The Impact of Habit Formation on Healthcare Workers: An Occupational Therapy Approach to Well-Being

Hillary Littlefield MSOT, OTR/L
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Abstract

Occupational therapists have an opportunity to act as consultants in their healthcare systems to provide education, resources and guidance to interdisciplinary team members. This concept aimed to provide evidence to support an occupational therapy-based program focused on incorporation of healthy habits and routines into one’s daily life as a means to improve nursing altruism, quality of life and perception of one’s successes and value in their occupation. Pre- and post- survey data was utilized to evaluate the effectiveness of an occupational therapy-based initiative that provided 1:1 and group coaching to a population of acute care nurses as an evaluation of success in the ability for lifestyle modification programs to improve their overall health and well-being. A measurable increase was noted in 6/7 categories including a 6.99% increase reported in satisfaction with nursing career, 16.75% increase in satisfaction with hobbies and occupations outside of work, 16.75% increase in feeling as though the work “I” do makes a difference, 7.5% increase in feeling equipped with the tools needed to improve occupational balance, 30.4% increase in feelings of living a healthy lifestyle, and 30.4% increase in ability to “let go of work” when going home. While there were limitations, this data supports the value of occupational based initiatives to improve the overall well-being in a population of acute care nurses. Healthcare worker burnout and caregiver fatigue are common topics of discussion amongst healthcare administrators. This initiative provides evidence to support the utilization of occupational therapy services that already exist in healthcare settings to supplement wellness initiatives that often have more of a Human Resource focus. Given the education and skillset of occupational therapists, healthcare administrators could lean in on this resource within their organization in order to promote initiatives which ultimately result in better patient outcomes, team member satisfaction and increase retention across departments.
Acknowledgements

As I submit this capstone in completion of the coursework for my doctoral degree, I would like to extend several appreciations for those that have mentored, encouraged and supported the time need to achieve this milestone. First and foremost, I would like to thank my husband Seth for motivating me and encouraging me to continue my education and improve my clinical skillset while partnering to raise our two beautiful children, Bennett and Sadie. Your supports and sacrifices were instrumental in making this happen. Mom and Dad, you have always motivated me to be the best version of myself and to reach for the stars. Thank you for always encouraging me to continue my educational journey. To all of the amazing educators at the University of Southern Maine, thank you for believing in me and mentoring me through all the hurdles. Dr. Tammy Bickmore and Dr. Mary Anderson, I can’t express enough appreciation for your guidance and support. Finally, to all my friends and colleagues at Central Maine Medical Center, you are true cheerleaders, this wouldn’t be possible without all of you.
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Healthcare workers all over the world are experiencing high burnout rates due to various factors. Many healthcare facilities have attributed burnout to the COVID-19 pandemic; however, literature reviews that were completed even before the pandemic highlight a correlation between healthy habits and work performance or job satisfaction. An article cited in *Current Opinion in Critical Care* reviewed the available literature and reported that “burnout syndrome” was present in 50% of critical care providers and a third of critical care nurses (Embriaco et al., 2007).

Healthcare workers in various settings are feeling compassion fatigue (Scaffa et al., 2020) and showing signs of burnout, even in the early years of their careers. Burnout has been identified as one of the direct consequences of the growing number of malpractice suits and patient mortality rates. It can lead to alcohol abuse and dishonest clinical behavior and may decrease altruism among healthcare workers (Reith, 2018). Occupational therapists have the opportunity to employ their knowledge of holistic therapies and well-being to provide meaningful interventions for this population.

This project evaluates the effectiveness of a well-being program that was guided by occupational therapists and targeted acute care nurses at Central Maine Medical Center (CMMC). The aims of the program were to improve the nurses’ self-reported altruistic beliefs, compassion, and job satisfaction. The program utilized one-on-one and group discussions that were focused on coaching and facilitating the incorporation of healthy performance patterns in the daily lives of the nurses. The implementation portion faced several limitations due to scheduling conflicts and a mass casualty incident in which CMMC was the primary triage center; the shooting event was followed by the need for expedited individualized mental health support. Given these circumstances, a modification to the initial Institutional Review Board (IRB) application was obtained, with an extension for implementation to continue into February 2024.
The extension enabled gaining more data and optimizing the results with a larger group of individuals.

