Running head: POSITIVE INTERVENTIONS FOR NURSES

Positive Psychology and Positive Interventions for Nurses
Workplace Implementation Version

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Positive Psychology and Positive Interventions for Nurses (Full Version)

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Table of Contents

Abstract

This capstone project draws on concepts from the field of positive psychology and applies them to the practice of nurses. More specifically, the author is interested in the design of *positive interventions* that could be used by nurses to enhance their experience of work in the health care setting. The intended purpose of such interventions is to foster individual autonomy in the creation of positive emotions, and enhance meaning and engagement in the workplace. Foundational to the design of these positive interventions is relevant research from the fields of positive psychology and nursing. The context of the Canadian health care environment and factors related to quality of work life form the backdrop for the interventions suggested. These positive interventions provide the researcher, educator, leader and direct care provider opportunity to apply the strategies and determine their ability to enhance the nurses' well-being at work, while potentially building psychological capacities.

Positive Psychology and Positive Interventions for Nurses

Introduction

The field of positive psychology is the scientific exploration of "what goes right in life". It focuses on the study of positive emotions and strengths that promote individual, family, organizational, community, and societal flourishing. This study increases our understanding of "what makes life most worth living" (Peterson, 2006; Seligman, 2002). The profession of nursing is focused on health promotion, disease prevention, and helping individuals, families, and communities to achieve an optimal level of health and well-being. Caring is a central tenet of practice. It seems natural then, that the foundational concepts of positive psychology are an ideal fit with nursing, given its focus on helping others to achieve the most optimal life possible. Yet as much as nursing's focus on others has been to this aim, the nursing profession has been remiss in using its skills and abilities to promote its own health and well-being. The use of positive interventions, "evidence-based intentional acts meant to increase well-being by cultivating pleasant affect, strengths, and/or meaning" (Pawelski, lecture notes, 2007) is one strategy within positive psychology that is the perfect fit for an applied discipline like nursing. The purpose of this capstone is to identify, design, and describe positive interventions that are tied naturally to the practice of nurses and to their work processes. These interventions could be applied by researchers, educators, leaders, and nurses themselves, to assess their effectiveness in cultivating well-being in the workplace. It is anticipated that the interventions would lead to greater self-efficacy, hope, optimism, and resiliency, while enhancing meaning and engagement within the work of nurses.

The Current Context of Nursing in Health Care

In a *2005 National Survey of the Work and Health of Nurses* numerous questions were

posed to nurses that focused on the conditions of their work, overtime hours, relationships with colleagues, their views on quality of patient care, their job satisfaction and how these related to their physical and mental health (Statistics Canada). While it is not the intent of this paper to provide an overview of each of these work-related factors, one of the key findings of the report was that the interpersonal or psychosocial elements of the job were most closely related to poor or fair mental and general physical health. In this report, the key issues included: job strain, low autonomy, lack of support from leaders and colleagues, and high role overload to name a few. In relation to their mental health, depression was more common in nurses than in other health care providers and the average number of sick days annually across the entire population of nurses was 14.5 days per nurse. These statistics have caught the concern of nurse leaders and policy makers, professional regulatory bodies, employers and researchers across the country and they have suggested ways to create the empowering organizational structural changes and leadership activities that are needed to build healthy workplaces (Leatt, 2007). As indicated, some of these strategies include national initiatives to create standards for work-life quality indicators, while others focus on the work environment itself with suggestions to enhance interprofessional teamwork and education, foster empowering work structures, and employ transformational[1] leadership behaviors. These strategies can and do make a difference, yet I remain concerned about the lack of research that defines to what extent the nurses themselves create their own well-being.

        In my role as a nursing practice consultant, the reality of the workplace statistics described above become manifest in conversations with nurses from our shared leadership council and in phone and in-person consultations about nursing practice issues. These are conversations that often end in a downward spiral despite the many ways in which the nurses are encouraged to think about options and possibilities. It is despairing to say the least - to hear the

degree of negativity and what is more concerning, the apathy about their circumstances at work. How do nurses, who feel disillusioned and dispirited, create hope and possibility within the therapeutic nurse-patient relationship? And a significant number of nurses are experiencing this state of learned helplessness, what Seligman (1998, p.15) describes as "the giving-up reaction, the quitting response that follows from the belief that whatever you do doesn't matter". In nursing this state is called burnout and according to a number of researchers, is "characterized by high levels of emotional exhaustion and depersonalization along with low levels of personal accomplishment" (Leiter & Laschinger, 2006).

This is contributing to the loss of vitality in the health care system and to loss of meaning and purpose within nursing specifically. How much of the solution to the nursing issues lie within the psychological capacities of the nurses themselves? Convinced that our nursing discipline has engaged in thinking and practice that may have perpetuated some of the problems we continue to experience, and that we do not necessarily hold all of the answers to the challenges within our profession, I sought a Master Degree in Applied Positive Psychology to gain knowledge and new ideas for the self-directed empowerment of nurses. This capstone project is one opportunity to apply some of the outcomes of that learning.

Nursing, Empowerment, and Job Satisfaction

Within the nursing profession there has been significant study of factors that contribute to job satisfaction. Manojlovich and Laschinger (2002) examined the connections between certain personality traits, and structural and psychological empowerment within the hospital environment. Their study utilized Kanter's theory of structural empowerment which asserts that "the mandate of management is to create conditions for work effectiveness by ensuring that employees have access to the information, support, and resources necessary to accomplish work and are provided ongoing opportunities for employee development" (p. 587). In addition, they

considered Spreitzer's model of psychological empowerment, "a motivational construct that consists of four dimensions: meaning of the work, competence to do the work, self-determination, and impact on the outcomes of work" (p. 587).

Their study was done to determine whether the personality traits of mastery and achievement motivation would, either influence differences in individual nurse's job satisfaction beyond what is explained by both structural and psychological empowerment, or to see if these traits moderated the affects of both types of empowerment. These hypotheses were not supported. The researchers however, were able to show that structural empowerment impacts psychological empowerment and in combination, play a significant role in nurses' job satisfaction (Manojlovich & Laschinger, 2002). Furthermore, they also found that personality traits were not significant predictors of job satisfaction but did suggest that other personal characteristics might need to be considered. Given the relative fixed nature of personality traits, I propose that the state-like capacities within psychological capital or PsyCap (Luthans, Youssef, & Avolio, 2007), might be a further key to the answer (more on this later).

As suggested, there is a need for organizational structures and leadership to produce empowering work environments. And at the same time one wonders, what is it that nurses can do to create psychological empowerment for themselves? And, is it possible that by focusing heavily on the role of organizations and leaders to provide empowering environments, that inadvertently we reinforce an external locus of control, contributing to the powerlessness and victimization of nurses? This notion carries consequences for nurses who may look too closely to the organization and their leader for their source of work satisfaction, and for leaders who may hold themselves accountable for more than what is within their control. Using positive interventions to build psychological capacities would foster individual well-being in the workplace, while stronger leadership is developed and organizational structures are reconfigured.

<u>Enter...Positive Psychology</u>

Positive psychology is focused on examining at least three areas of life that make it worth living: the study of positive emotions like gratefulness and joy; the study of positive traits, in particular character strengths and virtue; and the study of positive institutions such as governments, families, or business (Seligman, 2002). It differs from the field of humanistic psychology in that "positive psychologists see both strength and weakness as authentic and as amenable to scientific understanding" (Peterson & Seligman, 2004). Furthermore Seligman criticized the focus of humanistic psychology on the individual, at the cost of concerns about the collective. In addition, there was not much empirical investigation into the strategies that were proposed within the field, giving rise to a self-help movement that lacked scientific credibility. (Seligman & Csikszentmihalyi, 2000).

Having identified a clear mandate and commitment to scientific study, the field of positive psychology is now harnessing the generative wisdom of research that is focused on positive emotions, individual strengths, and institutional flourishing. As a result, significant evidence has been discovered about the benefits of positive emotions, how the use of individual strengths contribute to greater meaning and engagement in work and in life, and how a focus on what gives life to an organization, can in fact be its competitive edge. A recap of some of the research relevant to the purpose of this paper is useful to understand the design elements for the positive interventions to be used by nurses themselves.

<u>Constructs Relevant to the Creation of Positive Interventions</u>

Two areas of research in positive psychology are particularly important to the foundation of positive interventions. One is the study of positive affect and the other is the concept of flow and its expression through our use of personal strengths. With regards to the former, Barbara

Fredrickson (1998) has made significant contribution.   In her *broaden-and-build model* of

positive emotions, she proposes that positive emotions increase or broaden the array of thoughts

and actions in individuals. This fosters creativity and behavioral flexibility and subsequently

builds physical, intellectual, social and psychological resources (capacities) for the future. She

and Marcial Losada, who calculated a mathematical equation for successful measurement of

experimental results, suggest that the generative and resilient dynamics for flourishing are

recognized at positive to negative affect ratios of 3:1 or greater in individuals and teams

(Fredrickson & Losada, 2005). This positive effect disintegrates when ratios reach 11:1 or

greater, suggesting a role for negative emotions as well. Inherent to their description of positive

emotions is a requirement that they are genuinely expressed and not feigned or forced. These

findings support the need for the study of both positive and negative emotions and their authentic

display within the field of positive psychology, and in relation to a discussion about their

importance in human flourishing.

Another concept within positive psychology that contributes to meaning and engagement

is that of flow. Flow occurs in situations where individuals are so fully absorbed in an activity,

that time becomes irrelevant. This occurs when the skills they possess are a match for the

perceived challenges before them.   It is a state that does not cause anxiety or boredom but rather,

"in flow we are in control of our psychic energy, and everything we do adds order to

consciousness" (Csikszentmihalyi, 1990, p. 40). It is not only important because it makes the

present instant more enjoyable, but according to Csikszentmihalyi it also builds self-confidence,

enhances skill development and helps us to make important contributions to the human

condition. In addition to the individual's ability to create flow for him or her self however, is the

role of the environment. As previously mentioned, organizational structures, processes, and

leadership abilities undoubtedly make a difference to questions such as: is the individual in a job

where their strengths and skills are a match for the challenges experienced? Are work processes designed in such a way that individuals can achieve a state of flow? Do the human resources practices of the organization create positive experiences or do they erode personal capacity and resilience? As the research on empowerment has suggested, a supportive environment provides the likelihood that strategies on the part of the employee to create more flow will also create more success at work.

