The Overlooked Care Plan- Nursing Mindset Related to Self-Care: An Integrative Review

Submitted to the

Faculty of Liberty University

In partial fulfillment of

The requirements for the degree

Of Doctor of Nursing Practice

By

Marie L. Mulford

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Scholarly Project Chair Approval:

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Dr. Dana Kaye Smith Woody DNP, RN **Date**

Abstract

COVID-19 brought to light many things worldwide. One of the pressing issues was the increased rates of burnout, depression, and suicidal risk among nurses. This called for examining nurses' work experiences and overall well-being during the Coronavirus pandemic. Furthermore, it was revealed that the nursing mindset regarding self-care was overlooked. This integrative review will inform stakeholders about the "overlooked care plan." This review will be a call to action built on existing knowledge and facilitate policy for the nursing profession. Building upon nursing science, informative research, and facilitating policy initiatives, this review will serve as a call to action for healthcare systems.

Keywords: mindset and nursing mindset, burnout, compassion fatigue, depression, suicide, mindset assessment tool, nursing self-care strategies

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List of Abbreviations

American Nurses Association (ANA)

Coronavirus (COVID-19)

Integrative Review (IR)

American Psychological Association (APA)

Center for Disease Control and Prevention (CDC)

Doctor of Nursing Practice (DNP)

Evidence-based Practice (EBP)

Preferred Reporting Items for Systematic Reviews and Meta-analyses (PRISMA)

Maslach Burnout Inventory (MBI)

Personal Protective Equipment (PPE)

United States (U.S.)

Healthy Nurse Healthy Nation (HNHN)

SECTION ONE: FORMULATING THE REVIEW QUESTION

Introduction

The novel Coronavirus (COVID-19) pandemic brought about many unprecedented matters to the healthcare landscape beginning in 2020. COVID-19 was deemed a worldwide pandemic and has caused significant morbidity and mortality worldwide (Awan et al., 2022). Healthcare providers were challenged to cope with an astounding number of deaths, internal triage in which patients received lifesaving measures, and the relentless nagging fear of getting ill or infecting their own families (Haefner, 2021). These challenges garnered much attention in the press and the nursing profession to address self-care.

This pandemic exacerbated mental health challenges among healthcare workers (Awan et al.,2022). Nurses experienced higher levels of burnout during the COVID-19 pandemic. Several sociodemographic, social, and occupational factors influence burnout (Galanis et al., 2021). Sociodemographic factors affected nurses' burnout, including gender, age, educational level, and degree. For example, the literature discovered that females had higher levels of emotional exhaustion and males had higher levels of depersonalization (Galanis et al., 2021). Social factors influencing nurses' burnout included decreased social support, having a close relative or friend diagnosed with COVID-19, and an increased perceived threat of COVID-19 (Galanis et al., 2021). Occupational factors were one of the largest to impact nurses' burnout during the COVID-19 pandemic. Nurses worked in high-risk environments, among nurses experiencing burnout, and in settings with inadequate material and human resources (Galanis et al., 2021). The COVID-19 pandemic resulted in nurses' emotions being challenged daily as they feared the consequences of the disease. The pandemic led to higher job demands, increased workload, job complexity, and job pressure, which resulted in emotional exhaustion (Galanis et al., 2021). The COVID-19

pandemic revealed working conditions that threatened nurses' health, well-being, and ability to work. Globally, healthcare systems were caught unprepared for the pandemic, scrambling to provide intensive care unit beds, ventilators, and personal protective equipment (PPE) for healthcare providers and patients (Alvarez et al., 2019). These unprecedented times contributed to nurses' physical, mental, and emotional health issues today, demanding a call to action to address the mindset of the nursing profession regarding self-care.

Nursing is considered a practical and gratifying career choice among many professionals. In 2022, nursing was rated as the most trusted profession for the 20th year (Gaines, 2022). The nursing profession produces around 150,000 new graduate nurses yearly (American Nursing Association [ANA], 2022). It is important to note that according to the RN Work Project, 18% of nurses leave the profession within one year, and 60% leave within eight years (Anderson, 2022). This number continues to grow, with the most recent copy of the American Nursing Association (ANA) American Nurse Journal reporting that this has increased to 31%. Despite this, the nursing profession in recent years has experienced many challenges, from a global pandemic to high turnover rates and, more recently, being subject to an increased incidence rate of suicide in comparison to other professions. The suicide incidence rates per 100,000 were 17.1% for nurses, 10.1% for physicians, and 8.6% for the general population (Davidson et al., 2019). Among the healthcare landscape, nurses are the most extensive employee base (Alvarez et al., 2019).

A strategy aimed at reducing suicide risk among nurses is self-care. The American Nurses Association (2015) Code of Ethics supports self-care, noting in Provision 5, "The nurse owes the same duties to self as to others, including the responsibility to promote health and safety, preserve wholeness of character and integrity, maintain competence, and continue

personal and professional growth" (p. 2). This profession of note is the rooted in self-care; unfortunately, it has been an “overlooked care plan.”

Self-care is defined as activities that care for one's emotional, mental, and physical health and well-being. What constitutes self-care varies per person. There are seven main areas of self-care: mental, physical, emotional, spiritual, social, personal, and professional. The need for self-care among healthcare providers has never been greater (Hofmeyer et al., 2020). Self-care matters because healthcare providers matter (Hofmeyer et al., 2020). Nurses must care for themselves so they can care for others. These strategies also help improve nurses’ overall well-being and resilience (Hofmeyer et al., 2020). Applying self-care strategies arms nurses with the tools to combat caregiver fatigue and burnout.

The nursing mindset about self-care remains largely overlooked. Studies covering this topic remain vague or under-addressed. Nurses report that during the increased demand of the COVID-19 pandemic, they felt their sense of resilience being worn down (Lewis et al., 2022). Nurses have also talked about how their personal feelings and thoughts are among the only things within their power to control during the pandemic (Lewis et al., 2022). The restrictions that resulted from the COVID-19 pandemic prevented nurses from being able to handle things physically; therefore, ‘mindset’ became an essential element of coping with adversity (Lewis et al., 2022). It was necessary to stay focused on the present, be positive and foster healthy work relationships (Lewis et al., 2022).

Self-care for healthcare professionals is not a new concept, but it is one that is gaining much attention today in the wake of the pandemic. Several benefits are associated with the improved overall well-being of healthcare professionals, including lower morbidity, mortality, and healthcare costs (Riegel et al., 2021). Nurses have abundant knowledge about various health-

related topics; despite this, there remains a significant knowledge deficit among nurses on self-care practices. This integrative review (IR) addresses the significance of understanding the nursing mindset related to self-care—an overlooked care plan.

Background

Understanding nursing burnout gives further credence to addressing the nursing mindset related to self-care. During the COVID-19 pandemic, the level of burnout in nurses was more revealing than ever. A recent study commented that burnout rates among nurses increased 30% during the pandemic, from 40% pre-pandemic to over 70% (Dall'Ora et al., 2020). The term burnout was initially coined in 1974 by Herbert Freudenberger. Freudenberger was a German-born United States (U.S.) psychologist and psychotherapist who made the term famous in several publications. Freudenberger noticed a loss of motivation and reduced commitment among nurses in a mental health clinic (Schrijver, 2016). Burnout symptoms are the response to exposure to long-term work-related stress; this is one parameter used to examine the extent of well-being (Schrijver, 2016).

Christina Maslach, an American social psychologist, known for her research on burnout, and she developed a scale to assess and measure burnout: The Maslach Burnout Inventory (MBI). This 22-item assessment remains the most-widely used measurement tool to assess nursing burnout today (Dall'Ora et al., 2020). The first domain of the MBI is "Emotional Exhaustion," and this domain includes loss of enthusiasm for work or reports of feeling drained (Schrijver, 2016). The second domain addressed is "Depersonalization;" this can be defined as cynicism or a callous approach toward others (Schrijver, 2016). The third domain the MBI explores is a "Low Sense of Personal Accomplishment;" this is associated with the perception of clinical ineffectiveness and work no longer feeling meaningful (Schrijver, 2016). The MBI has

identified that burnout is correlated to the current medical system rather than a question of personal resilience (Schrijver, 2016).

Burnout is related to extreme stress within the workplace and is, characterized by feeling emotionally drained and lacking emotional resources. Early warning signs of burnout include feeling disengaged and detached. The workload stressors that impact nurses include long hours, the pressure of quick decision-making, and the strain of caring for sick patients with poor outcomes (Dall'Ora et al., 2020). These stressors intensified during the COVID-19 pandemic (Dall'Ora et al., 2020). Nurses have been recognized as working in high-stress environments and therefore need to be aware of burnout, the risk associated with it, how to prevent it, and how to recognize it in oneself and coworkers (Dall'Ora et al., 2020). Burnout needs to be addressed during the earliest symptoms to avoid feelings of cynicism and hopelessness resulting in depression (Dall'Ora et al., 2020). Stress among nurses in 2019 was rated at 42%, but many nurses report lacking awareness of what constitutes work stress as it is often considered part of the job; therefore, work stress is underreported (Mohebb et al., 2019). This is partially related to the fact that stress response is individualized. Continuing to be exposed to stress, with no plan to combat it, will result in nursing burnout. Understanding burnout is critical to addressing self-care among nurses.

Self-care strategies that have been identified to foster resilience in the nursing profession include emotional regulation, adequate sleep, self-compassion, healthy eating, regular exercise, and social connections. Self-care starts with investing in the self intentionally. Practicing self-compassion encompasses positive self-talk, awareness of one's needs, and incorporating the strategies mentioned above (Hofmeyer et al., 2020). Nurses can also use self-care strategies like emotional regulation and self-compassion to reduce vulnerability to caregiver fatigue to improve

well-being (Hofmeyer et al., 2020). Emotional regulation includes self-boundaries to prevent experiencing the distress of others around an individual. The inability to regulate emotions leads to being unable to tolerate distressing emotions, and therefore becoming overwhelmed. This manifest in nurses as distress, emotional detachment from patients, feelings of isolation, and an inability to care for themselves and others (Hofmeyer et al., 2020). Self-compassion is to be intentional about how one treats oneself in times of error and to treat oneself the same way one would treat a coworker or friend in the same situation (Hofmeyer et al., 2020).

Despite many healthcare challenges revealed by the COVID-19 pandemic, nurses continue to provide care in many domains, and the nursing profession is ranked as one of the highest respected and most-trusted. Nurses play an influential role in healthcare, as they are the frontline workers directly involved in the treatment and care of patients (Galanis et al., 2021). Nurses must not neglect self-care (Hofmeyer et al., 2020). Historically, nurses are not known for their intentional investment in self-care. The profession understands self-care, and yet the profession seemingly lacks accountability for it. The need for self-care is not new to nurses but often triggers additional questions, like “how?” and “when?”. Nurses represent a majority of the workforce of healthcare providers; there are more than 4.3 million registered nurses nationwide, and they significantly impact patient care outcomes (Kwame et al., 2021). Although it is recommended by the profession, by influential oversight bodies, and well documented in the literature, there is little evidence to guide the way in support of accountability to self (Mills et al., 2018).

Literature reveals that lack of self-care significantly impacts the nursing profession. These impacts include worsening rates of depression, increased suicide risk, and increased rates of burnout (Awan et al., 2022). The nursing profession is aware of the increased need for self-

care but continues to lack responsibility for implementing self-care strategies. This IR explores the nurse's mindset related to investing in self-care strategies. This IR offers insight into specific self-care strategies for nurses in the workplace. These strategies prevent nursing burnout and decrease the risk of depression in the nursing profession. Nursing administrators, and other role models, including preceptors, educators, and coworkers, are the critical enablers of effective self-care in the workplace (Mills et al., 2018).

Self-care within the workplace starts with taking the appropriate steps to sustain compassionate care and therapeutic relationships with coworkers, patients, and their families. The literature identifies the need for reflective practice related to self-care and overcoming many barriers. Partaking in self-care strategies should be an intentional activity sought after as a priority (Mills et al., 2018). Nurses are not strangers to self-care; they are often told not to neglect their well-being. As intuitive as it sounds, the nursing profession often defines this selfless act as selfish, as they are driven to care for others. The nursing profession demands an approach to self-care—a care plan (Lewis et al., 2022).

Defining Concepts and Variables

The concepts of interest and variables for this IR include nursing mindset and self-care.

Nursing Mindset. Nurses have neglected the idea of self-care and primarily focused on the Nurses Pledge of Service, stating that patient care is their first consideration (Chipu et al., 2020). Nurses report that mindset is essential, positive thinking, optimism, and calmness are all forms of self-care they can employ regardless of the situation. Nurses also say that mindset included a desire to control certain feelings or thoughts that were viewed as unhelpful, worry, fear, anger, or discouragement (Lewis et al., 2022). Nurses achieved this by limiting exposure to

"bad news" or pessimistic people. Many nurses even report that during the pandemic, the only thing they could control were their thoughts, feelings, and emotions.

Several nurses believe that the feelings experienced during highly stressful times, for example, the pandemic, are valid and need to be accepted as a normal emotional response to a situation rather than trying to control these feelings (Lewis et al., 2022). This type of logic permits us to feel vulnerable, sad, and worried. This "permission" presents the mindset that it is okay to have bad days, that one is not always perfect, and that not being perfect is okay (Lewis et al., 2022).