**Needs Assessment and Problem Identification**

John Hopkins University defines a caregiver as “a person who tends to the needs of a person with short- or long-term limitations due to illness, injury or disability” (The John Hopkins University, 2024). Based on this definition, healthcare workers are considered to be caregivers in this literature review and capstone paper. Caregiver stress and burnout are part of the problem of high staff turnover rates in hospitals and other healthcare settings. While organizations may offer wellness programs to address these issues, it is evident that such programs are not yet being utilized to capacity and do not meet the specific needs of each hospital department and all disciplines. Many healthcare facilities offer a well-being program called Well Steps, but it emphasizes physical health over emotional and workplace health (Aldana, 2022). These programs appear beneficial in a broad sense, although they require substantial buy-in by an individual before the program is able to target the person’s daily routines and habits. Because of this, such programs limit the ability for the individual to delve deep into their occupational journey and understand the root cause of their feelings of altruism and overall job satisfaction.

Occupational therapists have an opportunity to act as consultants within healthcare systems to provide education, resources, and guidance to interdisciplinary team members. The model for authentic occupational therapy practice highlights the importance of habits, routines, roles, and rituals. In addition, occupational therapists are uniquely positioned to provide coaching to diverse populations, especially regarding life balance models and holistic well-being initiatives (American Occupational Therapy Association, 2020).
Many healthcare teams are currently grossly understaffed. Hence, in-house wellness consultative services that could be provided by staff occupational therapists are likely to be of value. Another concern that occurs with employer-sponsored well-being programs is that the program is often completed across the hospital. While this is a good start, many departments have unique opportunities that may not apply to the rest of the hospital. In addition, individual team members may have unique needs that would benefit from a more consultative approach. This point was noted in the implementation portion of this capstone. People’s different scheduling habits, distance driven to work, family dynamics, and dedication to extracurricular activities had a large impact on how those individuals spent their time. This point demonstrates that no two individuals have the same needs in terms of well-being goals.

The National Alliance on Mental Illness offers confidential and professional resources, including a hotline, online resources, and support groups, through its Frontline Wellness Program (National Alliance on Mental Illness, 2022). Similar resources are provided on the websites of the American Hospital Association and the Centers for Disease Control. While these online resources provide value, they only being to address the underlying concern. In order to optimize benefits, counseling services need to make meaningful connections and provide support to connect with individuals, in person, within the environment that is causing them stress and anxiety. In addition, the “hotline” approach often implies that calls and requests are an emergency and should be utilized as a last resort rather than normalizing regular counseling support and engagement.

**Theoretical Framework**

In addition to what is known about current trends in healthcare, several models of practice discuss the need to promote healthy routines in one’s life. The Model of Lifestyle
Balance (LBM) focuses on whether an individual’s occupation provides meaning and balance. Another relevant model is the experiential model of occupational balance (Matuska, 2012). Both of these models are pertinent to the common phrase “work/life balance.” The models can help practitioners to ensure that an individual is experiencing the right balance of occupations, including complex (“exacting”), moderate (“flowing”), and low (“calming”) challenges, to promote their well-being (Jonsson & Persson, 2006). Given its holistic approach to health and well-being, occupational therapy practice has a strong opportunity to fulfill this identified need.

**Participants**

While all healthcare workers would benefit from well-being and occupational balance initiatives, registered nurses licensed to practice in the state of Maine were selected as the population for this program. All participants were actively working in an acute care hospital environment at CMMC. The physical environment of each nurse differed slightly but generally encompassed a 12- to 30-bed unit, with centralized nursing stations, and roughly two to five other nurses working alongside them. The ratio was a patient: nurse staffing model of 4:1. Staffing patterns for support staff and leadership have been unpredictable due to workforce shortages, resulting in increased contracted labor and decreased consistency of healthcare personnel on the floors. This situation has impacted the social environment of the nurses.

**Environment and Study Context**

In addition to the workforce shortage, many organizations face challenges with capital expenses and budgetary items. Vast financial resources have been consumed through the need to keep team members safe and healthy during the pandemic. Unique measures have been created (e.g., grant opportunities) to optimize the ability to maintain equipment and infrastructure; however, such initiatives often take longer to reach fulfillment than does direct replacement. This
environment of care may not be noticeable when a person quickly passes through it. The reality becomes evident to those who spend 12 hours a day on the unit – and this has a significant impact on one’s occupational well-being. During implementation, physical resources were a common theme when nurses discussed the limitations in their ability to optimize success while working in healthcare settings.

