Organizational Strategies for Creating a Culture of Well-Being Based on Human Caring Theory and a Self-Care ENERGY Model

Julie Kennedy Oehlert**, DNP, RN
Vidant Health, Greenville, NC

Holly Wei**, PhD, RN, CPN, NEA-BC
University of Louisville School of Nursing, Louisville, KY

Christina Bowen**, MD
Vidant Health Office of Experience, Greenville, NC

Linda Hofler**, PhD, RN, FACHE, NEA-BC
Vidant Health, Greenville, NC

Kevin N. Hill**, MBA, CPH
Office of Experience, Vidant Health, Greenville, NC

Q1

Abstract: As the world continues to face pandemic challenges, healthcare professionals encounter another epidemic, psychological issues. This study aimed to describe the organizational strategies implemented to help team members during the pandemic and nurses' and patients' experiences through the health system's employee pulse-check surveys and patients' Hospital Consumer Assessment of Healthcare Providers and Systems survey. The guiding frameworks for the strategies were Watson's human caring theory and a self-care ENERGY model. The organizations' strategies included creating caring-healing environments, supporting work–life balance, and creating space for self-care. The health system is committed to exploring innovative approaches to support a culture of well-being.

Keywords: employee well-being; organizational culture; patient experience; self-care model

Background

As the world faces challenges of the coronavirus disease of 2019 (COVID-19), healthcare workers encounter another epidemic: high risk of psychological issues, such as stress, job-related burnout, depression, and suicide (Melnyk, 2020). They are in the closest proximity to patients and take full responsibility to observe patients' clinical

conditions and to play a critical role in ensuring patient care quality, safety, and experiences. As the pandemic continues, healthcare workers face a significant challenge, suboptimal psychological health. The COVID-19 pandemic has further exacerbated workers' psychological issues, such as stress, burnout, and anxiety (Koinis et al., 2015; Melnyk, 2020). While healthcare workers are accountable for their own health, healthcare organizations also need to recognize workers' needs and support team members (Wei et al., 2018; Wei, King, et al., 2020). This article introduces one U.S. health system leaders' strategies to promote staff well-being.

Q2

Workplace stress is a widespread phenomenon in healthcare, affecting healthcare workers' physical and psychological well-being. A recent national survey indicates that nursing, as a major workforce in healthcare, faces substantial physical and psychological health challenges. The American Nurses Foundation distributed two Nurses' Mental Health and Wellness surveys in the Spring of 2020 and between December 4 and 30, 2021 (American Nurses Association [ANA], 2020, 2021). More than 20,000 nurses answered the two surveys. The second survey indicated worsening nurses' experiences across the survey items. The survey suggested that nurses' feeling overwhelmed increased by 13% (51%–64%); anxiety increased by 10% (48%–57%); 72% of the nurses reported feeling exhausted (ANA, 2021). Nurses' mental health is a substantial concern for health systems and the public.

Q3

Healthcare workers' suboptimal health can influence their well-being and threaten patients' and health systems' outcomes. Research suggests that healthcare workers with high levels of stress, depression, and burnout can significantly affect their job performance and patient safety (Caruso et al., 2017; Johnson et al., 2017; Melnyk, 2020; Sagherian et al., 2017). Patients' experiences and nurses' caring actions are correlated at a significant level. Nurses' care actions can affect patients' hospital experiences at a significant level, measured by the Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) survey (Wei, Oehlert, et al., 2020). These findings signify an urgent need to implement strategies to protect healthcare workers, including nurses', well-being, which is crucial to patients' safety and experience. During the COVID-19 pandemic, a health system on the east coast of the United States applied various strategies to create a positive environment to support nurses and improve patient care quality, safety, and experiences.

Purpose of the Study

This quality improvement project aimed to describe the impact of organizational strategies implemented to support team members' well-being during the initial stage of the pandemic measured by the Health System's COVID-19 Team Experience Survey (Press Ganey Associations Inc., 2020) and patients' experiences, measured by the HCAHPS survey (Centers for Medicare & Medicaid Services [CMS], 2020).

Theoretical Framework

The theoretical frameworks of the organizational strategies were Watson's human caring theory (Watson, 2012, 2018) and Wei's self-care ENERGY Model (Wei, Kifner, et al., 2020; Wei & Wei, 2020). Watson's human caring theory addresses and emphasizes the humanistic aspects of nursing, the importance of intertwining art and science in clinical practice, and ways through which nurses express care toward others (Watson, 2012, 2018). The self-care ENERGY Model stresses the importance of self-care and stands for *E*nergy source, *N*urturing kindness, *E*motional hygiene, *R*efocusing purpose, *G*erminating positivity, and *Y*our uniqueness (Wei & Wei, 2020). This model provides six practical strategies to promote workers' health by connecting to an energy source: being kind, practicing emotional health, finding meaning at work, cultivating optimism, and valuing oneself. In this study, the six practical strategies were grouped into three categories: creating a caring-healing environment (being kind and valuing oneself), supporting and encouraging a work–life balance (practicing emotional health and finding meaning at work), and creating space to renew energy (connecting to an energy source and cultivating optimism).