A way to enhance flow within individuals is to consider positive interventions that relate to individual traits such as strength of character, talents, interests and values (Peterson, 2006). The individual with self-knowledge of skills and abilities is much more able to seek out challenges and opportunities that are neither too difficult nor too easy. One way to achieve this self-knowledge is to complete an assessment like the VIA$^{©}$ Signature Strengths questionnaire found at www.authentichappiness.org . This tool provides an assessment of 24 core signature strengths and in Peterson's *Primer of Positive Psychology*, (2006) various strategies are identified for the purpose of increasing positive affect or promoting the development of a particular strength. His hypothesis is that "the exercise of signature strengths is fulfilling, and these criteria convey the motivational and emotional features of fulfillment with terms like excitement, yearning, inevitability, discovery and invigoration" (2006, p. 159). Another tool, *StrengthsFinder 2.0* is particular to talent identification and enhancement. It has been developed by the Gallup Organization and has also proven effective. Their discovery, according to Tom Rath, is that people have much more potential for growth when they invest energy in developing their strengths instead of focusing on their deficiencies (2007).   When positive emotions precede the use of strengths, the broadening and building effect has even greater potential to promote the experience of flow, further enhancing the individual's engagement in what they are doing and the productive outcome of the activity.

Caring…Nursing's Central Tenet

While the last two constructs within positive psychology are foundational to the design of positive interventions, designs for nursing must include a discussion of caring. The desire to care for others is what has most often drawn individuals to the profession of nursing. Caring denotes a connectedness to others, a focus on something that matters, and in this realization of what matters, "sets up what counts as stressful, and what options are available to the person for coping" (Benner, 2003). Furthering the development of the primacy of caring, Benner elaborates on the condition of connection and concern that is elicited from others and which gives rise to the possibility of help giving and help receiving. Returning to positive psychology for a moment, the very definition of a positive intervention is that the enactment of the intervention can enhance well-being by enhancing meaning. It might then be suggested, that the deliberate creation of positive interventions designed for the processes and practices of nursing might also enhance the expression of care.

Jean Watson has developed a Theory of Human Caring that, in combination with Relationship-Based Care[2], has provided some nursing teams with key insights into the ways to create a culture of caring (Carter, et al., 2008). Watson's theory requires that, "Transpersonal caring calls for an authenticity of being and becoming, an ability to be present to self and other in a reflective frame; the transpersonal nurse has the ability to center consciousness and intentionality on caring, healing, and wholeness, rather than on disease, illness and pathology" (Watson, 2006, ¶ 3). It is in this conceptualization of nursing practice that a parallel alignment with positive psychology becomes clear – that of a strengths-based versus deficit-based attention on the human condition. In addition, the consciousness and intentionality required to provide care is exactly what is also required for the enactment of positive interventions. This further

supports the idea that positive interventions may foster greater caring practices within the context of care delivery.

<u>Designing Positive Interventions for Nurses</u>

While positive interventions can be designed, the effectiveness of the intervention in promoting well-being is still subject to individual preference and the ability to create a habit of practice. This formation of habit however good can be subject to something that researchers have coined hedonic adaptation. What this means is that human beings habituate to activities once found pleasurable to the extent that continuing to engage in the activity does not lead to the same degree of positive emotions, engagement and/or meaning over time (Diener, Lucas, & Scollon, 2006). Thus, on the one hand, while it would seem that developing a 'habit' of engaging in positive interventions might enhance one's overall happiness in life, the very creation of habit makes hedonic adaptation much more likely. Is this inevitable? I believe that it is worthwhile to form a habit of the *conscious use* of positive interventions. The key however, is to ensure that the interventions are varied, relevant to the circumstance, and an appropriate fit for an individual, team, and corporate culture.

Various criteria define an intervention as positive; otherwise almost any activity that you could name might be considered a *positive* intervention. A growing number of studies that focus on the correlational relationship between positive interventions and well-being are providing the scientific evidence to defend the argument that individuals can impact their own level of happiness. The 'Anatomy of a Positive Intervention' found in Appendix A provides a working definition of the concept, with the accompanying descriptions of purpose, attributes/ characteristics, methods/mechanisms, points of application and outcomes.

While the chart gives a synopsis of the key elements and their sources, further deliberation on some of the significant aspects is warranted. The effectiveness of a positive

intervention must be understood by both its method as well as its point of application. Positive

interventions by nature are growth-producing and capacity-enhancing. They require that

attention and effort be expended in their enactment. Positive interventions are intended for use

with the average individual who wants to improve their daily/life circumstances; this has been

referred to as "normal weather in the soul" (Pawelski, MAPP lecture notes, 2007). This is not to

say that they cannot be of use to individuals following a crisis situation but in those

circumstances crisis intervention is likely the more appropriate initial response. Of equal

importance to the effective use of positive interventions is a clear understanding of their purpose.

An early finding about certain positive interventions is their ability to make people lastingly

happier (Seligman, Steen, Park & Peterson, 2005). Skeptics of the field of positive psychology

have voiced their disdain about a focus on feeling good but Sonja Lyubomirsky makes a

thoughtful comment in her new book, *The How of Happiness.*

> So don't pooh-pooh pleasure. You can find pleasure in a silly TV show or in being
> wholly absorbed in a lecture on astrophysics. Both types of pleasure contribute to a
> happy life, and both types of pleasure can give rise to the multiple benefits of positive
> emotions, like feeling more sociable, more energetic, and more resourceful. An
> avalanche of studies has shown that happy moods, no matter the source, lead people to be
> more productive, more likable, more active, more healthy, more friendly, more helpful,
> more resilient, and more creative. This means that positive emotions actually help us
> achieve our goals (reinforcing the feeling that we are working toward something
> important) as well as help us strive for meaning and purpose in life. Indeed, a series of
> intriguing studies at the University of Missouri found that happy moods lead people to
> perceive their lives as more meaningful; for example, the more positive emotions people
> experience during a particular day, the more meaningful they judge that day. That
> seriousness and greatness must be accompanied by grumpiness is a myth. (Lyubomirsky,
> 2008, p. 265)

An increase in positive emotions can also have an impact both on our level of hope and

self-efficacy and this relationship is reciprocal. Specifically, positive interventions can be

designed to enhance a particular signature strength. For example Lopez, Floyd, Ulven and

Snyder remark that, "Interventions that take a positive psychology orientation have also focused

on training people to increase hope. *Hope therapy* is based on the idea that hope drives the emotions that define well-being" (in Compton, 2005, p. 185). The utility of this is addressed by Seligman (2002) who describes the ability of optimism and hope to increase resistance to depression, a condition which has been shown to have increased ten-fold over the last fifty years.

Positive interventions also enhance human capacity in a more generalized way. Human potential and the belief in possibility are fueled by self-efficacy. Bandura is perhaps one of the most well-known experts on the subject. "The basic premise of self-efficacy theory is that people's beliefs in their capabilities to produce desired effects by their own actions are the most important determinants of the behaviors people choose to engage in and how much they persevere in their efforts in the face of obstacles and challenges (Maddux, 2005, p. 277). It is therefore logical to conclude, that a positive intervention which creates positive affect, may lead to the broaden-and-build effect. This in turn enhances the potential strategies that an individual might employ in their situation to increase their chances of success. The experience of success not only creates more positive affect, it also strengthens self-efficacy.

In *The How of Happiness* (2008), Lyubomirsky also provides a tool adapted from Sheldon that enables individuals to determine the attractiveness of a "happiness activity" (her term for a positive intervention), based on it's natural fit, degree of enjoyment, congruency with values, whether not doing it would lead to guilt, and whether the person's situation applies external negative reinforcement to continue the activity (obviously these last two are reasons to avoid a certain activity). Based on the rating achieved, individuals then select any of the 12 happiness activities that seem to be the best fit for the individual. This tool created the inspiration to consider a variety of positive interventions for nurses in the workplace that might have appeal via these different mechanisms.

Based on the review of some of the pertinent literature within positive psychology and

nursing as it relates to psychological capacities and psychological empowerment, it became clear that greater possibility for nurses to experience satisfaction at work was attainable through their own initiative, but how and when would this be accomplished? Within my work role, I facilitate a one-day workshop for employees designed to enhance optimism and build resiliency in individuals. Participants are highly engaged during the session, however it is unclear to what extent individuals translate what they have learned into practice. Perhaps the way to reinforce workplace application is to ensure that participants leave the training with specific work-related examples. For this reason, there was great appeal and motivation to design positive interventions that would be linked to work processes and practice. But these strategies needed to be relevant and practical according to how nursing's role has evolved in the current health care environment.

Being in a nursing leadership role has distanced me from direct clinical care and as such made me concerned that I may not fully appreciate practice issues such as: the complexity of patient care, the nursing workload, the physical and mental demands, the ethical dilemmas that surface, and the ensuing challenges to nurse-patient therapeutic and professional relationships. There was a risk of creating positive interventions that would be seen as meaningless activity for nurses. Therefore, in collaboration with Directors and Coordinators on Complex Continuing Care, Veteran's Care, and Forensic Psychiatry, permission was sought to job shadow a nurse in each of these areas for one eight-hour day shift. In keeping with positive psychology, the intention in visiting the clinical areas was to identify the strengths observed within the practice of nurses and in their environment. This would provide a more solid foundation upon which to create the positive interventions. In addition, simply viewing the nurses' work directly would help to generate ideas for positive interventions that would fit within the various aspects of nursing practice or work processes.

