Build on Strengths to Facilitate Nurse Wellbeing: A mixed methods study Cynthia, Peterson, Genevieve E. Chandler, Ashlee Brigham, Heidi Peacott-Grimm, Sue Tschorn,

Purpose & Background: Personal and professional nurse wellbeing is critical to the delivery of excellent patient care and the effective functioning of healthcare organizations. The lack of nurse wellbeing can negatively impact their own health, the care of their patients, and the quality of patient care. Supporting nurse well-being enhances their personal health, strengthens patient care, and contributes to higher quality outcomes across the organization. The purpose of this study was the assess the effect of a strengths-based resilience intervention to improve nurse outcomes in coping with stress, resilience, emotional self-awareness, and belonging. **Theoretical framework**: The socio-ecological model of resilience (Ungar, 2018) and Self Determination Theory (SDT) (Ryan & Deci, 2000) provided the framework for the intervention.

Methods: Descriptive mixed methods, pre-post design study employed a ten-week intervention with convenience sample of n=65. **Intervention:** A virtual video conferencing platform was used to guide participants through an interactive, experiential manualized curriculum scripted in a detailed facilitator handbook. The consistent weekly format of a check-in with a positive practice and personal strength, a guided relaxation, research content, freewriting related to the weekly topic, story sharing with supportive feedback with a closing group reflection. **Instruments**: the pre and post survey consisted of four previously published components: Connor-Davidson Resilience Scale (CD-RISC), Perceived Stress Scale (PSS), Emotional Self-Awareness Scale (ESAS), and the Perceived Cohesion Scale (PCS). Liljestrand/Chandler Abilities survey **Data Analysis**: Pre- and post-intervention survey responses were compared using the Symmetry Test for paired data (an extension of the McNemar test), with p-values < 0.05. Participant-written stories were analyzed using content analysis of 200 de-identified narratives. Trustworthiness ensured the quality of qualitative research including credibility, dependability, confirmability, transferability, and authenticity.

Results: Of 65 eligible participants, 37 completed both pre- and post-surveys. Statistically significant improvements ($p < 0.05$) were observed in all survey areas: 9 out of 9 questions on coping with stress and challenges, 3 out of 3 questions on using strengths and reframing negative thinking, 16 out of 33 items on emotional awareness (ESAS), 4 out of 10 items on resilience (CD-RISC), 5 out of 10 items on managing stress (PSS), and 1 out of 7 items on belonging (PCS). Three main themes emerged from the content analysis: 1) a shift from negative thinking to empathy and empowerment, 2) written stories fostered connection and community and 3) self-care and relational care bolstered personal strengths. **Discussion/Conclusion:** Evidence-based, strengths-focused well-being initiatives using a social ecological design are theoretically consistent with the core nursing principle: the importance of the individual-environment interaction to health. The program, previously implemented in academic settings, was successfully piloted with frontline nurses and nurse educators, and expanded to inpatient and outpatient teams, which demonstrated statistically significant improvements in all survey areas.

Nursing Implications: Cultivating connections between nurses and developing resources in their environment provides a valuable opportunity to promote well-being, facilitate belonging and inclusion to restore their passion for providing care to their patients.

The themes that emerged reflected the intent of the program to support social connections, building on strengths, identifying resources. Prior to beginning the study implementation, the researcher reflected on any preconceived notions related to program implementation. After each session the researcher used reflexive journaling addressing personal thoughts on while facilitating the intervention and participant's response. Reliability of findings was supported by having a second researcher check the data and confirm that themes and categories discovered were accurately reflecting the data. Confirmability was supported through an intentional neutral approach as well as detailed documentation including an audit trail. The researcher completed training for program implementation and did not bring any preconceived notions to the program sessions. Transferability was supported by ensuring comprehensive field notes completed at the conclusion of each of the ten sessions. Field notes were shared with the research mentors after each session allowing for peer review and debriefing. To support both the transferability and credibility of the research process, a saturation of data was achieved within the 200 data points reviewed to discover the themes that emerged in this study. During the analysis, data was organized into folders sorted by week and then into a running document with all data. Data tables and coding were compiled into a document accessed by the primary investigator and shared with a co-researcher to complete intercoder checks for themes and categories to create an audit trail. Themes and categories that emerged were compared in week-to-week data analysis until saturation was achieved.