Method

Design

This after-only, quality improvement study collected data following implementation of organizational strategies to support team members' well-being and patients' experiences during the initial stage of the Covid-19 pandemic. The strategies were initiated in March and April of 2020. The health care workers' experiences, or well-being during the pandemic, were measured with the Health System's COVID-19 Team Experience Survey (Press Ganey Associates, Inc.); data were collected in June to July 2020. The patients'

experience was measured by the HCAHPS Survey (Press Ganey Associates, Inc.); data were collected from October 2019 to August 2020.

Organizational Strategies. The COVID-19 pandemic not only disrupted health systems' routines but also interrupted team members' home life routines. During the initial response to the pandemic, there were urgent needs to ensure that team members would come to work and could focus on their job while at work. Under the urgent situation, the health system implemented several strategies to meet employees' needs to support team member job performance and patient experiences. These strategies were grouped into three categories: creating a caring-healing environment (being kind and valuing oneself); supporting and encouraging a work–life balance (practicing emotional health and finding meaning at work); and creating space to renew energy (connecting to an energy source and cultivating optimism).

Creating a Caring-Healing Environment. According to a call-for-action to support team member well-being and joy at work, launched by the Institute for Healthcare Improvement (Perlo et al., 2017), the health system activated several healthcare workers' well-being initiatives. These initiatives included informational handouts, videos on how to stay safe during the pandemic, and virtual classes on exercise, nutrition, and mental health resources. The health system also arranged a peer team-member support line, providing support for team members. These initiatives aimed to promote workers' physical and psychological health and safety.

Supporting and Encouraging a Work–Life Balance. The health system established mini-mart shopping areas in hospital cafés to provide convenience for team members. The mini-mart and tranquility rooms were interventions available across the system to 14,000 team members. Team members could shop without the added stress and time of going to a grocery store after work. The mini-marts also carried hard-to-acquire items, such as toilet paper and hand sanitizer. Local organizations provided meals that were handed out to team members after work so that they could take food home and not have to worry about cooking for their family. Additionally, the health system offered on-site childcare because schools and day care centers were closed due to the pandemic, which solved team members' childcare needs during urgent pandemic situations. The day care center was available at the academic medical center for 9,000 team members. These actions helped healthcare workers come to work on time and ensure patient care continuity.

Creating Space to Renew Energy Through Tranquility Rooms. The health system used a tranquility room concept to provide on-site space for healthcare workers to practice self-care. The purpose of creating tranquility rooms was to provide a peaceful place for team members to calm their minds and restore their energy. These rooms were intended to support team members to manage their work-related stress, especially the stress and emotional toll of working with COVID-19 patients and families. The rooms provided team members with a place of solace and respite during a difficult situation or shift. The tranquility room includes 13 stations. The details of the stations are listed in Table 1. Besides the 13 stations, tables were set up to allow users of the rooms to leave their feedback.

Q4

Setting and Sample

This study took place in a health system which is a teaching hospital of a university medical school on the east coast of the United States. It services and has 1,700 hospital beds and about 14,000 workers and offers comprehensive inpatient and outpatient services. The study samples are the healthcare workers of the health system and inpatients receiving services during the study period, March to October 2020.

Instruments

Health System's COVID-19 Team Experience Survey. The COVID-19 Team Experience Survey is a validated COVID-19 response survey developed by Press Ganey Associates, Inc. (2020). The COVID-19 Team Experience Survey is a tool designed for the Health System to analyze and track areas of opportunities and strengths for team members and providers relating to safety, communication, crisis policy, resource needs, and stressors surrounding COVID-19. This tool helps the system leaders determine and respond to organizational needs as they continue to learn and navigate through the COVID-19 crisis. The information gathered is vital as the Health System continues to reimagine new future of living with COVID-19 and providing high-quality patient care.

TABLE 1. Tranquility Rooms for Team Member Well-Being

Station Types for Tranquility Rooms	Supplies and Implementations
Positivity Computer Station	Sign for station and ear buds Computer station loaded with YouTube Instagram positive channels
Moving Meditation Track Station	Sign for station and signs to direct where to walk Signage on the floor to show meditation track Positive quote signs along track route
Love Note and Gratitude Station	Sign for station Various note cards (Thank you and blank) Markers and pens Cork board for posting notes if station user so chose
Hope Jar Station	Sign for hope jar with instructions "Write down your hopes" Large jar Markers and pens
Worry Jar Station	Sign for worry jar with instructions "Write down your worries" Large jar Markers and pens
Nature Stations	Sign for station One bench for each station Donated flowers and plants positioned around and behind bench Positive quotes
Naturescape station	Sign for station Several lounge chairs social distanced Projector (or large television playing nature scenes, and soothing music
Massage Station	Sign for cleaning massage chair Massage chair (donated)
Art Therapy Station	Sign for station with instructions Doodle How to Sign Doodle Display sign Resilience doodle cards (card stock) Colored pencils
Meditation Station (set up in front of large window for view of nature)	Sign for station Yoga mat Mindful Meditation how-to cards Battery candles Salt Lamp
Aromatherapy Station	Sign for station Basket for aroma therapy to-go bags Bags to include a cotton ball with lavender or orange with a bag sticker to outline the benefits of the aroma
Gratitude Station	Gratitude Sign Journal with Note: "What you are grateful for?" (Materials: sign, journal, pen)
Resource Station	COVID-19 resources for team members Basket Fun give away (Materials: resources/give away)

