Evaluation of an On-line Holistic Self-care Workshop for Registered Nurses

The Conscious Nurse Project Research Proposal

Kathryn T. Shelest

California Institute for Human Science

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Michelle Fauver, PhD

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Abstract

The use of holistic methods to support health is growing. The question to be addressed is how to create a workshop that will successfully engage RNs in effective and sustainable holistic self-care. The purpose of the Conscious Nurse Project is to provide a workshop template that can be implemented and evaluated in context to this question, serving as a foundation for future program development. Literature review topics include identification of effective holistic self-care activities, methods for teaching sustainable holistic self-care to practicing RNs, and factors that influence engagement in training and practice. "The Conscious Nurse Project" is an on-line, mentored, multi-media workshop that introduces basic concepts of holistic theory informed by Margret Newman's and Sri Aurobindo's theories of health and consciousness. Nervous system self-regulation is also a theme underpinning the Conscious Nurse Project**.** Volunteer participants will be practicing RNs recruited from a single source who will take part in this5-module pilot workshop. Data collected from this mixed-method study will be used to evaluate the workshop's impact on participants' ability to develop and implement individualized holistic self-care plans. Insight from participant self-reporting hopes to capture what RNs conceptualize as effective means for learning, engaging in, and sustaining their holistic self-care practices, acting as a foundation for future program development.

Keywords: registered nurses, self-care for nurses, holistic self-care for nurses, stress management for nurses, nervous system self-regulation.

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The World Health Organization (WHO) has designated 2020 to be the International Year of the Nurse and the Midwife (WHO, 2020), recognizing the vital role nurses play in providing health services. During this time of pandemic and quarantine, the skill, dedication, and compassion of nurses of all levels of training is in high demand (British Columbia College of Nurses and Midwives [BCCNM], 2020; Government of Canada, 2020). The terms "nurse" and "nurses" may be used to describe various classifications of nurse professionals. The subject group of this research proposal is limited to currently practicing RNs as defined by the Canadian Institute for Health Information (2019) and regulated by the BCCNM. RNs frequently experience challenging situations and workplace stressors that may negatively impact their physical, emotional, mental, and spiritual health. These circumstances can lead to reduced functioning and burnout, thus the issue this research proposal will address is the professional requirement of RNs to maintain their health and fitness to practice.

Scope and Prevalence of the Problem

According to Haugen et al. (2012) "First Responders have historically been identified as police officers, fire fighters, search and rescue … and ambulance personnel" (p. 371). RNs working in emergency and intensive care units are also regularly exposed to life and death situations which require their intense concentration and safe delivery of care. Haugen et al. stated, "considerable research has shown that these types of exposures increase the likelihood of posttraumatic stress disorder (PTSD), other psychiatric disorders, and burn-out" (p. 371). Kim and Choi (2016) observed in their study of Korean emergency department (ED) nurses working

during the 2015 MERS Coronavirus outbreak, that high levels of burnout correlated with high levels of workplace stress. "Thus, during the outbreak of an emerging infectious disease such as MERS-CoV, the continuous influx of patients and the highly infectious nature of the disease increase ED nurses' stress, which in turn, aggravates their burnout" (Kim & Choi, 2016, p. 298). Non-acute care nursing practices also expose RNs to increased stress during a pandemic such as Covid-19. Home health and long-term care nurses working during the Covid-19 pandemic faced extra pressure to keep their clients and themselves safe and healthy. Between January and July 2020, there had been up to 21 residential care Covid-19 outbreaks reported in British Columbia, with 74% of all reported deaths occurring in patients between 80 and 89 years of age (British Columbia Center for Disease Control, 2020, p. 7). Harvaei et al. (2020a) recently published the results of an exploratory cross-sectional survey of 3676 RNs working in acute, community, and long-term care settings. The survey conducted between June and July 2020 included questions specific to the COVID-19 pandemic and nurses' work experiences. Compared to the original survey conducted December 2019 (Harvaei et al., 2020b) practicing RNs reported "areas of worsening included higher levels of poor mental health (anxiety, depression, emotional exhaustion) and general negative treatment in the workplace; and lower quality of nursing care" (p. 14).

Aside from the impact of the current Covid-19 pandemic, multiple areas of practice are known to expose RNs to stressors that contribute to burnout. Buckley et al. (2020) stated burnout in pediatric nurses is characterized as "… a work outcome, defined by prolonged occupational stress in an individual that presents as emotional exhaustion, depersonalization, and diminished personal accomplishment" (p. 1). This definition of burnout reflects the framework of Maslach's Burnout Inventory (Maslach et al., 1996) and is referred to by MacPhee et al. (2017) in their

study of the impact of perceived workloads on patient and nurse outcomes. Their cross-sectional correlational study of 472 acute care nursing professionals from British Columbia suggested that by reducing nursing practices to "mechanistic approaches to care delivery, nurses suffer from emotional and moral distress," leading to outcomes that include "… emotional exhaustion/burnout, job dissatisfaction and eventual exit from the profession" (p. 13).

Research studies linking RN burnout with intent to leave the profession were often reported in context to mediating factors including workload, leadership, work environment, job dissatisfaction, and emotional exhaustion (Havaei et al., 2015; Jourdain & Chênevert, 2010; Moloney et al., 2017; Nantsupawat et al., 2016; Phillips, 2020). Stelnicki et al. (2020) conducted a web-based, self-report survey to better understand probability rates of traumatic exposure, mental health disorders, and burnout among nurse professionals. Data collected from this large pan-Canadian sample of 3,163 nursing professionals indicated that "burnout among nurses has been associated with several potential problems" including considering leaving their jobs (p. 26). Limitations to this study included that "invitations to participate were largely focused on unionized nurses who were represented by the CFNU [Canadian Federation of Nurses Unions]", the publisher of this study, and that "participation … was anonymous, voluntary and self-selected" (Stelnicki et al., 2020, p. 55). MacPhee and Havaei (2015) discussed that 50% of RNs responding to their workload impact survey cited burnout as the reason for their intent to leave the profession (slide 19). MacPhee et al. (2017) stated "burnout has been linked to … increased nurse turnover and decreased job satisfaction" (p. 3). They pointed out that lack of resources to meet workload demands led to nurses becoming exhausted and considering leaving their profession.

Ethics and Standards of Practice are the common foundations of nursing care decision making in North America (American Nurses Association, 2015; American Nurses Association & American Holistic Nurses Association, 2019; BCCNM, 2012; Canadian Nurses Association, 2017). The inability of nurses to meet these professional ideals can trigger moral distress (Epstein & Delgado, 2010). When career goals and patient care goals were not met, "nurses' burnout was found to be related to reduced job satisfaction and a reduced sense of personal accomplishment" (Malach-Pines, 2000, p. 29).

Exposure to trauma and the experience of vicarious trauma in any area of nursing practice may also trigger significant, measurable psycho-physiological responses. These responses include nervous system dysregulation, potentially leading to compromised delivery of care (Holland & Neimeyer, 2005; Levine, 1997; Porges et al., 2011; Robinson et al., 2003; Saedpanah et al., 2016; Van Der Kolk, 2014; Vinson, 2019a). Harvaei et al. (2020b) published an exploratory province-wide study conducted by a University of British Columbia research team in partnership with the British Columbia Nurses' Union. Investigating work factors, nurse factors, and nursing outcomes, this study surveyed actively working nurses in context to workplace violence, psychological health, and sense of safety. Of the 5,512 participants, 3514 were RNs practicing in acute, community, and long-term care settings. "Across all three sectors, over 50% of respondents reported high emotional exhaustion; 42%-50% were above the cut-off point for posttraumatic stress disorder … ; 30%-32% reported moderate to severe depression; and 26%-29% reported moderate to severe anxiety" (Havaei et al., 2020b, p. 8). Physical symptoms resulting from exposure to workplace stressors were further discussed by MacPhee et al. (2015) in their workload impact study. These symptoms included (but were not limited to) increased cholesterol and blood pressure, increased stomach acids, localized inflammation, and decreased

digestive and immune responses. Sarafis et al. (2016) conducted a correlational study of 246 nursing professionals to also investigate the relationship between their working stress and quality of life. The study's outcome suggested that "exposure to stress-related factors … affects their health-related quality of life negatively" (p. 8) including physical and mental health aspects.

Spiritual qualities of nursing practice are not limited to the realm of hospice and palliative care, affecting nurses' caring experiences, workplace stress, and coping abilities (Cain, 2019; Hsiao et al., 2012; Kaur et al., 2013; Kim & Yeom, 2018). In a phenomenological study exploring the spiritual dimensions of nurse practitioners' work in primary care, Rogers et al. (2020) stated that difficulty "defining spirituality is a common experience of nurses" (p. 14). Rogers et al. discussed how nurses' personal self-exploration of spirituality was foundationally important in connecting with patients and recognized that applying spiritual perspectives to care can impact nurses emotionally both positively and negatively. Work demands associated with current nursing practice make it difficult to spend quality time with patients to facilitate spiritual connections and actively integrate this into their care-plans. This reality negatively impacts RNs' ability to meet standards of care and may cause moral distress (MacPhee & Havaei, 2015).

RNs' scope of practice has the potential to impact them physically, emotionally, mentally, and spiritually. Acknowledgement of this by RNs, and by those who support them, provides an opportunity to consider self-care that promotes health and fitness to practice from a broader, more holistic point of view.

Relevance of Holism

Taylor and Renpenning (2011) described self-care as "a human regulatory function that one must perform in the interest of life, health, and well-being" (p. 38). The perception of self-care is influenced by an individual's lived experience and includes a broad range of activities.

Through a systematic literature review and concept analysis, Matarese et al. (2018) identified attributes of self-care as being activity-based processes that were individualized, contextual, and goal oriented. A holistic approach to health is person-centered and acknowledges the "whole person" in their unique, integrated entirety. Holistic self-care is thus operationalized by an intentional, goal-based engagement in activities that support the physical, emotional, mental, and spiritual aspects of an individual's experience of health. The relationship between all elements of their lived experience, and the balance or imbalance between them are significant influencers of this process (American Nurses Association & American Holistic Nurses Association, 2019; Frisch & Rabinowitsch, 2019; Rosa et al., 2019).

In British Columbia, RNs are bound by their Standards of Practice and Code of Ethics to support their own health and maintain fitness to practice (BCCNM, 2012; CNA, 2017). The Code of Ethics endorses the WHO's definition of health as "… a state of complete physical, mental (spiritual), and social well-being, not merely the absence of disease" (CNA, 2017, p. 23). This acknowledgment of the interactive relationship between all dimensions of the human experience is holistic, suggesting holistic self-care is a valid resource to support the health of RNs.