The clinical world of nursing is indeed fascinating, challenging, and provides many

opportunities to make a difference in the lives of others. Aspects of the observational experience

relevant for the construction of positive interventions included: the observed nursing activity

and behavioral outcomes seen, inspiring moments, and my thoughts about possible

enhancements with positive interventions. I explained to staff that I was there to observe the

types of activities that nurses engage in, and not to judge the manner in which they carried out

their nursing activities, some of which included: interactions with patients, medication

administration, change of shift report, a consultation with professional nursing practice,

interprofessional collaboration, a mock SWAT take down, and conversations with staff about

topics such as work assignments, how to complete a performance development plan, and a

discussion on "what constitutes a good day?" This information began to clarify what types of

positive interventions might fit best within the nurses' daily activities.

        The reality of nurses' work and work environment and key concepts within positive

psychology and nursing research helped to create the criteria identified to suggest positive

interventions previously cited in the research, or to create new interventions specific to the

practice of nurses.

The interventions would:

> ∙ be based on the criteria in Appendix A
> ∙ be self-initiated
> ∙ enhance the opportunity for flow during the nursing activity
> ∙ build upon character strengths identified by Peterson & Seligman (2004)
> ∙ be able to be integrated into processes of care
> ∙ have props/supports available within the work setting
> ∙ be congruent with the mission, vision, and values of the organization

Descriptions for the designs of the positive interventions follow. The corresponding instruction

sheets for nursing staff are in Appendix B.

Positive Interventions for Nurses

1. "Three Good Things" at Change-of-Shift Report

The content of shift report commonly includes such aspects as: patient demographics, medical condition, key nursing care activities, tests and treatments, resuscitation status, affect of medications, problems with daily living activities, experience of pain and any recommendations for the next shift. It tends to be problem-based, especially if nurses have adopted *charting by exception* which is a form of documentation where nurses measure patient progress against specific standards and only record and report on aspects outside of defined limits. The report is tape recorded by the nursing shift ending their work day and provides an overview of the patients' needs for the oncoming shift of nurses. This current method of report has the inherent risk of depersonalizing the relationship between the nurses. They form opinions and judgments about the content of the taped report because they do not have a chance to have dialogue if a difference of opinion exists. Current processes and needed efficiencies do not permit a change in this format at this time.

One strategy for providing nurses with a way to enhance their own well-being through gratitude is to implement the exercise tested by Seligman, Steen, Park, and Peterson (2005) called, *three good things*. In this exercise the individual writes down three good things that happened to them during the day and the causes of those events. The research has shown that intervention groups who completed this exercise over a period of one week showed increased ratings of happiness at the end of that time frame and this was sustained with on-going use. Translated to report-giving, the nurse could conclude her taped report by sharing three good things that happened that day and the causes. While it is suggested that the effectiveness of the exercise is enhanced through written word, it is likely that the tape recorded messages require nurses to similarly reflect and construct their thoughts in a fashion that could be just as effective

as if they were written.

One outcome of this intervention might be that the nurses ending their shift have actually reframed their day so that the last thoughts about work are what they accomplished, as opposed to what they did not. Another outcome might be that nurses, who hear the report, come into the shift believing that good things can happen and may therefore have more hope for the shift to come. At least the possibility of good things happening is promoted by the evidence that it has already occurred. In addition, sharing "three good things" tends to personalize and humanize the taped interchange between the nurses leaving at the end of the shift and the new nurses coming on. This may enhance a more generous posturing towards each other.

2. Realistic Optimism Following a Patient Incident.

Another reality of the workplace is that despite the excellent care and attention that nurses provide, patient incidents (accidents) occur. For example, a patient may fall, the wrong medication may be given, or unnecessary bloodwork may be drawn.   Nurses must report these incidents so that medical treatment is obtained if necessary, the patient and family members are informed of the event and the consequences, and the nurse documents the situation so that the causes of the event can be explored and corrective action taken. Though infrequent, these occurrences take an emotional toll on everyone and especially on the nurses involved. Any form of harm is clearly contrary to nursing's foundational practice of caring. Even in an environment focused on minimizing blame and maximizing learning, nurses may feel ashamed, saddened, guilty, or suffer despair.

A cognitive-behavioral strategy known to enhance optimism in individuals (Seligman, 1998) would be particularly useful in an *uncomplicated* patient incident. (Clearly if a patient's life was put at risk or the patient died, this would be a complex situation requiring crisis intervention.) The way this self-initiated process would work might be as follows. The nurse

completes the written report and concludes it by spending a few moments mentally recapping the

situation, working through each component of the A, B, C, D, E process. An example follows.

A = Adversity.   A patient suffered an overdose of a pain medication with the effect of oversedation and sleepiness.

Event Description: "A patient was complaining of pain. The nurse looking after the patient had gone to lunch and I was covering her patients for her. The patient continued to complain of pain and when I asked him about when he had last received any medication, he did not recall the time the nurse had given the previous dosage. I checked the medication profile and the last pain medication recorded had been more than four hours earlier, therefore, it was appropriate to give another dose so I did, and recorded it. When the nurse came back from lunch she remembered she had not signed off the last dose of the medication and when she went to do so, she noted that my signature was in the space provided. It was then that we realized the patient had been double-dosed. The physician was contacted; the patient was examined; no long-term untoward effects occurred; both of us documented on the occurrence report to describe the situation."

B = Belief. "The other nurse should have documented, it was her fault; and/or it was my fault, I am incompetent."

C= Consequences. "I am angry at the other nurse and am feeling resentful towards her. I also feel sad, dejected, and like a failure and I can't stop thinking about it."

D = Disputation. "Okay, so it's true that the other nurse should have remembered to document the medication after she gave it, but she's really a good nurse and a valued colleague and I know she was having a busy day. Plus she felt as badly as I did and apologized for also not giving me a better verbal report before she went to lunch. I gave the medication according to the correct procedure but still the error happened. What could I have done to have prevented it? Perhaps I needed to question whether the patient's judgment could be trusted. Maybe I could have called the nurse in the cafeteria and asked her to clarify the situation?"

E = Energization. "That's what I'll do next time. When I take over the care for another nurse's patients I will make sure to ask questions about what else might be expected of me. Then, if anything comes up that was not anticipated, I can make sure that I have a way to contact the nurse should I need to. This makes me hopeful that I can prevent this situation from happening again. OK, so for now, I feel like I can get back to my work for the rest of the day; at least I have a plan."

Practicing optimism through disputation is something that nurses could use in other

situations of error or regret. What would be particularly helpful from a systems perspective is if

the incident report could actually include the A, B, C, D, E framework at the end of the report.

This would remind the nurse to use the framework. The time to document the incident needs to happen regardless, so this extra attention to supporting the nurse's interpretation of the event has the ability to change a negative event into one that becomes a learning event, and may create greater self-efficacy and optimism.

3. AWEsome Moments

Scattered among the challenges, nurses do have elevating or awe-inspiring moments in their workday. Because of our hard-wiring for survival, negative events can occupy our thoughts easily so it helps to place conscious attention on the positive. Jonathon Haidt (MAPP lecture notes, 2007) has been doing research on the emotions of awe and elevation and their impact on individuals and their subsequent actions of goodwill and generosity toward others. An elevating experience is one in which you see someone doing something good, honorable, or charitable for someone else. He has described the emotional impact of an experience of elevation in studies conducted with college students. What he found is that by experiencing these moments of elevation, students felt a desire for more prosocial behaviors, emulated the behavior of the individuals involved in the act, and were drawn to look at behaviors for their own self-improvement.

An intervention that could promote more positive affect in the workplace is the idea of *AWEsome Moments*. Nursing units seem to have a plethora of bulletin boards, some of which appear to have duplicate information. One positive intervention requiring minimal leadership support is that a bulletin board could be designated for the sharing of these awe-inspiring or elevating moments. Some of these moments might arise from within the workplace but any event that created awe or that would elevate others could be posted and might include such things as: newspaper clippings, stories from the internet, thank you cards from patients or families, or specific accomplishments of the clinical team themselves. These AWEsome

moments would be accessible to staff anytime they might need an encouraging thought during the day. One wonders about the impact of such a collective initiative on team morale?

4. Precepting Students and Random Acts of Kindness

Most professionals fulfill their accountabilities to support newcomers to the nursing profession through the role of preceptor. This is when a nurse offers to have a student work with him or her for an extended period of time in the work setting in order to fulfill the clinical requirements of the nursing program. This role can be very satisfying as the nurse watches how his or her coaching helps to increase the nursing student's confidence, competence, and development into a safe practitioner. Anyone who has done this role also knows that it is time consuming and involves added mental effort in terms of making your practice visible all of the time, while also requiring you to provide verbal and written feedback to the nursing student. Studies in psychology have shown that random acts of kindness on a regular basis have been known to make people happy over time (Lyubomirsky, 2008). Key to the practice of these acts is to have a variety of random acts to choose from.

Being a preceptor for a student could be a signal to other nurses at work that day, that the nurse and the student be the recipients of random acts of kindness. This could provide a number of significant benefits. Acts of kindness promote team cohesiveness because they create positive emotions in both the receiver of the act but also in the giver. According to Sonja Lyubomirsky (2008), when we perform the act it encourages our awareness and appreciation of our own good fortune and can also relieve the guilt we may have over another person's added burdens. As a result of the kind act, positive feelings may be transferred by the preceptor to the student and patient in demonstrations of greater care and concern. It may also elicit increased commitment to learning and enact more occurrences of caring behaviors by the student toward the preceptor and patient. It is also a great opportunity to role model the importance of team support. Clearly

acts of kindness could also be done for a colleague of any discipline who may be having a bad day or be used as a way to make a new staff member to the team feel welcome.

5. Performance Development Systems and Personal Bests

Another process which was witnessed in the work setting in terms of its impact on a nurse, was that of the performance development system. The distress experienced by the nurse in preparing for this process was palpable. She did not see the relevance to her work and in her view; the process was daunting and time-consuming. Some of this may have been fueled by the universal fear of evaluation. In our organization and in fact within our professional nursing college, performance review is a three-part process. Nurses first conduct a self-reflection on their own practice. In addition, they provide a form to several peers to obtain peer feedback on: areas where they are doing well; how consistent their behavior is with the values of the organization; and where they have opportunities for performance improvement. Finally, the process concludes with the nurse creating and sharing his or her learning development plan with the clinical leader. While this process makes logical sense in terms of its degree of self-directedness and completeness, it can create negative emotions.

