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A Quality Improvement Project to Increase Awareness and Utilization of Employee Assistance Program Services Among Healthcare Providers

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A QUALITY IMPROVEMENT PROJECT TO INCREASE AWARENESS
AND UTILIZATION OF EMPLOYEE ASSISTANCE PROGRAM
SERVICES AMONG HEALTHCARE PROVIDERS

by

Scarlet Gould

A Doctoral Project
Submitted to the Graduate School,
the College of Nursing and Health Professions
and the School of Leadership and Advanced Nursing Practice
at The University of Southern Mississippi
in Partial Fulfillment of the Requirements
for the Degree of Doctor of Nursing Practice

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ABSTRACT

Mental health distress among healthcare providers (HCP) is a common problem, yet Employee Assistance Programs (EAP) are consistently underutilized. Unmanaged workplace stress can lead to problems such as provider burnout and increased rates of turnover, which can result in decreased access to patient care. The purpose of this project was to increase awareness and utilization of EAP services by using the Plan-Do-Study-Act cycle (PDSA) for quality improvement. Nurse Practitioners at a community-based hospital were provided with a PowerPoint® presentation via email that contained information regarding the facility's employee assistance program, mental health wellness education, as well as ways to reduce stigma surrounding mental health. Pre- and post-presentation questionnaires were given to participants to assess the effectiveness of the intervention. Through analyzing the mode for each question, it was found that this intervention decreased stigma associated with EAP use, improved provider awareness of the confidential nature of EAP services, and increased provider knowledge of how to contact their EAP service if needed.

ACKNOWLEDGMENTS

DEDICATION

I would like to dedicate my doctoral project to my husband, Casey, and our three children, Lucy, Bennett, and Baker. Their love, support, and understanding have pushed me through to complete this project. They are my reason and I would not have been able to do this without them. I would also like to dedicate this project to God. Through His grace, I have made it through one of the most challenging seasons of life, and I am sincerely thankful.

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LIST OF ABBREVIATIONS

ANA	American Nurses Association
ANCC	American Nurses Credentialing Center
APRN	Advanced Practice Registered Nurse
DNP	Doctor of Nursing Practice
EAP	Employee Assistance Program
EHR	Electronic Health Record
FNP	Family Nurse Practitioner
HCP	Healthcare Provider
HCW	Healthcare Worker
IRB	Institutional Review Board
IP	Internet Protocol
MDD	Major Depressive Disorder
PDSA	Plan-Do-Study-Act
PPE	Personal Protective Equipment
PTSD	Post-Traumatic Stress Disorder

CHAPTER I – INTRODUCTION

Healthcare professionals working in acute care frequently encounter physical, mental, emotional, and ethical challenges (National Academies of Sciences, Engineering, and Medicine et al., 2021). Some of these challenges include caring for patients with complex needs like patients experiencing pain and extreme discomfort, exposure to emotional, unexpected events such as cardiac arrest, stroke, and death, and difficult conversations with grieving family members. Poor mental health has been found to correlate with suboptimal performance (Havaei et al., 2021). Mental health issues among providers can have adverse effects on the quality of life, and enjoyment of work, and can affect the health care organization negatively through increased rates of absenteeism and staff turnover (National Academies of Sciences, Engineering, and Medicine et al., 2021). Unmanaged chronic workplace stress is known to result in burn-out, which is described as "overwhelming exhaustion, feelings of cynicism, and detachment from the job, and a sense of ineffectiveness and lack of accomplishment" (Maslach & Leiter, 2017, n.p.).

A common cause of stress is related to increasing amounts of technology in the hospital environment. Clinical alarms can be excessive and contribute to adverse events due to alarm fatigue (National Academies of Sciences, Engineering, and Medicine et al., 2021). Technological advances have brought forth the electronic health record (EHR) as well as numerous other technologies. While this technology has many beneficial components, time spent reviewing the EHR as well as documenting in this system depletes one of a healthcare worker's most valuable resources: time. The mental health and well-being of HCWs can affect their physical health, as well. Workplace triggers of mental health issues such as stress, high-demand work environments, and working long

hours have been found to correlate with obesity (National Academies of Sciences, Engineering, and Medicine et al., 2021). Being overweight or obese can put the employee at a higher risk for occupational injury, hypertension, hyperlipidemia, and mental illness (CDC, 2022).

The stressful work environment experienced by HCW was taken to a new extreme after the COVID-19 pandemic began. This dangerous and highly contagious virus brought on new feelings of distress for healthcare workers. HCWs experienced a sense of duty to continue to care for patients but also feared for his or her safety and the safety of their loved ones due to the potential of bringing the virus home from work. Healthcare workers have always been affected by certain occupational stressors such as long hours and irregular sleep schedules, but the COVID-19 pandemic exacerbated the demands of working in healthcare. In 2020, Pappa et al. conducted a study that found numerous nurses struggled with disruption in sleep and mood during the outbreak. During the pandemic, there was an increased prevalence of mental health symptoms among healthcare workers such as guilt, insomnia, irritability, sadness, and emotional exhaustion (Allen et al., 2022). If nurses are not able to maintain their mental well-being, ultimately their ability to fulfill their responsibilities could be affected (National Academies of Sciences, Engineering, and Medicine et al., 2021).

Background

Employee assistance programs (EAPs) are worksite-based programs that offer assistance in resolving an array of personal matters at no cost to the employee. Employee assistance programs are a fundamental work benefit for employees by addressing an array of workplace issues like mental health and wellness, safety, and performance

improvement (Doran, 2022). The EAP is defined by the International Employee Assistance Professionals Association as "a workplace program designed to provide a range of services from consultation at the strategic level about issues with organization-wide implications to individual assistance to employees and family members who are experiencing personal challenges" (Doran, 2020, p. 625). EAPs were originally created around 50 years ago to address alcohol-related problems at work (Langlieb et al., 2021). Over the years, EAPs have transformed into a valuable resource for employees to address many concerns such as financial problems, substance abuse, mental illness, and other social issues (SAMHSA, 2022). If the problem is not resolved within the specified number of sessions through EAP, referral to outside mental health professionals for further care is provided. Additionally, most EAPs offer a 24-hour telephone hotline. This service, along with all other services provided by EAPs, are completely confidential. EAPs are beneficial to both the employer and the employee by providing appropriate, accessible mental health resources to employees in need. According to experts in the field, EAPs are substantially underutilized (Langlieb et al., 2021). EAP utilization rates average less than ten percent (Agovino, 2019). The possible barriers to EAP utilization include lack of awareness, mental health stigma, and confidentiality concerns.

<div align="center">Rational for the DNP Project</div>

This DNP project was chosen to address barriers to EAP use among healthcare providers. Significant barriers to EAP use reported by healthcare workers include mental health stigma and lack of awareness (Doran, 2022). This DNP project addresses these barriers by providing education to address mental health stigma as well as promoting awareness of the EAP. Research has shown that educational interventions can effectively

support resilience among employees (Huey & Palaganas, 2020). A recent study suggests that "nurses' mental health is particularly influenced by work-life balance, psychological protection, and workload management" (Havaei et al., 2021, n.p.). Resilience is described as the ability to adapt, recover, or grow from difficult situations (National Academies of Sciences, Engineering, and Medicine & Committee on Systems Approaches to Improve Patient Care by Supporting Clinician Well-Being, 2019). One of the six strategies provided by Rushton and Boston-Leary to combat stigma in healthcare is to provide additional education and awareness of the importance of mental health wellness among healthcare professionals early, and often (Rushton & Boston-Leary, 2022).