Holistic View of Health and Self-care

"Nurses cannot facilitate healing within others unless they are in the process of healing themselves" (American Nurses Association & American Holistic Nurses Association, 2019, p. 25). As a means of supporting health, Denyes (2001) conceptualized self-care "as a human regulatory function; a learned behaviour; [and a] deliberately performed result-seeking behaviour" (p. 50). The creation of a meaningful self-care plan is one way for nurses to build resilience, mitigate job related stress, and support their health and fitness to practice (McCright,

2019; Rees et al., 2018). McElligott et al. (2009) investigated how competent, goal directed holistic self-care supports health promotion and expands the potential for health. Their descriptive pilot study surveyed the health promoting lifestyles of 149 RNs employed throughout a tertiary hospital setting. They concluded that "holistic caring and nurturing of self support a healthy balance … and a fuller participation in the life experience" (p. 214). Holistic self-care strategies support the whole nurse physically, emotionally, mentally, and spiritually.

Dyess et al. (2018) cited stress as being linked with "changes in cognitive, behavioural, and emotional function that can compromise professional caring" (p. 79). Hofmeyer et al. (2020) emphasised the importance of emotional regulation based on their literature review of empirical evidence related to compassion fatigue and burnout. Nurses could better experience the positive impact of empathic relationships by discerning between their own and their patients' emotions. This discernment can be strengthened by "implementing evidence-based strategies to foster emotion regulation, self-care practices, and self-compassion …" (p. 235).

Holistic Self-care and Fitness to Practice

Mills et al. (2018) identified a holistic approach to self-care as a means for supporting fitness to practice in their qualitative in-depth interview study of 24 palliative care staff, including nurses. They concluded that "self-care is a proactive, holistic and personalised approach to the promotion of health and wellbeing through a variety of strategies, in both personal and professional settings, to enhance capacity for compassionate care of patients and their families" (p. 12). They also emphasized the importance of a "collaborative approach to promoting health and wellbeing in [the] workplace …" (p. 10) and identified the responsibility of the employer to support staff in maintaining self-care and fitness to practice. Alexander et al. (2015) echoed this point with their randomized, controlled trial that investigated the impact of a

holistic eight-week yoga program on 20 nursing staff participants. Although the limitations of their study "included the small sample size, lack of an active control group, and reliance on self-report measures" (p. 468), Alexander et al. point out the important role of nursing administration and occupational health nurses as advocates for self-care programs for nursing staff. This role of nurse leadership, in the form of empowering behaviours, was also investigated by Mudallal et al. (2017) who recruited a convenience sample of 407 RNs from 11 hospitals. Their cross-sectional, descriptive, correlational study suggested the need for more clinical trial and interventional studies to support the development of "programs to reduce work stress as a strategy for attracting nurses, improving quality and achieving optimal organizational outcomes" (p. 9).

In context to nurses' perceived need for self-care to support their health and fitness to practice, Epstein and Delgado (2010) stated that "while nursing research has identified common sources of moral distress, not every nurse will experience distress when faced with these situations" (para. 11). Nurses enter their profession with varying levels of resilience and may find satisfaction in providing care in challenging situations. Reviewing published findings on this topic, Rushton et al. (2015) called "for further research [while] underscoring the importance of cultivating innate resilience via transformational interventions for nurses facing high levels of workplace stress" (p. 417). This suggests that creation and implementation of holistic self-care practices by RNs may strengthen and sustain that resilience from a whole person perspective, supporting health and fitness to practice. However, Blum (2014) suggested that while "provision of holistic care is a hallmark of competent nursing practice, holistic activities centered on self are less prevalent for nurses" (p. 2).

After 30 years of practice as a RN, I personally experienced the integration of holistic with allopathic approaches to self-care and workplace stress reduction. Previously I had focussed

only on my physical wellbeing, but began to incorporate holistic practices that included meditation, yoga, and subtle energy healing modalities. I was inspired and supported through the mentorship of RNs who utilized these practices in their own self-care regimes. Over time, I consistently noticed this integrative approach mitigated the impact of stressors from numerous sources. I paid attention to my physical, emotional, mental, and spiritual health, becoming more in-tune with the relationship between all of them in creating balance in my professional and personal life. I developed the ability to embody a grounded, healthy sense of self, even in the presence of physical pathology. I integrated these concepts into a new private practice, teaching my clients how to explore their health from a holistic point of view. The growth of conscious awareness brought them new meaning to their presenting symptoms, and increased access to inner and outer resources that supported healing. This speaks to the holistic theories of health as expanded consciousness (Newman, 1999) and Sri Aurobindo's evolutionary progression of consciousness (Lamb, 2012).

Through Integral Health at the California Institute for Human Science (https://www.cihs.edu/) I discovered Dossey's theory of Integral Nursing (Dossey, 2008), a framework that expanded nursing practice to include holistic concepts of consciousness, spirituality, and subtle energy systems. I developed an integrative, holistic approach to health with my clients, co-creatively assessing, planning, implementing, and evaluating their individualized self-care plans. I also believed holistic self-care would be helpful to support RNs to decrease stress in the workplace and build resilience, supporting their health and fitness to practice.

Purpose of the Conscious Nurse Project

The research question to be addressed by this proposal is how to create a workshop that will successfully engage RNs in effective and sustainable holistic self-care. The purpose of the Conscious Nurse Project is to provide a workshop template that can be implemented and evaluated in context to this question, serving as a foundation for future program development. Four specific themes were considered and defined to support this.

Methods for engaging RNs in holistic self-care is the first theme identified as important in context to the research question and purpose of the Conscious Nurse Project. Continuing education for RNs is impacted by numerous circumstances which may hinder or support engagement in the learning process. Factors that impact participation in holistic self-care will be defined and investigated in context to personal, occupational, and environmental influences.

Second, methods of effective holistic self-care are defined here as activities RNs can consistently implement to support their personal health physically, emotionally, mentally, and spiritually. Holistic practices accessible by the individual without third party support can be valuable when integrated into everyday life. Activities that are practical and can be implemented as needed in the moment as well as long term will be emphasized by this workshop.

The third theme involves methods of teaching holistic self-care to RNs. Those who work in the allopathic system may not have operational knowledge of holistic concepts. Teaching platforms that deliver this information in an effective way must be defined in order to facilitate a successful learning experience. Implementation of on-line workshops will be the focus due to the current Covid-19 restrictions. Literature evaluating interventional studies of alternative program delivery will also be reviewed to gain broad knowledge of successful methods that may be integrated into the Conscious Nurse Project workshop.

Lastly, methods for creating and supporting a sustainable holistic self-care practice will be investigated. Long-term studies with follow-up evaluations will be reviewed to gain insight into factors that impact long-term embodiment and integration of holistic self-care by RNs. Sustainability will be defined in context to the research question and presented relative to future program development.

The Conscious Nurse Project further explores these four themes by utilizing existing literature to present an introductory workshop intended to support participants in learning and implementing holistic self-care practices. The workshop will be evaluated through quantitative and qualitative data gathering to help discern the impact of the workshop in context to the research question. These themes will be fully investigated through the following literature review.

Literature Review

As cited in the Introduction of this proposal, numerous research studies validate nursing as a multi-dimensional profession with the potential for impacting the physical, emotional, mental, and spiritual aspects of nurses' health and fitness to practice. Literature has also been cited that discussed the use of holistic self-care, encompassing all aspects of the whole person, as a means of promoting and expanding the potential for health. Further investigation of holistically focussed self-care for nurses has been recommended (Alexander et al., 2015; Chesak et al., 2019; Dyess et al., 2018; Janssen et al., 2018; Kramer, 2018; Lamothe et al., 2016; Mudallal & Al Hassan, 2017; Rees et al., 2018; Rushton et al., 2015).

The question addressed by this research proposal is how to create a workshop that will successfully engage RNs in effective and sustainable holistic self-care. Literature review topics that were prioritized to answer this question and support the Purpose of the Conscious Nurse

Project include: (a) methods for engaging RNs in holistic self-care, (b) methods of effective holistic self-care, (c) methods for teaching holistic self-care, and (d) methods for supporting sustainable holistic self-care.

Methods for Engaging RNs in Holistic Self-care

The literature review specific to this topic was conducted to understand factors involved in engaging RNs in learning and practicing holistic self-care. Engagement is defined here as intentional participation in an activity, including short-term training and the embodiment of on-going practice. Literature specifically identifying factors that influenced engagement included those that discussed the roles of worldview and consciousness.

Nurses trained and practicing in the allopathic system may be subject to a conflicted worldview in context to modern versus holistic practices. Schlitz et al. (2010) stated "social and cultural factors interact with human cognitive and biological process to limit conscious awareness" (p. 24) that may impede transformations in worldview. To engage allopathically entrenched participants in holistically based self-care, a fundamental shift in perspective may be required to change one's sense of self. Schlitz et al. inferred "there are times when an experience is so profound, or shifts people's steady state in such a fundamental way, that they are forced to change the way they view the world" (p. 19). This shift includes "not only a change in what people do, but also in who they understand themselves to be at an ontological level" (p. 20). The parameters of "experiences" that facilitate transformation is unclear.

A study conducted by Vieten et al. (2006) described how little is known about the predictors, mediators, and outcomes of transformations in consciousness. In-depth interviews conducted with 47 subjects involved with traditional religious and modern transformative movements described worldview change as being "mediated by having deeply personal

subjective experiences, often affect-laden …" (p. 922). These experiences elicited self-reflection on values, causing the individual to question their current worldview and engage in integration of new information. Participants reported "that in response to a shift in perspective or expanded worldview there is also often an alteration of one's sense of self …" (p. 923). This shift in perspective may facilitate engagement in practices not previously considered viable within their previously held worldview. Personal experiences facilitating shifts in consciousness may be important factors in engaging allopathically trained RNs in holistic self-care.

Self-knowledge and self-compassion are also relevant factors influencing RNs' engagement in holistic self-care. Over a 12-week period, Dezorzi and Crossetti (2008) conducted a workshop-based qualitative study of nine ICU nurses which linked deep reflection on spiritual practices to deepened connection with self -knowing. Reflection occurred "through prayers, intimate contact with nature, as well as through the connection to a Higher Power [resulting in] tranquility, welfare and strengthening for life and, therefore, for ICU work" (p. 216). This study emphasized participation in activities that support self-awareness in the form of "self-knowledge … as an essential practice in care for oneself, constituting a starting point" for developing holistic perspectives (p. 217). Self-assessment through deep reflection may be a pre-requisite for engaging in holistic self-care.

In context to self-compassion, Andrews et al. (2020) created a conceptual framework situating permission as being "central in enabling nurses to care for themselves" (p. 7). Their constructivist grounded theory study of 30 nurses from various areas of practice identified that "participants recognised the importance of caring for themselves as well as others but were unsure how to do so in their everyday working lives. Permission was seen to be key – from self and others" (p. 9). Andrews et al. suggested this sense of permission could be reinforced by

employers offering programs including mind-body practices to support nurses with self-care. Reyes (2012) conducted a concept analysis of antecedents, attributes, and consequences of self-compassion and the implications for clinical nursing practice. Reyes cited mindfulness as an attribute of self-compassion. Cultivating self-compassion through mindfulness practices may in fact enable RNs' engagement in holistic self-care.

