

Abundant Life *Nursing Outcomes Evaluation Report*

Prepared for Catholic Community Connection ▪ Cleveland, Ohio

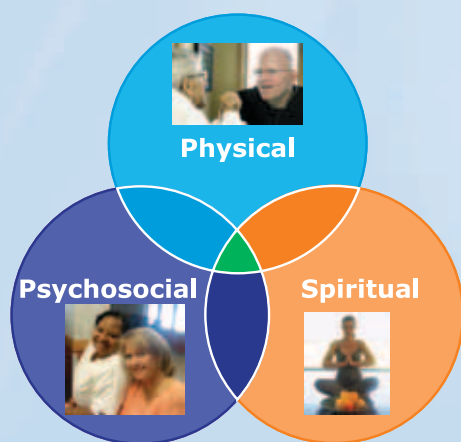
By

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Abundant Life
Care for the body, mind, and spirit™



WHOLE PERSON WELLNESS



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A Resource of

Acknowledgements

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The photograph of Bruce Agneberg, M.D. in the Physical circle on the cover and on page 2 is courtesy of the Janesville Gazette. Nurses who participated in this initiative are featured in some of the photographs throughout this report.

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Abundant Life, Care for the Whole Person



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Nursing Outcomes Evaluation Report



Abstract

Abundant Life is a structured wellness program, which extends beyond promoting physical and psychosocial health. The program fosters wellness through the philosophy that every person is an inseparable unity of body, mind, and spirit and that care for the whole person contributes to well being and fuller, more meaningful life. This specific research initiative focused on the development of the healthcare workforce through support for self-care with the assumption that improving the wellness of the nursing workforce will contribute to quality care. Providing care for patients as whole, multi-dimensional persons rather than merely as physical beings begins with care for self.

The objectives for this study were to

1. Educate 100 nursing staff in the Abundant Life model of whole person care
2. Support nursing staff in implementation and sustainability of Abundant Life
3. Conduct an outcomes evaluation of Abundant Life

Results demonstrated that the program had a positive effect on the lives and well-being of the nursing staff, both personally and professionally. Benefits included improved health and well-being of the participants, improved stress management, and greater actualization of the social mission of the participating health care organizations. The positive outcomes demonstrated for staff may contribute to fostering more whole person care for patients in both long-term care and acute care facilities. It represents an approach to care that requires few resources, yet has a sustained impact on enhancing wellness for nursing personnel within the facility.



Introduction

Background

Health care reform efforts in the United States are moving towards a model of preventative care. The focus of prevention is linked to a disease model, which targets the impact of a specific behavior or behaviors on a specific disease, such as smoking cessation programs to prevent lung cancer. These models are primarily biophysical in their approach.

Programs for seniors as well as health care personnel have also been developed for health promotion and wellness (Kuczmarski and Cotugna (2008) (McElligot, Siemers, Thomas & Kohn, 2009). The majority of these programs focus on conventional health education activities with an emphasis on care and maintenance of the physical body.

Numerous quality and safety initiatives have been developed, such as the Quality and Safety Initiative for Nursing (QSEN) and the Gerontology Nursing Education Consortium (GNEC). The Agency for Health Care Research and Quality (AHRQ) is a clearinghouse for many studies. The majority of these initiatives, however, use the biomedical model in developing evidence-based clinical practice guidelines to improve the physical care of the person. Few initiatives have placed emphasis on caring for the whole person. Palliative and end-of-life initiatives are examples of attempts that have focused on integrating care of body, mind, and spirit. These are limited, however, to a specific segment of the patient population.

In March 2005, the American Association of Homes and Services for the Aging (AAHSA) periodical, *Future Age*, published their "Vision" article, "Returning to the Soul of Our Organizations." Author Audrey Weiner proposed that care professionals must "unlearn what had been taught" and unravel an "assembly line model of care." She stated that care professionals must "Respond to spirit, as well as mind, and body." Abundant Life addresses these concerns and promotes a whole person approach to care.

Local Problem:

Need for Whole Person Care

Abundant Life began as a grass roots effort of healthcare personnel from a collaborative group of 16 Catholic health and human service organizations in northeast Ohio. Representatives from these organizations collaborated to identify ways to strengthen their mission of whole person care, and an advisory panel of stakeholders developed an approach of integrating care for the body, mind, and spirit through education.

Researchers administered self-assessment surveys and conducted focus groups and pilots with older adults, families, staff, and volunteers from the organizations. Initially, the focus was to help residents of long-term care organizations improve their quality of life and live more abundantly by helping them to care for their body, mind, and spirit. The health care staff soon realized that they could not teach residents how to care for themselves as whole persons unless they, as health care personnel, could care for themselves in this way first. From these efforts, the need for a program to support integrated care for the whole person was identified. In response, Abundant Life, Care for the body, mind, and spirit™ was developed. The organizations, which have evolved into the current Catholic Community Connection, identified that although this concept was integral to the core mission of their organizations, it was not clearly visible within their current health care systems.

The program was developed and piloted in partnership with the Institute for the Future of Aging Services, the applied research arm of AAHSA, supported by The Cleveland Foundation and the Sisters of Charity Foundation of Cleveland. Abundant Life began as a workshop conducted to teach individuals practical methods of integrating care for the body, mind, and spirit. This program utilizes the Abundant Life Wellness Awareness Tool, a core best practice created specifically for this model. Subsequent efforts refined the program to include a structured curriculum with three modules, a support structure, and process for evaluation.

During the pilot phase, which extended from 2005-2007, the Institute for the Future of Aging Services, AAHSA, under the direction of Executive Director, Robyn Stone, Dr. P.H., conducted a process evaluation. Results of this evaluation supported the value of the program and the need for additional wellness education to sustain implementation of the model. Since this initiative began, more than 350 multidisciplinary healthcare and human services staff have completed the Abundant Life Education and have participated in the development and refinement of the program.



Robyn Stone, Dr. P.H.

Lessons learned from the initial efforts:

- When we understand and appreciate our self as a whole person, we understand and appreciate others this way as well.
- We know a great deal about disease, but we struggle to define wellness and full life.
- We can't give what we don't have. We need to be well ourselves to provide good care for others.
- Spiritual care is a necessary component of good care.
- While religion or faith practice can distinguish us from one another, spirituality is universal and unites us in our commonalities.
- Well-being is dependent upon more than physical care.
- Universal standards for "good care" can lead to improvements in quality of care and care delivery.
- Whole person care can improve upon the existing medical model.

