



Nursing leadership from the inside out: Codesigning a leadership development and well-being workshop for nurse leaders

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The purpose of this article is to share the code-sign processes, content elements, and participant outcomes of a leadership development workshop that was tailored to fit five different health-care organizations and systems. A Culture of Inquiry Framework informed the work by emphasizing psychological safety, building connections, and using a design thinking process in the context of improving care and enhancing work environments, particularly for nurse leaders. Values derived from the Culture of Inquiry Framework, which guided not only the content that was included but also the delivery methods employed, include practice-based inquiry and innovation that are designed close to the work of leaders, by and for leaders, and with honest appraisal of the clinical realities.^{1,2} Aspects of this leadership development program that differentiate it from many of the others available are that the program is delivered within the organization and that the CNO and executive teams tailor the program elements, which were the most impactful elements influenced by the Culture of Inquiry Framework.

BACKGROUND

Sustaining, expanding, and deepening the leadership skills of nurse leaders continues to be a challenge that has captured the attention of national nursing organizations.^{3,4} Experienced leaders are exiting the nursing workforce at an unprecedented rate, and newer leaders are stepping in with less time in clinical practice. All leaders face an increasingly complex healthcare landscape. According to the American Organization for Nursing Leadership (AONL) Longitudinal Nursing Leadership Insight Study, 12% of nurse managers reported an intent to leave their position in the next 6 months, and 23% reported that they might consider leaving. Reasons listed included the negative impact of work on their health and well-being, pursuing a promotion or new opportunities, and conflicts with other leaders or colleagues.⁵

The challenges of the workplace include faster turnover among newer nurses, fierce wage competition, technologic innovations, artificial intelligence, incivility in the workplace, and remnants of the global pandemic such as staffing challenges and lack of organizational trust. The data on nurse well-being have rightly come into a new focus, with an emphasis on integrating individual, team, and organizational approaches to attract, nurture, and retain leaders.⁶⁻¹⁰ Having a solid succession plan through effective nurse leadership development is also critical.¹¹ The authors contend that such programs include well-being content and strategies.

It's becoming clear that, although evidence-based resources to address individual and team well-being

continue to become available at a hopeful pace, a one-size-fits-all approach isn't helpful or meaningful in fast-paced and unique clinical settings and cultures. Therefore, the method of codesigning a leadership workshop was used to address the unique needs of several pilot organizations, focusing on adapting the content and delivery with active and ongoing input from the CNOs and executive teams involved. Creating a safe learning environment (psychological safety); cultivating relationships between individuals, teams, and organizations (building connections); and using human-centered design (design thinking) provided a framework for advancing the work.^{1,2}

WORKSHOP CREATION AND ITERATION

A collaborative response to the nurse leader challenges mentioned above was cocreated and iterated with the purpose of addressing the challenge of providing information, support, and recognition for emerging and existing leaders. A nurse scholar, with ongoing feedback from CNOs and their leadership team members, designed an adaptable leadership workshop aimed specifically on programming for nurses. This emphasis on nursing is notable because nurses have a low utilization rate for employee-assistance program services despite concerning data regarding anxiety, depression, and burnout in nurses, as well as a higher rate of suicide among nurses compared with the public.^{12,13} Davidson and colleagues have done decades of research on this topic and widely support workplace wellness as one means to address the crisis in this group of caregivers that clearly warrants focused attention.¹⁴

"Nursing Leadership from the Inside Out" is an evidence-based, nurse-led workshop delivered within the cultural context of the organization, rooted in positive psychology, and designed to cultivate both individual and team well-being. The program was delivered to a pilot group of hospitals and healthcare organizations. The content focused on both the team and individual level, meant to provide experiential learning within a team context. The facilitators refreshed the workshop delivery method to fit each organization, which resulted in refined learning objectives, active learning experiences, and content modules. Specific questions on the evaluation form matched the learning objectives for each workshop. In advance of delivering the workshop, the design team met two to four times with each CNO to ascertain relevance to the organization and vet any emerging situations that might require attention in the workshop (such as workplace disruptions, leadership transitions, victories, or challenges). Communication with the design team and the CNO played an important role throughout and after workshop implementation to ensure

relevancy, consistency with the mission/vision, and any desired follow-up. Evaluation of the workshops was deemed exempt from the corresponding author's institutional review board.