To explore factors that influenced engagement in training in mind-body practices, Kemper et al. (2011) conducted a cross-sectional on-line survey of 342 RNs from diverse practice areas. In rating factors involved in engagement with mind-body training programs, participants cited "convenience (74%) … time required to complete training (58%), time required for daily practice (60%), and being able to train at one's own pace (58%) [as being] essential or very important …" (p. 4). Kemper et al. also identified that "nurses expect [holistic] practices to have spiritual, emotional, and mental as well as physical benefits…" (p. 5). This implies the need to ensure holistic self-care education meets these requisites in order to enable engagement. Martin-Asuero and Garcia-Banda (2010) conducted a semi-experimental study to determine the impact of an 8-week mindfulness program for health care providers, including nurses. Participants reported that mindfulness practice was difficult to integrate into their everyday activities. The researchers, however, reported a 92% attendance in the program, attributing this to factors such as "the instructors experience …, the fact that this course was professionally accredited, the financial compensation for collaborating, and the participants' satisfaction with the content of the program …" (p. 902).

Mensah and Anderson (2015) conducted a systematic review of the literature related to the topic of what promotes or inhibits the practice of mind-body therapies by healthcare providers. Participants reported a consistent barrier to using mind-body therapy for self-care was

time. This included not being able to schedule time off to participate in the training, high work demands, and difficulty accessing the course during work hours. Difficulty grasping phenomenological concepts was also cited as a barrier to training and engagement in holistic self-care. Mensah and Anderson (2015) identified further factors for engaging in mind-body practices as course content being evidence-based and "support either financially or encouragement from leaders" to attend (p. 129).

This literature review has identified a number of common themes related to this topic, philosophically and operationally. Worldview transformation, self-knowledge, and self-compassion were identified as influential in the transformative process supporting engagement in holistic self-care activities. Their direct role as factors in engagement was not clearly illustrated through interventional studies. Research specific to the philosophical aspects of engagement in holistic self-care by nurses is lacking. Operational factors in engagement included time available for training and practice, and accessibility amidst work demands. Organisational support, financial compensation for participation in research studies, and course accreditation as influencers of engagement were also discussed in the literature. The general impact of these influencers was not clear.

Methods of Effective Holistic Self-care

A literature review to investigate methods of effective holistic self-care for RNs was conducted. Holistic self-care methods are intentional, goal-based activities that support the integrative aspects of an individual's experience of health, including physical, emotional, mental, and spiritual. These activities include conventional approaches to stress reduction and physical and mental illness, as well as those that embrace post-modern, consciousness-based practices. Levin and Idler (1983) defined self-care activities as those used to promote and restore one's

own health, preventing and limiting disease. They also noted "non-allopathic systems of health care have become readily accessible and attractive" (p. 190). Orem distinguished the concept of self-care activities from "dependent-care" as those which an individual initiates for themselves, without an agent acting on their behalf (Denyes, 2001, p. 48). Practices that reflect these definitions, initiated both in the moment and long term to support health and fitness to practice, were found through the literature review. The majority of recent research studies discussing self-care methods for nurses emphasized mind-body practices**. "**Mind-body practices focus on the interactions among the brain, mind, body, and behavior, with the intent to use the mind to affect physical functioning and promote health" (American Nurses Association & American Holistic Nurses Association, 2019, p. 241). These practices may include (but are not limited to) yoga, meditation, visualization, hypnosis, prayer, art and music therapies, biofeedback, and therapeutic counselling.

Cocchiara et al. (2019) conducted a systematic literature review to analyze current knowledge of the effect of yoga practice on stress and burnout of healthcare professionals. Relevant studies were selected including seven clinical trials and four observational studies. They concluded that "… stress levels and burnout are consistently reduced in subjects who practice yoga techniques and mind-body meditation" (p. 8). Cocchiara et al. pointed out the clinical interventional trials reviewed were of an overall low quality, with the observational studies presenting as good quality. They also identified the weakness of their analysis as being "undeniably related to the low numerical consistency of studies present in the literature and at the same time to the heterogeneity of the interventions that results in a difficulty to make comparisons" (p. 8). They called for future implementation of research studies of larger sample groups utilizing a solid methodological approach.

Alexander et al. (2015) conducted a randomized controlled trial of an 8-week yoga-based intervention to mitigate stress for 40 RNs working at an urban teaching hospital. This intervention utilized practices such as breath-work for nervous system self-regulation, basic physical yoga positions, and simple meditation. "Based on the reported effect size, this yoga-based intervention is promising, but further research is necessary to confirm the findings" (p. 468). Hilcove et al. (2020) also conducted a 6-week randomized controlled study on a group of 40 RNs and HCPs (health care providers) practicing in a community-based hospital system to measure effects of a mindfulness-based yoga intervention. A statistically significant improvement was reported by participants in perceived stress levels, experience of burnout, vitality, sleep quality, serenity, and mindfulness compared to the control group. Quantitatively this study reported no statistically significant changes in biomarkers such as cortisol and blood pressure levels. Cortisol and blood pressure levels are significant indicators of physiological stress related to the sympathetic nervous system response to perceived stressful events. Hilcove et al. reported these remained within healthy baseline ranges, "suggesting this was not a chronically stressed group of participants … an overall healthy group" (p. 10). Limitations of this study included the lack of a measure for chronic stress to look more closely at biomarker levels, and the self-reporting of participants. In a randomized crossover 8-week trial of 20 RNs who worked night shift, Miyoshi (2019) found subject participation in restorative yoga training significantly reduced the impact of workplace stressors. Limitations of this study included lack of generalizability, and the short intervention time frame which did not assess participants' on-going use of restorative yoga as self-care.

Montanari et al. (2019) conducted a low cost, time-effective mindfulness-based intervention for 52 RNs working on an in-patient medical unit. Initially, "results of this pilot

were mixed. … [and the] intervention did not significantly reduce RN perceived stress and burnout as measured by" quantitative analysis (p. 186). However, "despite the short duration of the intervention, positive trends noted in quantitative data and qualitative results demonstrated favorable perceptions of the intervention's effectiveness …" (p. 186). Participants expressed a willingness to use and learn similar stress management techniques in the future, however long-term follow-up was not conducted to validate this. Limitations of this study included the diminished number of participants completing the post-intervention questionnaire (32), small sample size, and self-reporting aspects of this project. Wright (2018) evaluated the effectiveness of a holistic self-care training module on nurse mid wives' perceived stress. This 4-week, web-based pilot program focussed on teaching "yoga, meditation, and MBSR [mindfulness-based stress reduction]" (p. 167). The pre-and post-test quantitative analysis of 10 subjects suggested the potential for improved stress reduction by using mindfulness-based practices. The study did not report on the probability of participants using these practices in the future.

Saedpanah et al. (2016) conducted "a quasi-experimental study with control and intervention groups to assess the impact of emotion regulation training on occupational stress of critical care nurses" (p. VC02). Pre- and post-tests measuring perceived stress levels were administered and weekly interventional training was provided in two-hour sessions by a registered psychologist over an 8-week period. This training included focussing on "expanding attention, shifting attention and stopping mental rumination" (p. VC02). Saedpanah discovered a reduction in perceived stress reported by participants. However, it is difficult to discern whether this training provided the participants with practices that could be applied specifically as achievable, on-going self-care. Dyess et al. (2018) conducted a mixed methods pilot study of meditation as self-care for practicing nurse leaders. They stated, "the self-care practice of

meditation is regularly cited within the literature for nurses and nursing students as a viable intentional approach to mitigating stress" (p. 80). Through a 2-hour instructional and 12-week supported practice intervention, they identified "a statistically significant drop in perceived stress at 6 weeks and again at 12 weeks" (p. 79), implying meditation is an achievable and effective self-care practice.

Crane and Ward (2016) acknowledged the integral relationship of physical, emotional, mental, and spiritual self-care activities, suggesting a first step should begin in the physical realm. "The first way to begin self-healing and self-care is by activating the parasympathetic nervous system" (p. 390) in order to calm an individual's response to stress. Activities such as breathwork, meditation, yoga, and visualization were suggested in their continuing education program for RNs. Crane and Ward stated that "although research can guide inquiries into stress reduction techniques, what works for one person may not work for another" (p. 396). This article did not document participant feedback but made provisions for learner evaluations at the end of the course. The results of these evaluations were not reported. Potter et al. (2013) conducted a pilot study of 13 oncology RNs who participated in two separate interventional programs. These programs were comprised of four 90-minute after work sessions over a period of four weeks. "The program interventions were designed to promote resiliency through self-regulation, intentionality, self-validation, connection, and self-care" (p. 182). This study reported the most helpful aspect of the intervention for participants was "learning about the use of relaxation exercises to achieve self-regulation" (p. 185). The exercises specific to self-regulation were not described. Other limitations to this study included the small sample size and self-selection of participants. Potter et al. speculated that RNs who may have benefited the most from this type of intervention may not have participated due to time demands and work constrictions.

A number of studies related to spiritual-care training for RNs in context to direct patient care were found. Literature specific to interventional studies investigating "spiritual self-care" practices for this subject group was lacking. Spiritual aspects of self-care are broad and speak to the use of individualized holistic practices. These practices may include yoga, meditation, mindfulness, and participation in activities that support personal beliefs and values (Alexander et al., 2015; Chesak et al., 2019; Janssen et al., 2018; Lamothe et al., 2016; Wagner et al., 2018). Fauver (2011) also described "meditation, mindfulness practice, spiritual guidance" and modalities such as "Reiki, energy healing, [and] shamanic healing …" (p. 2) as spiritually oriented supports.

Cain (2019) conducted a quantitative descriptive study of 1259 perianesthesia nurses to determine the impact of prayer on their sense of well-being. "Prayer … is defined as communicating with one's God or higher power and can include talking, listening, and meditating" (p. 1188). Data for this study was gathered using the Prayer Function Scale and subject demographic information including gender, age, marital status, years of practice, and level of education. Cain reported that those subjects who were older, those who had experienced marriage, and those who had practiced as nurses for over 20 years were most likely to utilize prayer as a coping mechanism. Cain concluded that "reduction of nurses' stress through prayer is one way to ameliorate the ill effects that can impact nurses through stress" (p. 1193). Cain stated there is little information regarding the impact of prayer as a coping strategy for nurses and regarded this as a preliminary study in the field. Limitations included not addressing what the acts of prayer and meditation actually looked like, and the need for more scrutiny regarding whether the sample accurately represented the population of nurses. This study did not provide information as to on-going use of prayer as self-care with this subject group.

The most commonly cited holistic self-care modalities that met this topic's literature review criterion were yoga, breath-work for nervous system self-regulation, meditation, and mindfulness-based stress reduction techniques. Individualization of practices was recommended to support subjects' perception of health and need for self-care. Further research into this topic is called for in the existing literature. Studies specific to whether theoretical knowledge of these self-care practices and holistic concepts impacted their utility and effectiveness were not found. Common limitations included small sample size, lack of generalizability of results, self-reporting, and inadequate study length to support follow-up post interventional analysis. A lack of follow-up data regarding the sustained use of these modalities by practicing RNs was also noted.

