder and Entrepreneur

Mathew: All right. We're recording. I'm Matthew Panattoni and this is the Reduce Nurse Burnout Podcast and I have with me today, my first guest, Robert Sikes.

Robert: Hey man, I appreciate you having me. I'm excited to be the first.

Mathew: Yeah, it's exciting. Would you mind kind of giving me an idea of what you do overall or give my guests an idea of what you do overall. I know that you do quite a bit. So yeah.

Robert: Yeah. So I guess I'm most known in the intraweb space for ketogenic body building. I've been doing a ketogenic diet for about seven years. I've been a natural bodybuilder for about, I don't know, 12 or 14 years now, the last 7 of which have all been following a strict ketogenic diet. So I talk quite a bit about health, nutrition, fitness, things of that nature. I've got a podcast as well, a YouTube channel put out a bunch of content around the ketogenic diet. And in doing the ketogenic, my wife and I developed a product called the Keto Brick, which is a thousand calorie ketogenic meal replacement bar. So we also produce all of those in-house with our team and we ship those all over the world. So that's pretty much what keeps us busy.

Mathew: Yeah. That's incredible. So what got you really into the whole body building? I imagine certain doors just kind of opened as you went down that path.

Robert: Yeah. So I was super, I lean, I was 115 pounds when I started working out and I was pretty scrawny. I was just a skinny little kid in high school and my uncle was always the more athletic, sports driven person in the family. So I kind of wanted to emulate that. He took me under his wing and taught me how to do a bicep curl and then I just never looked back. I got pretty much addicted to the act of weight training, resistance training, how to dial in nutrition. How to kind of manipulate different factors to make your body respond a certain way and I just dove really deep into it.

I did a lot of traditional body building techniques and protocols from a nutritional standpoint in the beginning, eating six, seven meals a day, lots of high protein, high carbohydrate, low fat meals, and that worked in the sense that I was able to build muscle and get lean. But it kind of led to a burnout from a psychological standpoint and I just didn't find it to be healthy and sustainable long-term. So I kind of stumbled upon the ketogenic diet by accident back in 2015, I guess, and have been doing keto ever since.

Mathew: And how much do you weigh now, in terms of muscle mass, in comparison to then? Is there a substantial difference? I know just for a lot of people, there's this question of whether or not you can build muscle doing the keto diet, just kind of a sidetrack.

Robert: Yeah. No. So I was 115 when I started and then I bulked up to 230, eating just a ton of calories, lots of carbohydrates and then my first show, I cut down to 150 and I did that in 12 weeks. So I went from 230 to 150 in 12 weeks and it was not healthy at all, that kind of led to a bunch of disordered eating habits. And then now I don't get near as heavy in the off season and I'm able to just kind of stay much closer to competition weight. So I typically compete at about 156, 160 now, and then in my off season, like I am right now, I'll go up to about 175 pounds, 180 pounds and that's pretty much the range that I stay within.

Mathew: Nice. I've listened to quite a bit of your podcast and you are a professional Pro Card or is that the term?

Robert: Yeah. So in 2017, I competed in a GBO show, got my Pro Card there and then I competed in an INBF competition as well and I got second in that one. But I got the Pro Card at the GBO show in a classic physique division. So I do classic physique and open body building.

Mathew: So what does a Pro Card mean, for my listeners who don't have any idea what that means?

Robert: Yeah. In the context of natural body building, it honestly doesn't mean much, because I mean, if you... People that are not familiar with the sport of body building, they see the magazine covers, they see these massive 300 pound freaks walking around. There's a lot of money in that sport, for instance, if you win the Mr. Olympia title, which is the highest held title in body building and the winner there gets, I think a quarter of a million dollars for that one title. But in natural body building, it's just not nearly as popular.

I mean, natural body builders do not need any performance enhancing drugs. You can't get to that degree of size and people pay to see the freaks, so to speak. So natural body building isn't nearly as profitable. When you get your Pro Card with the Natural Federation, you basically get to compete against other professionals that are higher caliber athletes. So there's a little bit more credibility in your titles, so to speak, because you're generally competing against really high qualified individuals. But even the biggest natural competition, you may be getting a few \$1,000, but nothing significant.

Mathew: So I have not ever competed to be a body builder, but I worked out and I'm sure a lot of my listeners have worked out and all that. I'm curious what some of the nuanced challenges were for you, as you march down that path of body building and becoming an entrepreneur and a YouTuber, and all those different things that

you, those different spaces you hold now. What were some of the greater challenges for you? And not really a lot of us know what some of the challenges are to body building, how much of a mental discipline is needed for that.

Robert: Yeah. So all of my successes, whether it be in body building, or business, or content creation, it's all just stemmed from being consistent with it. So with body building you have to commit to training on a very consistent basis, I train pretty much daily. You have to be very consistent with your nutrition, tracking macros on a regular basis, making sure everything's down in that regard. From a business standpoint, being very consistent with putting out more value than you're taking. And from a content creation standpoint, YouTube specifically, we've got over a thousand videos on our YouTube channel and it's a daily grind creating content around that and the podcast as well. I've got 430 podcast episodes now and committing to doing something, even in days and times where you don't really feel like it, is the nature of the beast there.

So that is in itself, the obstacle. So many people have this idea of what they want to be. People always want to be YouTubers, a famous YouTuber, but you look at any top YouTube account, they mostly have just hours and hours and hours upon videos, editing, content creation that nobody really seen, it's all behind the scenes. So really being consistent with your craft day in and day out, regardless of what that craft is, is going to be the biggest obstacle, and that holds true with whatever the industry is. And especially with the past two years, all craziness of the pandemic and politics and everything. A lot of people have just pushed the pause button on life, hoping for things to turn back to normal, but the world owes you nothing and life isn't fair. So you got to just kind of buckle down and get through all the hardships, and treat your time with respect and use it wisely, because you're never guaranteed tomorrow.

Mathew: I've watched two of your manifesto videos on YouTube and would you mind breaking that down a little bit for me? Because I know that in a nursing context, these are for my nurses in particular who are out in rural country area. You're familiar with Central Washington and we got nurses who are just kind of on their own, going out, seeing patients in the middle of the night or during the day, but it's just them. So they're creating consistency for their patients and all that, and I figured your manifesto concept might be something interesting for them as well.

Robert: Yeah. So my manifesto is, everybody makes resolutions, New Year's resolutions and I've never really had much weight in that, because everybody has goals with all the things that we want in life. But unless there's any action that is backing those desires, there's not really going to be any change. So for me, rather than making a resolution every year, I make a manifesto and that manifesto basically, it creates a theme around the year.

So last year, 2021, my manifesto was 365 Savage, do more. So I picked five different things that I did every single day without fail, working out, running a

mile every single day, reading a book, never hitting the snooze button and saying something kind to everybody that I come in contact with, or at least one person throughout the day. And that had a transformative effect on my life. For 2022, the manifesto is faith over fear. Which for me basically says, you got to have faith that it's all going to work out. When you put your best foot forward and you do everything you can, you've given it all you've got, there's no point in having fear.

Robert: You do everything you can, you've given it all you've got. There's no point in having fear of the unknown, so just simply having faith that it will be okay. And if you've done the best that you can do, there's no reason to let anxiety build and destroy you and cause you to be less productive than you could potentially be.