NURSE LEADER PERSPECTIVES

Each nurse executive had a slightly different reason for offering the workshop in their setting, as described here:

Nurse executive 1. The CNE of a suburban teaching hospital was concerned about the increasing stress on the nurse manager while “rebuilding” their nursing teams as they emerged from the pandemic. Supporting the nurse leaders’ well-being was critical to this effort as there was much focus on direct care nurse well-being but not on nurse leader well-being. “The sessions provided an opportunity to increase nurse leader bonding through the cohort sessions and decreased the social isolation experienced by many as they felt ‘the weight of the world’ on their individual shoulders,” said the CNE. “Our managers have varying levels of experience, and this cohort format allowed everyone to learn from and support each other.”

The content focused on both the team and individual level, meant to provide experiential learning within a team context.

Nurse executive 2. The CNO of a large, urban academic medical center was concerned about the leader well-being and trauma-informed competency at both the manager and director levels. “The opportunity for involvement in the design of content and logistics of the program was helpful in terms of tailoring an approach to both the individual and team leadership needs in the context of extreme fatigue,” the CNO stated. “It was apparent that a program on deep breathing, chair yoga, and meditation were not what was needed, and not enough to fully support healing and growth.” She anticipated the team approach fostered peer relationships and support, and the strategies were going to be immediately applicable.

Nurse executive 3. “In the aftermath of the pandemic, nursing leadership development has become even more critical as healthcare systems grapple with the emotional and spiritual trauma experienced by both patients and frontline healthcare workers. As the Chief Nursing Officer in an acute care hospital, I recognized that providing resources for nursing leadership development in a group setting would offer a unique opportunity to address the nuanced challenges

they were experiencing,” this nurse executive explained. “The opportunity to foster a supportive environment where nurse leaders come together to share experiences, process emotions, and strategize effective approaches to healing and rebuilding seemed paramount to providing them with the tools they needed to further develop.”

WORKSHOP FORMAT

Depending on input from the CNO and executive team, the workshop was piloted in various forms, including online in three 2-hour sessions, online in three 45-minute “lunch and learn” segments, and in-person in one 7-hour retreat. The nurse scholar who codeveloped the content also facilitated each of the iterations above and participated in ongoing design, implementation, and evaluation discussions with the design team. At the conclusion of each session, a short evaluation survey was provided for participants in the form of a QR code and in a follow-up email. Evaluation surveys were used to provide feedback to the CNO and executive team and to the design team to guide changes in content and delivery formats to best meet participants’ needs.

Elements of the workshop

Beyond the codesign process, one of the most critical workshop elements was to create and maintain a psychologically safe space so that participants were supported in pausing their work responsibilities while taking needed time to self-reflect and learn with their colleagues. Some of the important components in establishing such a workshop environment included:

- An introduction from the CNO clarifying the purpose and encouraging participation. The opening welcome to the sessions also included a request that participants refrain from cell phone use as much as possible to enable them to focus on the experience of learning together, and an assurance that the facilitator and design team had worked closely with the CNO and executive team in advance of the workshop to plan highly relevant content.
- A description of the alignment of personal, professional, unit, and organizational desired impacts. This portion of the session focused on individual-, team-, organization-, and system-level interventions, recognizing that higher-level efforts are required for systems change to occur.
- A reminder to remain open and nonjudgmental with participants. The facilitator stated and reinforced that alternative opinions, ideas, experiences, and perspectives were welcome and that diverse thought was seen as a strength.
- Introductions of the participants. Every workshop, regardless of virtual or in-person format, included

ample time for each participant (15 to 40 people) to introduce themselves by name and the unit where they worked, their role (if they wished), and something they hoped to gain from the workshop. This time proved to be beneficial because, even in organizations with long-standing teams, there were often a few newer leaders who didn't know their colleagues.

- Community agreements and ground rules that included reminders about confidentiality, trust, willingness to engage with the content and experiences to the participant's comfort level, and supportive listening practices when participants shared perspectives.
- A brief centering practice upon arrival to bring the mind, body, and being into alignment with the present moment. Participation in this centering practice was voluntary.