Lyubomirsky (2008) and Schwartz (2006) both describe the research that they and others have done in terms of the impact of social comparison. The findings indicate that when we engage in upward comparisons of aspects of our lives against others (who are smarter, more thorough at work, better liked, richer, etc...) we feel inferior, and when we engage in downward comparisons with individuals whose lives seem more troubled (eg. lost their job, got sick, etc…) then we feel guilty or fearful of the same fate. The very nature of the performance development process requires us to make comparisons, against those of our organization or profession (which are reasonable and objective), or based upon the feedback we get from others (which may or may not be objective or helpful).

The potential exists for the performance development process to be experienced more as a positive intervention. The process of self-reflection for example, gives rise to the use of a strategy that is described by Wiegand and Geller, as cited by Martin, called Personal Bests (PB). "A PB is a standard of performance that matches or exceeds the best one has ever (or previously) performed on a particular dimension" (2005, p. 125). A PB emphasizes a comparison within oneself as opposed to a comparison to others. This form of comparison is less likely to create the kind of dissatisfaction that occurs when we compare our performance to others. For example, I may have good written communication skills. Within my role at work, I have the opportunity to contribute to the organization's newsletter and have done this in the past. I may attempt to exceed this personal best by setting a goal to get an article published by a professional journal in the next year. In this way, I am building upon my strengths. Other ways to use personal bests can also occur on a daily basis. It requires more conscious reflection to examine the manner in which we accomplish our tasks at work, however, once we do this we can then decide what aspect of a task we would like to set at a higher performance level. With this added effort we may take mundane tasks and by 'setting the bar higher', convert them into flow activities. The ability of flow to enhance meaning and engagement within various activities has already been highlighted.

Another aspect of the performance review process is that colleagues are expected to give peer feedback. Most are happy to provide feedback about the strengths that they see in their colleague but become distressed at the idea of pointing out weaknesses. Perhaps organizations need to simply eliminate the question about what the individual could do to improve their practice and replace it with the request for a peer to provide other ideas where the individual could use their strengths. The Gallup Organization in Washington D.C. has been studying human strengths for over 40 years and, they have discovered that people have more potential for

growth when they invest energy in developing their strengths versus correcting their deficiencies (Rath, 2007). They have also identified that employees whose manager focuses on their strengths are six times more likely to be engaged in their job. This certainly is a finding worth testing out.

6. Nursing Stories, Savoring and Active Constructive Responding

Patricia Benner (1984) is well known for her work in making clinical nursing practice more visible. Through a phenomenological approach, Benner captured the quintessential aspects of nursing practice from nurses as they recounted stories from their practice. The stories were called critical incidents and nurses used a template to capture in writing, the essential elements of their stories. While the purpose of this exercise was to generate competency-based exams for new graduates and to create baseline material for a publication on the nature of applied nursing practice, the experience of writing the stories and listening to the stories created opportunities to savor the event, especially those moments that create awe or feelings of elevation. In combination with a strategy called active constructive responding[3], this story-telling activity could be a real source of inspiration for nurses, an opportunity for them to acknowledge the significant expertise that is embedded in their practice, and an opportunity to earn greater respect from colleagues and others.

Here is how the process would work. A discussion would occur with nurses about the benefits of such an activity, and a template similar to the one created by Benner would be offered for their use. Nurses would come forward with a positive nursing practice story and give some thought to the questions in the template. If she or he needed assistance with the story, then support is obtained from whoever functions as a learning resource for the clinical area. This learning resource person sets up an afternoon tea and all available nurses are invited for a twenty minute break. The nurse, who has provided the story, uses his/her written work as a prompt.

The responsibility of his/her peers is to listen to this nurse's story with full interest and enthusiasm and to ask lots of questions and help the nurse to re-live, or savor the experience. All of the comments are to be positive and supportive in nature.

Two mechanisms of study in positive psychology are being addressed with this intervention. In the research of Gable, Reis, Impett, and Asher, they showed that "capitalization – telling others about positive events in one's life – is likely to generate additional positive affect, over and above the positive affect associated with the event itself" (2004, p.229). The re-telling of the event also involves more elaboration and exploration of the event, especially with the added interest and questions provided by listeners. In particular the active and constructive nature of the feedback from listeners further enhances the person's recount of the positive event. Fred Bryant has studied the positive affects of savoring and reminds us that, "Just because someone experiences positive events does not mean that one feels capable of savoring these events, that is, of generating, intensifying, and prolonging enjoyment through one's own volition" (2003, 176). Active constructive responding in combination with the recounting and savoring of significant positive events has the capacity to enhance positive emotions, increase learning, and increase meaning. In addition, if the story includes our use of strengths, it might be a way for nurses to develop greater self-efficacy in terms of their nursing expertise.

7. Daily Goal setting and Activity Re-setting

Significant study had focused on strategies to accentuate hope because of the importance of hope as a motivating factor to change. Hope theory is comprised of three capacities of the individual including the ability to (1) conceptualize a goal; (2) develop the strategies to obtain the goal; and (3) enlist the motivation to use the strategies (Lopez et al., in Linley & Joseph, 2004). Nurses identify strategies every shift for helping patients to achieve their goals. Multiple workplace and patient factors however, can affect the achievement of the goals so that by the end

of the day, it is not uncommon for the nurse to have not accomplished all of what she/he had initially identified as important, even though they may have accomplished much in terms of other outcomes. Without reprioritizing the strategies for accomplishing the goals based on the changing circumstances, the nurse may leave the shift feeling that they have not done a good job. What kind of positive intervention might enable the revising of those strategies so that nurses do not leave the work place at the end of the day believing that the patient's goals were compromised?

Nurses use worksheets at the beginning of their shift to identify the patients under their care and the activities they need to do to help the patient fulfill his/her goals for the day. As they listen to the taped report, they record the various tasks and activities creating a mental plan about patient care priorities (ie. who will be attended to first, which patient is booked for tests, what patients need assistance at meal time, etc…). What if the worksheet provided space for the nurse to re-set the activities for the day prior to each time the nurse went to breaks? At break time nurses have to review what has been accomplished and what still needs to be done anyway, in order to give report to the nurse who will look after their patients while they are at break. This readjustment of activities would also enable the nurse to identify additional activities that were done but were not part of the initial plan. The new activities become a trade-off for the ones that the nurse has not yet achieved, (and in reality may not achieve before the end of the shift). While the goal of providing patient care is still accomplished, it may be through the enactment of different activities than what were originally identified. Visually on the worksheet, the nurse may actually see that more activities are listed than what she/he had originally planned. This picture creates a more complete view of the nurses' day and what she/he accomplished and also provides a useful aide for written documentation on the patient's health care record.

8. Resuscitating Joy

      I thoroughly enjoy strategizing about nursing practice improvements in the context of group dialogue. I find the exchange of ideas invigorating. This was the kind of dialogue that I witnessed when a nursing consultant from the College of Nurses of Ontario met with the care team on Complex Continuing Care to discuss a patient care dilemma. But not all conversations are life-giving. Most of us have likely been involved in conversations that draw on our energy as opposed to creating it.   These are the meetings where it "seems" as if each time you make a proposal or offer a suggestion, someone in the room is waiting for an opportunity to dismiss the idea. And the person doesn't do it in a way that is explicitly obvious. Comments are something like, "Just being the devil's advocate here but…", or "Don't get me wrong but…", or "We tried that before and it didn't work so ..." These comments can kill joy, make individuals defensive, consume the energy in the room, and prevent exploring the very things that might, in fact, cause the idea to fail. I'd like to suggest to nurses a positive intervention to rescue "kill-joy" moments before they occur.

      What would a resuscitation of joy look like? The first strategy would be to suggest ways in which the sender of a message could challenge the conclusions or stories that she/he is drawing about colleagues who make opposing comments (Patterson, Grenny, McMillan, & Switzler, 2002). For example, perhaps the colleague is fearful of change or has experienced a negative situation in the past based on the same idea that I am suggesting. This reappraisal may help the sender of the message to be more open to hearing comments that differ from his/her own. The second half of the dialogue lies with the receiver or listener of the message. This individual could be encouraged to build on the idea of the sender of the message before he/she states their objection or concerns about the idea. This gesture creates feelings of reciprocity that reconnects us to each other (Haidt, 2006) and could enhance good commerce amongst the team.

9. Using Signature Strengths in New Ways

As previously mentioned, the experience of flow in daily activities through the enactment of our strengths can create greater meaning and engagement in our lives. Another positive intervention that is clearly within the nurses' ability to autonomously implement is to engage in self-reflection and to identify individual strengths that can be used and developed. The performance development process would clearly be another place where an intervention such as this could be used. The VIA[©] Signature Strengths Questionnaire in an on-line tool that was created for this purpose. Individuals can log onto the Authentic Happiness (2006) website, complete the assessment, and discover their top five signature strengths[4]. As previously mentioned, the use of these strengths in new and different ways is gratifying, in addition to potentially enhancing performance. Nurses could use their own creativity to come up with ways to use their strengths more frequently at work and in their personal lives. Because no one strength is seen as superior to another, an entire work team could decide to complete the inventory, share their results, and then brainstorm ideas for using their strengths, while also acknowledging aspects of practice that might be more aligned to the strengths of some members of the team versus others. This could provide a work team with a way to reorganize, to create more flow within their work, and to enhance the team's possibilities for greater accomplishment.