When nurses were asked about their coping mechanisms during the pandemic, they reported feelings of burnout, being overwhelmed, unmotivated, and anxious (Lewis et al., 2022). Nurses have noted that their mental health has taken a major hit, and they are using food and video games as coping mechanisms (Lewis et al., 2022). Nurses report facing the challenge of maintaining a positive attitude when the burden seems too heavy. They also report feelings of grief as they mourn their old self, old lifestyle, and old working environments, as they fear those things will not return following this pandemic (Lewis et al., 2022). Considering the mindset has also revealed an adage of 'soldiering-on' in the workplace— giving greater credence to addressing this pressing phenomenon of interest.

Self-care. There is little supporting evidence about how those in the nursing profession are trained to stay healthy and minimize the risk of not investing in self. Self-care is a personalized approach to promoting one's health and well-being through individualized strategies in both personal and professional settings (Zeb et al., 2022). The concept of self-care has been viewed as being selfish and is considered a luxury (Chipu et al., 2020). The mindset that self-care is selfish has resulted in stress, depression, feelings of worthlessness, and feelings of

helplessness (Chipu et al., 2020). Self-care is not a selfish act; rather, it should be a priority (Hofmeyer et al., 2020). Additionally, self-care is also a spectrum of knowledge, skills, and attitudes geared towards identifying and preventing burnout (Sanchez-Reilly et al., 2013). Self-care has the potential to minimize the harm from burnout and compassion fatigue, but it also fosters personal and professional well-being (Sanchez-Reilly et al., 2013). Literature findings indicate that nurses have a negative perception of self-care, and often are not aware of the significance of self-care strategies.

Preliminary Review of Findings

A preliminary literature review included 12 studies related to self-care strategies and their impact on nurses. These 12 studies are included in the literature matrix (Appendix A); all studies were evaluated using the Melnyk Level of Evidence tool (Appendix B). A total of nine of these initial studies were cross-sectional studies, one study was a longitudinal retrospective review, and two other studies were meta-analyses. Fifty percent of the studies were rated a four on Melnyk's Level of Evidence, with two of the initial literature findings rating a six and thus will not be used for the final product. In addition to these studies, the CDC and the American Nursing Association were utilized as supplemental evidence, as they are nursing support organizations. These studies had copious amounts of data supporting the need for implementing self-care strategies among nurses; however, lacked insight regarding the nursing mindset.

The initial literature review highlighted complications of neglecting self-care, to include depression, compassion fatigue, and suicidal ideations. The impact of the COVID-19 pandemic on the nursing profession was also revealed giving credence to better understanding the nursing mindset and impact of self-care (Hofmeyer et al., 2020; Mills et al., 2018; Chipu et al., 2020). There was significant evidence supporting the benefits of self-care strategies specific to nurses

(Melnyk et al., 2016; Spurr et al., 2021; de Oliveira et al., 2019). The review examined the relationship between workplace factors and nurses' participation in health-promoting behavior as well (Ross et al., 2019, Alvarez et al., 2019, Abdollahi et al., 2021). This initial review supported the need for a better understanding of the nursing mindset as it relates to self-care.

Supplemental Evidence

Supplemental evidence is the information related to self-care among nurses and nurses' mindsets obtained from other sources apart from the literature matrix (Toronto & Remington, 2020). These additional resources will be used to support a need for nurse care plan to address nursing mindset. These resources include the CDC and ANA's Healthy Nurse Healthy Nation. Specifically, the CDC shares insight regarding the need for an adequate diet for nurses and an appropriate amount of sleep (CDC, 2022). Healthy Nurse Healthy Nation (HNHN) aims to improve the nation's health, one nurse at a time. The HNHN is a free nurse wellness program focused on physical activity, rest, nutrition, quality of life, and safety (Healthy Nurse Healthy Nation [HNHN], 2022). This resource prioritized nurses' physical, emotional, and mental health during the COVID-19 pandemic (HNHN, 2022). The ANA defines a healthy nurse as one who actively creates and maintains a balance of physical, intellectual, emotional, spiritual, personal, and professional well-being (ANA, 2022). The physical and emotional demands of nursing are great, and without actively seeking self-care measures, nurses' health will suffer. A healthy nurse lives life to the most total capacity across the wellness-illness continuum and, in doing so, becomes a more vital role model, advocate, and educator (ANA, 2022).

Standards

No published guidelines or standards were found in the National Guidelines Clearinghouse specific to the nursing mindset related to self-care (Agency for Healthcare Research and Quality [AHRQ], 2019).

Review of Studies

Self-care in the Nursing Profession. Many definitions of self-care have existed, resulting in confusion and misinterpretations among nurses; with this, self-care has not been a priority; and therefore, not practiced (Chipu et al., 2020; Mills et al., 2018; Lewis et al., 2022). This caused self-care to be viewed as selfish and considered a luxury. Professional nurses have neglected the concept of self-care as they primarily focus on the Nurse's Pledge of Service, which states that patient care is the first consideration (Chipu et al., 2020). The ANA Code of Ethics however, states that nurses owe care to self (ANA Provision 5, 2015). The professional nurses' focus has primarily been on promoting patients' health and disease prevention (Chipu et al., 2020; Mills et al., 2018).

Self-care Strategies. Self-care strategies include daily self-care practices to meet basic needs, nutrition, hygiene, exercise, social contact, and work to keep anxiety at bay. This can be achieved through taking breaks, walking, getting adequate sleep, eating healthy food, and exercising (Hofmeyer et al., 2020; Mills et al., 2018; Chipu et al., 2020; Lewis et al., 2022). Nurses should also intentionally build movements of happiness and gratitude throughout the day. It is suggested to seek help from a therapist if the stress is feeling too much. Journaling is also advised for nurses to release tension or writing so that, when rereading, words can reassure (Hofmeyer et al., 2020; Mills et al., 2018; Chipu et al., 2020; Lewis et al., 2022). Nurses must invest in self-care to effectively provide compassionate, empathetic care (Rizal et al., 2021).

Benefits of Nursing Self-care. Investing in self-care brings about the following benefits: maintenance of health and well-being, increased self-esteem, disease prevention, empowerment, increased social support, and coping with stress (Chipu et al., 2020; Lewis et al., 2022; Mills et al., 2018). There are also long-term benefits correlated with practicing self-care. These include maintaining health and well-being and improving social, spiritual, and mental well-being (Chipu et al., 2020, de Oliveira et al., 2019).

Consequences of Poor Self-care. The results of poor self-care have a significant impact on the nursing profession. These impacts include worsening rates of depression, increased suicide risk, and increased rates of burnout (Awan et al., 2022; de Oliveira et al., 2019; Davidson et al, 2019). Nurses often use the words burnout and depression interchangeably, but these are two different conditions (Anderson, 2022). It is important to note that according to the RN Work Project, 18 % of nurses leave the profession within one year, and 60 % leave within eight years (Anderson, 2022).

Rationale for Conducting the Review

Self-care has proven critical to the profession in support of patients, organizational outcomes, and self. Unfortunately, self-care is poorly acknowledged by those in the nursing profession. Nurses have been more concerned with improving the care offered to patients than caring for their health (Zeb, 2022). According to the literature, the risks of not participating in self-care are significant for the profession, including increased burnout, compassion fatigue, depression, and suicide (Foster et al., 2020; Peñacoba et al.; 2021, Ross et al., 2019; Abdollahi et al., 2021). There is also a significant concern due to an increased financial burden on the healthcare organization, as nurses lacking self-care impart undue consequences (Branford et al., 2016). Further insight is needed to understand the mindset of nurses as it relates to self-care. This

IR utilized a framework to review, analyze, and synthesize the literature related to nursing mindset and self-care to better understand this pressing issue in nursing.

Problem Statement

High attrition rates related to burnout in the nursing profession are causing increased concern. With additional concerns related to the rising incidence of depression and suicide in the profession, it is time to assess the nursing mindset related to self-care. Without understanding the mentality of nurses regarding self-care, it is difficult to address why it is not practiced—an "overlooked care plan."

Review Questions

For professional nurses, will addressing the nurses' mindset related to self-care reduce burnout, depression, and suicide when compared to not addressing the mindset related to self-care? The following questions guided and focused the IR efforts.

1. What is the nursing mindset regarding self-care?
2. What are the barriers to addressing the self-care mindset among the nursing profession?

Goals of the Integrative Review

The goals of this scholarly work were to:

1. provide a systematic IR of the research related to nursing mindset as it relates to self-care strategies

2. appreciate the nursing mindset to garner improved self-care

3. make recommendations for future research and program development based on evidence, and inform practice and policies—care plans for nurses to address self-care

Inclusion and Exclusion Criteria

The inclusion criteria consisted of publications from 2017-2022 to ensure the information used in this IR was not outdated. The search also included nurses working in various healthcare settings, not limited to one area. Only literature in full text and written in English were included. Both qualitative and quantitative data were used. Publications authored in languages other than English were excluded (see Table 1).

Table 1

Inclusion and Exclusion Criteria

Inclusion	Exclusion
Publications from 2017-2022	Publications before 2017
Peer-reviewed gray literature (newspaper articles, conference papers, guidelines, etc.)	Non-research articles (editorials, fact sheets, etc.)
Articles are written in the English language	Articles are written in a non-English language
Full-text articles	Abstracts only

Conceptual Framework (Cooper, Whittemore & Knafl, 2005)

A framework for IRs was devised by Harris Cooper in the 1980s and modified later by Whittemore and Knafl (2005). The Harris Cooper (1998) conceptual framework for IRs supported the review. The framework support review of the phenomenon of interest, nursing mindset. This approach offered a substantive strategy for a rigorous and complete literature review. The search focused on identifying the maximum number of primary sources related to the nursing mindset regarding self-care and used two defined strategies, a computer-assisted search, and an analysis of reference lists. The framework for this IR was based on the five-stage

process of Whittemore & Knafl (2005). The stages employed included problem identification, literature search, data evaluation, data analysis, and presentation (Toronto & Remington, 2020).

Problem Identification Stage

The initial step in any review is the identification of a problem and the purpose of the evaluation (Whittemore & Knafl, 2005). The methodology of the IR was developed by Whittemore and Knafl (2005); this was based on Cooper's (1998) original IR methodology. The framework process was followed closely to decrease any bias or inaccuracies. The IR review process is well used in the science of nursing, as it is broad-natured, and therefore the IR methodology was utilized with the topic of nursing mindset as it relates to self-care.

This IR aimed to gain insight into the nursing mindset as it relates to self-care. This goal was to be achieved through research analysis related to this topic. This IR aimed to appreciate the benefits of the nursing mindset to garner intentional self-care; and sought to make recommendations for future research and program development. Additionally, secondary goals include informing nurses and healthcare management of findings related to nursing mindset to prioritize self-care among nurses.

Literature Search Stage

Once the problem was identified, the literature search stage was performed; this stage is also referred to as data collection. This step is essential for IR methodology to confirm the consistency of the review (Whittemore & Knafl, 2005). If the literature search is incomplete, resulting in an inadequate final database, the IR results will be inaccurate. It is essential to stay consistent with the search terminology to ensure that all eligible studies are included. The recommended methods of search include computerized databases, journal hand searching, networking, and the search for research registries (Conn et al., 2003). This IR utilized a table of

evidence to display data from the chosen studies. This table included the literature reference, study purpose, sample characteristics, methods, study results, level of evidence, study limitations, and rationale for using the article to support a change (Appendix A).

Data Evaluation Stage

It is during this stage that critical judgments are made about the data, this is done through isolating methodological features of primary sources (Whittemore & Knafl, 2005). Primary sources assess the effect of interventions; and secondary sources, are those that have interpreted or analyzed primary sources and offer additional insight (Prada-Ramallal et al., 2018). The data evaluation stage is a complex part of the IR process. It is complex due to diverse primary sources of data, including case studies, cross-sectional studies, grounded theory, and instrument development designs which are included (Whittemore & Knafl, 2005).

The Melnyk Level of Evidence Pyramid was used to level the evidence supporting the phenomenon of interest (Appendix B). Melnyk's Levels of Evidence is a rating system that provides guidance about types of research studies and how likely they are to provide accurate answers to a clinical question (Appendix B) (Melnyk & Fineout-Overholt, 2015). Level one includes systematic reviews and meta-analyses of randomized controlled trials, and this level offers the highest level of confidence that the research will answer the clinical question. The second level includes randomized controlled trials, while level three represents controlled trials without randomization. Level four includes case-controlled and cohort studies, and level five represents systematic reviews of descriptive and qualitative studies. Level six is a single descriptive or qualitative study, and level seven is expert opinion (Melnyk & Fineout-Overholt, 2015).