Significance of the DNP Project

Ensuring that healthcare workers' mental health wellness is being addressed may help to ensure the overall well-being of healthcare workers, but it also can reduce healthcare organization costs. The well-being of nurses can affect several aspects of their work such as job satisfaction and job engagement, which subsequently can affect the health care system overall by reducing rates of turnover and associated costs. Addressing the mental health wellness of nurses is imperative to the financial health of health care organizations. (National Academies of Sciences, Engineering, and Medicine et al., 2021). Burnout costs our nation's health care system more than $4.6 billion annually (Khullar, 2023). According to the Centers for Disease Control and Prevention (CDC), absenteeism, which is the practice of regularly missing work, costs employers $225.8 billion each year (Agovino, 2019).

Needs Assessment

The DNP project researcher initially spoke with the stakeholders, which included the Human Resources Specialist and the Nurse Educator at the facility. Both indicated that there is a need to address barriers to EAP use among Healthcare Providers at this facility. The number of Nurse Practitioners at this facility has substantially declined. Since 2022, almost half of the NPs at this facility have left their position. According to a national report conducted in 2022, over 60% of NPs reported feelings of provider burnout, and 31% said they were contemplating leaving the health care profession (Advisory Board, 2023). Currently, the information regarding the EAP is presented during the benefits portion of new hire orientation. Presenting information such as this during orientation is a common practice, however, the details can be quickly lost among the plethora of information received during this time. Only full-time and part-time employees receive the information regarding EAP during the benefits portion of the nursing orientation process. Through EAP staff it was confirmed that EAP services are for all employees, not just full-time or part-time ones. Since the employee assistance program services are completely confidential, specific numbers of employees who currently use the service were unable to be obtained.

Synthesis of Evidence

Multiple databases were used in the literature search (Academic Search Premier, APA PsycINFO, CINAHL Complete, EBSCOhost, Health Source: Nursing/Academic Edition, MEDLINE, and PUBMED) using variants of multiple search terms in various configurations (e.g., "employee assistance program," "healthcare workers," "mental health well-being," "barriers," "stigma," "education" and "nurses"). The search was

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limited to peer-reviewed sources published in English between 2013 and 2023 to obtain relevant, accurate information.

Prevalence of Mental Health Distress Among Healthcare Workers

Before the pandemic, numerous healthcare workers were found to be suffering from burnout, and the pandemic has only increased this burden. Burnout is described as "a combination of the inability and the unwillingness to expend the necessary effort at work for proper task completion, leading to lack of energy, reduced commitment, or disengagement" (Rushton & Boston-Leary, 2022, n.p.). A study done by Hill et al. found that higher proportions of healthcare workers are affected by mental disorders during and after a pandemic (Hill et al., 2022). The most common disorders were found to be post-traumatic stress disorder (PTSD) with a prevalence of 21.7%, major depressive disorder (MDD) at 16.1% prevalence rate, and a 7.4% prevalence rate of acute stress disorder (Hill et al., 2022). Nurses are at an increased risk of having psychological problems when compared to other healthcare workers (Hill et al., 2022).

Data obtained from several countries shows that almost one in every five working adults have either mental health disorders or substance abuse problems (Attridge, 2019). Another study found that healthcare workers reported a pooled prevalence of 40% for anxiety and 37% for depression, making anxiety and symptoms of depression are some of the most common mental health concerns reported by healthcare workers during the COVID-19 pandemic. High-stress jobs can contribute to employees using substances such as drugs and alcohol as a maladaptive coping mechanism (Attridge, 2019).

Burnout

Burnout has been described as a "syndrome of emotional exhaustion, depersonalization, and reduced personal accomplishment" (National Academies of Sciences, Engineering, and Medicine & Committee on Systems Approaches to Improve Patient Care by Supporting Clinician Well-Being, 2019, n.p.). The World Health Association reports that chronic workplace stress is a cause of burnout (World Health Organization [WHO], 2019). Signs of burnout include sadness, being easily frustrated, indifference, isolation, poor self-care, and exhaustion (CDC, 2023).

Benefits of Employee Assistance Programs

Data suggests that most individuals usually need just a few EAP counseling sessions to improve and return to previous levels of performance (Attridge, 2019). Research has shown that EAP services can improve a variety of employee issues which can be related to lower work productivity (Allen et al., 2022). According to Allen et al., 37% of employees reported that employer-provided mental health resources (such as EAPs) can contribute to a better work environment. Data reflects that employees who do not utilize their EAP services often require increased rates of medical care, with yearly medical expenses averaging around $1,400 more for these employees compared to those who do utilize the services (Allen et al., 2022). Many employees who use EAP services have their issues resolved through short-term counseling, and there is no need for further referral (Richmond et al., 2017).

Barriers to Utilization of Employee Assistance Programs

Although many healthcare organizations have put measures in place to increase mental health resources due to the mental health distress related to the pandemic, they

have fallen short. A major barrier to EAP utilization is a lack of awareness (Doran, 2022).

Sixty-eight percent of nurses do not seek assistance for mental health (Rushton &

Boston-Leary, 2022). Throughout the pandemic, utilization rates were found to be less

than 10% (Doran, 2022). Since EAPs are typically associated with human resources,

many healthcare workers have privacy concerns. Another concern faced by many HCWs

is stigma. Unfortunately, the culture of nursing conveys that good healthcare

professionals do not need assistance with mental health. This culture causes feelings of

shame or guilt when it comes to seeking mental health services. Healthcare workers do

not want to be judged for having mental health issues, which leads to denial as well as

resistance (Rushton & Boston-Leary, 2022).

Reducing Mental Health Stigma in the Workplace

Over 36% of nurses report stigma (Bergman & Rushton, 2023). Employers can

help to reduce mental health stigma in the workplace by encouraging employees to utilize

EAP services when needed. The study shows that using multiple methods of

communication when informing employees of what services and resources they have

available to them. Ensuring that employees know what topics the EAP professionals can

cover, that the services are all completely confidential, and normalizing the use of mental

health resources are ways that successful communication can be achieved (Allen et al.,

2022).

It is important that leaders and educators among healthcare professionals first

look within to address the stigma among healthcare workers. The study shows that this

can be done by identifying and removing any bias and accepting that HCWs, like anyone

else, are human beings with limits. Sometimes, these limits are met and assistance is

needed to ensure the mental health and well-being of the employee; however, this does not mean the employee is not resilient, capable, and beneficial to the organization. Instead of judging those who seek mental health support, the view of these HCWs should be shifted. These HCWs are exercising self-stewardship by being aware of limitations and needs (Rushton & Boston-Leary, 2022).

Effects of Education on Mental Health Wellness Interventions

Healthcare workers are often knowledgeable of ways to invest in their own well-being. All too often, however, nurses do not act on this knowledge. Institutional support can contribute to nurse participation in health-promoting behaviors (National Academies of Sciences, Engineering, and Medicine et al., 2021). An organization can promote nurses' mental well-being by making it a priority and equipping nurses with "psychological personal protective equipment (PPE)." Psychological PPE are actions provided by the Institute of Healthcare Improvement (2020) that can be effective in protecting and supporting staff's mental health.