**Identification of Unmet Needs**

Although many environmental barriers are identified in the above section, the intent of this program was not to fix the physical environment. The aim of the program was to influence the social environment and current culture in the workplace. The physical infrastructure certainly impacts people’s perceptions and well-being; however, relevant changes need to come from facilities and through financed initiatives. There is benefit in addressing the societal, cultural, and holistic needs of nurses to increase their ability to cope with daily challenges and inconsistencies. Existing well-being initiatives address the surface-level needs and work to provide appreciation and recognition, but these can often be underutilized when the underlying emotional needs of individuals are not addressed. Given the observations outlined so far, it was evident that the organization would benefit from an occupational therapy-based program to address the holistic, spiritual, and emotional needs of individual nurses.

**Clinical Question**

The clinical question that this capstone project addresses is as follows: Does an occupational therapy-based program that focuses on incorporating healthy habits and routines into nurses’ daily lives improve the nurses’ altruism, quality of life, and perception of success and value in their occupation?
Statement of Occupational Relevance

Occupational therapy practice incorporates various factors, such as performance skills (motor, process, and social interaction skills) and performance patterns (habits, routines, roles, and rituals), when assessing a population (either individual or group) and their desired outcome in a given occupation (American Occupational Therapy Association, 2020). Skills and patterns are unique to each individual. People often consider their skills only when they seek to improve their performance in a specific area. In this project, the focus was on how performance patterns can improve outcomes in desired tasks as well as overall health and well-being.

The Occupational Therapy Practice Framework: Domain and Process (4th ed.) (American Occupational Therapy Association, 2020) is referred to in the rest of this paper as the OTPF. This framework defines four types of performance patterns: 1) habits, which are specific and often automatic behaviors; 2) routines, which are sequences of activities; 3) roles, which are aspects of an individual’s identity; and 4) rituals, which are symbolic actions. These performance patterns combine to define one’s lifestyle and influence one’s occupational balance and well-being. Performance improvement initiatives in healthcare settings often focus on adapting or expanding individual performance skills, such as educational opportunities, competencies, team interaction, and spatial organization. Given what is known about the rates of burnout and compassion fatigue in the nursing profession, there is an opportunity to move away from performance skills and look more closely at the impact of performance patterns in this population.

Evidence from the Literature

To support the need for implementation of this capstone initiative, I appraised the available evidence. I searched several platforms for this review, and the search terms included
(but were not limited to) healthcare, burnout, health and wellness, well-being, altruism, balance, satisfaction, meaningful occupation, acute care, holistic, compassion, fatigue, habits, and routines. The evidence was appraised and grouped into the following themes.

**Habits and Routines to Promote Well-Being**

The nature of nursing in an acute care setting often requires a scheduling pattern that models shift work. This schedule typically involves a pattern of three days per week and 12 hours per day. It may fall into three days in a row or three days scattered throughout the week, depending on the unit’s needs and the schedule of each individual. Nea et al. (2018) explored the impact of this type of schedule work on 109 shift workers in Ireland. The study utilized focus groups to determine common themes and their perceived impact on the health and well-being of the shift workers. Themes emerged that highlighted the negative impact on eating behaviors (rushed, erratic eating with poor dietary choices); sleep patterns and behaviors (not enough time to sleep in between shifts); and psychosocial health (isolation, missing events with family). In addition, there were small correlations with increased smoking and alcohol consumption, which researchers perceived as assisting with sleep and eating habits (Nea et al., 2018). That study provided a foundation for this capstone, as it showed how shift work can impact the overall health and well-being of individuals. It also highlighted the need for focused efforts to support the development of healthy habits and routines among individuals in similar occupational patterns.

In an effort to develop evidence to support work-habit intervention, Russell et al. (2021) explored how work habits manifested and how they could be influenced to change. The researchers first built a model influenced by literature to understand how habits change. They stated that in order to change a habit, one must “develop new intentions in relation to their
environmental cues.” This intention is a stronger predictor of success than are repetitive actions (i.e., one must develop the desire and commitment to change). Researchers utilized this model to measure the ability to change workers’ habits regarding how often people checked a work email application. Another important factor highlighted was that a person needs some degree of self-regulation, which could be intrapersonal or related to the job environment (i.e., feeling supported and having good resources). In conclusion, the study found evidence to support the proposed work-habit intervention model, and the themes discussed above were utilized in the discussion on habit development that formed part of this capstone (Russell et al., 2021).

**Physical and Mental Health of Healthcare Workers**

Shanafelt et al. (2012) utilized a sample of 7,197 surgeons to identify measures that could be taken to decrease burnout and improve the overall quality of life among this population. Common trends were analyzed. The authors concluded that seeing a primary care provider on a regular basis, finding meaning in one’s work, focusing on what is important in life, maintaining a positive outlook in life, and embracing a philosophy that focused on work/life balance were key factors in achieving optimal career success or satisfaction and quality of life. Because the study examined a specific healthcare population, further research is needed to generalize the findings to other populations (Shanfelt et al., 2012).