This challenge of staff wellness was recognized in a regional report, *Improving Work Settings and Job Outcomes for Nursing Assistants in Skilled Care Facilities Study* (2001) compiled by the Margaret Blenkner Research Institute at Benjamin Rose in Cleveland, Ohio. The report identified that 23% of nursing assistants stated that their physical health was worse and 13% reported that their emotional health was worse since becoming a nursing assistant. Report recommendations included providing health promotion programs, stress management education, and support groups to promote staff wellness. Abundant Life is a coordinated approach that fulfills and exceeds these recommendations.

Intended Improvement / Objectives

The outcome evaluation, conducted over an 18-month period from March 2009 to September 2010, includes the following objectives:

1. Educate 100 nurses in the Abundant Life model of whole person care
2. Support nursing staff in implementation and sustainability
3. Conduct an outcome evaluation of Abundant Life

Study Questions

The primary quality improvement questions for the study that led to the hypotheses were, Will nursing staff exposed to the Abundant Life model

- ❖ Have a more improved quality of life?
- ❖ Engage in more whole person care?
- ❖ Have improved work relationships?
- ❖ Have increased job satisfaction?
- ❖ Have increased staff retention?



Methods & Evaluation



Christina Puchalski, MD

Ethical Precautions

Data collection procedures were developed to ensure compliance with federal guidelines for protection of the participants, and these met IRB approval for nursing staff to be included in the study. Participation was voluntary with signed consent forms obtained from all participants in both the intervention and control groups. Risks and benefits of participation in the study were provided verbally and in writing to participating nursing staff. Names were not associated with the data and each participant was assigned a code number for the study.

The Setting

The study, conducted in northeast Ohio, included staff from seven facilities including five long-term/continuing care retirement communities, one hospice, and one inner-city acute care hospital.

The Intervention

Education—Educators provided the two-day workshop on March 11-12, 2009, using a curriculum published in the *Abundant Life Teacher's Manual for Wellness Education*. The manual includes three modules.

1. *Understanding the Basics*
2. *Steps toward Wellness*
3. *Applying Wellness Education*

The manual outlines the curriculum, teaching strategies, exercises, and activities for this wellness education. Each educator had taught the workshop previously.

The curriculum teaches

- Wellness through human dignity and wholeness
- Dimensions of wellness
- Healthy communication and relationships
- Understanding and responding to spiritual pains
- Wellness practices

Support—Administrative support occurred at each organization. The administrative staff selected a number of their nursing staff to participate in the Abundant Life education and authorized time for participants to attend monthly wellness sessions. A facilitator coordinated monthly wellness sessions at each of the primary sites.

Support resources included the *Handouts for Wellness Education* booklet, the Abundant Life Wellness Awareness Tool, and three related textbooks.

The Study

A nonequivalent control group design was selected for the study with a convenience sampling method used to obtain participants for the program. Participant criteria for inclusion in the study included

1. Current employment at a Catholic Community Connection health care facility
2. Current position as a nursing assistant, licensed practical nurse, staff registered nurse, or nursing administrator
3. Ability to speak and read English
4. Willingness to participate in the study

Sample size was 104 nursing care staff, with 50 staff volunteers assigned to the intervention group and 54 staff volunteers serving as controls.

Each nursing staff in the intervention group attended the two-day Abundant Life education program and was provided monthly wellness sessions with a facilitator. Each nursing staff also received a *Handout Booklet for Wellness Education* and three textbooks. Members of the control group worked in the same organizations but did not participate in the Abundant Life education or wellness sessions.

Methods of Evaluation

Both quantitative and qualitative methods were used for data analysis.

Quantitative—The World Health Organization Quality of Life Survey Abbreviated Version (WHOQOL-BREF) was the quantitative instrument used for data collection related to quality of life (WHOQOL Group, 1998). The WHOQOL-BREF, a condensed version of the WHOQOL-100, consists of 24 items grouped into four dimensions related to quality of life: physical health, psychological health, social relationships, and environment. This instrument was selected based on the ability of the WHOQOL-BREF to be used with a broad segment of ages as well as across cultural and minority groups. The WHOQOL-BREF was administered quarterly to both intervention and control groups.

Qualitative—Qualitative data related to nursing staff satisfaction, and outcomes of the Abundant Life program was obtained through quarterly focus groups conducted with the intervention group at several of the participating facilities over a 15-month period extending from March 2009 through June 2010. Each focus group facilitator had previous experience as a group facilitator.

The format of each Focus Group session included an introduction by the facilitator, establishment of ground rules for the session, and a series of questions designed to elicit discussion about the effects of Abundant Life in their personal and professional lives. Each focus group concluded with an opportunity for participants to make additional comments.

The open-ended questions presented to participants during the focus group were

1. What does body, mind, and spirit wellness mean to you?
2. Which of the Abundant Life resources are you using and how have these benefited you?
3. Has your life changed in any way because of your participation in this program?
4. Has this had an impact on your relationships with family, friends, co-workers, God? Have you noticed any difference in your thinking, feeling, or judgment about people because of the Abundant Life Education? If yes, can you tell us about it?

5. Have you taken any action toward wellness because of your participation in the program? Please elaborate.
6. What support structures for this wellness program are happening at your workplace?
7. How can the monthly wellness sessions be more helpful?
8. Is there anything else that you would like to tell us before we close?

Inter-rater reliability for the qualitative data was established by having three independent experts review the focus group transcripts to identify common themes, which were then grouped into categories and resubmitted to the experts for review.

Methods used to assure data quality and adequacy included data collection training for the research assistant. All focus groups were recorded and transcribed.

Analysis

The Chi Square test was used to compare demographics of the intervention and control groups. Each focus group was coded and relevant themes and categories were identified. Although analysis of covariance (ANCOVA) was anticipated to analyze the difference in scores on the WHOQOL-BREF, the difference in means between the intervention and control groups was less than one. A difference in means of two or more was needed to establish statistical significance. An Alpha level of .05 was used for all statistical tests.

