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Care of the Healthcare Provider

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Executive Summary

Introduction

Patient health is the number one priority of the healthcare provider. This often leaves the provider falling short in areas of their own health. Healthcare providers are more likely to promote a healthy lifestyle, when they practice healthy habits in their own life (Kasila et al., 2018). Factors such as long hours, unusual shifts, and minimal breaks present barriers to proper sleep, healthy eating, and adequate amounts of physical activity. Healthcare providers also experience significantly more stress than the general population. These providers possess the knowledge to live a healthy lifestyle. However, having the knowledge is not enough to motivate healthy behaviors, especially in their typical work environment. Interventions such as planning, goal setting and social support have been shown to help providers implement healthy changes (Kasila et al., 2018). Health promotion programs are one method of assisting providers, and the general population, in making health-conscious changes. There is a lack of research regarding the implementation of a health promotion program with a direct focus on healthcare providers and their overall well-being. This was reflected in one physician group in Springfield, Illinois, which lacked a health promotion initiative for their providers. An analysis of this physician group was completed to determine their specific health promotion needs. This data was used to make recommendations for implementation of a health promotion program at this health system.

Literature Review

The workplace has been identified as a key site for implementation of health promotion programs (Tsai et al., 2019). Promoting health in the workplace is associated with decreased absenteeism, lower health costs paid by the employer, and improved work performance. Pieper et al. (2019) recommend programs be implemented with multiple health components, including

stress management, generic and workplace specific health concerns be addressed, and joint participation by the employees and management. Strategic planning for effectiveness and sustainability is necessary for a successful health promotion program (Bodkin & Hakimi, 2020).

Review of existing health promotion programs yielded two major gaps in regard to the goals of this project. First, there is little to no research on promoting health specifically to those who provide it. This being in the context of the physician, nurse practitioner or physician assistant. Much of the data revolved around the health promotion of the registered nurse. The second gap was in the types of health promotion programs. The hope was to find evidence-based programs that encompassed the entire well-being of the person. Instead, a varying number of site-specific programs were identified. Very few of these programs had a focus on more than one or two aspects of health. For example, Scapellato et al. (2018) implemented a diet and exercise-based health promotion program for all staff at one Italian hospital.

The focus of research shifted from identifying existing health promotion programs to the best methods for planning a program to best fit the needs of the intended audience. A significant amount of existing research on planning methods for health promotion was reviewed. The commonly cited RE-AIM model was selected to guide the planning of this project. RE-AIM consists of the five steps Reach, Effectiveness, Adoption, Implementation and Maintenance. The RE-AIM method involves evaluation of target audience, program goals, who and where the program is applied, how it is implemented and how to maintain (Holtrop et al., 2018). The tool can be used for planning purposes, and also to evaluate a program once implemented. Other specific tools and models reviewed were PRECEDE/PROCEED, the Community Readiness Model, the Transtheoretical Model and the Health Belief Model.

Project Methods

The primary goal of this project was to promote health among healthcare providers. The intended purpose was to identify and implement a health promotion program for the providers at a specific health system in Springfield, Illinois. This system employs providers in the roles of physician, nurse practitioner, physician assistant and social work/counselors. Due to the constraints of the COVID-19 pandemic, the project was limited to data analysis and planning of a health promotion program. The data collected and recommendations made will be used by this health system in the implementation of a health promotion program for their providers.

In order to plan and recommend a successful health promotion program for this health system, the providers were surveyed regarding their health promotion needs. This voluntary Qualtrics survey was distributed to the providers by email. Survey topics included likelihood of participation in a program, topics of health to improve upon, overall health rating, and methods in which they would like the program information to be delivered. Demographic data including age, gender, and role in healthcare were obtained from the health system. These demographics were included as questions in the survey, allowing comparison of survey participants with the general population of providers. All data gathered from the survey and information researched in literature were applied to the evidence-based RE-AIM tool for planning health promotion programs. The findings and recommendation for health promotion were presented to select staff and primary stakeholders at the health system.