Methods for Teaching Holistic Self-care

A literature review to investigate methods for effectively teaching holistic self-care to RNs was conducted. Studies evaluating educational platforms as interventions specific to this topic were found. This review was further narrowed to focus on interventions specific to the common holistic self-care practices previously identified. Although on-site research is currently problematic due to COVID-19 guidelines, studies that utilized physical venues were still included to gain broad insight into their effectiveness. The literature review identified research studies that evaluated on-site educational programs implemented at the workplace, and on-line educational programs specific to this topic. Research studies that evaluated alternative methods to these two program platforms that spoke specifically to teaching RNs holistic self-care were not found.

On-Site Training Platforms

Dyess et al. (2018) conducted a mixed methods interventional study to investigate the

impact of a 2-hour workshop for nurse leaders from acute care hospitals. Twenty-two nurse

leaders were taught a simple meditation practice to incorporate into their daily activities,

receiving "weekly electronic messaging contact … to encourage their self-care meditation and

provide support …" (p. 82). Dyess et al. found that simply framed meditative practices "can be

implemented more readily by nurse leaders in acute care practice settings and seen not as yet

another thing to do in an already stress-filled chaotic environment" (p. 88). A separate mixed-

methods interventional study conducted by Muir & Keim-Malpass (2019) provided on-site

training in mindfulness meditation at the end of day shift, monthly for three months to 37

emergency room (ER) nurses. Didactic material introducing the concept and application of

mindfulness was also presented. Their data revealed "significant improvements in burnout

scores" with participants reporting "the mindfulness practices are actively utilized in their

clinical practice" (p. 218). Data collection was facilitated pre-intervention, at the completion of

the course, and between one to three months post-intervention. Muir and Keim-Malpass

suggested a longer intervention period, utilizing venues outside of the workplace, and

maximizing schedule flexibility as future study design considerations.

Bazarko et al. (2013) conducted a nonrandomized interventional study of the impact of a

mindfulness-based stress reduction program on 36 RNs employed in a corporate setting. This

intervention "involved a full-day in-person retreat … at the beginning [and end] of the 8-week

program, six weekly 1.5-hour group teleconference calls at a regularly scheduled day and time,

and email contact with the instructor between sessions" (p. 116). The participants received

mindfulness instruction, resources to support required homework, and 30-minute home

meditation practices. Data analysis suggested this "blended delivery of [mindfulness-based stress reduction] using in-person and telephonic mediums had a positive impact on the nurses' self-reported health and wellness … with all improvements either sustained or showing continued improvement 4 months after the … intervention …" (Bazarko et al., 2013, p. 123). Data analysis also showed positive outcomes with follow-up showing participants carrying on with practices up to 16 weeks post intervention.

Adimando (2018) conducted a comprehensive literature review to identify "evidence-based interventions for preventing and alleviating compassion fatigue in nurses" (p. 306). This review guided the implementation of an evidence-based change project involving 24 RNs working in pediatrics and psychiatry. The on-site intervention consisted of a 1-hour workshop offered multiple times over a period of eight weeks to accommodate nurses' schedules. The workshop intervention included demonstration and discussion of self-care activities such as breathwork and meditation, supporting "individualizing practices based on preference and lifestyle" (p. 308). Quantitative data collection and analysis utilized the 12 question Compassion Fatigue Knowledge test. The results showed a mean difference of 47.5% representing an increase in participant knowledge of the content presented during the workshops. Qualitative data collection and analysis was conducted using a post-intervention survey of open ended and Likert-scale type questions, and the Professional Quality of Life Scale (ProQOL). Although only 10% of participants completed the follow-up ProQol survey, participants reported "benefit from and satisfaction with the program contents and format, as well as positive changes in their self-care practices and professional nursing practice …" (p. 315). Adimando reported the limitations of their study included location (at the workplace), cost (RNs were paid through their workplace budget to attend), and inability to utilize the workplace email system for research projects. The

latter was cited as a possible reason for a diminished response in post-intervention

questionnaires.

A pilot mindfulness interventional study conducted by Montanari et al. (2019) was

implemented with a subject group of 26 RNs on-site within a general medical unit. A learning

space was created offering holistically based practices such as "a guided mindfulness CD,

soothing sounds machine with breathing technique instruction, mindfulness prompts, a journal,

and water/snacks" (p. 175). Participants accessed this learning space during their shift each

weekend for a period of six weeks. Quantitative data analysis of pre-and post-test surveys

showed only a 4.3% decrease in reported workplace stress. Pre- and post-intervention Perceived

Stress Scale data also did not show a significant decrease in perceived stress by participants.

Analysis of the Maslach Burnout Inventory data did not achieve statistical significance and

showed a persistence of moderate range emotional exhaustion. Montanari et al. attributed these

results to the short duration of the intervention, which they considered a limitation of their study.

A slight trend to decreased emotional exhaustion and perceived stress in follow-up to the 6-week

intervention was reported. Montanari et al. considered this as partial achievement of their

"hypothesis that there would be an improvement in nurse stress and burnout scores…" after

participating in their study (p. 185). Qualitative data analysis identified relaxation, nourishment,

and refocussing as themes experienced by participants during this Intervention. The degree to

which these themes impacted participants or influenced their use of these holistic activities was

unclear. Small sample size and self reporting were further limitations of this study.

On-line Training Platforms

There were a number of interventional studies evaluating web-based teaching platforms,

however there were few that investigated platforms specifically for teaching practicing RNs

holistic self-care. Wright (2018) utilized a web-based format with 10 nurse mid-wives from multiple practice settings. Over a 4-week period, "participants logged into a password-protected website and engaged in a modality 4 days each week" (p. 162). Holistic self-care practices that included mindfulness-based stress reduction, yoga, and meditation were taught. "The accessibility of the module and the fact that it operates asynchronously may have helped participants complete the modules" (p. 167). Pre- and post-interventional quantitative data analysis showed improvement in coping and reducing perceived stress. Wright stated that a broader subject group and gathering of subjective data from participants is needed to validate the efficacy of a web-based platform. Gollwitzer et al. (2018) also conducted a randomized controlled web-based interventional study to evaluate the impact of an on-line teaching platform for self-regulating stress. Participants learned a basic stress reduction technique through written instructions found on the Intervention's website. There was no active contact with an instructor other than email reminders by the researcher at specific times during the study. Quantitative data analysis of the 33 non-control group nurses showed a decrease in perceived stress post-participation. Gollwitzer et al. acknowledged that data not collected regarding participant adherence to learned stress reduction techniques, and how this correlated with the reported decrease in perceived stress would have been valuable information for this study. Insight into the sustainability of the practice taught is also not reported.

Kemper and Khirallah (2015) conducted a prospective cohort study of health care professionals including RNs, to evaluate the impact of their participation in on-line mind-body skills training. The elective 1-hour modules offered training in a variety of skills including mindfulness, guided imagery, and hypnosis over a 7-month period. These skills were taught and presented in context to everyday use for stress management, pain control, insomnia, behaviour

modification, relaxation, and resilience. The 12 modules were web-based and accessible in any order at any time providing multi-media learning tools and links to didactic information. Self-reflection was encouraged as participants learned each skill. Kemper and Khirallah reported that of the 1031 registrants, 513 completed one or more modules and 42 completed all 12 by the end of the intervention's time frame. Quantitative data analysis determined that a variety of the mind-body practices were popular amongst the participants, the most popular being stress reduction, resilience, relaxation, and guided imagery. "The brief training offered online in this study resulted in significant acute changes in stress, mindfulness, empathy, and resilience" (p. 251). The researchers acknowledged the sustainable impact of this training on participants is unknown and posed the question of how to further evaluate sustainability, cost-effectiveness, and formats for delivery. Kemper and Rao (2017) subsequently conducted a prospective cohort study of 379 health care professionals including RNs, to evaluate the effectiveness of on-line focussed attention meditation training modules. The intervention of this study consisted of three 1-hour web-based learning modules. Participant practice and reflection was guided through multi-media presentation of content. Links were provided to peer-reviewed research on subjects taught. Kemper and Rau's quantitative findings showed that "brief online training was associated with small but significant improvements in factors related to burnout and resilience in health professionals" (p. 397). The researchers suggested follow-up analysis of these immediate results to determine the duration of the observed impacts of this on-line intervention. "Additional training, booster training, or support groups might be valuable" (p. 398).

This literature review identified a number of common themes in context to the topic of methods for teaching holistic self-care to practicing RNs, shaping the development of this research proposal. These themes included accessibility to content, types of learning tools and

resources, location, length of instruction, and program time. Sensitivity to learning needs was noted in context to individualization of practices taught. Interventional studies specific to this topic described on-site and on-line platforms with a lack of literature for on-line platforms being identified. Instructor-participant interaction was also a theme in this review. All on-line interventional studies were fully participant guided, with some supportive email contact from the researchers throughout the study. Literature describing the impact of instructor-facilitated versus self-directed learning in context to on-line platforms was lacking. The impact of an instructor educated in holistic theory and self-care practices was also not specifically reported in context to either platform. Data reporting the impact of the interventional studies on long term sustainability of holistic self-care was also a noted gap in the literature.

Methods for Supporting Sustainable Holistic Self-care

Determining methods for supporting sustainability of holistic self-care must consider the relationship of all elements of this proposal's research question, including engagement, practices, and teaching. A mainly positive impact on the subjects from participating in interventional studies has been identified in the previous literature reviews. The need for follow-up data collection to evaluate sustainability of holistic self-care has been raised (Cain, 2019; Cocchiara et al., 2019; Gollwitzer et al., 2018; Hilcove, 2020; Kemper & Khirallah, 2015; Kemper & Rao, 2017; Miyoshi, 2019; Montanari et al., 2019; and Wright, 2018). Investigation of the three previous topics has already cited themes relevant to barriers and enablers that may be applicable to sustainable practice. These included busy schedules, individualized approaches to self-care, cultural and workplace supports, and worldview paradigm shifts. The perceived value of integrating holistic self-care into daily life may be just as important as time available for meaningful practice. A literature review was conducted to identify methods for supporting RNs

to sustain holistic self-care. This review included theoretical perspectives as well as interventional studies specific to this topic.

Denyes et al. (2001) explained the theory and concept of self-care is "important and complex because the individual, the self, is both the agent of the action (the one acting) and the object of the action (the one acted upon)" (p. 48). Regulatory requirements for engagement in self-care change during the life cycle and with human and environmental conditions. "Self-care requisites are unique to the individual because of life situation or prevailing internal or external conditions and circumstance are specific and not generalizable" (p. 51). This speaks to the necessity for flexibility to meet unique and evolving needs over time. Permission (from self or others) to adjust and tailor holistic interventions to fit the individual's needs is essential to enduring practice. This may entail life-long learning and mentorship from like-minds to support one's holistic worldview. Denyes et al. noted that the answer to sustaining self-care requires further research. They cited the need to identify what "powers and capabilities [are] required by an individual to produce self-care for themselves" as well as what "stimuli are associated with persons' activation of such powers and capabilities" (p. 54).