Mathew: I like that. Do you feel like that's been a key underlying thing that you've always had, or do you feel like this is a new thing?

Robert: No, I've definitely had that, but it's new in the sense that I'm proactively making it more so in the forefront of my mind, rather than it just being ingrained into the person I am at the core. Really looking at it through the lens of, "I want every decision I make throughout the day every day, to manifest this concept of having faith over fear." And I think by making it more so the front of my mind, it's only going to pay dividends in a positive way.

Mathew: And would you say that faith resides in faith that things are going to work the way you want them to work based on the discipline you've maintained throughout your daily process, your daily routines, your habits and all that?

Robert: Yeah. I feel if you've got the right momentum built up... You have to manifest your actions for sure. I mean, people can want something all day long and they can have goals all day long, but unless they're working tirelessly towards those, and generating momentum in that direction, it's just never going to happen. So every day I try and work in some form or fashion in a way that is conducive to the direction I want my life trajectory to follow. And that's true with regard to my health, my fitness, my business, my relationships, my wife, my employees. I try to live a life that is symbiotic in nature, so that everything benefits the whole as opposed to anything distracting from something else.

Mathew: That makes sense. You got a lot going on this year. I mean, how do you feel that's all going to pan out given that manifesto? What's your vision?

Robert: Good question, man. I think I'm just going to have to have faith that it's going to all work out. I mean, we got a baby on the way. I've never had a baby before, so I don't know what to expect in that regard. There's no playbook for being a father, so I'm just going to have to hope that I'm doing it the right way. I feel confident in my ability to be a good person, and I feel if I do the right thing... I mean, there's always a shade of gray with decisions, not everything's black and white, but I think at the end of the day, most people have an underlying general sense of

right and wrong, and I feel if every decision that I make throughout the day I feel good about, it maintains my integrity and is in line with my moral code of ethics, then that's the best I can do.

Mathew: That's awesome. I feel like a lot of the nurse listeners out there are doing things of that nature. You don't go into a career like being a nurse, without having some kind of strong, moral compass instilled and guiding your actions. At least you hope, right?

Robert: Totally. I got a lot of respect for all them. Anybody on the frontline, the nurses, the firefighters, the police officers. I mean, anybody that's out there doing the work that a lot of people aren't willing and wanting to do, so that the general population can have all the creature comforts of our modern-day era. I mean, I've gotten nothing but respect for y'all.

Mathew: Excellent. I've asked kind of broad questions. Just in terms of a more particular question, what are some really specific things you do on a daily basis, that are your... they just have to be, it's just got to happen kind of thing, or is there anything like that?

Robert: I guess you can rephrase this almost, in a sense of routines that I'm really rigid in, and I like having routines. I don't like being so spontaneous with my day that I feel like I'm not accomplishing things. I'm a pretty type A personality when it comes to that. So for me, I like waking up early. I like having 30 minutes or so to be able to read and just set the tone for the day. And then I work for several hours in the morning on the computer doing creative writing work, or responding to clients and emails and stuff like that, in a way that's just... I like doing things before anybody else wakes up so I can get ahead of the curve. As opposed to being reactive, I can be proactive.

But here lately, man, I think one of the biggest things that I've really incorporated into my life, is just not ever watching TV, not ever watching the news, and just returning to more of a natural state. I like seeing the sun come up. I like watching the sun go down. I like having a fire in the fireplace and watching the fire, as opposed to watching the negativity that just pours out of any major network TV news station. I feel like simply doing those simple primitive things has significantly improved my overall productivity and just mood.

Mathew: That's fantastic. I have not met one person who doesn't like to sit in front of a nice fire and just listen to a crack and everything.

Robert: Therapeutic.

Mathew: Heck, yeah. I've noticed that for me, one of my routines that I'm getting more and more into, is stretching while at the gym as well. Because for a long time I've

been all about just lifting the weights, and taking that time to be a little mindful and stretch has been a big change for me.

Robert: No, I think stretching is great, man. I'm honestly terrible at it. I don't do it as much as I should.

Mathew: I can understand that.

Robert: But having that dedicated stretch time is good from a physical standpoint, but also just from a mental standpoint.

Mathew: I mean, it really forces you to just slow down and be in that moment, which is... It's hard sometimes. I mean, especially if you got a busy schedule and... I like the routine outline you pointed out. Sorry, my mind's a little scattered.

Robert: No, you get me.

Mathew: Do you feel like your routine and your wife's routine mesh well together?

Robert: Yeah. She doesn't wake up quite as early as I do, but we have a... I mean, we work really, really well together. And she also works alongside me in the business, so that has to be a pretty good relationship from a personal/professional standpoint. But our routine... I mean, she completes me in a lot of ways. The things that I'm good at, she's not, and things that she's good at, I'm not. So we put our broken selves together and we make a whole basically.

Mathew: Are you guys engaging in a lot of vision casting for the future, like for when baby comes along?

Robert: We have a coffee time every morning. So, when we wake up... I wake up earlier. I do my 30 minutes of reading, and then I work for an hour or two on the computer. And she'll oftentimes work as well, but then we'll reconvene and we'll have an hour or so where we'll just drink a cup of coffee or two, and sit by the fire if it's cold, or if it's during summer months we'll sit on the front porch and watch the sun come up. And that'll be the time that we strategize for the future, and just talk through anything that needs to be talked through.

And I feel like my parents have always done that, and my parents have an amazing relationship. And they've always said that having that dedicated time to have coffee together and just simply talk, is one of the best things that they've done for their relationship, and we've tried to emulate that as well. And it's been nothing but positive for us, and I feel like it's made us stronger, but it's also given us much more clarity as to where our current foundation is, where we want to take things going forward. And it just takes the guesswork out of it. There's no secrets. There's no questions. We just know where we sit on certain matters, and we tackle things together as a team.

Mathew: That's fantastic. I feel like there's a lot of folks who just... Their routine is, get up in the morning, say hi and bye to the family, go to work, come home, either exercise or not exercise, just watch TV, eat dinner, go to bed. And that's their routine and everything, and in a lot of ways that's super... It's very productive, but it's not healthy, and in terms of an emotional sense as well.

Robert: I feel like a lot of... I mean, that's probably the norm more so than not. People have these coping mechanisms in their life, and they create things that distracts them from hard conversations, or it just puts a buffer up. And that drives a wedge between people and there's... I mean, Crystal and I are far from perfect, but we have a really great sense of communication and that's probably the single greatest attribute for why our relationship's as strong as it is. And I mean, we just come from nothing and we've-

Robert: And I mean, and we've just come from nothing. And what we've built, we've built totally alongside one another, like together the whole way through. And I feel like when you do that, you just, you have this incredible commitment towards one another and I'm super proud to have her by my side.

Mathew: That's fantastic. You mentioned hard conversations. When you have to have a hard conversation with somebody, or you guys, I mean, didn't you guys just move facilities and all that like-

Robert: Yeah, we moved-

Mathew: I imagine that was full of hard conversations.

Robert: Yeah. It was not an easy task.

Mathew: Yeah. How did you deal with the stress of that? And a lot of times we kind of carry the stress in our bodies, or sometimes we just, we struggle with having those deep conversations that need to happen because they're stressful or they're stress that comes with going through the process of such events. How did you deal with a lot of that? I'm curious.