Abundant Life Focus Group



Results

Table 1 Summary of data collection activities

Data Collection Activity	Participants	Data Collection Time Point
Post Education Survey	Intervention Group	Upon completion of Abundant Life Modules
Focus Groups	Intervention Group	T 1 Focus Group (30 participants) T 2 Focus Group (27 participants) T 3 Focus Group (21 participants) T 4 Focus Group (23 participants) T 5 Focus Group (19 participants)
WHOQOL-BREF	Intervention Group Control Group	Baseline T1 June 2009 (93 participants) T2 September 2009 (102 participants) T3 December 2009 (95 participants) T4 March 2010 (93 participants) T5 June 2010 (83 participants)
Survey of Intervention Staff	Wellness Group Facilitators	Following completion of final monthly wellness sessions

Data Collection

Data collection occurred over a 15-month period. Participants evaluated the Abundant Life education immediately after the two-day program. Five focus groups were conducted quarterly with participants from the intervention group. The WHOQOL-BREF was initially administered to both the intervention and control groups to obtain a baseline. The tool was then administered to both groups quarterly throughout the data collection period. Table 1 provides a summary of the data collection activities.

Demographics

No significance difference ($p > .05$) were noted in age between the control and intervention groups. Figure 1 provides an age comparison of the control and intervention groups. The mean age of the participants was not calculated since demographic data collected regarding age was based on age categories versus the actual age of the participant. The predominant sex of the participants in both groups was female, with only 3% of the total sample being male.

Figure 1 Age of control group versus intervention group

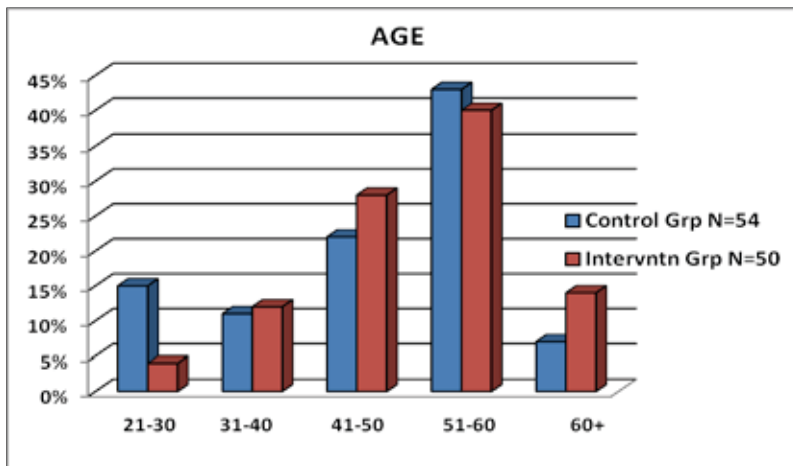
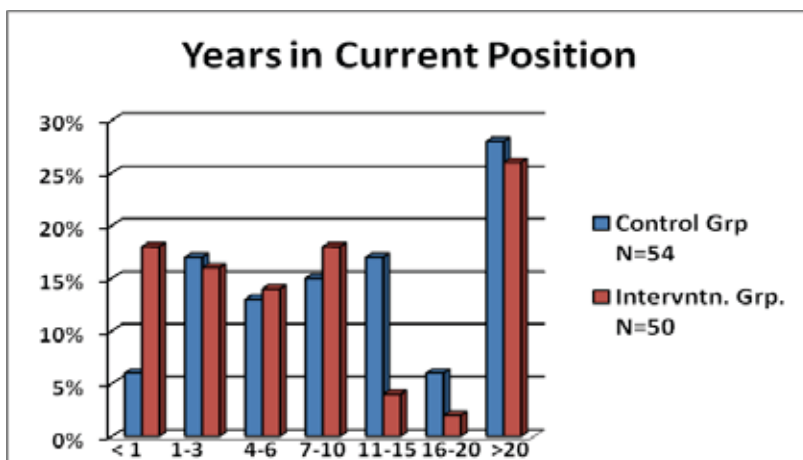


Figure 2 Length of employment for control group vs. intervention



Although a higher percentage of participants in the intervention group were employed less than one year and a larger proportion of the control group were employed for 11-15 years, no significance difference ($p > .05$) were noted in length of time employed in their current position between the control and intervention group. More than 25% of the participants in both the control and the intervention groups were long-term employees, having worked longer than 20 years. Figure 2 provides a comparison of length of employment between the control and intervention groups.

Education of participants range from a GED to a bachelor's degree and one participant had a master's degree in social work. A significance difference ($p < .05$) was noted in education between the control and intervention group with a higher level of educational attainment noted in the intervention versus the control group. The intervention group had a higher percentage of bachelor's or higher degrees compared to the control group, which had a higher percentage of high school as the highest level of education attained. Although there were almost twice as many nurses with an

associate degree (ADN) in the intervention group versus the control group, both groups had a similar proportion of registered nurses (RNs). Figure 3 provides a comparison of the highest educational level attained by participants in the control group versus the intervention group.

Outcomes (Quantitative)

Post Education Survey—

Fifty-two nursing personnel and 26 additional staff and guests participated in the two-day Abundant Life education program on March 11-12, 2009. Fifty-one nursing personnel consented to participate in the outcomes evaluation.

Participants had a positive response to the Abundant Life education, consisting of three education modules.

- 88% rated Module I, *Understanding the Basics* very good or excellent.
- 86% rated Module II, *Steps Toward Wellness* very good or excellent.
- 83% rated Module III, *Applying Wellness Education*, very good or excellent.

After completing the two-day education, the participants responded to several open-ended questions:

- 97% indicated that because of the program, they experienced a significant shift in the way they defined wellness.
- 81% stated that they now recognize the value of whole person wellness, with integration of body, mind, and spirit.
- 99% indicated that the education on whole person wellness presented a paradigm shift for them.

Participants summarized the program with positive comments:

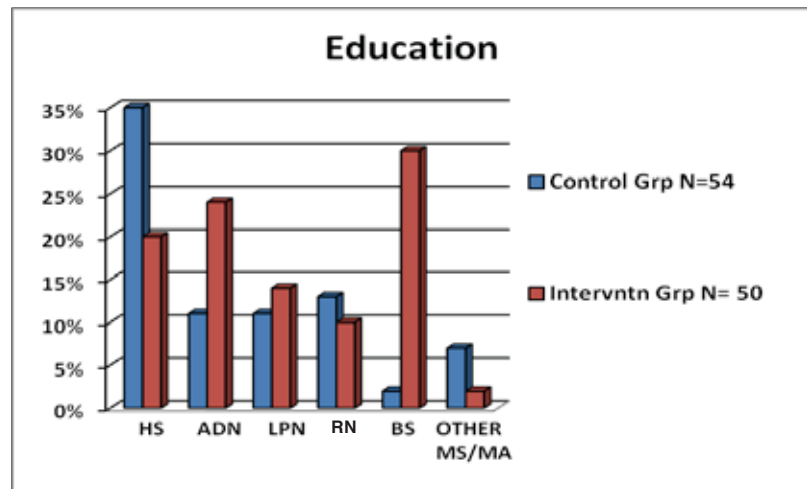
This program is on the leading edge of a shift in the way healthcare is approached in this country.