Data Analysis Stage

Data analysis aims to attain a conglomeration of literature. The analysis integrates an assortment of data from different literature sources into one location (Toronto et al., 2020). The data analysis process is extensive and requires the writer to deconstruct the original literature sources. This stage of the IR process is to gain additional insight into the phenomenon of interest, the nursing mindset as it relates to self-care. It is during this process that the researcher reorganized, combined, and integrated the materials originally critiqued using the review matrix (Toronto et al., 2020). During this stage of the IR process, the data is ordered, coded, categorized, and summarized to form logical conclusions and interpretations of the data (Whittemore & Knafl, 2005). This stage has the greatest risk for error, and is one of the most difficult segments of the IR. Categories of data that distinguish patterns, themes, relationships, and variations are identified and displayed for the reader; this explains the nature of the studies included in this IR. Several study types were involved in this IR, including, both qualitative and quantitative studies. A constant comparison method was used for the data analysis of the qualitative designs.

Constant Comparison Method. This method enables the reviewer to convert the data into categories, leading to the identification of patterns, themes, and relationships (Whittemore & Knafl, 2005). The obtained data is compared to each item individually, item by item, and groupings are compared to assist with further analysis and synthesis (Whittemore & Knafl, 2005). For this IR comparisons were frequently made with better data sources to allow for constant comparison. This method is systematic and consists of data reduction, data display, data comparison, and conclusion drawing and verification (Whittemore & Knafl, 2005).

Data Reduction. Two key phases are involved in data reduction: developing a data classification system and extracting/coding the data (Whittemore & Knafl, 2005). In the first

phase, the best overall classification system is chosen for the data gathered, which may include various types of methodology (Whittemore & Knafl, 2005). For this IR, data was divided based on the level of evidence, and then sample characteristics and elements of the interventions were considered subgroups (Melnyk & Fineout-Overholt, 2015).

The second phase in data reduction is extracting and coding data (Whittemore & Knafl, 2005). The overall classification system for managing the data is devised during this stage. This is vital to ensure rigor and provide the organization of the data. In this phase, articles were entered into a matrix to identify the following aspects of each study for comparison: study purpose, sample characteristics, methods, study results, level of evidence, and study limitations.

Data Display. Once the extracted data was coded it was then placed in a flow chart to serve as a visual representation. This visualization helped the reviewer to understand the relationships between the findings and the concepts of the IR.

Data Comparison. During this phase, the reviewer studied the data displays, commented on patterns and themes, and identified relationships (Whittemore & Knafl, 2005). The strategies of data comparison were used to draw conclusions, which is the final phase of the IR process.

Conclusion Drawing and Verification. The final stage of the data analysis process involves higher generalization levels (Whittemore & Knafl, 2005). Conclusions must be validated with the primary source data, and caution must be applied to avoid excluding evidence. Each subgroup was analyzed, and a final analysis was conducted during which all the conclusions were integrated into one conclusion about the topic of interest. Conclusions on this topic are supported by evidence that self-care among nurses is a priority in healthcare; yet mindset is understudied as it relates to self-care. A record of all data analysis decisions and impressions was kept facilitating analytical honesty and transparency. The information from the

data analysis has been displayed on a flow chart to illustrate the steps in the decision-making process.

Presentation of Results

During this stage, the reviewer will give an account of the conclusions of the IR in a diagram or table (Whittemore & Knafl, 2005). The details of the presentation and evidence support the conclusions and contribute to a new understanding of the topic. The limitations of the review are also clearly stated; and implications for practice, future work, research, and policy are highlighted. For this project, there were two types of results presentations: a table and a flowchart. The literature did not yield information that could be displayed in a concept map. The table contains information in narrative form and describes information from the literature search, which supports the conclusions (Appendix A). The systematic approach used to conduct the literature search is depicted in a flowchart (Appendix E).

SECTION TWO: SEARCH STRATEGIES

Search Strategy

The Cochrane Library, Nursing & Allied Health Database (ProQuest), OVID Technologies, Inc. (OVID), Medline, and the Cumulative Index of Nursing and Allied Health Literature (CINAHL) were used to search for literature related to the topic. The use of multiple databases best supports an all-encompassing search. To focus the review, inclusion, and exclusion parameters were set. The parameters included articles with full text available, with publication dates from 2017 forward, written in the English language, and peer reviewed. Keywords and phrases included: mindset and nursing mindset, burnout, compassion fatigue, depression, suicide, mindset assessment tool, and nursing self-care strategies. The approach yielded results for an initial review of the literature. Twelve articles made up the initial review

and are noted in the literature matrix (Appendix A). The matrix reports the following: the reference, study purpose, sample characteristics, methods, study results, level of evidence, study limitations, and rationale for using the article to support a change.

Initially, over 130,000 articles were revealed in the review of literature. This was narrowed by using keywords, and after excluding duplicates and using the inclusion and exclusion parameters set, the search resulted in 1,117 articles. All articles were screened for pertinency to the topic and were eventually narrowed down to 103. These 103 articles were screened for their availability of full text and written in English (Appendix E). After a further review of titles, abstracts, and evidence supporting the topic of interest there were a total of 30 articles used (Appendix A).

Melnyk Level of Evidence Pyramid. Melnyk's Levels of Evidence is a rating system that provides guidance about types of research studies and how likely they are to provide accurate answers to a clinical question (Appendix B). It further supports sorting the literature based on levels. The levels of the Melnyk Pyramid range from I-VII. No studies were excluded because of their level of evidence for the IR. Studies from various levels of evidence can offer beneficial information from different perspectives about IR (Melnyk & Fineout-Overholt, 2015).

PRISMA Statement. PRISMA is a set of guidelines that offers standardized terminology to ensure the quality of systematic reviews, meta-analyses, and IRs (Appendix E) (Moher et al., 2009). PRISMA supported the framework and facilitated complete and transparent reporting of the IR. It consists of a 27-item checklist and a flow diagram (Appendix G). The PRISMA flow diagram was used primarily in support of the IR. PRISMA can be helpful with reporting of IRs, and it can also be used for the critical appraisal (Moher et al., 2009). For this IR, the PRISMA flow-diagram best supported conducting the IR.

Terminology

The review questions guided this IR, and search terms were adjusted accordingly to provide relevant results. The search terms included: mindset and nursing mindset, burnout, compassion fatigue, depression, suicide, mindset assessment tool, and nursing self-care strategies. Boolean phrases were utilized as needed to expand or limit the search of literature based upon inclusion and exclusion criteria. Examples of Boolean phrases are OR, AND, and NOT. A research librarian was consulted and assisted with further revision of the search and secured the inclusion of relevant articles.

Limitations

It is necessary to note limitations in an IR; there were several limitations noted. Only studies published in English were applied to this IR; therefore, studies written in a foreign language were excluded. There was only one reviewer for this IR, who was also the primary researcher, consequently, there was no opportunity to ensure accuracy. The search strategy may also be viewed as a limitation as the keywords used may have limited results. The initial literature search resulted in many articles that needed to be screened by the sole, primary researcher, who had to narrow down applicable articles in support of the topic of interest.

SECTION THREE: MANAGING COLLECTED DATA

The review of literature involved a systematic and comprehensive search and revealed a variety of levels of evidence. The literature chosen for this review includes three level one studies, two level two studies, 16 level three studies, five level four studies, three level five study, and two-level six studies (Melnyk & Fineout-Overholt, 2015). Level one (10% of literature used) includes systematic reviews and meta-analyses of randomized controlled trials, and this level offers the highest level of confidence that the research will answer the clinical

question (Schrijver et al., 2016). The second level (6.7% of the literature used) includes randomized controlled trials (Dall'Ora et al., 2020; Mohebb et al., 2019; Branford et al., 2016; Galanis et al., 2021), while level three (53% of the literature used) represents controlled trials without randomization (Jyothindran et al., 2021; Arnetz et al., 2020; de Oliveira et al., 2019; Abdollahi et al., 2021; Zeb et al., 2022; Shojaei et al 2019; Havaei et al.,2021; Peñacoba et al., 2021;Kakemam et al., 2021; Simonetti et al., 2021; Ruiz-Fernández et al., 2020; Chen et al., 2020; Murat et al., 2021). Level four (16.7% of the literature used) includes case-controlled and cohort studies (Melnyk et al, 2016; Spurr et al., 2021; Alvarez et al., 2019; Ross et al., 2019; Davidson et al, 2019), and level five (10 % of literature used) represents systematic reviews of descriptive and qualitative studies (Lewis et al., 2022). Level six (6.7% of the literature used) is a single descriptive or qualitative study, and level seven is expert opinion (Foster et al., 2020; Mills et al., 2018; Hofmeyer et al., 2020).

The level of evidence used for this IR ranged from level II-VI. The use of diverse levels of evidence afforded varying insight on this topic. This translates to 53% of the studies used being a level three. The findings that emerged were supportive of the benefits correlated to self-care as well as identifying the risk associated with not participating in self-care; however, the search lacked specifics insight to nursing mindset.

PRISMA Flow Diagram

Data analysis was presented utilizing PRISMA. PRISMA supports a flow diagram methodology (Appendix E). The flow diagram starts with the number of articles identified from the initial search. Initially 1117 articles were identified for review. Three additional articles were located using other sources. A total of 1014 articles were removed for duplicates or not relevant to the topic, which left 73 articles for review. All articles were screened and further refined by

availability of reports in English and full text (Appendix E). Ninety-five articles remained and further review of titles and abstracts led to the selection of 30 articles as shown in the literature matrix (see Appendix A).

Thematic Data Analysis

During the literature review for this IR, core themes were identified that best addressed the review questions. The key themes identified self-care strategies and barriers to self-care. The goals of the IR were:

1. provide a systematic IR of the research related to nursing mindset as it relates to self-care strategies

2. appreciate the nursing mindset to garner improved self-care

3. make recommendations for future research and program development based on evidence and inform practice and policies—care plans for nurses to address self-care.

The review was revealing, noting very little regarding the phenomenon of interest—nursing mindset.

Nursing Mindset

Although literature was not revealing of mindset specifically, there was evidence from the profession that self-care was of interest. During the throes of the COVID-19 pandemic, it became evident that self-care amongst nurses was more essential than ever. Nurses reported an influx of their responsibilities at work and at home, resulting in having less time to manage their own personal health. They also reported that the sense of duty and obligation to their job left them feeling emotionally and physically drained (Lewis et al., 2022). Neglecting to prioritize self-care resulted in feelings of personal failing rather than normal response to the exhausting working conditions (Lewis et al., 2022). When asked about self-care nurses responded in a

variety of ways. One nurse pointed out that through self-care, nurses are developing a relationship with themselves, therefore supporting developing relationships with their patients (Mills et al., 2018). Another nurse pointed out, that it is not possible to provide compassionate care, without looking after oneself (Mills et al., 2018). It was evident that self-care was of interest to nurses, but specific insight to their mindset about self-care was lacking.

Self-care Strategies

The literature noted several strategies related to self-care specific to nurses. As discussed, self-care is defined as activities that care for one's emotional, mental, and physical health and well-being. Self-care strategies include daily self-care practices to meet basic needs, nutrition, hygiene, exercise, social contact, and work to keep anxiety at bay (Lewis et al., 2022). Daily self-care strategies include taking breaks, walking, getting adequate sleep, eating healthy food, and exercising (Hofmeyer et al., 2020). Another strategy includes intentionally building moments of happiness and gratitude throughout the day. Also, seeking help from a therapist if the stress begins to feel like too much is a necessary intervention (Hofmeyer et al., 2020). Journaling is also recommended for nurses to release stress or write in a way that, when rereading, words can soothe and comfort (Hofmeyer et al., 2020). Additional self-care strategies recommended for nurses include emotional regulation, self-compassion, adequate sleep, healthy eating, regular exercise, social connections, and self-reflection. These self-care strategies stand out as they only involve the individual not the work team. These strategies are not dependent on others to be successful. Self-care is an essential daily practice as it works to establish a positive mental state. A positive mental state is associated with how situations are approached, and the approach taken when interpreting an experience (Gracia-Gracia et al., 2017).

Emotional Regulation. Defined by the American Psychological Association (APA) Dictionary for Psychology, emotional regulation is the ability of an individual to modulate an emotion or set of emotions. This requires conscious monitoring of one's feelings and changing the target of emotion to produce more positive outcomes (de Oliveira et al., 2019). Nurses must practice emotional regulation as a self-care strategy to prevent experiencing compassion fatigue and depression. Nurses work in high-stress environments and, therefore, cannot risk not being able to tolerate distressing emotions when confronted with another's suffering (Hofmeyer et al., 2020). Emotional regulation includes setting boundaries and self-management of workload; this is relevant to managing self-care within the workplace.

Self-compassion. Self-compassion is the practice of having compassion for yourself as you do for others. It involves acting the same way towards yourself when you are having a difficult time as you would for others in the same situation. It is acknowledging that "this is difficult right now" and finding a way to comfort those feelings. Self-compassion among nurses may increase their ability to manage their emotions and prevent some of the negative consequences, such as compassion fatigue and burnout (Hofmeyer et al., 2020). Self-compassion is a form of self-care that helps the nurse become mentally stronger (Lewis et al., 2022). In times of high stress, nurses must check in with themselves to see how they are holding up emotionally, physically, and mentally (Gracia-Gracia et al., 2017; Lewis et al., 2022). Instead of merely judging and criticizing oneself for inadequacies or shortcomings, self-compassion allows you to be kind and understanding of personal failings (Gracia-Gracia et al., 2017; Lewis et al., 2022). Actively participating in self-compassion enables nurses to accept what is happening around us without judgment. Research suggests that low self-compassion in nurses associates negatively with self-criticism, which is highly correlated to depression and anxiety (Lewis et al., 2022).