10. Showing Gratitude

Finally, one of the most powerful positive interventions identified within positive psychology has been that of gratitude. According to Robert Emmons, the foremost expert on gratitude, it is a "deep and abiding recognition and acknowledgment that goodness exists under even the worst that life offers" (2006, p. 9). In addition, the research that he cites has shown that gratitude enhances positive emotions, it inspires and energizes others, it promotes coping with difficulties, it enhances performance, and it is essentially the foundation of a civil and humane

society. He identifies at least ten strategies that can be implemented by individuals to enhance

feelings of gratitude (2007). Ideas such as keeping a gratitude journal, engaging in meditation

based on the concept of Naikan[5], learning prayers of gratitude, and using visual reminders to be

grateful, are just a few. Our work environments provide us with regular opportunities to express

our thanks to others. A positive intervention to enhance gratitude in the workplace may simply

require a visual reminder for the team of the benefits of expressing gratitude and some ideas

about the ways that this can be easily done in the workplace setting. My workplace created a

Recognition Menu-tasteful ways to say thanks which I believe serves this purpose (Appendix B).

Setting Context for the Use of the Designed Positive Interventions

The instruction sheets found in Appendix B for use by staff during the various work

processes are not intended to be stand-alone tools. Prior to introducing the tools, it would be

necessary to have opportunity to share information about positive psychology, discuss the

purpose of positive interventions, and to have a free-flowing exchange of thoughts and ideas

with nursing staff and leadership. It would also be important to include other disciplines in these

discussions so that no-one feels disenfranchised from the process.

Careful thought should be given in terms of how to introduce the positive interventions to

the team. It may be preferential to introduce only one or two at a time. This could be

accomplished by holding micro-interventions (Luthans, Avey, Avolio, Norman, & Combs,

2006), short sessions focused on the different constructs that underpin several of the positive

interventions. For example, a discussion about gratitude could be accompanied by

implementation of the positive interventions called, "Three Good Things at Change-of-Shift

Report" and "Showing Gratitude". In addition, this construct and the accompanying activities

would help to make the environment more safe and supportive before introducing something like

"Nursing Stories, Savoring, and Active Constructive Responding" where more individual risk is

involved. Determining which interventions might be most useful and at what point, may depend on an assessment of the current climate of the work setting along with the nurse's own preference.

Following each implementation evaluating the effectiveness of the interventions would be the ideal. This might depend upon the availability of research resources and/or interest by the team. However formal or informal, the evaluation of the use of the interventions warrants regular follow-up with the team to see if the activities are being sustained and to know if individuals are perceiving improvements in the work environment related to positive emotions, enhanced meaning and greater engagement.

Potential Benefits of Positive Interventions for Nurses

The design and goal of embedding positive interventions within nurses' practice serve several purposes. By placing interventions within the context of the work, the work activity becomes the signal to the nurse that an opportunity exists to change the experience they are having to one that is more positive and meaningful.   In addition, it gives the nurse a clear and relevant example of the use of positive psychology within his/her practice so that more strategies might be discovered. In matching a nursing activity to an intervention, the nurse may be more likely to develop the habit of using positive interventions. While there is a possibility of hedonic adaptation, variety within the use of the intervention could result in a different outcome each time and this could create the motivation to continue the intervention. Providing a concrete example of a positive intervention that is a good fit with work-related processes may also enhance its ability to create pleasant affect, augment individual strengths, and enhance meaning in work. Positive interventions designed for autonomous use by nurses give them ways to build the psychological capacities that can increase their self-directed empowerment and well-being. There is something incredibly powerful in the realization that you can be the *renewable* source of

your own positive emotions (Lyubomirsky, 2008). And finally, one of the very important

features of positive interventions is that they often involve others. The enhancement of good will

among co-workers is another potentially desirable outcome.

The use of positive interventions within the workplace can also impact organizational

life. The ability to measure this would be one way to advance the research on *Positive*

Organizational Behavior, a new branch of positive psychology. It is defined as "the study and

application of positively oriented human resource strengths and psychological capacities that can

be measure, developed, and effectively managed for performance improvement in today's

workplace" (Luthans, Youssef, & Avolio). One area of focus is on certain psychological

capacities that are state-like. State-like capacities are those which are amenable to change versus

trait-like capacities which are more fixed. Of particular significance are the four constructs of

self-efficacy, optimism, hope, and resiliency. These comprise what Luthans et al. (2007) have

coined *Psychological Capital or PsyCap*.

> PsyCap is an individual's positive psychological state of development and is
> characterized by: (1) having confidence (self-efficacy) to take on and put in the necessary
> effort to succeed at challenging tasks; (2) making a positive attribution (optimism) about
> succeeding now and in the future; (3) persevering toward goals and, when necessary,
> redirecting paths to goals (hope) in order to succeed; and (4) when beset by problems and
> adversity, sustaining and bouncing back and even beyond (resiliency) to attain success.
> (2007, p. 3).

According to the authors, these capacities have a synergistic effect in predicting performance and

satisfaction better than each of the four factors on their own (Luthans, Avey, Avolio, Norman, &

Coombs, 2006). It is likely that positive interventions designed to most effectively enhance these

capacities, are also the ones more likely to improve organizational life and outcomes.

Implications for Practice, Education, Leadership, and Research

To manage the extent of this project, the focus was purposefully on the profession of

nursing. But clearly, the benefits of positive psychology and the use of positive interventions can

be applied by any discipline. One of the first steps however, is to test these interventions in practice. Which interventions work the best and why? What effects are seen at the individual and collective levels? How could nurses learn from their experience with positive interventions in order to create ones for use with patients and their families? How might positive interventions assist nursing students to manage the transition from academia to practice? How could positive interventions improve the orientation process for new staff? How might leaders use positive interventions to enhance their ability to create empowering work environments? Are the most effective positive interventions those that reflect the more flexible and malleable state-like capacities of PsyCap? Recently, Luthans, Avey, and Patera (2008) assessed the effectiveness of a web-based training intervention to enhance a group of individual's PsyCap capacities and had significant results. They raise the question of whether in-person micro-interventions or web-based training are more effective for the purposes of raising psychological capital? Whatever methods are chosen for the teaching of these constructs, would positive interventions designed for the workplace enhance sustainability of the training results? Many more questions may come to mind for the leader, the educator, the researcher, and the nurse in direct care but what is exciting is that so much potential exists.

Conclusion

The convergence of positive psychology with the discipline of nursing offers promising possibilities for the future of both disciplines. Positive interventions are one way to capitalize on the benefits of positive emotions and facilitate the use of individual strengths for greater meaning and engagement in work and in life. The psychological capacities inherent in PsyCap are particularly attractive. These capacities are needed if nurses are going to thrive professionally in current and future health care practice environments. I envision nurses who have: increased confidence and competence to command a presence within the inter-professional climate of

patient care delivery; a realistic and flexible form of optimism that enables them to see

possibilities in the here and now as well as in the future; a sense of hope so that they create a

shared and sustainable vision for the future of nursing practice; and a resiliency to grow from

adversity thereby enhancing mental and physical health and well-being.

Footnotes

[1] Transformational leadership – Five components of transformational leadership include: Attributed Charisma (behavior that displays confidence, "engenders respect and pride among subordinates, and seems to look beyond his or her own self-interest"); Idealized Influence (leader behaviors transmit "a sense of higher purpose that goes beyond the goals of the individual and focuses attention on the common good"); Inspirational Motivation (behavior that transmits "enthusiasm, optimism, and ability to articulate a compelling vision of the future"); Intellectual Stimulation (approach-coping, behaviors that focus on effective problem solving, promote thoughtful reflection during stressful conditions); Individualized Consideration (behaviors to develop employees and treat each as an individual). A summary of the works of various authors as compiled by Harland, L., Harrison, W., Jones, J.R., and Reiter-Palmon, R., 2004, p. 5.

[2] Relationship-based care – nursing care delivery model where nurses "put at the center of their work a personal relationship with patients and family, prompting a committed involvement with patients on multiple levels, ministering to body, mind, and spirit" (Carter, et al., 2008, p. 58).

[3]Active Constructive Responding – this is a process of actively listening (vs. passively) and constructively responding (vs. destructively) to someone's description of a positive event which enhances the individuals recounting and telling of the event. Actively listening means to be attentive, both non-verbally and verbally, and then to respond with constructive comments that are encouraging to the teller of the event and that promote their further reflection and positive emotions (Gable, S.L., Reis, H.T., Impett, E.A., & Asher, E.R., 2004).

[4] Signature Strengths – "positive traits that a person owns, celebrates, and frequently exercises" (Peterson, 1996, p.162). An interesting preliminary finding by Peterson in regards to

the unpublished data from the on-line version of the VIA$^©$ Inventory of Strengths results for

various professions is that nurses rated highest in the character strengths of: hope, kindness, love,

generosity, teamwork, and spirituality (MAPP spring lecture, 2008).

[5] Naikan – the practice of Naikan is based on three questions: *What have I received from*

(person x)? What have I given to (person x)? What troubles and difficulties have I caused to

(person x)? The fourth question, "What troubles and difficulties has (person x) caused me", is

purposely ignored in Naikan as it is assumed we are already good at having asked that question

(Naikan, http://en.wikipedia.org/wiki/Naikan).