Learning priorities

The workshop's learning priorities included:

- Emphasize the importance of strong leadership.
- Explore readiness to lead and sustain change.
- Appreciate the importance of leading the well-being of one's team.
- Engage skills of mindful leadership.
- Discuss the definition, meaning, and how to practice trauma-informed leadership.
- Review strategies for leading a fatigued workforce and identification of burnout among team members.
- Describe elements of psychological safety and a healthy practice environment.
- Emphasize the value of reinvigorating joy into one's work life.

Key topics: Content outline

Leadership. Most organizations employed a range of novice to more experienced leaders, so providing content and learning experiences that were relevant across the spectrum was important. The leadership content was framed by highlighting the rare but important opportunity to take the time to pause and examine accomplishments, areas for growth, and unresolved challenges prior to moving ahead. Specific examples encompassed:

- Remembering each person has a unique perspective and can tap into their authentic experience.
- Acknowledging that self-reflection as a leader provides the opportunity to align future steps with whole person well-being.
- Appreciating that one's unique leadership experience can enhance self-respect and dignity and provide a way of intentional caring for self and others.
- Discussing and applying concepts of self-stewardship, self-compassion, and self-regulation within the context of a leadership role.

Readiness to lead and sustain change. Organizations have experienced a rapid succession of practice change projects and mandates, particularly since the global pandemic. Although leaders must implement change processes, the fatigue from multiple, often simultaneous, change initiatives can result in perceived resistance, reduced productivity, and difficulty prioritizing among leaders and those they lead. Of equal importance is sustaining change once the initial enthusiasm and motivation for change dissipate. We covered these topics by integrating change models with experiential learning and small-group dialogue followed by debriefing discussions.

A helpful question we used for self-reflection and discussion was: "Consider your personal readiness to change. How ready are you to make significant changes in your life? This could be personal or professional changes, or a little of each." Answer choices included: 1 = not at all ready, 2 = a little ready, 3 = somewhat ready, 4 = ready, and 5 = already practicing.

During debriefing, questions posed were: "What factors went into your response? What dimensions of your life are you most ready to change? When you are asking staff to change practice behaviors, how do you balance empathy and accountability?"

Leading the well-being of teams. Individual- and team-level well-being and resilience approaches were discussed, within the context of acknowledging the diversity of responses, backgrounds, and cultures. The discussion addressed the current state of the workforce and offered selected evidence-based strategies from the literature to navigate the complexity and demand.¹⁵

Mindful leadership. The concept and practice of mindfulness was introduced as an evidence-based strategy for burnout prevention, a skill for individual/team and organization well-being, and a leadership development tool. Mindfulness-based approaches were described and experienced, including micropractices, self-awareness, stewarding energy and effort, values clarification, and authentic yet appropriate communication.¹⁶⁻¹⁹

Trauma-informed leadership. The distinction and meaning of "Big T trauma and little t trauma" and relevance to nursing were discussed. The exploration included the impact not only on patient care but also on leading a workforce that has experienced various types of personal, professional, societal, inherited, and intersectional trauma. Trauma is personal, unique, and dynamic, and leaders can learn language, behavior, and approaches to acknowledge trauma effectively.^{20,21}

Leading exhausted/burned-out workforce. Participants learned strategies for identifying energy leaks and depletions in themselves and others, as well as assessing sources of energy and vitality. The workshop

focused on building sustainable practices and leading by example by prioritizing personal wellness (being a “real model” not a “role model,” which often implies perfectionistic attitudes). Examples of strategies included:

- Begin each huddle with a 2-minute mindfulness, gratitude, or grounding exercise.
- Start one’s day by listening to a short meditation, self-compassion exercise, peaceful music, or a square breathing exercise during the daily commute.
- Encourage frequent breaks that incorporate a mindfulness exercise or getting outside of the work environment.
- End the workday with positive reflection, even if mired in a conflict or challenge.
- Promote and normalize available internal mental health and wellness resources.