It helped me to direct my thoughts in a different direction personally and spirituality.

This program will change lives.

Overall, the participants indicated that the workshop had a positive influence on their beliefs and attitudes toward wellness.

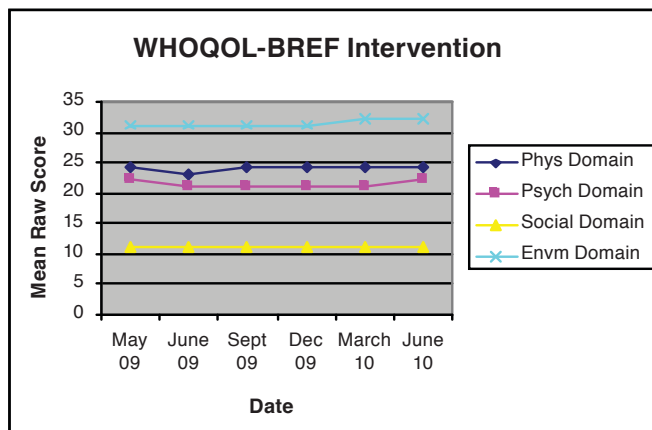
Figure 3 Education of control group versus intervention group



WHOQOL-BREF

Total mean scores of all raw data were calculated for the control and intervention data sets for the responses to the WHOQOL-BREF. Results of the WHOQOL-BREF for the intervention group demonstrated no statistical difference when comparing scores immediately after the Abundant Life education to scores at the end of the study 15 months later (Figure 4).

Figure 4 WHOQOL-BREF Scores for Intervention Group.



Results of the WHOQOL-BREF for the control group were similar. There was no statistical difference when comparing baseline scores for the control group to scores at the end of the study 15 months later (Figure 5). More than half of the participants in the control group indicated that the process of completing the WHOQOL-BREF had a positive influence in their lives. Participants used the tool to assess the state of their life at the time they completed the tool. The ability to examine their personal life helped them to be more aware of their personal needs and helped them to be more appreciative of the positives in their lives.

Figure 5 WHOQL (BREF) Scores for Control Group

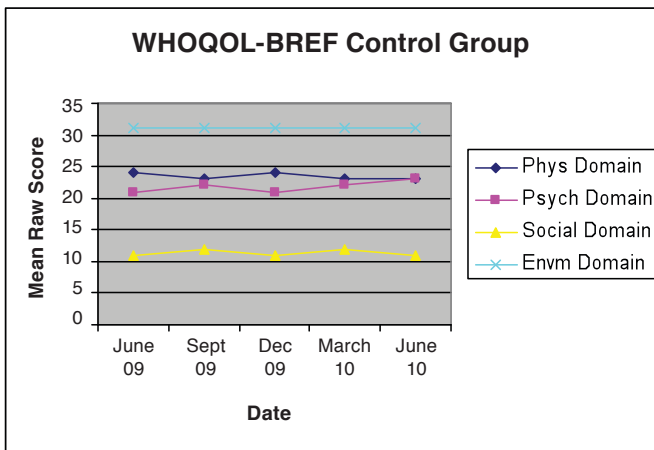
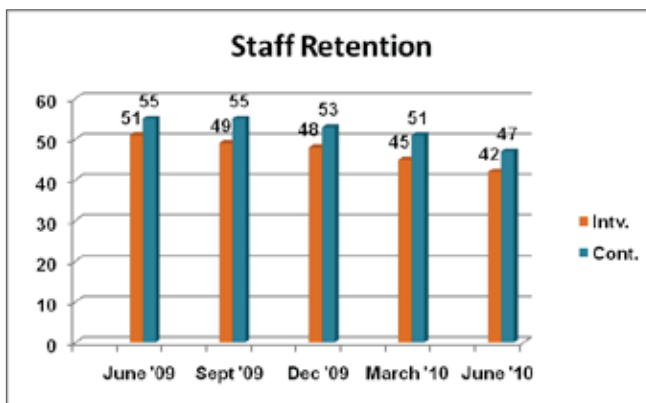


Figure 6 Comparison of number of staff in intervention and control groups employed



A comparison of the WHOQOL-BREF scores between the intervention and control groups again demonstrated no statistical difference ($p>.05$). Selected participants in both groups expressed concern about an item in the WHOQOL-BREF tool related to personal intimacy and, based on their concern, chose not to answer this item, which was a component of the Social Domain. Another participant expressed concern that there were no items on the tool related to spirituality.

Staff Retention

Staff retention was slightly higher in the control group versus the intervention group. Figure 6 presents the number of staff enrolled in the intervention and control groups who were still employed at the health care agency during each period of the study. Eighty-five per cent of the staff in the control group was still employed at their institution at the end of the study period compared to 82% of the intervention group. There was no statistical difference between the two groups ($p>.05$). The control group lost eight participants and the intervention group lost nine participants. Two long-term care organizations retained all of their participants in the control and intervention groups throughout the entire length of the study.

Outcomes (Qualitative)

Following the education program, Quarterly Focus Groups were conducted with the intervention group participating. See Table 2 for a summary of focus group attendance.

Table 2 Summary of focus group attendance

Session Date	No. of Focus Groups	Total Participants	% Participants
T1 June 2009	4	32	64%
T2 September 2009	4	30	60%
T3 December 2009	2	21	42%
T4 March 2010	4	23	46%
T5 June 2010	4	19	38%

Focus Group Themes

1. Beliefs about body, mind, spirit wellness

Participants identified wellness as body, mind, and spiritual dimensions being in balance. Wellness was recognized as a dynamic process and the result of whole person care. One participant said, *“You can’t have a major deficit in one and be truly healthy in the others. They are going to affect each other. You can’t fix one without dealing with the other two.”* Another participant remarked, *“It has made me realize how important my health is.”*

Initially, most participants were excited about the Abundant Life model. Others seemed to struggle with what this meant for them in their own life. As they continued to attend the monthly wellness sessions, changes in their perspective became more apparent. For some of the participants, this was a new way of viewing wellness, and for others it was a reinforcement or confirmation of an inner belief they held previously but had not been able to clearly articulate.