The COVID-19 Team Experience Survey comprises 12 quantitative and 4 open-ended qualitative questions. The quantitative questions are listed in Figure 1, including "The work I do makes a real difference," "I feel free to raise workplace safety concerns," and "I get the support I need from the person I report to." The staff scaled the questions, using *favorable*, *neutral*, and *unfavorable*. Press Ganey does a full validation any time a survey is developed, such as the COVID-19 Team Experience Survey. The validation includes the analysis of redundancy, measures topping out, reliability (Cronbach's alpha) and validity (factor structure, ability to account for variance in a major outcome like likelihood to recommend). The four open-ended questions in the Health System's COVID-19 Team Experience Survey questions were: (a) What information about this crisis do you feel you need that you do not currently have? (b) What clinical changes related to COVID-19 are working well

at your facility? (c) What are you most proud of regarding how the system is responding to this crisis? and (d) Are there any additional thoughts or feedback you would like to share?

HCAHPS Survey. Patients' experiences were measured by the HCAHPS survey (CMS, 2020). The HCAHPS survey is a tool used to evaluate inpatients' experiences during their hospitalization. The HCAHPS survey is the first national, standardized, publicly reported survey to measure patients' perception of inpatient care. The HCAHPS survey asks discharged patients 29 questions about their recent hospital stay. The survey contains 19 core questions about patients' hospital experiences (communication with nurses and doctors, the responsiveness of hospital staff, the cleanliness and quietness of the hospital environment, communication about medicines, discharge information, overall rating of hospital, and would they recommend the hospital) (CMS, 2020).

The HCAHPS survey is administered to a random sample of adult patients across medical conditions between 48 hours and 6 weeks after discharge; the survey is not restricted to Medicare beneficiaries (CMS, 2020). HCAHPS questions use several measuring scales. For example, the *Overall Rating* questions use a scale from 0 to 10, with 9 and 10 being the top box score. The question *Likelihood to Recommend* uses a scale of *Definitely No* to *Definitely Yes*, with *Definitely Yes* being the top box score. Other questions, such as *Communication with Nurses* and *Discharge Information*, use a scale of *Never, Sometimes, Usually, and Always; Always* is the top box score. The CMS (2020) use the top box score for each category in reporting on their Hospital Compare

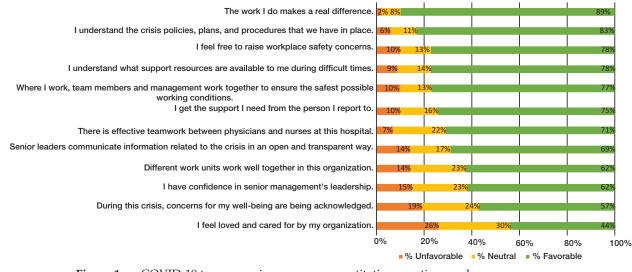public reporting website and uses the top box score in Value-Based Purchasing.

In October 2018, Press Ganey (Press Ganey Associates, Inc., 2018) collaborated with Watson Caring Science Institute to provide the Watson Caritas Patient Score (WCPS) as optional questions to the Press Ganey clients. The WCPS included five nurse-caring-related questions: nurses delivered my care with loving-kindness, met my basic human needs with dignity, created helping and trusting relationships with me, valued my personal beliefs and faith, allowing for hope, and created a caring environment that helps me heal. The integration of WCPS into the HCAHPS survey provided healthcare organizations with expanded measurement capabilities to assess nurses' caring practices and promote nurse–patient relationships. The rating scale for the WCHC ranges from *Very Poor to Poor, Fair, Good*, and *Very Good*.
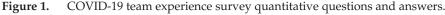
Ethical Considerations

The study received exempt status from the University's Institutional Review Board. The strategies applied were part of the emergency response plan for team members' well-being due to COVID-19, and the Team Experience Survey was a health system-wide survey conducted anonymously.

Procedures for Data Collection

Health System's COVID-19 Team Experience Survey. The Health System's COVID-19 Team Experience Survey was vended by a link sent in an email to all 14,000 team members of the health system between June 29 and July 20, 2021. The surveys were answered anonymously.

Figure 1.   COVID-19 team experience survey quantitative questions and answers.

HCAHPS Survey. At this organization, 100% of the inpatients are invited to take the HCAHPDS surveys after discharge. Press Ganey, the vendor of the health system, sends the HCAHPS survey to patients by mail or text. For this study, we used the HCAHPS data collected from October 2019 to August 2020. The survey participation is anonymous.