**Altruism in Healthcare**

Nursing theory and the evolution of nursing as a career were linked to altruism in a 2014 phenomenological study that was based on interviews with 12 nurses. The study offered ideas and suggestions for future research and raised the question about “the link between vocation and altruism as an emotional expression of goodwill.” While there were several limitations to the
study, it prompted deeper examination of what motivational factors are associated with career choices, specifically regarding nursing (Carter, 2014).

In a systematic review, Haigh (2010) examined the literature to determine whether there was a link between altruism and biological evolution when evaluating motivation for entering the nursing profession. Although the review was limited to the literature available at the time, it raises important considerations for this capstone. Haigh linked social evolution, group survival, and biological evolution as potential motivational factors for people who enter the occupation of nursing. The conclusion of the article was that the desire to enter the nursing profession may be a result of “selfish altruism” or the wish to ensure the survival of the population rather than the desire to help an individual (Haigh, 2010).

In 2019, van der Wath conducted a literature review to examine the meaning of altruism as a value in nursing. The author examined 21 peer-reviewed articles published between January 2000 and May 2018 and concluded that altruistic features were described in nursing roles that involved mental health, geriatric care, palliative care, pediatric care, and acute care. Altruism was also present among nursing students. The findings showed that nurses practiced altruism by showing visible concern for others and demonstrating patient-centered, selfless care to make healthcare accessible. The author also examined how these altruistic practices resulted in increased job satisfaction and a “contribution to nurse’s moral competency” (van der Wath, 2019).

**Balance in Occupational Therapy Theory**

The person–environment occupation model considers three factors – the person, the environment, and the occupation – and how they interrelate. In this model, “occupations are considered to meet the person’s intrinsic needs for self-maintenance, expression and fulfillment”
within the person’s role and environment. This can include one’s career and leisure pursuits. Optimal occupational performance is considered to be a motivational factor (Law et al., 1996). The Model of Lifestyle Balance (LBM), which focuses on whether an individual’s occupation provides meaning and balance, should also be considered by researchers and group facilitators when designing habit formation programs (Jonsson & Persson, 2006). The LBM proposed by Matuska and Christiansen (2008) proposes that balance is related to health and well-being. These are common focus points within occupational science. This model defines balance as “a satisfying pattern of daily occupations that is healthful, meaningful, and sustainable to an individual within the context of his or her current life circumstances.” The model describes five needs-based dimensions that relate to the theory of balance, which are 1) meeting basic instrumental needs necessary for sustained biological health and physical safety; 2) having rewarding and self-affirming relationships with others; 3) feeling interested, engaged, challenged, and competent; 4) creating meaning and a positive personal identity; and 5) organizing time and energy to meet important personal goals and values (Matuska & Christiansen, 2008). Of note, in 2012 Matuska removed the fifth dimension, which was conceptualized as more of a skill than a need-based dimension (Matuska, 2012). Based on the relevance and impact of these dimensions, the LBM was chosen as the primary model for this capstone paper.

Wagan et al. (2012) performed a secondary analysis regarding 19 previously conducted interviews to examine perceptions about life balance among working adults. After reviewing the interviews, the researchers compiled common phrases and topics into a matrix that supported the five dimensions proposed in Matuska’s model. In addition to the five dimensions outlined above,
other key factors for personal balance and well-being are financial security; environmental factors such as climate, media, and social norms; and healthy habits (Wagan, 2012).

**Review of Current Resources**

The National Alliance on Mental Illness offers confidential and professional resources, including a hotline, online resources, and support groups, through its Frontline Wellness Program (National Alliance on Mental Illness, 2022). Similar resources exist through the American Hospital Association and the Centers for Disease Control websites. Many healthcare facilities offer well-being programs through a program called WellSteps. In 2015, 87% of hospitals reported running some sort of initiative. Most of these programs include health risk assessment (82% of hospitals) and employee assistance programs (93% of hospitals). However, as already noted, these programs typically focus on physical health rather than emotional and workplace health (Aldana, 2022). In 2017, the CDC conducted a survey of hospital employers and noted that while 83% of hospitals provided workplace wellness programs, only 56% of them included stress management programs in this benefit (Centers for Disease Control, 2020).