Psychological safety and healthy practice environment. Psychological safety has been recognized as critically important for a positive healthcare work environment. It’s described as “a shared belief held by members of a team that the team is safe for interpersonal risk taking.”²² Leadership skills include establishing an open and respectful communication culture, being as transparent as appropriate to build trust, setting clear expectations, reframing failure and mistakes as opportunities for learning and growth, and taking a supportive and consultative approach to leadership.

Reinvigorating joy. Making joy in one’s personal and professional life a priority is a strongly supported lifestyle behavior.²³⁻²⁵ People intrinsically seek joy. Joy connects people more powerfully than almost any other human experience. Research in other sectors, including business and sports, indicates that joy arises from a combination of harmony, impact, and acknowledgment. In healthcare, similar strategies can be employed as those used with sports teams, including:

- **Harmony:** Every player has a distinct role in achieving the goal.
- **Impact:** Team harmony leads to impact, which further fuels joy.
- **Acknowledgment:** Great coaches instruct their players to immediately point to the teammates who created the scoring opportunity.

Workshop culmination. Joy was intentionally discussed at the end of the workshop for several reasons. The participants’ comfort level typically deepened individually and as a group over the shared experience and discussion; thus, they were ready to discuss the rare (in healthcare) topic of joy as it pertains to them and their teams. The facilitator also presented the opportunity for participants to craft a personal/professional action plan that puts into place one or more of the topics covered in the workshop. Time was

provided for participants to create accountability and support plans with colleagues. Finally, time was provided for participants to complete the evaluation, focusing on the key learning priorities.

OUTCOMES

Results of the evaluation surveys were shared in aggregated form with the CNO individually at the conclusion of the workshop(s). Likewise, evaluations were shared with the content codesigners to inform and guide future workshops. Results of the workshop evaluation surveys are presented here. Each workshop was guided by slightly different learning objectives and points of priority, so the evaluation surveys also varied slightly to reflect the specific objectives. In addition to the graphs for the quantitative questions, selected quotes from the open-ended questions are included.

Average outcomes data for both virtual and in-person modalities

- 99% of participants believe the program met the learning objectives.
- 97.19% of participants believe that participating in this program positively impacted their personal well-being.
- 94.46% of participants believe that participating in this program made them feel valued by their employer.
- 90.2% of participants believe that this program would have a meaningful impact on their leadership practice.
- 96.38% of participants believe that this program has cultivated a sense of community and belonging.
- 91.7% of participants believe that this program has positively impacted their engagement, joy in practice, and intent to stay with employer.
- 92.5% of participants agreed or strongly agreed that they would recommend this program to another nurse colleague.

Figures 1-3 represent the percentage of participants that agreed or strongly agreed with the corresponding statement pertaining to satisfaction with program components.

Selected open-ended responses from all workshop evaluations

- “This program allowed me to take time to care for myself and deepen relationships with my colleagues. This was a much-needed reset.”
- “This was a great project but should go to in person if possible.”
- “Great to meet other leaders and work on this together.”
- “Best experience ever. I loved it!”
- “Excellent program and I feel very grateful to have participated.”

