

**THE DEVELOPMENT OF A WELLNESS RESOURCE FOR NEW GRADUATE
NURSES IN ACUTE CARE SETTINGS**

by © Maria Pinto

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Abstract

Background: The psychological well-being (PWB) of registered nurses is integral to the local working environment and healthcare systems overall. Often, new graduates experience significant psychological distress transitioning into the workforce, leading to high rates of new nurses leaving the profession. **Purpose:** To develop a resource to promote and protect the psychological health of new graduate nurses within Eastern Health. **Methods:** I performed a literature review, consultation, and environmental scan. I conducted nine informal consultations with four new graduate nurses, four registered nurses, and a nurse educator to gather local, contextualized data. Through the environmental scan, I explored how other jurisdictions (i.e., other areas in Newfoundland and Labrador and other provinces within Canada) utilize resources and/or other strategies to enhance healthcare employees' psychological health. **Results:** Enhancing the PWB of nurses can improve patient safety, job satisfaction, and nurse retention. I also identified several coping strategies, such as mindfulness, that significantly increase the PWB of new graduate nurses. Based on these educational strategies, I created a wellness resource comprising a presentation, lanyard tag, and brochure. Collectively, in these strategies, I discuss psychological health, signs of psychological distress, available resources within Eastern Health, and how to access these resources. **Conclusion: The nursing profession is stressful, and it is vital to promote the PWB of registered nurses.** I plan to implement the wellness resource during Eastern Health's employee orientation and nursing education workshops. I will approach the Acute Care Inpatient Policy Consultant for Mental Health and Addictions about the availability of lanyard tags and brochures. **Once implemented, the next step will be to plan and evaluate the effectiveness and usability of this resource for registered nurses.**

Keywords: *health, psychological, well-being, nurses, stress, coping*

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Table of Contents

Abstract	i
Acknowledgements	ii
Objectives	3
Overview of Methods	4
Summary of the Literature Review	5
Summary of the Consultations and Environmental Scans	6
Summary of the Wellness Resource	8
Advanced Nursing Practice (ANP) Competencies	12
Next Steps	13
Conclusion	14
References	15
Appendix A Literature Review	21
Appendix B Environmental Scan and Consultation Report	95
Appendix C Interim Report	131
Appendix D Wellness Resource	150

Promoting an individual's health within the workplace includes paying attention to physical and mental wellness. According to the World Health Organization (2013), mental health or psychological health are conditions of well-being in which the individual realizes their strengths, can cope with the usual demands of life and can work productively. Psychological health is described as psychological distress, such as anxiety, depression, and stress, or psychological well-being (PWB), such as happiness and life satisfaction (Lee et al., 2019). Therefore, by these definitions, the ultimate goal of a happy life is to strive for psychological well-being as much as possible. However, managing a lifestyle that creates positive psychological health can challenge some individuals. Researchers such as Lee et al. (2019) have studied the concept of psychological health and determined that the absence or low level of psychological distress and high levels of psychological well-being result in optimal psychological health. Ryff (1989) described PWB as an individual's subjective happiness and satisfaction with life and their ability to manage negative emotions such as anxiety, stress, and depression (i.e., psychological distress). Therefore, whether or not a person can overcome negative stressors and circumstances in their environment determines whether they can accomplish PWB.

In a nurse's work environment, various stressors could jeopardize their PWB. Registered nurses face heavy workloads, often working short-staffed and long hours (Baylina et al., 2018), and high-stress and emotional situations (Ashley et al., 2021; Smith, 2014) that put their PWB at risk. The psychological health of nurses has worsened in recent years, with two-thirds of Canadian nurses declaring a deterioration in their psychological health since the onset of the COVID-19 pandemic (Canadian Federation of Nurses Union, 2021). Therefore, organizations should take action to help improve the PWB of registered nurses.

When registered nurses work in conditions that cause tremendous amounts of psychological distress, there are often undesirable impacts on healthcare systems. In their literature review, Hall et al. (2016) found that in 59.3 percent of studies reviewed, the psychological distress of healthcare professionals was associated with impaired patient safety. More recently, researchers have identified PWB as an issue of concern that affects nurses, their patients, and their places of employment (Duijts et al., 2017; Oates, 2018; Pahlevan et al., 2018). A survey on psychological health found that Eastern Health, one of four health authorities in Newfoundland and Labrador, has not adequately addressed a number of psychological concerns of employees, such as the inability to control staff burnout and foster resilience to reduce unneeded stress at work (Mental Health Commission of Canada, 2018). Wilbiks (2021) recently found that 37% of Canadian healthcare professionals experienced a decline in their psychological health since the start of the COVID-19 pandemic. Therefore, it is critical that Canadian healthcare organizations develop measures to safeguard registered nurses' PWB.

The nursing profession can be a challenge for all nurses. However, new graduate nurses often struggle to safeguard their psychological health while at work (Jarden et al., 2021; Lorete et al., 2020). New graduate nurses meet various stressors when entering the profession. In a qualitative meta-analysis, Jarden et al. (2021) revealed that new graduate nurses felt overwhelmed, alone, and underprepared as they transitioned from student to nurse. As a result of these striking statistics within the literature and my own experiences working as a registered nurse in a face-paced acute care unit, I aimed to support and promote the PWB of new graduate nurses with this practicum project.

The overarching objective was to teach new graduate nurses how to handle difficult circumstances and raise their awareness of the tools available to support PWB. When this

material is ready, nurse educators or I will be able to introduce it to graduate nurses during orientation in the Eastern Health acute care programs. This initiative will assist Eastern Health in promoting and protecting new graduate registered nurses' PWB and assisting them throughout their careers. I started with the local context, which is Eastern Health. I anticipate that, eventually, this resource may be implemented throughout the remaining health authorities in Newfoundland and Labrador. Therefore, the purpose of my practicum project was to create a wellness resource to educate new graduate nurses about coping mechanisms and the available resources within their healthcare organization to help maintain PWB during stressful nursing situations. For this practicum project, I outlined the following key objectives:

Objectives

1. Explore the prevalence and impact of psychological well-being on registered nurses (i.e., focus on new graduate nurses) by reviewing relevant literature.
2. Analyze and synthesize literature on practices or strategies for enhancing psychological well-being in healthcare professionals, with a specific focus on nursing.
3. Explore new graduate registered nurses' knowledge on existing available resources within Eastern Health that help with psychological health and well-being through consultation with local stakeholders (i.e., senior and junior nurses).
4. Scan other jurisdictions for resources (if any) that are available to help support and manage healthcare workers' psychological well-being by asking a psychological health resource expert and reviewing the literature.
5. Develop an educational resource on psychological health for new graduate nurses based on information from a literature review, consultations, and environmental scans.

6. Demonstrate the Canadian Nurses Association advanced nursing practice competencies, such as leadership, research utilization, collaboration, and education.

In the following sections, I describe the methods I used to achieve these objectives.

Overview of Methods

I used three methods of data collection to develop this resource. First, I searched the literature to review, analyze, and synthesize relevant information. This literature review illuminated the key impacts of psychological distress on registered nurses and healthcare organizations. I identified several strategies within the literature such as mindfulness and other coping mechanisms that significantly increase the PWB of new graduate nurses (Ibrahim et al., 2021; Lee et al., 2019; Lorente et al., 2021). Additionally, I identified lecturing and discussion as ideal methods to educate this target group.

To further enrich the information necessary to build my wellness resource, I informally interviewed local nurses to explore their perceptions about whether their employer valued their psychological well-being as well as their knowledge of psychological health within the profession. I also consulted with a nurse educator to understand effective teaching strategies for my target population. Then, I performed an environmental scan to uncover how other jurisdictions (including other areas in Newfoundland and other provinces within Canada) provide resources to enhance healthcare employees' psychological health. I was initially interested in the expertise of The Peer Support and Trauma Response Program manager from SickKids Research Institute in Toronto, Ontario and their mental health sessions, but I did not receive a response when I emailed them. I scheduled a discussion with the co-chair of the Technical Committee for the National Standard of Canada, who is also a member of the Mental Health Commission of Canada's Workforce Advisory Committee. We discussed possible resources and coping

mechanisms they have used to help healthcare professionals regarding Psychological Health and Safety in the workplace. The data collected enabled me to create this wellness resource and all additional content, including signs of psychological distress, what coping mechanism I should use in the resource, and describe the available resources within Eastern Health. In the next section, I will describe my findings from the literature with relevance to registered nurses and healthcare organizations.

Summary of the Literature Review

In the literature review, I aimed to explore why psychological well-being is an issue in nursing, and the standard practices or interventions identified to promote psychological well-being in new graduate registered nurses. I also aimed to identify effective educational strategies for adult learners, who are the target group for this resource.

Researchers acknowledged various reasons for which the nursing profession exposes registered nurses to psychological distress. These include: i) heavy workloads, ii) working short-staffed and long hours, iii) the emotional toll of working with sick patients, and iv) high-stress situations leading to burnout (Ashley et al., 2021; Baylina et al., 2018). Researchers have stressed that the psychological distress of registered nurses has negative repercussions on healthcare organizations. For example, when nurses are in psychological distress, it could lead to i) issues with patient safety (e.g., medication errors) (Lee et al., 2019), ii) decreased job satisfaction (Baylina et al., 2018), and iii) an increased turnover rate of nurses leaving the profession (Brunetto et al., 2016).

New graduate nurses are a population worth targeting because transitioning from student to graduate nurse is difficult and stressful (Dwyer et al., 2019; Frögéli et al., 2019; Haplin et al., 2017; Jarden et al., 2021b; Opoku et al., 2020). The possible challenges that new graduate nurses

face when enter the profession are i) role ambiguity and lack of understanding of their scope of practice (Frögéli et al., 2019), ii) demanding workload (Haplin et al., 2017; Jardin et al., 2021; Lorente et al., 2021; Opoku et al., 2020), iii) type of leadership (Dwyer et al., 2019), and iv) lack of organizational support (Wu et al., 2012). Therefore, I concluded that new graduate nurses would be the target population for the practicum project.

Researchers also identified many interventions that help improve the PWB of registered nurses. Emotional and problem-focused coping mechanisms (Lorente et al., 2020) and mindfulness-based stress reduction (MBSR) (Ibrahim et al., 2021) practices are effective strategies to enhance the PWB of new graduate nurses specifically. I applied Knowles Adult Learning Principles (1984) to explain and defend my selection of teaching strategies used for these adult learners. Additionally, researchers identified interactive lecturing and discussion as successful methods for educating adults on psychological health and coping mechanisms (Hawkins et al., 2019; Wu et al., 2012). As a result, I determined that the wellness resource would be comprised of these two methods. Please see Appendix A for the Literature Review. Along with the literature review, the consultations and environmental scans were essential in further enriching the content of this project.

Summary of the Consultations and Environmental Scans

The consultations confirmed that all nurses within the healthcare system need a resource or intervention. Exploring the perceptions and experiences of local nurses provided enlightening results to the potential facilitators and barriers I would face in addressing the specific requirements to build a good work environment (Jarden et al., 2021). According to Rathi and Cockney (2017), an environmental scan entails gathering and analyzing newly relevant data to pinpoint any themes or problems that may emerge in creating a resource. Through the

environmental scans, I collected and analyzed how other jurisdictions assist their healthcare employees with psychological health and additional content that I could include in the resource.

Eight registered nurses were consulted; I performed one-on-one informal interviews with four new graduate nurses (i.e., who have graduated within the last year) and four senior nurses (i.e., at least two years of nursing experience). I also consulted with a nurse educator whose role is to provide education and support for acute care nurses. I asked questions to assess i) the nurses' knowledge of available resources for improving psychological health, ii) nurses' perceptions of an educational resource on psychological well-being, and iii) the possible learning needs of new graduate nurses. In addition, during the consultations with senior nurses, I specifically wanted to explore how more experienced nurses perceived how new graduate registered nurses were transitioning into the workplace. In addition, psychological distress impacts all registered nurses (Baylina et al., 2018), and I therefore aspire to have this resource available to all nurses. As a result, I also sought to establish how experienced nurses perceive their psychological health in nursing so that I could adapt my resource for all registered nurses, not just new graduate nurses.

For the environmental scan, I explored the publicly available literature for tools that support psychological health in hospitals in Newfoundland and other Canadian provinces. I also had an informal interview with a psychological health expert to discuss their experiences supporting healthcare employees' psychological health. I initially intended to connect with the Peer Support and Trauma Response Program manager for SickKids Research Institute in Toronto, Ontario, who is an expert in psychological health resources. However, I did not receive a response to my email. I then searched through various mental health databases and contacted the Director of Strategy and Collaboration for Canada Life's Workplace Strategies for Mental

Health. She and her team developed tools to prevent, intervene, and manage mental health issues within the workplace. Her input was instrumental in the development of the resource because her feedback helped me develop the content for the resource and aided in determining the coping mechanism I used within the resource for the new graduate nurses.

I analyzed and synthesized the data gathered from both the consultations and environmental scans to generate the following themes: *feeling unsupported, feeling unprepared, staffing issues, the stigma of mental health and fear, lack of time, and lack of awareness of resources for psychological health*. The information I acquired from local nurses on the specific psychological health challenges was enlightening because it illustrated the current and fundamental issues nurses experience within Eastern Health. The data generated from the consultations and environmental scans assisted me in creating a resource that meets the unique psychological health and educational needs of newly graduated nurses, both in the local context and elsewhere. Appendix B contains a copy of the Environmental Scan and Consultation Report. In the following section, I will provide a summary of the wellness resource.

Summary of the Wellness Resource

Grounded on the findings from the literature review, consultations, and environmental scans, this wellness resource is composed of a virtual lecture with PowerPoint slides, a discussion, and two handouts. Appendix C is a copy of my interim project report, which includes a draft outline of the wellness resource as well.

Part 1: Presentation

The first component of this project is a PowerPoint presentation about psychological health. Through the consultation with the nurse educator, I discovered that the orientation process is no longer in person and is now implemented through virtual learning. In the

presentation, I begin by defining the term psychological health and demonstrating why it is a concern within the nursing profession. Within the environmental scan, other healthcare departments suggested that I incorporate the signs of psychological distress so that the nurses know when it is time to seek help. Some of these are social withdrawal, emptiness, excessive fears, worries and anxieties, and loss of appetite (Great West Life, 2019). Then, I will show the new graduate nurses a quick five-minute coping mechanism video on mindfulness from a website called Mindwell-U (Wellness Together, n.d.). This website was created by a Canadian health technology firm from British Columbia that provides free online courses and webinars on mindfulness. Other slides from the presentation describe the available resources within Eastern Health for promoting and protecting the PWB of healthcare professionals and how to access these resources within Eastern Health databases. Within the notes section of the slides, I provided content to help guide the presentation. While I anticipate that I will do this presentation, my aim is that this will become a sustainable presentation utilized both at orientation as well as education days and other, relevant workshops. Therefore, I may not be the only one to deliver this presentation. As such, these guiding notes are specific to new graduate nurses but are adaptable as well to more experienced registered nurses.

Presentation Design

My goal for the design of the presentation was to create an aesthetically pleasing and calming layout for the audience. Color is connected to evoking feelings within individuals (Reynolds, 2006). According to Schwabish (2016), blues can generate feelings of harmony, peace, and calm within the audience. As a result, where the topic of the presentation is psychological health and how to promote PWB, I chose blue for the backgrounds of most slides to create a calming and compelling presentation for the audience. Furthermore, I ensured that

there was limited text on each slide to avoid losing the audience's attention. Finally, I included pictures relevant to the psychological health of registered nurses. For example, I included pictures of nurses together, nurses who appear stressed, and various pictures of the mind.

Part 2: Discussion

Within the presentation, I will provide an opportunity for discussion of a case scenario describing a typical day in a busy inpatient surgery unit. I will discuss with the new graduate nurses their perception of what will cause them distress going into the nursing profession. Discussion is an essential strategy for adult education because it enables the instructor to assess the learner's comprehension. According to Knowles' Adult Learning Theory (1984), when an educator engages in discussion, they accept and respect that adult students have prior life and learning experiences and are competent, capable learners. Discussing a probable case scenario is constructive in psychologically establishing a degree of preparedness for the new graduate nurse. Using the case scenario, I will demonstrate how busy a surgery unit in an acute care setting can be, preparing them mentally for what to expect going into the profession. In addition, during the consultations, the senior nurses and the nurse educator expressed that they felt new graduate nurses were afraid to ask for help. As a result, during this discussion, the educator can support the audience by explaining that stress will happen in the profession and new graduate nurses should not be afraid to ask for help when needed.

Part 3: Brochure and Lanyard Tag

I will include a brochure as part of the orientation handout packages. The brochure will contain most of the information from the presentation. I proposed this strategy during the consultations, and the nursing staff as well as the nurse educator, strongly acknowledged that I should implement handouts within the resource. The brochure's purpose is to help sustain the

knowledge learned from the presentation and function as a guide to the available resources that may be utilized during times of psychological distress.

I also developed a lanyard tag describing the mindfulness activity used within the presentation so that the nurses can refer to it and practice at their convenience. Handouts enhance the learner's capability to concentrate during lectures and increase their understanding of the content (Wongkietkachorn et al., 2014). Therefore, the brochure and lanyard tag are essential strategies for this educational resource. In both the brochure and lanyard, I applied the same design techniques and principles I utilized for the PowerPoint presentation such as similar color scheme, pictures, and font. Appendix C contains an example of the presentation, brochure, and lanyard tag.

Implementation Plan

I will present this wellness resource during nursing orientation because new graduate nurses find their first year to be the most challenging, especially psychologically when entering the profession (Cheng et al., 2015; Jarden et al., 2021a). I also wanted to educate this population to protect their PWB and provide the necessary tools to support them from day one, so they can carry this information for the rest of their careers. Based on the consultations, I ensured that the presentation was not too long (30 minutes at maximum) to maintain the audience's attention span. I also created notes so the presenter could refer to them during the presentation. Within the notes, I provided sections for new graduate nurses and experienced registered nurses because, eventually, I would like to implement this resource during Education Days so that all registered nurses can access the information within this wellness resource. I would also like to distribute this brochure to every acute care unit to enhance access to the information. Following the completion of this report, I plan to send my resource to the previously identified experts and

have a discussion within the Mental Health Working Group about the possible implementation of this resource. This wellness resource allowed me to exercise my Advanced Nursing Practice (ANP) competencies, and I will explain how in the following section.

Advanced Nursing Practice (ANP) Competencies

Through the development of this practicum project, I was compelled to further develop my professional skills as an advanced practice nurse. I applied four advanced nursing practice (ANP) competencies (Canadian Nurses Association (CNA) 2019) when building my resource. They were i) research utilization, ii) leadership, iii) collaboration, and iv) education.

Research Utilization

Advanced practice nurses are committed to generating, synthesizing, critiquing, and applying research evidence (CNA, 2019). In this practicum project, I demonstrated my ability to generate and synthesize evidence within the literature. In addition, I collected, analyzed, and synthesized data from the consultations (e.g., informal interviews) and environmental scans that assisted me formulate the content within my resource.

Leadership

Advanced practice nurses demonstrate leadership through developing, articulating, and implementing goals or optimal nursing practice and facilitating change within the healthcare system (CNA, 2019). I demonstrated leadership throughout this practicum by aiding Eastern Health's plan for a healthy workplace through the development of an educational resource that will protect and promote the psychological health of new graduate nurses.

Collaboration

An essential aspect of all nursing practice is effective collaboration and communication with other healthcare team members (CNA, 2019). In this practicum, I collaborated with my

fellow nursing staff, such as the nursing educator, nurse managers, new graduate nurses and psychological health experts. Through inquiries with other psychological health experts, I also became a member of a Mental Health Working Group, where I collaborated with other healthcare professionals and leaders within Eastern, Central, and Western Health who are passionate in promoting resources and services for psychological health for registered nurses.

Education

Finally, through this project, I gained enhanced knowledge regarding educational techniques to aid adult learners. Advanced practice nurses are committed to educating all healthcare providers for professional growth and learning related to health and wellness (CNA, 2019). I developed an educational resource about psychological health for new graduate nurses using various educational strategies to adapt my teaching style to support the learning needs of new graduate nurses.

Next Steps

Going forward, I plan to send my resource to my clinical expert, a Psychological Health and Safety Coordinator. She is an expert on psychological health resources within Eastern Health and her feedback will be instrumental in further refining the content. I will also seek feedback from the nurse educator whom I consulted with, as she is an expert in orientating and educating the target population. I also plan to have a focus group discussion with the members of the Mental Health Working Group about the wellness resource to explore the project's sustainability. The group leader is an Acute Care Inpatient Policy Consultant for Mental Health and Addictions. Therefore, I believe with the help of these experts I will be able to print my brochures and create my lanyard tags. If the wellness resource is implemented, I plan to explore the development and implementation in a short survey with questions at the end of the presentation, six months after

orientation, and then at one year post orientation to gather feedback to assess the potential benefits and possible barriers of the resource.

Conclusion

Through the data collected from the literature review, consultations, and environmental scans, it is evident that registered nurses' psychological health is essential to promote and worth protecting now more than ever. Based on knowledge developed through this practicum, I have created a multifaceted wellness resource composed of a presentation, discussion, and handouts to fit the learning needs of new graduate nurses. The resource can also be adapted for experienced registered nurses. It is my understanding that there is currently no educational resource within Eastern Health available for nurses when specifically dealing with psychological distress, especially for new graduate nurses. A wellness resource, such as the one I have developed, is critical to safeguard the health of nurses and healthcare organizations, thereby creating a safe working environment. Safeguarding the psychological health of nurses will, in turn, enhance the safety and overall quality of care received by the residents of Newfoundland and Labrador.

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Appendix A
Literature Review

The Development of a Wellness Resource for New Graduate Nurses in Acute Care Settings.

According to the World Health Organization (2013), mental health is a "state of well-being in which the individual realizes his or her abilities, can cope with the normal stresses of life, can work productively, and make a contribution to his or her community" (pg.12). Thus, promoting health in individuals does not only focus on physical but also on mental health. Furthermore, Jahoda (1958) referred to an individual with positive mental health as obtaining optimal psychological health and well-being. The definition of psychological health divides into psychological distress (e.g., anxiety, depression, stress) and psychological well-being (i.e., satisfaction with life, happiness) (Lee et al., 2019). Therefore, I will use positive psychological health and well-being interchangeably in this literature review. Furthermore, Ryff (1989) described psychological well-being (PWB) as an individual's subjective happiness and functional level of satisfaction with everyday life and managing negative feelings. As a result, according to this definition, protecting PWB is the core of what constitutes an individual protecting their happiness and satisfaction with life.

Healthcare organizations within Newfoundland and Labrador, such as Eastern Health, recognize the importance of protecting the psychological well-being of their employees. For example, Eastern Health has adopted The National Standard of Canada for Psychological Health and Safety (NSCPHS). This standard involves a set of voluntary guidelines, tools, and resources intended to guide organizations in promoting mental health and preventing psychological harm at work (Healthy Workplace, 2019). Within the NSCPHS, the impetus for healthcare organizations to protect the psychological health of their employees is stressed and includes the implementation of interventions that help prevent psychological harm within the workplace. Hence, PWB is instrumental in ensuring a healthy work environment and should be regarded as a

standard component for healthcare professionals. In addition, Guzik (2013) suggested that the workplace provides an important opportunity to promote psychological health because workers typically spend 50% of their lives in the workplace. As a result, the healthcare staff's psychological health and well-being impact both individual and organizational performance. For example, researchers have indicated that the PWB of registered nurses (RN) impacts patients' safety, their job satisfaction, and their intention to leave their job or profession (Brunetto et al., 2013; Hall et al., 2016; Romppanen & Häggman-Laitila, 2017; Pahlevan et al., 2018). Therefore, healthcare organizations must provide a healthy workplace for nurses by valuing and supporting their PWB.

The transition from a controlled practicing environment as a student to the unpredictable world of a practicing registered nurse can cause a new graduate nurse a tremendous amount of psychological distress. However, an effective and efficient healthcare system ensures new graduate nurses have a positive transition into the workplace, which results in increased employee retention (Jarden et al., 2021a). Through a qualitative meta-synthesis of new graduate nurses' experiences, Jarden et al. (2021b) demonstrated that new graduate nurses had negative experiences and emotions with transitioning from student to nurse, such as feeling overwhelmed, alone, and inadequately prepared. As a result, I will conduct an extensive review of the literature for further recent evidence of the impact of PWB within the nursing profession (i.e., intention to leave work, job satisfaction, health issues, and patient safety concerns), with a focus on new graduate nurses. In addition, through this literature review, I will explore the available practices or interventions identified to promote PWB in RNs, with a particular focus on new graduate nurses (i.e., nurses within the first-year post-graduation).

Research Methods

I used the following databases to conduct this literature review: PubMed, Cumulative Index to Nursing and Allied Health Literature (CINAHL), MUN library database, and Canadian Cochrane Network. In addition, grey literature was obtained using Google and government websites. Search terms included: *registered nurse, well-being, psychological well-being, psychological health, patient safety, new graduates, questionnaires, resource, adult learning, intervention, stress, and education*. The articles I have adopted for this review are written in the English language and published in peer-reviewed academic journals. To have the most up-to-date research on PWB, I aimed for research articles that are from 2010 to 2022, unless necessary, to define essential terms or describe theories against which I have modelled chosen strategies. Refer to Appendix A for summary tables of the search results.