**Capstone Project and Outcome Measurements**

Given the increase in nursing vacancies and staffing shortages in healthcare facilities across the state of Maine, it is important to support the individuals currently practicing in these environments. Hospital leaders have noted the importance of supporting healthcare workers in their personal and professional endeavors, with the goal of increasing retention to optimize provision of quality, consistent and compassionate care to each patient. To accomplish this goal, leaders can focus on the individual needs of team members and promote health and well-being to increase the employees’ resiliency and altruism in the workplace.
Occupational therapists have unique education and experiences that make them appropriate facilitators of education and well-being workshops that focus on performance patterns. This capstone initiative provided an initial educational seminar on healthy habits and routines and the importance of incorporating these into daily practice. Following this initial seminar, a 1:1 dialogue occurred between the group facilitator and each participant to track the participants’ progress and implementation of these performance patterns over the course of three to four weeks. The primary researcher obtained consent to participate in this project and a demographic survey from all participants. A survey focused on measuring altruistic feelings of one’s occupation, job satisfaction, and ratings of health and well-being were completed prior to the initial educational seminar and at the completion of individual sessions.

Acute care nurses were recruited on a voluntary basis. The recruitment was linked to educational initiatives about the program in team meetings, email invitations, and advertisement posters that were displayed before course initiation. To encourage participation in the program, I explored the possibility of participants obtaining nursing continuing education credits in collaboration with CMMC’s Education Department. Unfortunately, due to timing and material content, this was not feasible. However, a certificate of attendance was offered to all participants. The program received approval from CMMC’s Education and Advancement teams to qualify for points toward the Nursing Clinical Ladder Program.

**Program Goals**

- To measure the benefit of occupational therapy theory and the implementation of healthy habits and routines in a population of healthcare workers in an acute care hospital setting.
- To explore the occupations, contexts, performance patterns, and performance skills that influence well-being among healthcare workers in an acute care hospital setting.
To promote well-being and altruism in the workplace.

To educate healthcare workers in an acute care hospital setting about the importance of healthy habits and occupational balance.

Anticipated Outcome

It was anticipated that this focused program would result in the successful implementation of new performance patterns into the daily lives of participants. Hence, it was also expected that the midpoint and completion survey results would show improved scores regarding self-reported altruism, occupational balance, well-being, and job satisfaction.

Summary of Capstone Implementation

Recruitment efforts for this capstone were initiated in late August and early September of 2023. A promotional flier was created and shared with all nurse leaders at CMMC to post on their units. Participants were recruited at nurse leader meetings and nursing floor huddles, where more detail was provided about the intentions of this capstone and any questions were answered. Initial recruitment efforts were quite successful, with many nurses showing interest by sending emails with questions or signing up to participate. Rounding was held with floor-level nursing units and with teams in the operating room, endoscopy suite, catheterization lab, and case management. Interest from these teams was strong; however, these were relatively small departments, and many of the team members held leadership roles and were unlikely to fulfill the requirements for full-time employment set forth in the inclusion criteria. Many candidates were therefore turned away from participation. There is future potential to duplicate this work and provide less restrictive inclusion criteria, which would maximize the number of healthcare workers who could be motivated to participate in such a project.
Implementation of this capstone was planned for September 2023, with the intent that all content would be finalized by the end of November 2023. Several factors then resulted in changes to this timeline. In August 2023, CMMC entered a hiring pause, which resulted in additional stressors for many healthcare workers. While actions were quickly taken to reduce the workforce burden and adopt an individualized approach to assessing position needs, team members found it challenging to offer their time to the research. The target date for the initial group coaching and education session was therefore moved to October 26, 2023. The initial cohort included five full-time emergency department (ED) nurses, three intensive care unit (ICU) nurses, one medical-surgical nurse, and two registered nurse case managers, who were ready to engage. However, on October 25, 2023, CMMC was faced with an emotionally taxing situation when it became the triage center for a mass casualty incident. Following this incident, I offered space and support to the intended participants of the study so that each of them had the opportunity to discuss their intentions and capacity to continue participating. Among these individuals, all ED and ICU nurses explained that they were having to invest their time in individual mental health counseling sessions and would not have the capacity to participate in this program before the year end. This left only three nurses as prospective participants. They requested “a few weeks” to debrief and recharge before participation. In addition, they requested individualized rather than group sessions to optimize personal discussions and maintain space and privacy. I therefore submitted a modification request to the IRB, which granted an extension to continue implementation into February 2024. The board also approved running multiple small or individualized group sessions rather than one large session.

In late November, implementation began with a one-on-one session and a small group with myself and two participants. I used a PowerPoint presentation (see Appendix H) to
standardize the information presented to the participants, although what followed was a discussion unique to each meeting. Demographic information, consent forms, and pre-implementation surveys were all received anonymously through interoffice mail before the group discussion. Each participant created a unique identifier made up of their favorite color and a three-digit number, which enabled the anonymous collation of pre- and post-survey data at the completion of the capstone implementation. The surveys were locked into a filing cabinet in my office and were confidentially disposed of upon closeout by the IRB.