2. Impact on personal relationships

Several participants recognized that because of the program and use of the Abundant Life Wellness Awareness Tool, they had begun to examine themselves and their role in personal relationships. One participant commented that prior to her involvement in Abundant Life she would yell at her children, but now she *“takes a deep breath and thinks before reacting.”* Participants applied skills learned in the monthly education sessions at home and at work. One person stated, *“I have a 16-year-old, 14-year-old, and a 10-year-old, and teenagers push buttons. And I’ll say to myself, How is [her daughter] going to perceive this when I say it? So it changes the whole way I approach her, which then cuts down on all the conflict.”*

Participants also indicated that they felt they had more control over their lives as a result of participating in the program. One person commented, *“It’s taught me that it’s okay to say no. Some invitations I get, I don’t have to take if I feel something else is more important. That’s been freeing; now I’m going to make a choice.”*

Focus Group themes identified from transcripts were grouped into the following 12 categories.

1. Beliefs about body, mind, spirit wellness
2. Impact on personal relationships
3. Impact on work relationships
4. Impact on caregiver/patient relationships
5. Impact on spirituality
6. Actions taken for personal wellness
7. Perceived support
8. Challenges related to work/home
9. Use of Abundant Life resources
10. Suggestions for monthly wellness group
11. Suggestions for dissemination
12. Other

The Abundant Life education influenced some participants to re-examine their priorities and to recognize the importance and value of their families. One participant commented, *“I know money is important and you need it, but we need each other more than that. So, I’ve kinda stopped the overtime thing to take care of my family a little better.”*

Another said, *“I’ve been able to give myself the opportunity and say it’s okay if I take time for myself or do something just for me. And then I’ve noticed that I have more patience at home. And I think it’s really helped me to give myself permission to be me.”*

3. Impact on work relationships

An important theme that emerged from this discussion was the concept of camaraderie. Participants developed a sense of fellowship with those who had completed the program. Often, they could recognize stress in their co-workers and would remind them *“to breathe.”* This was a strategy that many of the participants found helpful in dealing with a variety of work-related stresses.

Many participants also indicated that they began to view co-workers differently because of the Abundant Life program. One individual commented,



"You relate in a different way to the people that you know have been through Abundant Life. I mean, even to say Abundant Life, that you've attended it, you connect in a different way." Participants felt they became more understanding of their co-workers and saw them as individuals with similar hopes and dreams as themselves. A participant stated, "... we had a much more stressful relationship prior to going through Abundant Life together. I mean when you're sitting there and you're connecting with someone and seeing them very differently than you're coworker, who you have this tension and stress with, when you see them as a person, with all of these different needs and desires and, you know, there's a trust that develops, there's more of an intimacy that develops. And our relationship has really changed as a result of that."

Having empathy toward co-workers helped to minimize work-related conflicts. One administrator stated, *"If I'm going to speak to someone, I say to myself, Okay, you can't just blurt it out. Think how they're going to perceive what you're going to say before you say it. So it totally changes the whole approach, which cuts down on a lot of conflict. I learned that through Abundant Life. I don't know if I ever would have stopped to think about that if I hadn't gone through this program."*

Participants also expressed that, in some cases, the improvements in their work relationships had extended into their life outside of work. One participant commented that, *"I'm talking to people in the hall more and even outside of work. I take the time to smile and interact with people... I've slowed the road a lot, think back on the day, and reflect on what I've learned from people. I'm enjoying life a lot more."*

4. Impact on caregiver/patient relationships

Changes experienced in relationships extended into patient care. Participants suggested that better relationships with their coworkers improved the quality of the work environment and thus patient care. One participant said, *"I'm more aware of wanting to stay in the moment. Before I was always moving from place to place, planning ahead. When I'm aware, I try harder to listen to someone rather than thinking ahead. Being in the moment has been enlightening. Right*

here and now is all there is." Participants also indicated they have become more aware of others' feelings and have become more compassionate because of Abundant Life.

Changes in attitudes toward patients were reflected in comments from all levels of nursing. One participant stated, *"I'm looking at residents totally different now. I'm spending more time looking at the body language of a person and really listening, not going in thinking that this person is on my assignment today and I'm here to work with them, but this is a real person who might need me to listen to them. And I want to know who they are. I mean, it's not just a job any more for me."*

Nursing personnel recognized the impact that they have on patients. One participant stated, *"I feel more in control of my emotions and my reaction to stress. You know, when a patient can sense that you're not all there, that you're in a hurry and you're stressed about something, they can pick up on it. I've been given the ability to handle that much better."*

Participants also recognized that caring for themselves would help their patients to receive better quality care. Another participant commented, *"If we take care of ourselves, we can be so much more to our patients. So, I think it's brought to my attention a little more about how important it is to look at your own body, mind, and spirit, and how to take care of yourself so you can take care of patients."* Participating in the program seemed to help staff renew themselves, and subsequently helped them to be more responsive to their patient's needs.

5. Impact on spirituality

Although the concept of spirituality is differentiated from religion in the Abundant Life program, participants clearly viewed their relationship with God as being closely linked to their views on spirituality, as expressed in their comments: *"Religion is the organized belief of a group. Spirituality is the universal love of God and nature, what brings you peace and wholeness."* *"I pray and go to church but the desire to integrate love, compassion, empathy, and a desire to give and receive love is key to spirituality."* *"We are all children of God, deserving respect and love."*

“Spirituality transcends color, religion, and other biases.”

Participants identified that they felt freer to express their spirituality because of the program. One participant stated, *“Well, Lord knows I talk to God more. I mean, God, I’m talking to Him all day long at work. I don’t feel like I have to just sit and say a prayer to talk to God. And I have peace and serenity that comes over me when I talk about God . . . It’s something that didn’t happen when I was growing up. My mom really didn’t talk about it a lot.”* Another participant stated that she was *“talking to God more and using spirituality to reach inside to find out why I am angry.”*

Participants also recognized that action was required on their part to develop their spirituality. One person commented, *“So if it means getting a stronger relationship with God, some things have to be moved out of the way for you to get closer to Him.”* Participants often referred to their relationship with God as an important element of their faith tradition.