FIGURE 1: Average scores of in-person and virtual modalities

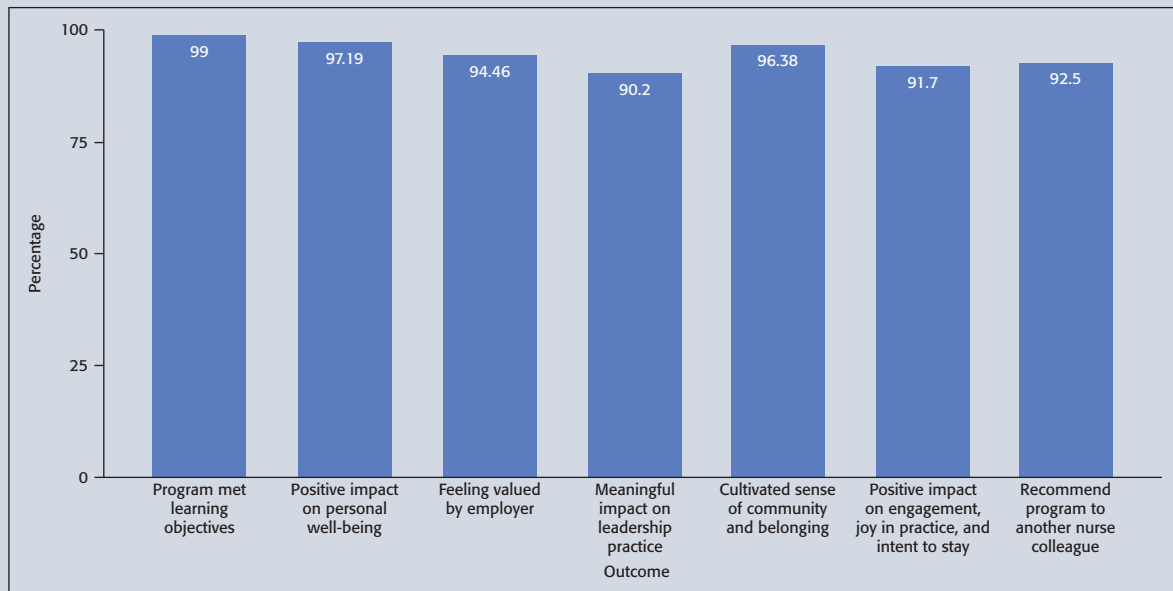
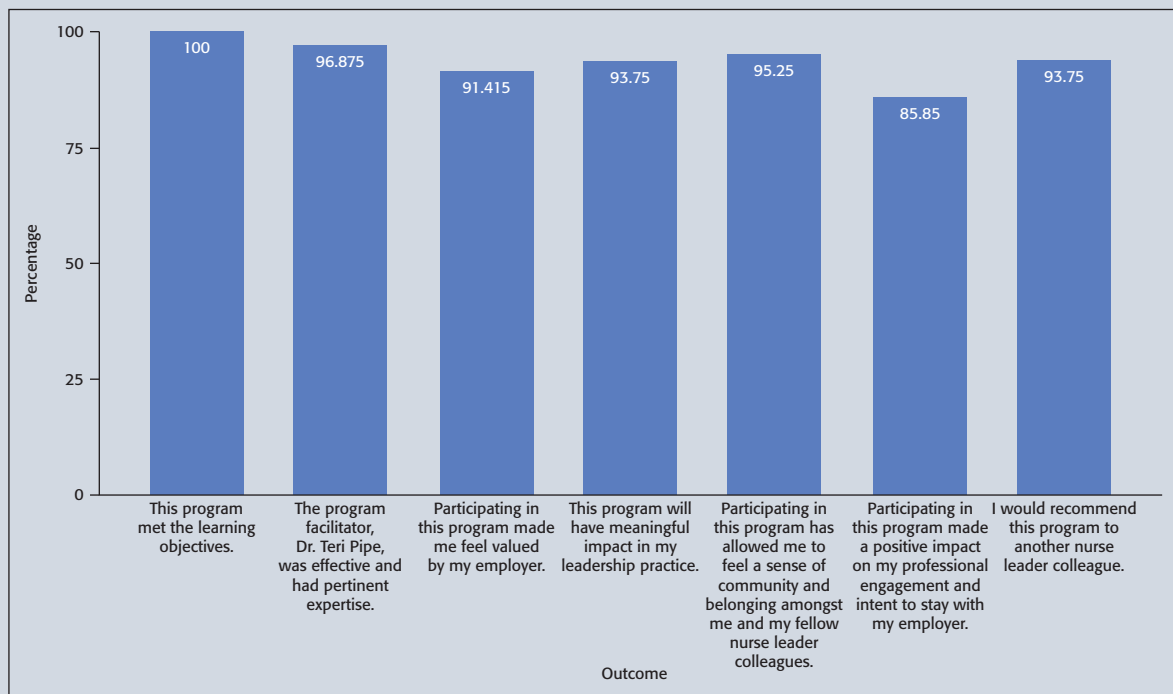


FIGURE 2: In-person single-day workshop



- “Our jobs are difficult. This was just what I needed to feel reinvigorated.”
- “Great program. Would love to do it more often.”
- “I loved the mindfulness activities that were included. Long-term check-ins would be appreciated as well.”
- “This was a good program to learn strategies to help improve my well-being so I can be a better leader.”