Robert: Yeah, my "coping" mechanism is just to work. I'm a bonafide workaholic and that's not a good thing, but I definitely am. Like, I'll just, whenever I'm stressed, I just work harder. And that's hard on relationships. There's been lots of nights, countless nights where I would be working and Crystal would just want to have some time and I wouldn't be able to give it to her because I'd be working. But I feel like that's worked well for me. That's helped me get through a lot of things.

When it comes to having the hard conversations, I don't like to let things fester at all. I don't like anything to fester long that needs to be, and then create tension or anything of that nature. So I'm very much so the rip the bandaid off kind of guy. So if there's ever anything that needs to be discussed amongst anybody, I just like

to come at it from a place of respect and just say whatever needs to be said. And that's just how I prefer to get things done because I'd rather have it out in the open than not. So yeah. I'm kind of like just a tackle the day type person for sure.

Mathew: Nice, nice. Given your personality for work harder amid the stress kind of thing, and you said that's not a good thing, have you ever gotten to the point where you've felt burnt out?

Robert: Yeah. I mean, I've definitely, probably, I mean, I don't know how I would quantify it, but I've got no doubt that I've shaved years off of my life by not sleeping enough and having just so much stress and anxiety with things in work that it's just way beyond what is physically healthy. So I'm not recommending that for anybody. That's just been my life path. And I like where I'm at now. There's still a lot more that I want to do. And I'm not where I want to be by any means, but I feel like I'm on the right track. So I can't say that I would've done it any differently personally, but I'm not ... In the entrepreneurial business space, there's a lot of people out there recommending just burn the candle at both ends and never sleep.

And while I'll be the first to tell you that I've done that, it's not necessarily coming from a badge of honor, per se. Like, I don't think that that should be glorified. I mean, there's probably better ways of doing it. I just haven't known what they are. I'm kind of, I just work my way through it as opposed to try and reinvent the wheel kind of thing. But I don't think it's healthy that our society glorifies lack of sleep to the point that it could be detrimental to someone's health. I mean, you see it all the time in doctors in residency school, but I don't think that should be the goal by any means.

Mathew: Yeah. I agree with you on that. Speaking specifically to the nurses, there's a lot of nurses before the pandemic who would be called. This is ideally with a full staff. There's a lot of nurses who are called out in the middle of the night to go answer medical emergencies. And then they still got to go home and take care of their families and get up and be at the office in the morning for huddle at 8:00 a.m. And they were just up a few hours earlier doing medical stuff, and then they still got to see all their patients.

That was one thing I was kind of thinking of in terms of when I asked you to join this show. It was like, yeah, like he's out there burning the candle at both ends sometimes. Or a lot of times. I have no idea.

Just curious how you kind of bounce back from those times where it's like, "Oh, man, I really just killed it this week. I did a competition prep. I've sent out a thousand bricks. Haven't spent any time with my family. I've hardly slept." Do you just kind of slow down, take a weekend off? Do you just quickly reengage back into those rhythms you mentioned?

Robert: Yeah. I don't know. I think, I mean, for me when I am burning the candle at both ends, I always love what I'm doing. I love the work that I'm doing. I love the reason I'm doing it. I love the people that it's impacting. So for me, it's pretty easy to justify working that long and that hard. I hate for it to be burn at both ends to the extent that it hinders my closer relationships. And that's not often the case because most people in my inner circle know, would understand why I'm doing what I'm doing. So that's not typically an issue. But for me, I mean the work itself is invigorating because I love what I do so much so that I wouldn't want to do it any other way.

Now, if I was working a job that I hated, it would be very hard for me to be motivated to work as hard as I am now towards the things that I am now. If I was in a job that just wasn't providing any fulfillment and I didn't feel like I was making an impact in the world, it would be very hard to burn the candle at both ends and not just burn out. I would probably need longer times in between those stints of working really hard. But I'm able to kind of simultaneously recharge as I'm depleting in doing the work that I'm currently doing.

Mathew: I'm curious. What are some of your hobbies or activities that you find healing in or joy in, be it with yourself or with your family?

Robert: I love the outdoors, so I love hunting, fishing, hiking, anything to get me out in nature and away from screens and displays and phones and media. So definitely doing anything outdoors. And I love my family, my whole extended family. We've got a very tight knit family. We've got a big farm down in south Arkansas that's been in our family for generations and that's where we'll typically have Thanksgivings and things of that nature. So being able to kind of spend time outside with those in my family, that's my greatest sense of reflection and opportunity to recharge for sure.

Mathew: Nice, nice. Yeah. When I picture you doing, spending all this time away from the TVs and the screens and all that, do you ever feel like ... do you ever feel any kind of strange dichotomy, like being a creator, but also not being a consumer at the same time? Or do you feel like a relief in that?

Robert: That's a good question. I like to always make sure that I'm creating more than I'm consuming, I mean. And it's hard. With having a business that is largely marketed on social media, I need to be in social media enough to engage and interact with my audience. And then also know enough about the relevant information in the ketogenic space as a whole, for instance, to be able to make relevant content that answers their questions. But at the same time, if you just simply get lost scrolling down your feed, I mean, it's almost, I mean, it's just a never-ending black hole.

So I like to create content, post that content, interact with the engagements towards that content. And then pretty much just be done with it. I like to create more so than I consume. I mean, with YouTube, for instance, I can't tell you the

last time I watched a YouTube video that I didn't make myself. I don't watch my own videos after they're published. I'm making sure that there's the right to inform before I hit publish, but I don't really have time to watch many other videos. I don't really have much time to listen to other people's podcasts. I would like to. There's some people out there putting out great information and I would love to consume that, but I'm just so focused on creating right now that I haven't really been able to justify a ton of consumption.

Mathew: Yeah. So if you were to picture a pie chart of your daily or your life right now, is there a ratio you would allot, like body building, family time, work time, or would it ...

Mathew: ... Work time or would it be all it would be ... I would imagine it'd be more blended than anything, but is there even a way to depict that ratio in terms of a pie chart?

Robert: So if I was to dissect my day, I would have about an hour and a half for training, so hour and a half of a 24-hour day allocated towards body building in that regard. I'd have probably about two hours, two and a half hours, probably two hours with Kristal between the morning coffee time, having dinner with her in the evening and right there at night, so maybe two hours of that. So that's about three and a half hours total. And then I sleep from, I don't know, about 8:30 or 9:00 until 3:30, and then every other moment that I'm awake is work. So most of it is definitely geared towards that.

Mathew: Yeah. Boy, it's going to be interesting seeing how that shifts as this year progresses, I guess. What is it? You got eight months now until the baby is here or something or six months?

Robert: No. So the baby is due in May, so not sneaking up on us, for sure.

Mathew: Oh, that's coming up quick.

Robert: Yeah. And I think it'll be good. I don't want to sound too naive here. I'm sure my life will change drastically, but because Kristal and I both work for ourselves, she's going to have the opportunity to do less of the work in the business and spend more time with the baby. So we're not going to have to have a babysitter or anything like that. She'll be able to do all of that herself, and I'll be able to help out, but I don't think it will impact my productivity with the work too much.

Mathew: Yeah. Maybe we'll have to plan a future podcast and chat about that sometime just for fun.