In the following sections, I will explore the impact of PWB within the nursing profession by describing the incidence and prevalence of PWB in healthcare and demonstrating how patient safety, job satisfaction, and staff retention are affected by the psychological health of registered nurses. Next, I will explore the implications of psychological distress on new graduate nurses. Then, based on my review of the literature, I will propose interventions that will promote PWB in registered and new graduate nurses. Finally, I will describe the educational strategies to facilitate the chosen interventions generated from the literature.

Incidence and Prevalence

Psychological well-being can affect a person's health and ability to regulate stress. For example, in a meta-analysis of 150 experimental, longitudinal studies that evaluated the impact of well-being on objective health outcomes, Howell et al. (2007) suggested that well-being, in terms of positive psychological constructs, such as PWB, improves an individual's health

directly. Hence, well-being enhances the immune system response and protects the body against the adverse effects of stress. Furthermore, data from this analysis concluded that individuals with strong well-being have a 14% probability of living longer than individuals with lower well-being (Howell et al., 2007). Similarly, a repeated measure design by Farquharson et al. (2013) evaluated the physiological effects of psychological distress on one hundred Scottish nurses and linked nurses' psychological distress to adverse outcomes. Such outcomes described were burnout, depression, anxiety, low-back pain, or musculoskeletal symptoms that harm an individual's health and can negatively influence the nurse's ability to function in life and at work (Farquharson et al., 2013). Thus, Farquharson et al. (2013) established that PWB is essential to living a healthy life because PWB impacts one's psychological and physical health.

Living a healthy lifestyle includes working in a healthy work environment. Unfortunately, nurses face high stress working environments daily, jeopardizing their psychological health. Long hours of shift work, heavy workloads (Baylina et al., 2018) and situations that cause tremendous stress and anxiety, such as being short-staffed or having sick patients (Ashley et al., 2021), can be psychologically taxing on nurses. For example, healthcare professionals, such as nurses, experience more stress, burnout, and psychological ill-health than any other profession (Baylina et al., 2018; Cheng & Cheng, 2016; Hoffman, 2018). In their cross-sectional study, Baylina et al. (2018) demonstrated that healthcare workers are exposed to several psychological risk factors (i.e., work relations with superiors and colleagues and emotional demands of the occupation) that significantly affect their PWB.

Similarly, Stelnicki and Carleton (2021) illustrated that 47.9 % of Canadian nurses screened positive for mental health disorders. It is essential to acknowledge the PWB of nurses because they comprise a substantial portion (one-third) of the healthcare workforce, with 60% of

nurses working in hospitals (Stelnicki & Carleton, 2021). Quite strikingly, if almost half of the population of nurses have psychological distress, it will affect a significant fraction of the healthcare system.

Researchers also demonstrated that PWB could impact a nurse's work performance. In a meta-analysis of 111 articles on how psychological health affects work performance, Ford et al. (2018) indicated that PWB has a moderate-to-strong correlation to work performance. As such, if a nurse is stressed and has negative PWB, it is likely that the nurse's performance will be negatively affected, creating a potentially dangerous work environment for both staff and patients.

Within Eastern Health, employees participated in a survey to measure their psychological health. Based on the results of this survey, Eastern Health had not met a large number of employee psychological health needs (i.e., ability to manage staff fatigue, prevent burnout, and promote resilience to minimize unnecessary stress at work) (Mental Health Commission of Canada, 2018). Recently, the PWB of Canadian nurses has not improved and has been challenged, especially because of the COVID-19 pandemic (Statistics Canada, 2021; Stelnicki et al., 2020; Yayla & Eskici İlgin, 2021). The Canadian Federation Nurses Union surveyed 4467 Canadian registered nurses in November 2021 and found that two-thirds of nurses said their psychological health was worse than one year prior. In addition, Statistics Canada (2021) revealed that 37% of nurses reported a decline in psychological health since the onset of the pandemic. In their rapid literature review, De Kock et al. (2021) indicated that COVID-19 has considerably impacted the PWB of front-line hospital staff, where they had higher levels of stress, anxiety, depression, and insomnia. Furthermore, in a cross-sectional study by Yayla &

Eskici İlgin (2021), nurses neglected their work-life balance the most, which led to increased negative PWB.

The Impact of Nurse's Negative Psychological Health

PWB is an integral concept to nurses' health, where negative psychological symptoms such as anxiety, stress, and burnout are on the rise now more than ever (Yayla & Eskici İlgin, 2021). Researchers support the need for attention to PWB as an essential and ongoing issue of concern because it affects nurses, patients, and organizations (Duijts et al., 2007; Pahlevan et al., 2018; Oates, 2018). In the following sections, I will describe the impact psychological distress can have on patient safety, job satisfaction for nurses, and costs to the organization.

Patient Safety

The PWB of nurses is a specific area of concern because the health of nurses can potentially impact the outcomes of patients, such as more self-reported errors and decreased cognitive function (i.e., decreased ability to concentrate or think clearly) (Hall et al., 2016), decreased quality of care (Baylina et al., 2018) and increased medication errors (Lee et al., 2019). In their review, Hall et al. (2016) investigated the association between PWB and burnout in healthcare professionals and patient safety and discovered that 59.3% of the researchers found that psychological distress (i.e., depression, anxiety, job stress) was associated with inadequate patient safety.

Healthcare professionals also perceive their work environment safer when organizations value the need to protect their PWB. In their cross-sectional study, Lee et al. (2019) demonstrated that nurses with positive PWB had enhanced safety attitudes towards their practice environments and improved patient safety outcomes. For example, using the Ryff's Psychological Well-being Scale, a tool for measuring PWB, Lee et al. (2019) significantly

predicted that high scores of PWB lead to high scores in measures of nurses' perceptions of patient safety and the quality of the practice environment.

However, in recent years and with the stresses of the COVID-19 pandemic, nurses themselves are not confident of the safety of patients in healthcare environments. Unfortunately, the Canadian Federation of Nurses Unions (CFNU) national survey (2021) demonstrated that two-thirds of Canadian nurses believed that in 2020, the quality of health care had deteriorated, with a quarter of the nurses rating patient safety in their workplace as failing. Not only are attitudes toward patient safety and quality of care impacted by PWB, but attitudes towards job satisfaction have also been revealed to be affected by PWB (Pahlevan et al., 2018).

Job Satisfaction

As previously mentioned, nurses often work in conditions that are not conducive to protecting their PWB, such as working short-staffed, caring for highly acute patients, and working in highly stressful situations. Consequently, in two cross-sectional studies, researchers suggested that when registered nurses negatively perceive the work environment, it leads to negative PWB and vice versa (Baylina et al., 2018; Pahlevan et al., 2018). Baylina et al. (2018) associated job demands and workload with having a negative effect (i.e., decreased job satisfaction) on the well-being of healthcare professionals. In addition, Pahlevan et al. (2018) studied a connection between PWB and two outcomes, i.e., job satisfaction and quality of care. Pahlevan et al. (2018) describe how the results lead to a pathway where elevated levels of PWB generated increased perceptions of emotional connections with patients, safer practice environments, and overall increased satisfaction with their organization and profession. As mentioned earlier, researchers define *psychological well-being* as being satisfied with life, but

this may prove difficult for registered nurses as they constantly feel overwhelmed by the demands of stressful workloads and situations.

If a nurse is not feeling well psychologically (i.e., stressed), they are less likely to feel motivated to perform their job to the best of their abilities and do the bare minimum to get through the shift. In a meta-analysis, Ford et al. (2011) suggest a strong correlation between job performance and psychological health. Therefore, healthcare organizations should recognize that when nurses work in challenging environments, it can negatively affect these staff members' job performance and perceptions of support. Hence, nurses with higher PWB provided better quality care to their patients. Additionally, if nurses are dissatisfied with their workplace, they are more likely to leave the profession (Dwyer et al., 2019).

Retention

Retention is when organizations reduce turnover rates of staff and are able to keep employees within the profession (Phillips & Connell, 2003). In 2020, The World Health Organization (WHO) predicted a world nursing workforce shortage of six million nurses by 2030 (World Health Organization, 2020). According to a report on the nursing workforce in Canada, Newfoundland and Labrador had the third-lowest retention rate of nurses, retaining only 76.7% of new graduate nurses (Canadian Institute for Health Information, 2020). Promoting psychological health within organizations will prove beneficial in the long term because PWB leads to the increased commitment of employees (Baylina et al., 2018; Brunetto et al., 2016). In their cross-sectional study of 242 Australian nurses, Brunetto et al. (2016) concluded that the intention to quit the profession was positively affected by psychological distress. Retaining nurses within the profession is another example of the importance of protecting the PWB of nurses, especially new graduate nurse.

New Graduate Nurses

Healthcare organizations retain new graduate nurses when healthcare organizations ensure that these new nurses have a smooth transition into the workforce. According to a quantitative systematic review by Jarden et al. (2021a), new graduate nurses are a population worth targeting because protecting their PWB creates an effective and efficient healthcare system as measured by the reduction in the costs of hiring more staff and increasing the retention of nurses. In a national study where 4467 practicing nurses were surveyed in November of 2020, Hall and Visekruna (2020) determined that the majority (59%) of nurses who had "thought of leaving the workforce" were early career nurses. More new graduate nurses are leaving the profession, but fewer are also graduating than before. In 2020, 12071 Canadian nursing students graduated; this is a six percent drop in nursing graduates from 2018 (Hall, L.& Visekruna 2020). With the increase in new graduate nurses leaving the profession and the decrease in those graduating, it is essential to do what it takes to safeguard this population of nurses.

Researchers have demonstrated that transitioning from student to new graduate nurse is difficult and stressful (Dwyer et al., 2019; Frögéli et al., 2019; Halpin et al., 2017; Hawkins et al., 2020; Jarden et al., 2021b; Opoku et al., 2020). Jarden et al. (2021b) identified that new graduate nurses struggle with transitioning into the workforce because of negative experiences with senior nurses, emotions such as feeling overwhelmed, stressed, alone, and being inadequately prepared through orientation or within their nursing education. Stress was a frequent issue which researchers identified as disrupting the PWB of new graduate nurses (Halpin et al., 2018; Qiao et al., 2011). In addition, Halpin et al. (2018) found that younger nurses reported experiencing more stress than older nurses. In their study, Dwyer et al. (2019) revealed that 51.5 % of new graduate nurses met the criteria for burnout. As a result, possible

reasons for new graduate nurses having challenges entering the workforce include several factors that can cause stress and affect their PWB, such as role ambiguity and lack of understanding of their scope of practice (Frögéli et al., 2019), demanding workload (Haplin et al., 2017; Jardin et al., 2021a; Lorente et al. 2021; Opoku et al., 2020), type of leadership (Dwyer et al., 2019), and lack of organizational support (Hawkins et al., 2020; Wu et al., 2012). Therefore, new graduate nurses are a group worth targeting to enhance PWB in creating a more positive work environment within healthcare systems.

New graduate nurses often face a fast-paced working environment where new nurses are required to implement skills they have not yet mastered. In their integrative literature review, Hawkins et al. (2019) identified the common emotional theme of *fear* among new graduate nurses. Fear described by new graduate nurses was related to higher acuity patients, making mistakes, potentially harming patients, and inability to meet expectations (Halpin et al., 2018; Hawkins et al., 2019). Therefore, in a world of continuing nursing shortages (Jarden et al., 2021a), valuing and protecting the PWB of new graduate nurses and ensuring that they are equipped psychologically for the stressful profession should prove beneficial to healthcare organizations. As the psychological distress of new graduate nurses is the highest within their first year of working (Cheng et al., 2015; Frögéli et al., 2019; Jarden et al., 2021a), it is essential to implement interventions early, i.e., orientation to positively impact the PWB of new graduate nurses. In the next section, I will discuss specific strategies to enhance the PWB of both experienced registered nurses and new graduate nurses.

Strategies or Interventions to Address the Problem

To protect registered nurses' psychological health, it is imperative that healthcare organizations implement interventions to support nurses in managing stressful situations and

negative emotions. In their systematic review of intervention studies that promote PWB in healthcare professionals, Romppanen & Häggman-Laitila (2017) analyzed ten intervention studies, nine of which found significant results for improving the PWB of nurses. In half of the studies within this review, researchers implemented interventions that targeted stress management, while the others explored the benefits of improving interactions between colleagues, workload, and supervision (Romppanen & Häggman-Laitila, 2017). The overarching result of this review was that organizations are responsible for implementing interventions to support and enhance nurses' PWB.

Researchers have studied a variety of interventions where the desired outcome is improved PWB including The Workers' Health Surveillance (WHS) module (Bolier et al., 2014), an Integrated Health Program (IHP) (Tveito & Ericksen, 2009), and a workload assessment tool (Rickard et al., 2012). The WHS module (Bolier et al., 2014) involves nurses participating in an online questionnaire that screens for psychological health issues such as distress, depression, anxiety, work fatigue, and risky drinking. Based on their score on the screening questionnaire, the nurses received automatically generated personalized feedback and online education on coping mechanisms. For example, nurses screened for psychological health issues were offered Psyfit, a four-week-long course aimed at enhancing well-being and mental fitness (composed of principles stemming from positive psychology, cognitive behavioral therapy, and mindfulness) (Bolier et al., 2014). The IHP involves physical exercise, health information/ stress management training, and weekly practical examination of the workplace. Another intervention by Rickard et al. (2012) included strategies such as developing and implementing a nursing workload assessment tool; and increasing the number of nursing personnel to address nursing shortages.

There is robust research on mindfulness as an intervention to improve psychological well-being. One randomized control trial (RCT) (Pipe et al., 2009), a non-randomized control trial (NRCT) study (Durante & Pinto-Gouveia, 2016), and an uncontrolled before and after study (Lan et al., 2014) provide evidence that educating healthcare professionals, especially registered nurses, on coping strategies such as Mindfulness-Based Stress Reduction (MBSR) practices helped reduce stress and increase PWB. MBSR practices teach individuals (i.e., nurses) to take the time to breathe deeply and be mindful of the body, (complex) emotions, and thoughts during stressful situations (Durante & Pinto-Gouveia, 2016). MBSR interventions can increase PWB during a hectic and stressful work life for registered nurses. For example, in the controlled before and after study (CBA) by Ibrahim et al. (2021), an app that taught emergency nurses MBSR increased the PWB of these nurses significantly during the rise of the COVID- 19 pandemic. As a result, mindfulness training is an effective intervention to promote PBW and an app is an effective strategy because it accommodates the busy lifestyle of nurses and allows for the ability to practice mindfulness in any location (Ibrahim et al., 2021).

Lee et al. (2018) and Lorente et al. (2021) validated the emphasis on the importance of coping mechanisms to increase the PWB of nurses. These researchers examined coping strategies, with Lorente et al. (2021) discussing how problem-focused coping (PFC) (i.e., reducing the source of the stress to improve the situation) and emotional-focused coping (EFC) (i.e., reducing the emotional discomfort or effects triggered by a situation) significantly increased PWB. Similarly, Lee et al. (2018) noted that approach-oriented coping styles (eliminating stressors and modifying the external cause) increased PWB and safety attitudes. Coping interventions that aim to promote PWB, may result in a better nursing practice environment, improved patient safety, and better nursing care outcomes (Lee et al., 2018, Lorente et al., 2021).

Brunetto et al. (2016) and Kim and Yoo (2018) describe Psychological Capital (consisting of self-efficacy, hope, optimism, and resilience) as a personal coping resource that helps registered nurses with stress management and which has significantly improved PWB (Brunetto et al., 2016), graduate nurse retention, and work engagement (Kim & Yoo, 2018). The common theme of all these interventions is that practices that promote coping during stressful nursing situations effectively enhance the PWB of nurses. In the next section, I will describe strategies that enhance the PWB of new graduate nurses in particular.

New Graduate Nurses

As previously mentioned, new nursing graduate nurses are a group at risk of experiencing psychological distress. Therefore, reviewing interventions that promote this group's psychological well-being is essential. Several researchers have stressed the importance of education as a strategy to promote PWB in nurses (Chen et al., 2021; Hawkins et al., 2020; Wu et al., 2012). Chen et al. (2021) and Qiao et al. (2011) both indicate that interventions for training new graduate nurses should focus less on professional ability and more on supporting psychological health. Chen et al. (2021) created an adaptive education program for new graduate nurses, similar to the WHS program by Boiler et al. (2014), in that the education is adapted to the specific needs of the nurses. The program created by Chen et al. (2021) involved three parts: learning care (the educator assesses the learning needs of new graduate nurses and develops a learning plan); care for health (monitoring the physical and mental symptoms of the new graduate nurses) and improved professional ability (specialized training, such as simulations, to improve competence that will lead to increased patient safety). This educational intervention significantly reduced negative psychological emotions and increased the retention of new

graduate nurses (Chen et al., 2021). As a result, adaptive educational programs are an effective method that healthcare organizations can utilize to protect the PWB of new graduate nurses.

Coping strategies are also instrumental in improving the psychological well-being of new graduate nurses (Qiao et al., 2011; Sampson et al., 2019; Wu et al., 2012). Sampson et al. (2019) adapted a cognitive behavior therapy program called MINDBODYSTRONG to teach newly licensed nurses (i.e., new graduate nurses) how to cope with stressful situations and improve mental (psychological) health. The program consisted of teaching new graduate nurses' content on "Caring for Your Mind," "Caring for Your Body," and "Skills Building and Goal Setting." By implementing the MINDBODYSTRONG program, there were increased positive effects on psychological health variables (e.g., decreased levels of perceived stress, depression, and anxiety) in the intervention groups compared to the control groups (Sampson et al., 2019). In addition, coping strategies such as planning and acceptance (Qiao et al., 2011) and seeking advice or direction (Wu et al., 2012) considerably improve stress and, in turn, PWB. Qiao et al. (2011) analyzed the connection between coping skills and PWB; they determined that of all the coping strategies, new graduate nurses who planned their day (i.e., making a list of what tasks to do for that day) and practiced acceptance of feelings and stressful situations had higher levels of PWB. Wu et al. (2012) further suggest that healthcare organizations should incorporate coping behaviors into new graduate nurses' orientation.

The Canadian Healthcare Association adopted a position statement and standard for Psychological Health and Safety in the Workplace (Canadian Standard Association, 2013). Eastern Health has also adopted this standard to promote the PWB of healthcare workers within their organization (Healthy Workplace, 2017-2020). This position statement includes the provision of psychological health training to employees to help them understand the signs and

symptoms of psychological health problems and learn psychological health promotion practices, such as coping strategies, resiliency skills, and the availability of psychological resources. Based on this position statement and the information gleaned in this literature review, I suggest that the best practice for increasing PWB in new graduate registered nurses is to create an educational resource on coping strategies and ensure resources are available to help manage stressful situations. Effective coping strategies identified in the literature are approach-orientated (Lee et al., 2019), mindfulness-based practices (Durante & Pinto-Gouveia, 2016; Ibrahim et al., 2021; Lan et al., 2014; Pipe et al., 2009), and emotional and problem-focused strategies (Lorente et al., 2020). In the following section, I will outline proposed educational strategies to teach coping mechanisms to new graduate nurses to increase PWB.

Education in Nursing

In the following section, I will describe my theoretical framework on which I have based the educational strategies and discuss how lecturing, discussion, and online modules effectively educate new graduate nurses on coping mechanisms to protect and promote psychological health.

Theoretical Framework

Before describing specific educational interventions, it is essential to understand the theoretical framework paramount to educating adult learners (i.e., new graduate nurses). Knowles' Adult Learning Principles (1984) includes six characteristics of adult learners that have been used extensively in nursing education (Aliakbari et al., 2015). According to Knowles (1984), adult learners are autonomous and self-directed, have a foundation of experiences and knowledge, are goal-oriented, practical, and value respect. Thus, adults are independent and have years of knowledge and experiences that impact how they perceive the world and incorporate new knowledge (Knowles, 1984). Knowledge gained through education allows adults to build on

what they have previously learned. Finally, educators can succeed in teaching adults when they are taught in a climate where they feel respected and when the learning material is relevant and practical.

Another theoretical underpinning, I will draw from is the Social Cognitive Theory (SCT) proposed by Bandera (1991). Bandera (1991) proposed facilitating behavior change is best in an environment with optimal social interaction. This theory is applicable to my proposed project because the desired teaching outcome is to educate new graduate nurses on coping mechanisms to enhance their productive response to stress. In addition, social-cognitive learning theories are suitable for teaching in a group environment, learning new behaviors and skills, encouraging previously learned behaviors, and drawing learners' attention to nursing education (Aliakbari et al., 2015). Therefore, social settings (such as orientation) can be an effective learning environment when developing effective education strategies for adult learners such as new graduate nurses. In the following sections, I will describe how both theories may help to develop an educational resource on coping mechanisms for new graduate nurses.

Education Strategies

Education is fundamental in sharing essential information to registered nurses. There are several supportive educational strategies for new graduate nurses, which include lectures, simulation (Hawkins et al., 2019; Pertiwi & Sri Hariyati, 2019; Wu et al., 2012), peer mentoring (Pertiqi & Hariyati, 2019), case studies, and discussion (Hawkins et al., 2019; Wu et al., 2012). According to Wu et al. (2012), when nurses practice coping mechanisms at work, their interpersonal skills and ability to manage demanding workloads are improved. Consequently, educators can teach coping behaviors through role-play, reflection activities, and role modelling in the clinical work environment (Wu et al., 2012). Pertiwi and Sri Harivati (2019) analyzed

orientation programs and their effectiveness in teaching new graduate nurses. The authors demonstrated that lecturing new graduate nurses resulted in fewer patient care errors and unsafe practices (Pertiwi & Sri Harivati, 2019). Therefore, lecturing, discussion, and online modules will be the chosen educational strategies for educating psychological coping mechanisms for new graduate nurses.

Lecture

According to Jie-hui (2016), lecturing is a straightforward way to impart knowledge to students quickly while using class time cost-effectively. Implementing a form of lecturing is essential because the educator should provide content on the purpose behind coping mechanisms and how to perform them (i.e., mindfulness). Qiao et al. (2011) suggest that nursing educators teaching orientation should focus on reinforcing knowledge and skills by helping new graduate nurses develop coping strategies to deal with stress. Therefore, new graduate nurses will learn strategies to prevent psychological distress in their workplace through lecturing because it introduces new material and presents complex information (Jie-hui, 2016). Teaching new nurses coping mechanisms involves the learners observing how to perform these interventions, where the instructor performs the coping mechanism so the audience can understand how to perform it (Aliakbari et al., 2015). Therefore, I would include content for my lecture in the form of a brief power point and present it in person to the new graduate nurses during orientation. Once I have finished explaining the context of why and how to perform coping mechanisms, I will have the audience partake in a discussion.

Discussion

Discussion is an important teaching activity in adult learning because it allows the instructor to interact with the adults and assess their understanding of the learned behavior. As a

result, using Knowles' Adult Learning Theory (1984) will enable me to acknowledge that adults bring plenty of background experiences and new learning processes, thus, validating adults as competent and capable learners. In addition, a discussion is necessary because it allows educators to ask appropriate questions to build on previous knowledge and experiences of the audience while assessing possible barriers and/or learning opportunities within the group. I will incorporate discussions within and after my lecture to engage the audience and increase understanding of the content. The SCT correlates to discussion because individuals learn best in social interaction, and discussion could lead to the desired effects of this educational resource. Therefore, the educator can use case scenarios and then discuss possible coping mechanisms and how to use them in the situation to better PWB. The educator can also assess if the new graduate nurses have any questions regarding the educational material.

Online Module

Another method of teaching adult learners is through self-directed online modules. Online educational interventions have significantly increased PWB in healthcare professionals (Bolier et al., 2014; Ibrahim et al., 2021). In their Mindfulness Based Stress Reduction (MBSR) intervention, Parsons et al. (2017) suggest that practicing mindfulness is often conceptualized as a form of mental training, which like physical training, with greater practice, there is a greater benefit to a person's overall well-being. As a result, to master coping mechanisms, such as MSBR, practice is essential. Therefore, incorporating additional learning through online modules reinforces what new graduate nurses have learned in class and where the audience can practice the newly learned coping mechanism at any location (Curriculum Instructional Materials Center, 2018). This educational strategy also respects adults as independent individuals who are self-directed learners taking charge of their education (Knowles, 1984). By offering online modules

to practice the newly learned coping mechanisms, the new graduate nurses take control of their own learning, essentially respected by the educator as independent and autonomous individuals. This is a key aspect of Adult-Learning Principles (Knowles, 1984).

Therefore, through lecturing, discussions, and online modules, the new graduate nurses can learn why learning coping mechanisms are essential, how and when to perform them, and to practice them at any location. However, as acknowledged by Stelnicki et al. (2020), there are barriers and enablers to consider in implementing this education on coping mechanisms to improve psychological health.

Barriers and Facilitators

It is essential to anticipate potential factors or barriers to developing or accepting a strategy when implementing an intervention (Harrison & Graham, 2021). A potential facilitator to enhance learning would be for me to provide the lecture notes in a handout in addition to an online module and lecture. According to Opoku et al. (2020), a catalyst in improved and supportive learning for new graduate nurses was when they could refer back to previous lecture notes from their nursing education. I believe this concept will also apply to the content I will teach during my lectures and further facilitate the education provided on coping mechanisms and the available resources for psychological health.