- “Wonderful program and facilitator! So important for nurse leaders to understand this content and apply to leadership practice.”
- “Follow-up from our leaders on how to support these practices would be great. Practice what we have learned.”

Overall, most of the responses were positive. In addition to responses included here, participant

comments demonstrated that conducting the workshop in person is ideal for community building and strong impact, providing follow-up support and reinforcements are important for sustainability, and ensuring organizational support for leader well-being is crucial.

Nurse executives and their teams also provided input on noteworthy outcomes and sustainability efforts. One of the organizations reported that year-to-date turnover for the roles of those who attended went from 30.7% to 11%. Another organization reported that this program was part of the nursing leadership support efforts that resulted in a 40-point increase in "likelihood to recommend my department for work" during the 2 years postimplementation, which was based on responses from managers who participated. Sustainability efforts included providing a "round 2/refresh" for managers who went through the program initially, as well as offering the program to a new cohort of newer managers/leaders who were not in place at the time of initial program launch. Additionally, nurse executives reported doing group check-ins to emphasize key points.

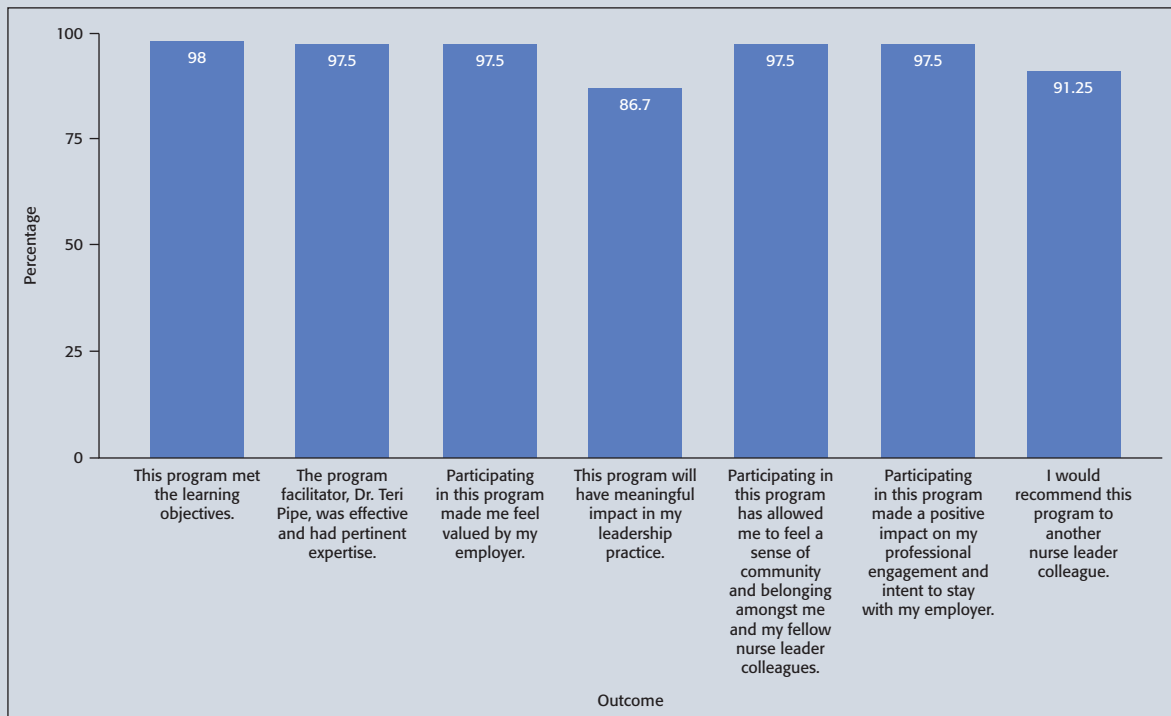
DISCUSSION

The evaluation surveys indicated a high level of agreement that the learning priorities were met and that the facilitator was effective and had pertinent expertise. Likewise, the results show a positive impact on

personal well-being, feeling valued by the employer, increased leadership skills, sense of community and belonging with other leaders within the organization, and intent to stay with the current employer. Most respondents were highly likely to recommend the workshop to colleagues. The open-ended comments also reflect a strong degree of satisfaction, learning, and enthusiasm for the program. Some participants expressed a preference for in-person experiences rather than virtual.

