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Early Wins: Preliminary Results of the Workforce Engagement for Compassionate Advocacy, Resilience, and Empowerment (WE CARE) Intervention for Improving Nurse Well-Being

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WE CARE
Workforce Engagement for Compassionate Advocacy, Resiliency, & Empowerment

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Research Objective

- To summarize the early results from an evidence-based wellness program, Workforce Engagement for Compassionate Advocacy, Resilience, and Empowerment (WE CARE), for nurse leaders to reduce burnout, promote resilience, and improve well-being.

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Design

- Multi-method, longitudinal program evaluation
- Baseline (July 2022) and 6 month (January 2023) surveys:
  - Mini-Z (burnout)
  - Post Traumatic Stress Disorder (PTSD) Symptoms
  - Moral distress
  - Job Satisfaction
  - Well-being Index (WBI)
  - Connor-Davidson Resilience Scale (CD-RISC-2)
  - Perceived Organizational Support (POS)
- Descriptive data only

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Interventions

- At baseline, nurse leaders showed the highest levels of distress, so they were targeted for the initial phase of the intervention.

- Wellness team: Nurse Wellness Manager, 5 Nurse Professional Development Specialists – Wellness

- Community Resilience Model® (CRM) Training

- Wellness Wednesdays, CRM practice

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Population

- Large southeastern US academic medical center
- Sample

Role	2022	2023
Staff Nurse	808	961
PCT	301	248
Nurse Leader	176	155

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Demographics

Age	2022 (N =1533)	2023 (N = 1457)
Mean (SD)		32.74 (10.98)
18-24	146 (9.5%)	153 (10.5%)
25-34	346 (22.6%)	279 (19.1%)
35-44	199 (13.0%)	98 (6.7%)
45-54	176 (11.5%)	59 (4.0%)
55-65	143 (9.3%)	41 (2.8%)
65 or greater	12 (0.8%)	3 (0.2%)
Prefer not to answer	132 (8.6%)	
Missing	379 (24.7%)	824 (56.6%)

	2022 (N =1533)	2023 (N = 1457)
Gender		
Female	917 (59.8%)	861 (59.1%)
Male	115 (7.5%)	143 (9.8%)
Others	126 (8.2%)	169 (11.6%)
Missing	375 (24.5%)	284 (19.5%)
Race		
White	714 (46.6%)	725 (49.8%)
AA	217 (14.2%)	160 (11.0%)
Others	221 (14.4%)	299 (20.5%)
Missing	381 (24.9%)	273 (18.7%)
Marital Status		
Married	661 (43.1%)	567 (38.9%)
Single	340 (22.2%)	410 (28.1%)
Others	154 (10.0%)	206 (14.1%)
Missing	378 (24.7%)	274 (18.8%)
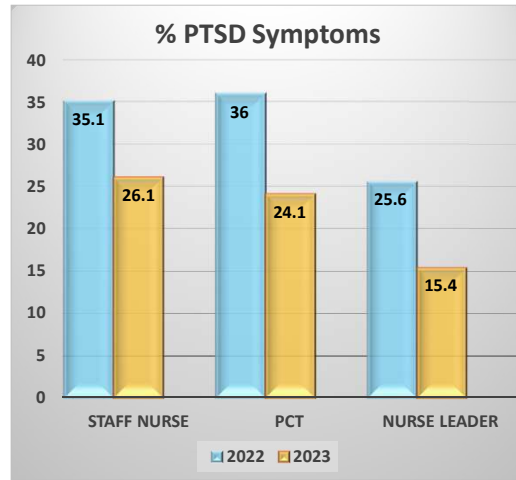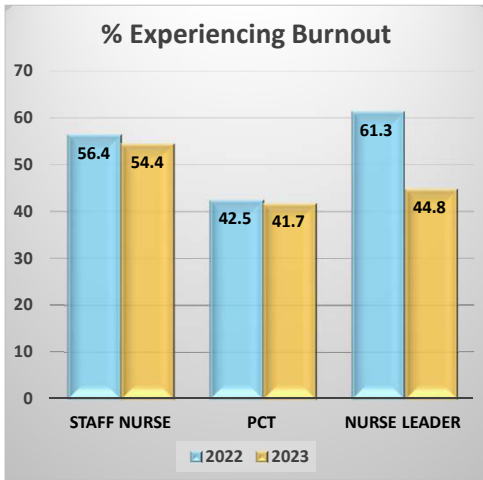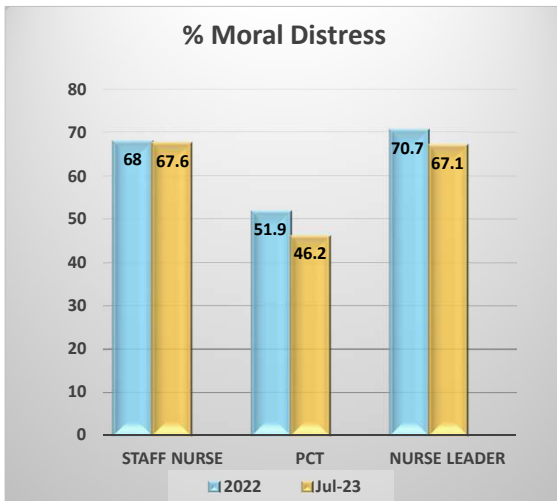
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Results