There is a correlation between self-compassion and burnout among nurses; nurses that practice self-compassion have a much lower incidence of burnout (Rizal et al., 2021).

Adequate Sleep. According to the Centers for Disease Control (CDC), adults need seven or more hours of sleep per night for the best health and well-being. Factors that impact adequate sleep include sleep quality and previous sleep deprivation. Less than seven hours of sleep for adults is correlated with poor health, including weight gain, diabetes, high blood pressure, heart disease, stroke, and depression (CDC, 2022). Nurses often work irregular or night shifts, increasing their risk for sleep disorders. Studies show significant evidence associated with sleep disorders and their impact on health-related quality of life. Sleep quality is essential to consider when evaluating the quality of life, as inadequate sleep can lead to decreased functional capacity, and sleep disorders cause morbidity and mortality (Zamanian et al., 2016; Melnyk et al, 2016). The risks associated with insufficient sleep and sleep disorders are why adequate sleep is a priority for nurses' self-care. However, shift work is expected among nursing work characteristics. Shift work is a major occupational hazard, resulting in many health-related consequences for nurses (Kim et al., 2022; Melnyk et al, 2016). These consequences include abnormal biological rhythms, insufficient sleep, poor sleep quality, fatigue, and an increased risk of developing chronic diseases (Kim et al., 2022; Melnyk et al, 2016). As the nursing profession has adopted a shift work model, there has been an increase in work stress, depression, anxiety, reduced work quality, and general mental health deterioration related to sleep disorders in nurses secondary to shift work (Kim et al., 2022).

Healthy Eating. Nurses face many influences regarding their workplace dietary choices. One of the most common reasons for unhealthy eating in healthcare is shift work. Healthcare often requires 24-hour day coverage in 10-12-hour increments (Horton, 2020; Mohebb et al.,

2019). Nurses usually follow the standard American diet, which is low in fruits, vegetables, and whole foods and high in processed foods (Horton, 2020). Because of this, many U.S. nurses are either overweight or obese (Horton, 2020; Mohebb et al., 2019). Healthy eating includes eating various foods; an individual's plate should be full of colors from eating fresh fruits and vegetables. Healthy eating also means staying within daily caloric needs and eating a diet low in sugars, sodium, saturated fats, and cholesterol. A healthy diet should include fruits, vegetables, whole grains, and protein options. According to the CDC, healthy eating improves overall health, boosts immunity, supports muscle, and lowers the risk for chronic health conditions (CDC, 2022). Nurses are exposed to stressors within the workplace, including long hours and caring for the ill. It is not uncommon that stress leads to poor food choices, ultimately affecting nurses' health. Healthy eating habits help nurses reduce the impacts of stressors on their bodies and will positively affect their overall health. Nurses can benefit from healthy eating habits and sound nutrition to help them lead healthy lives (Reed, 2014; Mohebb et al., 2019). Interventions aimed at targeting proper nutrition for health promotion and disease prevention can potentially improve nurses' overall health. Despite this, many healthcare workplace wellness programs fail to target this (Horton, 2020; Mohebb et al., 2019). Research shows these topics had the most significant impact on hospital shift nurses eating habits at work; the nursing roles and responsibilities restrict movement and minimize control over food choices, the hospital food is overly unhealthy, free food is a form of currency, and inspires consumption, and shift work is a significant barrier to healthy eating (Horton, 2020).

Regular Exercise. A nurses' roles and responsibilities limit their activity (Horton, 2020; Mohebb et al., 2019). The CDC reports that physical activity is one of the best things people can do to improve overall health. It can reduce the burden of chronic disease and prevent early death.

The recommendation is 150-minutes of moderate-intensity, aerobic physical activity throughout a week. Exercise also regulates the secretion of significant neurotransmitters, dopamine, and serotonin, which are linked to treating depression. Therefore, exercise improves mood and sleep and reduces stress and activity (CDC, 2022). The literature supports that aerobic exercise is associated with decreased work stress for nurses (Mohebbi et al., 2019). Exercise is an effective tool to combat stress because it is a simple method with no complications (Mohebbi et al., 2019). Adopting a routine of regular exercise has been proven to diminish occupational stress among nurses suggesting that this strategy should be implemented (Mohebbi et al., 2019; Horton et al., 2022). Regular exercise could play an essential role in improving nurses' mental health. Exercise influences nurses coping strategies and reduces the adverse outcomes of stress (Mohebbi et al., 2019; Horton et al., 2022).

Social Connections. Social connection is the feeling that you belong to a group and generally feel close to others. Social connections are a core psychological need, and humans are social individuals with a fundamental need to connect with others (Shojaei et al., 2019; Lewis et al., 2022). Before COVID-19, nurses revealed they could relieve the stress of their profession by seeing friends and family or going to the gym, none of which were available during the pandemic (Lewis et al., 2022). The literature shows that most nurses have moderate social support and poor quality of life (Shojaei et al., 2019). Nurses risk a lack of social support due to occupational stress, hard work, and overwork pressures. Social support is a protective factor in preventing workplace stress. Studies have found that social support from colleagues and caregivers is more important in the nursing profession than support from friends and relatives (Shojaei et al., 2019; Lewis et al., 2022). Social connections are a primary reason nurses report staying in a workplace despite other factors (Shojaei et al., 2019, Lewis et al., 2022). Connected

with others: friends, partners, family, and colleagues has always been valued as an essential part of nurturing self-care (Lewis et al., 2022). The impacts of COVID-19 and the fear of infecting those around them shifted the dynamics at home for many nurses. This resulted in feelings of loneliness, isolation, and sense of absence from friends. One strategy used was debriefing with colleagues and sharing experiences and feelings about their worries (Lewis et al., 2022; Shojaei et al., 2019). The literature reflected that the support of peers did help during the pandemic but did not combat the feelings of wanting to be among friends and family during this time (Lewis et al., 2022; Shojaei et al., 2019).

Nursing Self-reflection. Self-reflection allows one to examine their professional practice and clinical actions and compare them with current best-practice recommendations (Grech, 2021; Lewis et al., 2022). Completing self-reflection after receiving positive acknowledgment helps nurses put a mental checkmark on behaviors to repeat in the future. However, it is also essential to perform self-reflection when receiving negative feedback. Self-reflection is the process of identifying specific barriers, behaviors, actions, or clinical outcomes that will be needed to impact positivity. Self-reflection is necessary for every professional nurse. This allows nurses to examine their professional practice and clinical actions and compare them with current best-practice (Friesen, 2020; Lewis et al., 2022). The method of self-reflection also aids nurses being able to develop short and long-term professional and educational goals (Friesen, 2020). Nurses report that reflecting on the critical times of the COVID-19 pandemic was an inner growth journey (Friesen, 2020). Self-reflection is an important self-care strategy for understanding the nurse's mindset.

Barriers to Self-care

Evident in the literature, self-care strategies were studied extensively; barriers were also noted. The most mentioned barrier to self-care strategies amongst nurses was the lack of time for self-care (Udoudo et al., 2022; Ross et al., 2019; Lewis et al., 2022). Many nurses report being overworked, and overwork is correlated with poorer health outcomes. Additional impacts regarding time constraints for nurses were long commutes to work, unpredictable hours, their workload, the pace of work, and being short-staffed; these were reported as hindering health-promoting behaviors at home (Udoudo et al., 2022; Lewis et al., 2022). Limited or no access to resources was also highly reported as a reason it was difficult to practice self-care. Nurses reported no access to a gym, showers, or changing facilities. Also, some report not having refrigerators or microwaves for storing and reheating healthy food options (Udoudo et al., 2022; Ross et al., 2019; Lewis et al., 2022). Reports of fatigue were also cited as a barrier frequently. Nurses state they were just too drained or exhausted to cook healthy foods, and exercise. Many nurses describe using their days off from work simply to recuperate (Udoudo et al., 2022). Other commitments such as family responsibilities, community activities, church, and school were responsible for nurses' lack of downtime to allow for self-care activities (Udoudo et al., 2022; Ross et al., 2019; Lewis et al., 2022). When asked about barriers to self-care nurses report that the culture has become one in which you just 'soldier-on' and do what is expected (Mills et al., 2018). Nurses also report that a barrier they face regarding self-care is the stigma of being selfish if they do something for themselves, that taking a day off is selfish and lets the team down (Mills et al., 2018). Nurses report that their schedules prevent exercise, do not allow for them to leave the floor for any length of time (Ross et al., 2019; Lewis et al., 2022) Additionally, nurses cite a lack of healthy, and affordable food choices in the cafeteria (Ross et al., 2019; Lewis et al., 2022). Although, not specifically stated, nursing mindset was revealed in the barriers to self-care.

SECTION FOUR: QUALITY APPRAISAL

The reviewer appraised each report, and a systematic method was utilized. Data reduction, data display, data comparison, conclusion drawing, and verification, and presentation were included (Whittemore & Knafl, 2005). A quality appraisal is a systematic analysis to assess the value, significance, and reliability of literature (Toronto & Remington, 2020). The obtained data was arranged into categories to display patterns, themes, connections, and variations. The IR considered all levels of evidence in support of further inquiry and support the focus questions of the IR. The articles included in the review of literature for this project ranged from level two through level six on Melnyk's Levels of Evidence Pyramid (Melnyk & Fineout-Overholt, 2015).

The quality appraisal also included ethical approval. The project leader and project Chair for this IR completed the Collaborative Institutional Training Initiative (CITI) training to certify awareness of the protection of human subjects in research (Appendix C). Additionally, institutional approval was obtained and approved through Liberty University Institutional Review Board (IRB) to conduct the IR (Appendix F). Human subjects, however, were not used in this IR.

Sources of Bias

The quality of studies and literature increase when bias is minimized; bias impacts the credibility and trustworthiness of the IR (Toronto & Remington, 2020). Each study needs to be examined carefully for potential sources of bias. This can include publication bias, which occurs when studies are not published because the results are not noteworthy. A search for gray literature was included for this IR; this includes dissertations, conference papers, and policy papers (Toronto & Remington, 2020). Gray literature was not included in this IR, due to not meeting exclusion and inclusion criteria and for the risk of publication bias. The Liberty

University library database was used following the keyword search. A research librarian was consulted for assistance with the search. Another source of discrimination identified in this IR is that the studies used did not identify the study subjects or the work settings in each study.

Internal Validity

Internal validity focuses on bias or the trustworthiness of findings (Toronto & Remington, 2020). Bias is present in the individual studies selected for the IR, resulting in bias throughout the IR and compromised internal validity. For this IR, each study was selected after assessing the type of research limitations of the research, and the risk for potential bias which could affect the validity of each study. Study selection for this IR was based on the problem statement and the IR review questions. As discussed, only articles that were peer-reviewed and published in the last five years were included to keep clinical significance and scholarly caliber. The articles that were considered the most important to this project's purpose were recorded into a literature matrix (Appendix A). No one article addressed the review questions directly; therefore, the reviewer drew conclusions based on the review questions. The conclusions led to the identification of themes related to the topic of interest.

Appraisal Tools

There is no one preferred method for quality appraisal of literature for an IR (Toronto & Remington, 2020). There is no gold standard regarding the quality appraisal process; therefore, it is noted that quality appraisal can be widely varying. The most used appraisal tools in nursing were utilized for this IR, including the Melnyk Level of Evidence (LOE) pyramid (Appendix B) and the PRISMA flow diagram (Appendix E).

Reporting Guidelines

Reporting guidelines for the IR are critical to the process. The PRISMA systematic approach used to conduct this literature search is represented in a flowchart (Appendix E). Application of the PRISMA guidelines for literature appraisals is a repetitious process; the methodical review process and reporting process are interconnected (Moher et al., 2009).

Applicability of Results

The IR supports the interpretation of problems and the development of solutions when the relevance of results is recognized (Whittemore & Knafl, 2005). The themes identified in the studies for this IR were analyzed to consider further the applicability of the results. The key themes identified were self-care strategies and barriers to self-care.

Self-care Strategies

The term self-care broadly refers to actions that an individual partakes in to enhance, restore, or maintain health and prevent illness (Lewis et al., 2022; Mills et al., 2018; Ross et al., 2019). Self-care is essential to the nursing profession, as it enables them to meet the demands of the rapidly changing healthcare environment. Nurses are flooded with reminders about not neglecting self-care while caring for others (Lewis et al., 2022; Mills et al., 2018; Ross et al., 2019). In addition to the unprecedented times of the COVID-19 pandemic came a disruption to usual self-care practices while most people globally lived in a “locked down” state. This forced individuals to find new ways to care for their mental health (Lewis et al., 2022).

An abundant amount of self-care resources focuses on personal coping strategies to prevent burnout. These strategies have been discussed and include emotional regulation, self-compassion, adequate sleep, healthy eating habits, exercise, and nursing self-reflection (Lewis et al., 2022; Mills et al., 2018; Ross et al., 2019). These strategies highlight the resilience of nurses

and encourage responsibility for one's own well-being (Lewis et al., 2022). Many nurses expressed frustration with not being able to engage in self-care strategies during the pandemic, and they report just trying to keep busy or find distractions to help with what they were experiencing (Lewis et al., 2022). It was during this time that nurses found alternative methods to care for themselves. Debriefing with colleagues with shared experiences became an important form of self-care and support for nurses (Lewis et al., 2022). Of note, mindset was minimally addressed regarding self-care strategies.