Appendix A - Anatomy of a Positive Intervention

Component	Description	References
1. Definition	"evidence-based intentional act meant to increase well-being by enhancing that which constitutes (causes) it".	Pawelski, J., lecture notes (2007).
2. Purpose	"increase well-being by cultivating pleasant affect, strengths, and/or meaning"	Pawelski, J., lecture notes (2007).
3. Attributes/ Characteristics	• novel • focused on strengths • positive intention • action-oriented • preventive vs. reactive • engaging • authentic • inspiring • growth-producing	Pawelski, J., lecture notes (2007). Shustermans, R., lecture notes (2007). Hays, K., lecture notes (2007).
4. Method/ Mechanisms	• creates flow • requires conscious use of attention • non-habituating • positive intention, mindfulness • constructive creation • incorporated into day-to-day activities • shifts thinking • self-initiating • may involve others • immediate feedback	Csikszentmihalyi, M., (1991). Diener, E., Lucas, R.E., & Scollon, C.N., (2006). Pawelski, J., lecture notes (2007). Layard, R. (2005).
5. Points of Application	• individuals – 'non-clinical' population (general mental wellness, 'normal weather in the soul'); uniqueness of fit based on individual preferences • organizations – work-related processes and corporate policies; strengths-based planning; cultural fit • society – public policy; cultural fit	Pawelski, J., lecture notes (2007). Diener, E., Lucas, RE. & Scollon, C.N. (2006). Cooperrider, D., Whitney, D., Stavros, J.M., (2008) Peterson, C., lecture notes (2008).
6. Outcomes	• enhanced engagement • enriched meaning and purpose • enhanced self-efficacy • increased hope • happiness and contentment • broadens thought-action repertoire and builds psychological capital or strengths for flourishing (self efficacy, increased resiliency, optimism and hope) • enhanced relationships • increased self-awareness	Seligman, M.E.P., Steen, T., Park, N. & Peterson, C. (2005). Lopez, S.L., Snyder, C.R., Magyar-Moe, J.L., Edwards, L., Pedrotti, J.T., Janowski, K., Turner F.L., & Pressgrove, C. (2004). Maddux, J.E. (2005). Fredrickson, B., & Losada, M.F. (2005) Pawelski, J., lecture notes (2007) Luthans, F., Youssef, C.M., & Avolio, B.J. (2007)

Appendix B - Positive Intervention Instructions Sheets

Positive Interventions in Nursing Processes and Practice #1

"Three Good Things" at Change-of-Shift Report

Instructions: *This exercise is about noticing the good things that happen on a given shift and sharing them with your colleagues on taped report at change of shift. In particular, see if you can come up with three examples. For each example, also explain the cause of each of the 'good things'. These do not have to be earth-shattering revelations. One may be that you had a student today and she was really helpful with the patient workload and enjoyed her experience; another could be that the family member of a particularly challenging patient thanked you and the rest of the team for your support and expertise; a third could be that one of the patients had a milestone accomplishment. Tape record your report. Conclude your report with the three good things you identified **and** their causes.*

Rationale: Research in the field of positive psychology has shown that acts of gratitude, like identifying and naming 'three good things' can have a positive effect both on the individual who names the good things as well as on the person who hears about them. It is human nature for the negative occurrences in the workplace to catch our attention. To balance our perspective, it is helpful to focus on the positive things that happen too. Research has also shown that the positive emotions we experience help to 'undo' the negative events of the day. Focusing on the positive reminds us that we have reasons to be grateful, builds hope that good things can and will continue to happen, and makes work more meaningful.

Possible Outcomes: At the very least, reporting on 'three good things' at the end of the day may enhance your mood as you head home. It also leaves your colleagues a hopeful message for the start of their shift. Any long-lasting change however, in the positive emotions or hopefulness that this strategy might produce, will only occur if you develop a habit of consistently seeing and labeling what is good about your day. Give the strategy a chance for at least two weeks and you be the judge! It seems to be true that what we look for most is what we find.

Seligman, M.E.P., Steen, T.A., Park, N., & Peterson, C. (2005). Positive psychology progress: Empirical validation of interventions. *American Psychologist, 60* (5), 410 – 421.

For additional suggestions or to share your thoughts about this strategy, please contact Cathy Parsons, Nursing Practice Consultant/Corporate Facilitator, SJHC, Ext. 65820 or email at: cathy.parsons@sjhc.london.on.ca

Positive Interventions in Nursing Processes and Practice #2

Realistic Optimism Following a Patient Incident

Instructions: This strategy is useful following the unfortunate occurrence of a patient incident/accident. Patient and staff safety are paramount yet sometimes incidents occur. When they do, it is important to document the facts, identify the reasons why the incident occurred, and learn how to prevent it from happening again in the future. If there are serious outcomes of the incident, please seek the assistance you need to cope with the situation (clinical leader, employee assistance program, etc.) Everyone feels badly when someone is hurt. Along with the completion of the Incident Report, a strategy to promote realistic and flexible optimism can help to achieve a more balanced perspective of the situation and define a way to move forward.

1. Use this strategy after you finish completing the Incident Report.
2. Consider the A,B,C,D,Es of the situation. (see the reverse of this page for an example)
     A – What was the adversity? What happened?
     B –What are your beliefs about the situation? What popped into your head in the heat of the moment? What is its meaning to you? You think.…
     C – What are the consequences of your beliefs? This makes you feel ……., and you want to (do) ……..
     D – Dispute the negative thoughts that you are having. What is another less destructive way to look at the situation? This is not about minimizing your accountability. It is about ensuring that you have accurately surfaced the facts that accounted for the situation; including ones that might not have been about you. Useful questions to ask yourself include: "what is the evidence I have for my beliefs about this situation? What other alternative causes contributed? Am I making the situation worse than it is (catastrophizing)? How likely are the consequences that I am imagining? And finally, how useful is it to me to hold on to my beliefs? Do they help me to move forward?"
     E – Energization occurs when you have put the situation in perspective, have come to your final conclusions, and are able to identify the next actions that you will take.

Rationale: The strategy described above helps individuals change from a pessimistic way of explaining the misfortunes in their lives into a more realistic, flexibly optimistic, and hopeful way to move forward.   This strategy is used in cognitive behavioral therapy and is based on the work of psychologists, Aaron Beck and Albert Ellis, and further developed by Seligman, (1998).

Possible Outcomes: This technique changes your mental response to adversity and may enable you to cope with set-backs much better. Other applications within the health care setting could be for situations such as short-staffing, heavy patient workloads, or when experiencing conflict with others. This technique will not solve the problems that exist within the organization, like the need for redesign of processes. What it can do however, is help you to manage your response to circumstances until they can be improved. And when you are in a more optimistic mind-set, you may also see ways to make the workplace better. Research has shown that positive emotions

generate more positive emotions, help to enhance creative thinking, and build capacity for greater resiliency in the future.

<u>One example of using the A,B,C,D,Es to dispute an adverse event</u>

A = Adversity. A patient suffered an overdose of a pain medication with the effect of over-sedation and sleepiness.

Event Description: *A patient was complaining of pain. The nurse looking after the patient had gone to lunch and I was covering her patients for her. When I asked the patient about when he had last received any medication, he did not recall the time the nurse had given the previous dosage. I checked the medication profile and the last pain medication recorded had been more than four hours earlier, therefore, it was appropriate to give another dose so I did, and recorded it. When the nurse came back from lunch she remembered she had not signed off the last dose of the medication and when she went to do so, she noted that my signature was in the space provided. It was then that we realized the patient had been double-dosed. The physician was contacted; the patient was examined; no long-term untoward effects occurred; both of us documented on the occurrence report to describe the situation.*

B = Belief. *The other nurse should have documented, it was her fault; and/or it was my fault, I am incompetent.*

C = Consequences. *I am angry at the other nurse and am feeling resentful towards her. I also feel sad, dejected, and I feel like a failure and I can't stop thinking about it.*

D = Disputation. *Okay, so it's true that the other nurse should have remembered to document the medication after she gave it, but she's really a good nurse and a valued colleague and I know she was having a busy day. Plus she felt as badly as I did and apologized for not documenting and also not giving me a better verbal report before she went to lunch. I gave the medication according to the correct procedure but still the error happened. What could I have done to have prevented it? Perhaps I needed to question whether the patient's judgment could be trusted. Maybe I could have called the nurse in the cafeteria and asked her to clarify the situation?*

E = Energization. *That's what I'll do next time. When I take over the care for another nurse's patients I will make sure to ask questions about what might be expected of me. Then, if anything comes up that was not anticipated, I can make sure that I have a way to contact the nurse should I need to. This makes me hopeful that I can prevent this situation from happening again. I feel like I can get back to my work for the rest of the day.*

Seligman, M.E.P. (1998). *Learned optimism.* New York: Pocket Books.

Fredrickson, B.L., & Joiner, T. (2002). Positive emotions trigger upward spirals toward emotional well-being. *American Psychological Society, 13* (2), 172-175.

For additional suggestions or to share your thoughts about this strategy, please contact Cathy Parsons, Nursing Practice Consultant/Corporate Facilitator, SJHC, Ext. 65820 or email at: cathy.parsons@sjhc.london.on.ca

Positive Interventions in Nursing Processes and Practice #3

AWEsome Moments

Instructions: *Your team has designated one of your bulletin boards as a source of inspiration, a place to record "AWEsome Moments". You may have heard of the series of books by Jack Canfield called "Chicken Soup for the Soul". Well, this is an opportunity to create our own 'in-the-moment" version of those books. You all experience moments of elevation during the week, times when you read about or see someone do something good, honorable, or charitable for someone else. Some of these moments might arise within the workplace but any event that creates awe or that might elevate others could be posted and include such things as: newspaper clippings, stories from the internet, thank you cards from patients or families, or specific accomplishments of your clinical team. These AWEsome moments are then accessible to you anytime you need an encouraging thought during the day. This is an opportunity to magnify and share those moments.*

Rationale: The feelings you get when reading about acts of humanity might be rationale enough for sharing them. But if you want to read more about the science behind the effectiveness of this strategy, consider the work of Jonathon Haidt author of the book, The Happiness Hypothesis (2006). He has studied feelings of elevation and awe in his psychology laboratory with students at the University of Virginia and has induced these feelings through the use of inspiring video-clips. What he has discovered is that by evoking these feelings, individuals want to emulate what they have observed, they demonstrate more pro-social behaviors, and a desire to improve themselves.

Possible Outcomes: What is hoped is that you will be inspired by the moments that your colleagues share with you. In addition, you may see more of these moments in your own life and similarly share them with your colleagues. This opportunity to share your experiences with each other has greater benefit than just the positive emotions that you experience. Barbara Fredrickson (1998) has also suggested that positive emotions can 'undo' the aftereffects of negative ones. This has the potential to build your capacity to be more resilient in the face of future adversity.

Haidt, J. (2006). *The happiness hypothesis.* New York: Basic Books.

Fredrickson, B. (1998). What good are positive emotions? *Review of General Psychology, 2* (3), 300-319.