Workplaces that positively impact mental health typically embrace three elements. The first is recognizing a psychologically healthy workplace is essential to success. Next, policies must work at multiple levels and be sustainable over time. Lastly, prevention and treatment services should be available for employees and their family members (Attridge, 2019).

<div align="center">PICOT</div>

In advanced practice nurses, what is the effect of providing an educational presentation to assess and address barriers to EAP use, compared to no intervention, on barriers to EAP utilization within three weeks?

Specific Aims

The purpose of this DNP project is to determine the effectiveness of addressing barriers to EAP utilization through an educational presentation. The primary aim is to determine whether the educational presentation increases EAP awareness and intention to utilize EAP in healthcare workers over the age of 18. The secondary aims include:

Decrease stigma related to mental health among healthcare workers

Identify signs of burnout and secondary traumatic stress

Promote knowledge of mental health well-being with resiliency strategies and stress-reducing techniques.

Employers can equip nurses to maintain their mental health wellness by providing education, and training as well as resources available such as Employee Assistance Programs. This, along with promoting a culture of empowerment, sufficient staffing, and a positive work environment can foster higher job satisfaction as well as decreased emotional distress, which ultimately leads to improved patient care (National Academies of Sciences, Engineering, and Medicine et al., 2021).

Framework

Well-being is a component of the ANCC Pathway to Excellence Framework for Positive Practice Environments. This framework highlights the essential role that leaders play in promoting a long-lasting, positive practice environment. The well-being standard prioritizes work-life balance for employees (Doucette & Pabico, 2018). The Plan-Study-Do-Act method was chosen as the framework for quality improvement for this DNP project. This framework helps to assess whether a change leads to improvement or not. In the first stage, the "plan" stage, the need to address barriers to EAP utilization was

identified. The DNP project researcher initially spoke with the stakeholders to identify

areas for improvement regarding how information about EAP benefits is disseminated to

employees. It was found that this facility has lost five of its twelve FNPs since 2022,

which indicates a high rate of turnover among FNPs. Research was conducted to

determine evidence-based interventions that could effectively address barriers regarding

EAP utilization. The voice-over PowerPoint presentation and pre- and post-presentation

questionnaires were prepared during this phase. In the next phase, the "do" phase, the

intervention was completed. Any problems or unexpected occurrences were documented

and data were collected. The next phase, the "study" phase, is when the results obtained

from the questionnaire are analyzed, compared to the prediction, and summarized.

Results from the DNP project were presented to the Nurse Educator at the facility. The

final phase, which is the "act" phase, is where it is decided to adapt, adopt, or abandon

the change in practice.

<div align="center">DNP Essentials</div>

Domain I: Knowledge for Nursing Practice

The DNP project improved the process of informing providers of EAP services by

addressing barriers to EAP use by promoting awareness and providing information

regarding EAP use to employees to increase awareness and utilization. Research has

found using an educational intervention is effective in improving the process of reducing

barriers to EAP use. The project leader applied knowledge gained from evidence-based

research to implement this project. (American Association of Colleges of Nursing

[AACN], 2021).

Domain II: Person-Centered Care

Providing mental health resources and education to prevent mental health concerns before they occur can prevent mental health distress from occurring. This DNP project involved examining an area for improvement regarding EAP use and created a plan to improve it. By addressing the FNPs at this facility, they are now be well-equipped with the knowledge needed to maintain their mental health well-being (AACN, 2021).

Domain III: Population Health

Addressing barriers to EAP use among providers can help to reduce burnout. Decreasing the rate of burnout can have a positive impact on patient care and improve access to care. NPs play a critical role in providing care to patients, particularly in underserved areas. This project prioritized the mental health of APRNs, to help reduce provider burnout (AACN, 2021).

Domain IV: Scholarship for Nursing Practice

The Plan-Do-Study-Act method is used to document the improvements from this DNP project. The goal of this model was to efficiently enhance improvement by implementing and testing small changes. This model was a useful tool for documenting a test of change (AACN, 2021).

Domain V: Quality and Safety

Reducing barriers to EAP use can indirectly improve the quality of patient care as well as access to care. FNPs are in an ideal position to bridge the gap in healthcare related to physician shortage, especially in underserved rural areas. By ensuring that FNPs had access to resources for their mental health, rates of burnout and turnover could be

reduced which would increase the number of practicing providers in the area (AACN, 2021).

Domain VI: Interprofessional Partnerships

The DNP project researcher worked with stakeholders, including administration, human resources, and education faculty. This was done to effectively communicate and implement the DNP project. Collaborating with different professionals ensures that the need for improvement is pertinent, and the DNP project is efficiently addressing this need (AACN, 2021).

Domain VII: Systerms-Based Practice

Promoting mental health well-being through addressing barriers to EAP use can lead to improved utilization of EAP services, which offer services to aid with a variety of issues among healthcare workers. If the EAP services are effectively utilized, absenteeism and burnout could be reduced, which can have positive effects on work output and patient care. (AACN, 2021).

Domain VIII: Information and Healthcare Technologies

Information technology was utilized in this DNP project to disseminate information and obtain data. The participants received an email with the survey link and voice-over PowerPoint, completed the consent form online, and an online application was used to obtain data on questionnaires. Using technology to complete the intervention was an efficient way to collect needed information (AACN, 2021).

Domain IX: Professionalism

This DNP project demonstrated the researcher's use of advanced levels of clinical judgment to improve patient outcomes. This DNP project was indirectly able to improve

patient outcomes by decreasing levels of burnout and turnover among providers. Throughout the project, professionalism was maintained through dressing professionally during meetings with stakeholders and communicating appropriately (AACN, 2021).

Domain X: Personal, Professional, and Leadership Development

The doctoral project supported the acquisition of nursing expertise and assertion of leadership through enhancing the knowledge of the project leader of ways the NP can maintain mental well-being. Completing research, collaborating with stakeholders, and implementing the project enhanced the knowledge base of the project leader (AACN, 2021).

<div align="center">Summary</div>

Chronic unmanaged workplace stress can lead to provider burnout, but EAP services are widely available for use among providers. The project leader conducted a literature review and a needs assessment to determine the significance of the problem. The Plan-Do-Study-Act method was used as framework to complete the project. The purpose of the project was to assess and address barriers of EAP utilization among healthcare providers.

CHAPTER II – METHODOLOGY

The setting for this DNP project was a local community hospital with a population focus aimed at APRNs. Inclusion criteria included full-time FNPs 18 years or older. The DNP project was implemented via email and did not require any in-person intervention. It was expected that approximately four to seven subjects would choose to participate to produce up to seven participants. Before the presentation, informed consent was obtained via SurveyMonkey. The presentation was made of 19 slides and took 11 minutes to view. An eight-question questionnaire was given immediately before the presentation to evaluate the presence of barriers to EAP. A post-presentation questionnaire was then distributed in week three to evaluate for reduction in barriers and increased use of EAP.