Data Analysis

Health System's COVID-19 Team Experience Survey

Quantitative Questions. We calculated frequencies based on the categories for the quantitative questions, including favorable, neutral, and unfavorable answers. Figure 1 is a visual representation of the frequency analysis for questions answered in the COVD-19 Team Experience Survey and shows what percent of those taking the survey responded to each question.

Team Members' Comments to the Open-Ended Questions. For qualitative data, a hospital workgroup was formed to analyze the open-ended feedback, including qualitative nurse scholars with qualitative analysis backgrounds. The analysis workgroup consisted of representatives from Organization and Leadership Development, Office of Experience, Office of Quality, Internal Communications, Physician Relations, and Human Resources. The workgroup conducted thematic analysis, organized the comments into meaningful trends, and provided recommendations for the next steps across the health system.

HCHAPS Survey. This study used a *p-value* of .05 to hypothesize the relationship and impact COVID-19 had on Patient Experience HCAHPS Domain Top Box scores. Table 2 represents the patient experience during the time of the COVID-19 pandemic. Table 3 uses a *p-value* of .05 to hypothesize the relationship and impact COVID-19 had on WCPS.

TABLE 2. Pre-COVID-19 Compared to Current Patient Experience HCAHPS Domains Top Box Comparison

Patient Experience HCAHPS Domains	VMC Pre-COVID-19 (10.1.19–3.14.20) Top Box Rating of the HCAHPS Survey[a] *n* (%)	VMC During-COVID-19 (3.15.20–8.31.20) Top Box Rating of the HCAHPS Survey[a] *n* (%)	P Value
1. Overall Rate	2,150 (69.8%)	1,723 (68.0%)	0.384828
2. Recommend	2,145 (71.7%)	1,734 (71.8%)	0.960413
3. Communication with Nurses	2,157 (78.8%)	1,743 (78.6%)	0.913075
4. Response of Hospital Staff	1,961 (62.6%)	1,638 (61.4%)	0.580613
5. Communication with Doctors	2,150 (80.8%)	1,738 (80.3%)	0.777721
6. Cleanliness of Hospital Environment	2,141 (66.0%)	1,726 (66.1%)	0.962361
7. Quietness of Hospital Environment	2,138 (56.7%)	1,726 (59.8%)	0.159993
8. Communication about Medicines	1,393 (61.7%)	1,165 (62.4%)	0.74718
9. Discharge Information	2,028 (87.6%)	1,665 (87.5%)	0.946035
10. Care Transitions	2,151 (56.3%)	1,736 (52.5%)	0.088085
11. Quality of Food Based on Diet	2,000 (25.2%)	1,643 (27.3%)	0.2861

Note. HCAHPS = Hospital Consumer Assessment of Healthcare Providers and Systems.

[a]Items in this table represent the health system's patients' HCAHPS responses. HCAHPS domains use several scales:
- Question 1 *The Overall Rating* uses a scale from 0 to 10, with 9 and 10 being the top box score.
- Question 2 *Recommend* uses a scale of Definitely No to Definitely Yes with Definitely Yes being the top box score.
- Questions 3–9 *Communication with Nurses* through *Discharge Information* use a scale of Never, Sometimes, Usually, and Always, with Always being the top box score.
- Question 10 *Care* Transitions uses strongly agree as the top box score.
- Question 11 *Quality of Food* is a question the health system uses and is not an HCAHPS domain. Quality of Food uses a scale of Very Poor, Poor, Fair, Good, and Very Good, with Very Good being the top box score.
- The Centers for Medicaid and Medicare Services uses the top box score for each category in their reporting on Hospital Compare and use the top box score in Value-Based Purchasing.

TABLE 3. Pre-COVID-19 Compared to Current Patient Experience Human Caring Questions Top Box Comparison

Patient Experience Human Caring Questions	Pre-COVID-19 (10.1.19–3.14.20) Top Box Rating of the HCAHPS Survey^ n (%)	During-COVID-19 (3.15.20–8.31.20) Top Box Rating of the HCAHPS Survey^ n (%)	P Value
Delivered care with loving-kindness	2,020 (63.5%)	1,630 (63.1%)	0.852872
Met basic human needs with dignity	2,018 (68.5%)	1,625 (68.6%)	0.961614
Created helping trusting relations	2,008 (63.9%)	1,615 (62.5%)	0.516496
Create caring environment help heal	1,997 (63.9%)	1,609 (64.8%)	0.674548
Value beliefs/faith allowing hope	1,931 (67.0%)	1,562 (65.9%)	0.602626

Note. HCAHPS = Hospital Consumer Assessment of Healthcare Providers and Systems.
Items in this table represent the health system of patients' responses. The Patient Experience Human Caring questions use Very Poor, Poor, Fair, Good, and Very Good. The top box percent is the number of patients that rated their care Very Good compared to the total number of patients that answered that question.