A potential barrier to developing this educational resource is the nursing staff's beliefs of interventions for psychological health. For example, there continues to be a stigma around psychological health. Nurses might believe they do not need to practice coping strategies because they do not have mental health issues and would not practice coping strategies in real life (Stelnicki et al., 2020). Within contemporary society, the stigma around mental health continues to be an issue. Despite all efforts to reduce mental health stigma, it is still prominent in

healthcare workers. According to a survey in Manitoba, there are indications of mental health stigma among nurses, where nurses often underreport post-traumatic stress disorder symptoms or diagnoses due to fear of superiors' retribution or job loss (Stelnicki et al., 2020). Lan et al. (2014) promoted their MBSR intervention as a wellness program to avoid issues of mental health stigma. To address this issue, following the example of Lan et al. (2014), calling the intervention a wellness intervention could reduce the stigmatization of the program. Therefore, in keeping with Lan et al. (2014), for my educational resource, instead of referring to "an educational resource on psychological well-being," I will also describe my intervention as an educational *wellness* resource to reduce potential stigma.

Conclusion

Through this literature review, I have articulated the impact of psychological well-being on healthcare organizations and nurses. When healthcare organizations support interventions that improve the PWB of nurses, they create an optimal workplace for nurses, patients, and organizations. Patient safety, the health of professionals, and the costs of nurses leaving the workforce are at risk, and interventions must be in place to prevent and protect the affected persons. Education is integral to helping staff engage in coping mechanisms within a stressful and often demanding profession. By educating new graduate nurses on the importance of developing coping mechanisms through lectures, online modules, and discussions, the goal is to create a workforce equipped with the tools to overcome distressful psychological situations and support positive psychological health within the nursing profession. As a future advanced practice nurse (APN), I cannot change the fact that the nursing profession is busy and stressful; it is the nature of the profession. However, APNs can educate staff and help develop the

appropriate tools so that nurses can flourish in clinically stressful situations and interactions and provide enhanced quality nursing care and positive patient outcomes.

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Appendix A: Literature Summary Tables

Study/Design	Methods	Key Results	Comments
<p>Baylina et al. (2018)</p> <p>Cross sectional</p> <p>Aim: To explore the relation of work-related risk factors and well-being among healthcare workers and the impact on patient safety.</p>	<p>N= 361 healthcare workers from the north and center of Portugal</p> <p>Setting: Portugal</p> <p>Data Collection:</p> <p>Working conditions, health and well-being, and the relationship between them:</p> <p>Health and Work Survey (INSAT):</p> <p>Cronbach alpha > 0.8</p> <p>Mental Health Continuum - Short Form (MHCSF):</p> <p>Cronbach alpha of 0.8</p> <p>Analysis: a descriptive analysis, as well as correlational and multiple linear regression analysis.</p>	<p>Risk factors on psychological well-being</p> <p>Precise and fine gestures p= 0.003</p> <p>Intense work pace p= 0.012</p> <p>Most of the participants are exposed to several risk factors at workplace (ranging from environmental risk factors, biological to physical), although the psychosocial risk factors (work relations with superiors and colleagues, employment relations, and emotional demands) are the ones that most impact on well-being.</p>	<p>Design: Weak</p> <p>Quality: High</p> <p><u>Support for Proposed Project:</u> The researchers describe how nurses are exposed to psychological risk factors at work that affects their well-being.</p> <p>Issues: lack of control</p> <p>Unclear if random selection or response rate of participants.</p>

<p>Bolier et al. (2014)</p> <p>Design: RCT</p> <p>Aim: To examine effectiveness of a WHS module.</p>	<p>N: 1140 nurses and allied health professionals, such as physiotherapists and radiotherapist</p> <p>Country/setting: Large academic medical center in the Netherlands.</p> <p>Intervention Group: 212 started the baseline questionnaire, 178 completed the baseline questionnaire and 70 completed again at the 6 months.</p> <p>Control Group: 211 started the baseline questionnaire, 188 completed the baseline questionnaire and 138 at 6 months.</p> <p>Intervention: Completion of the online WHS module that screens for the following aspects: impaired work functioning, distress, work-related fatigue, risky drinking behaviour, depression, anxiety, and post-traumatic stress.</p> <p>Control: After the six-month follow-up assessment, they received the same offer as the online group: personalized feedback and a matched offer of self-help interventions.</p> <p>Data collection:</p> <p><i>Positive mental health</i> (primary outcome): measured using the NHC-SF at 3 and 6 months. All tools reliable and valid.</p> <p>Secondary outcomes were also measured at 3 and 6 months:</p> <ul style="list-style-type: none"> • <i>Work engagement:</i> measured using the UWES-9 tool. • <i>Well-being:</i> measured using the WHO- 5 scale. • <i>Depression & anxiety:</i> measured using the BSI. 	<p>All analyses were conducted using T- tests and alphas of 0.05.</p> <p>Positive mental health</p> <p>Significantly enhanced in the intervention group,</p> <p>Before: Intervention: 3.39 out of 5 Control=3.25</p> <p>6 months:</p> <p>Intervention: 3.65 Control=3.33 (F = 3.46, p = 0.03)</p> <p>Work engagement: Significant increase in the intervention group.</p> <p>Before: Intervention: 4.36 Control: 4.37</p> <p>6 months: Intervention: 4.46</p> <p>Control:4.32 (F = 3.44, p = 0.03)</p> <p>Well-being: **Psychological well-being was enhanced in the interventions group.</p> <p>Before Intervention: 63.7 Control= 63.8</p> <p>After Intervention: 67.8 Control= 67.9 (F = 5.35, p = 0.01)</p> <p>Depression and anxiety symptoms: Symptoms were significantly reduced in the intervention group. (F = 4.33, p = 0.01)</p>	<p>Strength of design: Strong</p> <p>Quality of study: Medium</p> <p><u>Support for Proposed Project:</u> Strong intervention integrity due to study design and use of control group, therefore effective intervention for enhancing psychological well-being of nurses.</p> <p>Issues:</p> <ul style="list-style-type: none"> • Loss of participants and low commitment raised questions about the acceptability of intervention.
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<p>Brunetto et al. (2016)</p> <p>Cross-sectional design.</p> <p>Aim: To examine the impact of an individual resource factor (psychological capital) and an organizational resource (management support) on nurses' intentions to quit</p>	<p>Country: Australia</p> <p>Sample: 242 nurses working in five Australian hospitals in the one regional network during 2013. Response rate was 33%</p> <p>Data collection and outcomes: all the following questionnaires used Likert rating scale.</p> <p>Psychological capital: PCQ-24 tool</p> <p>Looked at hope, efficacy, resilience, and optimism, was used. (Cronbach alpha: 0.87)</p> <p>Organizational Support: The Survey of Perceived Organizational Support (POS) (Cronbach alpha= 0.91)</p> <p>Affective commitment: Affective Commitment Scale (Cronbach alpha= 0.87)</p> <p>Job satisfaction: Brayfield and Rothe's (1951) satisfaction scale. (Cronbach alpha=0.86)</p> <p>Psychological distress: the Kessler-10 (K10) (Cronbach alpha=0.93)</p> <p>Intent to quit: measured using three sets of items to derive a six-item comprehensive and stable measure (Cronbach alpha= 0.73)</p> <p>Analysis: Maximum likelihood estimation (MLE) was used for the analysis</p>	<p>Job satisfaction was positively affected by psychological capital and organizational support. (45 %)</p> <p>Psychological distress was negatively affected by psychological capital.</p> <p>Affective commitment was positively affected by organizational support and job satisfaction. (52%)</p> <p>Intention to quit was positively affected by psychological distress and negatively affected by affective commitment. (44 %)</p>	<p>Strength of design: Weak</p> <p>Quality of study: Medium</p> <p><u>Support for Proposed Project:</u> Researchers describes how psychological distress decreases retention within the nursing profession.</p> <p>Issues: Risk for bias due to self-reports of survey</p> <p>Low response rate</p>
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<p>Chen et al. (2021)</p> <p>Controlled before and after study design</p> <p>Aim: the effects of intervention through an appropriate education program on the learning about mental health and work intentions of new recruits during the transition period.</p>	<p>Country: Taiwan</p> <p>Sample: 293 new graduate nurses from a large teaching hospital from May 2017 to December 2018.</p> <p>Intervention: A three-month adaptive education program was provided and evaluated in terms of: care for learning, care for health, improving professional ability, and individualized guidance on satisfaction, mental health disturbance and work intention.</p> <p>Intervention: 41 new graduate nurses received the adaptive education program.</p> <p>Control group: those who did not receive this program.</p> <p>About half of the newly recruited nursing staff were auditory learners 151 (51.5%), followed by kinesthetic learners (23.5%), and a very small number (2%) were multiple types with more than one learning style (Multimodality) learners.</p> <p>Methods:</p> <p>Instructor's Individualized Teaching Satisfaction:</p> <p>Questionnaire prepared by the researcher.</p>	<p>Program is divided into three parts.</p> <p>Part 1: Care for Learning:</p> <p>The average satisfaction rate for the 5-point Likert scale was 4.61 ± 0.47. As analyzed by the learning style, the average satisfaction of visual learners was 4.74 ± 0.46, followed by the satisfaction of multimodality learners at 4.72 ± 0.44, but for learners with different learning styles there was no statistical difference in satisfaction ($p < 0.35$)</p> <p>Part 2. Care for Health:</p> <p>Gentle care and Guidance:</p> <p>Psychological distressed decreased. 12.61 ± 2.57 to 6.59 ± 3.12 over time.</p> <p>($p < 0.001$)</p> <p>Control group:</p> <p>Psychological distress increased slightly from 3.92 ± 2.49 to 4.99 ± 3.35.</p> <p>Part 3. Improving Professional Ability:</p> <p>received gentle care coaching (10.54 ± 7.82) had more progress in professional knowledge than those who did not receive gentle care coaching (7.57 ± 7.63),</p> <p>($t = 2.27, p = 0.02$).</p>	<p>Design: Strong</p> <p>Quality: Medium</p> <p>Strength: Advanced statistical analysis and strong study design.</p> <p><u>Support for Proposed Project:</u> Strong study design providing evidence for an educational learning program on mental health for new graduate nurses.</p> <p>Issues:</p> <p>Little information on response rate.</p>
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	<p>Likert rating scale (Validation is unclear)</p> <p>Psychological Distress:</p> <p>The Brief Symptom Rating Scale, BSRS-5</p> <p>Cronbach's alpha was 0.84, the sensitivity was 82.6%, and the specificity was 81.8%</p> <p>When the new graduate nurses had a BSRS-5 ≥ 10 points, the clinical teacher (preceptor) and the unit nursing chief proactively provided gentle care and guidance.</p> <p>Learning Effectiveness and Satisfaction</p> <p>A self-developed professional knowledge scale</p> <p>50 questions</p> <p>Cronbach alpha of 0.72</p> <p>Work intention:</p> <p>The turnover rate within three months and the one-year retention rate were measured.</p> <p>Analysis:</p> <p>Descriptive analysis, ANOVA ,</p> <p>the Generalized Linear Model.</p>	<p>Intention to leave:</p> <p>37 (12.6%) of new graduate nurses that turnover leave their jobs within 90 days of employment.</p> <p>The new graduate nurses in the emergency and intensive care unit with a higher psychological distress for the first time on the job are more likely to have the tendency to resign, and this is statistically significant ($p = 0.03$).</p>	
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<p>Cheng et al. (2015)</p> <p><u>Design:</u> longitudinal design</p> <p><u>Purpose:</u> Explore the relationship between job stress, job satisfaction and related factors, such as over time among new graduate nurses.</p>	<p>Country/setting: Taiwan</p> <p>N: 206 New Graduate Nurses who had graduated from the RN-BSN.</p> <p>Response rate: 56.80%, 50% and 36.90% for these three-time points.</p> <p><u>Data collection:</u> Job Satisfaction: The Work Environment Nursing Satisfaction Survey Cronbach alpha of 0.92</p> <p>Job Stress: The Clinical Stress Scale Cronbach's alpha was 0.94</p> <p>Analysis: descriptive statistics longitudinal and repeated measure data were analyzed using the generalized estimating equations (GEE) to understand the changes in these variables across three data collection time periods</p>	<p>Job Stress Decreased, but it was not significant</p> <ul style="list-style-type: none"> • p=0.20 and 0.18 <p>Job Satisfaction Comparing to job satisfaction in the third month, new graduate nurses' job satisfaction in the twelfth month was significantly increased. Therefore, the longer length of time since the new nurses have graduated, the more satisfied they became with their job.</p> <ul style="list-style-type: none"> • P=0.001 	<p><u>Strength of Design:</u> Weak</p> <p><u>Quality:</u> Medium</p> <p><u>Support for Proposed Project:</u> The researchers demonstrate the importance of supporting new graduate nurses upon entering the profession, which can lead to increased retention.</p> <p>Issues:</p> <ul style="list-style-type: none"> • Low response rate • Need for more sophisticated statistics to control confounders.
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<p>Cheng & Cheng (2016)</p> <p>Nationwide Cross-sectional survey</p> <p>Aim: To search for psychosocial work factors associated with mental health disorders in Taiwanese healthcare workers.</p>	<p>Country: Taiwan</p> <p>Sample: 349 healthcare workers (physicians, dentists, nurses, pharmacists, occupational therapists, physical therapists, nutritionists, speech language-hearing therapists, and veterinarians) were identified from 19,641 employees who participated in a national survey through a two-stage random sampling process.</p> <p>Response Rate: 88.9%</p> <p>Methods:</p> <p>Mental Health: The five-item brief symptom rating scale (BSRS-5) (Likert rating scale)</p> <p>Psychosocial work conditions:</p> <p>Job Content Questionnaire: Five core items for the demands scale (fast-paced work, hectic, excessive work, not enough time, and concentrate on job for long working hours)</p> <p>Analysis:</p> <p>Descriptive analyses, Chi-square tests for categorical variables and the t test for continuous variables, and logistic regression analysis.</p>	<p>Mental Health:</p> <ul style="list-style-type: none"> Healthcare workers were found to have a significantly higher prevalence of minor mental disorder (22% vs. 17%, $p < 0.001$). <p>Psychosocial work conditions:</p> <ul style="list-style-type: none"> Healthcare workers were more likely to experience long working hours, higher psychological job demands, more workplace violence, and more nonstandard work shifts. 	<p><u>Strength of Design:</u></p> <p>Weak</p> <p><u>Quality:</u> High</p> <p>Strengths: High response rate, use of logistical regression for analysis.</p> <p><u>Support for Proposed Project:</u> The researchers relate how poor working conditions care increase mental health issues.</p> <p>Issues:</p> <ul style="list-style-type: none"> Could not distinguish subtypes of healthcare workers in this study, thus decreasing the generalizability of results.
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<p>De Cock et al. (2021)</p> <p>Rapid literature Review</p> <p>Aim: To establish whether there are any identifiable risk factors for adverse mental health outcomes amongst health care and social workers during the COVID-19 crisis.</p>	<p>N= 24 studies (18 cross-sectional, 2 mixed methods, 2 qualitative, 1 longitudinal and 1 uncontrolled before-after study)</p> <p>Setting: Predominantly from China (18 out of 24 included studies) and the rest were from America (1), Israel (1), UK (1), Singapore (1), Pakistan (1), multicentre - Singapore & India (1), Global (1)</p> <p>Data Collection: Two authors (CoM & RP) searched across a broad range of databases to capture research.</p> <p>Databases: Medline, EMBase, HMIC and PsychInfo were searched. Within the EbscoHost platform of databases, CINAHL, Medline, APA PsychInfo, Business Source Elite, Health Source and Academic Search Complete were searched. Beyond the OVID and EbscoHost platforms, SCOPUS, the King's Fund Library, Social Care Online, PROSPERO and Google Advanced.</p>	<p>Nurses may be at higher risk of adverse mental health outcomes (e.g., severe depression and anxiety) during this pandemic.</p> <p>No studies investigated the psychological impact of the COVID-19 pandemic on social care staff.</p> <p>Other risk factors identified were underlying organic illness, gender (female), concern about family, fear of infection, lack of personal protective equipment (PPE) and close contact with COVID-19.</p> <p>Systemic support, adequate knowledge and resilience were identified as factors protecting against adverse mental health outcomes.</p>	<p>Design: Strong</p> <p>Quality: Medium</p> <p><u>Support for Proposed Project:</u> This study is valuable because the researchers investigated psychological health this population group in the context of COVID-19 and discovered that nurses had higher risk of adverse mental health issues such as anxiety and depression.</p> <p><u>Issues:</u> Majority of studies were cross-sectional surveys (high risk for bias)</p>
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<p>Dwyer et al. (2019)</p> <p>Cross-sectional exploratory online survey</p> <p>Aim: To explore the combined influence of intrapersonal (psychological capital), interpersonal (authentic leadership in preceptors), and organizational (structural empowerment) level factors on new graduate nurse burnout and turnover intent.</p>	<p>N=136 newly licensed graduate nurses</p> <p>Setting: United States</p> <p>Data collection: Recruitment of participants was through Facebook and email.</p> <p>Structural empowerment: Conditions for Workplace Effectiveness Questionnaire II (CWEQ-II)</p> <p>19-item five-point Likert scale</p> <p>Cronbach alpha 0.89</p> <p>Authentic leadership in preceptors: Authentic Leadership Questionnaire (ALQ) Cronbach alpha= 0.91</p> <p>Psychological capital”</p> <p>The Psychological Capital Questionnaire (PCQ) Cronbach alpha= 0.90</p> <p>Burnout: The Maslach Burnout Inventory-General Survey (MBI-GS) Cronbach alpha=0.91</p> <p>Turnover Intent:</p> <p>the Anticipated Turnover Scale (ATS) Cronbach alpha= 0.89</p> <p>Analysis: Descriptive and inferential statistics.</p>	<p>Psychological capital ($\beta = -0.43, p < .001$) were independent predictors of new graduate nurse burnout.</p> <p>A negative relationship between psychological capital, authentic leadership in preceptors, and structural empowerment and both outcome variables: burnout and turnover intent ($p < .01$), and a positive relationship between intrapersonal (psychological capital), interpersonal (authentic leadership in preceptors), and organizational (structural empowerment) level influences in new graduate nurses ($p < .01$)</p> <p>Burnout:</p> <p>51.5% of participants met the criteria for burnout Structural empowerment (not significant)</p> <p>Authentic leadership in preceptors (not significant)</p> <p>Psychological capital ($p < .001$)</p> <p>Turnout intent:</p> <p>Structural empowerment ($p \leq 0.01$)</p> <p>Authentic leadership in preceptors (not significant)</p> <p>Psychological capital ($p \leq 0.01$)</p>	<p>Design: Weak</p> <p>Quality: Medium</p> <p><u>Support for Proposed Project:</u> Researchers provide a better understanding for factors that influence the transition from new graduate to registered nurse.</p> <p>Issues: Recruitment strategy led to homogeneity of the sample (i.e., race/ethnicity, geographic location, and educational preparation) and limits generalizability.</p> <p>Inability to measure response rate.</p> <p>Self-reported questionnaires could lead to response bias.</p>
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<p>Duarte, J., & Pinto-Gouveia, J. (2016).</p> <p>NRCT</p> <p>Aim: To explore the effectiveness of an on-site, abbreviated mindfulness-based intervention for nurses, using a nonrandomized, wait-list comparison design.</p>	<p>N= 93 oncology nurses</p> <p>Country/setting: Portugal</p> <p><u>Intervention group (IG):</u> 45 nurses</p> <p>Control group (CG): 48 nurses</p> <p><u>Intervention:</u></p> <p>6 weeklong mindfulness-based group intervention where the first four sessions participants were taught mindfulness of the breath, body, (complex) emotions, and thoughts. In addition, participants received a CD with guided meditation exercises of different lengths, which they were instructed to practice at home for at least 15 min per day.</p> <p>Data collection:</p> <p>Instruments for measure psychological well-being:</p> <p>The Professional Quality of Life Scale version 5 (ProQOL-5), Depression, Anxiety, and Stress Scale 21 (DASS-21),</p> <p>Self-Compassion Scale (SCS), and Satisfaction with Life Scale (SWLS).</p> <p>All these instruments were proven valid and reliable.</p>	<p>Descriptive and inferential statistics were used after normality test.</p> <p>Psychological Well-being</p> <p>Improvement shown through the significant reduction from pre- to post intervention compared to the control group: stress (p = 0.008)</p> <p>burnout (p = 0.002)</p> <p>compassion fatigue (p < 0.001)</p> <p>experiential avoidance (p = 0.001)</p> <p>increase in self-compassion (p=0.020)</p> <p>life satisfaction (p = 0.026).</p>	<p>Strength: Strong</p> <p>Quality of study: Low</p> <p><u>Support for Proposed Project:</u></p> <p>Researchers used a strong study design to demonstrate that this intervention increased psychological well-being of nurses. Issues:</p> <ul style="list-style-type: none"> • No randomization • High loss of participants during follow-up • Self-reported questionnaires could cause some biases. • Lack of sophisticated test of analysis.
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<p>Dujits et al. (2007)</p> <p>Meta- Analysis</p> <p>Aim: To review all epidemiologic studies up to August 2006 exploring predictive factors for sickness absence due to psychosocial health complaints, by assessing the clinical outcomes of selected studies and by quantifying the association.</p>	<p>N= 22 prospective studies</p> <p>Inclusion Criteria: Prospective studies that addressed sociodemographic factors, health (behavior), mental health, psychosocial work factors, personal factors, and organizational factors, on sickness absence due to psychosocial health complaints. Studies had to provide sufficient information on Also, odds ratio (OR) and standard error (SE).</p> <p>Data Collection: Computerized Medline, PsycINFO, and Embase searches for studies that have been published up to August 2006, with no language restriction.</p> <p>There was no indication of a start date for the included studies.</p> <p>Statistical Analysis:</p> <p>Researchers pooled Odds Ratios (OR) of at least two studies reported data on the relation between a specific predictive factor and sickness absence.</p>	<ul style="list-style-type: none"> ● Significant ORs for sick leave of three days were found for being unmarried, 1.37 (95% confidence interval [CI] 5 1.15e1.64), ● experiencing psychosomatic complaints, 1.79 (95% CI 5 1.54e2.07), using medication, 3.13 (95% CI 5 1.71e5.72), ● burnout, 2.34 (95% CI 5 1.59e3.45), suffering from psychological problems, 1.97 (95% CI 5 1.37e2.85), ● having low job control, 1.28 (95% CI 5 1.23e1.33), ● having low decision latitude, 1.33 (95% CI 5 1.16e1.56), ● experiencing no fairness at work, 1.30 (95% CI 5 1.18e1.45). 	<p>Design: Strong</p> <p>Quality: medium</p> <p><u>Support for Proposed Project:</u> Psychological health complaints led to costs within the healthcare system (increased sick leave).</p> <p>Issue</p> <p>A fair number of studies were excluded due to not providing enough information on OR and SE.</p>
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<p>Farquharson et al. (2013)</p> <p>A real-time, repeated measures design</p> <p>Aim: To examine the effects of nursing tasks (including their physiological and psychological demands, and the moderating effects of reward and control) on distress and job performance in real time.</p>	<p>Country: Scotland</p> <p>Sample: researchers randomly selected 100 nurses from a large general teaching hospital</p> <p>Workplace Stress: The Job Content Questionnaire (measuring demand and control)</p> <p>Reward Imbalance Scale (measuring effort, reward, and over commitment)</p> <p>Work-specific Cognitive Failures scale</p> <p>The Perceived Stress Scale</p> <p>Real time. Over two working shifts, Personal Digital Assistant devices (PDAs) were used to collect repeated measures of mood, perceived stress, theoretical determinants of stress (effort, reward, demand, control), current task and perceived performance and Actiheart monitors (Cambridge Neurotechnology, Cambridge, UK) used to record heart rate and energy expenditure in real time.</p> <p>Mood measures. Mood will be measured using items from all three scales of the widely used UWIST Mood Adjective Checklist.</p>	<p>Results indicated that nurses' psychological distress had been linked to adverse outcomes such as burnout, depression, anxiety, low-back pain, or musculoskeletal symptoms.</p>	<p>Design: Weak</p> <p>Quality: Medium</p> <p>Issues: sample was only from one large hospital and may be difficult to generalize due to the decreased account for race/ethnicity, geographic location, and educational preparation.</p> <p>Strengths: The sample size of participants was sufficient to detect differences work-related measures, such as demand or control in participants.</p> <p><u>Support for Proposed Project:</u></p> <p>The researchers provide an understanding of nurse stress and its determinants so that I gain pinpoint which adverse outcomes cause psychological distress and try to improve these outcomes for nurses.</p>
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	<p>Theoretical determinants of stress measures. Measures of the perception of work will use four general visual analogue scales (VAS) supplemented by specific binary (yes/no) questions.</p> <p>Nursing task measures. The measure of nursing tasks is based on the Australian classification of clinical tasks [Work Observation Method by Activity Timing (WOMBAT)]</p> <p>Data analysis: The multilevel modelling program, MLwiN, was used to analyze the data modelled with three levels, repeated observations on the diary and Actiheart (level 1) nested within shifts (level 2) which are further nested within participants (level 3).</p>		
<p>Ford et al. (2011)</p> <p>A meta-analysis</p> <p>Aim: To summarize the literature on the relationship between health variables and measures of work performance, each operationalized as distinct constructs, in attempt to better understand the true costs</p>	<p>N= 98 papers, which reported results from 111 independent samples and 87,634 participants.</p> <p>Setting: 73 were from the United States, 34 were from outside the United States, and 4 were from locations that could not be determined.</p> <p>Data collection: Hunter and Schmidt's (1990) full artefact distribution meta-analytic method were used to calculate sample-size-weighted population correlation and variance estimates.</p>	<p>Psychological health</p> <p>Moderately to strongly correlated with work performance, with effects being stronger for task than contextual performance.</p> <p>Specific facets of psychological well-being, namely depression, anxiety, fatigue, psychological disorders, and life satisfaction, were also found to be related to performance but to a lesser extent.</p>	<p>Design: Strong</p> <p>Quality: Medium</p> <p><u>Support for Proposed Project:</u> Through the findings, researchers suggest that psychological health has moderate to strong associations with work performance.</p>