Robert: I'm sure I'll be less rested. I'm sure I'll probably have to sacrifice some sleep when the baby comes. I may be a little bit more groggy for sure.

- Mathew: I know that too, and I got four of my own.
- Robert: Nice. How old are they?
- Mathew: So this is an even year, so 8, 10, 12 and almost 14.
- Robert: Nice. What's the hardest years?
- Mathew: The hardest years, I think it was probably right at the beginning because we were both young. We're still trying to figure out our careers, still trying to figure out schooling for ourselves as well. I went to seminary. And my wife, she worked, and then we switched, and then she stayed home and then I worked. We just did a lot of fun flip-flopping back in that time. And by the time we had our fourth child, it was streamlined because then we could just really take shifts and be really intentional about how we raised him, and we had the experience and the know-how to do that.
- Robert: Yeah.
- Mathew: So it was quite an experience, but it's been worth it.
- Robert: That's awesome.
- Mathew: And yeah, I wish you nothing but the best in all this. Take shifts.
- Robert: I will.
- Mathew: Especially during these sleepless nights, right?
- Robert: Yeah, it'll be good. I'm definitely excited about it. It's going to be uncharted territory for me, but I'm excited to dive in.
- Mathew: Yeah. I remember for each of my kids, I was the first one to change their diapers because my wife, she was on the hospital bed and everything, and so you get to be, as the dad, you get to be the first one to experience the whole getting peed on and all that.
- Robert: Oh yeah. I have got all that to look forward to, for sure.
- Mathew: Yeah. All that exciting stuff. It's good. It's this very special time.
- Robert: Yeah, I'm looking forward to it.
- Mathew: Yeah. I'm excited for you. So do you have any questions for me at this time? I know I've asked and grilled you quite a bit.

- Robert: No, this is good, man. So with your podcast, who is the main demographic? I'm always excited to talk to other podcasters because podcasting as a medium is just cool because I'm getting to meet your audience, they're getting to meet me, vice versa. It's just a very good mutually beneficial relationship. So how are you structuring your podcast?
- Mathew: Yeah. Well, I originally started out my doctoral program, trying to figure out a need, problem or opportunity in my context, and I decided to try to target burnout for nurses who work within rural home health and hospice. In my area, Central Washington, there's a fair amount of those folks. And I was trying to imagine a tool that would provide support to those nurses while also not being a burden to those nurses. And for a while there, I was like, "Maybe I'll do an assessment." And they're like, "No." All the feedback I got was like, "We don't need any more assessments."
- And so I remember throughout my fitness journey the last couple of years and listening to your podcast and other podcasts, I was like, "You know what? This would be a great idea for just a simple way to reach nurses, who are on the road all the time, who are just trying to tune out and maybe absorb some quality information that relates to them." So that's the direction this podcast is going, and that's the hope. The hope is that they'll be able to pick up some pearls of helpful information, helpful tools or even encouragement or inspiration while they're out there on the road doing the amazing work they do.
- Robert: I love it. I feel like that's something that anybody can benefit from, for sure. The nurse situation, especially over the past two years, has just been total chaos, so I can't even imagine what you all have to go through. And Washington has got all kinds of ... Washington itself has been very interesting in that regard. So my hat is off to you all for sure for what you do.
- Mathew: Yeah. And I, myself, I'm not a nurse. I'm a spiritual care provider, and I do a lot of bereavement follow up with patients, and I work with nurses on a daily basis, who are out there on the front lines, who are trying to wear six hats, and who are trying to accommodate for their patients. And oftentimes, they can feel alone out there and they can feel a lot of pressure from both ends, from their patient situation, from the healthcare organization situation. And now with the pandemic, there's been a lot of nurses who've had to leave their jobs because they just couldn't handle it. They got burnt out or the situations just shifted to where it just wasn't right for them anymore. And so I hope that whoever ends up listening to this that they feel encouraged, that they know that they're valued and cared for from both you, me, from around the world. Yeah.
- Robert: I think that's great, man. I think any content that you can put out in that regard that helps people rally behind that cause and find some peace in their life, that's a worthwhile podcast right there.

Mathew: Yeah, 100%. It's the fingers crossed and hope for the best. I'm going to do my part and host your manifesto for this year, Faith-

Robert: Yeah, Faith over Fear.

Mathew: Faith over Fear. Right?

Robert: Yeah. That's it, man.

Mathew: Yeah. Well, thank you so much for your time, Robert. I wish you all the best in all your endeavors. You're doing amazing work out there. You've certainly inspired me in my life. I still eat a Keto Brick every day. And so yeah, thank you so much.

Robert: Yeah, man. I really appreciate the opportunity. It's been a pleasure.

Mathew: All right. Thank you. I'm going to go ahead and stop the recording now.

(Transcript by [Rev.com](#), 6cc1231c4e9f954b27d904bd89cd53f5. This transcript was exported on Jan 19, 2022 - view latest version [here.](#))

Transcript Interview with Dwight Watson, Medical Social Worker

- Mathew: Hello, and this is Mathew Panattoni with Reduce Nurse Burnout podcast. Today I have with me a special guest, Dwight Watson. He's a medical social worker, and I hope you enjoy this conversation.
- Mathew: Dwight, how are you today?
- Dwight: Good. It's a nice Tuesday day.
- Mathew: Yeah?
- Dwight: Cold.
- Mathew: Do you have any initial questions for me before we get started?
- Dwight: No, Matt. I think I understand the concept of what you're trying to accomplish.
- Mathew: Okay, perfect. Perfect. Do you want to tell our guests a little bit about yourself?
- Dwight: Well, I've been a social worker for about 50 years. I started off in the state prison system, and then did mental health for a few years, and then hospital social work, and for the last 30 years it's been mostly emergency departments.
- Mathew: Wow. So, you've been in the emergency departments and now you're working in kind of a rural healthcare setting with other rural healthcare nurses. What are some of the big challenges that you've faced in those different settings?
- Dwight: Well, usually it's adjusting to the clientele. The prison system population, of course, is very different than chronically mentally ill and hospital patients, and so a good part of it has been just making the adjustment to a different setting and a different clientele. Obviously, a prison is very different than working in a hospital.
- Mathew: When you go out and see patients these days, like out in the middle of nowhere, could you give a description of what your day looks like?
- Dwight: Well, it's a blessing in a way, Matt. Working in the emergency department, you see a lot of alcoholism, you see a lot of substance abuse, you see a lot of chronically mentally ill. In this current situation, working with hospice, working with patients in their home in the rural setting where you and I are working, people are relatively affluent which, of course, is not the case in a lot of the emergency room patients, and people have family support which, again, is not the case oftentimes in an emergency room situation. People at least say they have nothing.