Results

The Health System's COVID-19 Team Experience Survey Results

Quantitative Responses. There were 3,924 responses to the Health System's COVID-19 Team Experience Survey, with 3,658 valid answers. The others had missing data. The response rate was 28% (3,924/14,000). Based on the answers, 89% of the healthcare workers indicated that "*the work I do makes a real difference during this difficult time*"; 83% of them "*understand crisis policies, plans, and procedures.*" Next, 78% acknowledged "*knowing the available support resources.*" For questions about everyone's safety, 78% "*felt free to raise workplace safety concerns,*" and 77% noted that "*where we work, everyone works together to ensure the safest possible work conditions.*" Figure 1 displays the frequency analysis of the quantitative questions administered by Press Ganey in 2020.

Open-Ended Comments. There were 6,000 comments to the four open-ended questions in 21 days. These comments were organized by themes based on the questions. The theme details and supporting comments are listed in Table 4.

Team Feedback Regarding the Tranquility Room

The feedback that team members left in the tranquility rooms was positive. The major theme of the notes was an appreciation for space and the idea to promote team members' well-being. Below were some of the notes that team members left in the notebook in the tranquility room. The responses included, "*This was a beautiful idea. I love having a place to relax before, after, or even during a hard day. Thank you for this!*" "*I take my breaks out here at night because I need some quiet to clear my head. I don't know whose idea this tranquility room was, but it's brilliant! I'd love to see this become something permanent.*" "*I am thankful to work in an organization that cares about its employees.*" "*This room provides a space and sanctuary, allowing us to come and decompress.*"

Evaluation of Patients' Experience

Comparing Patient Experience HCAHPS Domains Top Box Comparison. The patient experiences collected via the HCAHPS survey were compared using the top box ratings of patients' HCAHPS surveys before COVID-19 and during COVID-19 (Table 2). This empirical study used a *p-value* of .05 to hypothesize the relationship and impact COVID-19 had on Patient Experience HCAHPS Domain Top Box scores. As evidenced by the larger than .05, this study finds no statistical significance between pre-COVID-19 scores and during-COVID-19 scores. The comparison of patients' HCAHPS Top-Box ratings is displayed in Table 2.

Comparing Patient Experience Human Caring Questions Top Box Comparison. The health system also included five WCPS in the HCAHPS surveys, which were also compared during the same time frame (Table 3). The WCPS uses the scale of *Very Poor, Poor, Fair, Good*, and *Very Good*. The top box percent is the number of patients that rated their care Very Good compared to the total number of patients that answered that question. This empirical study used a *p-value* of .05 to hypothesize the relationship and impact COVID-19 had on Patient Experience Human Caring scores. As evidenced by the larger than .05, this study finds no statistical significance between Pre-COVID-19 scores and During-COVID-19 scores. The comparison is listed in Table 3.

TABLE 4. Themes and Examples of Team Members' Comments

1. What information about this crisis do you feel you need that you do not currently have?

Theme/Trend	Examples of Comments to support themes
The ambiguity of the hospital status	• Have better explanations about the hospital's current state and what is occurring. • The plan of moving the hospital forward and how this crisis will affect future staffing/layoffs in an already volatile financial environment. • Reopening plans, including buses, cafeteria seating, etc. • Financial to keep our organization sustainable.
Frequently changing policies and protocols	• There are no COVID safety protocols for the outlying buildings like there are in the hospitals. • The ever-changing visitation policy. • Information to help patients be compliant with mask-wearing. • Clear communication regarding the use of PPE. • There is constant conflicting information because there is no clear communication coming from the administration and upper management.
Team member safety and wellbeing	• We were provided a place to talk, but the help was not from professionals. I like to have professional emotional support as needed. • It is a blessing to work but very stressful to be assigned to a position outside my expertise and scope of practice. • We are encouraged to work nights and weekends without overtime. • Stressors, like taking time away from our families and regular duties, lead to overwhelming stress.

2. What clinical coronavirus changes are working well at your facility?

Theme/Trend	Examples of Comments to support themes
Working remotely	• Allowing staff to complete work that can be done remotely. • Working remotely has made me feel much safer. • Our team has been more efficient while working remotely and has found ways to decrease costs. • Remote work, great job providing the tools and support needed.
Patients' safety	• Excellent screening measures, PPE provisions, appropriate holding back of visitors until an appropriate time. • All the PPE isn't being hidden like it was in the beginning. • The drive-through covid-19 testing tents are helpful to the community. • Great foresight by leadership for cross-training, contingency staffing, and refresher training related to PPE changes.
Visitor restrictions	• Visitor restrictions have worked very well, even though it has been tough for some families. • The visitor restrictions have stopped more spread of the disease than the testing at the doors. • The manager is doing an outstanding job coordinating appointments for all surgery patients to be tested for covid before surgery.
Telehealth options	• Telecommunication via iPad for families of COVID pts. Limiting points of entry and visitor and team member screening. • The implementation of virtual visits, increased infection control (PPE, disinfection), telephone screening for anyone who does have to enter the facility, visitor restrictions, and staff commitment work well. • Tele-dentistry, video teleconferencing, screening providers, staff, and patients at designated entry points, augmented infection control/protective procedures, availability of appropriate PPE.