<p>of ill-health in the workplace.</p>	<p>Researchers conducted a PsycINFO search and manual search of the following journals: Journal of Applied Psychology, Academy of Management Journal, Personnel Psychology, Journal of Occupational Health Psychology, and Journal of Organizational Behavior.</p> <p>Inclusion Criteria: Report of effect size, Physical health variables like gastrointestinal issues, high blood pressure, and obesity. Psychological health variables included were overall psychological well-being, depression, anxiety or distress, fatigue, life satisfaction, and symptoms of psychological disorders. Job performance criteria were primarily supervisor ratings, company records, or self-reported performance data.</p>		
<p>Frögéli et al. (2019)</p> <p><u>Design:</u> Longitudinal Cross-sectional study</p> <p><u>Purpose:</u> To investigate the relationships between the socialization processes (task mastery, role clarity, and social acceptance) and new professionals' experiences of stress. The general purpose of this investigation was to</p>	<p>N: 264 newly graduated nurses.</p> <p>Country/setting: Sweden during the summer of 2015 (June 2015–August 2015) and the spring of 2016 (February 2016– April 2016).</p> <p><u>Group 1:</u> 264 newly graduated nurses answered digital survey that was sent to the participants via e-mail at the same time and day every week of the study.</p> <p><u>Data collection and outcomes:</u></p> <p>Stress: Stress and Energy Questionnaire (A higher value represented a higher level of stress)</p> <p>Internal consistency reliability (between-persons reliability) was 0.964 and the reliability of change (within-person reliability) was 0.870</p>	<p>Means are described</p> <p>Stress For the typical new registered nurse, levels of stress decreased during the first three months following professional entry and the change was statistically significant</p> <ul style="list-style-type: none"> • 3.96-3.49 • 0.001 <p>Role Clarity levels of role clarity and task mastery increased during the three months to a statistically significant degree.</p>	<p><u>Strength of Design:</u></p> <p>Weak</p> <p><u>Quality:</u> Weak</p> <p>Issues:</p> <ul style="list-style-type: none"> • One of the measurements has low internal consistency. <p><u>Support for Proposed Project:</u> The researchers show that new professionals who experience higher levels of the socialization processes such as role clarity, task mastery, and social acceptance, experience lower</p>

<p>study the suitability of the processes as targets for interventions seeking to reduce stress among new professionals.</p>	<p>Role clarity: was measured using a shortened three-item version of a scale from the General Questionnaire for Psychological and Social Factors at Work (QPS Nordic</p> <p>between-persons reliability was 0.936 and the within-person reliability was 0.720</p> <p>task mastery using the competence subscale of the Swedish version of the Needs Satisfaction and Frustration Scale</p> <p>The between-persons reliability was 0.875 and the within-person reliability was 0.277 as</p> <p>social acceptance using the relatedness subscale of the Swedish version of the Needs Satisfaction and Frustration Scale</p> <p>The between persons reliability was 0.885 and the within-person reliability was 0.572</p> <p><u>Analysis:</u> Linear growth curve models</p> <p>IBM SPSS Statistics 23</p>	<ul style="list-style-type: none"> • 3.49-3.78 • 0.001 <p>Task Mastery</p> <ul style="list-style-type: none"> • 3.64-3.72 • 0.001 <p>Social Acceptance</p> <p>levels of social acceptance decreased during the study period with 0.08 units per month for the typical nurse (statistically significant change)</p> <ul style="list-style-type: none"> • 4.22-3.79 <p>0.001</p>	<p>levels of stress and this provides support because you are targeting new grads.</p>
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<p>Hall et al. (2016)</p> <p>Systematic research review</p> <p>Aim: To determine whether there is an association between healthcare professionals' wellbeing and burnout, with patient safety.</p>	<p>N: Forty-six studies</p> <p>Setting: A large proportion being based in America (n = 19). Most (n = 33) utilized a cross-sectional survey design, with only nine using a prospective cohort study methodology. The most commonly studied profession was nurses (n = 24 studies), followed by physicians (n = 7). The remaining study samples consisted of pharmacists (n = 2), a variety of hospital staff (n = 2), paramedics (n = 1), surgeons (n = 2), anesthetists (n = 1) and doctors still in some form of training (n = 8). Only one study included primary care physicians, and they were grouped in with the hospital-based staff in all the analyses.</p> <p>Data Collection: PsychInfo (1806 to July 2015), Medline (1946 to July 2015), Embase (1947 to July 2015) and Scopus (1823 to July 2015) were searched, along with reference lists of eligible articles.</p>	<p>Well-being:</p> <ul style="list-style-type: none"> • Over half (16/27, 59.3%) found that poor wellbeing, as measured using a variety of definitions (depression, anxiety, job stress, mental health, distress), was associated with poorer patient safety defined as increased medical errors. • Six studies (22.2%) found some sort of relationship between wellbeing and patient safety, but with only some subscales of the wellbeing measures or safety measures correlating. • Five found no correlation between wellbeing and patient safety. However, one of these, Dorrian and colleagues' 2006 study, was only a pilot study, with a sample size of 23. 	<p>Design: Strong</p> <p><u>Support for Proposed Project:</u></p> <p>Researchers indicate that poor well-being are associated with poorer patient safety outcomes such as medical errors.</p>
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<p>Halpin et al. (2018)</p> <p>Longitudinal, explanatory sequential mixed methods, cohort study.</p> <p>Aim: To investigate transition in newly qualified nurses through an exploration of their stressors and stress experiences during their first 12 months post qualifying.</p>	<p>N= Phase 1: 288 newly qualified nurses started the intervention, Phase 2: 6 months after intervention (n = 107) and Phase 3: 12 months (n = 86), Phase 4:</p> <p>Qualitative study:</p> <p>N=14 newly qualified nurses</p> <p>Location: England United Kingdom.</p> <p>Data collection:</p> <p>Stress: Quantitative: Nursing Stress Scale: Phase 1-3</p> <p>Cronbach alpha= 0.89</p> <p>Qualitative:</p> <p>a one-to-one interview at 12 months post intervention.</p> <p>Analysis: Inferential statistics, thematic analysis, and side-by-side comparisons in a discussion were used for analysis</p>	<p>Quantitative:</p> <p>Phase 1: a significant negative correlation ($p < .01$) between the total frequency of stressors and age for $n = 193$ participants ($r = 0.23$).</p> <p>This suggested that the older the participant, the lower the total frequency of reported stressors.</p> <p>Where complete data were available, participants who had previous healthcare experience reported a significantly lower total frequency of stressors ($t = 2.80$, $df = 202$, $p < .01$, 95% CI [1.48, 8.54]).</p> <p>Phase 2: the difference between the groups was not significant.</p> <p>Phase 3, there was a significant difference again ($t = 2.19$, $df = 66$, $p = .03$, 95% CI [0.31, 13.26])</p> <p>Phase 4 (qualitative phase): Three themes were identified:</p> <p>“Feeling responsible and terrified,”</p> <p>“It’s not the job, it’s the people you work with”</p> <p>“Managing the work/workload.”</p> <p>The quantitative data was supported by the qualitative fundings.</p>	<p>Design: Moderate</p> <p>Quality: Medium</p> <p><u>Support for Proposed Project:</u></p> <p>Researchers identified workload as a consistent stressor for newly qualified nurses, whereas feeling supported within the workplace and previous experience in healthcare created a positive transition for these nurses.</p> <p>Strength: Longitudinal study.</p> <p>Issues:</p> <p>Loss of participants between phases led to smaller than desirable sample size.</p> <p>The cohort study design of the phase 1-3 is of weak study design.</p>
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<p>Hawkins et al. (2018)</p> <p>An integrative review</p> <p>Aim: To synthesize evidence on negative workplace behaviors experienced by new graduate nurses in acute care setting and discuss implications for the nursing profession.</p>	<p>N= 8 qualitative and 8 quantitative (cross-sectional)</p> <p>Setting: Canada, USA, Australia, Korea, Taiwan, Singapore, and Ireland. Most studies included a sample of only new graduate nurse participants, except three articles that included a small sample of RNs.</p> <p>Data collection: A search of evidence-based research from five electronic databases (CINAHL, MEDLINE, ProQuest, JBI and Scopus) was conducted for the period of 2007-2017</p>	<ul style="list-style-type: none"> • The incidence of negative workplace behaviour varied from 0.3% as a daily occurrence to 57.1% experiencing sporadic exposure. • The precipitating factors included the new graduates' perceived lack of capability, magnifying power and hierarchy, leadership style and influence of management. • The negative behaviour was identified as either a personal or professional attack, which left new graduates feeling emotional distress, anxiety, or depression, which in turn impacted upon job satisfaction, cynicism, burnout, and intention to leave. 	<p>Design: Strong</p> <p>Quality: Medium</p> <p>Issue: Quantitative studies are cross-sectional which are weak study designs</p> <p><u>Support for Proposed Project:</u></p> <p>The authors describe negative workplace behaviors that affect the psychological health of new graduates which is exactly what I am interested in for the practicum project.</p>
<p>Howell et al. (2007)</p> <p>Meta- analysis</p> <p>Aim: tested the impact of well-being on objective health outcomes.</p>	<p>N= 150 experimental, longitudinal studies</p> <p>Setting: Most of studies are from Western Countries (United States, Germany, England, Netherlands, Canada, and Japan).</p> <p>Data Collection: Database searches using: PsycINFO and Web of Science online databases, using both forward and backward search procedures to identify other potentially relevant articles.</p>	<ul style="list-style-type: none"> • Well-being positively impacts health outcomes • Wellbeing was found to be positively related to short-term health outcomes, long term health outcomes, and disease or symptom control. • Results from the experimental studies demonstrated that inductions of well-being lead to healthy functioning, and inductions of ill-being lead to compromised health at similar magnitudes. 	<p>Design: Strong</p> <p>Quality: High</p> <p><u>Support for Proposed Project:</u></p> <p>Researchers indicate that overall well-being leads to healthy functioning. Which is important because if nurses have overall well-being, they are more likely to lead a healthy life, therefore exposing the importance of well-being.</p>

	<p>Inclusion criteria: English, empirical study, include, subjective measure of well-being (e.g., positive affect, life satisfaction, happiness, optimism) or a positive mood or emotion manipulation (e.g., humorous films, imagining pleasant circumstances, etc.), an objective measure of physical health (e.g., mortality/survival, respiratory functioning, endocrine and immune system functioning, pain tolerance, physical functioning), state the specific sample group (e.g., cancer patients, healthy students, asthmatics), and use experimental, ambulatory, or longitudinal methodology.</p>	<ul style="list-style-type: none"> The impact of well-being on improving health was stronger for immune system response and pain tolerance. 	
<p>Ibrahim et al. 2021</p> <p>CBA (quasi-experimental, single group, controlled pre-post study design)</p> <p>Aim: Investigate the effect of mindfulness meditation on the high prevalence of psychological health problems among nurses who care for patients afflicted by disease outbreaks, including COVID-19.</p>	<p>N= 50 nurses</p> <p>Country/setting: Indonesia</p> <p><u>Intervention group:</u> 25 nurses caring for COVID patients</p> <p>Control Group: 25 nurses who also cared for COVID patients but did not receive the intervention</p> <p><u>Intervention:</u> a WhatsApp group (WAG) created by the researchers, informed about the detailed protocol of mindfulness breathing meditation, and provided with video practice guidelines and tutorials. The participants were asked to practice mindfulness-breathing meditation twice a week for approximately 15 minutes per session.</p> <p>Primary outcome: Psychological well-being measured using the Warwick-Edinburgh Mental Well-being Scale Indonesian version (WEMWBS). ($\alpha > 0.90$).</p>	<p>Descriptive and inferential statistics were used after normality test. Psychological well-being:</p> <p>Pre intervention: Intervention Group (IG)= 54.52</p> <p>Control group (CG)= 61.24</p> <p>Post intervention: IG= 56.93</p> <p>CG= 62.52</p> <p>The results showed that there was a statistically significant difference in intervention group ($P = 0.000$) and not the control group ($P = 0.689$)</p>	<p>Strength of study design: Strong</p> <p>Quality of study: Medium</p> <p><u>Support for Proposed Project:</u> Researchers indicate that mindfulness has a positive effect on the psychological well-being of nurses working during the pandemic.</p> <p>Issues:</p> <ul style="list-style-type: none"> Self-reported questionnaires could cause some biases. Lack of sophisticated test of analysis.

<p>Jarden et al. (2021 a)</p> <p>Systematic review of quantitative research and mixed method studies</p> <p>Aim: To determine published prevalence, predictors, barriers and enablers of new graduate registered nurse wellbeing, work wellbeing and mental health.</p>	<p>N= 34 studies. Of these, 16 were cross-sectional, 12 were longitudinal, and four mixed-methods studies.</p> <p>Setting: The USA (9), followed by Japan (5), Taiwan (5), and Canada (4) and South Korea (4), the remaining studies were from Australia, China, England, Ireland, Singapore, and Sweden.</p> <p>Data Collection:</p> <p>Databases included Cumulative Index of Nursing and Allied Health Literature, Excerpta Medica database, Medical Literature Analysis and Retrieval System Online and Psychological Information. Quantitative and mixed-methods studies were considered for inclusion if published in English from 2009 to 2019 reporting primary data analysis including new graduate nurses' wellbeing, work wellbeing and mental health.</p> <p>Analysis: grouping according to analytical methods and results reported as a narrative synthesis. Search results are presented in a Preferred Reporting Items for Systematic Reviews and Meta-analyses (PRISMA) flow diagram</p> <p>Inclusion Criteria: New graduate registered nurses employed by health care organizations in their first year of practice, studies that s that explored prevalence, predictors, and barriers and enablers.</p>	<ul style="list-style-type: none"> ● For the new graduate nurses, prevalence of wellbeing, levels of resilience, optimism, and hope were found to be high. ● For work wellbeing, most reported higher job satisfaction by 12-months. ● For work ill-being, levels of burnout were moderately high, predominantly in terms of emotional exhaustion, and stress was initially high, particularly in terms of workload, but decreased over time. ● For the predictors, job satisfaction was positively predicted by structural empowerment and career satisfaction, and negatively predicted by co-worker incivility, supervisor incivility and emotional exhaustion. ● For work ill-being, stress was a positive predictor for intent to leave. ● Stress reductions were associated with momentary levels of high task mastery, social acceptance, and role clarity 	<p>Design: Strong</p> <p>Quality: Medium</p> <p>Issue: Exclusion criteria pose as a limitation because studies not reported in English, and the timeframe for studies to be included in the review may contribute to both a selection bias and reduced generalizability.</p> <p><u>Support for Proposed Project:</u></p> <p>This study was essential in identifying possible barriers, describing what caused ill-being in new graduate nurses, and possible predictors of job satisfaction.</p>
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<p>Jarden et al. (2021b)</p> <p>Qualitative meta-synthesis.</p> <p>Aim: To synthesize Registered Nurses' self-reported perceptions and experiences of psychological well-being and ill-being during their first year of practice.</p>	<p>N= 22 studies included. Grounded theory (N = 3), phenomenology (N = 5), and ethnography (N = 1), to participatory action research (N = 1) and appreciative inquiry (N = 1).</p> <p>Data Collection: Cumulative Index of Nursing and Allied Health Literature, Excerpta Medica database, Medical Literature Analysis and Retrieval System Online and Psychological Information.</p> <p>Inclusion: Studies published in English, from 2009–2019, reporting primary data analysis including psychological well-being and ill-being experiences of graduate nurses in first year of practice.</p>	<p>Themes</p> <p>Positive emotions and experiences: (a) feeling welcome, valued and part of team; (b) positive experiences with mentors, preceptors, managers, and leaders; (c) feeling a sense of having a positive impact on patients and significant others; (d) finding nursing identity; and (e) learning from and feeling supported by nurses.</p> <p>Negative experiences and emotions</p> <p>The overall conclusions of the authors identified the following: 1) a sense of high workload that felt overwhelming, relentless and stressful; 2) feeling a lack of respect and experiencing bullying, 3) feeling like an outsider, alone, lost and left out; 4) experiencing a lack of organization, teamwork, and support; 5) feeling the weight of responsibility, a fear of not managing nor knowing and self-doubt; 6) feeling inadequately prepared and shocked; 7) a sense of dissatisfaction with the reality of the nursing profession; 8) feeling confusion and experiencing mixed messages from peers, mentors, and preceptors; 9) experiencing a negative impact on physical health and exhaustion; 10) experiencing a depressed mood; 11) experiencing poor work-life balance and a sense of not meeting needs of significant others; 12) having negative experiences with patients and relatives, being exposed to risk, not being listened to and observing unsafe practice; and 13) feeling nervous and afraid.</p>	<p>Design: Strong</p> <p><u>Support for Proposed Project:</u> Researchers provide insights that are applicable to my project, such as the feelings and emotions of new graduate nurses.</p>
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<p>Kim & Yo (2018)</p> <p>Cross-sectional</p> <p>Aim: The aim of this study was to explore the influence of new graduate nurses' psychological capital (PsyCap) and work engagement (WE) on their intention to remain in nursing</p>	<p>N: 156 new graduate nurses (Response Rate: 91.8%)</p> <p>Setting: 2 tertiary hospitals and 1 university hospital in South Korea.</p> <p>Data Collection:</p> <p>Psychological Capital: Psychological Capital (Cronbach Alpha: 0.88)</p> <p>Work Engagement: Utrecht Work Engagement Scale (Cronbach Alpha: 0.87)</p> <p>Intention to quit: Hospital Nurses' Intention to Remain (0.90)</p> <p>Analysis: Descriptive analyses, Chi-square tests for categorical variables and the t test for continuous variables, and multiple regression analysis.</p>	<p>Psychological Capital: Among the subscales, optimism scored highest, followed by hope, resilience, and self-efficacy.</p> <p>Optimism: M: 3.21, SD: 0.4, PR: 1-5 Hope: M: 2.97, SD: 0.45, PR: 1-5 Resilience: M: 2.93, SD: 0.47, PR: 1-5 Self-efficacy: M: 2.76, SD: 0.45, PR: 1-5 Overall: M: 2.94, SD: 0.34, PR: 1-5</p> <p>Intention to remain was significantly and positively correlated with PsyCap ($P < 0.001$) and Work Engagement ($P < 0.001$)</p> <p>Therefore, when nurses had more positive ways of thinking such as, optimism, resilience, and self-efficacy (i.e., PsyCap), nurses were more inclined to remain within the nursing profession.</p>	<p>Design: Weak</p> <p>Quality: high</p> <p>Strength: high response rate. Use of sophisticated statistical analysis to control confounders.</p> <p>Issue: weak study design.</p> <p><u>Support for Proposed Project:</u> The researchers described how when new graduate nurses changed their way of thinking to a more positive perspective, they were more inclined to remain in the profession, therefore this could be considered as a possible intervention for increasing the psychological well-being of new graduate nurses.</p>
<p>Lan et al., 2014</p> <p>UCBA (quasi-experimental, single-group, pre-post study design)</p>	<p>N= 41 participants volunteered for the program. It was conducted in two phases: 24 participants in the first phase and 17 participants in the second phase.</p> <p>Country/setting: Critical care units of a public hospital in Malaysia.</p> <p><u>Intervention group:</u> 19 participants at baseline, 12 participants after 12 months.</p> <p><u>Intervention:</u> The intervention is an adapted and brief version of Mindfulness-based Cognitive</p>	<p>Descriptive and inferential statistics were used after normality test.</p> <p>Stress-related outcome: <u>PSS 10 Tool:</u> Measure of stress in a 5-point scale ranging from 0 (never) to 4 (very often). Decrease in mean scores after the intervention.</p> <p>Before: 20.00 After: 17.0 ($p < 0.001$)</p>	<p>Strength of study design: Weak</p> <p>Quality of study: Medium</p> <p><u>Support for Proposed Project:</u> The researchers demonstrate how mindfulness-based training</p>

<p>Aim:</p> <p>To evaluate the effectiveness of a brief mindfulness-based training program in reducing stress and promoting well-being among critical care nurses.</p>	<p>Therapy (b-MBCT) using the local promotional name of ‘Mindful-Gym’. b-MBCT is a group-based program, carried out for five weeks at two hours per week with practice sessions in between.</p> <p>Data collection: All tools reliable and valid</p> <ul style="list-style-type: none"> • <i>Stress-related</i> outcomes: measured after 12 months using: (a) Perceived Stress Scale (PSS-10) and (b) Depression Anxiety Stress Scale (DASS-21). <p><i>Well-being</i> related outcomes: measured after twelve months using two tools: (a) Mindfulness Awareness Attention Scale (MAAS-15) and Subjective Happiness Scale (SHS).</p>	<p><u>DASS- 21 Tool</u>: The Likert scale ranges from 0 (did not apply to me at all) to 3 (applied to me very much, or most of the time). Mean Scores decreased after the intervention.</p> <p>Before: 14.65</p> <p>After: 11.51 ($p = 0.002$)</p> <p>Well-being related outcomes:</p> <p><u>MASS-15 Tool</u>: Higher scores indicate higher levels of mindfulness. Significant increase after the intervention.</p> <p>Before: 4.08</p> <p>After: 4.64 ($p < 0.001$)</p> <p><u>SHS Tool</u>: 4-item scale of global subjective happiness. Significant increase after the intervention.</p> <p>Before: 19.46</p> <p>After: 20.49 ($p = 0.028$)</p>	<p>programs significantly increases well-being in nurses.</p> <p>Issues:</p> <ul style="list-style-type: none"> • No control group due to the design of the study. • Self-reported questionnaires could cause some biases. • Lack of sophisticated test of analysis.
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<p>Lee et al. (2019)</p> <p>Cross-sectional study design</p> <p>Aim: To examine the mechanisms of coping strategies on nurses' psychological well-being (PWB), practice environments and safety attitudes.</p>	<p>N=Five hundred clinical nurses Response rate: 94.8%</p> <p>Setting: a large group of 1,500 from a medical center with 1,350 beds in Taipei.</p> <p>Data collection: Coping strategies: Brief Coping Orientation to Problems Experienced (COPE) coping strategies for dealing with stress and developed using a theoretical approach on oriented coping and avoidant coping. Cronbach Alpha= 0.82 Psychological well-being Ryff's Psychological Well-being Scale (Cronbach Alpha=0.97) Nurses' practice environments Practice Environment Scale of the Nursing Work Index (Cronbach Alpha= 0.96) Safety attitudes: Safety Attitudes Questionnaire Cronbach Alpha= 0.93</p> <p>Data Analysis: Descriptive analysis, A post hoc power analysis,</p>	<p>Psychological well-being was directly associated with quality of nurses' practice environments and safety attitudes.</p> <p>The use of approach-oriented coping strategies was significantly predictive of positive psychological well-being</p> <p>The modification revealed a high correlation between job satisfaction and stress recognition by using the modification index (MI) programmed in the Mplus software (MI = 92.59).</p> <p>There was no significant interaction between coping strategies and practice environment, but approach-oriented coping was significantly related to both PWB and safety attitudes.</p> <p>PWB also significantly predicted the quality of the practice environment and safety attitudes, and the quality of the practice environment was the most significant predictor of SAQ scores</p>	<p>Design: Weak</p> <p>Quality: Medium</p> <p>Strength: High response rate</p> <p><u>Support for Proposed Project:</u></p> <p>Safety attitudes and the consequences of nursing care were mediated by the nursing practice environment. Therefore, nurses with elevated PWB had a more positive perception of their practice environments and better patient safety outcomes.</p> <p>Issue:</p> <p>Did not use sophisticated statistical analysis</p>
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<p>Lorente, Vera, M., & Peiró, T. (2021)</p> <p>Cross-sectional study</p> <p>Aim: To assess sources of stress during the peak of COVID-19 pandemic on nurses' psychological distress, focusing on the mediating role of emotion and problem focused coping strategies.</p>	<p>N= 421 nurses Response Rate: 54%</p> <p>Setting: 39 Spanish provinces</p> <p>Data Collection: Stressors: Nursing Stress Scale (NSS), Cronbach alpha= 0.89</p> <p>Coping Strategies: The brief COPE Cronbach alpha: 0.82</p> <p>Resilience: The resilience scale Cronbach alpha: 0.87</p> <p>Psychological Distress: DASS-21 Cronbach alpha= 0.87-0.93</p> <p>Analysis: Descriptive analyses, internal consistencies (Cronbach's alpha), Harman's one-factor test was conducted, structural equation modelling (SEM) was computed with AMOS 26.0.</p>	<p>Nurses presented moderate negative symptoms of psychological distress.</p> <p>Only work overload and fear of infection significantly correlate with problem focused coping (PFC),</p> <p>Insufficient preparation, lack of support, and fear of infection present negative and significant correlations with emotional focused coping (EFC).</p> <p>PFC does not correlate with psychological distress.</p> <p>Stressors appraised by nurses (work overload, insufficient preparation for dealing with work demands, lack of support, death and dying, and fear of infection) have a positive and significant relation with psychological distress.</p> <p>Two coping strategies (PFC and EFC) have a significant relationship with psychological distress, but whereas EFC presents the expected relationship, PFC unexpectedly shows a positive direct relationship.</p> <p>Thus, it seems that more frequent use of PFC is related to higher levels of nurses' psychological distress.</p>	<p>Design: Weak</p> <p>Quality: Medium</p> <p>Large sample from various provinces</p> <p><u>Support for Proposed Project:</u></p> <p>Authors from this study demonstrate that emotion-focused strategies improve nurses' psychological distress directly and indirectly through resilience.</p> <p>Issues: low response rate.</p> <p>Response bias may exist if the non-respondents were too stressed to respond.</p>
<p>Melnyk et al. (2018)</p> <p>cross-sectional descriptive survey</p>	<p>N: 1790 nurses</p> <p>Setting: The United States</p>	<p>Physical health</p> <p>0–5= 54.25 % 6–10 (better)= 45.75 %</p> <p>Mental health: 0–5= 40.99%</p> <p>6–10 (better)= 59.01 %</p>	<p>Design: Weak</p> <p>Quality: Medium</p>