Discussions were abundant, and several common themes emerged (see Table 3). Initial education was given on habits, routines, and life balance models. Then, each participant was asked to analyze how they spent their time by filling in a 24-hour grid with activities that they completed in a day. Individuals who had unique days (e.g., 12-hour shifts, 8-hour shifts, or days off) were asked to focus on a typical schedule for a day they were least satisfied with. For example, a participant who worked 12-hour night shifts selected a 24-hour period, starting with a night on which they were not working and leading up to their first shift in a 3-day stretch. Participants working five 8-hour shifts opted to focus on a typical workday. After participants filled in their typical day, they were asked to color code each hour and to label each activity on a scale of how much enjoyment they got out of it (ranging from the most enjoyment, to neutral and necessary tasks, to the least enjoyment). A discussion was then held between participants and myself to discuss aspects of each task that make it less enjoyable. Further discussion was held after participants began adding the number of blocks deemed “enjoyable” and calculating the percentage of time spent in one’s day that was optimal.

*Figure 1: Reflection activity by Participant A*
8% (2/24 hours) of time spent deemed enjoyable

Figure 2: Reflection activity by Participant B

21% (5/24 hours) of time spent deemed enjoyable

This activity provoked much conversation. The participants shared sentiments such as “I’ve never really thought about how I spent my time” and “I was surprised at how much of my
time I spent doing [activity].” During this task, they also noted that large portions of their days were spent on neutral or necessary actions (i.e., sleeping, working, or driving to work).

The individuals also explored how they were spending their free time. One participant exclaimed, “I only get one hour to myself in the evening and I spend it watching TV, yet I listed that here as something I don’t enjoy doing.” This activity was mentioned frequently and formed the groundwork for the goal implementation portion of this capstone.

I then completed motivational interviewing with each participant. Each participant was asked to mention two or three “seemingly easy” things that they could do immediately to improve their satisfaction in any area they had labeled as neutral or unenjoyable. The group recognized that it was not an option to create more time to participate in enjoyable tasks; instead, they had to find ways to make unenjoyable tasks more enjoyable. The following potential objectives emerged, with the goal of turning one or two hours per day from neutral or unenjoyable tasks into a more enjoyable or favorable activity.

- I don’t enjoy driving, but it is necessary in order for me to get to work. I do enjoy reading. I will download books on my phone and listen to them on my way to work.
- I really enjoy cooking, but on days that I am working a 12-hour shift, it becomes a stressor, so I listed it here/on this day as unenjoyable. I am going to work on meal prep and will ask my spouse to help throw things together so this can become more enjoyable on days that I have less time.
- I don’t enjoy watching TV, but my spouse does. In order to spend time with him, I spend my free time every evening scrolling through Hulu with him. I am going to supplement this task with knitting or crocheting, as I enjoy those tasks. We can still
sit together and enjoy each other’s company, but I may be able to find more joy in this time spent.

Participants left this initial session with their list of two to three potential goals. They had also received the following timeline for additional coaching and follow-up.

Week one post-session, I conducted individual coaching either via email or in person, to identify people’s primary objectives. I assisted in narrowing the list down to one goal and provided motivational interviewing to discuss how this goal could be worked into daily routines. Initial barriers were mentioned, such as the start of children’s sports season and decreased free time; another participant was preparing to go on a family vacation. These were discussed individually. Additional time between the coaching weeks was provided to accommodate the participants’ schedules.

In week two post-session, which was extended to week four for two thirds of the participants, a second round of individual coaching sessions was held. The aim was to discuss progress and barriers. At this time, participants were actively participating in their goals and expressed their appreciation for being held accountable: “I appreciate these check-ins, as it keeps me honest and accountable for progress.” Two participants again mentioned the initial clock activity, stating that “it proved that days are short” and “I need to stop making excuses for not working toward my personal goals.”