(Continued)

TABLE 4. Themes and Examples of Team Members' Comments (*Continued*)

3. What are you most proud of regarding how the hospital is responding to this crisis?

Theme/Trend	Examples of Comments to support themes
Teamwork—working well and coming together	• The team members' ability to adapt to change in times of uncertainty. • Everyone is working together as they always do but at a higher standard to ensure everyone's safety due to this state emergency. • Everyone works together, and the management genuinely cares about employee, patient, and visitor safety. • People show up to work and take care of patients with a good attitude despite constant change. • Teamwork during crisis: the speed at which we make changes. • I am proud of my management, standing by the staff during the crisis
Care quality and safety	• Our organization cares about the employees and makes every effort to always keep them safe. • PPE has not been an issue for us like it has at many other facilities. • Protection of frontline staff members with adequate PPE options. • Screening before anyone is allowed into the hospital to ensure everyone's safety and requiring all to wear masks.
Communication	• Communication has been readily available • I love how proactive and progressive our hospital has been in addressing these challenges. • Our transparent communication with the community has helped us cope and overcome this. • Communication of daily changes initially, biweekly WebEx's that included all staff with updates for the hospital, provided us an open forum for questions.
Presence and relationship with the Community	• Reinforcing the importance of practicing 3Ws not only at work but also in public. We set an example to the community. • The safety of the employees, patients, and the Community is the number one concern of the hospital. • I am proud to say that the goal of being safe remained as the hospital's high priority. • Educating the importance of community infection control.

4. Are there any additional thoughts or feedback you would like to share?

Theme/Trend	Examples of Comments to support themes
Lack of recognition and appreciation	• Show appreciation to all team members, clinical and nonclinical; there is a genuine commitment to caring for our community. • Don't forget your appreciation to middle management. • Show grace for moments of imperfection, fear, hesitation, anger, or any number of uncharacteristic traits that may have shown during this crisis.
Team member safety and wellbeing	• Dedicating an employee to screening at the door is a nightmare in the smaller practices. The staff is already spread thin, and it takes another person away from the patient care and administrative work happening in the office. • We will have to consider volunteers for screening if this is going to continue much longer. • Wearing masks properly: Some people are not wearing masks in the hallways or wear them properly.

Discussion

This quality improvement project described a health system's journey of acknowledging and responding to the needs of healthcare workers' well-being, which contributed to patient safety and quality and patient experiences. The responses from the system's COVID-19 Team Experience Survey indicated positive experiences from of team members. During the pandemic, team members overwhelmingly felt the work they did make

a difference. They understood crisis policies, plans, and procedures and were aware of available support resources.

Patients' HCAHPS survey results suggested that patients' experience ratings remained stable during the pandemic. It was expected that patients' hospital experience might decline during the pandemic because of uncertainties, difficulties, and policy changes, such as visitation restrictions and extra efforts in COVID-19 testing and disinfection. However, Tables 2 and 3 indicate that patients' HCAHPS responses have no significant statistical changes before (October 2019 to March 2020) and during the pandemic (March to August 2020). The Health System is very appreciative of team members' performance. The patients' response to the WCPS questions showed that despite the stress that team members faced, the patient's perception of human caring remained stable and unchanged compared to before the pandemic. Healthcare workers shoulder a mission and obligation for the health of the public. Fostering staff's resilience and self-care is essential for individuals to sustain sound health (Wei et al., 2019). They need to care for themselves before they can care for others.

Healthcare organizations play a significant role in providing a caring culture for team members and patients. The strategies proposed by the ENERGY self-care Model are practical approaches for clinicians to practice self-care (Wei & Wei, 2020). This article describes a health system's motivation to create an environment and culture that emphasizes self-care principles, making it easy for team members to choose self-care opportunities. It outlines actions taken to support team members in achieving work–life balance, psychological safety, and mindful self-care to manage. With the increased healthcare stressors during COVID-19, it is essential for healthcare organizations and healthcare workers to work together to promote team members' psychological health and patient care quality (Leng et al., 2020; Zhang et al., 2020).

Healthcare is science and art, requiring energetic healthcare workers to deliver scientific and artistic care to improve patient experiences (Chinn, 2016; Wei & Watson, 2019; Wolf, 2020). Healthcare workers' daily care actions are significantly linked to patients' hospital experiences (Wei, Oehlert, et al., 2020). During the global pandemic of 2020, the health system's actions demonstrate a critical understanding of the importance of team members' well-being. As indicated in Wei, Hardin et al.'s (2020) Unitary Science Resilience-Building

Model, healthcare workers' practice can be challenging but rewarding. If healthcare workers perceive their work as constantly *giving* without a sense of fulfillment, they may be vulnerable to feeling physically and emotionally exhausted. Organizations need to recognize healthcare workers' efforts and help them find meaning in what they do. The ENERGY self-care model (Wei & Wei, 2020), Watson's Human Caring Theory (Watson, 2012, 2018), and the associated operational tactics provide a framework for healthcare organizations to design customized interventions.