- Dwight: So in a lot of ways, this is a pleasant change. It's nice people, and, Matt, a lot of the people I talk to are just like me. They're old white people so it's kind of nice. And the people that we're currently seeing have values about the same as mine, have a history about the same as mine and, as I say, a lot of them are old like me. So in some respects, it's easier. In some respects, it's very pleasant to work with this current population.
- Mathew: Yeah. What would you say got you into this field in the first place?
- Dwight: Well, when I graduated from college, I wanted to be a teacher. This was in the '70s, and there weren't many teaching things around, and so I decided that I wanted to go into parole and probation. For what reason, I'm not quite sure now. But, anyway, I ended up working in the prison, and in working in the prison, the state of Washington agreed to pay for my master's degree. By the time I finished my master's degree, then I knew that really what I wanted to do was healthcare, either outpatient like community mental health, or inpatient as in working in the hospital and working in emergency departments.
- Dwight: Once I started in the emergency department, I kind of got hooked on that, and I loved working in the emergency department, despite all the things that go with that. In the emergency department, they talk about action junkies. These are people who, like paramedics and ER, most ER people are action junkies. They like it because there's always drama, and for a lot of years, I enjoyed the drama of the emergency department.
- Mathew: Nowadays that's kind of...
- Dwight: Yeah. Now, at 77, there's not much attraction to the drama in the emergency department. I can quite nicely do without it, thank you. I'll take this nice elderly patient at home, thank you.
- Mathew: I can resonate with that. I can resonate with that.
- Mathew: So when you have kind of the rough days, like where you're dealing with the more traumatic situations, or things are just kind of melting down with the patients or with the care team or with the nation as a whole given COVID and all that, what are some things you do to kind of recharge your batteries or...
- Dwight: Well, I'm sure that most healthcare workers and nurses in particular have heard about life balance, and there's something about healthcare people, most healthcare people, they're just have a proclivity to do too much. They easily fall into working 60 hours a week, 70 hours a week, working three 12-hour shifts back-to-back, and I think oftentimes we let our life get out of balance. We put too much into work, and we kind of forget about taking care of ourselves, and in some cases, we forget about taking care of our family.
- Dwight: So to me, when those kind of days come along, I try to think about life balance. I try to think about the other things, my house, my cars, my kids, paying the bills,

anything other than healthcare. A lot of times, if you just take a minute, take a couple of deep breaths, think about the rest of your life because your job is not your life. Your job is an important part of your life, but it's not your life.

Mathew: Yeah. It's powerful to say that, I mean, because there's so many people who have such giving hearts and just want to make a difference, and that's kind of how they start out, right?

Dwight: And sometimes you just kind of get sucked into it, and you lose track of the fact that it's bleeding you dry. Emotionally, it's bleeding you dry, and you keep thinking, "Well, I'm a professional caregiver. That shouldn't happen to me. I shouldn't feel that way. I shouldn't feel exhausted and overwhelmed." But sometimes you do.

Dwight: Sometimes as health givers, we're not very good at recognizing that and we're not very good at acting on it, doing what you need to do to address the problem. You think, "Well, I'll just keep forging ahead. It'll be better tomorrow. I'll just keep going."

Mathew: Do you have a specific go-to kind of decompression activity for yourself?

Dwight: Oh, I certainly do, Matt. I live on Teanaway River, and the river's always there for me 24 hours a day, seven days a week. I can walk down to the river, and I can put things back in perspective. For me, outdoors and nature and the river and Mount Stewart, those are all things that help me put life back into perspective.

Mathew: Passion. Yeah, I've been to your place once or twice, and it's beautiful up there. Something about being near water as well and being...

Dwight: Well, if you think it's eternal, it's not, really. But you look at it as being eternal and unchanging, and it's going to keep flowing no matter what happens to me or the patients that I'm seeing. The Teanaway River is going to keep on flowing.

Mathew: Yeah. That's beautiful.

Mathew: What are some things that keep you motivated? I mean, you've mentioned a lot of this stuff that you're dealing with and everything and I mean, yeah.

Dwight: Well, of course, it's money, we're getting paid, and so we've all got bills to pay and you're thinking about all that.

Dwight: But the job provides satisfaction in a way that there are certain other things that I could do, but I don't think you would find, I would find, the satisfaction in some other line of work than healthcare so it's just rewarding. You feel that at the end of the day you accomplished something. You made life a little bit better for somebody.

- Mathew: Yeah. And when you are out there, what exactly does a medical social worker do? How do you make somebody's life better?
- Dwight: Well, in this setting, it's primarily resources, so sometimes it's medical equipment, sometimes it's end-of-life planning about the funeral arrangements and the five wishes. But sometimes it's much more basic like housing, like food, Meals-on-Wheels because we do see some patients who are financially stressed, some patients who are living pretty close to the margin.
- Dwight: So, yeah, the basic part of it is resources and, fortunately, Matt, we're blessed to live in a community that's got good resources. There are things out there that can help people, and a lot of times the patients we see are not aware of those things through the Department of Social and Health Services, through their church, through whatever the case may be. So the crux of what the medical social worker does in this setting is resources.
- Mathew: And now there's a lot of instances where nurses, particularly ones that are having to be out there in the field doing home health, will tend to wear several hats. What's the best way you can support those nurses?
- Dwight: Most of the nurses, particularly the nurses here, they're not shy about asking for help. I mean, they're well aware of what the medical social worker does, and they're not shy about asking, and certainly they see circumstances where the role of the medical social worker or the chaplain becomes almost paramount.
- Dwight: In most of the patients we see, nursing is the number one discipline and the rest of us are just kind of along for the ride. But there are always these patients come along that, all of a sudden, it's the chaplain that's really needed, or it's the medical social worker that's really needed. That becomes the focus of treatment, at least temporarily.
- Mathew: Yeah, I agree with you there.
- Mathew: What are some things, or some key things, that listeners can take away from your experience as a social worker, as a medical social worker?
- Dwight: Well, I would say don't let the job carry you away. Don't let the job monopolize your life. Keep thinking about what your real life is, and make sure that the other things in your life that deserve your attention, like your kids, like your church, like your family, make sure those things get their just due.
- Mathew: Good tips. I agree with that because there's so often, like, even in other settings.
- Mathew: I remember when I was a young buck working as a kitchen assistant. I was working at a camp out in the middle of the woods, and the lead cook lived onsite at the camp. Any time anyone needed food, that cook was there and was always willing to leave their house or their place that they had for her at that spot, and we'd go out and prep a meal or organize for us, kitchen assistants, to get out there

and prep a meal and that we were talking when she retired what she was going to do because that was all she had done for, like, 25 years. I often kind of am curious what a nurse's goals are for like after they're done with work as a nurse, or will they be a nurse for the rest of their lives?

Dwight: Yeah. No. Matt, you're a nurse for the rest of your life.

Mathew: Yeah.

Dwight: And I'm thinking of a couple of the patients we're seeing right now who are retired nurse in their 70s, in their 80s, they're still a nurse. They're still a nurse. This one family that we're seeing, she was a nurse educator. She taught nursing students in North Dakota, and even given her current physical situation, she's still a nurse. It's a lifetime thing.

Mathew: Yeah.

Dwight: You never stopped being a nurse.

Mathew: I remember working with our volunteer organization several years back, and retired nurses would show up and want to help out and kind of play that similar role of caregiving.

Dwight: Yep.

Mathew: Do you have some goals for after you're done being a social worker?

Dwight: Matt, I've retired three times, and I failed three times. So it'll probably be the same thing that you hear with politicians when they retire. "Oh, I'm going to spend more time with the family." That'll be my goal is a little bit of traveling and spending more time with the family.

Dwight: But in reality, what I'll probably do, Matt, when I retire is I'll be a hospice volunteer. I'll be doing for free what I'm getting paid to do now. Well, I won't do it as much, but I'll still be doing the same thing in retirement as I'm doing at work.