Interventions

Initially, a review of the literature was performed to evaluate causes of mental health distress and burnout among health care providers, barriers to EAP use, as well as successful methods of reducing these barriers. Research has shown that educational interventions can effectively support resilience among employees (Huey & Palaganas, 2020). Once adequate background information was reviewed, a needs assessment was conducted by speaking with the stakeholders at the facility, and a letter of support for the DNP project was obtained.

Chapters I and II of the DNP project were then written and submitted to the Committee Chair. The DNP project was then proposed to the Committee Chair and Committee Member and approved by the nurse practitioner program on June 26, 2023. After approval, an educational presentation was created. This voice-over PowerPoint

presentation included information about the purpose of EAPs, the benefits of EAPs, and specific EAP services available to them through their employer. The presentation also includes information regarding ways to promote mental health well-being, stress-reducing techniques, mental health resources available, as well as ways to combat stigma associated with mental health. The DNP project was then submitted to the USM Institutional Review Board (IRB) and received approval on August 31, 2023 (Protocol # 23-0692). The intervention was then completed, results analyzed, and Chapters III and IV were written.

Measures

The primary objective of this DNP project was to promote awareness and utilization of EAP services among healthcare providers. This was done through a PowerPoint presentation that also addresses mental health stigma, mental health well-being, and mental health resources available for nurses. Addressing the barriers to EAP utilization may help to meet the mental health needs of healthcare workers, and ultimately, the quality of patient care could improve.

Analysis

The independent variable was the PowerPoint presentation. The effectiveness of the intervention was assessed with data obtained through a pre-and post-presentation questionnaire. This method sought to evaluate whether the dependent variable, which is healthcare providers' awareness and utilization of EAP services as well as the stigma associated with EAPs, was affected by the presentation. The following information was obtained by comparing the results of a Likert scale pre-presentation questionnaire with a Likert scale post-presentation evaluation: knowledge of the purpose of EAP, awareness

of available services, presence of stigma regarding use of EAP services, knowledge of confidentiality of EAP, knowledge of resilience strategies, intention to utilize EAP service when needed, and knowledge of how to contact the EAP services. The primary endpoint was the difference in awareness and intent to utilize EAP services before the presentation compared to after the presentation. The secondary endpoints were the differences in the participants' knowledge of EAP confidentiality, resilience strategies, and the presence of stigma regarding EAP services before the presentation compared to after the presentation. Ideally, the effectiveness of the intervention would also be assessed through analyzing baseline data regarding the number of APRNs that utilize EAP, and then compared to the number of APRNs that utilize EAP after the intervention. Due to the confidential nature of the Employee Assistance Program, utilization rates were not able to be obtained. The program is completely confidential, so any information regarding the number of employees using the service is not provided.

Regulatory and Ethical Considerations

The ANA Code of Ethics is straightforward regarding the mental health and well-being of nurses. Provision 5 states "The nurse owes the same duties to self as to others, including the responsibility to promote health and safety, preserve wholeness of character and integrity, maintain competence, and continue personal and professional growth" (American Nurses Association [ANA], 2015, p. 19) The publication of this DNP project will be limited to the requirements set by the Institutional Review Board of The University of Southern Mississippi. There is no intention to publish any findings other than in The University of Southern Mississippi's digital repository, *Aquilla.* No identifying information was obtained from the participants in this DNP project and no

electronic medical records were viewed. There are no identified conflicts of interest. The risks associated with this DNP project were minimal. There was a risk that this intervention could cause an emotional response by provoking thoughts of prior incidents of mental health distress. These risks are no more than the risks associated with working as a healthcare worker in the hospital environment. To minimize the risks of harm, the intervention did not include discussing traumatic or triggering events. The direct benefits of the study are that healthcare workers will be informed of resources and ways to manage mental health. Indirect benefits include improved mental well-being, which correlates with improved work performance, decreased absenteeism, and decreased rates of burnout. Employees who utilize EAP services may require decreased rates of medical care (Allen et al., 2022). The potential benefits of this DNP project outweighed the less-than-minimal risk of participation.

Data Collection and Management

The SurveyMonkey application with IP addresses removed was utilized as the data collection tool. This method ensured the anonymity of participants and their responses. No identifying information was requested. Participants' email addresses were stored by the facility educator on a password-protected facility network drive.

Summary

The project leader created a PowerPoint presentation, as well as pre- and post-questionnaires. These were distributed to seven FNPs at a local community-based hospital over three weeks. The data collection remained anonymous throughout the project. Once the intervention was obtained, results were analyzed and presented to the nurse educator at the facility.

CHAPTER III – RESULTS

Process Measures

The DNP project was completed in three weeks. There were seven advanced

practice registered nurses included in the DNP project. In 2022, there were twelve Nurse

Practitioners employed at this facility. Based on this data, the number of participants was

expected to be between 10-15. Due to furloughs and providers leaving their positions, at

the time of the DNP project this facility employed seven advanced practice registered

nurses. All APRNs who participated in this DNP project are employed full-time in the

hospital system.

The initial email was distributed to the seven participants. This email contained

information regarding the DNP project, the link for the pre-presentation survey, and the

PowerPoint Presentation. Participants were instructed to follow the link to the survey, and

then return to the email to view the presentation. Informed consent was obtained through

the SurveyMonkey application. Participants were required to read the information

regarding consent and answer "yes" before accessing the pre-presentation survey. After

completing the presentation, participants were to reach out and utilize Employee

Assistance Program services as needed. On week three, the post-presentation

questionnaire was distributed via email.

The identities of participants remained anonymous throughout the entire DNP

project. Since participants of the initial questionnaire may have not chosen to participate

in the follow-up survey, this questionnaire also had informed consent as a requirement to

complete the survey. The post-presentation questionnaire was the same eight questions as

the initial survey. The first questionnaire was given to serve as baseline data, which provided a point of comparison to judge the intervention data.

To analyze the findings, the DNP project researcher utilized quantitative methodology to draw inferences from data for this DNP project. The following objectives were also used to validate the educational presentation: (1) Determine whether the educational presentation increases EAP awareness and intention to utilize EAP, (2) Decrease stigma related to employee assistance use among healthcare workers, (3) Identify signs of burnout and signs of secondary traumatic stress, and (4) Promote knowledge of mental health well-being with resiliency strategies and stress-reducing techniques. To get an overall impression of the sample, the mode for each question was found. A bar chart was then created to visualize the frequency of each item choice.