Shelton et al. (2018) conducted a critical review of conceptual and methodological themes in context to sustainability of interventions in a range of public health and health care settings. Sustainability was most commonly defined as "continued use of program components and activities for the continued achievement of desirable … outcomes" (p. 58). The researchers suggested "an intervention could be considered sustained at a given point in time if, after the initial start-up implementation support had been withdrawn, core elements were maintained" with adequate capacity for continuity (p. 58). Shelton et al. viewed sustainability as process versus outcome, dynamic in nature, impacted by influencing factors at all levels of learning and

implementation, reliant on capacity of an individual or system to sustain. This is congruent with Denyes et al. (2001) view of process variables that impact the engagement and practice of self-care. Sustainability in systems including personal holistic practices is contingent on recognizing the impact of multi-dimensional factors that influence process and capacity.

Koran and Purohit (2014) conducted an integrative literature review with the goal of recommending effective interventions for supporting the spirituality of health care practitioners. Spiritual practices were broadly defined as those that support "the pursuit of meaning and purpose in life and the shared interconnections with the world, with a Higher Power, and with other persons who share this world" (p. 292). Interventions designed for patients, those of a formal religious nature, dissertations, case studies, review articles, and meta-analysis were excluded. Fifteen interventional studies that met criteria were identified, utilizing methodologies that ranged from experimental, quasi-experimental, qualitative, and mixed methods designs. Mindfulness and yoga-based practices, meditation, Reiki, Qigong, and Tai Chi were used in the interventions of these studies. Post-participation follow-up ranged from 5 to 19 weeks. Koran and Purohit reported that there was little information in the review regarding the sustainability of these practices once they were introduced. Ongoing reinforcement of practices in short increments over an extended period was recommended, citing healthcare workers' busy schedules as mediators of sustainability. One limitation of this review in context to holistic approaches to self-care included the exclusion of formal religious practices. A holistic view of an individual is inclusive of all activities that support the physical, emotional, mental, and spiritual self, as well as participation in one's chosen area of worship.

The question of how to sustain holistic self-care is multi-dimensional. Engagement with, and completion of an educational program does not ensure sustainability of practice. This

literature review identified individual regulatory requirements for engagement, evolving life

circumstances, and individual capacity as factors that may influence implementation of enduring

holistic self-care. Limitations of this review included lack of data regarding long-term follow-up

of participants in these interventional studies, and the impact of ongoing education and

mentoring. The answer to the question of how to sustain holistic self care may be further

clarified with subjective follow-up feedback from participants.

This research proposal's literature review has revealed relevant information in context to

the question of how to create a program that will effectively engage practicing RNs in learning

effective and sustainable holistic self-care. The existing literature, gaps, and limitations will be

considered in the development of the intervention of this research proposal.

<div align="center">**Workshop**</div>

The intervention of this research proposal will be implemented in the form of The

Conscious Nurse Project workshop. The workshop was developed by integrating evidence from

the literature review with foundational holistic and consciousness theories. Participants will be

taught holistic self-assessment, and how to plan, implement, and evaluate their individualized

holistic self-care plans. The 3-months post-intervention evaluation will help answer the question

of how to create a workshop that will successfully engage practicing RNs in effective and

sustainable holistic self-care.

Theoretical Framework

This workshop supports the education and engagement of RNs in holistic self-care by

integrating Margret Newman's and Sri Aurobindo's theories of health and consciousness into its

curriculum. This integration emphasizes the role of consciousness (physical, emotional, mental,

and spiritual) in supporting health. Nervous system self-regulation will also be an underlying

theme within the curriculum, as this research proposal assumes stressors associated with nursing practice are a factor driving the need for holistic self-care.

Nursing as a "culture of care" has been entrenched in the modernistic, allopathic healthcare system. Rafferty et al. (2017) described how healthcare organisations are looking critically at ways to improve patient-care delivery stating "cultures of care that are too often 'task-based' when they should be person-centered" can become problematic (p. 1). MacPhee et al. (2017) agreed adding "when nursing is reduced to 'task and time' mechanistic approaches to care delivery, nurses suffer from emotional and moral distress" (p. 13). A post-modern paradigm shift has clients increasingly engaging in traditional and complimentary health practices (WHO, 2019). This presents an opportunity to encourage nurses to reframe their views on health and adopt a holistic view not only for their clients but for themselves.

Health as Expanding Consciousness

Margaret Newman's theory of health as expanding consciousness (Newman, 1999) supports the shift to a holistic view of health and self-care with an integrative model that includes the role of consciousness. Emergent and evolving patterns of individual states of being are recognized by Newman as being integrally related to the patterns of the environmental systems around them. "To see health as a pattern of the whole, we need to see disease not as a separate entity that invades our bodies but as a manifestation of the evolving pattern of the person-environment interaction" (p. 17). Systemic imbalance including the presence of disease may be viewed as an integrating factor in the evolution of consciousness.

Newman's theory recognizes consciousness as being energetically based, inherent to all aspects of Self and the environment. Newman (1999) refers to Self as being "inextricably embedded in the universe. … experienced in terms of the space-time of the world, in terms of all

the things included in the zone of personal organization" (p. 63). Humans are "open energy systems constantly interacting and evolving with each other" (Newman, 1999, p. 25). These energetic systems are full of information, positive and negative depending on vibrational frequency. Kramer (2018) used Newman's theoretical framework to develop a pilot project that introduced the use of energetic modalities to nursing students as a means of self-care. While not a formal research study, the students reported improvements in self-awareness, "… reduced physical pain and increased appreciation for their clinical work and the world around them" (Kramer, 2018, p. 370). The concept of health is thus expanded beyond the individual physical and mental states to include holistic aspects of Self, and the impact of interconnected environments. This view empowers individuals with access to infinite internal and external resources to support their sense of well-being.

Based on Newman's view of the interconnected impact of consciousness from multiple sources, self-care must include more than just focussing on manifest illness. This theory is congruent with the CNA (2017) definition of health as "a state of complete physical, mental (spiritual) and social well-being, not merely the absence of disease" (p. 23). RNs are potentially impacted in more than physical, mental, and emotional ways due to the complex nature of their work. Holistic approaches are appropriate though often neglected methodologies for supporting multidimensional aspects of health.

Sri Aurobindo's Consciousness Theory

Self-awareness was identified in the literature review as a factor in initiating self-care. Sri Aurobindo's theory of evolving consciousness will be utilized to support participants' awareness of the multi-dimensional aspects of Self. Sri Aurobindo defines Self as a primal reality, a

presence found in all things, and one's essential being (Lamb, 2012). Self is differentiated from others, yet, congruent with Newman's theory, integrally connected to external systems.

Lamb (2012) demonstrated Sri Aurobindo's theory via her adaptation of the Concentric Map and Evolutionary Ladder of Consciousness (see Appendix A). One's physical, emotional, mental, and spiritual consciousness evolves through experiences of involution and evolution. Sri Aurobindo described these experiences as the process of integrating circumstances that challenge the homeostasis of Self. This process requires deep reflection or "turning-in" to connect with inner wisdom, which results in an evolution to a higher state of consciousness. These "turning-in" events are essential to the stability of the Self in the presence of systemic imbalance and can occur in varying degrees. Congruent with Newman's theory, consciousness holds information and is energetically based. Sri Aurobindo's is also an integral theory which recognizes the impact of the environmental consciousness and the need for integration of experiences to create and maintain balance and health.

The basic premise of this theory will be utilized as the foundation of the Holistic Self-assessment Tool introduced to RNs in this workshop (see Appendix B). Sri Aurobindo discussed how imbalance in any one of the four aspects of consciousness will impact homeostasis but does not recognize one aspect as more important than the other. Identification of, and connection with their physical, emotional, mental, and spiritual consciousness will be supported through participants' daily self-reflection. Participants may begin to conceptualize a holistic approach to self-care through this activity, broadening their awareness of the meaning of health also reflected by Newman's theory.

Nervous System Self-regulation

This research proposal assumes the need for holistic self-care can be driven by the impact of stressors associated with nursing practice. These stressors can arise through experiences with patients, the work environment, and other systems related to RNs such as managing personal responsibilities outside of work. In context to nursing professionals, des Merces et al. (2016) discussed that the experience of "chronic stress can cause systemic problems … disrupting homeostasis, even resulting in pathological process" (p. 1). Exposure to stressful situations can trigger the fight or flight responses of the sympathetic nervous system. These responses include difficulty focussing on abstract thought, increased anxiety, increased heart rate and blood pressure, and stimulation of the adrenal glands. The inability to function (freeze and collapse) can occur if there is no resolution to this stimulation. Approaches to self-regulation of the nervous system have been developed in context to trauma therapies (Emerson, 2015; Malchiodi, 2015; Stanley, 2016; van der Kolk, 2014). Reflecting on Newman's and Sri Aurobindo's theories that experiences and environments impact individuals in context to energy and consciousness, vicarious exposure to the trauma of their patients and the stress of their colleagues may have a cumulative negative effect on the nervous systems of RNs. Through personal experience and conversation with practicing RNs, this author can report the ability to absorb learning is often dependant on the ability to focus in a calm and meaningful way. A dysregulated nervous system impacted by chronic stress does not support this. Thus, exercises to facilitate rest and recovery are valuable in context to learning and developing holistic self-care routines. Malchiodi (2015) explained that self-regulation of the nervous system "is the ability to modulate affective, sensory and somatic responses that impact all functioning including emotions and cognition" (p. 1).

Vinson (2019) stated "it is possible to regulate vagal responses through simple practices like breathwork" (p. 8).

Praxis

      The integration of these theories with information gathered from the literature review influenced the planning and implementation of The Conscious Nurse Project workshop. Holistic self-care and nervous system self-regulation practices, an on-line teaching platform, and methods to support engagement were integrated to create the workshop's five on-line modules. This integration of theory and practice resulted in the development of a teaching framework that engages participants in activities meant to support self-reflective experiential learning.

Core Content

      The core content of this workshop will be taught by the researcher who is a RN with 30 years of nursing practice. The researcher also has 6 years of experience teaching consciousness theory, subtle-energy healing, and mindfulness meditation in context to self-care. Holistic approaches to health including subtle-energy practices and consciousness can be difficult to grasp. The workshop will utilize an introductory, foundational approach to these concepts. The core exercise of this workshop is based on the nursing process model (Wingard, 2005). Participants will be taught to holistically assess, plan, implement, and evaluate their own health. Internal and external resources will be identified in order to create an individualized holistic self-care plan (see Appendices C and D). The self-care plans will reflect the participants' learning of holistic theory. Achievable implementation will be emphasized to create a foundation for long term holistic self-care. Participants will learn to re-evaluate their practices to address evolving needs over time. These initial plans will be completed by participants at the end of the course to receive a Certificate of Completion.

Exercises to regulate the nervous system will be introduced to address the issues of RNs' stress and burnout. These exercises include bilateral self-regulation, breath-work, grounding, and mindfulness practice. Body-scan meditations will be taught to support holistic self-awareness and expansion of consciousness congruent with Newman's and Aurobindo's theories. Resources for deeper study will be provided for future use.