Limitations

Healthcare is a complex adaptive system with nonlinear characteristics. Based on the urgent situations under the COVID-19 pandemic, the health system adapted strategies to fit the team members' needs. As a complex adaptive system, the effects of the health system strategies were not linear. Thus, in this article, we cannot attribute the effects to one intervention but a collaborative effort.

The pandemic called for crisis response, during which many interventions were implemented without the structure to measure the effects. More work needs to be done to measure interventions related to team member well-being. Measuring team well-being through patients' experience is a growing concept and will require more research to understand the implications.

Recommendations

Based on the COVID-19 Team Engagement survey, the health system started regular virtual zoom town hall meetings to provide two-way communication sessions. These virtual town halls were titled *Looking Forward with Leadership*. These meetings were used to update the organization's current plans and responses to COVID-19. These sessions had active topics to address team members' concerns about their jobs, financial stability, and remote workforce model. At the end of each session, team members were asked what topics they would like to include in the following sessions, and the sessions were promoted and pushed to team members' emails and hosted by the highest level of leadership every 2 weeks.

The health system began offering listening circles which were open small group discussions with an integrative medicine provider and a member of the system Employee Assistance Program (EAP) to talk about their worries and concerns. The health system also developed well-being

pop-ups to create a safe space to allow team members to drop in for one-on-one conversations about their mental health needs and worries. Team members who dropped in were given a gel eye mask to soothe their faces related to masking, quick guides to wellness, and a list of resources available.

Conclusion

This article provides considerations related to healthcare workers' well-being. As the world faces challenges of the coronavirus disease of 2019 (COVID-19) and the possibilities of other public health crises, healthcare workers will continue to demonstrate a high risk of psychological issues. While healthcare workers are accountable for their own health, healthcare organizations need to devote time and resources to promote healthcare workers' well-being, supporting patient care quality and safety. In this study, by implementing several well-being strategies using the ENERGY framework, the health system created its novel approach to promote team members' well-being. The health system is committed to exploring innovative organizational strategies to support a culture of well-being.

References

American Nurses Association. (2020, July 15). *NEW pulse on the nation's nurses survey series: Half of frontline nurses emotionally overwhelmed by COVID-19*. https://www.nursingworld.org/news/news-releases/2020/new-pulse-on-the-nations-nurses-survey-series-half-of-frontline-nurses-emotionally-overwhelmed-by-covid-19/

American Nurses Association. (2021, February 16). *Pulse on the nation's nurses COVID-19 survey series: Mental health and wellness*. https://www.nursingworld.org/practice-policy/work-environment/health-safety/disaster-preparedness/coronavirus/what-you-need-to-know/mental-health-and-wellness-survey-2/

Caruso, C. C., Baldwin, C. M., Berger, A., Chasens, E. R., Landis, C., Redeker, N. S., Scott, L. D., & Trinkoff, A. (2017). Position statement: Reducing fatigue associated with sleep deficiency and work hours in nurses. *Nursing Outlook*, *65*(6), 766–768. https://doi.org/10.1016/j.outlook.2017.10.011

Centers for Medicare & Medicaid Services. (2020, February 11). *HCAHPS: Patients' perspectives of care survey*. https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/HospitalQualityInits/HospitalHCAHPS.html

Chinn, P. L. (2016). Dialogue on peace and power. *Nursing Science Quarterly*, *29*(3), 208–210. https://doi.org/10.1177/0894318416647169

Johnson, J., Louch, G., Dunning, A., Johnson, O., Grange, A., Reynolds, C., Hall, L., & O'Hara, J. (2017). Burnout mediates the association between depression and patient safety perceptions: a cross-sectional study in hospital nurses. *Journal of Advanced Nursing*, *73*(7), 1667–1680. https://doi.org/10.1111/jan.13251

Koinis, A., Giannou, V., Drantaki, V., Angelaina, S., Stratou, E., & Saridi, M. (2015). The impact of healthcare workers job environment on their mental-emotional health coping strategies: The case of a local general hospital. *Health Psychology Research*, *3*(1), 1984. https://doi.org/10.4081/hpr.2015.1984

Leng, M., Wei, L., Shi, X., Cao, G., Wei, Y., Xu, H., Zhang, X., Zhang, W., Xing, S., & Wei, H. (2020). Mental distress and influencing factors in nurses caring for patients with COVID-19. *Nursing in Critical Care*, *26*(2), 94–101. https://doi.org/10.1111/nicc.12528

Melnyk, B. M. (2020). Burnout, depression and suicide in nurses/clinicians and learners: An urgent call for action to enhance professional well-being and healthcare safety. *Worldviews on Evidence-Based Nursing*, *17*(1), 2–5. https://doi.org/10.1111/wvn.12416

Perlo, J., Balik, B., Swensen, S., Kabcenell, A., Landsman, J., & Feeley, D. (2017). *IHI Framework for Improving Joy in Work* (IHI White Paper). Institute for Healthcare Improvement.