Mathew: It requires a lot of heart to say something like that, to...

Dwight: No, Matt, it's boredom. I don't want to-

Mathew: Yeah?

Dwight : With retirement, every time I retired, it's boredom.

Mathew: Really?

Dwight: Well, in one case it was just weeks, I said, "Now this is boring. I want to back to work."

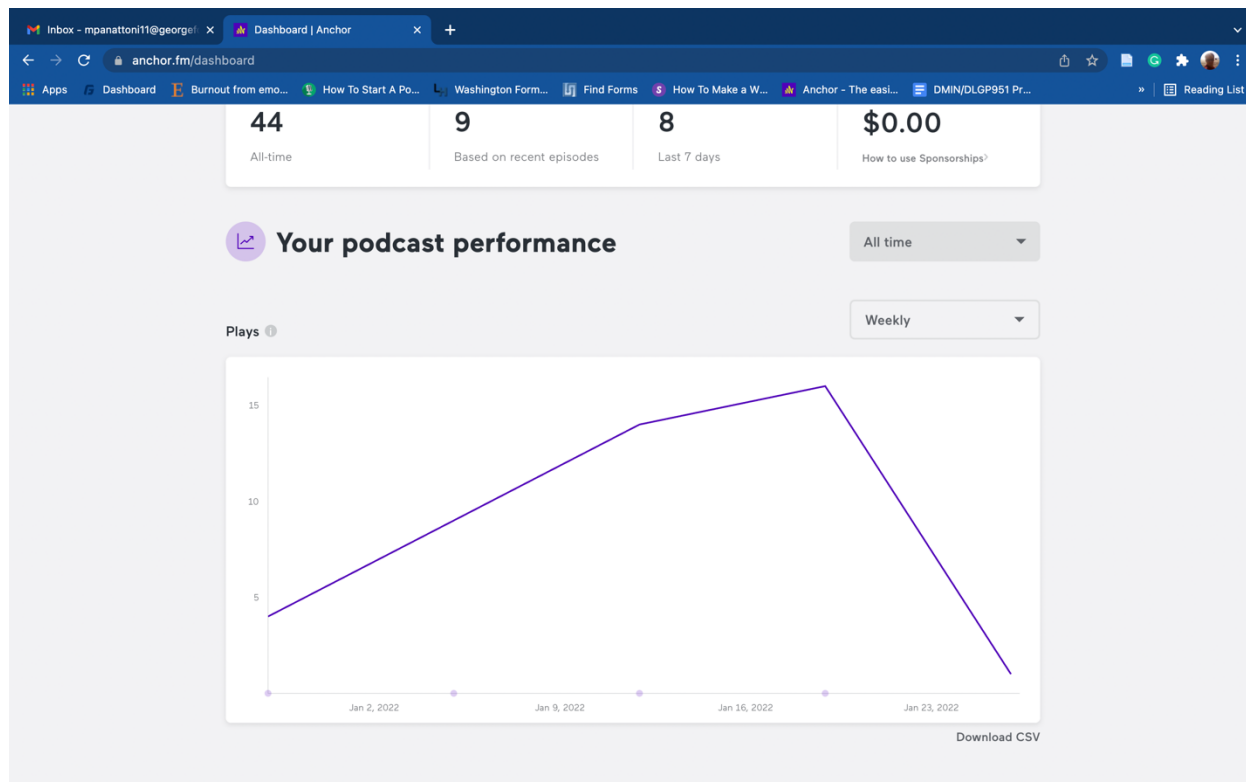
- Dwight: Work just gives you a framework for your life, and it gives you something of value and you know you're of value because you're still productive. And with retirement, I looked around and I thought, "I'm not doing enough. This is not productive, or not productive enough for me." So it's a feeling, a lot of it is just self-worth.
- Mathew: Self-worth, meaning, drive, purpose.
- Dwight: Yeah, all of those things. And life without those things, that's not retirement, that's not the golden year certainly.
- Mathew: Yeah. Yeah. That's kind of drifting, right?
- Dwight: Yeah. Well, there's an element of waste there as well. If you have a skill, if you have a talent, you should be using it. You shouldn't be sitting at home watching daytime television.
- Mathew: Yes. Yes. It's interesting because we go and serve patients who are retired and-
- Dwight: And they are sitting at home watching daytime television.
- Mathew: Yeah. Do you feel like sometimes your presence brings them some purpose and some direction and...
- Dwight: Well, yeah, I certainly hope that happens. Although, as I say, in a lot of ways that's more on your bailiwick than mine because I'm sort of focused on resources and when it gets into the spiritual part of it or even the... You touch on the history, what did you do in your working life and things like that but, yeah, I think you're bringing something to it. But as I look at it, Matt, what I bring is not terribly important. The nurses' stuff is more important than anything that I do. And for certain patients, what you do is more important than the rest of it, and I'm content to be what is essentially a bit player. The stars of this show are the nurses.
- Mathew: I agree.
- Dwight: The people who are carrying the load, that's the nurses.
- Mathew: And whatever little bit we can do to help out, right?
- Dwight: Right. Well, to help out to help out both the nurses and the patients, that's all well and good. But like I say, the nurses are essentially the host profession. The rest of us are just kind of...
- Mathew: Oh, yeah.
- Dwight: Yeah.