Assessment of Barriers to EAP Utilization

Of the seven FNPs that were invited to participate, four completed the pre-presentation survey. 75% (n=3) of participants agreed and 25% (n=1) strongly agreed that they were aware of the purpose of an EAP prior to completing the presentation. All participants reported being aware of having access to EAP for themselves and their dependents, with 75% (n=3) responding "Agree" and 25% (n=1) responding "Strongly Agree." 25% (n=1) of participants strongly agreed and 50% (n=2) agreed they were aware of signs of burnout and secondary traumatic stress, while 25% (n=1) responding being "Neutral." 50% (n=2) of participants strongly disagreed and 50% (n=2) disagreed that seeing an EAP makes them a weak person. 75% (n=3) felt that EAP services are confidential, and 25% (n=1) responded "Neutral." 25% (n=1) reported prior utilization of EAP services. The other participants had not used EAP before, with 50% (n=2)

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responding "Strongly Disagree" and 25% (n=1) responding "Disagree." 100% (n=4) of participants agreed they would consider reaching out to EAP for help in the future if needed. 25% (n=1) agreed and 25% (n=1) strongly agreed they were aware of how to contact EAP if needed, while 50% (n=2) responded "Neutral."
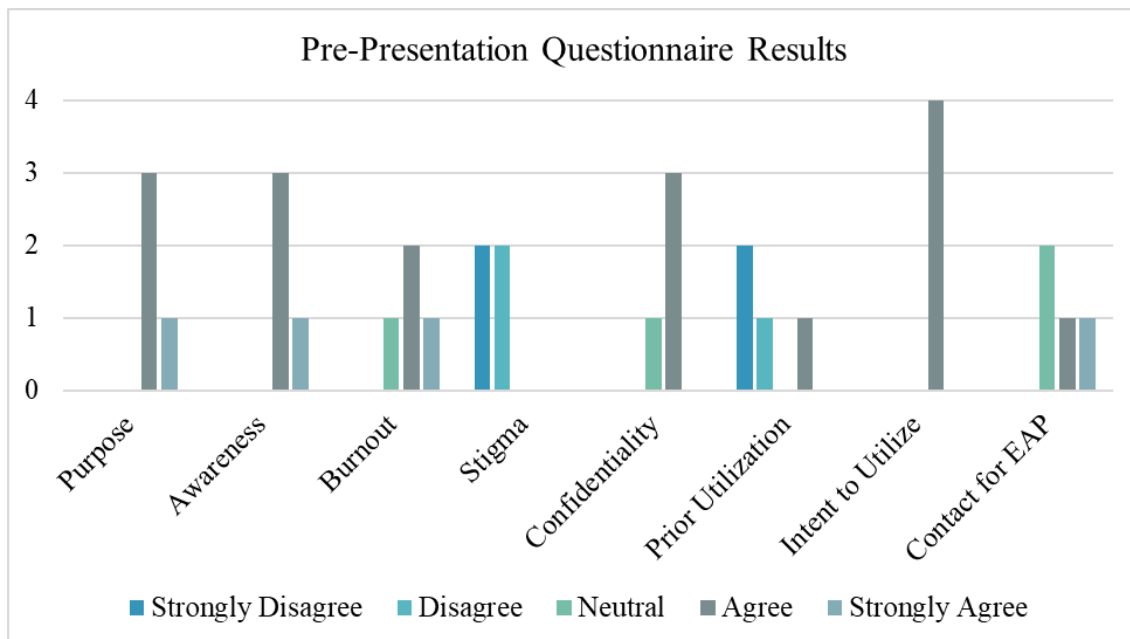
Figure 1. Pre-Presentation Questionnaire Results

Re-Assessment of Barriers to EAP Utilization

The Post-Presentation questionnaire was distributed to the same seven NPs at the facility, and three chose to participate. The results were similar regarding the participants' awareness of EAP; 66.67% (n=2) agreed and 33.33% (n=1) strongly agreed to be aware of the purpose of EAP. Only 33.33% (n=1) agreed and 33.33% strongly agreed (n=1) that they were aware of having access to EAP services for themselves and their dependents. 33.33% (n=1) responded "Neutral" to this question. A slight improvement was demonstrated by 66.67% (n=2) agreeing and 33.33% (n=1) strongly agreeing to be aware of the signs of burnout and secondary traumatic stress. 66.67% (n=2) strongly disagreed

and 33.33% (n=1) agreed that seeing an EAP counselor makes them a weak person, which shows improvement regarding mental health stigma. Another improvement is shown by 66.67% (n=2) strongly agreeing and 33.33% (n=1) agreeing that EAP services are confidential. No participants reported utilizing EAP services, with 33.33% (n=1) responding "Neutral," 33.33% (n=1) responding "Strongly Disagree," and 33.33% (n=3) responding "Disagree" when asked if they had used the service. 33.33% (n=1) strongly agreed and 66.67% (n=2) agreed they would consider seeking EAP services in the future as needed. This shows an improvement in the number of participants who strongly agree. 66.67% (n=2) of participants strongly agreed to know how to contact EAP if needed, while 33.33% (n=1) responded "Neutral."

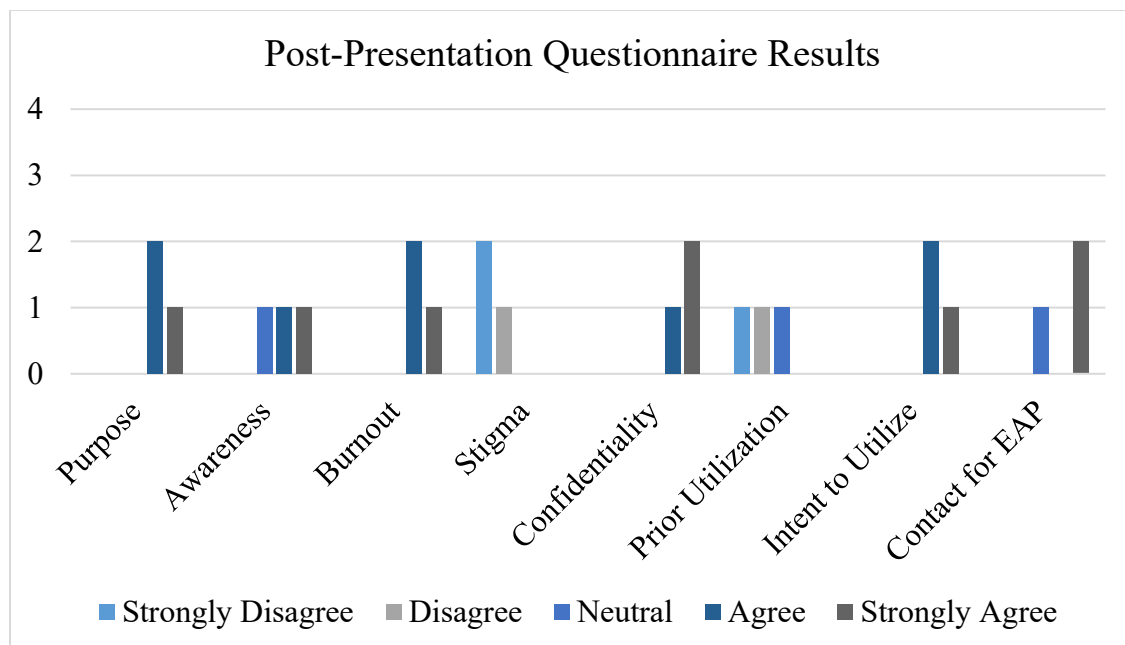*Figure 2. Post-Presentation Questionnaire Results*

Summary

The intervention was completed over three weeks by distributing an email to the FNPs at the hospital that included a pre- and post-questionnaire and a PowerPoint

Presentation. The results were obtained and analyzed by the DNP project researcher.

These results were then presented to and discussed with the Nurse Educator at the site.

CHAPTER IV – DISCUSSION

Key Findings

The mode for three of the questions on the pre- and post-questionnaires was unchanged despite the intervention. These questions were related to participants' awareness of EAP, knowledge of burnout, and intention to utilize EAP in the future. There was no mode observed on two questions, so an analysis is unable to be completed on these. These questions were related to awareness of EAP services provided by their employer and prior utilization of EAP by participants. Improvement was noted on three questions on the post-presentation questionnaire. These questions assessed for stigma, knowledge of confidentiality of EAP services, and knowledge of how to contact EAP services available to them.