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Positive Interventions in Nursing Processes and Practice #4

Precepting Students and Random Acts of Kindness

Instructions: *The instructions for this activity are fairly straight-forward, the real challenge comes in finding out how creative you can be in coming up with novel random acts of kindness! On a regular basis you may have students in your area who are being precepted by one of your colleagues. As you may know from doing this yourself, it is a rewarding experience and it also takes a lot of mental energy. As you and the student go about providing care to your patients, every activity requires careful explanation and lots of patience, especially when the student is slowly learning a new skill and you need to resist the temptation to rush in and help. When you have a colleague who is precepting a student, this intervention would suggest that you support both your colleague and the student by performing a random act of kindness. It can be anything from taking on an extra chore within the workplace, buying them a coffee, or offering for the student to observe something interesting that you might be doing that day. The key is to make it something different every time!*

Rationale: Random acts of kindness have a way of enhancing a benevolent view of the world around us. According to Sonja Lyubomirsky (2008), when we perform the act, it encourages our awareness and appreciation of our own good fortune and can also relieve the guilt we may have over another person's added burdens. The receiver of the gesture is also likely to experience emotions of gratitude which can increase his/her generosity with others.

Possible Outcomes: In the situation of the preceptor and student, random acts of kindness have the ability to impact two individuals at the same time! A great synergy may be created within the learning experience as a result. It is also a wonderful way for the student to observe what a supportive team environment looks like! In addition, the colleague who is supportive of another when they are working with a student, will have the same help and support when it is his/her turn to be a preceptor. Kindness begets more kindness!

Lyubomirsky, S. (2008). *The how of happiness.* New York: The Penguin Press.

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Positive Interventions in Nursing Processes and Practice #5

Performance Development System (PDS) and Personal Bests

Instructions: *Okay, so it's time to complete your performance development plan and consider professional development opportunities in the next year. You've printed off the forms and you have found a few colleagues to give you feedback. How are you feeling about the process? Chances are you might just think of this as a paper-pushing exercise; but it doesn't have to be that way.*

This intervention suggests two approaches that you can incorporate into the current process for completing your PDS. First, when you conduct your self-reflection process, think about the times when you were at your personal best and consider ways to enhance your performance in that area to an even higher level. This will ensure that you are building on your strengths.

Secondly, when you provide your peer feedback tool to your colleagues, ask them to expand upon the question that focuses on getting feedback about your strengths. Request that they specifically give you some ideas about what they could see you doing to further enhance and develop those strengths.

Rationale: Psychologists have discovered that we create unhappiness for ourselves when we practice both upward (those who have more than us) or downward (those who have less than us) comparisons. The benefit of focusing on Personal Bests, is that the standard you are trying to beat, is your own. This has a greater chance of leading to satisfaction with your performance and decreases feelings of competition. In regards to strengths, the Gallup Organization in Washington, D.C. has done over 40 years of research in the area of human strengths. They have discovered, that individual and organizational outcomes are enhanced when there is a focus on building strengths rather than when there is a focus on minimizing weaknesses. When you feel that your strengths are being used, you are more likely to be actively engaged in your work.

Possible Outcomes: Based on your self-reflection and peer feedback, you may feel more excited about the possibilities within your learning development plan. With a shift of focus to the development of personal bests and use of your strengths, you may achieve more success in your work, experience more meaning, and have more satisfaction in the workplace.

Martin, A. J. (2005). The role of positive psychology in enhancing satisfaction, motivation, and productivity in the workplace. *Journal of Organizational Behavior Management, 24* (1/2), 113-133.

Rath, T. (2007). *StrengthsFinder 2.0.* New York: Gallup Press.

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Positive Interventions in Nursing Processes and Practice #6

Nursing Stories, Savoring, and Active Constructive Responding

Instructions: *We can learn so much from each other by the stories of our nursing practice. Patricia Benner (1984) book, "From Novice to Expert" did more to advance the knowledge embedded in clinical practice than other research of its kind. She obtained this information from the meaningful clinical stories of nurses in their practice. These stories continue to be important ways for nurses to make their practice, their expertise, and their caring visible. Not only can stories enhance our own learning, they can inspire us to think of ways to make our own practice better. The instructions for this intervention apply to: a) the nurse who has a story to tell, and b) the nurses and others who may listen to the story. Once a week plan a 20 minute afternoon tea/coffee break when the story can be shared.*

For the nurse telling the story: *See the back of this page for a helpful outline .*

For the listeners of the story: *Your role is key to enhancing the experience of the story-teller and of the audience. Your focus is to listen attentively to the details of the story. Ask the nurse about her thoughts and feelings. What was most inspiring, most difficult, most satisfying? What comments can you make that will amplify the significance of the story? What other questions can you ask that will create greater awareness of the significance of the event? How can you help the story teller to savor the event and extract more meaning from it?*

Rationale: Researchers have discovered that our ability to be actively and constructively engaged when others share their stories enhances the individual's experience and meaning of the event and also strengthens our relationship with that individual. Through our attention and questions, more is learned by the story-teller about the meaning of their experience. As well, the concept of savoring a positive experience has been shown to heighten the recollection of the event for the story-teller. This enhances positive emotions and may heighten the individual's ability to appreciate and savor future events.

Possible Outcomes: When team members can share experiences from their practice in a supportive environment with their colleagues, this generates positive feelings among the entire team. In addition, it can help make visible the strengths of the various team members so that you might recall who to go to when you need help with a patient care problem. Listening to each other and valuing what we bring to the workplace individually, can strengthen the team collectively.

Framework for Sharing a Meaningful Nursing Practice Story

Select a patient care situation in which you had a role and:
- that had a particularly satisfying or surprising outcome
- where you learned a lot
- where you were particularly touched emotionally in regards to the event
- that you feel captures the caring essence of nursing
- that was challenging and where you felt highly satisfied with the outcomes
- that you identified as meaningful

The Nursing Practice Story is told in your own words but you may use the following framework to jot down some bulleted points that you would like to specifically remember to share. Do not feel that you have to answer every question.

1. The context of the incident (eg. shift, time of day, staff resources, what's going on in the area at the time)
2. A detailed description of what happened
3. Why the situation stands out for you? What was meaningful about it?
4. What your thoughts at the time? What added meaning?
5. What you were feeling during and after the incident?
6. What, if anything, did you find most demanding/rewarding about the situation?
7. What did you learn for the future of your practice?

<div align="right">(adapted from P. Benner, 1984)</div>

When you have completed telling your story, your colleagues will provide you with encouragement and may ask you some questions to help you expand upon this experience. You may also want to ask them for their advice/opinions.

This should be a positive learning experience for you and for the rest of the team!

Benner, P. (1984). *From novice to expert*. Menlo Park, Calif.: Addison-Wesley Publishing Company.

Gable, S.L., Reis, H.T., Impett, E.A., & Asher, E.R. (2004). What do you do when things go right? The intrapersonal and interpersonal benefits of sharing positive events. *Journal of Personality and social Psychology, 87* (2), 228-245.

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Positive Interventions in Nursing Processes and Practice #7

Daily Goal Setting and Activity Re-setting

Instructions: *During your shift consider using the following strategy to record the activities that you will be completing for each patient under your care. A template is found on the reverse of this form.*
1.   Complete the form during the listening of patient report.
*2. Throughout the day, **prior to each of your breaks,** re-look at the list of activities and check off the ones you have completed.*
3. Make note of the additional activities that you did which were not part of your initial plans for the day. Make revisions to the other activities as appropriate.
4. Give report to the nurse who will cover your patients when you go to break. Review the activities that are outstanding. Determine whether your colleague can help you to complete the activities.
5. If some activities cannot be done, discuss options with the nurse-in-charge. Perhaps certain activities can be done by someone else on the team, maybe they can be renegotiated with the patient for a different day, or maybe the activity can be modified in another way.

Rationale: Hope is created when we identify goals, develop strategies/activities for achieving them, and keep motivated to accomplish them. Despite careful planning, factors within the health care setting can compromise the completion of activities related to the patient's care goals. Research in positive psychology has shown that hope creates more optimism, and optimism creates more possibility.

Outcomes: To maintain hopefulness about your ability to help your patients achieve their goals for the shift, readjusting priorities and activities throughout the day will mean that you are more likely to conclude your shift having completed the necessary activities for your patients' goals to have been met. In addition, this up-to-date worksheet will act as a great prompt in completing your patient care documentation and taped report for the end of the shift.

Lopez, S.J., Snyder, C.R., Magyar-Moe, J.L., Edwards, L., Pedrotti, J.T., Janowski, K., Turner, F.L., & Pressgrove, C. (2004). Strategies for accentuating hope. In P.A. Linley & S. Joseph, (Eds.), *Positive psychology in practice,* (pp.388-404). Hoboken, NJ: Wiley.

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Daily Goal Setting and Activity Re-setting

Date:_____ Shift: _____ Name of Nurse: _____

Room	Patient	Goals	Identified Activities	Status	Added Activities

Positive Interventions in Nursing Processes and Practice #8

Resuscitating Joy

Instructions: *There are instructions for two players in this positive activity. This strategy is used whenever you are in a meeting with others where there will be a sharing of ideas. It may be a staff meeting, a coffee break conversation, or a meeting of your shared leadership council. One set of instructions is when you are the sender of the message; the other for when you are the receiver or listener.*

<u>Sender of the Message:</u> In general, you may feel comfortable sharing your ideas with others. Sometimes however, we anticipate those members in the group who may not agree with us and who in fact have contrary opinions. This can make us anxious and defensive and then we do not stay focused on the best outcomes. A helpful strategy for avoiding this thinking trap is to challenge the conclusions that you may be drawing about your colleagues. Give them the benefit of the doubt; perhaps they are fearful of change; maybe they have seen the idea you are proposing fail in the past; be open to them having a difference of opinion. Don't take their feedback personally. This may help you stay more open to hearing them.

<u>Receiver of the Idea:</u> The second half of the dialogue lies with the receiver or listener of the message. Your role is to build on the sender's idea <u>before you state your objection or concerns</u>. Be genuinely curious and open to his/her idea. You will still have the opportunity to share your opinion, but before you do, make it a habit to help <u>develop the other person's idea first</u>.