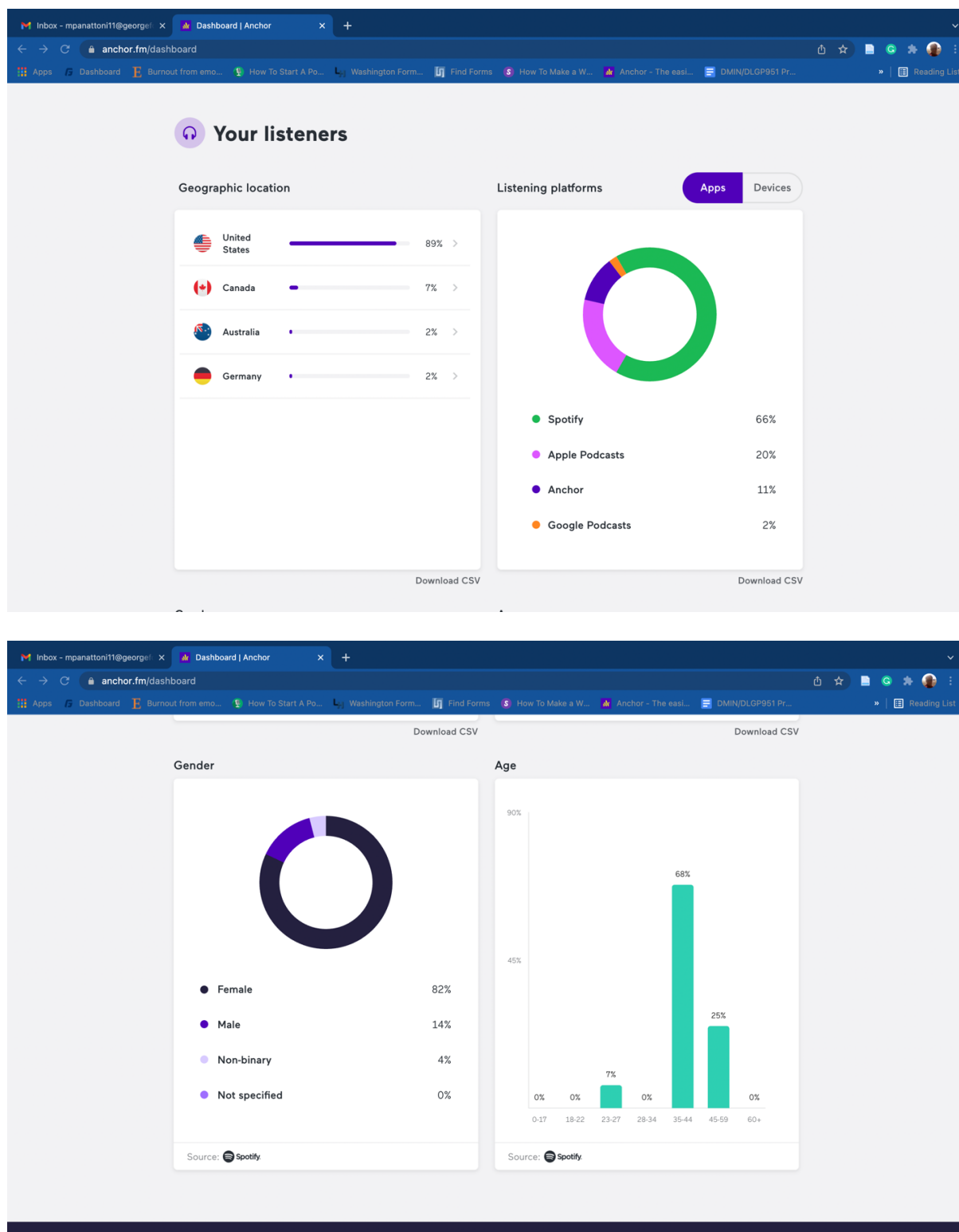
- Mathew: Are there any specific tools or methods you might suggest for preventing burnout in this profession?
- Dwight: Well, certainly there are a lot of books you can go to, magazine articles you can go to, webcasts that you can go to, podcast. There are a lot of resources. And if you're in the inclination to do a little bit research, look around. You can find material on the computer or in the library or at the bookstore that can help you with this.
- Mathew: At the beginning of my research, there's a phase where I kind of identified some of the key values for nurses and kind of boiled down to three things, gratitude, teamwork and resilience. Is there anything that you might suggest for promoting those three things that might reinforce someone's gratitude or resilience or...
- Dwight: One thing I would think, Matt, is setting some time aside to do just that, specifically to do that. And once a week, every two weeks, once a month, set aside some time to look at your situation, to assess how things are going and think about just that, about gratitude and think about the balance of life and just a little introspection, and set aside some time specifically for that. Don't wait for the summer vacation.
- Mathew: Yeah, yeah. Do it now, right?
- Dwight: Yep.
- Mathew: What does burnout mean to you?
- Dwight: Burnout, it basically is when you've used up all your emotional resources. We all have a limit to our emotional resources, and burnout is when you've gotten perilously close to that line, where you're out of emotional resources, where maybe you don't feel towards your client population like you used to, and that's one of the things that I would say burnout pretty soon. You're not giving the patients what they deserve because you've been giving too much.
- Mathew: Do you think it's a lot more prevalent now that we have this pandemic?
- Dwight: Oh, absolutely. Yeah, I mean it doesn't make any difference if you're a floor nurse, an ER nurse, a hospice nurse, home health nurse. Anybody in healthcare right now is getting punished, is taking a beating.
- Mathew: Yeah. Have you ever been burnt out?
- Dwight: Well, I retired three times, Matt, so I'm sure that was part of the reason. "Oh, I don't want to be in ER anymore. I'm done with this," and so, yeah. Like most healthcare people, there have been times when I got too caught up in it and went beyond reasonable limits to stay life-balanced.

- Mathew: Yeah. My last guest and I we were talking about how there's times where we just kind of ebb and flow in and out of that state. Yeah. So what were some ways you found healing?
- Dwight: Well, for me, I have six kids and 11 grandchildren, so-
- Mathew: Wow.
- Dwight: ... they are a ready source. I've been blessed to have great kids, and they've been there if and when I needed them, and the grandkids, same way. So for me, it's kids and grandkids.
- Mathew: Yeah, kids are so amazing. I remember several instances where I would have a rough day at work and I'd just go home and get tackled by the kids and-
- Dwight: Yeah. Or they'll ask you a question or they'll make some comment and, suddenly, the whole day kind of comes into focus.
- Mathew: Yeah. Or you just want to spend time with them and enjoy the fruit of that moment and the awe and wonder that they bring. Yeah.
- Mathew: So what are three things you are grateful for in your day-to-day? I think you kind of answered it, but something else...
- Dwight: Yeah, yeah. It would be where I live, what I do and the people I work with, those three things.
- Dwight: On occasion, I've worked in other settings other than healthcare and I don't ever want to work any place other than healthcare. The people that you work with in healthcare are just the best. Because a job, to me, is only worth the people that you're working with, and healthcare and this particular organization specifically, they are great people to work with.
- Mathew: I agree. I agree.
- Mathew: Is there anything special you'd like to share with our nurses who are listening, or...
- Dwight: Yeah. Good luck, keep going, but know where the limit is. Take care of yourself.
- Mathew: Yeah. Thank you, everybody, for listening today. This is Reduce Nurse Burnout podcast. This guest was Dwight Watson. Thank you and safe travels.