Self-care Barriers

Self-care barriers are noted throughout the literature. Time was a factor noted often in the literature. Time for self-care demands addressing many pressing issues personally and professionally. Literature notes that time has the greatest impact on self-care yet, mindset is not revealed outside of, 'there is not any.' Other barriers noted included fatigue, other social commitments, and stigma (Mills et al., 2018; Ross et al., 2019). When considering barriers to self-care it was evident that they varied widely. Of interest, barriers are seemingly revealing of mindset; yet, not stated as such—seemingly an overlooked care plan.

SECTION FIVE: DATA ANALYSIS AND SYNTHESIS

The data analysis process requires unbiased interpretations of primary sources of research and advanced synthesis of the evidence.

Data Analysis Methods

The data analysis begins by first acknowledging the goal of the IR to establish a better understanding of the topic of interest (Toronto & Remington, 2020). This process is more than reporting the information collected in the data; it is creating a new concept or framework to understand the topic of interest. This process begins with a combination of qualitative and

quantitative data and increases the knowledge of the subject. Constant comparison is executed to examine the data and identify themes in the literature; this is done to improve the knowledge base of the topic of interest.

The goals of this IR were to:

1. provide a systematic IR of the research related to nursing mindset as it relates to self-care strategies

2. appreciate the nursing mindset to garner improved self-care

3. make recommendations for future research and program development based on evidence, and inform practice and policies—care plans for nurses to address self-care

The goals were addressed by using data from the literature matrix (Toronto & Remington, 2020). The literature matrix for this IR was used to display the citation, study purpose, characteristics, study results, Melnyk Level of Evidence, study limitations, and evidence to support a change (Appendix A). A systematic analysis of study qualities was completed to further identify the themes across the literature. Common themes identified were self-care strategies and barriers to self-care.

Synthesis

The synthesis of various sources is an innovative and multifaceted process that results in a new model, framework, and a better understanding of the topic (Toronto & Remington, 2020). The synthesis for this IR was driven by the review questions and led to the presentation of IR results. Through the review of literature, it was found that mindset was not addressed as significant in self-care—seemingly overlooked. The results of this IR support the need for a greater appreciation of the nursing mindset as it pertains to practicing self-care.

Nursing Mindset

Although, seemingly overlooked, nursing mindset is a factor to be considered in self-care practices. The literature notes barriers to self-care, which convey mindset; yet mindset is not specifically studied. This is revealing of opportunity to make recommendations for future research and program development based on evidence and inform practice and policies with the consideration of mindset.

Barriers to Self-care

Literature found several barriers to nurses being able to participate in self-care strategies. Barriers to nursing self-care include time for self-care activities, lack of motivation, cost of self-care, and the awareness of the need for self-care (Mills et al., 2018; Ross et al., 2019). Self-care can often feel like another stressor to nurses, consequently being one of the most significant barriers to self-care. Some barriers to self-care are the very causes of burnout. Shift work and long working hours make it challenging to have a work-life balance, and self-care contributes to the struggle (Ross et al., 2019). Additionally, nurses often lack the motivation for self-care; and struggle with spending time and money taking care of themselves (Ross et al., 2019; Lewis et al., 2022, Mills et al., 2018). The literature uncovers that a significant barrier to self-care is the lack of awareness of one's needs (Ross et al., 2019; Lewis et al., 2022, Mills et al., 2018). Mindset regarding barriers to self-care is seemingly overlooked; yet barriers are revealing as to why self-care is not practiced.

Self-care Strategies

Self-care strategies specific to nurses are acknowledged throughout the literature, to include emotional regulation, self-compassion, adequate sleep, healthy eating, regular exercise, social connections, and self-reflection (Lewis et al., 2022, Mills et al., 2018; Ross et al., 2019). Emotional regulation, compassion, and self-care amongst nurse’s help sustain well-being and

resilience. Healthcare teams with individuals that have compassion and empathy have better patient satisfaction scores, morale is higher, and safety improves (Hofmeyer et al., 2020). Emotional regulation is necessary to avoid experiencing the stress of others, this aids in creating a protective self-boundary (Mills et al, 2018; Hofmeyer et al., 2020). It is essential to be strong in body, mind, and spirit, to fearlessly face every changing circumstance of healthcare. Practical self-care strategies nurses can incorporate include taking breaks, going outside, getting adequate sleep, eating a healthy diet, and exercising (Hofmeyer et al., 2020). Nurses are also encouraged to seek support from a therapist when feeling overwhelmed, or depressed (Lewis et al., 2022). Nurses are encouraged to stay connected with colleagues, friends, and relatives as relationships with people and pets support our mental health (Hofmeyer et al., 2020). When asked about self-care strategies that have been effective in the past some nurses report only working part-time to have a work-life balance (Mills et al, 2018; Hofmeyer et al., 2020). Other nurses report that there is no real formula for self-care it is an individual approach. Additionally, other nurses commented that they try incorporating exercise, a healthy diet, and getting a decent amount of sleep (Mills et al., 2018; Hofmeyer et al., 2020).

Summary of Evidence

Globally, there are noted benefits to participating in self-care, including improved well-being, lower morbidity and mortality, and lower healthcare cost for both nurses and their patients, as the risk associated with not practicing self-care has a ripple effect (Hofmeyer et al., 2020). Evidence however is not revealing of addressing mindset specifically as it relates to self-care. This is pressing noting that it is overlooked and could hold the key to acknowledging issues related to lack of self-care in the nursing profession.

The improved well-being associated with self-care is less risk of depression, anxiety, and an overall better sense of self (Hofmeyer et al., 2020). The COVID-19 pandemic considerably increased stress, anxiety, and depression among nurses. The benefits correlated to self-care among nurses are well documented in the literature. These activities are performed individually, on one's behalf to preserve their health and life (Chipu et al., 2020). Lower morbidity and mortality associated with self-care are correlated with decreased incidence of suicide among nurses. Nurses participating in self-care also reduce their risk for other comorbidities related to high stress (Green, 2021). Decreased healthcare costs for nurses are associated with healthier nurses and less chance for patient care errors. Participating in self-care strategies creates resilience, allowing nurses to maintain their well-being and respond appropriately when facing times of uncertainty. Literature although not addressing mindset specifically, did share great insight regarding barriers and enablers to self-care in nursing, as well as consequences of not participating in self-care.

Barriers and Enablers to Self-care in Nursing

Barriers to nursing self-care include time for self-care activities, lack of motivation, cost of self-care, and the awareness of the need for self-care. Self-care can often feel like another stressor to nurses, consequently being one of the most significant barriers to self-care. Some barriers to self-care are the very causes of burnout. Shift work and long working hours make it challenging to have a work-life balance, and self-care contributes to the struggle (Ross et al., 2019). Additionally, nurses often lack the motivation for self-care; and struggle with spending time and money taking care of themselves (Ross et al., 2019). The literature uncovers that a significant barrier to self-care is the lack of awareness of one's needs (Lewis et al., 2022, Mills et al., 2018; Ross et al., 2019).

Many barriers are noted to self-care in nursing; however, enablers are pointed out in the literature regarding nursing self-care. These enablers include the motivation of colleagues and supportive work culture. Nurses report that the enthusiasm of coworkers regarding self-care practices often influences them. Nurses have said that investing in self-care is easier with colleagues, as they can go on walks together, share healthy snacks and recipes, and engage in healthy competitions (Ross et al., 2019). Recommendations include working a consistent time of day without rotating shifts, participating in support groups, preparing nutritious meals prior to work, getting proper sleep, and participating in mindfulness (Williams et al., 2021). Identifying the importance of self-care and the need for self-care is a catalyst for investing in self-care and planning and prioritizing (Ross et al., 2019). Another enabler of self-care is a supportive work culture with leadership that models and normalizes self-care (Ross et al., 2019). Mentoring and team-building activities, and reflection on shared values positively impact nursing job satisfaction and aid in individual self-care (Williams et al., 2021).

Consequences Related to Lack of Self-care Among Nurses

It is necessary to understand the consequences associated with not practicing self-care. These consequences include burnout, compassion fatigue, depression, and suicide risk. Of the 2021 Healthy Nurse survey participants, 63% considered workplace stress the most prominent issue affecting their health (Anderson, 2022). Professional burnout is a widespread phenomenon in the nursing profession presently. Nurses work in high-stress environments, with unrealistic expectations, lack of sleep, and other stressors placing them at a higher risk for burnout (Wei et al., 2020). Compassion fatigue is how nurses describe detachment from their patients, feeling overwhelmed, and seeking isolation (Hofmeyer et al., 2020). Nurses often interchange the words burnout and compassion fatigue, but these are two different conditions (Anderson, 2022).

Compassion fatigue causes nurses to disengage from their patients, families, and peers (Anderson, 2022). Nurses strive to connect with their patients and families on an emotional level, although over time, nurses lose the capacity to do so because of compassion fatigue.

Amongst all healthcare workers, nurses are at a heightened risk of depression. Registered nurses experience depression at nearly twice the rate of individuals in other professions (Foster et al., 2020). In addition to the nurses suffering from depression, the healthcare organization is also affected by staff depression (Brandford et al., 2016). This is when the work environment is dealing with a lack of supervisor support, job insecurity, high turnover, lack of rewards, and job-related stress bringing down overall morale and adding to the nurses' workload (Brandford et al., 2016). Depression in the workplace correlates with absenteeism, short-term disability, decreased productivity, and presenteeism (being at work but not operating at total capacity). It is impossible to prevent depression among nurses entirely; therefore, it is essential to acknowledge its presence and prevalence in the workplace (Brandford et al., 2016). Depression is the most common mental disorder in the U.S., which can either be chronic or reoccurring, leading to functional impairments (Brandford et al., 2016). Nurses suffering from depression may have impaired judgment and lapses in judgment in the workplace; this may result in severe occupational hazards (Brandford et al., 2016). There is also a significant financial burden related to depression in the profession. It is estimated that depression costs 200 million lost workdays each year, accounting for upwards of 25 billion dollars (Brandford et al., 2016). The cost of productivity loss due to depression is projected to be around $14,339 per nurse (Brandford et al., 2016). Depression is often a precursor to suicide. The COVID-19 pandemic intensified the number of nurses committing suicide related to depression and workplace stress.

It is anticipated that the mental health crisis impacting nurses following the COVID-19 pandemic will be of epic proportions (Awan et al., 2021). The incidence rate of suicide among nurses is 13.9 per 100,000 persons/year compared to 17.7 per 100,00 persons/year in the general population (Davidson et al., 2019). Nurses most frequently complete suicide by poisoning using pharmaceuticals and other substances. Benzodiazepines, antihistamines, and opioids are the medications most implicated in the suicide death of nurses (Davidson et al., 2019). Suicide is now a pressing issue in the profession that demands greater understanding, specific to the mindset of nurses regarding self-care. When evaluating the risks of suicide, individuals with access to means of suicide (i.e., access to weapons or pills) are a significant risk factor (Awan et al., 2021). Suicidal ideation was found to be higher in nurses experiencing burnout. Factors such as limited resources, an insufficient workforce, and increased job expectations contribute to higher suicide risk among nurses. Nurses' suicide rates have gone unnoticed for years; underlying risk factors include working long hours, being the primary caregivers for multiple patients, and a lack of professional autonomy (Awan et al., 2021). Considering these startling statistics hinges on understanding the mindset of nurses regarding self-care.

The COVID-19 pandemic highlighted many areas of concern regarding self-care and the nursing profession. There is a great need to address the mindset of nurses regarding self-care, this has been confirmed by literature; ideally this information will be used to reduce growing rates of burnout, compassion fatigue, depression, and suicide among nurses.

SECTION SIX: DISCUSSION

The purpose of this IR was to gain insight into the nursing mindset as it pertains to self-care. The review did not specifically reveal insight regarding mindset; instead offered understanding of the significance of self-care strategies and barriers.

This IR synthesized information to address the following questions:

1. What is the nursing mindset regarding self-care?
2. What are the barriers to addressing this mindset in the nursing profession?

Nursing Mindset

The objective was to uncover the nursing mindset as it relates to self-care. This IR did not uncover specific mindset regarding self-care. The literature notes barriers to self-care, which seemingly convey mindset; yet it is not specifically studied (Lewis et al., 2022; Mills et al., 2018; Chipu et al., 2020; Ross et al., 2019). Nurses supported the need for self-care related to the profession, but also report barriers to implement strategies.

Barriers

In review of barriers to addressing mindset in the nursing profession, it was revealing of barriers to practicing self-care, not specific to mindset itself. For example, nurses report not having the time to take care of themselves (Lewis et al., 2022; Mills et al., 2018; Chipu et al., 2020; Ross et al., 2019). Additionally, nurses report not being able to take part in the same advice they offer their patients and feeling guilty about seeking professional help (Lewis et al., 2022; Mills et al., 2018; Chipu et al., 2020; Ross et al., 2019).).