<p>Aim: To describe (1) nurses' physical and mental health; (2) the relationship between health and medical errors; and (3) the association between nurses' perceptions of wellness support and their health.</p>	<p>Data Collection:</p> <ul style="list-style-type: none"> • The Patient Health Questionnaire-2 (PHQ-2) <p>Cronbach alpha= 0.81</p> <ul style="list-style-type: none"> • The Generalized Anxiety Disorder Questionnaire-2(GAD-2) <p>Cronbach alpha= 0.74</p> <ul style="list-style-type: none"> • The Perceived Stress Scale (PSS-4) <p>Cronbach alpha = 0.85</p> <ul style="list-style-type: none"> • The Professional Quality of Life Scale (QOL) <p>Cronbach alpha= 0.78</p> <ul style="list-style-type: none"> • Self-reported Physical and Mental Health • Workplace Wellness Support • Medical Errors <p>Better health categories included better physical health (self-rated physical health score of 6 to 10), better mental health (self-rated mental health score of 6 to 10), no depression (PHQ-2 score of 0), no anxiety (GAD-2score of 0), no/little stress (PSS-4 score of 4), and high professional QOL (ProQOL-4 score of 12).</p> <p>Analysis: Descriptive statistics, Bivariate statistics (e.g., Chi-square tests), multiple regression analysis</p>	<p>PHQ-2 0 (no depression) = 67.23 % >1= 32.77%</p> <p>Anxiety:</p> <p>GAD-20 (no anxiety) = 48.03% >1= 51.97</p> <p>Stress (PSS-4)</p> <p>0–4 (no/little stress) 61.32% 5–12= 38.68%</p> <p>Professional Quality of Life</p> <p>ProQOL-4 0–1 (low): 53.83% 12–16 (high professional QOL)= 46.17%</p> <p>Compared with nurses with better health, those with worse health were associated with 26% to 71% higher likelihood of having medical errors.</p> <p>Approximately half of the nurses reported having medical errors in the past 5 years.</p> <p>There was a significant relationship between greater perceived worksite wellness and the health of the nurses.</p>	<p>Used sophisticated statistical analysis</p> <p>Issue: Authors noted that generalizability was an issue due to the use of a convenience sample and another issue were that the actual response rate is unknown.</p> <p>Bias of results: self- reporting of errors could lead to bias</p> <p><u>Support for Proposed Project:</u></p> <p>Researchers identified that the occurrence of medical errors was significantly higher among nurses in poorer health</p>
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<p>Nour & William (2019)</p> <p>Qualitative study (Grounded Theory)</p> <p>Aim: To explore the experiences of newly graduated nurses in acute healthcare settings within Canada.</p>	<p>N= 14 registered nurses</p> <p>Setting: Acute care hospital in Calgary, Canada</p> <p>Data collection: in-depth interviews, field notes</p> <p>Analysis:</p> <ul style="list-style-type: none"> • Theoretical sampling strategy. • Constant comparative analysis was used to analyze data. 	<p>Main theme: “Theory Becoming Alive,”: The process of new graduate nurses’ clinical learning experiences as well as the challenges that they encountered in clinical settings after graduating.</p> <p>Four supporting categories:</p> <ul style="list-style-type: none"> • Entry into Practice • Immersion • Committing • Evolving. 	<p>Credibility: Medium</p> <p>The researchers failed to clearly state their cultural or theoretical influences beliefs.</p> <p>To ensure credibility of results:</p> <ul style="list-style-type: none"> • Triangulation of data, • Data were checked across data sources to determine the congruency of findings. <p><u>Support for Proposed Project:</u></p> <p>The researchers provide insight into the transitioning experience of new graduates who work in acute care setting, which is the target group I am aiming for in my project.</p>
<p>Opoku et al. (2020)</p> <p>Integrative literature Review</p> <p>Aim: Explore the last two decades on the barriers, facilitators and coping strategies employed by</p>	<p>24 studies that met the inclusion criteria</p> <p>Twenty sources used qualitative methodologies, 3 used quantitative methodologies and one study used mixed methods.</p> <p>Setting: Most sources originated in Australia (n = 8; 33.3%), followed by Canada (n = 5; 20.8%), the USA (n = 3; 12.5%), the UK (n = 2; 8.3%) and Norway, Turkey, Oman, Jordan, Philippines, and Ireland (n=1 for each country; 4.2%).</p> <p>Data collection:</p>	<p>Four themes identified:</p> <ul style="list-style-type: none"> • Systems and structures (Workloads, workplace constraints, Respect and recognition, support and guidance, expectations) • Personal capacities (self-perceived competence, self-confidence, and intrinsic motivation) • Professional competence (Academics-practice disparity, 	<p>Design: Medium</p> <p>Strengths: It is a blind review to ensure rigorous and consistent application of the inclusion and exclusion criteria.</p> <p>Issue: Some important articles may have been excluded due to inclusion criteria.</p>

<p>new health professionals during their transition into practice</p>	<p>Namely PubMed, EBSCOhost (including CINAHL, Medline, Health Science: Nursing and Academic edition), Scopus, Cochrane, and Web of Science. The first search was done April 3, 2019</p> <p>Data Analysis: Covidence platform automatically removed duplicates before the review process began.</p> <p>Thematic analysis</p> <p>Each theme revealed the barriers, facilitators and coping strategies of transition into practice among new health graduates.</p> <p>Inclusion criteria: Research articles published in English within the last two decades (1999–2019) and no restriction by country.</p>	<p>practice experience, professional knowledge, and skills)</p> <ul style="list-style-type: none"> mediating processes (asking for help, learning as an ongoing process, establishing supportive contacts) 	<p><u>Support for Proposed Project:</u> the researchers provided a vast information on barriers, facilitators and coping mechanism that help the transitioning process of new graduate nurses.</p>
<p>Pahlevan et al. (2018)</p> <p>Cross sectional study design</p> <p>Aim: To examine the relationship between organizational support for nursing practice and nurse-assessed quality of care and nurses' job satisfaction in hospital settings and to investigate the mediating role of psychological well-being.</p>	<p>N: 345 nurses</p> <p>Response Rate= 86%</p> <p>Setting: two large public hospitals in Iran between February - March 2017</p> <p>Data collection:</p> <p>Quality of Care: Caring Behaviors Inventory (CBI-24)</p> <p>Cronbach alpha= 0.969</p> <p>Psychological well-being: the positive and negative affect schedule (PANAS)</p>	<p>Results</p> <ul style="list-style-type: none"> A significant positive relationship between organizational attributes in work environments with nurses' quality of care ($b = 0.463, p < .001$) and job satisfaction ($b = 0.290, p < .001$), p Organizational support was related to nurses' psychological well-being at .001 ($b = 0.229, p < .001$) A significant positive association between nurses' psychological well-being with their quality of care ($b =$ 	<p>Design: Weak</p> <p>Quality: Medium</p> <p>Strength: High response rate</p> <p>Issues: Lack of sophisticated statistical analysis to control confounders.</p> <p><u>Support for Proposed Project:</u> The researchers describe how organizational support can have</p>

	<p>Cronbach alpha= 0.841</p> <p>Job satisfaction: Nurses were asked to rate their overall satisfaction with their current job on a seven-point Likert scale ranging from 1 (very dissatisfied) - 7 (very satisfied)</p> <p>Cronbach's alpha of all constructs was greater than 0.7 (varied from 0.805–0.969)</p> <p>Analysis: Descriptive statistics and partial least squared-structural equation modelling</p>	<p>0.207, $p < .001$) and job satisfaction ($b = 0.179$, $p < .01$)</p> <p>This indicates that psychological well-being partially mediated the relationship between organizational support and nurses' outcomes, i.e., their quality of care and job satisfaction.</p>	<p>an influence on nurses psychological well-being.</p>
<p>Pertiwi & Sri Hariyati (2019)</p> <p>A systematic review of existing literature</p> <p>Aim: To determine the most effective orientation program for new graduate nurses (NGNs) in hospital settings.</p>	<p>N= fourteen studies</p> <p>(Pilot project (1), quasi-experimental (2), mixed method (2), non-experimental mixed method (1), cohort (17), and quasi experimental pre-test/post-test (2).</p> <p>Setting:</p> <p>Data Collection: databases Science Direct, PubMed, EBSCOhost, ProQuest, and Wiley Online (2008---2018). Searches utilized the following keywords nurse orientation, new nurse orientation, practical orientation, nurse transition, and nurse transition program</p> <p>Analysis: PRISMA (Preferred Reporting Items for Systematic Reviews and Meta-Analyses) model</p>	<ul style="list-style-type: none"> • Orientation protocols consist of preceptorship, classes, and simulations of patient care. • The most efficacious orientations had well-established goals and utilized proven learning materials, support systems such as preceptorship and mentorship, learning methods, and evaluation instruments within the organization. • classes and simulations are also an essential part of the orientation process to provide a safe and productive learning environment. 	<p>Design: Strong</p> <p>Quality: Medium</p> <p><u>Support for Proposed Project:</u></p> <p>Researchers established that a well-organized orientation could have positive effects to new graduate nurses and patient care.</p> <p>Issue: Majority of studies are cohort in design, which a weak study design</p>

		<ul style="list-style-type: none"> • All orientation programs reported positive impacts such as increased retention and reduced turnover, and increased job satisfaction among NGNs during their transition phase. • In addition to planning activities carried out during orientation, it is important for the hospital to establish specific objectives for the orientation program. 	
<p>Pipe et al. (2016)</p> <p>RCT</p> <p>Aim: The aim of this study was to rigorously evaluate a brief stress management intervention for nurse leaders.</p>	<p>N= 33 nursing leaders from a healthcare system.</p> <p>Country/setting: United States</p> <p><u>Intervention group (IG):</u> 15 nursing leaders</p> <p>Control group (CG): 17 nursing leaders</p> <p><u>Intervention:</u> 4 weeks of Mindfulness-based stress reduction courses. The course spanned a total of five 2-hour sessions.</p> <p>Data collection: All tools reliable and valid</p> <p>Psychological Distress/ Well-being:</p>	<p>SCL-90-R</p> <ul style="list-style-type: none"> • Baseline scores of 6 of 14 measures showed statistically significantly greater improvement in the treatment group • Improvement in anxiety (p= 0.409), global severity index (p=0.188), • psychoticism (p=0.0059), and • positive symptom distress index (p= 0.0096). <p>CES</p> <ul style="list-style-type: none"> • Increased in both groups over 4 weeks, • There was no statistically significant difference (p= 0.9938) 	<p>Strength: Strong</p> <p>Quality of study: Medium</p> <p>Issues:</p> <ul style="list-style-type: none"> • Self-reported questionnaires could cause some biases. • Lack of sophisticated test of analysis. <p><u>Support for Proposed Project:</u> The researchers provide an</p>

	<ul style="list-style-type: none"> • Symptom Checklist 90-Revised (SCL-90-R). Cronbach alpha 0.76 to 0.86. • The Caring Efficacy Scale (CES) <p>Cronbach alpha= 0.85 - 0.88</p> <p>Analysis: Descriptive and inferential statistics were used after normality test.</p>		intervention or strategy that significantly increases psychological well-being which is my intended outcome of my project.
<p>Qiao et al. (2011)</p> <p>Descriptive, cross-sectional, and correlational design.</p> <p>Aim: the relationships between demographic characteristics, sources of nursing stress and coping strategies, and psychological well-being within graduate nurses.</p>	<p>N= 96 New graduate nurses.</p> <p>Setting: Four hospitals major city in central China were chosen to collect data.</p> <p>Data Collection: Four instruments were used to identify demographic characteristics, sources of nursing stress, coping strategies, and psychological well-being of the new graduate nurses.</p> <ul style="list-style-type: none"> • The four questionnaires were • Demographic Questionnaire, • The Nursing Stress Scale • The Brief Coping Questionnaire 	<p>Predictions of psychological well-being:</p> <p>Denial as coping strategies ($\beta = -.37, p < .05$) and death and dying of patients as workplace stressors ($\beta = -.23, p < .05$) were the best negative predictors of psychological well-being.</p> <p>Death and dying, workload, and inadequate preparation were the most common sources of nursing stress</p> <p>Most commonly used coping strategies were planning, acceptance, and positive reframing.</p> <p>Negative predictors of psychological well-being were denial (coping strategies) and</p>	<p>Design: Weak</p> <p>Quality: Medium</p> <p><u>Support for Proposed Project:</u> Researchers describe the effects of role transition on new graduate nurses, and this is important to both nursing administrators and nursing educators.</p> <p>Strength: Used sophisticated statistical analysis</p>

	<ul style="list-style-type: none"> the General Health Questionnaire (Cronbach alpha of these tools was already mentioned in previous studies) <p>Analysis: Descriptive statistics and Multiple regression analysis</p>	<p>dealing with death and dying of their patients (workplace stressor).</p> <p>Significant positive correlations were found between the effective coping strategies of planning and acceptance and psychological well-being.</p> <p>The new graduate nurses who used more effective coping strategies had higher levels of psychological well-being.</p>	<p>Issues: Used only major city, decreased ability to generalize data.</p>
<p>Rickard et al. (2012)</p> <p>Uncontrolled before and after study (UCBA)</p> <p>Aim: To evaluate the impact of an organizational intervention aimed to reduce occupational stress and turnover rates of 55% in hospital nurses.</p>	<p>N: 484 nurses from the two Northern Territory hospitals.</p> <p>Country/setting: Two public hospitals in the Northern Territory (NT) Australia participated in the Intervention.</p> <p>Hospital #1 (H1)</p> <p><u>Wave 1:</u> 103 nurses and midwives</p> <p><u>Wave 2:</u> 173 nurses and midwives</p> <p>Hospital #2 (H2)</p> <p><u>Wave 1:</u> 75 nurses and midwives</p> <p><u>Wave 2:</u> 133 nurses and midwives</p> <p>Both groups from both hospitals received the nursing workload tool.</p> <p>Data collection:</p>	<ul style="list-style-type: none"> Psychological Health Outcomes (Well-being) <p>**There was a significant reduction in psychological distress ($p < 0.05$) with the intervention</p> <p>Wave 1 H1: 14.52 Wave 1 H2: 13.74</p> <p>Wave 2 H1: 12.33 Wave 2 H2: 12.30</p> <ul style="list-style-type: none"> Positive work outcomes <p>There was a statistically significant increase in levels of job satisfaction ($p < 0.01$)</p> <ul style="list-style-type: none"> Job demands <p>There was a significant decrease in the stress of nursing staff for H1 and H2. ($p < 0.01$)</p>	<p>Strength of study design:</p> <p>Weak</p> <p>Quality of study: Medium</p> <p><u>Support for Proposed Project:</u></p> <p>Researchers demonstrate how organizational intervention can enhance psychological health of nurses and reduce turnover rates.</p> <p>Issues:</p> <ul style="list-style-type: none"> Lack of control due to the study design.

	<p>The participants responded to questionnaires administered in 2008-2010. All tools are reliable and validated.</p> <p>The survey tool measured the following outcomes:</p> <ul style="list-style-type: none"> ● <i>Psychological Health Outcomes:</i> GHQ-12 and the MBI. ● <i>Work engagement:</i> UWE Scale-9. ● <i>Job demands:</i> NSS. ● <i>Job resources:</i> JCQ. ● <i>System capacity:</i> assessed with 12 items that examine flexible/adaptable culture, consultation and preparation, psychosocial safety climate, and communication. ● <i>Changes in the last 12 months:</i> Responses corresponded with a 5-point scale ranging from one (not at all) to five (to a large extent). <p><i>Turnover rates:</i> Calculated the percentage of turnover rates between hospitals before and after the intervention from 2008-2010.</p> <p>Analysis: Data was analyzed using SPSS and all analyses were conducted using T-tests and alphas of 0.05.</p>	<ul style="list-style-type: none"> ● Job resources There were significant improvements in levels of supervisor and co-worker support, and job control in H1 ($p < 0.01$). ● System capacity There was a significant increase in system capacity for both hospitals ($p < 0.05$). ● Improvements in last 12 months Significantly greater improvements in the area of self-reported workload, education, staff relief and management in H1 and H2. ($p < .0001$) <p>Turnover Rates Turnover rates significantly reduced in H2. (2008 = 45% turnover rate, 2010= 33% turnover rate). H1 remained stable (2008= 28% turnover rate, 2010= 29%).</p>	<ul style="list-style-type: none"> ● Used simple t-tests instead of more sophisticated test.
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<p>Sampson et al. (2019)</p> <p>2-group, cluster randomized controlled trial</p> <p>Aim: To evaluate the effects of the MINDBODYSTRONG for Healthcare Professionals Program on stress, anxiety, depressive symptoms, healthy lifestyle behaviors, and job satisfaction on newly licensed RNs (NLRNs) participating in a nurse residency program.</p>	<p>N= 89 new nurses participating in a new-graduate nurse training program.</p> <p>Setting: 7 Midwestern hospitals In the United States</p> <p>Intervention group: Group 1 Group 2</p> <p>Control Group: Group 1 Group2</p> <p>Intervention: MINDBODYSTRONG, an evidence-based cognitive behavioral skills–building intervention that provides a theory-based approach to improve the mental health, healthy lifestyle beliefs and behaviors, and job satisfaction. It consisted of eight weekly 45-minute sessions.</p> <p>Control: The usual new graduate nursing orientation curriculum where each week new graduate participated in debriefing sessions where they discussed successes and challenges experienced the prior week while also receiving peer support from other cohort members.</p> <p>Data Collection: Data were collected at baseline, immediately following, and 3months after intervention that measured stress, depressive symptoms, anxiety, healthy lifestyle beliefs and behaviors, and job satisfaction.</p> <p>Perceived Stress:</p>	<p>Results (Mean changes over time)</p> <p>Perceived Stress:</p> <table border="0"> <tr> <td>Intervention group</td> <td>Control</td> </tr> <tr> <td>Baseline (B): 20.13</td> <td>20.05</td> </tr> <tr> <td>Post intervention (PI): 12.72</td> <td>13.05</td> </tr> <tr> <td>3 months: 10.66</td> <td>15.07</td> </tr> <tr> <td colspan="2">(P < .05)</td> </tr> </table> <p>Anxiety</p> <table border="0"> <tr> <td>Intervention group</td> <td>Control</td> </tr> <tr> <td>B: 4.96</td> <td>5.98</td> </tr> <tr> <td>PI: 1.85</td> <td>6.86</td> </tr> <tr> <td>3 months: 2.36</td> <td>7.1</td> </tr> <tr> <td colspan="2">(P < .05)</td> </tr> </table> <p>Depression:</p> <table border="0"> <tr> <td>Intervention group</td> <td>Control</td> </tr> <tr> <td>B: 4.15</td> <td>4.98</td> </tr> <tr> <td>PI: 1.64</td> <td>5.45</td> </tr> <tr> <td>3 months: 1.8</td> <td>6.07</td> </tr> <tr> <td colspan="2">(P < .05)</td> </tr> </table>	Intervention group	Control	Baseline (B): 20.13	20.05	Post intervention (PI): 12.72	13.05	3 months: 10.66	15.07	(P < .05)		Intervention group	Control	B: 4.96	5.98	PI: 1.85	6.86	3 months: 2.36	7.1	(P < .05)		Intervention group	Control	B: 4.15	4.98	PI: 1.64	5.45	3 months: 1.8	6.07	(P < .05)		<p>Design: Strong</p> <p>Quality: High</p> <p><u>Support for Proposed Project:</u></p> <p>Using this program, researchers were able to improve the mental health, healthy lifestyle beliefs, healthy life-style behaviors, and job satisfaction in new graduate nurses.</p> <p>Issue: Limited ability to generalize to the larger population because the authors state that they used a convenient sample during this study.</p>
Intervention group	Control																																
Baseline (B): 20.13	20.05																																
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	<p>Perceived Stress Scale (PSS)</p> <p>Cronbach alpha: 0.84</p> <p>Anxiety</p> <p>Generalized Anxiety Disorder Scale</p> <p>Cronbach alpha: 0.86</p> <p>Depression:</p> <p>Personal Health Questionnaire</p> <p>Cronbach alpha: 0.72 to 0.95</p> <p>Analysis: Repeated-measures analysis of variance (ANOVA) was used for data analysis.</p>	<p>The intervention group scored significantly better with moderate to large positive effects on the mental health variables as well as healthy lifestyle beliefs and healthy lifestyle behaviors at both follow-up time points compared with the attention control group.</p>	
<p>Stelnicki & Carleton (2021)</p> <p>Survey</p> <p>Aim: The current study was designed to estimate rates of mental disorder symptoms among nurses in Canada and identify demographic characteristics that are associated with increased risk for mental disorder symptoms.</p>	<p>N: A total of 4267 participants (93.8% women)</p> <p>Setting: Canada</p> <p>Data Collection:</p> <p>Post-Traumatic Stress Disorder (PTSD)</p> <p>PTSD Checklist for DSM-5</p> <p>Depression symptoms:</p> <p>Patient Health Questionnaire</p> <p>General symptoms of anxiety: GAD scale</p> <p>Alcohol use over the past year was assessed using the Alcohol Use Disorders Identification Test</p>	<p>Almost half of participants screened positive for a mental disorder (i.e., 47.9%). No gender differences emerged. Significant differences in proportions of positive screens based on each measure were found across demographic groups (e.g., age, province of residence, type of nurse).</p>	<p>Design: Weak</p> <p>Quality: High</p> <p>Strength: Large sample population</p> <p>Use of sophisticated analysis to produce results.</p> <p>Issue: Risk for information bias due to the recruitment process potentially attracting nurses who already experience stress, as well, stigmatization of mental health issues cause has affected</p>

	<p>Analysis: Bivariate logistic regression analyses Multivariate logistic regression models</p>		<p>how participants could have responded to questions.</p> <p><u>Support for Proposed Project:</u> The researchers from this survey provide data on the mental health statistics within Canada, which I will use to demonstrate the need for interventions like my practicum project.</p>
<p><u>Tveito & Eriksen</u> (2009)</p> <p>RCT (pilot)</p> <p>Aim: Assess if Integrated Health Program (IHP) would reduce sick leave and SHCS.</p>	<p>N= 40 nursing auxiliaries and RN from a long-term care facility.</p> <p>Country/setting: Norway</p> <p><u>Intervention group:</u> 19 participants at baseline, 12 participants after 12 months.</p> <p><u>Control group:</u> 21 participants at baseline, 17 participants after 12 months.</p> <p><u>Intervention:</u> participation in an IHP (physical exercise, health information/ stress management training and practical examination of the workplace) twice weekly.</p> <p><u>Control:</u> Offered the same intervention after the project was finished.</p> <p>Data collection: All of the tools listed below are reliable and valid.</p> <p>Main outcomes measured by questionnaire in September 2001 and then a year later in 2002:</p>	<p>Data was analyzed using SPSS and All analyses were conducted using two-sided tests and alphas of 0.05 and multiple regression.</p> <p>Sick leave and SHCs:</p> <p>-There was no statistically significant difference between groups.</p> <p>Intervention: 19.7-36.0</p> <p>Control: 20.6- 35.2</p> <p>($F= 0.005, P= 0.945$)</p> <p>Coping: No significant difference noted.</p> <p>Intervention: 3.1-3.0</p> <p>Control: 3.0-3.0</p> <p>($F= 0.026, P= 0.872$)</p> <p>Control: No significant difference noted.</p>	<p>Strength of study design: Strong</p> <p>Quality of study: Medium</p> <p><u>Support for Proposed Project:</u></p> <p>Researchers demonstrated that IHP is an effective intervention to reduce sick leave and increase psychological effects and health.</p> <p>Issues:</p> <ul style="list-style-type: none"> • Did not indicate the similarities of groups at baseline. • Did not control confounding variables with sophisticated statistical analysis.