An IRB proposal for this project was submitted on 2/23/2021. The NHSR considered this project a Quality Improvement Project (QIP) which does not appear to constitute human subjects research on 3/5/2021. The NHSR deemed we were able to complete our project without any further IRB approval.

Evaluation

Data was collected from the health system providers in the form of demographics and surveys about their health promotion needs. This data was analyzed and applied to the RE-AIM method to plan a successful and sustainable health promotion program. This was presented to the health system for their future use. We were included in a detailed discussion of how the results would be applied within the health system.

The initial analysis of data revealed that the providers of this health system were primarily female nurse practitioners, age 30-39. The primary responders of the survey fell into the same category. The majority of participants (54%) rated their overall health a four on a scale of one to five, five being optimal health. No participant rated their health a one and only 5% rated a two. 27% rated themselves a three and the remaining 14% rated a five. When asked how likely the participant was to participate in a program offered by the health system, 42% responded likely and 24% were very likely to participate. The three primary areas of health participants wanted to improve upon were fitness/exercise, diet/nutrition, and work-life balance. Finally, the participants chose email, individual sessions, and virtual group sessions as the top three methods of information delivery.

We applied this information to the RE-AIM tool to plan out the recommended health promotion program. Using the Reach step, we identified that the target audience would be the female nurse practitioners, age 30-39. In the Effectiveness step we determined the primary goal would be to improve the health of the provider by providing health information. In the Adoption step we reiterated the “where” of the implementation would be at this health system. We also determined that we would need a medical advisor, graphic designer, and content experts to carry out our program. Our implementation recommendation was an electronic health promotion

newsletter that would provide health promotion information which more specifically applies to the healthcare provider. The newsletter would provide interviews with experts on different areas of health. It would also have helpful links to individual services or places the individual could find more information about a particular topic. This newsletter would be distributed via email and the health system's social media platform, Workplace. The stakeholders were very receptive to the presented information. We discussed various topics and services that could be included, as well as ways to get the providers engaged in this program.

The limitations of this project include the use of email, the demographics of our sample, and COVID-19 impacts on health. We were surprised to find that participants in our survey preferred email as the means of communication for health promotion information. However, the survey was distributed via email. Therefore, participants were likely those who check and utilize email frequently. Other methods may have reached a wider audience. Secondly, our sample size was almost exclusively female. The male opinion was underrepresented in our data. Lastly, we believe that COVID-19 impacted our data. We believe the pandemic has had an impact on multiple areas of health, especially diet, exercise and mental health. We also believe it impacted the desire and ability to participate in in-person health promotion activities. We suspect that the outcomes of this project would have been different if not implemented during the pandemic.

Impact on Practice

Our data provided this health system with the tools to implement a successful health promotion program in the near future. We have identified their target audience, the desired health information, and the most impactful ways to provide the information. Although we were not able to oversee the implementation, our project provided the immediate impact of putting provider health on this health system's priority list. The stakeholders planned to carry out multiple, if not

all aspects of the program we recommended. We would recommend finding a way to add social support and engagement to our program that is safe with COVID-19 constraints. This could be in the form of a private Workplace group, similar to a Facebook group, where providers can interact with and encourage one another. The long-term impact of the health promotion program will be improvements in provider health over time. The providers will know they have the support of their health system in these improvements. These providers will be likely to make more healthy lifestyle recommendations for their patients. The ultimate impact and goal would be healthy providers improving the health of their patients.

Conclusion

Workplace health promotion programs are an ideal way to deliver health information. Proper planning of these programs ensures that they will be successful and sustainable. We were able to analyze the health promotion needs of this particular health system's providers and apply the data to an evidence-based planning tool for a successful health promotion program. The stakeholders were optimistic that they could easily utilize our planning efforts for their providers in the future. We recommend that future students utilize our data to carry out the implementation of the proposed health promotion program, and evaluate its effectiveness at improving provider health. COVID-19 brought a share of challenges to implementation of this project and likely had an impact on the data outcomes.