Implications for Practice

This IR aimed to reveal insight regarding the nursing mindset as it relates to self-care. The implication for practice is just that, there needs to be a deeper dive into the nursing mindset as it relates to self-care. It is essential that the profession garners insight into this for the longevity of the profession. Although the literature did not reveal the significance of mindset regarding self-care, it did uncover adequate evidence to support self-care strategies for nurses and barriers to practicing self-care. Both nurses and healthcare administrators need to consider

the effects of burnout, compassion fatigue, depression, and suicide on the nursing profession. Consequently, they should employ some of the suggested self-care strategies to preserve the overall well-being of nurses everywhere. The literature provided supporting data about the implications to healthcare organizations and patient outcomes of having burned out and depressed nurses (Ross et al., 2019). While this IR sought to reveal the mindset of nurses regarding self-care; future research should give further credence to addressing the barriers to self-care.

Future Work

Literature directs the need for future work. This IR not only supports the idea of self-care among nurses but also provides valuable insight on barriers nurses face regarding self-care practices. Several of the identified studies focused on actions for combatting burnout once the nursing professional is already experiencing it (de Oliveira et al., 2019; Ross et al., 2019; Jyothindran et al., 2021). There is limited data on ways to prevent burnout before it begins, and how nurses feel, which is a part of mindset, about self-care strategies to prevent burnout. The tools and resources that have been provided to help nurses with self-care need to be incorporated into health professionals' everyday lives. This needs to become routine, adjusted to fit within the existing practice, in addition to other duties and practices (Lewis et al., 2022). Additional research is needed to explore ways healthcare systems can incorporate self-care strategies into the profession intentionally. Research is needed regarding funding and sustainability for resources necessary to make self-care a requirement—not an option.

Dissemination

This is the final step of the IR scholarly project. Change can only happen with effective dissemination of the information (Melnyk & Fineout-Overholt, 2015). To provide maximum

value to stakeholders, the collected and synthesized information needs to be effectively communicated. A successful dissemination plan will ensure the results are communicated clearly to the targeted audience; this will help develop new viewpoints on this topic (Toronto & Remington, 2020). This stage raises awareness of the pressing issue and encourages additional research.

This IR will be considered for presentation via podium and conferences specific to nursing well-being. This topic is of pressing concern and cannot go unnoticed in the healthcare landscape—the future of the profession depends on it. The IR will be submitted to the University's Scholars Crossing, a repository for scholarly work. This will allow for increased opportunity for the work to be considered as a springboard for further research.

The framework for dissemination to be considered for this IR was developed by the University of Virginia (University of Regina, 2011). This framework includes the findings, objectives, audience, user needs, dissemination methods, organizational resources, and potential barriers.

Findings

The findings of this IR will be disseminated addressing the significance of self-care strategies that can prevent burnout, compassion fatigue, depression, and suicide in nurses. Additionally, mindset will be noted as synonymous with barriers, not to be overlooked. There is a pressing need to address nursing mindset related to self-care as a phenomenon all its own, as unfortunately the review did not reveal.

Objectives

The goal of dissemination of the IR findings must support the IR (University of Regina, 2011). The objectives include insight into the nursing mindset as it relates to self-care,

identification of barriers to self-care and self-care strategies. This IR will inform healthcare administration about the benefits associated with self-care practices amongst nurses as well as strategies to incorporate self-care into the workplace and intentionally address mindset.

Audience

There are many stakeholders who would benefit from this topic of interest. The focus audience for this IR is nurses; however, it is anticipated that the information can be generalized and supportive of the entire healthcare profession, as well as students entering the profession. Patients are also key stakeholders as well, as there is evidence that poor patient care is associated with nurses experiencing burnout and depression and lacking self-care.

User Needs

Modifying dissemination attempts to user needs is essential (University of Regina, 2011). This is related to users' different backgrounds. Some users require a detailed explanation of the IR background, methodology, and findings; other users only need an overview of the abstract of the IR. Communication efforts will be tailored to meet the needs of the audience; this is necessary to ensure audience attention and understanding.

Dissemination Methods

Methods of dissemination include the IR being presented to a board of faculty members from the Liberty University School of Nursing initially, and then submitted to the University's Scholars Crossing, podiums and conferences as applicable to the subject matter.

Organizational Resources

Once the audience, objectives and method for dissemination have been identified, the skills and resources required for dissemination need to be identified (University of Regina, 2011). This includes the funding for the resources to allow self-care practice implementation,

additional nurses, microwaves to allow for nurses to reheat healthy meal options or gyms at the workplace to name a few. The funding sources need to be secured and appropriately acknowledged.

Potential Barriers

Just as there are barriers to the IR process, there may also be barriers to the dissemination process. Barriers must be identified and addressed (University of Regina, 2011). For this IR lack of support from the healthcare system is one possible barrier that may occur. This is a potential risk, as self-care for nurses is not a new concept but understanding how to allow for implementation in the workplace is a novel notion—not to be overlooked.

Conclusion

The novel Coronavirus (COVID-19) pandemic brought about many unprecedented matters to the healthcare landscape. These challenges garnered much attention in the press and the nursing profession to address self-care. The nursing profession in recent years has experienced many challenges, from a global pandemic to high turnover rates and, more recently, being subject to an increased incidence rate of suicide in comparison to other professions. This IR has laid the foundation for the need for the continued research on a seemingly overlooked phenomenon, nursing mindset. The nursing mindset about self-care remains largely overlooked and is a worthy care plan to consider.

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Appendix A

ARTICLE CRITIQUE AND LEVELING MATRIX

Article Title, Author, etc. (Current APA Format)	**Study Purpose**	**Sample (Characteristics of the Sample: Demographics, etc.)**	**Methods**	**Study Results**	**Level of Evidence (Use Melnyk Framework)**	**Study Limitations**	**Would Use as Evidence to Support a Change? (Yes or No) Provide Rationale.**
Jyothindran, R., d'Etienne, J. P., Marcum, K., Ho, A. F., Robinson, R. D., Tijerina, A., Graca, C., Knowles, H. C., Zenarosa, N. R., & Wang, H. (2021). Association between burnout and wellness culture among emergency medicine providers. *Clinical and experimental emergency medicine*, *8*(1), 55–64. https://doi.org/10.15441/ceem.20.074	To determine the association between Emergency Medicine provider burnout and their culture of wellness.	Emergency medicine physicians and Advanced practice providers from sixteen emergency departments. A total of 242 ED providers.	Multi-center retrospective observational study	The overall burnout rate was 54%, with moderate correlation found between burnout and wellness culture domains.	Melnyk level of evidence, Level 3.	Limitations include selection bias; missing data may exist. Small sample size, and findings may be less generalizable.	I would use this as evidence to support change as it does appear to investigate wellness culture.

Melnyk, B. M., Amaya, M., Szalacha, L. A., & Hoying, J. (2016). Relationships Among Perceived Wellness Culture, Healthy Lifestyle Beliefs, and Healthy Behaviors in University Faculty and Staff: Implications for Practice and Future Research. *Western Journal of Nursing Research*, 38(3), 308–324. https://doi.org/10.1177/0193945915615238	Identifying key factors influencing healthy lifestyle behaviors, to reduce health care costs and improve health outcomes.	A total of 3959 faculty and staff participated in the survey.	A cross sectional descriptive correlational design	Findings indicate that single participants rated the wellness culture of the university lower than married couples.	This is a level 4, Melnyk level of evidence.	The major limitation of this study was the collection of cross-sectional data at a single point in time.	I would use this study as evidence towards change, as it identifies key factors influencing healthy living.
Lee, J., Hwang, J., & Lee, K. (2019). Job satisfaction and job-related stress among nurses: The moderating effect of mindfulness. *Work (Reading, Mass.)*, *62*(1), 87-95. https://doi.org/10.3233/WOR-182843	To evaluate the effect of the health-promotion lifestyle and job stress to job satisfaction and turnover intention.	A total of 200 nurses employed at small-to-medium sized hospitals.	Cross-sectional survey	The effect of stress on turnover intention was significant.	Melnyk level 4, level of evidence.	Limitations include a limited range of occupations and only women were targeted.	I would not use this study as evidence for change, due to the small sample size, and only women being targeted.

Schrijver, I., M.D. (2016). Pathology in the Medical Profession? Taking the Pulse of Physician Wellness and Burnout. *Archives of Pathology & Laboratory Medicine, 140*(9), 976-982. http://dx.doi.org/10.5858/arpa.2015-0524-RA	To bring to light the elements of medical practice that contribute to physician burn out and identify measures to prevent burnout.	Literature review	Systematic review	Physicians tolerate workplace burnout despite the negative personal consequences. Optimization of physician well-being is preferred.	Level 1 Melnyk level of evidence.	No known limitations	I would use this article as evidence for change as it highlights complications associated with physician burnout and the impact on patient care.
Spurr, S., Walker, K., Squires, V., & Redl, N. (2021). Examining nursing students' wellness and resilience: An exploratory study. *Nurse Education in Practice, 51*, 102978-102978. https://doi.org/10.1016/j.nepr.2021.102978	The purpose of the study is to examine resilience and wellness, together with the key factors that promote a wellbeing in nursing students from mid-western Canadian university.	The sample was 196 undergraduate nursing students	Cross-sectional survey	Findings indicated that most nursing students had good health; however, many presented with anxiety and/or depression and a decreased sense of wellness in the physical, spiritual, and	Level 4 Melnyk level of evidence.	The study was conducted on a modest sample of nursing education students from one mid-western Canadian province, and this may have limited the ability to detect	I would use this as evidence for change, as it explores resilience and wellness interaction at the onset of nursing career.

				emotional domain.		significant findings.	
Olvera Alvarez, H. A., Provencio-Vasquez, E., Slavich, G. M., Laurent, J. G. C., Browning, M., McKee-Lopez, G., Robbins, L., & Spengler, J. D. (2019). Stress and health in nursing students: The nurse engagement and wellness study. *Nursing Research* (New York), *68*(6), 453-463. https://doi.org/10.1097/NNR.0000000000000383	The aim of this study was to describe the methods of a project designed to investigate the role of social, behavioral, and environmental factors in modifying the adverse effects of stress on new nurses.	Males and Females between 18-55 enrolled in BSN program at University of Texas. Total of 436 participants, with 20% being men.	A prospective cohort designs.	Health indicators in the cohort were comparable or better than in the broader United States population	Level 4, Melnyk level of evidence.		I would use this for evidence of change, as it explores behavioral, social, and environmental factors that affect stress and the performance of new nurses.
Foster, K., Roche, M., Giandinoto, J., & Furness, T. (2020). Workplace stressors, psychological well-being, resilience, and caring behaviors of mental health nurses: A descriptive correlational study. *International Journal of Mental*	The purpose was to describe mental health nurses' most challenging workplace stressors, and their psychological well-being, workplace	Total of 498 nurses, 366 female, majority working in community and inpatient mental health settings.	A descriptive correlational study.	There was a positive correlation between workplace resilience and psychological well-being in this study	Melnyk level 6	This study was limited to a cross section of mental health nurses working in one state in Australia	Despite being a level 6, I am not sure that I would use this for evidence for change as it is isolated to mental health nurses.

Health Nursing, *29*(1), 56-68. https://doi.org/10.1111/inm.12610	resilience, and level of caring behaviors, explore the relationships between these factors, and describe differences in workplace resilience						
Wei, H., Kifner, H., Dawes, M. E., Wei, T. L., & Boyd, J. M. (2020). Self-care Strategies to Combat Burnout Among Pediatric Critical Care Nurses and Physicians. *Critical Care Nurse*, *40*(2), 44–53. https://doi.org/10.4037/ccn2020621	To determine perceptions of self-care strategies to combat professional burnout among nurses and physicians in pediatric critical care settings.	A total of 20 participants.	A qualitative descriptive study with a phenomenological overtone.	Six major self-care strategies were identified: finding meaning in work, connecting with an energy source, nurturing interpersonal connections, developing an attitude of positivity, performing	Melnyk Level of evidence, level 6	As a qualitative investigation with a small sample size, this study was not intended to yield findings that could be generalized to all nurses and physicians working in pediatric	The limited sample size makes this study difficult to use as evidence in change.

				emotional hygiene, and recognizing one's uniqueness and contributions at work.		critical care settings.	
Ross, A., Yang, L., Wehrlen, L., Perez, A., Farmer, N., & Bevans, M. (2019). Nurses and health-promoting self-care: Do we practice what we preach? *Journal of Nursing Management*, *27*(3), 599–608. https://doi.org/10.1111/jonm.12718	To examine the health-promoting behaviors performed by registered nurses (RNs), as well as workplace factors that influence participation in those behaviors.	A total of 335 RN's, most working outside of direct patient care, in management, research or education.	A cross-sectional web-based survey.	Over half of the participants were overweight, and sedentary or sitting over 3 hours a day.	Melnyk level 4 of evidence	The study utilized an anonymous online survey, relied on self-reports versus objective data, posing a risk for deception and response bias.	This study does not investigate health promoting behaviors of acute care nurses, most of the involved nurses were out of direct patient care. This insight is still valuable but may not be applicable.
Arnetz, J. E., Goetz, C. M., Arnetz, B. B., & Arble, E. (2020). Nurse Reports of Stressful Situations during the COVID-19 Pandemic: Qualitative Analysis of	The aim of this study was to explore perceptions of the most salient sources of stress in the early stages	A sample of 695 U.S. nurses	A cross-sectional online survey.	Healthcare units should provide opportunities for nurses to discuss the stress they are	This is a level 3 on Melnyk level of evidence pyramid.	Participants were limited to nurse members of three large nursing organization	I will use this article to support change as it directly correlates to the phenomenon of interest.