The final (week three) sessions occurred during early January 2024. In these sessions, participants were asked to discuss their level of success and to think about future opportunities to implement other goals identified in the initial session. Some participants requested for the initiative to continue and the connection to be maintained. While the formal implementation
portion of this project was complete, I encouraged individuals to remain in touch with me in order to optimize future progress. All were informed that any future plans for expansion of this initiative would be shared with each of them. Final statements by the participants included the following comments:

- I am so excited to tell you…I got serious on my wellness journal…I was already walking on the treadmill daily, but my eating was out of control. For the past eight days, I have drunk 90 ounces of water daily. I have also walked on the treadmill daily for 30 minutes…I am trying really hard to hold myself accountable and put myself first.
- I have been working on journaling in the evening to decrease my screen time. Just writing goals or my thoughts for the day is helping to increase my self-care.
- I am working on the goal of lightening my workload when it comes to grocery shopping and cooking. I have been asking for help from my husband [and children] and it has helped.

**Capstone Results and Evaluation**

To determine the success of this capstone, I examined the pre- and post-surveys that were completed by the three participants. In addition, demographic data and common themes were collated to support the focus of future initiatives. The table shows the change in survey responses from pre- to post-implementation.

**Table 1: Percent Change in Survey Questions**

<table>
<thead>
<tr>
<th>Question</th>
<th>Pre-Implementation Average Rating</th>
<th>Post-Implementation Average Rating</th>
<th>Change in Pre/Post Survey Scores</th>
<th>% Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Please rate your current level of satisfaction with your nursing career.</td>
<td>3.67</td>
<td>4</td>
<td>.33</td>
<td>8.99%</td>
</tr>
</tbody>
</table>
Please rate your current level of satisfaction with your hobbies and occupations outside of work.

<table>
<thead>
<tr>
<th>I feel like the work I do, as a nurse, makes a difference.</th>
<th>4</th>
<th>4.67</th>
<th>.67</th>
<th>16.75%</th>
</tr>
</thead>
<tbody>
<tr>
<td>I feel like I have the tools and knowledge I need to improve my occupational balance.</td>
<td>4</td>
<td>4.67</td>
<td>.67</td>
<td>16.75%</td>
</tr>
<tr>
<td>There are things, within my control, that I can do to improve my well-being.</td>
<td>4.67</td>
<td>4.3</td>
<td>-.3</td>
<td>-7.92%</td>
</tr>
<tr>
<td>I live a healthy lifestyle.</td>
<td>3.3</td>
<td>4.3</td>
<td>1</td>
<td>30.3%</td>
</tr>
<tr>
<td>I am able to relax and “let go of work” when I get home.</td>
<td>3.3</td>
<td>4.3</td>
<td>4.3</td>
<td>30.3%</td>
</tr>
</tbody>
</table>

Note: (1= very unsatisfied/strongly disagree, 2= unsatisfied/disagree, 3= neutral, 4= satisfied/agree, 5= very satisfied/strongly agree)

Table 2: Participant Demographics and Hobbies

<table>
<thead>
<tr>
<th>Age</th>
<th>Sex</th>
<th>Primary Nursing Area</th>
<th>Hobbies</th>
</tr>
</thead>
<tbody>
<tr>
<td>65</td>
<td>F</td>
<td>Med Surg</td>
<td>Running, hiking, biking, reading, cooking, spending time at camp with family, grandchildren sports</td>
</tr>
<tr>
<td>39</td>
<td>F</td>
<td>Psychiatric</td>
<td>Walking, friends, spending time with my husband, traveling.</td>
</tr>
<tr>
<td>42</td>
<td>F</td>
<td>Med Surg</td>
<td>Children do sports, walking, biking, cooking.</td>
</tr>
</tbody>
</table>

Table 3: Themes from Initial Session

<table>
<thead>
<tr>
<th>Work Stressors</th>
<th>Low staffing, long hours, inconsistent teams. Bringing patient stressors home with you, being able to “log off” from work when at home.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lifestyle Habits</td>
<td>Stress eating, enjoy reading, enjoy meal preparation.</td>
</tr>
<tr>
<td>Family Dynamics</td>
<td>Young family, kids’ sports, spouse works long hours.</td>
</tr>
<tr>
<td>Opportunities</td>
<td>Regular biking or walking, asking for help from spouse with meals on workdays, meal preparation (use the crock pot).</td>
</tr>
<tr>
<td>Life Changes</td>
<td>Feeling nervous about letting go of routines during retirement. Children are growing up and entering sports. Concerns about down time, driving, waiting in the car.</td>
</tr>
<tr>
<td>Work Structure</td>
<td>Five 8-hour shifts are “easier” for maintaining balance than three 12-hour shifts. Consideration for leadership role, although not feeling like that is conducive to work/life balance.</td>
</tr>
</tbody>
</table>
Pre-program survey responses showed that the three participants had already been achieving satisfaction in all areas. However, there was opportunity for improvement in the areas of “I live a healthy lifestyle” and “I am able to relax and ‘let go of work’ when I get home.” Education was based on the LBM, with the focus on a person’s overall satisfaction with their daily routine, in addition to motivational interviewing and coaching sessions. The program showed a 30.3% increase in both of these areas when comparing pre- and post-implementation survey scores.