	<ul style="list-style-type: none"> ● <i>Sick leave</i>: Data on sick leave collected ● <i>Subjective health complaints (SHC)</i>: measured using the SHCs inventory. Somatic or psychologic health complaints in the previous 30 days. A decrease in SHC was the aim in this study. <p>Secondary outcomes:</p> <ul style="list-style-type: none"> ● <i>Coping</i>: measured by the IMO ● <i>Health-related quality of life</i>: measured using the generic health status inventory SF-36 ● <i>The psychological demands</i> factor: measured by five questions from the short Swedish version ● <i>Control of own decisions</i>: Decision latitude dimension <p><i>Subjective effects</i>: measured using seven items developed for an earlier intervention study to capture the perception of improvement attributed to the intervention by the employees.</p>	<p>Intervention: 17.1-17.4</p> <p>Control: 17.8-17.6</p> <p>($F=0.100$, $P=0.754$)</p> <p>Health related quality of life: No statistically significant difference noted.</p> <p>($F=1.264$, $P=0.271$)</p> <p>Odds Ratio (OR) and 95% Confidence intervals (CI) were calculated for subjective effects.</p> <p>Subjective effects: **Subjective effects and well-being were statistically significantly better in the intervention group.</p> <p>(OR = 3.3;95% CI: 1.3-8.0)</p>	
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<p>Wilbiks et al. (2021)</p> <p>Survey</p> <p>Aim: To examine the physical and mental well-being of healthcare workers in Canada during the COVID-19 pandemic and the protective effects that employers can have by instituting safety measures for employees.</p>	<p>N: 86 Canadian healthcare workers completed the survey.</p> <p>Outcomes: work satisfaction and well-being during the COVID-19 pandemic, including questions to assess protective measures taken in their workplaces.</p> <p>Depression: Patient Health Questionnaire-9 (PHQ-9)³² Cronbach alpha 0.89)</p> <p>Mental and physical Well-being: The General Well-Being Questionnaire (GWB) Cronbach alpha= 0.91</p>	<p>When healthcare workers have mental health issues during acute pandemics, it effects employee satisfaction.</p> <p>There is elevated level of depressive symptomatology in Canadian healthcare workers. (Almost 50% of participants reported moderate to severe depression and approximately 10% reported suicidal ideation).</p> <p>When employees felt supported, they were less likely to have negative well-being (i.e., given accurate and timely information about the pandemic, and protective measures were implemented in the workplace).</p>	<p>Design: Weak</p> <p>Quality: low</p> <p><u>Support for Proposed Project:</u></p> <p>Through the finding of this study, researchers indicate that there is a need to treat the ongoing mental health issues amongst healthcare workers.</p> <p>Issue: No details on how data was analyzed</p>
<p>Wu et al. (2012)</p> <p>Descriptive correlation design</p> <p>Aim: To examine work-related stressors, coping strategies, and intention to quit employment reported by graduates from a BSN program (traditional students) and ADN graduates during</p>	<p>N= 154 completed surveys</p> <p>Response rate: 38%</p> <p>Setting: United States</p> <p>Data collection:</p> <p>Work-related stressors: 52-item instrument titled Job Stress Scale for newly graduated nurses.</p> <p>Cronbach alpha= 0.93</p> <p>Coping Strategies: Simple Coping Style Questionnaire</p> <p>Cronbach alpha: 0.89</p>	<p>The type of nursing program completed does have a relationship with the type of stressors experienced. (BSN graduates tend to report higher stress levels compared to Associate Degree Nurse graduates in their overall stressor scale)</p> <p>No statistically significant relationship between the gender of the participant and their experience of overall stress.</p> <p>Participants who worked less than 2 years reported highest levels of stressors than other</p>	<p>Design: Weak</p> <p>Quality: low</p> <p><u>Support for Proposed Project:</u></p> <p>Researchers demonstrated that clinical practice for newly graduated nurses can be stressful, describe coping strategies that were associated with work-related stressors among newly graduated nurses and that these stressors are related to the</p>

<p>their first 3 years following graduation</p>	<p>Analysis: T-tests and one-way analysis of variance (ANOVA) test.</p>	<p>two categories and the longer the nurse has been graduated the less stress they experience.</p> <p>Nurses employed on general units (as compared to specialized areas) demonstrated more stress (in areas of nursing skills, handling demanding care, managing interpersonal relationships, and responding to equipment issues), but these results were not significant.</p> <p>The nursing participant's top coping strategy was "talking with someone in order to seek more information,"</p>	<p>intention to quit among these nurses.</p> <p>Issue: Low response rate</p>
<p>Yayla & Eskici İlgin (2021)</p> <p>Cross-Sectional</p> <p>Aim: To determine the relationship of nurses' psychological well-being with their corona phobia and work-life balance during the COVID-19 pandemic</p>	<p>N: study population consisted of all nurses working in a university hospital (N = 7)</p> <p>Setting:</p> <p>Data Collection:</p> <p>COVID-19 Phobia Scale (C19P-S)</p> <p>Cronbach alpha: 0.92</p> <p>Psychological well-being (PWB) scale</p> <p>Cronbach alpha: 0.94</p> <p>Work-life balance (WLB) scale</p>	<p>A positive statistically significant relationship between the scores on the PWB and WLB scales (p=0.00)</p> <p>A negative statistically significant relationship between the scores on the neglecting life and life consisting of work subscales and the COVID-19 Phobia Scale (p < .01).</p> <p>The neglecting life variable explained 32% of the variance in psychological well-being (R2 = .32; F change = 141.74; p < .00</p>	<p>Design: Weak</p> <p>Quality: low</p> <p>Issues: No response rate calculated</p> <p>Demographic characteristics were not statistically significantly</p>

	<p>Cronbach alpha: 0.91</p> <p>Analysis: regression analysis, The Kolmogorov–Smirnov test</p>	<p>A positive relationship was found between the work–life harmony and psychological well-being</p> <p>The COVID-19 phobia variable was added along with the work–life harmony and the neglecting life variables, and with this addition, the explained variance in psychological well-being scores increased from 33%–37% ($p < .001$)</p> <p>The nurses’ psychological well-being was significantly predicted by the neglecting life variable first, followed by the COVID-19 phobia and work–life harmony variables, respectively.</p>	<p><u>Support for Proposed Project:</u></p> <p>the researchers demonstrated the psychological effects of the recent COVID- 19 pandemic has on the nurses.</p>
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Appendix B
Environmental Scan and Consultation Report

Consultation and Environmental Scan Report: The Development of a Wellness Resource for New Graduate Nurses in Acute Care Settings

Psychological health is a growing concern within the workplace. The World Health Organization (WHO) defines *health* as physical, social, and psychological well-being (WHO, 2013). According to Ryff (1989), psychological well-being (PWB) is how an individual manages psychological distress (i.e., depression, stress, anxiety) to become satisfied with everyday life and achieve subjective happiness. Based on this definition, for individuals to achieve PWB is to live fulfilling and happy lives. However, many organizations do not recognize PWB as an essential component of health within the workplace (Baylina et al., 2018). Most individuals spend up to 50 percent of their lives within their workplace (Guzik, 2013), creating a perfect environment to promote PWB.

The PWB of nurses should be regarded as essential to healthcare organizations because psychological distress of nurses has shown to lead to risks in patient safety such as medication errors (Hall et al., 2016), decreased job satisfaction (Baylina et al., 2018), and increased turnover of nurses leaving the profession (Brunetto et al., 2016). In addition, researchers have demonstrated that new graduate nurses, i.e., nurses within the first-year post-graduation, struggle within the profession and have the lowest PWB compared to more experienced nurses (De Kock et al., 2020; Dwyer et al., 2019; Halpin et al., 2018). Possible reasons for psychological distress amongst new graduate nurses are identified by researchers as role ambiguity and lack of understanding of their scope of practice (Frögéli et al., 2019), demanding workloads (Jardin et al., 2021; Lorente et al., 2021; Opoku et al., 2020), type of leadership (Dwyer et al., 2019), and lack of organizational support (Hawkins et al., 2020). Therefore, securing the PWB of new graduate nurses should be an essential concern to healthcare organizations.

Researchers have demonstrated that coping strategies such as mindfulness support the PWB of registered nurses (Ibrahim et al., 2021). As a result, as part of my master's practicum project, I am developing a resource that focuses on educating new graduate nurses about coping mechanisms and resources to equip them with the proper tools to support their psychological health in a stressful profession.

Understanding nurses' experiences is essential to exploring the specific needs necessary to create a healthy work environment and will offer insights into the enablers and barriers to enhancing nurses' psychological well-being (Jarden et al., 2021). As part of my resource development, I prepared questions to help gain insight into how nurses perceived their psychological well-being as valued by the healthcare organizations in which they worked. I performed eight informal consultations with four new graduate nurses, i.e., nurses within the first year of post-graduation, and four senior nurses, i.e., nurses with over two years of professional nursing experience. I also sought their perceptions of coping mechanisms that assist them in times of psychological distress and if their awareness of any resources within their healthcare system to enhance their PWB. Finally, I consulted with a nurse educator to explore their expertise regarding the best learning environment for new graduate nurses. Through this consultation, I gained information on how to adapt my resource to the specific learning needs of new graduate nurses (i.e., during orientation).

I also performed an environmental scan to gather more information to develop my wellness resource. According to Rathi and Cockney (2017), an environmental scan includes the collection and analysis of emerging relevant information to identify themes or issues apparent in the development of a resource. I have acquired information on how other jurisdictions (i.e., other areas in Newfoundland and Labrador and other provinces within Canada) succeed in providing

resources for healthcare employees' psychological health. Finally, through this environmental scan, I have identified additional resources and educational material to include in my wellness resource.

Consultations

In the following sections, I will describe my objectives, setting and sample, methods of data collection of the results from my consultations.

Specific Objective(s)

The objectives of the consultations were to:

1. Identify nurses' knowledge of available resources for improving psychological health consulting with experienced staff nurses, and new graduate nurses.
2. Determine nurses' perceptions of the need for an educational resource to enhance psychological well-being.
3. Identify possible learning needs of new graduate nurses.
4. Identify the current perceptions of how new graduate registered nurses are transitioning into the workplace and how it affects their psychological health.

Setting and Sample

In the following section, I will describe the specific sample of volunteers I chose to informally interview for my consultations and the setting where I performed these informal interviews. This description will help illustrate how I performed these discussions and why I sought specific volunteers for these consultations.

I participated in eight informal discussions with nurses from two surgical units in St. John's, NL. Both units are small but fast paced. One unit was busy due to the heavy patient workload, while the other had a high patient turnover. In these units, situations that could cause nurses psychological distress are:

- a high patient and admission turnover rate,
- off-service patients, i.e., patients who were from a different floor (such as medicine) but there were not enough beds, so they were assigned to the surgery floor instead.
- patients with heavy workloads,
- the emotional toll of working with very acutely ill patients, and
- issues related to limited staff.

I emailed the nurse manager of these units to gain access to the nurses for the consultations. This initial consultation with the manager was necessary because I wanted to inquire about consulting the nurses during working days. I then consulted with two senior nurses and two new graduate nurses from both units. I believe that this was an appropriate number of individuals to informally interview because, as mentioned, they are smaller units with six nurses working at a time, and thus I had to make sure I did not take much-needed nurses off the busy unit. I also spoke with the nurse educator as part of the consultations regarding effective specific teaching strategies for educating new graduate nurses.

Data Collection

The data collected is the information I gained from my consultations with the nurse educator, nurse manager, and senior and new graduate nursing staff. This data provides part of the foundation for my proposed wellness resource.

Nurse Educator

I consulted with the nurse educator from these units to explore the most appropriate and effective teaching styles and education methods for new graduate nurses. This consultation was very beneficial as I gathered information about the teaching styles based on probable learning needs to implement within my wellness resource, which I can tailor to new graduate nurses working in healthcare organizations today. Prior to meeting with the nurse educator, I sent a letter of invitation (please see Appendix A). During this consultation, I also gathered information regarding the content that I should include in the wellness resource. I completed this informal interview using the virtual meeting platform of Microsoft TEAMS, which lasted about 20 minutes. Please see Appendix B for a list of questions asked during the consultation.

Nurse Manager.

So that I could access volunteers for this practicum project during their work hours, I consulted the nurse manager of both nursing units. They permitted my presence on the floor to informally interview their staff during their breaks. I contacted this individual through email; a copy of the letter is in Appendix C. This invitation letter included the purpose of my practicum project, the rationale and methods of the consultations, and information on privacy and confidentiality (Appendix D). This individual also printed off the invitation letter for the nurses and placed it on both units for the staff to read. I did not informally interview this person as the sole purpose was to inform them and ask permission to gather information from their staff during work hours.

Nursing staff.

Through the invitation letter, I had three volunteers. However, I discovered that more nurses volunteer when I was present and discussed the practicum project with them. I had no

trouble receiving volunteers once I was on the units because I could catch their attention and explain further and in person how volunteering could help develop my wellness resource.

I performed the informal interviews on the nursing units for two days during their lunchtime break. These informal interviews took up to 30 minutes, and I ran out of time during breaks to have these discussions. Therefore, I needed to take two days to complete these informal interviews. I developed two lists of semi-structured questions: one for senior and one for new graduate nurses. Please see Appendix B for an example of the questions. I wanted to get the perspective of senior nurses about how new graduate nurses are transitioning. I also focused on new graduate nurses' and experienced nurses' perceptions of their psychological health and the resources, if any, they find helpful to support their PWB. The proposed questions for these consultations are in Appendix E. I performed the discussions individually, where it was difficult for others to hear the conversation, in the charge nurse's office on both units. I asked questions about their perception of psychological health and if they believed organizations valued their PWB within the workplace. Although the interviews lasted about 20-30 minutes, I found this to be very effective because I did not want to be longer than necessary and potentially burden these nurses during a busy working day. I was also still able to generate a wealth of information in that short time period.

Environmental Scan

In the following section, I will describe how I identified themes and issues in the development of my wellness resource by first portraying the objectives, setting, sample, and data collection methods of I performed for the environmental scan.

Specific Objectives.

The objectives for the environmental scan were to:

1. Identify existing resources available within Newfoundland, Labrador, or Canada to help manage psychological well-being.
2. Scan other jurisdictions (if any) within Newfoundland and Labrador and Canada for healthcare workers' psychological well-being resources.
3. Consult with individuals who have expertise in promoting psychological health within their healthcare organization and,
4. Review any available provincial or national literature on resources to enhance psychological well-being.

Setting and Sample

For the environmental scan, I searched the literature and conducted another informal interview with a resource expert to gain information on how other districts manage psychological health. I have acquired information on how other jurisdictions (i.e., Newfoundland and other provinces within Canada) succeed in providing resources for healthcare employees' psychological health. Finally, through this environmental scan. I have identified additional resources and educational material to include in my wellness resource.

Literature Search

I searched the publicly available literature on resources that support psychological health within healthcare organizations in Newfoundland and other provinces within Canada. I used Google to explore what is available to healthcare employees to promote positive psychological health within their hospitals. The target population I aim to help with my resource is acute care nurses, so I searched specific resources available to staff within acute care hospitals. The search terms used were psychological health, healthcare employees, Western Health, Eastern Health,

Central Health, registered nurse, and wellness resource. Within my search, I identified and contacted experts to discuss their experiences supporting healthcare employees' psychological health.

Informal Interview with Resource Expert

Through my local contact person for this practicum project, I wanted to connect with the Peer Support and Trauma Response Program manager for SickKids Research Institute in Toronto, Ontario, who is an expert in psychological health resources. This individual has developed mental health sessions for healthcare professionals as a component orientation for the SickKids Hospital in Toronto. In the following section, I will describe the data collection processes for the environmental scan.

Data Collection

The information I collected from scanning the literature and other healthcare databases and talking with psychological health experts helped me determine the content of my wellness resource as well as the most appropriate and effective teaching strategies. I collected data for my environmental scan in three ways:

1. I searched the databases identified in the section on literature searching to gather information from healthcare facilities within Newfoundland and Canada.
2. I searched websites for information on possible resources available on other healthcare databases to add to my wellness resource.
3. I emailed and had a discussion with the Technical Committee for the National Standard of Canada on Psychological Health and Safety in the Workplace, whom I identified as an expert in supporting interventions that protect the psychological health of healthcare professionals.

I sought the expertise of The Peer Support and Trauma Response Program manager at SickKids regarding their mental health sessions and their perceptions of essential content to include in a wellness resource. I have attached an example of the letter I emailed them in Appendix E. However, I have not received a response from this individual.

I searched the Eastern Health database, known as the intranet, to find the available resources for psychological health. I aim to include these resources in the content of my wellness resource because they are available to all staff within Eastern Health and the target population is new graduate nurses, specifically within Eastern Health. Fortunately, through my literature search of seeking available resources within other jurisdictions in Canada, I contacted an individual whom I identified as an expert in psychological health. This individual works as a co-chair of the Technical Committee for the National Standard of Canada on Psychological Health and Safety in the Workplace and is a member of the Mental Health Commission of Canada's Workforce Advisory Committee. They also serve as the Director of Strategy and Collaboration for Canada Life's Workplace Strategies for Mental Health, a program that developed tools to prevent, intervene and manage workplace mental health issues.

Consequently, this individual provided exciting and essential information on what they believe necessary to include in a wellness resource. I organized an informal discussion with semi-structured questions that lasted about 30 minutes via WebEx. See appendix F for an example of the questions. The discussion was about the resources they have developed for their health organization and to further discuss what they think I should include in my wellness resource. In the next section, I will explain how I managed and analyzed the data I collected from the consultations and the environmental scan.

Data Management and Analysis

I took handwritten notes during all discussions, consultations, and the environmental scan. I then transcribed the notes into an excel document. Finally, to familiarize myself with the data produced by the discussions, I read through the transcribed text many times to find common themes within the information (Bengtsson, 2016). The common themes I identified will help cultivate the content for my resource. In addition, through the responses of the local nurses and other provinces within Canada, I will demonstrate that healthcare organizations should recognize the importance of developing resources to protect all nurses' psychological health.

Ethical Considerations

I strived to protect the privacy and confidentiality of the individuals who volunteered for this process. I completed The Health Research Ethics Authority Screening (HREAS) tool to ensure ethical integrity. According to this tool, this project is exempted from Health Research Ethics Board approval because the information I collected is publicly available, and the consultations and environmental scan were within standard educational requirements. Please refer to Appendix G for the completed screening tool. I achieved informed/ implied consent when the participants agreed to volunteer and answer my questions. I ensured the volunteers that I would only share the information they provided with my supervisor and that there would be no identifying information within this practicum project. I have also not disclosed further the two surgical units that were involved to further protect the identity of the nurses. However, all the volunteers agreed and permitted me to disclose the answers within my report if necessary. For the environmental scan, I asked permission to disclose the individual's work title. I saved the transcribed data from the discussions on a password-protected laptop and discarded the paper copies of the informal interviews. I ensured all discussions were completed privately in a secured

room where it would be very unlikely for others to hear the discussion. I ensured the volunteers that I would not share the information gained from the discussions outside the platform for the practicum project. In the following section, I will describe the results of the consultation discussion and environmental scans.

Results

Four consultation interviews took place on July 3rd, and the other four on July 10th, 2021. In addition, I consulted with a psychological health expert on July 13th, 2021. The notes from these discussions and the literature search for the environmental scan were then revised, and after many readings, I organized the data into themes. As a result, seven themes emerged: feeling unsupported, staffing issues, the stigma of psychological health and fear, lack of time, lack of awareness of resources, the most appropriate content for the wellness resource, and effective teaching strategies.

Feeling Unsupported

All eight (senior and new graduate nurses) volunteers for the consultations stated that the healthcare organization does not value their psychological health. These discussions included a reoccurring sentence: *"I feel like no one cares about our mental health."* These nurses stated that they are *"constantly working short and do not have enough staff for the amount of work they have to do"*. The senior staff articulated that they are feeling more pressure than ever from the higher management, such as coordinators who assign patients to beds, of the healthcare organization to care more about the turnover of beds than the mental health of their nurses, causing the senior staff a significant amount of distress. Both groups of nurses also discussed that they feel that the higher management staff do not care about the nurses working on the front line and are more eager to fill patients in the beds even though there are not enough staff to take care

of them. The new graduate nurses felt disheartened and forgotten by the management staff. One new graduate nurse expressed that it was demoralizing seeing senior staff members struggling psychologically because of the pressures of working in such a stressful work environment and that it did not give her much hope for a profession in nursing. Similarly, Jarden et al. (2021b) demonstrated that new graduate nurses had negative experiences and emotions such as feeling overwhelmed, isolated and alone due to being unsupported by management. Lorente et al. (2020) also acknowledged that nurses attributed work overload, lack of support and inability to deal with work demands directly related to nurses' psychological distress. Therefore, I believe it is important to create initiatives such as a wellness resource to help acknowledge that the healthcare organization cares about their nurses' psychological health and promote the services available to them to help manage their negative experiences and emotions.

Feeling Unprepared

The new graduate and senior nurses also expressed that the pandemic affected the preparedness of the new graduate nurses. For example, one new graduate nurse stated that having to do courses virtually and having limited clinical experience due to the pandemic disrupted their ability to get needed clinical experience. A new graduate nurse also stated, they were not prepared because the nursing school did not tell them how much politics truly is in the nursing profession and how to manage negative feelings towards those situations. One new graduate nurse mentioned that they were unaware that sometimes it feels as though what is best for patient turnover trumps what is best for the patient instead. Opoku et al. (2020) concur that new graduate nurses reported a naïve understanding of the politics and organizational and administrative dynamics that impacted their transition into practice. Therefore, the feelings of the new graduate nurses informally interviewed for these consultations are also supported in the literature.

Staffing Issues

The nurses identified the lack of support for staffing issues in these two units as a massive trigger for psychological distress. The nurses were upset that instead of having annual leave (paid leave), nurses would have to float to other floors to accommodate other units' staffing issues. Even worse, they were forced to work short and then float a staff member to another floor. The new graduate nurses expressed feeling overwhelmed caused by staff issues within their unit. For example, some new graduate nurses stated that due to not having enough staff, they often would have to work with two new graduate nurses, a float, and one senior nurse. The new graduate nurses in this scenario expressed feeling very overwhelmed by the workload and nervous because they did not have the experienced staff required to deal with very acutely ill patients or stressful situations. In addition, the hospital is at double overcapacity, which means there are not enough beds for the number of patients in the hospital. As a result, management expects new graduate nurses to care for five patients on the day shift right after orientation when they usually would only have four patients. Therefore, these new graduate nurses do not feel like they are eased into the transition of the workplace; they stated feeling like they are "*thrown into the trenches,*" as one new graduate nurse described.

The inability to keep up with demanding workloads is why new graduate nurses have difficulty transitioning into the workplace. Researchers also identified demanding workload as a major stressor for new graduate nurses (Halpin et al., 2017; Jarden et al., 2021). Senior and new graduate nurses expressed the desire to either have more staff on the floor or not have to float the extra person to help new graduate nurses adjust to the busy workplace. Unfortunately, two new graduate nurses and one senior nurse have expressed a desire to leave the profession due to the lack of support and the stressful environment caused by the staffing issues.

The Stigma of Psychological Health and Fear

The nurses (staff and nurse educator) and the psychological health expert identified mental health stigma as a possible barrier to developing and implementing a psychological wellness resource. It was clear that these individuals agreed that maintaining positive psychological health is important within the nursing profession, however, there continues to be a stigma behind accepting or reaching out for help. The nurses and the psychological health expert identified *fear* as a reason why some individuals would not seek help. Nurses are afraid to admit something is wrong or afraid of others knowing that they are struggling due to the stigmatization of mental health. According to Stelnicki & Carleton (2021), there are indications of mental health stigma among Canadian nurses, where nurses often underreport post-traumatic stress disorder symptoms or diagnoses due to fear of superiors' retribution or job loss. Therefore, all nurses agreed that providing a wellness resource at the beginning of a nurse's career during orientation would normalize the idea that seeking help for psychological health is okay.

In addition, with respect to fear, many senior nurses expressed that they think it essential to stress to new graduate nurses that it is okay not to know everything and to ask questions. The nurse educator also added that, through her experience, the new graduate nurses go into the profession feeling confident about their skill level, and then due to the fast paced and demanding profession, new graduate nurses become more anxious and begin to struggle. Hawkins et al. (2018) also stated that new graduate nurses struggled during transitioning into the profession due to fear of high acuity, making mistakes, and the inability to meet expectations. As such, the new graduate nurses and the nurse educator I consulted with also stated that when the new graduate nurses are struggling, they do not want to admit it because they are afraid that senior nurses will think they are not meeting expectations.

Lack of Time

Another theme which I identified is the concept of time. The new graduate nurses stated that time management is one of the difficulties they face with transitioning into the workplace. It does not feel like there is enough time in the day to complete their work, which makes them feel disappointed in their ability and anxious about angering senior staff. Also, two out of four new graduate nurses discussed how the nursing profession is not what they thought it would be in terms of being able to go above and beyond for their patients and families. For example, one nurse stated that they only have the chance to do the bare minimum and do not get to communicate or properly form therapeutic relationships with their patients and their families, which causes them tremendous psychological distress. Melynck et al. (2018) discovered PWB is protected when nurses feel a sense of having a positive impact on patients. Therefore, not having the time to make these connections with patients and their families can risk the PWB of new graduate nurses.