Survey Responses. *International Journal of Environmental Research and Public Health*, *17*(21), 8126. https://doi.org/10.3390/ijerph17218126	of the coronavirus pandemic in a sample of U.S. nurses.			experiencing, support one another, and make suggestions for workplace adaptations during this pandemic.		s in a single U.S. state (Michigan), and results may not be generalizable to nurses in other states or countries.	
Brandford, A. A., & Reed, D. B. (2016). Depression in Registered Nurses: A State of the Science. *Workplace Health & Safety*, *64*(10), 488–511. https://doi.org/10.1177/2165079916653415	The aim is to assesses the current state of the science related to depression in registered nurses so that occupational health nurses can create pathways and work environments for better mental health for registered nurses.	A total of 36 articles	Systematic literature review	Depression experienced by registered nurses may not be fully preventable but realizing its presence and prevalence in the workplace is of vital importance. It is essential that the United States has a healthy, vibrant, and present registered	Level 1 on Melnyk level of evidence.	Currently, no accepted theoretical framework addresses personal and workplace concepts impacting depression in registered nurses.	Yes, I will use this article to support change, as it validates depression among healthcare workers and the complications associated.

				nurse workforce to ensure that quality patient outcomes are achieved.			
Dall'Ora, C., Ball, J., Reinius, M., & Griffiths, P. (2020). Burnout in nursing: a theoretical review. *Human Resources for Health, 18*(1), 41. https://doi.org/10.1186/s12960-020-00469-9	This study aimed to provide a comprehensive summary of research that examines theorized relationships between burnout and other variables, to determine what is known (and not known) about the causes and consequences of burnout in nursing	Ninety-one papers were identified. The majority (n = 87) were cross-sectional studies; 39 studies used all three subscales of the Maslach Burnout Inventory (MBI) Scale to measure burnout.	Theoretical review.	This study found that the associations hypothesized by Maslach's theory between mismatches in areas of work life and burnout were generally supported.	Level 2, level of evidence.	The theoretical review of the literature aimed to summarize information from a large quantity of studies; this meant that we had to report studies without describing their context in the text and also without providing estimates.	This study will be used to support change, as it identified several areas causing burnout in nursing.

Galanis, P., Vraka, I., Fragkou, D., Bilali, A., & Kaitelidou, D. (2021). Nurses' burnout and associated risk factors during the COVID-19 pandemic: A systematic review and meta-analysis. *Journal of Advanced Nursing, 77(*8), 3286–3302. https://doi.org/10.1111/jan.14839	To examine the nurses' burnout and associated risk factors during the COVID-19 pandemic.	16 studies	Systematic Reviews and Meta-Analysis.	Nurses experience high levels of burnout during the COVID-19 pandemic, while several sociodemographic, social and occupational factors affect this burnout.	Level 1, level of evidence.	There were different sources of bias. First, only three studies of 16 eliminated confounding through multivariable methods.	This study will be used for evidence to support change.
Blackburn, L. M., Thompson, K., Frankenfield, R., Harding, A., & Lindsey, A. (2020). The THRIVE© program: Building oncology nurse resilience through self-care strategies. *Oncology Nursing Forum*, *47*(1), E25-E34. https://doi.org/10.1188/20.0NF.E25-E34	To develop an evidence-based program for addressing the concerns of burnout and secondary trauma and building on the concept of resilience in oncology healthcare providers.	164 oncology staff, of which 160 were nurses, at the Arthur G. James Cancer Hospital.	Oncology nurses and other providers participated in the THRIVE® program, which consists of an eight-hour retreat designed to teach self-care	In self-assessments prior to THRIVE, nurse managers demonstrated the greatest degree of burnout, and bedside/chairside nurses demonstrated the greatest degree of	Melnyk level of 5	Limitations of this project are that the program itself requires an investment in time from staff and support of the investment by leaders. A six-week	I would not use this to support change, at it is isolated to oncology nurse.

			strategies, a six-week private group study interaction on a social media platform, and a two hour wrap-up session.	secondary trauma.		program is a significant time investment.	
Tabur, A., Elkefi, S., Emhan, A., Mengenci, C., Bez, Y., & Asan, O. (2022). Anxiety, burnout and depression, psychological well-being as predictor of healthcare professionals' turnover during the COVID-19 pandemic: Study in a pandemic hospital. *Healthcare* (Basel), *10*(3), 525. https://doi.org/10.3390/healthcare10030525	To explored impacts of the emotional wellbeing of healthcare professionals on their intention to quit their jobs.	The respondents were selected based on simple random sampling. In total, 345 questionaries were returned and used for the analysis. Respondents were healthcare professionals (nurses, doctors, midwives, technicians, etc.) working in a pandemic hospital in Turkey.	A cross-sectional survey design was used for this study.	We found that the COVID-19 situation increased the turnover intention, especially among doctors and nurses	This is a level 3 on Melnyk level of evidence pyramid.	Only included participants from one hospital in Turkey, which makes it difficult to generalize the results, although we do know that the findings and insights are supportive of healthcare	I would not use this study to support change, as it only included participants from one hospital, and it was a variety of healthcare professionals.

						systems worldwide.	
de Oliveira, S. M., de Alcantara Sousa, L. V., Vieira Gadelha, M., & do Nascimento, V. B. (2019). Prevention Actions of Burnout Syndrome in Nurses: An Integrating Literature Review. *Clinical Practice and Epidemiology in Mental Health: CP & EMH, 15*, 64–73. https://doi.org/10.2174/1745017901915010064	To identify the strategies for the prevention of burnout syndrome in nurses; and discuss the results for future interventions that can decrease burnout in these professionals.	30 studies were selected for analysis.	An integrative review of the literature.	The review identified varied interventions encompassing individual, group, and organizational actions, with a significant prevalence of group actions. The results indicated that the strategies used to cope with burnout were, for the most part, effective.	This is a level 3 on Melnyk level of evidence pyramid.	the use of different methods to measure Burnout or well-being in nurses also represents a limitation. More studies are needed to identify the possible limitations of the interventions in each context.	Yes, this study will be used to support change as it identifies strategies for burnout prevention.
Abdollahi, A., Taheri, A., & Allen, K. A. (2021). Perceived stress, self-compassion, and job burnout in nurses: the moderating role of self-compassion. *Journal of*	To evaluate the associations between job burnout as a dependent variable with perceived stress	A total of 150 nurses from four hospitals in Tehran.	This is a cross-sectional study.	The results of this study not only showed a significant association between perceived	This is a level 3 on Melnyk level of evidence pyramid.	Some of the limitations of the current study include a small sample size, self-	This will be used as evidence to support change, as the association between burnout and stress and self-compassion.

Research in Nursing, 26(3), 182–191. https://doi.org/10.1177/1744987120970612	and self-compassion as independent variables, and test the buffering role of self-compassion in the link between perceived stress and job burnout in nurses			stress and job burnout in nurses, but also increased our understanding about the buffering role of self-compassion in the link between perceived stress and job burnout in nurses		reported data collection and using a cross-sectional method.	
Zeb, H., Arif, I., & Younas, A. (2022). Mindful self-care practice of nurses in acute care: A multisite cross-sectional survey. *Western Journal of Nursing Research, 44*(6), 540-547. https://doi.org/10.1177/0193945921100459 1	This study aims to determine the levels of mindful self-care and the influencing factors (e.g., age, gender, clinical experience, and education) of mindful self-care of nurses in acute care settings.	The data were collected from nurses working in acute care settings of seven hospitals in five cities of Pakistan.	A cross-sectional study.	The findings demonstrated that nurses rarely engage in mindful self-care practice, which may negatively affect their interactions with and care of patients	This is a level 3 on Melnyk's level of evidence pyramid.	The second half of the data collection was completed during the COVID-19 pandemic (April−June 2020). Therefore, the self-care	This article will be used to support change, as it evaluates the importance of self-care among healthcare providers.

				and their families.		levels of nurses who participated during this time may be lower than those who participated before April.	
Jarden, R. J., Jarden, A. J., Weiland, T. J., Taylor, G., Brockenshire, N., Rutherford, M., Carbery, C., Moroney, K., & Gerdtz, M. F. (2021). Nurse wellbeing during the coronavirus (2019) pandemic: A qualitative descriptive study. *Collegian* (Royal College of Nursing, Australia), *28*(6), 709-719. https://doi.org/10.1016/j.colegn.2021.06.002	To describe nurses' perceptions and experiences of wellbeing, work wellbeing, and mental health.	Of a potential 49 survey participants, nine provided consent to be interviewed and all nine were interviewed.	A qualitative descriptive design.	New ways of working and supporting individual, team and organizational wellbeing are needed for flourishing working environments.	This is a level 3 on Melnyk level of evidence pyramid.	The sample includes just nine Victorian nurses, generalizability of our research findings is limited.	Due to the small sample size of only 9 nurses, this study will not be used, as it does not represent majority of nursing.
Zamanian, Z., Nikeghbal, K., & Khajehnasiri, F. (2016).	The present study aims to determine the relationship	1456 nurses working in 11 hospitals in	Cross-sectional study	The study results showed that	This is level 3 on Melnyk's	Limited by factors, such as the over-	This article will be used to support evidence for change.

Influence of sleep on quality of Life Among Hospital Nurses. *Electronic Physician, 8*(1), 1811–1816. https://doi.org/10.19082/1811	between sleep quality and health-related quality of life (HRQOL) as well as quantitative and subjective aspects of sleep quality in nurses.	Shiraz and Tehran (Iran) in 2014.		increased quality of life was significantly related to health-related quality of life.	level of the evidence pyramid.	representation of females in the sample.	
Shojaei, F., Puryaghoob, M., Babahaji, M., Rezaei, S. G., & Jafari, S. (2019). The relationship between quality of life and social support among nurses: A cross-sectional study. *Industrial Psychiatry Journal*, *28*(2), 242–247. https://doi.org/10.4103/ipj.ipj_29_20	The aim of evaluate the quality of life (QoL) and its relationship with the social support of nurses.	241 nurses working at Zanjan University of Medical Sciences.	This cross-sectional study. The sampling method was cluster sampling.	Only 31.6% (67) of the nurses had high levels of social support. The average social support was 47/65 ± 93/6.	This is level 3 on Melnyk's level of the evidence pyramid.	One of the limitations of the present study was the use of questionnaires.	This article will be used to support change, and to highlight the importance of social support in nursing.
Mohebb, Z., Fazel Dehkordi, S., Sharif, F., & Banitalebi, E. (2019). The effect of aerobic exercise on occupational stress of	This work sought to determine the effectiveness of an aerobic exercise program on the	60 nurses working in hospitals affiliated to Shahrekord University of	Prevention-type controlled clinical trial.	The aerobic exercise program was associated to decreased work stress of	This is a level 2 on Melnyk's level of evidence.	The short period of doing exercise is among the limitations	This article will be used for support of evidence change; despite the small sample size this does support the

female nurses: A controlled clinical trial. *Investigación y Educación En Enfermería*, *37*(2). https://doi.org/10.17533/udea.iee.v37n2e05	occupational stress of nurses.	Medical Sciences in Iran		nurses in the experimental group compared to the control group at eight weeks.		of the research.	importance of exercise among nurses.
Havaei, F., Ma, A., Staempfli, S., & MacPhee, M. (2021). Nurses' Workplace Conditions Impacting Their Mental Health during COVID-19: A Cross-Sectional Survey Study. *Healthcare* (Basel, Switzerland), *9*(1), 84. https://doi.org/10.3390/healthcare9010084	The purpose of this study was to examine the impact of COVID-19 workplace conditions on nurses' mental health outcomes.	A total of 3676 responses were included in this study. The sample of actively working nurses in this study consisted primarily of RNs/RPNs	A cross-sectional correlational design.	there were concerns related to most aspects of nurses' workplace conditions during COVID-19. 52% reported inadequate nurse staffing, 80-86% worried about getting covid, or bringing covid home.	This is level 3 on Melnyk's level of the evidence pyramid.	Low response rate raises concerns around sampling bias and generalizability.	This study will be used to support the change for evidence as the purpose of this study
Davidson, J. E., Proudfoot, J., Lee, K., & Zisook, S. (2019). Nurse suicide in the United	This study explored nurse suicide in the United States.	Characteristics of subjects including sex, age, body mass index	A longitudinal retrospective review.	These results suggest a public health imperative for	This is level 4 on Melnyk's level of the	The dataset contained suicides from only 18	This will be used to support change as it explores nurses' risk of suicide in the US.