Interpretations

The majority of the results from the pre- and post-questionnaire did not show a significant change. Using this type of intervention showed improvement in some areas such as stigma, knowledge of the confidentiality of EAP, and knowledge of how to contact EAP services, but the same sample size could mean these results may not be reliable. Small sample sizes are prone to error and thus can produce invalid results (Blackford, 2017).

Strengths and Limitations

The strengths of this DNP project include the simplicity of answering the questionnaires and viewing the presentation through an online application. Participants were able to complete the intervention at their convenience. While this is convenient, it also has the potential to hinder the DNP project. Presenting the information in person

could create a more engaging experience. Participants would have the opportunity to ask questions and communicate additional barriers that possibly were not addressed. Another limitation of this DNP project is the sample size. At the time of the intervention, only seven NPs were employed at the facility. Including only FNPs in the DNP project increased the clinical significance of the DNP project, but the small sample size increased both the risk of error and variability. Including APRNs of all specialties could increase the sample size and improve the accuracy of the results.

<div align="center">Implications for Future Practice</div>

This intervention is a practical intervention that can be implemented at any hospital or organization that has an EAP available. In the future, instead of sending an email to distribute the information, this process could be improved by creating a learning module that is assigned to healthcare providers at the facility annually. This would ensure providers complete the module and are reminded of the resources available to them routinely. Regardless of whether the provider chose to utilize EAP services, this presentation started the conversation regarding mental health among providers and showed them that their mental health is a priority.

APPENDIX A – Pre and Post Presentation Questionnaire

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
1. I am aware of the purpose of an employee assistance program.	1	2	3	4	5
2. As an employee at Merit Health Wesley, my dependents and I have access to employee assistance program services.	1	2	3	4	5
3. I am aware of the signs of burnout and secondary traumatic stress.	1	2	3	4	5
4. Seeing an employee assistance program counselor for help means I am a weak person.	1	2	3	4	5
5. Employee assistance program services are completely confidential.	1	2	3	4	5
6. Resiliency is an effective strategy for healthcare workers to adapt to challenges and changes.	1	2	3	4	5
7. If I notice that I am struggling with my mental health, I will consider reaching out to the Employee Assistance Program for help.	1	2	3	4	5

Merit Health Wesley

June 15, 2023

RE: Letter of Support for Scarlet Gould

Attn: Facility Nursing Research Council Application Process-DNP BSN-DNP Student
To: Nursing Research Council Chair and Committee

This letter is in reference for Scarlet Gould, BSN, RN who is applying to CHS IRB for application and approval of her Clinical Doctoral Project. The focus and title of her evidenced-based project is "A Quality Improvement Project to Increase Awareness and Utilization of Employee Assistance Program Services Among Healthcare Providers." The site is in the hospital orientation setting at Merit Health Wesley.

I have discussed this topic with Scarlet Gould and support and recommend the need for improving the hospital orientation process by providing an educational presentation regarding Employee Assistance Program Services, mental health wellness, and addressing stigma associated with mental health. I understand that this presentation would be done for one day during hospital orientation.

After data analysis, I understand that Scarlet will present her findings to the ID team.

I understand that following approval by the CHS IRB, she will seek approval from The University of Southern Mississippi Institutional Review Board (IRB) for final approval of her Clinical Doctoral Project proposal. At present, I understand that Scarlet Gould is a full-time BSN-DNP (Family Nurse Practitioner) student in the Doctor of Nursing Practice Program at the University of Southern Mississippi, Hattiesburg campus.

I am the Chief Nursing Officer at Merit Health Wesley in Hattiesburg, MS. I am offering this letter of support of the doctoral student, Scarlet Gould, in her doctoral project as titled above and look forward to hearing her findings.
I understand that participation by the ID team members is completely anonymous and voluntary. There is no compensation for their participation.
I understand the planned dates are 30 days from USM IRB approval is received.
I understand that letter of support will be included in the University of Southern Mississippi Institutional Review Board (IRB) application.

Her Chair contact information is Dr. Anita Greer, DNP, FNP-C, PMHNP-BC, Eds, Anita.Greer@usm.edu office phone 601-266-5042.

As the Chief Nursing Officer at this proposed site, I would like fully support Scarlet Gould to achieve her academic endeavor in this clinical practice project. I look forward to hearing the results of this project and the implications on clinical practice.

If there is any other information you should need, please do not hesitate to contact me.

Sincerely,
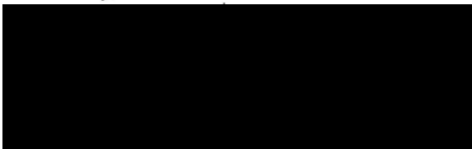
EMPLOYEE ASSISTANCE PROGRAMS: INCREASING AWARENESS AND UTILIZATION

The University of Southern Mississippi
DNP Project Leader: Scarlet Raven Gould, RN
Project Chair: Dr. Anita Greer

OBJECTIVES

- Increase employee assistance program awareness
- Decrease stigma associated with employee assistance program use
- Identify signs of burnout and secondary traumatic stress
- Promote knowledge of mental health well-being through resiliency strategies and stress reducing techniques

BACKGROUND

- Challenges to being a healthcare professional
  - Physical
    - Increased workload, fatigue, risk of exposures
  - Emotional
    - Pandemic, traumatic events, death
  - Ethical
    - End-of-life care, decision making
- Ineffectively managing these challenges may result in chronic stress
  - Leads to burnout
  - Mental health distress

BURNOUT

- Syndrome of "emotional exhaustion, depersonalization, and reduced personal accomplishment" (National Academies of Sciences, Engineering, and Medicine, 2019, Burnout section).

- WHO defines as "a syndrome conceptualized as resulting from chronic workplace stress that has not been successfully managed" (WHO, 2019)

References:
National Academies of Sciences, Engineering, and Medicine, Committee on Systems Approaches to Improve Patient Care by Supporting Clinician Well-Being, & . (2019). *Taking action against clinician burnout: a systems approach to professional well-being* (2nd ed.). National Academies Press. https://www.ncbi.nlm.nih.gov/books/NBK552621/

World Health Organization. (2019). *QD85: Burn-out*. www.who.int. http://id.who.int/icd/entity/129180281.