Finally, participants recognized the need to address spirituality not only in their lives but also with patients. Participants expressed that they were more likely to be able to identify spiritual pain in their patients and to recognize the impact that this may have on the physical and emotional dimensions. One participant summarized this approach by stating, *“If one area is hurting or out of balance, it is important to build the other two up . . . it is important to look at spiritual, mind issues with residents whose physical area might be out of balance . . . the relationship between them is important.”*

6. Actions taken for personal wellness

The nursing staff indicated that they began taking better care of themselves because of the Abundant Life program. They took measures, such as taking deep breaths when stressed, to foster their own wellness. They were able to recognize when the spheres of body, mind, and spirit were out of balance in themselves, their co-workers, and their patients. Actions taken by participants to enhance their wellness included making changes in their diet to include more fruit, whole grains, and yogurt instead of

a carbohydrate rich diet; increasing the amount of sleep; increasing exercise, tai chi, yoga, and meditation; and spending more time talking with God. Many participants expressed that because of the program, they were now able to give themselves permission to care for themselves. A participant commented, *“It’s okay and not selfish to take care of myself.”* Another stated, *“It’s a healthy kind of selfishness.”*

7. Perceived support

Participants generally viewed anyone who had been through the program as a source of support. One participant stated, *“I feel I can go to anyone and get a hug from them before a shift if I need it.”* Comments made by participants also indicated that the monthly wellness sessions were an important source of support. One participant stated, *“It’s a small group of people that you truly trust because you’ve been through this program together. I think that is a huge gift.”* The participants felt comfortable in reaching out to others who had been through the Abundant Life program and were more willing to accept support from others. They recognized a sense of camaraderie among each other.

8. Challenges related to work/home

Challenges related to work/home included balancing demands of family with work responsibilities, managing conflicts, and coping with negativity. The participants reported that because of the program, they had become more sensitive and better able to recognize when their lives were out of balance. They also felt empowered to make the changes necessary to restore balance and harmony in their lives. One person commented, *“It changed the way I look at things. It made me make changes in my life that now I have peace of mind.”*

Participants recognized that, in some instances, it was not possible to change the system or the stressors, but they could change





how they reacted to the stressors. The participants used “self talk” to cope. One participant stated, *“The reality is that ... it’s not what’s happening out there that matters, it’s how I respond to it. I can’t control what’s out there. I can only respond. And since I own that part of it, then I can decide, well, what do I want to do here?”* The ability to control their response to a situation empowered participants to take control of their responses rather than feeling victimized. They recognized this strategy as an effective tool for managing workplace stress.

9. Use of Abundant Life resources

Participants reported that they used a variety of the Abundant Life resources based on their needs and preferences. One participant commented, *“What makes me grow is not necessarily what makes you grow.”* Some preferred the CD, others identified the textbooks as more helpful for them. Others discovered that their use of the resources fluctuated based on their physical, emotional, and spiritual needs at a particular moment in time.

A majority of the participants used the Abundant Life Wellness Awareness Tool. The Tool consists of 31 items with three dimensions: physical, psychosocial, and spiritual wellness. The Tool served as a mechanism for participants to review where they have been and where they would like to see themselves on their journey toward wellness. As the participants used the Tool, they noted

that their responses changed based on what was happening in their lives at the time. The more they used the Tool, the more helpful it became in monitoring and talking about their wellness.

The participants also valued the monthly wellness sessions, with one staff member emphasizing that the monthly groups were a “gift.” Getting time away from the unit to participate, however, was a consistent challenge for participants.

10. Suggestions for monthly wellness group

Intervention staffs, asked to determine logistics and structure for wellness meetings, commented that initially they were unsure of what to expect of the facilitator, themselves, or their co-workers during the sessions and desired a more structured focus. Participants recommended establishing clearer goals for the sessions and using the sessions to expand on content learned in Abundant Life education. Participants also suggested having the sessions at different times of the day or evening and holding them at different locations both at and away from the health care facility. In response, Wellness Meeting Guidelines and Checklist handouts were developed and provided direction and focus for the meetings. Overall, participants concluded that monthly wellness meetings were beneficial and essential to the ongoing practice of Abundant Life concepts.

11. Suggestions for Dissemination

Participants expressed a need to disseminate the Abundant Life education throughout the organization. Participants agreed that all staff should participate in the program. One participant commented that another staff person had come up to her and asked, “What is this thing you’re into?” Staffs involved in Abundant Life recognized that their co-workers sometimes felt “left out” because they did not have the opportunity to attend.

Participants reported that administrative support was essential to the success of the program. The ability to take time away from the workday to participate in the wellness sessions required their administrator’s approval. The cooperation of administration, therefore, was central to the success of the program.



Participants also recommended that Abundant Life be included in nursing school curriculums. Most participants agreed that Abundant Life could have been beneficial earlier in their careers. Participants indicated that this could have helped reduce stress and “burnout” for themselves and their peers.

12. Other

One participant reflected on the status of the current health care system and compared the Abundant Life model to the one that is currently being used in the majority of health care facilities. “I never thought of these two things before, one is that ... just as the model says, we’re integral, you know, our body, mind, and spirit are connected. You know, healthcare is fragmented. We take care of pieces of people.” Another participant reflected on factors contributing to burnout in nursing staff, “I believe that women and nurses get a double whammy because one, we’re women, which we are nurturing, and then nursing is just constant caregiving.”

Study Questions/Response to Hypotheses

The primary quality improvement questions, which led to the hypotheses, were answered as follows:

Will nursing staff exposed to the Abundant Life model

- Have a more improved quality of life?
Hypothesis was not supported based on the instrument selected to measure QOL.
- Engage in more whole person care?
Hypothesis was supported.
- Have improved work relationships?
Hypothesis was supported.
- Have increased job satisfaction?
Hypothesis was supported.
- Have increased staff retention?
Hypothesis was supported.



Discussion



Summary

Objective 1: Educate 100 nurses in the Abundant Life model of whole person care.

More than 100 nursing staff participated in seven different Abundant Life education programs between March 2009 and December 2010.

Objective 2: Support nursing staff in implementation and sustainability.

Participant support for implementation of Abundant Life included monthly wellness sessions facilitated at each organization. Co-directors **Antoinette Horn** and **Pamela Maidens** were available to staff throughout the initiative. The Abundant Life Wellness Awareness Tool and a variety of resources for participants included *Handouts for Wellness Education* booklet; *Wellness Meeting Guidelines*; *Care for the Journey* audio CD; and resource books *The Healer Within*, *Spiritual Caregiving: Healthcare as a Ministry*; and *The American Book of Living and Dying: Lessons in Healing Spiritual Pain*.

Implementation through Abundant Life education held:

- March 2009 in Cleveland, Ohio for 78 staff from nine health care facilities
- June 2009 in Germantown, New York, for 50 staff from 13 Carmelite facilities for the aged and infirmed
- December 2009 in Cleveland, Ohio 41 attendees from nine facilities
- June 2010 in Cleveland, Ohio for 46 staff from eight facilities in Northeast Ohio
- August 2010 in Columbus, Ohio for 33 staff from five Carmelite facilities for the aged and infirmed
- September 2010 in northeast Ohio for 38 attendees
- November/December 2010 in Euclid, Ohio for 90 staff from Mount St. Joseph Nursing care facility

Dissemination of the Abundant Life model continues through www.abundantlifecare.com.