Press Ganey Associates, Inc. (2018, October 24). *Press Ganey collaborates with Watson Caring Science Institute*. https://www.pressganey.com/about/news/press-ganey-collaborates-with-watson-caring-science-institute

Press Ganey Associates, Inc. (2020, June). *Health system's COVID-19 team experience survey*. https://healthcare.pressganey.com/2020-COVID-19-Resources

Sagherian, K., Clinton, M. E., Abu-Saad Huijer, H., & Geiger-Brown, J. (2017). Fatigue, work schedules, and perceived performance in bedside care nurses. *Workplace Health & Safety*, *65*(7), 304–312. https://doi.org/10.1177/2165079916665398

Watson, J. (2012). *Human caring science: A theory of nursing* (2nd ed.). Jones & Bartlett Learning.

Watson, J. (2018). *Unitary caring science: The philosophy and praxis of nursing*. University Press of Colorado.

Wei, H., Hardin, S. R., & Watson, J. (2020). A unitary caring science resilience-building model: Unifying the human caring theory and research-informed psychology and neuroscience evidence. *International Journal of Nursing Sciences*, *8*, 130–135. https://doi.org/10.1016/j.ijnss.2020.11.003

Wei, H., Kifner, H., Dawes, M. E., Wei, T. L., & Boyd, J. M. (2020). Selfcare strategies to combat professional burnout by pediatric critical care nurses and physicians. *Critical Care Nurse*, *40*(2), 44–54. https://doi.org/10.4037/ccn2020621

Wei, H., King, A., Jiang, Y., Sewell, K. A., & Lake, D. M. (2020). The impact of nurse leadership styles on nurse burnout. *Nurse Leader*, *18*(5), 439–450. https://doi.org/10.1016/j.mnl.2020.04.002

Wei, H., Oehlert, J. K., Hofler, L., & Hill, K. N. (2020). Connecting patients⊠ perceptions of nurses⊠ daily care

Q6

Q7

actions, organizational human caring culture, and overall hospital rating in hospital consumer assessment of healthcare providers and systems surveys. *Journal of Nursing Administration*, *50*(9), 474–480. https://doi.org/10.1097/NNA.0000000000000919

Wei, H., Roberts, P., Strickler, J., & Corbett, R. W. (2019). Nurse leaders' strategies to foster nurse resilience. *Journal of Nursing Management*, *27*(4), 681–687. https://doi.org/10.1111/jonm.12736

Wei, H., Sewell, K. A., Woody, G., & Rose, M. A. (2018). The state of the science of nurse work environments in the United States: A systematic review. *International Journal of Nursing Sciences*, *5*(3), 287–300. https://doi.org/10.1016/j.ijnss.2018.04.010

Wei, H., & Watson, J. (2019). Healthcare interprofessional team members' perspectives on human caring: A directed content analysis study. *International Journal of Nursing Sciences*, *6*(1), 17–23. https://doi.org/10.1016/j.ijnss.2018.12.001

Wei, H., & Wei, T. L. (2020). The power of self-care: An ENERGY model to combat clinician burnout. *American Nurse Journal*, *15*(10), 28–31.

Wolf, Z. R. (2020). Impact factors and aesthetic expressions. *International Journal for Human Caring*, *24*(3), 158–160. https://doi.org/10.20467/HumanCaring-D-20-00007

Zhang, Y., Wei, L., Li, H., Pan, Y., Wang, J., Li, Q., Wu, Q., & Wei, H. (2020). The psychological change process of frontline nurses caring for patients with COVID-19 during its outbreak. *Issues in Mental Health Nursing*, *41*(6), 525–530.

Correspondence regarding this article should be directed to Holly Wei, PhD, RN, NEA-BC, University of Louisville School of Nursing, 555 S Floyd St, Louisville, KY 40202. E-mail: weih16@ecu.edu

Q8

Q9

Query

Q1 : page 1   *AU: Please confirm whether updated affiliation details are appropriate for all authors.*

Q2 : page 2   AU: Press Ganey Associations Inc. (2020) is not listed in the References list. Please provide complete reference details or remove from the text citation.

Q3 : page 2   AU: Boldface used for emphasis has been changed to italics in the sentence "The self-care ENERGY Model stresses ..." Please confirm.

Q4 : page 3   AU: Tables have been renumbered in ordered to maintain sequential order. Please confirm.

Q5 : page 6   AU: Please expand VMC.

Q6 : page 11   AU: Please provide valid URL for Press Ganey Associates, Inc. (2018).

Q7 : page 11   AU: Please confirm whether inserted volume number and page range are appropriate in Wei et al. (2020).

Q8 : page 12   AU: Please confirm the accuracy of the Disclosure statement.

Q9 : page 12   AU: Please confirm the accuracy of the Funding statement.