Another concept of time that causes the new graduate nurses' distress is that there are many shifts in which they do not get their complete breaks. They could not take the time to take a break to eat or regroup because there was not have enough staff on the floor, the patient workload was too heavy, or they would not go home on time if they took a break. One new graduate nurse identified that she did not get a chance to take all of the proper breaks in her last four shifts. As a result, these nurses often leave work feeling overwhelmed and physically and mentally exhausted. Interestingly, the senior staff mentioned getting proper breaks as a potential method to create a more positive experience for new graduate nurses.

When discussing the potential barriers to acceptance of a wellness resource, the senior and new graduate nurses expressed the lack of time as a possible reason for apprehension

regarding practicing coping mechanisms. Furthermore, three out of four new graduate nurses conveyed that when they go home, they do not want to think of work, so they would be less inclined to practice coping mechanisms at home. The nurses also stated that work is so busy that they do not think they would have time at work either to practice coping mechanisms. This concept is problematic and important for me to consider as I plan the development and implementation of the resource. I will make sure that the mindfulness video that I chose to use to teach the new graduate nurses is short and brief to acknowledge that practicing mindfulness daily will not take up too much of their time or is something they can do at a more convenient time, such as before they go to sleep.

Lack of Awareness of Available Resources

When asked about their knowledge of the available resources for enhancing PWB within their healthcare organizations, three out of four new graduate nurses did not know of any. In comparison, one new graduate nurse and all four senior nurses knew of only one resource, which was the Employee Virtual Assistance (EVA) program and the majority of the nurses stated they saw the EVA link in the Employee portal (i.e., employee webpage) but did not know what it was. In addition, most nurses also described not knowing how to access their healthcare organization's resources to help with their psychological health. However, during the environmental scan, I found that Eastern Health does provide a wide variety of resources for the psychological health of their staff, more than any other healthcare system within Newfoundland. Therefore, in the next section, I will describe the resources found through my environmental scan of Eastern Health.

Available Resources

Eastern Health is very active in attempting to safeguard their employees' psychological

health. Eastern Health created a Strategic Plan for 2017-2020 and 2020-2023 (Healthy Workplace, 2019). These Strategic Plans include multiple strategies to enhance and protect psychological health amongst employees, with two objectives being to increase employee engagement and promote employee wellness, with a particular focus on mental health in the workplace. Eastern Health provides a developed intranet page highlighting support for Psychological Health and Safety with links where employees can access resources needed to improve psychological health. The Healthy Workplace link on the intranet provides many mini videos on improving mental health within the workplace and multiple resources (tool kits) to help improve psychological health and self-care.

Eastern Health uses The Employee and Family Assistance Program (EFAP), a short-term employee benefits program that delivers confidential, professional assessment, referral, and follow-up counselling services to assist employees and their family members experiencing personal problems associated with home and work life. In addition, Eastern Health offers The Working Mind (mental health) training program to all employees (340 frontline employees attended in the 2018/19 fiscal year). This program has shown increased resiliency (ability to cope with stress) skills, increased mental health well-being, and decreased stigmatizing attitudes (Dobson et al., 2019). Furthermore, the Navigator Line is a phone contact where Eastern Health employees can call to ask questions surrounding psychological health. A Rapid Response Team (RRT) can also be triggered using the Navigator Line. The RRT provides psychological support for staff where the employees trained in Psychological First Aid respond to critical events (e.g., when a patient unexpectedly passes away or when a patient is violent towards staff) that affect staff and help them become aware of the services and supports available to help (Healthy Workplace, 2019). In addition, Team Check-ins bring staff together to reflect on the individual

and the psychological impacts of their job. Finally, another service available to Eastern Health Employees is Peer 2 Peer, where employee volunteers support staff by providing employees with the appropriate services such as the one listed above for their specific psychological issues or listening to the person who requests assistance or simply needs to talk to someone (Healthy Workplace, 2019).

Two courses are available virtually through an educational learning program for healthcare employees called eLEARN (Healthy Workplace, 2019). One course is called Mental Health for Employees, where concepts of mental health and coping strategies are reviewed. The other is Managing Stress Within the Workplace, where stress is defined, and coping strategies are taught to manage stress. With so many resources available, it is unfortunate that the nurses were unaware of them. As a result, education geared towards increasing awareness of these resources is warranted.

Content for Proposed Wellness Resource

During the consultations and the environmental scan, I determined that an essential component to add to the content of the resource is to define psychological health and how to recognize signs of psychological distress. When I asked the nurses what psychological health meant, most just stated "mental well-being" or "mentally and emotionally healthy," and most of the individuals in the consultations were unable to describe psychological health in further detail. During my search for available resources, the insurance company Great West Life has recently implemented better coverage for psychological illness; moreover, they stressed how it is *essential* to recognize signs of psychological distress such as social withdrawal, feeling of emptiness, excessive fears, worries and anxieties, and loss of appetite (Great West Life, 2019). The Center for Workplace Mental Health also has a link where they identify the warning signs of

depression and anxiety. In the online courses I reviewed, the course description begins by first identifying and describing the issues (i.e., mental health or stress). Therefore, at the beginning of my resource, I will review the definition of psychological health (well-being versus distress) and the warning signs of poor psychological health, so that the new graduate nurses recognize when they are in distress and need assistance.

In the next part of the resource, I will discuss coping mechanisms. A common coping mechanism used within all jurisdictions in Newfoundland and Labrador, was mindfulness. The resource expert acknowledges that British Columbia works very hard to protect the psychological health of its healthcare workers. When I researched their available resources, I discovered Mindwell-U, which provides mindfulness mental health tools with free online classes and webinars. When asking the new graduate nurses which coping mechanisms, they would like to include in the wellness resource, some nurses identified that they would like to learn mindfulness or are already practicing it and think it is beneficial. Therefore, one of the coping mechanisms I will teach is mindfulness.

In addition, Newfoundland and Labrador developed a program called Bridge the Gapp to increase access to various mental health services for employees of any workplace. Within the Bridge the Gapp and the Mindwell-U program, there are links to free mindfulness classes, and I intend to show one of these videos during my resource's educational section. Once I finish teaching coping mechanisms, I will briefly describe the previously mentioned resources to increase their awareness and promotion. Having discussed the resource's content, in the following section, I will describe the education strategies I intend to use to deliver my wellness resource.

Effective Teaching strategies

I aim to design this resource specifically for the orientation of new graduate nurses. The nurse educator is the individual who teaches orientation; therefore, their expertise greatly benefited the development of my practicum project, in terms of both the content as well as how to deliver the content. I discovered that orientation is now all virtual through TEAMS. This development was interesting because I planned to provide in-person lecturing based on my research. I will slightly adjust my plan to prepare for an in-person virtual lecture instead. The nurse educator also indicated that through their experience, though PowerPoint is helpful, it can be dull if it is too long, and they found that an interactive discussion is an effective teaching method for new graduate nurses. Also, they suggested adding a scenario to the discussion to increase learning to keep the presentation 20-30 minutes long. According to Wu et al. (2021), nurses enjoyed a group discussion learning format because it helped communication through team story sharing and training alongside others. As a result, I will be implementing discussion at the end of the virtual lecture to promote learning through team bonding, discuss what new nurses think will cause stress in the workplace, and then we will review how to apply coping mechanisms to manage those stressful situations.

Based on this information, I will develop my content for the resource on a brief PowerPoint. Then I will show a video, as previously mentioned, on mindfulness; and present a particular scenario for discussion. I will then briefly go through the resources through a page or two of PowerPoint to describe what these resources are and how to access them.

The nurses, nurse educator, and resource expert also discussed how a brochure on the available resources within Eastern Health would be essential to implement within the wellness resource. The nurse educator stated that she often gives the new graduate nurses handouts to

follow along with the presentation to increase the learning experience further, which are appreciated by the recipients. As a result, I will develop a handout or brochure on the resources and give it to the new graduate nurse so they can keep this information and refer back to it if need be.

Finally, as part of the resource, I will encourage the new graduate nurses to participate in the online courses, i.e., the 30-day mindfulness challenge and to be part of the online learning within the Mindwell-U program.

Conclusion

I believe I achieved the overall goals within the consultations and environmental scan. I have gained interesting and relevant information on local nurses' current psychological health issues, which will help me develop a resource that suits the specific psychological health and learning needs of new graduate nurses in Eastern Health. I have now identified the educational content I intend to include in my resource and the strategies I will use to implement the educational materials. The data I have gathered through these two processes and the literature review has further ignited my aspiration to create and amplify the need for a psychological health resource for registered nurses.

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Appendix A: Example of Letter for the Nurse Educator

Dear (Name of Nursing Educator)

I am a student in the Master of Science in Nursing program at Memorial University. For my practicum project, I plan to develop an educational wellness resource to enhance graduate nurses' psychological health and well-being. This resource will involve education on the importance of psychological well-being, resilience, and strategies such as coping mechanisms for graduate nurses to use during stressful clinical situations. In addition, through this project, I aim to improve graduate nurses' transition to the nursing profession and promote the available resources for psychological health within Eastern Health.

I am writing to you today to inquire if you would be interested in taking part in an informal discussion to help develop this resource. I want to gather information on your expertise with the orientation process, strategies you find helpful in educating graduate nurses, and your opinion on what to implement within this educational wellness resource. To gather more information for this project, I will also plan to consult with new graduate nurses and senior staff nurses from 5 South B regarding their knowledge and perceptions of their psychological well-being and the resources available to them.

Through a recent review of the literature, I found that improving the psychological well-being of registered nurses is beneficial to staff, patient safety, and healthcare organizations. Therefore, I would like to gather local information from nurses who work within Eastern Health. The interview will be informal and may be in person or via WebEx, whatever is most convenient for you. It should only take 20-30 minutes to ask a few questions about your expertise and experiences.

The information gathered from our interview will be reviewed with my supervisor and will only be shared in my report with your permission. I aim to start the consultation process around June 30th and would appreciate the opportunity to speak with you at your convenience. Again, thank you for your time reading this email, and I look forward to hearing from you. If you have any additional questions, do not hesitate to contact me anytime.

Kind regards,

Maria Pinto, BNRN
Registered Nurse, Health Sciences Center
MScN Student, MUN Faculty of Nursing St. John's, NL
709-699-2802
mep242@mun.ca

Appendix B: Interview Questions for Consultations

Senior Staff Nurses

What does psychological health and well-being mean to you?

Do you feel like your psychological well-being is valued?

Are you aware of any resources available to help your psychological well-being?

How do you think the new graduate nurses are transitioning into practice?

What could create a positive experience for the new graduates?

Are you aware of coping mechanisms like mindfulness stress reduction practices? Do you think they would help reduce stress within the workplace?

Do you think implementing a wellness resource on coping mechanisms will help new graduates transition into the profession?

What do you see as challenges/barriers that I might face when implementing this wellness resource?

Junior Staff

What does psychological health and well-being mean to you?

Do you feel like your psychological well-being is valued?

How do you feel about transitioning from a student to a registered nurse?

Are there any struggles within your workplace that cause you distress?

Are you aware of the available resources to help with your psychological well-being?

How do you feel about practicing coping mechanisms during stressful nursing situations? Do you think implementing a wellness resource on coping mechanisms will help psychological well-being and transition to a practicing nurse?

What do you see as challenges/ barriers that I might face when implementing this wellness resource?

Are you aware of coping mechanisms like mindfulness stress reduction practices?

Interview for the Nursing Educator

What educational strategies do you find most beneficial in teaching graduate nurses?

Do you think developing a resource to help the psychological health of graduate nurses will be well received by staff nurses?

Do you have any feedback or suggestions about developing an educational resource for graduate nurses?

Are there other hospitals you know of providing similar resources for their staff?

Appendix C: Example of Letter for the Manager

Dear (Name of Nursing Manager)

I am a student in the Master of Science in Nursing program at Memorial University. For my practicum project, I plan to develop an educational resource to enhance graduate nurses' psychological well-being. This resource will involve education on the importance of psychological well-being, resilience, and strategies such as coping mechanisms for graduate nurses to use during stressful clinical situations. In addition, through this project, I aim to improve graduate nurses' transition to the nursing profession and promote the available resources for psychological health within Eastern Health.

Through a recent review of the literature, I found that improving the psychological well-being of registered nurses is beneficial to staff, patient safety, and healthcare organizations. Therefore, to develop my educational wellness resource, I aim to inquire about the experiences and perceptions of local new graduate and staff nurses regarding their psychological health and well-being. With your permission, I would like to consult and informally interview nurses on your floor. I hope to have discussions with four nurses from Neurosurgery and four from Urology. These discussions would only take 20-30 mins and would be during their lunchtime or other break time to not disrupt their work. The information I gain from the discussions with staff will help me adapt my educational resource to meet the current needs of nurses within Eastern Health.

Participation in these consultations will be voluntary. The information I gather from these discussions will be reviewed with my supervisor and will only be shared in my report if the participants agree. I aim to begin consultations with staff by approximately June 30th. Thank you for your time in reading this email. If you are comfortable allowing me access to your staff, I will email you the invitation letter to post at the nursing station and forward it via email to the nurses on 5 South B. If you have any additional questions, do not hesitate to contact me anytime.

Kind regards,

Maria Pinto, BNRN
Registered Nurse, Health Sciences Center
MScN Student, MUN Faculty of Nursing
St. John's, NL
709-699-2802
mep242@mun.ca

Appendix D: Example of the Invitation Letter for Staff Nurses

Invitation to Participate

Hello,

My name is Maria Pinto. I am a registered nurse who has worked for the past six years on 5 South B Urology. I am working on my Master of Science in Nursing degree at Memorial University. I am developing an educational wellness resource for my practicum project to improve graduate nurses' psychological health and well-being. This resource will involve education on the importance of psychological well-being, resilience, and strategies such as various coping mechanisms for graduate nurses to use during stressful clinical situations. In addition, through this project, I aim to improve graduate nurses' transition to the nursing profession and promote the available resources within Eastern Health to help psychological health.

To gather more information for this project, I will be inquiring about the experiences and perceptions of new graduate and senior staff nurses regarding their psychological well-being and knowledge of the available resources. I am also seeking information about coping mechanisms nurses might find helpful to include in the educational resource. I will then develop my resource based on the data collected from the discussions during these consultations.

I am writing to ask if anyone would be interested in helping with the development of this resource by partaking in a 20–30-minute informal discussion. These discussions will take place during your breaks, so you do not have to take time away from work or home life.

Through a recent review of the literature and my own experience, investing in the psychological well-being of registered nurses provides benefits to staff, patient safety, and healthcare organizations. Therefore, I would like to gather local information on the experiences of nurses who work within Eastern Health.

Participation is voluntary. The information gathered from the discussions will be reviewed with my supervisor and only be shared in my report with your permission. I will not disclose any names of the participants within the reports. I plan to start informal consultations on June 30th. Thank you for your time, and if you are interested in helping with this practicum project, you can contact me any time before June 30th at mep242@mun.ca or text me at 709-699-2802.

Kind regards,

Maria Pinto RNBN
MScN Student, MUN Faculty of Nursing
Registered Nurse, St. John's, NL
mep242@mun.ca

Appendix E: Example of Email

Dear (name of Peer Support and Trauma Response Program manager),

My name is Maria Pinto. I am a Master of Science in Nursing student at the Memorial University Newfoundland Faculty of Nursing. I am writing to you regarding my practicum project, where I plan to develop an educational wellness resource for new graduate nurses on psychological well-being. I am aware that you have implemented mental health sessions for healthcare professionals within your hospital. As an identified expert in your area, I am writing to ask if you would be interested and available to meet with me to discuss possible resources or strategies you have implemented into the mental health sessions. Through my project, I will develop an educational resource to enhance psychological well-being through teaching coping mechanisms to help graduate nurses prosper in transitioning into practicing nurses and during stressful clinical situations.

Any information and/or suggestions that you share with me will play an integral role in assisting me to develop this educational resource. Through a recent review of the literature, it is evident that improving the psychological well-being of registered nurses is beneficial to staff, patient safety, and healthcare organizations. To augment the robustness of my planned educational resource, I am interested in exploring what other facilities or hospitals in Canada are doing to improve psychological health. The discussion will be informal and may be via WebEx or phone and should only take 20-30 minutes of your time.

The information gathered from this discussion will be reviewed with my supervisor and only be shared in my report with your permission. If you are interested and available to speak with me, I can meet at your convenience. Thank you for your time reading the email, and I look forward to hearing from you. If you have any additional questions, please do not hesitate to contact me anytime.

Kind regards,

Maria Pinto, BNRN
Registered Nurse, Health Sciences Center
MScN Student, MUN Faculty of Nursing
St. John's, NL
709-699-2802
mep242@mun.ca

Appendix F: Questions for Peer Support and Trauma Response Team Manager

What content do you provide in your mental health sessions to help your staff with developing and maintaining their psychological health?

Do you provide resources for staff to help cope with their mental health? Are the audience more receptive to these resources?

What do you think healthcare professionals need to help improve their mental health?

What do you think is essential to implement in my educational wellness resource?

Is there a particular teaching style or strategy that you use? If so, what is it? And why?

Do you know any other hospitals/acute care settings within Canada that have developed resources to help their employee's psychological health? Would you mind providing me with contact information?

Appendix G: Health Research Ethics Authority (HREA) Screening Tool

Student Name: Maria Pinto

Title of Practicum Project: Development of an Educational Wellness Resource for New Graduate Nurses in Acute Care Settings.

Date Checklist Completed: June 7, 2022

This project is exempt from Health Research Ethics Board approval because it matches item number 3 from the list below.

1. Research that relies exclusively on publicly available information when the information is legally accessible to the public and appropriately protected by law; or the information is publicly accessible and there is no reasonable expectation of privacy.
2. Research involving naturalistic observation in public places (where it does not involve groups; individuals or groups targeted for observation have no reasonable expectation of privacy; and any dissemination of research results does not allow identification of specific individuals).
3. Quality assurance and quality improvement studies, program evaluation activities, performance reviews, and testing within normal educational requirements if there is no research question involved (used exclusively for assessment, management or improvement purposes).
4. Research based on review of published/publicly reported literature.
5. Research exclusively involving secondary use of anonymous information or anonymous human biological materials, so long as the process of data linkage or recording or dissemination of results does not generate identifiable information.
6. Research based solely on the researcher's personal reflections and self-observation (e.g., auto-ethnography).
7. Case reports.
8. Creative practice activities (where an artist makes or interprets a work or works of art).

For more information please visit the Health Research Ethics Authority (HREA) at <https://rpresources.mun.ca/triage/is-your-project-exempt-from-review/>

Appendix C
Interim Report

Interim Report: The Development of a Wellness Resource for New Graduate Nurses in Acute Care Settings.

Healthcare organizations recognize psychological health as essential to an individual's overall health. However, managing a lifestyle that creates positive psychological health can challenge some individuals. Researchers such as Lee et al. (2019), have studied the concept of psychological health and determined that to obtain optimal psychological health is to aim for the absence or low level of psychological distress and high levels of psychological well-being. Ryff (1989) described psychological well-being (PWB) as an individual's subjective happiness and satisfaction with life and their ability to manage negative emotions such as anxiety, stress, and depression (i.e., psychological distress). The capacity for achieving PWB depends on the individual's ability to overcome negative feelings and situations.

The nursing profession is embedded with various stressors that threaten PWB. The heavy workloads, having to work short-staffed and long hours (Baylina et al., 2018), high-stress situations leading to burnout (Smith, 2014), and the emotional toll of working with sick patients (Ashley et al., 2021) are just a few of many reasons why the PWB of registered nurses is often at risk. The COVID 19 pandemic has only worsened this issue, where two-thirds of Canadian nurses have declared a deterioration in their psychological health since the onset of the pandemic (Canadian Federation of Nurses Union, 2021). Therefore, Healthcare organizations need to identify PWB as a priority.

Negative PWB (i.e., psychological distress) has shown to impact patients' safety and job satisfaction and increase the intention of nurses to leave their job or profession (Brunetto et al., 2013; Hall et al., 2016; Romppanen & Häggman-Laitila, 2017; Pahlevan et al., 2018). As a result, healthcare organizations should recognize the importance of maintaining the PWB of their

staff, especially registered nurses, the largest group of healthcare employees in Canada (Stelnicki & Carleton, 2021). An appropriate incentive to retain nurses is to ensure that new graduate nurses stay within the profession. According to Hall and Visekruna (2020), 59 percent of nurses who leave the nursing profession are early career nurses. Role ambiguity (Frögéli et al., 2019), demanding workloads (Jardin et al., 2021; Lorente et al., 2021; Opoku et al., 2020), type of leadership (Dwyer et al., 2019), and lack of organizational support (Hawkins et al., 2020) are examples of situations that cause psychological distress in new graduate nurses.

Healthcare organizations need to implement interventions to promote the PWB of their registered nurses (Sulossari et al., 2022). For example, interventions such as The Workers' Health Surveillance (WHS) module (Bolier et al., 2014), an Integrated Health Program (IHP) (Tveito & Ericksen, 2009), workload assessment tool (Rickard et al., 2012), and Mindfulness-Based Stress Reduction practices (MBSR) (Ibrahim et al., 2021) have enhanced the PWB of registered nurses. In addition, specifically for new graduate nurses, education on coping mechanisms has also been shown to enhance their PWB (Chen et al., 2021; Sampson et al., 2019).

Therefore, the purpose of my practicum project is to create a wellness resource for educating new graduate nurses on coping mechanisms and the available resources within their healthcare organization to help maintain PWB during stressful nursing situations. For this practicum project, I outlined key objectives, which were to explore the prevalence and impact of psychological well-being on registered nurses (i.e., focusing on new graduate nurses) by reviewing, analyzing, and synthesizing literature pertaining to available resources and practices or strategies for enhancing psychological well-being in healthcare professionals, with a specific focus on nursing; explore new graduate registered nurses' knowledge of existing available

resources within Eastern Health that help with psychological health, and scan other jurisdictions for resources (if any) that are provided to enhance healthcare workers' psychological well-being. In the following sections, I will describe the methods I utilized to achieve these objectives.

Methods

I searched the literature to review and dissect essential relevant information to help develop my wellness resource. The literature review illuminated key impacts of how enhancing the PWB of nurses can improve patient safety, job satisfaction, and nurse retention. When reviewing the literature, I identified several strategies such as mindfulness and other coping strategies that significantly increase the PWB of new graduate nurses (Ibrahim et al., 2021; Lee et al., 2018; Lorente et al., 2021). I also distinguished lecturing, discussion, and online modules as strategies that help to educate this target group. I submitted three literature review drafts to further build my scholarly writing.

To further enrich the information necessary to help build my wellness resource, I consulted with nurses to explore their perceptions about whether their employer values their psychological well-being. I conducted eight informal consultations with four new graduate nurses, i.e., nurses within the first year of post-graduation, and four senior nurses, i.e., nurses with over two years of professional nursing experience. I also consulted with a nurse educator to gather information on teaching strategies. I then performed an environmental scan where I collected and analyzed how other jurisdictions (i.e., other areas in Newfoundland and other provinces within Canada) provide resources to enhance healthcare employees' psychological health. I was initially interested in the expertise of The Peer Support and Trauma Response Program manager from SickKids Research Institute in Toronto, Ontario and their mental health sessions; however, I did not receive a response when I emailed them. I then organized a

discussion with the co-chair of the Technical Committee for the National Standard of Canada on Psychological Health and Safety in the workplace, who is also a member of the Mental Health Commission of Canada's Workforce Advisory Committee. When analyzing the content, I gathered from the consultations and the environmental scan, I identified prevalent themes such as: feeling unsupported, staffing issues, a negative stigma of mental health, time, and lack of awareness of resources, resources. Finally, I combined the consultation and environmental scan results into one report. So far, I have written three drafts to ensure rigorous editing before the end of the N6660 course.

Implications

Through my findings from the literature review, consultations, and environmental scan, I derived the necessary content to include in my educational wellness resource, which I will further discuss in the next section. Based on the responses and findings of the consultations, I also concluded that the following teaching strategies were essential to delivering my educational wellness resource: virtual lecture with PowerPoint, brochure, discussion, and online practice modules for coping mechanisms. Researchers have demonstrated that new graduate nurses struggle the most psychologically in their first year of entering the nursing profession (Cheng et al., 2015; Jarden et al., 2021a). Therefore, I will design my wellness resource to integrate it into the orientation sessions for new graduate nurses because I want to provide the necessary tools to support their psychological health as soon as they enter the workforce. In addition, I discovered through my consultations that the orientation process is now through virtual learning, and thus I will make the presentation brief (20-30 minutes long), including a small number of PowerPoint slides with a greater amount of time designated for discussion. Therefore, I will prepare my wellness resource for a virtual presentation using the teaching strategies listed above to educate

new graduate nurses on the importance of psychological health, coping mechanisms to manage PWB, and promote the available resources found within Eastern Health to help psychological health.

Project Outline

I will begin my virtual lecture by describing psychological health and why it is important for new graduate nurses to acknowledge that their PWB is worth monitoring. I will then discuss the signs of psychological distress such as social withdrawal, feeling of emptiness, excessive fears, worries and anxieties, and loss of appetite. I want to identify these signs so the new graduate nurses can recognize when they are in psychological distress so that they can seek the appropriate support and services.

I will then discuss the available resources or services within Eastern Health that nurses can avail of. I will show an example of a mindfulness class using a video from Mindwell-U, which includes online classes and webinars on mindfulness.

The next section of the wellness resource include discussion; by providing a scenario, the new graduate nurses and I will discuss how to apply a coping mechanism in a stressful work situation scenario. At the end of the discussion, I will also suggest to the new graduate nurses to practice mindfulness available for free online through the Mindwell-U website.