Teaching Platform

This research proposal will add to the literature by implementing and evaluating a fully on-line workshop that includes interactive instruction and mentoring. Modules for on-line delivery will be provided weekly for a period of five weeks. The Zoom conferencing program will be used as a virtual classroom. The live Zoom classes will be accessible via video or chat options depending on participant comfort levels. Each one-hour module will consist of lecture, exercise demonstration and practice, and time for questions and feedback. Participants will be encouraged to share thoughts and experiences in context to the module content, and time will be extended if class engagement dictates. This teaching platform will utilize a flexible, experiential multi-media model of delivery. Participants may access all teaching resources and recordings of the weekly live instruction for the duration of the study through the Conscious Nurse Project website: www.theconsciousnurseproject.com.

Engagement

The literature review identified time available to participate, scheduling issues, high work demands, and accessibility to training as prevalent influencers of RN engagement in holistic self-care. These operational factors are acknowledged by the workshop. Each module will be recorded for flexible access if scheduling issues arise. All workshop resources (readings, videos, and class recordings) are linked in the Syllabus (see Appendix E) for download via the workshop

website. Instructor mentorship will be available through email contact or Zoom conferencing until the 3-month follow-up evaluations are submitted.

The literature review also identified self-knowledge, self-compassion, and shifts in worldview as factors that influenced RNs engagement in holistic self-care practices. The workshop has acknowledged these factors by integrating Newman's and Sri Aurobindo's theories of health and consciousness within the curriculum. Self-knowledge will be supported by holistic self-assessment. The mindfulness body scan meditation practices will also support connection to Self. Self-compassion will be discussed in the first module and appear as a theme throughout the workshop. Creation of Sacred Space will also be introduced as a personalized option to support engagement.

Sustainability

Literature regarding the sustainability of holistic self-care by RNs is lacking. Further research, longer intervention times, and follow-up surveys have been cited as means for determining sustainability of holistic self-care. This 5-week intervention will add to the literature by including a post-intervention and 3-month follow-up survey. Feedback from participants will also identify specific factors that positively and negatively influenced their ongoing self-care practices.

Methods

Quantitative and qualitative methods will be utilized to evaluate the impact of this workshop in engaging RNs in holistic self-care. This mixed methods approach will provide insight into the effect of basic holistic practices on their perceived stress levels. Data collection will also focus on issues of sustainability.

Hypothesis

I hypothesize that an introductory workshop that is theoretically based, flexible, experiential, and mentored will be effective in increasing RNs' engagement in learning and practicing holistic self-care. I also hypothesize that after completing the workshop, participants will report lower stress as measured by the Perceived Stress Scale, and these benefits will be largely maintained at 3 months after the workshop. Finally, I hypothesize that utilizing a framework RNs are familiar with (assessment, planning, implementation, and evaluation) will increase the likelihood of holistic self-care sustainability. These hypotheses will be tested through mixed methods data analysis.

Participants

The volunteer participants for this research proposal will be currently practicing RNs from any area of healthcare in British Columbia. The participant source is impacted by the current limitations imposed by the Covid-19 pandemic. All non-essential research within the Fraser Health Authority in British Columbia is suspended until further notice. The BCCNM does not currently have this suspension. An informal outline of its research guidelines has been provided to the researcher. These guidelines include presentation of the research proposal for BCCNM's approval, adoption of their confidentiality protocols, and sharing of materials to be used in the research study. Identification of a site-specific sponsor is not necessary because the Conscious Nurse Project is implemented on-line. The BCCNM will notify their members of the opportunity to volunteer via email, requesting a response within two weeks with consents signed and the intent to participate. There were 38,041 RNs registered in British Columbia in 2019 (Canadian Institute for Health Information, 2019, p. 41). A review of interventional research studies regarding self-care and holistic self-care for nurses cited in this proposal show a sample

size range of 24 to 1259 participants (Alexander et al., 2015; Cain, 2019; McElligott et al., 2009; Mills et al., 2018; Mudallal et al., 2017; Saedpanah et al, 2016). A sample size of 30 RNs will be targeted for this study to support this single-researcher proposal.

Welcome letters will be emailed to each RN once they have been determined eligible and consent has been obtained to participate in this study. Only the researcher facilitating the workshop and any subsequent researchers recruited to perform the data gathering and analysis will have access to its original data. Identifying information will be deleted before analysis. Participants will be provided with access to the Conscious Nurse Project website, with instructions to read the Terms and Conditions, and Privacy Policy pertaining to the workshop. They will be informed that the ZOOM meeting platform will be used, and weekly classes will be recorded and saved for the duration of the intervention. Clear directions for participating will be provided.

Research Design

A transformative, interventional mixed-methods design will be used to achieve the purpose of this research proposal. Chiang-Hanisko et al. (2018) stated "the mixed-methods approach purposefully combines both quantitative and qualitative techniques, enabling a multifaceted understanding of nursing phenomena" (p. 1). Creswell (2014) described a transformative research approach as having the goal of developing "an action agenda … that may change the lives of the participants, the institutions in which individuals work or live, and the researcher's life" (p. 9). The researcher will be directly involved in the development and implementation of the intervention, having experienced the transformative shift facilitated by learning and integrating holistic self-care practices into their life. A motivating factor in this research proposal's mixed-methods design is the desire to investigate the transformative impact

of this type of experience on peers in context to health and fitness to practice. The development

of this interventional workshop is also driven by the need for effective support of RNs

physically, emotionally, mentally, and spiritually during the current Covid-19 crisis.

Creswell (2014) noted a practical reason for choosing a research strategy depends on the

number of researchers involved. The planning and implementation of this short-term study will

initially be conducted by a single researcher. Data collection and analysis will be supported by

including more researchers.

Data Sources

The Perceived Stress Scale (PSS) and mixed methods surveys will be administered to

collect quantitative and qualitative data. Data collection will be administered to investigate the

research question and test the hypotheses. The T1, T2, and T3 collection points are defined as

pre-intervention, immediately post-intervention, and follow-up at 3-months post-intervention.

The PSS will be administered at T1, T2, and T3 to compare levels of participants'

perceived stress throughout the research study (see Appendix F). The PSS (Cohen et al., 1983)

measures perceived stress in context to "the degree to which respondents found their lives

unpredictable, uncontrollable, and overloading [influenced by current experiences of] daily

hassles, major events, and changes in coping resources" (p. 387). The PSS is a 10-item scale with

Likert responses ranging from 0 (never) to 4 (very often) in context to perceived stress within a

retrospective 4-week timeframe. Through their 90-article literature review of stress management

interventions for nurses, Chesak et al. (2018) identified the PSS as the most frequently used tool

to measure stress. This tool continues to be used in current nursing research (Botha & Gwin,

2015; Dyess et al., 2018; Eayes & Payne, 2019; Erdoğan et al., 2020; Grobecker, 2016;

Kshetrimayum et al., 2019; Montanari et al., 2019; Wright, 2018). The PSS is practical because it is short and can be administered on-line.

Post-intervention and follow-up surveys will also be administered at the T2 and T3 data collection points (see Appendixes G and H). These surveys are identical, comprised of questions with binomial and categorical responses, and open-ended questions. The data collected through these surveys will measure participant engagement in and sustainability of their holistic self-care plans. Qualitative data from participants regarding content for future workshops will also be collected. These surveys will be administered to participants in the form of a short, anonymous on-line SurveyMonkey questionnaire.

Data Analysis

Data generated from the PSS will be analyzed to determine if there is any change in stress level scores during or following the workshop. Analysis of this data will indicate whether or not there were any changes in participants' perceived stress during their involvement in the research study. Utilizing ANOVA (analysis of variance), the statistical significance will be set at $p = .05$. Significant statistical differences between collection points will be further investigated by performing a paired t-test to understand where these occurred.

Data generated from the post- and follow-up surveys will be analyzed to determine if there is any statistical significance between scores collected at T2 and T3. Analysis of this data will indicate whether or not there were any changes in participants' engagement with holistic self-care during their involvement in the research study. This survey analysis will also provide insight into sustainability of practices. Themes from subjective responses will be identified and coded. A chi square analysis for the binary and categorical variables will be done, followed by a recording and quantification of the practices used or not used.

The data analysis from these different sources may be made more meaningful through triangulation. Creswell (2014) explained triangulation as the synthesis of evidence to "build a coherent justification for themes" (p. 201), adding to the validity of a study. Such methods of data collection and analysis will test the hypotheses related to engagement, stress reduction, and sustainability. Insights gained through the analysis will also help answer the question of how to create a workshop that will successfully engage practicing RNs in effective and sustainable holistic self-care. This will add to current literature, stimulate further enquiry, and act as a foundation for future program development.

Discussion

RNs work is multi-dimensional with the potential for impacting their health physically, emotionally, mentally, and spiritually. The current Covid-19 pandemic adds a sense of urgency to the implementation of holistic self-care training for RNs. The Conscious Nurse Project proposes to address this issue by providing a workshop template that can be evaluated to guide future program development. While this research proposal hopes to support the professional requirement of RNs to maintain their health and fitness to practice, it is subject to a number of ethical considerations and limitations.

Ethical Considerations

The target population for this study is RNs who have indicated an interest in participating in research projects. Consent and privacy policies will be guided by the British Columbia College of Nurses and Midwives research criteria. The BCCNM's role in conducting research is to review and approve any third-party research involving their registrants to ensure it meets their mandate under Part 2 Section 16 of the British Columbia Health Professions Act: https://www.

bclaws.gov.bc.ca/civix/document/id/complete/statreg/96183_01#section16. Ethical approval and certification will be obtained through the supporting academic body (California Institute for Human Science) prior to proceeding further with BCCNM.

Assumptions

This proposal assumes that nurses work will continue to be challenging physically, emotionally, mentally, and spiritually. It also specifically assumes that due to the ongoing impact of COVID-19, RNs will require self-care to maintain their health and fitness to practice. The theoretical framework of this proposal will be effective for holistically supporting health and fitness to practice. A further assumption of this proposal is that RNs will fully participate in a program designed to alleviate their stress. Participants will provide data that is truly reflective of their experiences with the Intervention because this study makes provisions to ensure confidentiality and privacy.

Limitations

Researcher Bias

The researcher is professionally related to the participants of this study, and has experienced a positive, transformational effect from adopting holistic self-care. The researcher is also currently practicing as a holistic nurse. Bias created by these circumstances drives inquiry and supports the anticipation of certain outcomes. These biases have informed the planning and implementation of the workshop and the study design. The proposal's transformative model allows for direct involvement of the researcher in the development and implementation of the study. Employing an independent investigator to administrate data collection and analysis will mitigate researcher bias and lend to its validity.

Participants

A limitation of the participant criteria is that nurses who hold a holistic worldview are not excluded. These RNs may be more inclined to participate fully with favourable feedback than those who hold a more conservative worldview. The use of self-reports, convenience sampling, and selected demographic factors may limit the scope and generalizability of the findings. The participant group size is also limited due to the time constraints of this single researcher project. Access to participant sources is limited due to COVID-19 and restriction of non-essential research studies. Secondary sources including nursing unions, informal nursing groups, and nursing associations outside of British Columbia may need to be accessed.