Ways to integrate the Abundant Life model of care into nursing curriculum is currently being explored collaboratively by Notre Dame College and Kent State University. The Research Center for Educational Technology at Kent State University developed a pilot space in Second Life. This site is a virtual 3-D world used as a tool for teaching and practicing Abundant Life activities in a virtual world.

Objective 3: Conduct an outcome evaluation of Abundant Life.

Outcomes of Abundant Life included outcomes for nursing staff quality of life, patient outcomes, and impact on staff retention.

• Nursing Staff Outcomes

Participants in the Intervention group identified that listening and communication patterns improved, trust of co-workers increased, and peer support was strengthened because of the monthly wellness sessions. The session facilitators indicated that one of the benefits of the Abundant Life program is an increased sense of community experienced by participants who bonded with and supported each other. Participants noted improved health and stress management. Participants also identified positive changes in their personal and professional relationships because of Abundant Life. They indicated that they were better able to manage stressors in the workplace and at home because of knowledge and skills learned in Abundant Life education and that their spiritual dimension was strengthened with an increased awareness of the need to address body, mind, and spirit when caring for patients.

• Patient Care Outcomes

Patient care outcomes were determined indirectly based on comments made by nursing personnel in focus groups and comments made by the monthly wellness session facilitators. Patients were not directly queried regarding their satisfaction with care, since the primary focus of the project was the education of nurses in the Abundant Life model of care. Resources were



allocated effectively toward assessing outcomes of Abundant Life for nursing staff. Participants indicated that because of participation in Abundant Life, they were more compassionate, patient, and understanding of residents in long-term care facilities. They recognized the need to be present and engaged with their patients. The monthly wellness session facilitators identified this same outcome. One participant commented, *“If you listen to your own heart the needs of your body, mind, and spirit, then you will be able to hear and respond to others with greater needs.”*

• **Staff Retention**

During the course of the study, events were taking place at some of the health care organizations related to the economic downturn in the general economy. These changes resulted in two of the staff in the intervention group being laid off. No one in the control group was laid off. One participant in the intervention group died during the course of the study. One participant in the intervention group left the study. Eighty-two percent of the intervention group was still employed at their institution at the end of the study period compared to 85% of control group staff. The high proportion of participants in the 51-60 age group may have contributed to staff attrition due to retirement or other health related causes not known to the researchers.

Strengths of the Study

- History: Phase 1, 2004, Planning of Abundant Life, Care for the body, mind, and spirit produced the Abundant Life Wellness Awareness Tool, the core best practice of this model of care. Phase 2, 2005-2007, Process Evaluation, produced and implemented the Abundant Life education and refined the program curriculum. This Initiative, 2009-2010, focused on successful development and an outcomes evaluation of the program with nursing staff.
- The location of the study was multiple sites in context specific or “real world” long-term and acute care settings.
- Three experts reviewed the focus group transcripts and identified themes to establish inter-rater reliability. Researchers used multiple methods for outcome data collection over a 15-month period.

- Co directors practiced good stewardship with utilization of resources

Relation to Other Evidence

The challenges encountered in measuring outcomes related to the Abundant Life wellness program are consistent with those identified by Tu & Mayrell (2010) in their summary report on employer wellness initiatives for the National Institute for Health Care Reform. Tu & Mayrell reported that no standards currently exist in the health care arena for measuring return on investment (ROI) for wellness programs. Some employers use direct quantitative data such as the cost of medical care for employees. Other employers use “soft” data, which is indirectly related, such as absenteeism, employee satisfaction, and employee loyalty. The challenge of selection bias was also identified. Since wellness programs rely on the voluntary participation of employees, there is the potential for bias since healthier employees are more likely to volunteer for such programs. The potential for selection bias was recognized in the Abundant Life study. Tu & Mayrell (2010) stress that it generally takes several years before actual effects can be measured within an organization.

The use of focus groups to identify outcomes was an effective approach to capture nursing staff perceptions related to outcomes of Abundant Life. The use of wellness facilitators in the organization is also consistent with findings reported by Tu & Mayrell (2010). One of the realizations from this review was the need for workplace “champions” to support integration of the program into the organizational culture. This was consistent with the findings in the Abundant Life study, which identified the need for wellness facilitators and administrative support within the organization.

The use of staff retention as an outcome measure for workplace initiatives to improve wellness has been used in other studies focusing on strategies to reduce nurse turnover (Robert Wood Johnson Foundation, 2009). *The Wisdom at Work: Retaining Experienced Nurses* (2009) study recently completed by the RWJF identified there was no single program that lowered turnover rates at all 13 hospitals in the study. Thirteen research projects were conducted



as part of this project, but only one focused on wellness and none included an integrated body, mind, and spirit model. In the one study that did focus on wellness, significant measurable outcomes were not recognized until four years after the initiative was started.

The findings of the Abundant Life study are also similar to those recently reported by McElligot, Capitolo, Morris and Click (2010), in which they evaluated outcomes of a holistic health program with use of self-care plans for staff nurses in an academic health center.

They evaluated outcomes of their holistic work site program using the Health Promotion Lifestyle Profile II (Walker & Hill-Polrecky, 1996). Spirituality, interpersonal relations, and nutrition scores were significantly increased following implementation of the program. The participants in their program were re-tested 3-5 months after their initial education session and no follow-up sessions were provided following the initial education session. Their program was developed using a “top down” approach versus the “bottom up” or grassroots approach used in the Abundant Life study.

Limitations

Findings of the Abundant Life study are considered in relation to the limitations and related challenges in conducting the study. Although this was a multi-site study, it was conducted in one geographic location: Northeast Ohio. This may represent a threat to external validity, but there was a distinct advantage to conducting the study in one geographic location. All sites were members of the Catholic Community Connection consortium. These sites shared similar philosophies and perspectives, which helped to provide control of extraneous variables more effectively. The majority of sites were sub-acute or long-term care facilities.

Administrators and Directors of Nursing recommended participants for the program. However, since participation was voluntary, the introduction of self-selection bias is a threat to the internal validity of the study. Although a control group was used, participants were not randomized to intervention and control groups. There is evidence that the intervention and control groups may have differed on a number of characteristics, including the level of educational attainment.