One area displayed a decrease from the pre- to post-implementation surveys, namely “there are things within my control that I can do to improve my well-being.” This rating decreased by 7.92% during the program. It seems possible that this rating was impacted by individuals gaining a clearer idea of how they spent their time or how little time they had in their day to engage with their hobbies. However, they might have felt that they had engaged in the program to attempt to improve their well-being and had no additional thoughts about things they could improve. Despite this being a decrease in agreement or satisfaction, the result does not diminish the impact of the findings from the remainder of the survey. Hence, despite the limitations, the data provide support for the well-being initiative.

Outcomes, Sustainability, and Impact of Setting

During the implementation phase of this project, several limitations were encountered and are discussed in this section. However, the project was discussed in a wide range of settings and meetings, across various platforms. This point provides a basis for the potential successful implementation and expansion of the initiative in the future. Several groups that were excluded from the initial IRB request showed interest when they heard the feedback from participants,
indicating an opportunity for duplication and expansion of this initiative across multiple systems.

It is likely that to sustain the positive impacts this project had on the individuals who completed the program, some follow-up would need to occur. These individuals voluntarily opted to stay in contact with each other so that they could continue to encourage the maintenance of goals and outcomes. Without continued follow-up, accountability will decrease, naturally allowing for individual initiatives to reduce the success and follow-through over a prolonged period. This issue is a potential limitation of the capstone initiative. It would be worth resurveying the participants six months after completion to determine the sustainability of this initiative and possibly to support a longer timeline in future studies.

Other limitations of this project were related to its timing and to the small sample (n=3). As mentioned previously, it would be worthwhile revisiting the inclusion and exclusion criteria for this initiative in order to reach a broader population and increase the sample size in future studies. There were also several external factors that limited individuals’ readiness for participation and their overall physical and mental well-being. Repeating a similar initiative over a longer period would probably be beneficial, once there are fewer external stressors and the healthcare environment is more stable.

**Reflection: The Role of Occupational Therapy in Trauma Response**

As mentioned in various sections throughout this capstone, external environmental factors affected the timeline and impacted this initiative. Those impacts, both positive and negative, are worth discussing in light of the events that occurred during the planned week of implementation. This section includes a personal story and statement; it also depicts the value
and opportunity to include occupational therapists in the trauma and emergency response planning of healthcare organizations. This section has been removed from publication. A full document, including this personal reflection, can be accessed by emailing hillary.littlefield@gmail.com.

**Conclusion**

Does an occupational therapy-based program that focuses on incorporating healthy habits and routines into nurses’ daily lives improve the nurses’ altruism, quality of life, and perceptions of success and value in their occupation? The results of this project indicate the value of a wellness initiative regarding habit formation in a small sample of nurses in an acute care setting. My initial review of literature supported the need for individualized wellness programs and highlighted the impact of burnout and stress on the quality of patient care. After reviewing relevant models of lifestyle balance, I formed this capstone initiative.

The results showed an increase from pre- to post-implementation survey scores in the following areas: satisfaction with nursing career, satisfaction with hobbies and occupations, nursing altruism, feeling of having tools needed to improve occupational balance, feeling of living a healthy lifestyle, and being able to “let go” of work when one arrives home. Despite the limitations of this work, the data provide support regarding the initial question. More research is needed to provide evidence to support this research question. This capstone indicates that it would be worthwhile to repeat this study with a wider population and larger sample in order to fully measure the impact of similar programs. This capstone also demonstrates that occupational therapists are uniquely positioned to assist their employers in developing and implementing well-being initiatives. Occupational therapists have unique education and can provide holistic assessment and motivational interviewing among a varied population.
References

Aldana, Steve (2022). 9 reasons hospital wellness programs are a smart business strategy.

Wellsteps. https://www.wellsteps.com/blog/2020/01/02/hospital-wellness-programs/


https://doi.org/10.1177/000841749606300103


Appendices A-I have been removed from this published document. This includes:

- Recruitment Flier
- Signed Memorandum of Understanding
- IRB Request and Approval
- IRB Modification Request and Approval
- IRB Closure
- Demographic Survey
- Pre- and Post- Survey
- Consent Form
- Presentation Materials
- Appraisal Portfolio

In addition, the personal reflection section was removed prior to publication. Please email hillary.littlefield@maine.edu to request full document and materials.