Content

The literature review identified numerous holistic practices that have been researched in context to RNs and self-care. Practices introduced in this Intervention will be limited to meditation, mindfulness, nervous system self-regulation, and grounding. Physical yoga exercises were also identified as a method of holistic practice. Yoga will not be taught due to lack of experience of the researcher. Self-care practices taught will be limited to those usable without third party support. Individualization depending on internal and external resources will allow for participants to expand into further holistic practices.

This research proposal is limited to introducing basic holistic and consciousness theory. This limitation is due to the length of time of the intervention and that the workshop is intended to be an introduction to concepts. Access to resources supporting deeper learning will be provided to participants for their own use beyond the research study.

Delimitations

A number of actions to broaden the scope of this research proposal include increasing the size of the subject group. The literature review of interventional studies specific to sustainability of holistic self-care practices revealed a call for longer intervention times. Additional researchers to support this with data collection and analysis would add to the generalizability of outcomes. The length of the intervention (5 weeks with 3-month follow-up) is within similar timeframes of those identified in the literature review. An extended longitudinal study including a larger subject group may also increase generalizability and reliability of data.

Participant criteria for this proposal does not exclude RNs who value holistic practices. Recruiting a sample group limited to RNs with conventional, allopathic worldviews would add to the literature. Holistically informed participant bias described in context to the research question would be mitigated. An expanded curriculum with increased theoretical complexity may provide data into worldview transformation. Investigating the question of how to initiate a paradigm shift from allopathic to holistically based self-care would add to the existing literature. Self-knowledge, self-compassion, and permission are concepts identified as crucial first steps in RNs initiating self-care. Expanding interventional inquiry to include investigation of these themes with mixed methods studies will add to the literature specific to engagement and sustainability.

The implementation of this workshop is not reliant on workplace sponsorship and the subject group is selected from a broad spectrum of practicing RNs. Some participants may be self-employed. The practical costs of participating in this type of training program and sustaining self-care practices may impact engagement. The influence of these factors may emerge as themes through the workshop evaluation, generating the need for further investigation.

Conclusion

The issue this research proposal addresses is the professional requirement of Registered

Nurses to maintain their health and fitness to practice. The Conscious Nurse Project has been

developed to assist them in the creation of effective and sustainable holistic self-care.

Implementation and evaluation of this workshop template will add to existing literature and

support future program development.

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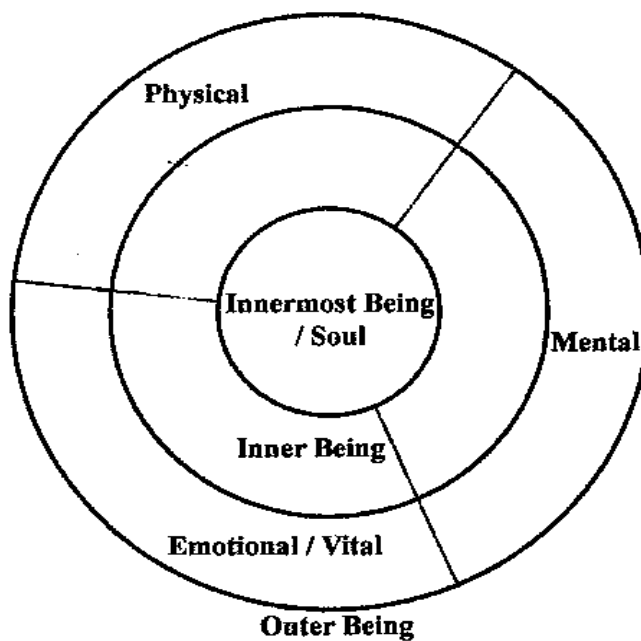Wright, E. (2018). Evaluation of a web-based holistic stress reduction pilot program among nurse-midwives. *Journal of Holistic Nursing, 36*(2), 159-169. https://doi.org/10.1177/0898010117704325

Appendix A

Evolutionary Ladder of Consciousness and Concentric Map with Subliminal Overlay
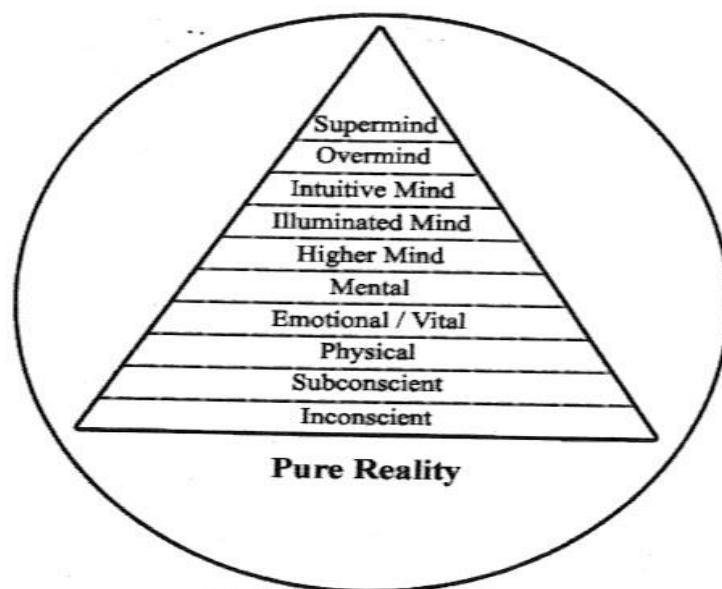
Evolutionary Ladder within Pure Reality.
Copyright R.M. Lamb.

Lamb (2012, p.19)

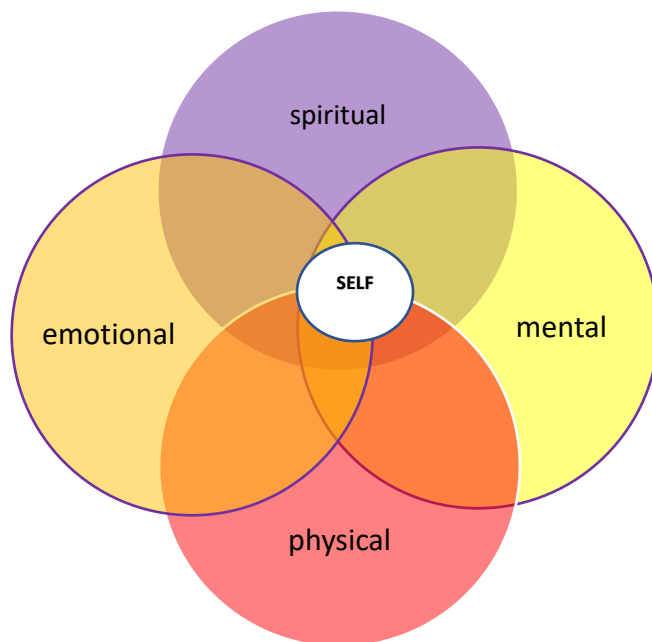Concentric Map with Subliminal Overlay.
Copyright R.M. Lamb.

Lamb (2012, p. 13)

Appendix B

Holistic Self Assessment Tool: Week 1

	Sun	Mon	Tues	Wed	Thurs	Fri	Sat
Physical							
Emotional							
Mental							
Spiritual							
	Sun	Mon	Tues	Wed	Thurs	Fri	Sat
Physical							
Emotional							
Mental							
Spiritual							
	Sun	Mon	Tues	Wed	Thurs	Fri	Sat
Physical							
Emotional							
Mental							
Spiritual							
	Sun	Mon	Tues	Wed	Thurs	Fri	Sat
Physical							
Emotional							
Mental							
Spiritual							

Concentric Map adapted with permission from Lamb, R.M. (2012). *Human becoming. A guide to soul-centered living*. Vancouver, BC: Cittam Futures Inc.

Appendix C

Holistic Self-assessment: Internal & External Resources Week 2

Based on your tracking practice, identify the Consciousness body that stands out to you and may need support. Notice the impact on the whole system: physical, emotional, mental, and spiritual.

Consciousness		
Resources	**Internal** *list*	**External** *list*
What is important & familiar to you? *What has helped you through difficult times in the past?*		

Note:

The intention of this exercise is to help increase awareness of consciousness bodies and their integral relationship to each other and you. The balance or imbalance of the consciousness bodies impact the health of your energetic biofield and whole Self.

It is also meant to help you reflect on your Resources (internal and external), providing a template for a measurable plan to support balance.

These simplified concepts of consciousness are based on Integral Yogic Psychology; their complexity can be further studied in the work of Sri Aurobindo, the focus of Dr Ruth Lamb's text 'Human Becoming – A Guide to Soul Centered Living'.

Appendix D

Holistic Self-care Implementation Plan: Week 4

Choose a resource(s) and create a plan to be re-assessed weekly or as needed (add resources as needed)

Consciousness	
Resource	
Where	
When/ How Often	
Check-in	
Outcome	

*check in with all 4 consciousness bodies as you feel shifting with this plan

Consciousness	
Resource	
Where	
When/ How Often	
Check-in	
Outcome	

Note: make your plan as attainable, measurable, adjustable, and enjoyable as possible!

This information is intended to raise awareness of basic consciousness concepts related to Integral Yogic Psychology. It is not intended to replace or exclude medical or psychological supports.

Appendix E

The Conscious Nurse Project Workshop Syllabus

The Conscious Nurse Project Syllabus
Fall 2020

Instructor:	Kate Shelest RN, BSN, MA (c)
Telephone:	778 862 0022
Email:	kateshelest@theconsciousnurseproject.com
Availability:	Email: generally, will respond within 24hrs; phone/Zoom consult by appointment
Dates/Times:	TBA
	Minimum hours:
	This is a 5-week course consisting of weekly class meetings (30 min discussion/practice demo and 30 min Q&A).
	Class meetings occur Mondays from 7-8pm PST.
	Daily exercises will take approximately 15-20 mins per day.
	Please note that the time spent on out-of-class work (preparation activities and assignments) is dependent on participant engagement and may exceed 2 hours per week.
Classroom:	**Online Course** – Zoom Meeting I.D.# TBA. Class sessions will be recorded and available to registered participants for the duration of the course.
Course Description	This is a foundational course intended to introduce participants to the concepts of holistic health and holistic self-care. In British Columbia, registered nurses are bound by their Standards of Practice and Code of Ethics to support their physical, emotional, mental, and spiritual health to maintain fitness to practice. The Canadian Nurses Association Code of Ethics (2017) defines health as "… a state of complete physical, mental (spiritual), and social well-being, not merely the absence of disease" (p.23). This speaks to the importance of holistic self-care. Holistic approaches to health acknowledge the existence and interactive relationship between all dimensions of the human experience. The Conscious Nurse Project is designed to bring active awareness to all aspects of being and provide practical ways to integrate self-care that supports nurses' health and practice. Resources for deeper learning will also be provided.
Program Learning Objectives	The main objective of the Conscious Nurse Project is to support registered nurses in embodying holistic self-care by • introducing holistic self-care concepts, • providing and teaching how to use a holistic self-assessment tool, • teaching basic holistic self-care practices, • facilitating development of holistic self-care plans that are individualized and effective.