Additionally, I will provide a brochure as part of the orientation handout packages on the available resources within Eastern Health. The nurse educator and nursing staff expressed wanting a brochure describing the available resources within Eastern Health so they can refer to when necessary. I would also like to provide this brochure to every unit in case the new graduate nurses lose their copy or if other staff nurses would like to access it so they can read about the available resources and services for psychological health within Eastern Health. While this is for

new graduate nurses, all nurses can benefit from knowing where and what the resources are to seek assistance for psychological health. Appendix A is a draft outline of the wellness resource I plan to implement.

N6661: Practicum II Timeline

Using the findings, I have obtained from completing my literature review, consultations, and environmental scans, I have established my chosen content and educational methods for my wellness resource. For the next practicum course, I will develop the resource, describe an implementation plan for orientation with new graduate nurses, and also a tentative plan for evaluation. Appendix B illustrates the timeline for N6661: Practicum II, which will be adjusted and more detailed when this second part of the practicum begins.

Reflection

I believe that my experience went well overall during the N6660 practicum course. Researching the literature review was enlightening, and I had no difficulty finding articles on such a pertinent issue. Through writing various assignments for this course, I could build my newly improved ability to synthesize the literature. Writing the literature review and receiving feedback from my supervisor allowed me the opportunity to learn and improve my academic writing. I practiced the Advanced Practical Nurse (APN) competency *research utilization* by generating, synthesizing, critiquing, and applying research evidence (CNA, 2019). I believe that I was able to finish this assignment promptly. The one difficulty I had with this assignment was the literature summary tables. I included many references, given the vast array of literature on the topic; however, this subsequently made for a very long literature summary table and took a very long time. Nevertheless, in doing these tables, I felt that I gained an increased understanding

of how to break down common themes within the literature, which further made it easier to synthesize the different research studies.

I also found the consultations and environmental scans to be very interesting. When conducting the informal interviews for the consultations, it was clear that psychological health is an issue for these nurses and a critical issue that healthcare organizations should address. The consultations opened my eyes to just how important leadership is to the psychological health of staff nurses. For example, leadership is vital in creating a positive environment where new graduate nurses and staff can prosper psychologically through a stressful profession. Several nurses also identified that it is essential for those in leadership positions to value the PWB of their staff because it helps make a positive environment in which to work. Hearing these nurses' concerns made me even more passionate about becoming an Advanced Practical Nurse (APN) leader. I felt comfortable during the interview because these were nurses that I had previously worked with, and it was easy to converse with them and ask them questions regarding their psychological health. However, the answers provided by the volunteers could have been affected by my presence because they are my co-workers. For example, the new graduate nurses might have been afraid to comment negatively about management or the senior staff for fear of me disclosing their feelings or judging their answers. Despite this potential limitation, I feel that I gathered information that was appropriate and reasonable and enough for me to develop a resource.

The consultations and environmental scans also allowed me to achieve APN competency of collaboration (CNA, 2019). I collaborated with the nurse educator, nurse managers, new graduate registered nurses, staff nurses, and psychological health experts. In addition, through an environmental scan, I am now on a psychological health committee where I collaborate with

other master's students, professors, and professionals working in mental health to discuss ways to enhance the psychological health of nurses within all jurisdictions of Newfoundland and Labrador. Before this course, I was sometimes nervous about discoursing with other health professionals, but as I conducted more informal interviews, I became more confident when discussing my practicum project.

I believe that I have learned a lot throughout this first course of the practicum. Thanks to the feedback received from my supervisor throughout each draft, I believe my writing has and will continue to improve. Another component I have enjoyed about this practicum project is that I can search and synthesize the literature and write about an issue that I am very passionate about and find so interesting. Psychological health is such an essential issue within the nursing profession today, and the work I have completed so far for this course has opened doors for possible contacts so that I could pursue this issue post-master's degree, which is exhilarating.

Conclusion

Through the background work for this practicum project, it is evident that the psychological health of registered nurses is worth protecting now more than ever. There is currently no educational resource within Eastern Health available for nurses to refer to when dealing with psychological distress. Through my exploration of the literature, consultations with local nurses, a nurse educator, and psychological health experts, as well as a scan of other jurisdictions within Newfoundland and Labrador and Canada, I am able to develop the content for my wellness resource and adapt educational strategies to fit best the specific learning needs of my target population, new graduate nurses. In the next practicum, i.e., N6661: Practicum II, I look forward to developing this wellness resource to begin to create an initiative that will help support the psychological health of registered nurses.

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Appendix A: Outline of the Wellness Resource

<p>Section 1 Introduction to Psychological Health</p>	<p>What is psychological health? What is psychological well-being versus psychological distress? Why is it important to the nursing profession and to healthcare?</p>
<p>Section 2 Recognizing signs</p>	<p>When do you know you are in psychological distress?</p> <ul style="list-style-type: none"> • Social withdrawal • Feelings of emptiness • Excessive fears, worries, and anxieties • Loss of appetite and weight • Inability to sleep • Decline of energy and motivation • Strong feelings of anger • Thoughts of suicide
<p>Section 3 Resources</p>	<p>For Eastern Health</p> <ul style="list-style-type: none"> • The Employee and Family Assistance Program (EFAP) • The Working Mind • The Navigator Line • A Rapid Response Team (RRT) • Team Check-ins • Peer 2 Peer • The two online eLearn courses: Mental Health for Employees and Managing Stress Within the Workplace
<p>Section 4 Discussion</p>	<p>Mindwell- U mindfulness video Scenario</p>
<p>Section 5 Review of Brochure</p>	<p>Review of brochure This brochure will have information describing the available resources and services within Eastern Health.</p>

Appendix B: Course Schedule N6661: Practicum II

<p>Week 1 Sept 8-Sept 14</p>	<p>Discuss my activities and schedule with my supervisor and develop a detailed schedule that includes due dates and adequate time for feedback and revision. Determine a date for my presentation with the class.</p>
<p>Week 2-Week 3 Sept 15-Sept 28</p>	<p>Work on my project of the development of my resource (i.e., virtual lecture, and brochure) and continuing to build on the work from N6660.</p> <p>I will make sure to get feedback and submit drafts in a timely fashion.</p>
<p>Week 4-Week 5 Sept 29-Oct 12</p>	<p>By the end of Week 4, I will start thinking about getting feedback from the nurse educator and two new graduate nurses on the developed resource.</p>
<p>Week 6 Oct 13-Oct 19</p>	<p>By the end of Week 6, I will have an outline for my dissemination material (e.g., presentation) and continue to work on my resource</p>
<p>Week 7-Week 12 Oct 20-Nov 30/</p>	<p>Finalize the project, e.g., finish developing the resource.</p> <p>Develop the dissemination material and give the presentation in the session scheduled for before week 12.</p> <p>I will ensure I have completed the requirements for attendance at practicum presentations. I require one more attendance for this to be complete.</p> <p>Write and finalize the final practicum report.</p>
<p>Week 12 Dec 1-3</p>	<p>Submit my final practicum report.</p>

Appendix D
Wellness Resource



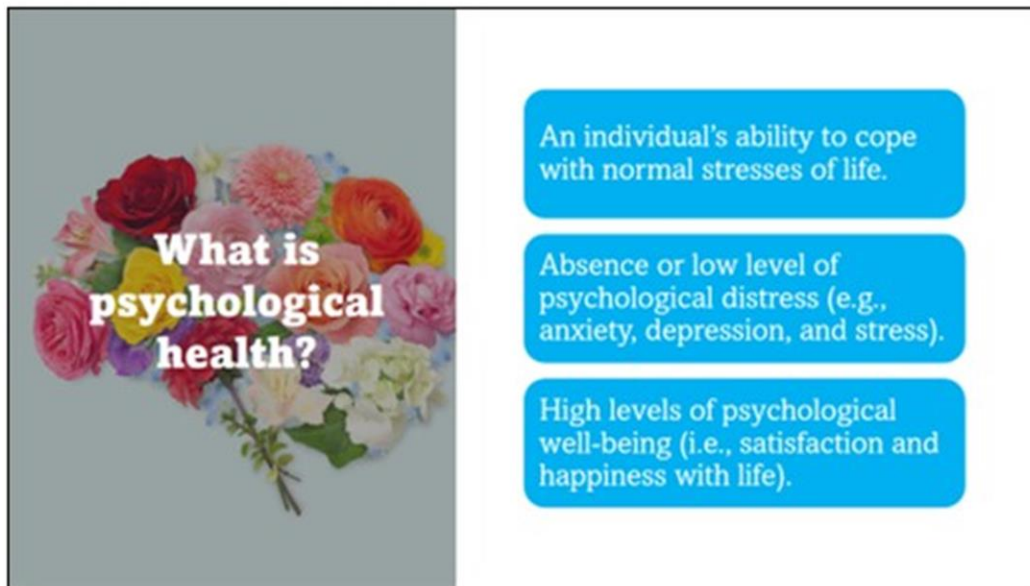
Hello everyone,

My name is Maria Pinto. As part of my Master of Science practicum project, I developed an educational resource on psychological health for registered nurses. In this presentation, I will discuss psychological health and how you can help protect your psychological well-being.

Objectives

- Describe the meaning behind psychological health and why it is essential within the healthcare system.
- Identify signs of psychological distress.
- Demonstrate a coping mechanism to help new graduate nurses navigate stressful situations and emotions.
- Discuss resources available within Eastern Health to promote psychological distress.

I am a registered nurse working on the in-patient urology surgery floor, and my passion is to improve the psychological health of nurses. Therefore, I have developed this resource to help shed light on the importance of the psychological well-being of nurses and demonstrate ways to help you in times of psychological distress. First, I will define psychological health and describe why it is essential to nurses individually and the healthcare system. I will then identify signs of psychological distress so that you know what to look for in terms of seeking assistance. Next, I will demonstrate a coping mechanism to help new graduates and senior nurses navigate stressful situations and emotions. Finally, I will discuss resources available within Eastern Health to promote psychological well-being.



What is psychological health?

When discussing new graduate nurses, I refer to nurses who have graduated within one year. Mental health or psychological health is a "state of well-being in which the individual realizes his or her abilities, can cope with the normal stresses of life, can work productively, and make a contribution to his or her community" (pg.12). Furthermore, psychological health is divided into psychological distress (e.g., anxiety, depression, stress) and psychological well-being (i.e., satisfaction with life, happiness) (Lee et al., 2019). Ryff (1989) described psychological well-being (PWB) as an individual's subjective happiness and functional satisfaction with everyday life and managing negative feelings. Therefore, to simplify, we should strive for psychological well-being and attempt to limit psychological distress as much as possible.



Why am I discussing psychological health with you?

The nursing profession is embedded with various stressors that threaten PWB.

What do you think are the reasons for high psychological distress in nurses? (wait for answer)

Research has shown that:

The heavy workloads, having to work short-staffed and long hours (Baylina et al., 2018), high-stress situations leading to burnout (Smith, 2014), and the emotional toll of working with sick patients (Ashley et al., 2021) are just a few of many reasons why the PWB of registered nurses is often at risk. The COVID-19 pandemic has only worsened this issue, where two-thirds of Canadian nurses have declared a deterioration in their psychological health since the onset of the pandemic (Canadian Federation of Nurses Union, 2021).

There are also negative consequences to the healthcare system when registered nurses are in psychological distress. For example, psychological distress of nurses is linked to risks in patient safety (medication errors) (Hall et al., 2016), decreased job satisfaction (Baylina et al., 2018), and increased turnover of nurses leaving the profession (Brunetto et al., 2016).

In a literature review by Hall et al. (2016), 59.3% of the researchers found that psychological distress (i.e., depression, anxiety, job stress) was associated with inadequate patient safety, such as medication errors.

In addition, in 2021, the Canadian Federation of Nurses Unions (CFNU) national survey demonstrated that two-thirds of Canadian nurses believed that in 2020, the quality of health care had deteriorated, with a quarter of the nurses rating patient safety in their workplace as failing.

Job demands and workload have also been shown to have a negative effect (i.e., decreased job satisfaction) on the well-being of healthcare professionals (Baylina et al., 2018).

Why is psychological health important?

- PWB of registered nurses should be identified as a priority within the workplace of healthcare systems.
- If you experience psychological distress when entering the workplace or at any point in your career... **you are not alone!**



(This section is for new graduate nurses)

So as a new graduate nurse, why am I discussing psychological health with you?

Well, in a national study where 4467 practicing nurses were surveyed in November of 2020, Hall and Visekruna (2020) determined that the majority (59%) of nurses who had "thought of leaving the workforce" were early career nurses.

(All registered nurses)

The World Health Organization (WHO) predicted a world nursing workforce shortage of six million nurses by 2030 (World Health Organization, 2020). Nursing shortages need immediate action within hospitals in Newfoundland and Labrador because, according to a report on the nursing workforce in Canada, Newfoundland and Labrador had the third-lowest retention rate of nurses, retaining only 76.7% of new graduate nurses (Canadian Institute for Health Information, 2020).

As a result, healthcare organizations should implement as many measures as possible to try and keep nurses in the workforce. Interventions that promote psychological well-being for nurses should be a top priority.

Transitioning from student to graduate nurse is difficult and stressful, as identified by negative experiences with senior nurses, emotions such as feeling overwhelmed, stressed, alone, and being inadequately prepared through orientation or within their nursing education (Dwyer et al., 2019; Frögéli et al., 2019; Haplin et al., 2017; Hawkins et al., 2020; Jarden et al., 2021b; Opoku et al., 2020).

Now I know this might sound overwhelming, but I am telling you this so that you are aware that if you are experiencing these negative emotions that you are not alone.

What do you think are other symptoms or signs that someone is in psychological distress? (wait for an answer)

Signs of psychological distress.

- Feelings of emptiness
- Excessive fears, worries, and anxieties
- Social withdrawal
- Loss of appetite and weight
- Inability to sleep
- Decline of energy and motivation
- Strong feelings of anger

The slide features a background image of a person in teal scrubs sitting on a hospital floor with their head in their hands. A smaller inset image shows a person in blue scrubs looking thoughtful in a clinical setting.

It is essential to recognize the signs of psychological distress to know when it might be time to seek help or discuss it with your manager or charge nurse. Read the signs of psychological distress off of the slide.

(Great West Life, 2019)

Coping Mechanisms

- Practicing coping mechanisms has been shown to increase psychological well-being in registered nurses.
- An example of a coping mechanism is Mindfulness (Disrupting our inner autopilot)
- Exercise: Take 5 (Disrupt mindlessness and engage the mindfulness)
- [MindwellU – Home](#)



How can we, as registered nurses, manage these symptoms and feelings of psychological distress?

Coping mechanisms are beneficial in supporting nurses to increase psychological well-being at work. What do you think are some coping strategies that could help?

Researchers support coping strategies such as mindfulness to increase the PWB of registered nurses (Ibrahim et al., 2021).

(New graduate nurses)

Specifically for new graduate nurses, education on coping mechanisms has also been shown to enhance their PWB (Chen et al., 2021; Sampson et al., 2019).

A Canadian health-tech firm based out of British Columbia developed a [Mindwell- U](#) program, a site where healthcare employees can access mindfulness training for free. Today, I will be showing you a small clip of how to practice mindfulness at work.

<https://app.mindwellu.com/newfoundland/vueSection/601>

Mindfulness involves an individual interrupting the automatic mindlessness of tasks and becoming mindful and bringing attention to their emotions and thoughts behind a particular situation ([Mindwell- U](#)).

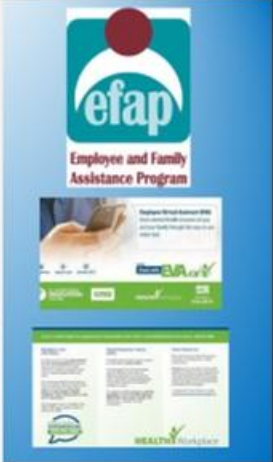
I have developed a lanyard tag to refer to help you remember how to practice “Take 5.”

7

Resources in Eastern Health

- The Employee and Family Assistance Program (EFAP)
- The Employee Virtual Assistance Program (EVA)
- The Working Mind (mental health)
- The Navigator Line
- A Rapid Response Team (RRT)
- Peer 2 Peer
- Two courses are available virtually through an educational learning program for healthcare employees called eLEARN (Mental Health for Employees and Managing Stress Within the Workplace).

(Healthy Workplace, 2019).



Eastern Health uses The Employee and Family Assistance Program (EFAP), a short-term employee benefits program that delivers confidential, professional assessment, referral, and follow-up counselling services to assist employees and their family members experiencing personal problems associated with home and work life. In addition, Eastern Health offers:

The Employee Virtual Assistance Program (EVA) is an automatic computer system that connects employees with the most appropriate mental health support for their unique life circumstances.

The Working Mind (mental health) is a training program for all employees (340 frontline employees attended in the 2018/19 fiscal year). This program has shown increased resiliency skills (ability to cope with stress), increased mental health well-being, and decreased stigmatizing attitudes about psychological health.

Furthermore, the Navigator Line is a phone contact that Eastern Health employees can call to ask psychological health questions. A Rapid Response Team (RRT) can also be triggered using the Navigator Line.

The RRT provides psychological support for staff where the employees trained in Psychological First Aid respond to critical events (e.g., when a patient unexpectedly passes away or when a patient is violent towards staff) that affect staff and help them become aware of the services and supports available to help).

Finally, another service available to Eastern Health Employees is Peer 2 Peer, where employee volunteers support staff by providing employees with the appropriate services, such as the one listed above, for their specific psychological issues or listening to the person who requests assistance or needs to talk to someone (Healthy Workplace, 2019).

Two courses are available virtually through an educational learning program for healthcare employees called eLEARN (Healthy Workplace, 2019). One course is called Mental Health for Employees, where concepts of mental health and coping strategies are reviewed. The other is Managing Stress Within the Workplace, where stress is defined and coping strategies are taught to manage stress.

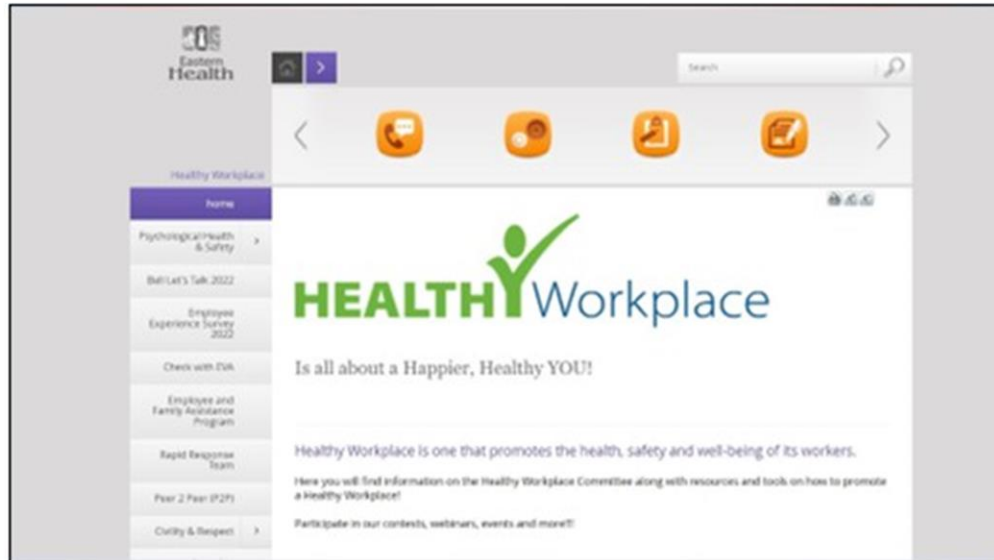
With so many resources available, it is unfortunate that many nurses from my consultations were unaware of them. As a result, I believe that education geared towards increasing awareness of these resources is warranted.

I have developed a pamphlet that describes all of these resources in your orientation package so you can refer to them if needed. I also want to distribute this pamphlet to all units in acute care settings.



Now that you know the available resources, how do you access them?

- Step 1: First, you go into the intranet.
- Step 2: Then, you press the Programs and services tab
- Step 3: The Support tab is next,
- Step 4: Finally, you will see the Healthy Workplace link



which will bring you to where you can access the available services within Eastern Health.



Discussion/ Case Scenario

It is your first shift on your own. Until now, you have only had four patients with your mentor always being by your side. You are nervous. You come into the shift and are assigned four patients. By 10 o'clock, you have discharged one patient, and the doctor tells you that another patient of yours is being discharged. You have the second patient discharged by twelve, but now you are getting a post-operative patient at 1330. The floor is so busy that only one of your co-workers can help you with your post-op patient. Then at 1530, the charge nurse tells you are receiving an admission from emergency. You, as a new graduate nurse, are very overwhelmed at this moment (as you would be)...

(This scenario and the following section are for new graduate nurses)

- This scenario is an example of what you might face when becoming independent as a new grad. Is this what you thought your caseload would be as a new grad? What about this scenario causes you stress?
- Do you think you could practice the take five exercises here and when? What are your biggest concerns when entering the workforce?
- Though this scenario may seem stressful. Do not worry. You are not alone; you have staff to assist you, but you do not have to be afraid to ask for help. You called a new graduate nurse for a reason. You are new, and no one expects you to know everything, so your co-workers are there to help and ask any questions you may have.
- (For registered nurses)
- (Scenario)
- It is a Monday morning, and you come into the shift and are assigned four patients. By 10 o'clock, you have discharged one patient, and the doctor tells you that another patient is being discharged. You have the second patient discharged by twelve, but now you are getting a post-operative patient at 1330. The floor is so busy that only one of your co-workers can help you with your post-op patient. Then at 1530, the charge nurse assigns you admission from emergency.



In summary,

1. Psychological health is described as psychological well-being (PWB), an individual's subjective happiness and functional level of satisfaction with everyday life and managing negative feelings.
2. Registered nurses are a risk for psychological health within their daily working environments.
3. Signs of psychological distress are but not limited to:
 - Feelings of emptiness
 - Excessive fears, worries, and anxieties
 - Social withdrawal
 - Loss of appetite and weight
 - Inability to sleep
 - Decline of energy and motivation
 - Strong feelings of anger
3. Take 5 is a simple mindfulness activity used at work.
4. Eastern Health provides MANY resources to help you in times of psychological distress.

Thank you for your time and attention today in listening to my presentation. I hope this is a resource that you will find helpful. Have a great day.



- Any questions?

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- Here are my references.

Wellness Resource: Brochure

A Rapid Response Team (RRT)

- Employees trained in Psychological First Aid respond to critical events that affect staff.

Peer 2 Peer

- Employee volunteers provide employees with services for their specific psychological issues.

Online courses

- Two courses are available through eLEARN (Mental Health for Employees and Managing Stress Within the Workplace).



How do I access these resources?

On the Intranet there is the Programs and Services tab (between the Tools and Employee center links).



Then click on the Support tab and then the Healthy Workplace link.



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Wellness Resource: Improving the Psychological Health of Registered Nurses



Created by Maria Pinto RBNB
Memorial University Faculty of
Nursing.



What is psychological health?

The definition of psychological health is divided into psychological distress (e.g., anxiety, depression, stress) and psychological well-being (PWB) (i.e., satisfaction with life, happiness) ⁽⁶⁾.

Why is psychological health important?

Nursing can be stressful. The heavy workloads, working short-staffed ⁽²⁾, high-stress situations leading to burnout ⁽⁷⁾, and the emotional toll of working with sick patients ⁽¹⁾ are just a few reasons why the PWB of registered nurses is often at risk.



The psychological health of registered nurses is important!!!!

What are signs of psychological distress?

- Feelings of emptiness
- Excessive fears, worries, and anxieties
- Social withdrawal
- Loss of appetite and weight
- Inability to sleep
- Decline of energy and motivation
- Strong feelings of anger

Resources within Eastern Health

The Working Mind

- Mental health training which increases resiliency skills (ability to cope with stress), mental health well-being, and decreased stigmatizing attitudes.

The Navigator Line

- A phone contact where Eastern Health employees can call to ask questions about psychological health.

The Employee and Family Assistance Program (EFAP)

- Counselling services to assist employees and their family members.

The Employee Virtual Assistance Program (EVA)

- Computer system that connects employees with the appropriate mental health support.

Wellness Resource: Lanyard Tag

Front of Lanyard Tag

Take 5

Disrupt mindlessness and engage in non-judgmental, open, and patient mindset by taking five steps towards mindfulness.

Step 1: Notice the Cue

Step 2: Notice the New

Step 3: Notice the Body

Step 4: Notice the Breath

Step 5: Notice the Now



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Back of Lanyard Tag

HOW TO TAKE 5...

Step 1: Notice the Cue: Know or notice when it is time to take 5. For example, when going for a walk or having a coffee.

Step 2: Notice the New: Respond to the cue by noticing something new about the situation. Notice and pay attention to something new, i.e., new color or pattern within your environment.

Step 3: Notice the Body: Then bring your attention to your body, beginning at your feet as they are pressing against the floor and noticing physical sensations within each movement.

Step 4: Notice the Breath: Begin with one complete breath and then start to breathe deeply and slowly exhale, helping you become aware of your surroundings. Take up to five breaths.

Step 5: Notice the Now: What is present now? What are your current thoughts, feelings, and emotions? Respond with patience, openness, and kindness with yourself or your situation.

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