States: Analysis of the Center for Disease Control 2014 National Violent Death Reporting System dataset. *Archives of Psychiatric Nursing, 33*(5), 16–21. https://doi.org/10.1016/j.apnu.2019.04.006		(BMI), race, and ethnicity are found. In 2014 in the 18 states included in the dataset there were 14,774 suicides, of which there were 205 nurses.		future research and development of effective preventative strategies for nurses; a largely understudied population.	evidence pyramid.	states, annual detection of occupation codes was a limitation.	
Peñacoba, C., Catala, P., Velasco, L., Carmona-Monge, F. J., Garcia-Hedrera, F. J., & Gil-Almagro, F. (2021). Stress and quality of life of intensive care nurses during the COVID-19 pandemic: Self-efficacy and resilience as resources. *Nursing in Critical Care, 26*(6), 493-500. https://doi.org/10.1111/nicc.12690	To explore the mediating roles of self-efficacy and resilience between stress and both physical and mental quality-of-life components in intensive care nurses during the COVID-19 pandemic.	Health care workers employed in the COVID-19 emergency are at a high risk of stress.	Cross-sectional survey design.	There was a significant indirect effect of levels of perceived stress on both physical and mental health components through self-efficacy and resilience.	This is level 3 on Melnyk's level of the evidence pyramid.	This was an internet-based study, so the response rate cannot be known, and therefore some bias, regarding who answered the survey, could be found.	This will be used to support evidence of change as it explores the correlation between stress and self-efficacy among nurses.
Kakemam, E., Chegini, Z., Rouhi, A., Ahmadi, F., & Majidi, S. (2021). Burnout and its	To assess nurses' burnout and its association with their perceived	1,004 Iranian nurses.	cross-sectional online study	Prevalence of high burnout among nurses was 31.5%.	This is level 3 on Melnyk's level of the	The first limitation of our research is its cross-	This will be used for evidence to support change as it addresses how

relationship to self-reported quality of patient care and adverse events during COVID-19: A cross-sectional online survey among nurses. *Journal of Nursing Management, 29*(7), 1974-1982. https://doi.org/10.1111/jonm.13359	quality of patient care and occurrence of adverse events (AEs) during COVID-19.			The risk of AEs ranged from 26.1% to 71.7%. Self-reported quality of patient care was found to be poor. A positive correlation was found between emotional exhaustion and depersonalization scores and patient care quality.	evidence pyramid.	sectional design, which does not confirm determining a causal link between burnout, quality of patient care and occurrence of AEs.	burnout impacts patient care.
Simonetti, V., Durante, A., Ambrosca, R., Arcadi, P., Graziano, G., Pucciarelli, G., Simeone, S., Vellone, E., Alvaro, R., & Cicolini, G. (2021). Anxiety, sleep disorders and self-efficacy among	To assess the prevalence of anxiety, sleep disorders and self-efficacy and their predicting factors among nurses facing COVID-19	A total of 1,005 nurses employed in different Italian hospital wards.	A cross-sectional study was carried out from February–April 2020.	The prevalence of sleep disturbances, moderate anxiety and low self-efficacy was 71.4%,	This is level 3 on Melnyk's level of the evidence pyramid.	Because of the cross-sectional design of the study, we could not determine causal relationships	This will be used to support evidence of change; this discusses anxiety and sleep disorders experienced during covid-19.

nurses during COVID-19 pandemic: A large cross-sectional study. *Journal of Clinical Nursing, 30*(9-10), 1360-1371. https://doi.org/10.1111/jocn.15685				33.23% and 50.65%, respectively.		, only associations in the analysis of predictors of anxiety, sleep disorders and self-efficacy.	
Ruiz-Fernández, M. D., Ramos-Pichardo, J. D., Ibáñez-Masero, O., Cabrera-Troya, J., Carmona-Rega, M. I., & Ortega-Galán, Á. M. (2020). Compassion fatigue, burnout, compassion satisfaction and perceived stress in healthcare professionals during the COVID-19 health crisis in Spain. *Journal of Clinical Nursing, 29*(21-22), 4321-4330. https://doi.org/10.1111/jocn.15469	To evaluate compassion fatigue (CF), burnout (BO), compassion satisfaction (CS) and perceived stress in healthcare professionals during the coronavirus disease 2019 (COVID-19) health crisis in Spain.	A total of 506 healthcare professionals (physicians and nurses) who were working in healthcare centers during the COVID-19 pandemic participated.	Cross-sectional online survey.	Perceived stress scores were similar in both occupations. Professionals working in specific COVID-19 units and in emergency departments had higher CF and BO scores, while levels of CS and perceived stress were similar	This is level 3 on Melnyk's level of the evidence pyramid.	During the hardest weeks of the pandemic in Spain, as data were being collected for this study, a social movement of support and recognition for the work and effort of health professionals in general and nurses	This will be used to support change for evidence as it discusses the impact of burnout r/t covid.

				regardless of the workplace.		was taking place, which was not the case prior to the pandemic.	
Chen, R., Sun, C., Chen, J., Jen, H., Kang, X. L., Kao, C., & Chou, K. (2021;2020;). A Large-Scale survey on trauma, burnout, and posttraumatic growth among nurses during the COVID-19 pandemic. International *Journal of Mental Health Nursing, 30*(1), 102-116. https://doi.org/10.1111/inm.12796	To assess trauma, burnout, posttraumatic growth, and associated factors for nurses in the COVID-19 pandemic.	In total, 12 596 completed the survey, and 52.3% worked in COVID-19 designated hospitals.	A cross-sectional large-scale survey study.	More than 40% of healthcare personnel reported that they exhibited anxiety symptoms; more than 46% had reported depression, 32% reported insomnia, and 69% had high levels of stress.	This is level 3 on Melnyk's level of the evidence pyramid.	The study's cross-sectional design is a limitation where correlation and not causation could be inferred. Future studies should consider a longitudinal design.	This study will be used to support the evidence for change, as it explores the correlation between burnout associated with covid.
Murat, M., Köse, S., & Savaşer, S. (2021;2020;). Determination of stress, depression, and burnout levels of front-line	It was aimed to determine the stress, depression, and burnout levels of front-line nurses.	Data were obtained from 705 nurses who worked at hospitals during the COVID-19	This study was conducted in a cross-sectional and	As a result of the study, which defined the psychosocial experiences of	This is level 3 on Melnyk's level of the evidence pyramid.	The stress levels measured in the study are limited to measurement	This will be used to support evidence for change as it evaluates depression and burnout levels.

nurses during the COVID-19 pandemic. *International Journal of Mental Health Nursing, 30*(2), 533-543. https://doi.org/10.1111/inm.12818		pandemic between May and July 2020, using a Personal Information Form, the Perceived Stress Scale, Beck Depression Inventory and Maslach Burnout Inventory.	descriptive design.	front-line nurses' during COVID-19, high levels of stress and burnout, and moderate depression were determined.		s obtained using the PSS developed by Eskin, the depression measured in the study is limited to the measurement obtained using the BDI developed by Hisle.	
Lewis, S., Willis, K., Bismark, M., & Smallwood, N. (2022). A Time for self-care? Frontline Health Workers' strategies for managing mental health during the COVID-19 pandemic. SSM - *Mental Health, 2*, 100053. https://doi.org/10.1016/j.ssmmh.2021.100053	To uncover how healthcare professionals take care of their own mental health in the midst of considerable personal, occupational, and social disruption.	A total of 5677 participants, a range of health occupations; more women than men participated.	Qualitative data collected through open-ended survey responses.	These findings reveal how healthcare workers worked to find alternative avenues to care for themselves during the pandemic.	Level 5 on Melnyk's level of evidence.	Data was collected at only one timepoint, rather than longitudinal; limiting the ability to extricate relationships between participants' experiences	This will be used for evidence to support change

						of the pandemic	
Mills, J., Wand, T., & Fraser, J. A. (2018). Exploring the meaning and practice of self-care among palliative care nurses and doctors: A qualitative study. *BMC Palliative Care, 17*(1). https://doi.org/10.1186/s12904-018-0318-0	Palliative care professionals are required to implement and maintain effective self-care strategies, there appears little evidence to guide them. There is an apparent need to clarify the meaning of self-care in palliative care practice	The sample of 24 participants comprised 12 nurses and 12 doctors working in community	a qualitative research design	The findings of this study provide a detailed account of the context and complexity of effective self-care practice previously lacking in the literature.	Level 5 on Melnyk's level of evidence.	Socio-cultural considerations were not represented in the demographic data collected or subsequent analysis.	Despite the small sample size, this will be used to support change.

Appendix B

IRB Approval

LIBERTY UNIVERSITY.
INSTITUTIONAL REVIEW BOARD

July 15, 2022

Marie Mulford
Dana Woody

Re: IRB Application - IRB-FY22-23-16 The Overlooked Care Plan- Nursing Mindset Related to Self-Care: An Integrative Review

Dear Marie Mulford and Dana Woody,

The Liberty University Institutional Review Board (IRB) has reviewed your application in accordance with the Office for Human Research Protections (OHRP) and Food and Drug Administration (FDA) regulations and finds your study does not classify as human subjects research. This means you may begin your project with the data safeguarding methods mentioned in your IRB application.

Decision: No Human Subjects Research

Explanation: Your study is not considered human subjects research for the following reason:

(1) It will not involve the collection of identifiable, private information from or about living individuals (45 CFR 46.102).

Please note that this decision only applies to your current application, and any modifications to your protocol must be reported to the Liberty University IRB for verification of continued non-human subjects research status. You may report these changes by completing a modification submission through your Cayuse IRB account.

Also, although you are welcome to use our recruitment and consent templates, you are not required to do so. **If you choose to use our documents, please replace the word *research* with the word *project* throughout both documents.**

If you have any questions about this determination or need assistance in determining whether possible modifications to your protocol would change your application's status, please email us at irb@liberty.edu.

Appendix C

CITI Program Certificates

CITI PROGRAM

Completion Date 08-Jul-2022
Expiration Date 07-Jul-2025
Record ID 50044667

This is to certify that:

Marie Mulford

Has completed the following CITI Program course:

Not valid for renewal of certification through CME.

Social & Behavioral Research - Basic/Refresher
(Curriculum Group)
Social & Behavioral Researchers
(Course Learner Group)
1 - Basic Course
(Stage)

Under requirements set by:

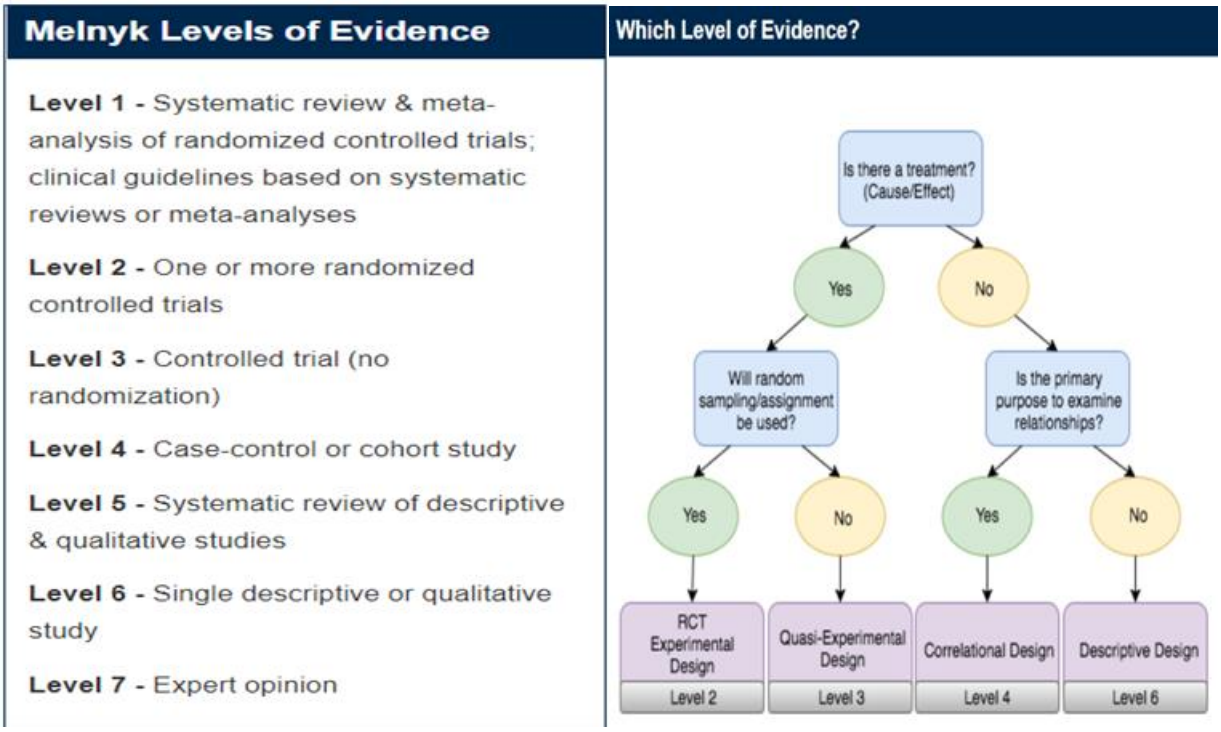
Liberty University

CITI
Collaborative Institutional Training Initiative

Verify at www.citiprogram.org/verify/?wea40ba35-13cc-47ba-a98f-a1cb3f1c3717-50044667

Appendix D

Melnyk Levels of Evidence



Appendix E

PRISMA Flow Diagram