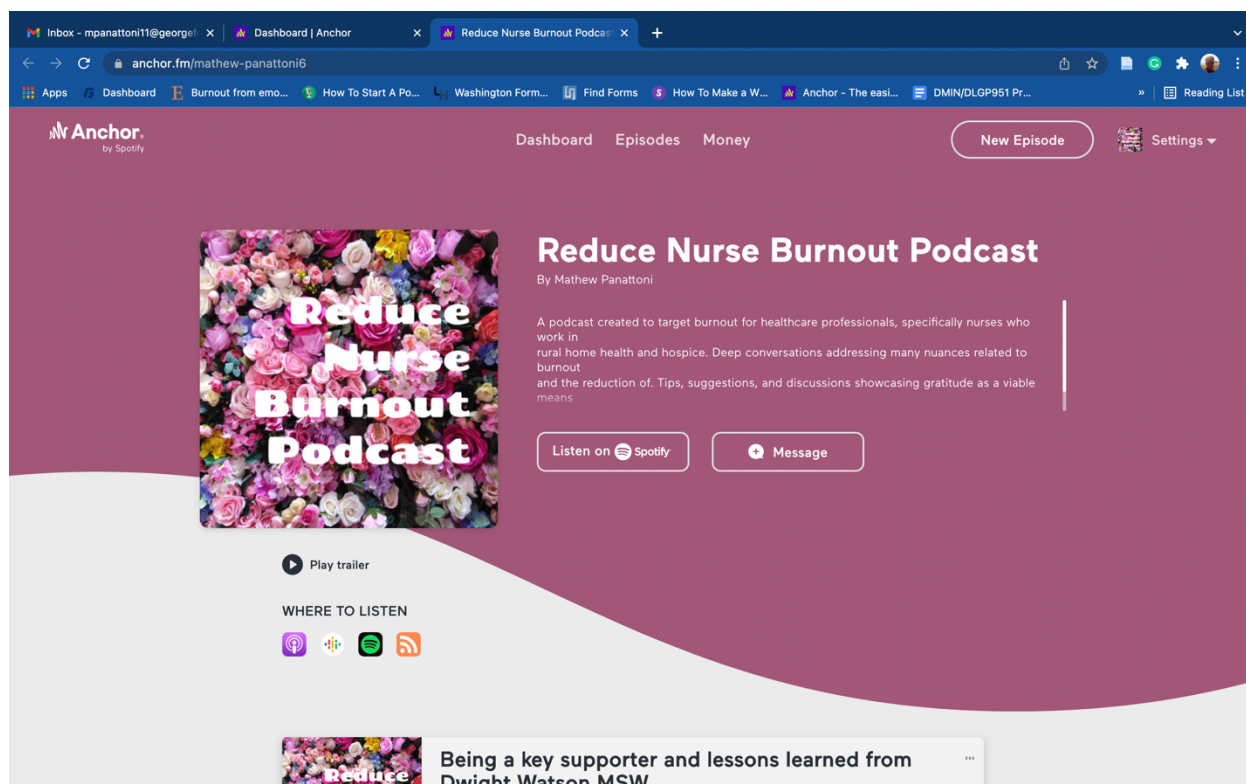
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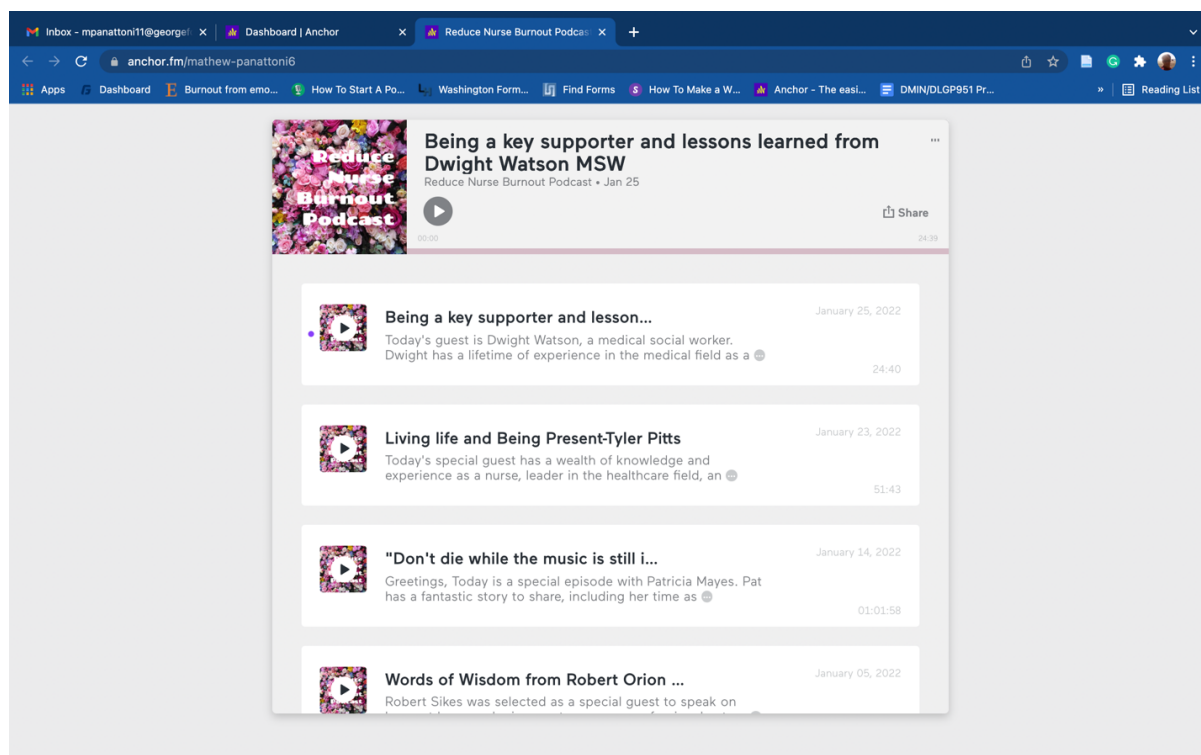


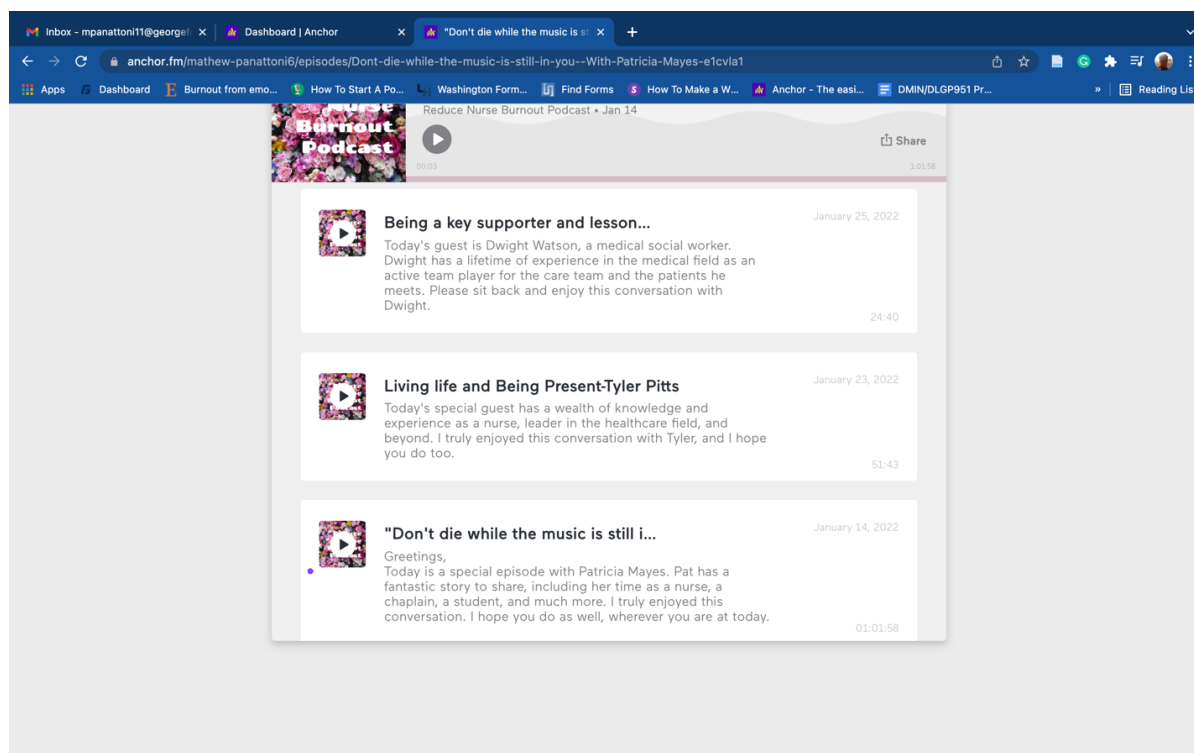


The above are current podcast performance analytic examples as of January 28, 2022.



Example of the podcast webpage.





Examples of the live podcasts and episode content.

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