SIGNS OF SECONDARY TRAUMATIC STRESS

- Excessively worry or fear something bad will happen

- Easily startled

- Physical signs of stress
  - Racing heart, light-headedness

- Nightmares or recurrent thoughts about the traumatic situation

- The feeling that others' trauma is yours

Reference: Centers for Disease Control and Prevention. (2023, March 3). *Emergency responders: Tips for taking care of yourself*. emergency.cdc.gov. https://emergency.cdc.gov/coping/responders.asp

WARNING SIGNS THAT YOU MAY NEED TO SEEK HELP

- Increase in alcohol or other substance use
- Changes in sleeping or eating habits
- Withdrawal from friends and family Irritability and anger
- Problems concentrating
- Feelings of isolation, anxiety and/or fear
- Feelings of helplessness or hopelessness
- Thoughts of suicide

SEEKING HELP EARLY CAN PREVENT FURTHER PROBLEMS DOWN THE ROAD

Reference:
Mississippi Department of Mental Health. (2019). *What stress can lead to*. dmh.ms.gov. https://www.dmh.ms.gov/wp-content/uploads/2022/05/Operation-Resiliency-2019-reduced.pdf

EMPLOYEE ASSISTANCE PROGRAM (EAP)

- Confidential professional counseling service offered to employees of Merit Health Wesley, as well as their dependents
- EAP counselors provide assessments and referral services to cover an array of personal issues
  - Substance or physical abuse
  - Legal or financial difficulties
  - Marital and family relations
  - Personal or job-related stress
  - Parenting or caring for the elderly

Reference: Merit Health Wesley Employee Handbook

YOUR EMPLOYEE ASSISTANCE PROGRAM THROUGH BEACON HEALTH OPTIONS

- Offers ALL employees and their dependents assistance in resolving personal matters
- Services are no cost and confidential
- Services include:
  - 24-hour telephone helpline
  - 5 counseling visits for employees and their dependents
  - Referrals to professionals
- Services are available 24 hours a day, 7 days a week

HOW TO CONTACT YOUR EAP

- Call (877)538-6390
- Visit www.achievesolutions.net/chsi

LACK OF UTILIZATION OF EAP

- 2021 survey found 75% of nurse leaders reported health and well-being of staff a major challenge (Doran, 2022)
- Throughout pandemic, utilization rates less than 10% (Doran, 2022)
- Common barriers to use
  - Lack of awareness
  - Fear of breach of confidentiality
    - Anonymity remains an obstacle
  - Mental health stigma

Reference:
Doran, M. (2022). Employee assistance programs. *JONA: The Journal of Nursing Administration, 52*(11), 625–627. https://doi.org/10.1097/nna.0000000000001200

STIGMA

- Stems from judgments that those with mental illness are "irrational, incompetent, and undependable" (Bergman & Rushton, 2023)
- Perception that it is "all in your head" (Bergman & Rushton, 2023)
- Barrier to healthcare workers seeking mental health support (Bergman & Rushton, 2023)
- Over 36% of nurses report stigma (Bergman & Rushton, 2023)
  - May fear negative repercussions from coworkers

Reference:
Bergman, A., & Rushton, C. (2023). Overcoming stigma: Asking for and receiving mental health support. *AACN Advanced Critical Care, 34*(1), 67–71. https://doi.org/10.4037/aacnacc2023684

DUTY TO SELF

- You are not called to put the needs of others above your own
- Self-stewardship
  - Asking for and receiving support is an act of integrity; not selfishness
- Mental health support
  - Protects the healthcare provider as an individual
  - Protects today's patients
  - Protects tomorrow's patients
    - Promoting a healthy workforce

Reference:
Bergman, A., & Rushton, C. (2023). Overcoming stigma: Asking for and receiving mental health support. *AACN Advanced Critical Care, 34*(1), 67–71. https://doi.org/10.4037/aacnacc2023684

SELF-STEWARDSHIP

- Mental health is a priority
- You will never be penalized for self-stewardship
- Mental illness is not controllable by will (Bergman & Rushton, 2023)
  - You are not expected to push through own your own

Reference:
Bergman, A., & Rushton, C. (2023). Overcoming stigma: Asking for and receiving mental health support. *AACN Advanced Critical Care, 34*(1), 67–71. https://doi.org/10.4037/aacnacc2023684

TIPS FOR HANDLING STRESS

- Breathing exercises
  - Square breathing technique: Exhale your breath for 4 seconds. Hold your breath for 4 seconds. Inhale your breath for 4 seconds. Hold your breath for 4 seconds
- Stay Active
- Talk to a trusted friend
  - Knowing when to ask for help may avoid more serious problems later.
- Know your limits
- Prioritize your life and self-care
  - Adequate rest and balanced diet
  - Find time to take a break and relax. Have fun.
- Avoid self-medication

Reference:
Mississippi Department of Mental Health. (2019). *What stress can lead to.* dmh.ms.gov. https://www.dmh.ms.gov/wp-content/uploads/2022/05/Operation-Resiliency-2019-reduced.pdf

SELF MENTAL HEALTH CHECK-UP

- Have I been getting quality sleep with regular bed times and getting up times?
- Have I been isolating myself from others at work, friends, or family?
- Do I have more worries or anxiety than usual? Maybe use a scale of 1-10.
- Have I lost interest in activities and pursuits that usually held my attention?
- Have I felt more sad than happy lately?
- Do I feel at ease with myself and my surroundings?
- Do I feel that my life is appropriately balanced between work, fun, friends, family, self-care, exercise, and other meaningful pursuits?
- Do I have trouble concentrating?
- Have I been experiencing significant mood swings, crying, or thoughts of suicide?
- Am I overly fatigued or tired at the end of the day? How about at the end of the week?
- Has my appetite or eating habits changed in any way recently?

Reference:
Virtual Psych Network. (2015, July 8). *How to do a mental health check up diy style! - pt1.* PT1. https://www.mypsychnetwork.com/how-to-do-a-mental-health-check-up-diy-style/

RESILIENCE

- Ability to adapt, recover, or grow from difficult situations (National Academies of Sciences, Engineering, and Medicine, 2019)
- Influences capacity to handle work-related stress
- Strategies
  - Positive reframing
  - Reflection
  - Mindfulness
  - Work-life balance
  - Professional shielding

Reference:
National Academies of Sciences, Engineering, and Medicine, Committee on Systems Approaches to Improve Patient Care by Supporting Clinician Well-Being, & . (2019). *Taking action against clinician burnout: a systems approach to professional well-being* (2nd ed.). National Academies Press. https://www.ncbi.nlm.nih.gov/books/NBK552621/

MENTAL HEALTH RESOURCES

- Employee Assistance Program through Beacon
  - www.achievesolutions.net/chsi
  - By phone: (877)538-6390
- Mississippi Board of Nursing
  - msbn.ms.gov
    - Office of nursing workforce
    - Mental Health & Stress Resources
- Mississippi Department of Mental Health
  - dmh.ms.gov
    - Comprehensive system of services and supports for Mississippians
- American Nurses Association
  - www.nursingworld.org
    - Practice and advocacy

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Centers for Disease Control and Prevention. (2023, March 3). *Emergency responders: Tips for taking care of yourself.* emergency.cdc.gov. https://emergency.cdc.gov/coping/responders.asp

Mississippi Department of Mental Health. (2019). *What stress can lead to.* dmh.ms.gov. https://www.dmh.ms.gov/wp-content/uploads/2022/05/Operation-Resiliency-2019-reduced.pdf

National Academies of Sciences, Engineering, and Medicine, Committee on Systems Approaches to Improve Patient Care by Supporting Clinician Well-Being, & . (2019). *Taking action against clinician burnout: a systems approach to professional well-being* (2nd ed.). National Academies Press. https://www.ncbi.nlm.nih.gov/books/NBK552621/

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Virtual Psych Network. (2015, July 8). *How to do a mental health check up diy style! - pti.* PTI. https://www.mypsychnetwork.com/how-to-do-a-mental-health-check-up-diy-style/

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Informed Consent

Project Title: A Quality Improvement Project to Increase Awareness and Utilization of Employee Assistance Program Services Among Healthcare Providers

IRB Protocol Number: 23-0692

Project Leader Information
Scarlet Gould, BSN-DNP Student
School of Leadership and Advanced Nursing Practice
College of Nursing and Health Professions
The University of Southern Mississippi
118 College Dr. #5093
Hattiesburg, MS 39406-0001

Project Chair Contact Information
Anita Greer, DNP, FNP-C, PMHNP-BC, EdS
Graduate Student Success & Retention Coordinator
School of Leadership and Advanced Nursing Practice
College of Nursing and Health Professions
The University of Southern Mississippi
118 College Dr. #5093
Hattiesburg, MS 39406-0001
Phone: 601-266-5042
Email: anita.greer@usm.edu

Purpose of the Project

The primary objective of this doctoral project is to determine whether the presentation increases awareness and utilization of Employee Assistance Program Services in healthcare providers over the age of 18.