Rationale: The first strategy to prevent "kill-joy" moments is to challenge the stories in your head about the people who you may have labeled as the "naysayers". Thinking of them as valued team members who could be fearful of change or who may not know another way to state a difference of opinion may be helpful. Secondly, if you think that you are the "naysayer", consider first the merit of the other person's idea and see if there is a way that you can build on that idea.
This builds reciprocity in our relationships and that reconnects us to each other (Haidt, 2006). Getting curious when someone has offered a different opinion to your own, will help you to do this. Having spent time and effort to develop the other person's idea, you then may find that your contrary notions about the plan are more likely to be considered. (Patterson, Grenny, McMillan, Switzler, 2002).

Haidt, J. (2006). *The happiness hypothesis.* New York: Basic Books.

Patterson, K., Grenny, J., McMillan, R. & Switzler, A. (2002) *Crucial conversations: Tools for talking when stakes are high.* New York: McGraw-Hill.

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Positive Interventions in Nursing Processes and Practice #9

Using Your Signature Strengths in New Ways

Instructions:
The experience of using our strengths in our work can create greater meaning and engagement in our lives. While you can use the organization's role map for nurses or the College of Nurses' Reflective Practice Program to identify standard expectations, an on-line tool exists to help you identify strengths that can be used in all areas of your life. The VIA Signature Strengths Questionnaire can be found at the Authentic Happiness website (www.authentichappiness.org). Create a log-in, complete the questionnaire, and you will receive an assessment of your top five 'signature' strengths. The key to this strategy is to find daily new and interesting ways at work and in your personal life to use these strengths.

Rationale: Peterson and Seligman (2004) developed a handbook and classification of Character Strengths and Virtues. This compendium provides the language needed to discuss and study human character strengths. Research is showing that the using our character strengths in new and different ways is gratifying. When we experience heighten enjoyment, this in turn may enhance our work performance. We are also more likely to become highly absorbed in what we are doing and this has been shown to increase meaning and engagement at work. In addition, using our strengths in new ways can change how we experience tasks within our job that may have become mundane.

Outcomes: The pursuit of happiness is a universal goal. When one considers how many hours are spent at work it is useful to consider strategies that can increase enjoyment at work as a way to contribute to our overall happiness. Because no one character strength is seen as superior to another, your entire work team could decide to complete the questionnaire and then brainstorm ideas for maximizing everyone's strengths for the benefit of each other, patient care, and the entire team. Identifying ways to use signature strengths at work may also lead to finding ways to use them effectively in your personal life.

Peterson, C. (2006). *A primer in positive psychology*. New York: Oxford University Press.

Peterson, C. & Seligman, M.E.P. (2004). *Character strengths and virtues: A handbook and classification.* New York: Oxford University Press.

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Positive Interventions in Nursing Processes and Practice #10

Showing Gratitude

Instructions: *Probably little needs to be said about the importance of showing our gratitude to others. We know that it feels good to receive someone's thanks and it is equally gratifying to offer our thanks to others. It is an essential element in teams that flourish. Our organization created a **Recognition Menu-tasteful ways to say thanks** which may be available in your work setting. If you have run out of ways to say 'thank you', check out this valuable resource. If you need a copy contact the Communications and Public Affairs office.*

Rationale: One of the most powerful positive interventions identified within positive psychology has been that of gratitude. According to Robert Emmons, the foremost expert on gratitude, it is a "deep and abiding recognition and acknowledgment that goodness exists under even the worst that life offers "(2006, p. 9). In addition, the research that he cites has shown that gratitude enhances positive emotions, it inspires and energizes others, it promotes coping with difficulties, it enhances performance, and it is essentially the foundation of a civil and humane society. He identifies at least ten strategies that can be implemented by individuals to enhance feelings of gratitude (2007). Ideas such as keeping a gratitude journal, engaging in meditation based on the concept of Naikan*, learning prayers of gratitude, and using visual reminders to be grateful are just a few.

Outcomes: Our work environment provides us with daily opportunities to give thanks. Consider the examples you experience in your workplace and watch the difference that gratitude can make. Part of its secret lay in the authentic expression of it. In addition, it has been shown that positive emotions can be contagious. So spread this germ, be creative and also find ways that are meaningful for you. It can be the very thing that makes a difference to your day and to the experience of teamwork!

Naikan – is the practice of meditation that asks you to consider the answer to three questions. 1. What have I received from (person x)? 2. What have I given to (person x)? 3. What troubles and difficulties have I caused to (person x)? The fourth question, what troubles and difficulties has (person x) caused me, is purposely ignored in Naikan as it is assumed we are already good at having asked that question.

Emmons, R. A. (2007) *Thanks!* New York: Houghton Mifflin Company

Naikan – retrieved July10, 2008, from http://en.wikipedia.org/wiki/Naikan

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Staff's best bets

- Charitable donation in honour of a staff member. Consider St. Joseph's Health Care Foundation to support all we do at St. Joseph's.

- Monthly draws for enticing prizes.

- Recognition ribbons, beads or pins that can be worn with ID badge or displayed on bulletin boards.

- A photo "wall of fame" of team members.

- Baking contests or sales, theme days, team outings, sports teams.

- Gather stories of compassion, excellence and the St. Joseph's spirit for sharing at team meetings, organization wide or perhaps with the London community. Let Communication and Public Affairs know of good-news stories that could perhaps be sent to media.

Feeding the soul

If your appetite leans more toward soul food, remember Spiritual Care is there for staff members who need emotional and/or spiritual support, are feeling lonely, discouraged or misunderstood, who have received bad news, or who are experiencing grief or loss. Occupational Health and Safety Services also offers employees a variety of supports for challenges they face, including wellness programs and the Employee Assistance Program.

The stresses we face in health care, regardless of your role, can be great. Remember to step back and acknowledge your own achievements, big or small. Recognition need not only come from someone else. It also comes from within.

"I expect to pass through this world but once. Any good thing, therefore, that I can do or any kindness I can show to any fellow human being let me do it now. Let me not defer nor neglect it, for I shall not pass this way again."

Addison Walker

Too often we underestimate the power of a touch, a smile, a kind word, a listening ear, an honest compliment, or the smallest act of caring, all of which have the potential to turn a life around."

Leo F. Buscaglia

Bringing out the best in ourselves and others

Recognition Menu
Tasteful ways to say thanks

Everyone wants to feel appreciated for the work they do and know their contributions make a difference. Indeed, acknowledging someone for a job well done is a great motivator and contributes immensely to our work environment. Everyday, we can encourage each other in a variety of ways. Here is a "menu" of ideas to help you maintain a rewarding work environment within your programs, units or services. We're offering an extensive selection to appeal to a range of tastes. Don't be shy to sample them. Bon Appetit!

ST JOSEPH'S
HEALTH CARE
LONDON

Starters

Face to Face
A handshake, a hug, a thank you - be sure to tell someone when his or her efforts make a difference.

E-mail - the good kind
For a quick follow up before you forget, an appreciative e-mail never clutters the inbox.

E-cards - fun, easy, and brand new
Now on the menu - St. Joseph's new electronic recognition cards, available on the intranet under staff services. Choose one of six card designs along with one of four phrases, as well as create a personal message. Then send the e-card electronically to a staff member.

Thank you notes, "I Noticed cards"
Even in today's world of electronic communication, there's nothing like a hand-written, personalized note to display or keep.

"Everytime you smile at someone, it is an action of love, a gift to that person, a beautiful thing."

Mother Teresa

Entrées

St. Joseph's apparel and accessories
Easy to order. Delivered right to your door. Simply go to the staff services/SJHC apparel & accessories on the intranet.

Article in Imprint - toot your own horn
Pictures, stories, promos - let Communication and Public Affairs know about events, special projects, initiatives that illustrate our corporate values, interesting people at St. Joseph's, milestones and achievements of all kinds.

Conferences and workshops - toot your team's horn
Submit your team's project or quality improvement initiative to a conference or workshop. Share your success.

Snapshot
Recommend a dedicated staff member for "Snapshot", a mini profile in Imprint that introduces a member of the St. Joseph's family, recognizing their contribution to respect, excellence and compassion.

Formal letter of appreciation
For that significant contribution to a project or team. This can come from a leader or team. Great for the human resources file.

Storyboards and displays
Show off the work you do within St. Joseph's - in cafeterias, lobbies, on units. This is a great way to recognize each other.

"No act of kindness, no matter how small, is ever wasted."

Aesop, Greek fabulist

House Specialties

Nominations for awards - toot someone else's horn
Sisters of St. Joseph Award of Excellence, Excellence in Nursing Awards, Social Work Award - there are various ways to formally recognize outstanding efforts and contributions. Check with your leader for other award opportunities.

Performance Development System
If someone asks for your feedback, be sure to make the time. The request is important. Your thoughts are valued.

Letters from patients and families
Be sure your leader as well as the coordinator of patient relations and risk management receives a copy of letters from appreciative patients and family members. The feedback will go into 'monitor-pro', our online system of tracking patient and family satisfaction. Those who receive the compliment are noted.

The lighter side

"Tenderness and kindness are not signs of weakness and despair, but manifestations of strength and resolution."

Kahlil Gibran

Mini celebrations
Create a fun moment with your team - cake, potluck lunch, coffees all around, warm chocolate chip cookies, candy, ice cream, or a pizza are among staff suggestions to add fun, and sweetness, to the day.

Birthdays and anniversaries
It always feels good to be remembered. Keeping track of birthdays, work anniversaries and other special days provides opportunities for fun and recognition.

Chef's recommendations

When saying or writing thank you, be sure to describe what the person's contributions mean to you and others.

Did you know that respectful communication is another way to show appreciation? When we practice respect, we send a message of worthiness.

Don't wait for a major milestone or achievement to say thanks. Everyday efforts are also deserving.

Show an interest in the work of others. When we understand what each of us do, we can better appreciate each other's efforts. In fact, simply asking someone about their job can be reaffirming.

Pay it forward. It feels good to receive. It feels great to give.

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