Course Learning Outcomes	By the end of the course, participants will be able to: • demonstrate a foundational knowledge of the concepts of holistic health and holistic self-care, • utilize a holistically based self-assessment tool • identify holistic aspects of Self (physical, emotional, mental, and spiritual) that require support, • utilize 3 basic holistic self-care practices, • create an individualized holistic self-care plan, • implement and embody an individualized, holistic self-care plan supportive of their personal and work environments, and • evaluate the effectiveness of their self-care plan, fine-tuning as necessary.
Course Materials	All required course resources (readings and videos) are accessible for download via www.theconsciousnurseproject.com; videos are also directly linked in this syllabus. **Please download and review the weekly content prior to each class.** **Optional resources:** American Holistic Nurses Association (2019). Holistic nurses share self-care strategies. *American Holistic Nurses Association 39*(3): 18-27. Canadian Nurses Association (2017). *Code of ethics for registered nurses*. Canadian Nurses Association. Edwards, G. (2010). *Conscious medicine: A radical new approach to creating health and well-being*. Piatkus Fauver, M. (2011). *7 Levels treatment protocol*. Unpublished manuscript. Gendlin, E. (1978/2007). *Focusing*. Bantam Lamb, R. (2012). *Human becoming. A guide to soul centered living*. Cittam Futures Inc. Malchiodi, C. (2015). *Bilateral drawing: Self-regulation for trauma reparation*. Psychology Today. https://www.psychologytoday.com/ca/blog/arts-and_health/201509/bilateral drawing-self-regulation-trauma-reparation. Newman, M. (1999). *Health as expanding consciousness* (2nd ed.). National League for Nursing Press Porges, S. (2011). *The polyvagal theory: neurophysiological foundations of emotions, attachment, communication, and self-regulation*. W.W. Norton and Company Stanley, S. (2016). *Relational and body centered practices for healing trauma. Lifting the burdens of the past*. Routledge. Vinson, J. (2019) The empathic nurse: A polyvagal perspective of heart, voice, and presence. *American Holistic Nurses Association, 39*(2), 7-9.
Teaching Methodology	On-line class time will include instruction, discussion, and experiential content.
Assignments	Weeks 1 – 5 The weekly Monday classes will be hosted on Zoom (meeting ID #TBA) from 7-8pm PST. Participants are invited to join as many class meetings as possible. These meetings will be recorded. If you are unable to attend a class meeting, you may review the recording and engage in the weekly practices listed in this Syllabus.

	Required Assignments: • **Self-reflection Exercise** Due Week 5- submitted per email to instructor • **Individualized Holistic Self-care Plan** Due Week 5- submitted per email to instructor	
Completion	Each participant will receive a Certificate of Completion on receipt by the instructor of their Individualized Self-care Plan and Self-reflection Exercise.	
Course Schedule	**Week 1**	**Readings and Assignments**
	Introduction to holistic self-care & consciousness Holistic self-assessment Nervous system self-regulation Creating sacred space	**Class Meeting** • Monday, 7-8pm PST • Zoom meeting ID #TBA **Required Resources** *Readings* • Guided mindful body scan (doc) • Holistic self-assessment (doc) *Videos* • Bilateral oscillatory self-regulation (1 min) • https://youtu.be/00zNnEq2vD8 • Guided Mindful Body Scan https://youtu.be/HaApOHBiyyA **Daily Practice** • Self-regulation exercise daily (5 mins & prn) • Mindful body scan and Holistic self-assessment (end of each day 5-10 mins) **Deeper Dive Resources (optional*)* • Lamb (2012)- Integral Dimensions of Consciousness • Newman (1999)- Health as Expanding Consciousness • Psychology Today (2017)- Bilateral drawing • Stanley (2016)- Exercise 4.1 Embodiment
	Week 2	**Readings and Assignments**
	Your holistic self-care resources:	**Class Meeting** • Monday, 7-8pm PST • Zoom meeting ID #TBA

Internal/External	**Required Resources**
	Readings
Breath	- Your holistic self-care resources: Internal/External Example and Worksheet (doc) - Fauver (2011)- 7 Levels Treatment Protocol (doc) pending confirmation/consent - Noticing breath & calming exhalation practice (doc) *Videos* - Breath: https://youtu.be/TQyZ2PXXFbY **Daily Practice** - Noticing and calming breath (5 mins & prn) - Continue with mindful body scan and Holistic self-assessment (end of each day 5-10 mins) - Start to consider internal and external resources **Deeper Dive Resources (optional***)* - Edwards, 2010- Chapter 3 - Porges, 2011- Polyvagal theory - Vinson, 2019- The empathic nurse: Breathwork
Week 3	**Readings and Assignments**
Holistic self-care planning Grounding	**Class Meeting** - Monday, 7-8pm PST - Zoom meeting ID #TBA **Required Resources***Readings* - Holistic self-care plan example (doc) - Basic grounding practice (doc) *Videos* - What is Grounding? - https://youtu.be/bbCfmPh9wy0 - Grounding Meditation https://youtu.be/00zNnEq2vD8 - Energy Flow Image: https://i.pinimg.com/originals/8a/18/a2/8a18a29c889c7c6a86651131d93fc99a.gif **Daily Practice** - Grounding practice (15 mins & prn) - Mindful body scan and Holistic self-assessment (end of each day 5-10 mins) **Deeper Dive Resources (optional***)* - Gendlin (2007)- Appendix D (focusing exercise)

	Week 4	Readings and Assignments

	Implementing your individualized self-care plan	**Class Meeting**
		
		• Monday, 7-8pm PST
		• Zoom meeting ID #TBA
		
		Required Resources
		
		Readings
		
		• Holistic Self-care Implementation worksheet (doc)
		
		Videos
		
		• Making Time for Meditation
		  https://youtu.be/1KaLWekuOgo
		
		Daily Practice
		
		• Continue with skills (5 mins & prn):
		    Self-regulation exercise
		    Noticing and calming breath
		    Grounding practice
		
		Note: use the practices that work best for you; they may also be used together.
		
		• Continue with mindful body scan and Holistic self-assessment (end of each day 5-10 mins)
		
		Deeper Dive Resources (optional)
		  o Edwards (2010)- Chapter 7
		  o AHNA (2019)- Self-Care Strategies pp 18-27.
		
		Assignments Due
		
		• Holistic self-care plan: Due Week 5

	Week 5	Readings and Assignments
	Evaluating your self-care plan Self reflections Course reflections Course evaluation	**Class Meeting** • Monday, 7-8pm PST • Zoom meeting ID #TBA **Required Resources** *Readings* • Course Evaluation (doc) **Assignments Due: emailed to instructor** • Holistic self-care plan
Attendance		

	This course is intended to support registered nurses in flexible and meaningful ways. Participants are encouraged to actively engage in weekly learning modules by: • attending the weekly scheduled Zoom discussions or • viewing the recorded sessions accessible via www.theconsciousnurseproject.com • contacting the instructor for support: kateshelest@theconsciousnurseproject.com
Course Evaluations	We want to know how well this course meets your needs. Therefore, we will ask you to fill out a baseline survey when you enroll in the program, when you complete the program, and 3 months after you complete the program. Your input is valuable. The evaluations are all confidential and will be used for research purposes and ongoing program development.

Appendix F

Perceived Stress Scale

PERCEIVED STRESS SCALE

The questions in this scale ask you about your feelings and thoughts during the last month. **In each case, you will be asked to indicate by circling *how often* you felt or thought a certain way.**

Name _____   Date _____

Age _____   Gender (*Circle*):   **M   F**   Other _____

0 = Never   1 = Almost Never   2 = Sometimes   3 = Fairly Often   4 = Very Often

1. In the last month, how often have you been upset because of something that happened unexpectedly?	0 1 2 3 4
2. In the last month, how often have you felt that you were unable to control the important things in your life?	0 1 2 3 4
3. In the last month, how often have you felt nervous and "stressed"?	0 1 2 3 4
4. In the last month, how often have you felt confident about your ability to handle your personal problems?	0 1 2 3 4
5. In the last month, how often have you felt that things were going your way?	0 1 2 3 4
6. In the last month, how often have you found that you could not cope with all the things that you had to do?	0 1 2 3 4
7. In the last month, how often have you been able to control irritations in your life?	0 1 2 3 4
8. In the last month, how often have you felt that you were on top of things?	0 1 2 3 4
9. In the last month, how often have you been angered because of things that were outside of your control?	0 1 2 3 4
10. In the last month, how often have you felt difficulties were piling up so high that you could not overcome them?	0 1 2 3 4

m\nd garden

info@mindgarden.com
www.mindgarden.com

References

The PSS Scale is reprinted with permission of the American Sociological Association, from Cohen, S., Kamarck, T., and Mermelstein, R. (1983). A global measure of perceived stress. *Journal of Health and Social Behavior, 24,* 386-396.

Cohen, S. and Williamson, G. Perceived Stress in a Probability Sample of the United States. Spacapan, S. and Oskamp, S. (Eds.) *The Social Psychology of Health.* Newbury Park, CA: Sage, 1988.

Appendix G

Workshop Evaluation
(SurveyMonkey)

The Conscious Nurse Project: Workshop Evaluation
Post-intervention Survey

1. In the past week, have you reviewed your holistic self-care plan? Yes / No

- If so, why did you review it? _____
- How often did you review it:

    (1) 0   **(2)** 1-2   **(3)** 3-5   **(4)** 6- or more times

2. In the past week have you practiced holistic self-care? Yes / No

- If so, what practices did you do (write as many as apply)?
    _____
- In total how many times have you used one or more of the practices:
    (1) 0   **(2)** 1-2   **(3)** 3-5   **(4)** 6- or more times

3. In the past week, what factors positively influenced your participation in holistic self-care practice? _____

4. In the past week, what factors negatively influenced your participation in holistic self-care practice? _____

5. What other practices or information would you like to see included in future workshop offerings? _____

Thankyou for your feedback.
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Appendix H

3-Month Post Workshop Follow-up Survey
(SurveyMonkey)

The Conscious Nurse Project
3-Month Post Workshop Follow-up Survey

1. In the past week, have you reviewed your holistic self-care plan? Yes / No

- If so, why did you review it? _____
- How often did you review it:

    (1) 0   **(2)** 1-2   **(3)** 3-5 **(4)** 6- or more times

2. In the past week have you practiced holistic self-care? Yes / No

- If so, what practices did you do (write as many as apply)?

    _____

- In total how many times have you used one or more of the practices:

    (1) 0   **(2)** 1-2   **(3)** 3-5 **(4)** 6- or more times

3. In the past week, what factors positively influenced your participation in holistic self-care practice? _____

4. In the past week, what factors negatively influenced your participation in holistic self-care practice? _____

5. What other practices or information would you like to see included in future workshop offerings? _____

Thankyou for your feedback.
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