Using a collaborative, iterative, leader-informed design based on the Culture of Inquiry Framework, "Leadership from the Inside Out," is research-based, yet dynamic and adaptable for a variety of learner groups. Lessons learned include the importance of close communication with the design team, CNO and executive team throughout the planning and implementation, as well as after the workshop for evaluation purposes. In-person workshops were very well received, and participants were better able to be fully present with each other and the learning environment. The results indicate slightly higher participant satisfaction ratings with in-person compared with virtual on most evaluation survey questions. On the other hand, the virtual workshops were less costly and allowed participants to join from remote locations. The topics and active learning experiences included in the workshop were rated as highly relevant and practical for leaders from a diversity of posi-

FIGURE 3: Virtual delivery model



tions, length of time in role, and clinical background. Intentional engagement strategies used for the virtual workshops included frequent breakout sessions with two to three individuals per room, having a cofacilitator monitor the chat function to amplify any comments or questions, and ample time for questions and answers throughout the sessions. Additionally, individual action plans, journaling responses, and summation at the end of each session provided individuals with the opportunity to reflect and personalize the content.

Having the CNO participate in all, or part of, the workshop increased buy-in and clarified alignment with nursing organizational goals; however, CNO presence may have provided a potential barrier for some participants to express concerns or criticisms during the workshop. It became clear how critically important it was to codesign the workshop to fit the priorities, culture, and specific challenges of each organization in real time. Although the topic areas didn't vary dramatically, some areas were emphasized, reduced, or left out, depending on guidance from the CNO and executive team.

IMPLICATIONS FOR FUTURE WORK

There are many opportunities to expand this work. Based on program evaluation data and national workforce trends, future directions may include an expanded emphasis on the link between leadership and well-being at all levels (individual, team, organization, and systems). An important cohort to target is new graduate nurses or those 1 to 2 years out of school who are at an elevated risk of leaving their positions or the profession altogether. Another opportunity is to codesign and deliver programs and workshops with interprofessional teams, with a dedication to diversity, equity, belonging, and inclusion.

INVESTING IN LEADERS

As nurse leaders navigate an era of universal challenges in maintaining a healthy nursing workforce, marked by decreased tenure and heightened complexity of patient needs, it's imperative to include innovative approaches to enhance nursing leadership skills and foster well-being. This article describes a customizable, nurse-led, evidence-based program that can be further tailored to meet the needs of other organizations. Key learning priorities, facilitation approaches, and program evaluation data were included. Participants were enthusiastic about the content and delivery methods, as evidenced in the program evaluation results. One of the key differentiators of this program is that it's tailored to the specific organization and delivered in a way that is specifically guided by the CNO and nurse leadership

team, making important inroads into the unique culture of the organization.

A powerful framework to guide leadership development is the Culture of Inquiry.² Organizations should strongly consider integrating the Culture of Inquiry Framework into the implementation of programs aimed at improving nursing leadership and well-being. By fostering a culture that values curiosity, collaboration, and continuous learning, the Culture of Inquiry Framework empowers nursing leaders to adapt to evolving challenges, drive positive change, and promote resilience within their teams. Through embracing this framework, leaders can create environments in which nurses feel supported, engaged, and equipped to deliver high-quality care amid the complexities of modern healthcare. Committing to a Culture of Inquiry in the nursing workplace is a powerful step in ensuring that every nurse can thrive and make a meaningful impact on patient outcomes.

There's also a need for successful and innovative programs like the one discussed for the leader workforce that, in general, is less tenured relative to the past decade. Investing in solid leadership development across the career span translates into positive patient, staff, and organizational outcomes. Exciting opportunities exist for tailoring, implementing, and evaluating experiential programming to positively impact leadership development from novice to expert clinical leaders. **NM**

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