Finally, the length of time over which the data was collected for retention (15 months) may not have been long enough to assess staff retention adequately. Generally, several years are needed to demonstrate the impact of retention and wellness strategies (Tu & Mayrell, 2010).



Challenges

A significant challenge in the study was the control of extraneous variables. The study was conducted in a real world setting. Measurement of nursing staff quality of life posed a significant challenge. The WHOQOL-BREF contained an item that some nursing staff viewed as an intrusion on their privacy. The WHOQOL-BREF instrument did not contain any items related to spirituality, which was a key focus of Abundant Life.

Another major challenge occurred when attempting to facilitate participation of nursing staff in monthly wellness sessions. Although the time and location were adjusted based on the needs of the nursing staff, attendance at the monthly sessions varied based on workload and the number of staff working the day the sessions were held. In some instances, when workload demands made it difficult for staff to leave the unit, lunch was provided and sessions were held on the unit.

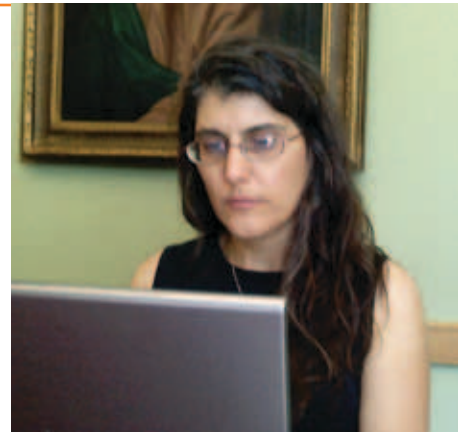
Creating a structure for monthly wellness sessions became necessary. Facilitators requested more guidance to help them develop their role in this process and wellness meeting guidelines and checklist were developed. As the monthly sessions continued, it became evident that the facilitators were most effective if they were from the same organization as the nursing staff.

Although the Abundant Life Model differentiates between spirituality and specific faith traditions, findings from the focus group suggest that it can be difficult to separate the two. Raising awareness about a universal view of spirituality not tied to one faith's belief is a challenge that may need to be addressed as the model becomes more refined.

Interpretation

The WHOQOL-BREF instrument had significant limitations. It may not have been the most appropriate instrument for capturing data related to nursing staff quality of life. The WHOQOL-BREF is an instrument that measures global quality of life versus quality of life related to the work environment. A Hawthorne effect was noted in the control group, since the process of completing the tool resulted in a greater awareness of the dimensions measured by the tool. A large percentage (64%) of the participants in the control group who provided comments about the tool stated that the process of completing the tool affected their lives in a positive way. It helped them examine areas in their lives and patterns that they had previously not considered. A major limitation of the tool was the inability of the tool to capture the dimension of spirituality, a key component of the Abundant Life model.

Qualitative data provided through the Focus Groups provided the strongest support for the outcomes of the Abundant Life Program. Participants in the intervention group identified positive changes in their personal and professional relationships because of Abundant Life. Participants indicated that they were better able to manage stressors in the workplace and at home because of knowledge and skills learned in Abundant Life education. The spiritual dimension was strengthened in their lives with an increased awareness of the need to address body, mind, and spirit when caring for patients.





Conclusions of Abundant Life, Care for the Whole Person

Participants had a favorable response to the Abundant Life program. According to the analyses, participation in the two-day education and monthly wellness sessions had a positive effect on the lives and well-being of the intervention staff, personally and professionally.

Nursing intervention staff experienced a significant shift in the way they define wellness and consequently, began to integrate care for the body, mind, and spirit into their lives more effectively. Overall, the Abundant Life education created a paradigm shift for 99% of the participants with 81% now recognizing the value of whole person care.

Specific Benefits:

- Improved health and well-being of the participants
- Improved stress management
- Greater presence to others and improved relationships
- Greater actualization of the mission of the their organization

Recommendations for Sustainability

Some participants identified the need to incorporate Abundant Life education into nursing curriculums, suggesting that introducing nursing students to the Abundant Life model prior to entry into practice may help prevent burnout and improve quality of care for patients. Consequently, initial exploration has begun to examine the potential of integrating the Abundant Life model into nursing curricula. Notre Dame College is piloting the integration of Abundant Life content into a Professional Transitions course for senior nursing students. Collaboration between Kent State University and Notre Dame College is exploring applications for nursing curricula. An Advisory Committee is being established to coordinate integration of the Abundant Life Program into nursing education.

Most of the research studies conducted to date on Abundant Life have focused on nursing personnel who are currently in practice. Additional studies can identify program effectiveness within nursing curricula or earlier in a nurse's career. Including Abundant Life at the beginning of a nursing student's education may promote the development of a wellness orientation, which may reduce stress and burn out later in the nurse's career.

Measures were instituted to ensure sustainability, such as a website available at www.abundantlifecare.com. The website includes a description of Abundant Life education, the philosophy and concept of whole person care, a description of the education modules and resources, a summary of grant support for the program, evaluation reports, and information for organizations related to hosting the program at their institution.

An innovative measure to promote sustainability has been the development of a space in Second Life, a 3-D virtual world. The Research Center for Educational Technology (RCET) at Kent State University developed a space in Second Life as a tool for teaching and integrating the Abundant Life model in a virtual world. Participants establish an account and select an avatar, which they become in the virtual world.

Use of Second Life has the potential to provide opportunities for application and practice of Abundant Life education principles in a virtual world. Teaching methodologies in the virtual world can include role playing, exploring a Second Life space dedicated to Abundant Life education to simulate the Abundant Life model in the virtual world, practicing Abundant Life exercises in real time from different distance locations, and applying Abundant Life concepts in a virtual health agency.

Abundant Life supports positive behavior change of nursing in both long-term care and acute-care facilities. Additional studies in other geographic regions or other types of health care facilities can further evaluate outcomes of the program.

Based on feedback from facilitators and participants, group support such as monthly wellness sessions post education is necessary for ongoing growth and sustainability.

Continued Abundant Life education fosters wider dissemination. Sustainability and integration of the gains achieved into the culture of the organization may be most effective when the program is disseminated system-wide. Additional research can compare system-wide dissemination versus unit-specific outcomes. Either way, administrative support is essential to achieving effective outcomes.

Abundant Life, Care for the Whole Person has demonstrated positive outcomes for staff and, consequently it fosters whole person care for patients in long-term care and acute-care facilities. This approach to care requires minimal resources, yet has a sustained impact on enhancing wellness and improving quality of life for nursing staff, personally and professionally.



Kent State University RCET Partners



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