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% Experiencing Burnout

STAFF NURSE: 56.4 (2022), 54.4 (2023)
PCT: 42.5 (2022), 41.7 (2023)
NURSE LEADER: 61.3 (2022), 44.8 (2023)

% PTSD Symptoms

STAFF NURSE: 35.1 (2022), 26.1 (2023)
PCT: 36 (2022), 24.1 (2023)
NURSE LEADER: 25.6 (2022), 15.4 (2023)

Results

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% Moral Distress

STAFF NURSE: 68 (2022), 67.6 (Jul-23)
PCT: 51.9 (2022), 46.2 (Jul-23)
NURSE LEADER: 70.7 (2022), 67.1 (Jul-23)

% Satisfied with Job

STAFF NURSE: 56.7 (2022), 57.6 (2023)
PCT: 64.8 (2022), 66.8 (2023)
NURSE LEADER: 62 (2022), 68 (2023)
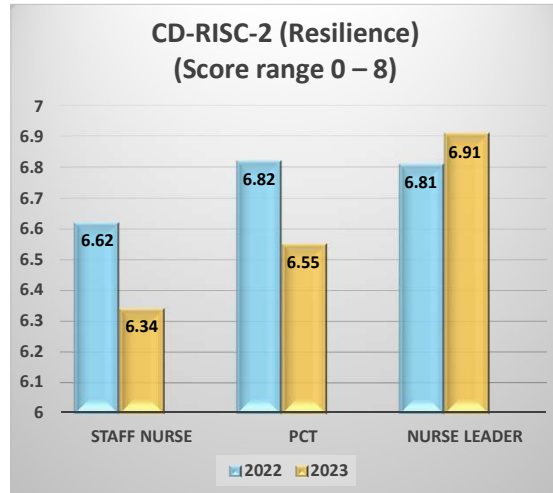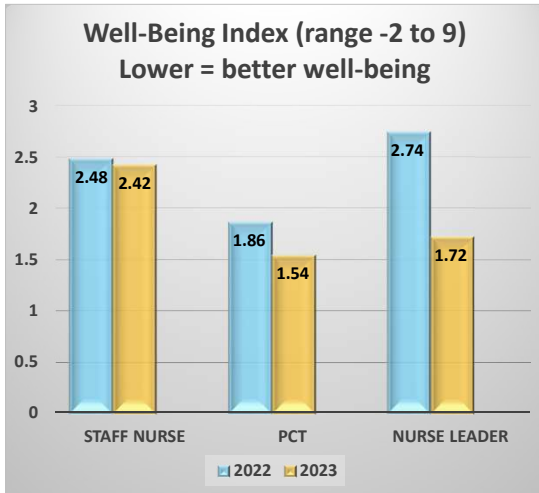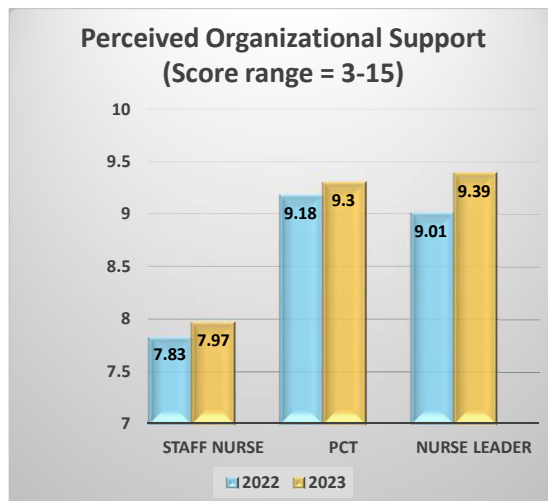
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Conclusions

- Most indicators improved in all groups
- Nurse leaders were the initial target for wellness activities
- Nurse leaders had greatest drop in **% burnout**
- Among all three roles, nurse leaders had greatest improvements in **job satisfaction, well-being, resilience, and perceived organizational support**

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Implications for Policy or Practice.

- WE CARE Program shows promise to improve well-being among nurse leaders organization-wide
- Secret ingredients included:
  - Dedicated, nurse-led team implementing efforts to improve well-being
  - Ongoing practice of CRM® Skills incorporated into routine leadership meetings
  - Committed, organizational leadership

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Next Steps

- New questions added to surveys for next set of analyses:
  - Did you attend CRM training?
  - Are you practicing CRM techniques?
  - Will allow us to statistically test independent groups (did and did not attend training) on various well-being indicators
- Continue program with focus on staff nurses and PCTs
  - Interventions added based on needs of units/divisions
  - Exploring reasons for leaving intention
  - Get Rid of Stupid Stuff (GROSS) – what inefficiencies can we get rid of?
- Focus groups/in-depth interviews to add additional insight into the program

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