Description of the Project

Pre-presentation questionnaires and the PowerPoint presentation will be emailed to participants. A second email with the questionnaire will then be distributed three weeks later. The pre and post questionnaires are both comprised of 8 questions and will take an estimated 10-15 minutes each to complete. The PowerPoint Presentation consists of 19 slides and will take 11 minutes to view.

Risks

The risks associated with this project are not greater than minimal. There is a risk that this intervention could cause an emotional response by provoking thoughts of prior incidents of

35

mental health distress. To mitigate this risk, no distressing topics are included. Mental health resources are provided in the presentation, and again at the bottom of this form for your convenience.

Benefits

Direct benefits of the study include being informed of resources and ways to manage mental health. Indirect benefits include improved mental well-being, which correlates with improved work performance and decreased absenteeism.

Confidentiality

Every effort will be made by the researcher to preserve your confidentiality including the following: responses to surveys will be anonymous, no identifying information will be obtained, and IP addresses will not be collected through the surveys.

Compensation

There is no compensation for participation. Your participation in this project is voluntary. It is up to you to decide whether or not to take part in this study.

Participant's Assurance

This project, and consent form have been approved by USM's Institutional Review Board, which ensures that research projects involving human subjects follow federal regulations. Any questions or concerns about rights as a research participant should be directed to the Chair of the Institutional Review Board at The University of Southern Mississippi, 118 College Drive #5125, Hattiesburg, MS 39406-0001, 601-266-5997.

Mental Health Resources Available

Employee Assistance Program through Beacon
www.achievesolutions.net/chsi
By phone: (877)538-6390
Mississippi Board of Nursing
msbn.ms.gov
Office of nursing workforce
Mental Health & Stress Resources
Mississippi
Question Title

1. I have read and I understand the provided information and have had the opportunity to ask questions. I understand that my participation is voluntary and that I am free to withdraw at any time, without giving a reason and without cost. I voluntarily agree to take part in this project.

Yes

No

APPENDIX E – Initial Email

Hello all,

My name is Scarlet Gould and I am a student in the BSN-DNP Program at the University of Southern Mississippi. I am reaching out to request your participation in my DNP project, "A Quality Improvement Project to Increase Awareness and Utilization of Employee Assistance Program Services Among Healthcare Providers." This project includes a PowerPoint Presentation and a pre- and post-presentation questionnaire. If you wish to participate, please complete the survey below and view the PowerPoint presentation. The post-presentation questionnaire will be sent out within three weeks from today. If you do not wish to participate, please disregard this email.

Informed Consent Acknowledgement

The primary objective of this study is to determine whether the presentation increases awareness and utilization of Employee Assistance Program Services in healthcare providers over the age of 18. Pre-presentation questionnaires and the PowerPoint presentation will be emailed to participants. A second email with the questionnaire will then be distributed three weeks later. The risks associated with this project are not greater than minimal. There is a risk that this intervention could cause an emotional response by provoking thoughts of prior incidents of mental health distress. Direct benefits of the study include being informed of resources and ways to manage mental health. Indirect benefits include improved mental well-being, which correlates with improved work performance and decreased absenteeism. Every effort will be made by the researcher to preserve your confidentiality including the following: Responses to surveys will be anonymous. No identifying information will be obtained. There is no compensation for participation. Your participation in this project is voluntary. It is up to you to decide whether or not to take part in this study. If you decide to take part in this project, please proceed by completing the following questionnaire. You are still free to withdraw at any time and without giving a reason.

I have read and I understand the information provided. I understand that my participation is voluntary and that I am free to withdraw at any time. By completing the questionnaire, I am acknowledging that I voluntarily agree to take part in this study.

Survey Link:

https://www.surveymonkey.com/r/88MJDDP

Hello all,

This is the follow-up email for my DNP project, "A Quality Improvement Project to Increase Awareness and Utilization of Employee Assistance Program Services Among Healthcare Providers" protocol number 23-0692. This project has been approved by the University of Southern Mississippi IRB.

Below is the post-presentation questionnaire. This questionnaire is comprised of 8 questions and should take an estimated 10-15 minutes to complete. If you wish to participate, please complete the survey below. If you do not wish to participate, please disregard this email.

Thank you for your participation!

Scarlet Gould, BSN-DNP Student

Survey Link

Post-Questionnaire Link

APPENDIX G – IRB Approval Letter

Office *of* Research Integrity

THE UNIVERSITY OF SOUTHERN MISSISSIPPI.

118 COLLEGE DRIVE #5116 • HATTIESBURG, MS | 601.266.6756 | WWW.USM.EDU/ORI

NOTICE OF INSTITUTIONAL REVIEW BOARD ACTION

The project below has been reviewed by The University of Southern Mississippi Institutional Review Board in accordance with Federal Drug Administration regulations (21 CFR 26, 111), Department of Health and Human Services regulations (45 CFR Part 46), and University Policy to ensure:

- The risks to subjects are minimized and reasonable in relation to the anticipated benefits.
- The selection of subjects is equitable.
- Informed consent is adequate and appropriately documented.
- Where appropriate, the research plan makes adequate provisions for monitoring the data collected to ensure the safety of the subjects.
- Where appropriate, there are adequate provisions to protect the privacy of subjects and to maintain the confidentiality of all data.
- Appropriate additional safeguards have been included to protect vulnerable subjects.
- Any unanticipated, serious, or continuing problems encountered involving risks to subjects must be reported immediately. Problems should be reported to ORI using the Incident form available in InfoEd.
- The period of approval is twelve months. If a project will exceed twelve months, a request should be submitted to ORI using the Renewal form available in InfoEd prior to the expiration date.

PROTOCOL NUMBER:	23-0692
PROJECT TITLE:	A Quality Improvement Project to Increase Awareness and Utilization of Employee Assistance Program Services Among Healthcare Providers
SCHOOL/PROGRAM	School of Leadership & Advance Nursing Practice
RESEARCHERS:	PI: Scarlet Gould Investigators: Gould, Scarlet~Greer, Anita Shunielle~
IRB COMMITTEE ACTION:	Approved
CATEGORY:	Expedited Category
PERIOD OF APPROVAL:	31-Aug-2023 to 30-Aug-2024

Lisa Wright

Lisa Wright, Ph.D., MPH
Senior Institutional Review Board Analyst

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