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Workplace Support Engagement and External Help-Seeking Among Nurses Participating in Virtual Schwartz Rounds: Findings From a Cross-Sectional Survey

Irina B. Grafova¹  | Pamela B. De Cordova² | Jennifer Polakowski³ | Jessica Anderson² | Susan W. Salmond^{2,3}

¹Edward J. Bloustein School of Planning & Public Policy, Rutgers, The State University of New Jersey, New Brunswick, New Jersey, USA | ²School of Nursing, Rutgers, The State University of New Jersey, Newark, New Jersey, USA | ³New Jersey Nursing Emotional Well-Being Institute, Newark, New Jersey, USA

Correspondence: Irina B. Grafova (irina.grafova@rutgers.edu)

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ABSTRACT

Aim(s): To examine participation in workplace and non-workplace emotional well-being programs among nurses.

Design: Cross-sectional survey.

Methods: Survey was administered to nurses who participated in the Virtual Schwartz Rounds peer support program retrospectively (sessions November 19, 2020–March 31, 2024; survey administered April 23, 2024–June 22, 2024) or immediately following a session (April 1–December 12, 2024). Of 290 respondents, 55 were excluded due to missing data, yielding an analytic sample of 235 nurses.

Results: Nurses who participated in workplace emotional well-being programs reported greater use of external resources than those who did not. These nurses were more likely to spend time with animals for emotional support, use mindful or physical self-care strategies, and participate in community support, social media, online nursing forums and counselling.

Conclusion: Nurses adopt a multipronged approach to well-being, combining self-care, group and individual supports. Findings underscore maintaining well-being resources, with non-workplace programs complementing workplace initiatives to support the emotional needs of the nursing workforce.

Implications for Profession and/or Patient Care: Findings highlight the need for leaders to invest in organizational well-being programs and increase awareness of resources outside the workplace that may support nurses' emotional well-being. These insights can inform development of well-being programs that increase engagement and support patient care.

Impact: Nurses experience emotional strain, yet little is known about the resources they use outside workplace programs. This study found that nurses who participate in workplace well-being programs are more likely to engage with additional supports, including self-care practices, peer or community groups and counselling. These findings can inform healthcare organizations and nursing leaders designing well-being initiatives that better support nurses.

Reporting Method: The study adheres to Strengthening the Reporting of Observational Studies in Epidemiology guidelines.

Patient or Public Contribution: This study did not include patient or public involvement in its design, conduct or reporting.

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1 | Introduction

Nurses report the highest stress levels among healthcare professionals, as highlighted in the 2024 Well-Being Index, which surveyed over 97,000 providers nationwide (Well-Being Index 2024). This has significant implications for the nursing workforce as efforts are essential to improve nurses' mental health and reduce burnout, intent to leave and turnover. Fortunately, proactive healthcare leaders recognize that the overall well-being of the nursing workforce has a direct effect on nursing performance and burnout. The National Academy of Medicine encourages organizations to prioritize well-being as a contributing factor for quality patient care and encourages partnering between organizations and providers to advance evidence-based multidisciplinary solutions that improve patient care by addressing well-being needs of the caregiver (National Academy of Medicine 2025).

Many healthcare organizations now offer well-being programs (National Academies of Sciences, Engineering, and Medicine et al. 2019; American Nurses Foundation 2024). Evidence also suggests that nurses who perceive their workplace to be supportive of their well-being tend to be in better physical and mental health and more engaged (Melnyk et al. 2018). This highlights the potential value for the financial investment of organizations into employer well-being programs (Melnyk et al. 2018). Unfortunately, despite the rapid expansion of workplace emotional well-being programs for nurses, little is known about how nurses are accessing and utilizing these programs and potential spillover effects on nurse participation in other emotional support programs that are available beyond the workplace (Bensa and Širok 2023).

In 2020, The New Jersey Nursing Emotional Well-Being Institute (NJ-NEW) launched Virtual Schwartz Rounds (VSR), a peer-to-peer support program led by mental health facilitators and nurse panellists who share their experiences from challenging work environments. VSR is a non-employer based well-being program to reduce stress and isolation, support compassionate care and encourage collaboration, while also providing anonymity for participants (Flanagan et al. 2020). This study focuses on a unique sample of nurses who actively seek support through a statewide virtual peer-to-peer support program, the VSR, and examines how these nurses access employer and non-employer well-being programs and resources.

The health economic theoretical model that guided this study, the Grossman model of health production (Grossman 1972). According to this model, individuals seek emotional well-being to maintain overall health and to fully participate in both work and leisure activities. Emotional well-being can be enhanced through investment of time and resources but that depreciates if not maintained. Applying this model to this study, workplace emotional well-being programs represent such investments that will overall increase the stock of emotional well-being for nurses. By improving knowledge, skills and awareness of the benefits of maintaining emotional health, these well-being programs will also enhance the efficiency of future investments in emotional well-being by nurses themselves. As a result, nurses who participate in workplace programs may be more likely to utilize well-being programs outside of their employment, such as self-care practices or individual and group support programs, generating

a positive spillover effect that extends the benefits of their initial investment into well-being. Further, according to this model, higher educational attainment, such as pursuing advanced nursing degrees, will increase awareness of the nurse's own emotional well-being and the benefits of maintaining it, while also improving the efficiency with which nurses invest in their health, allowing more educated nurses to gain greater returns from engagement in well-being programs.

2 | The Study

2.1 | Aim

The purpose of this study is to examine participation in workplace versus non-workplace emotional well-being programs among nurse participants attending VSR, and to analyse the associations between these types of participation.

The research questions were as follows:

1. What type of emotional well-being support programs outside the workplace do nurses most often participate in?
2. Does participation in workplace emotional support programs increase participation in non-employer based well-being programs?

3 | Methods

3.1 | Study Design

Data were drawn from a cross-sectional study in which a survey was administered to VSR nurse participants who had attended a VSR in the past (retrospect recruitment) and to VSR nurse participants after the immediate completion of a VSR (concurrent recruitment). The analysis focused on understanding the demographic characteristics of VSR nurse participants and their access to and utilization of emotional well-being programs, including VSR and programs at and outside the workplace.

3.2 | Study Participants

Nurses were invited to participate in the study if they had attended at least one VSR session between November 19, 2020, and March 31, 2024 (retrospective recruitment), or between April 1, 2024, and December 12, 2024 (concurrent recruitment).

3.3 | Recruitment

Nurses were recruited both retrospectively and concurrently, representing the same population of those who attended at least one VSR session. To recruit retrospectively, 3055 nurses who provided their emails at registration for a VSR between November 19, 2020, and March 31, 2024, were identified. Of those, 264 emails were invalid or duplicative, resulting in 2791

unique emails. Those 2791 nurses were then invited to participate through email with a Qualtrics survey link embedded. An invitational email was sent on April 23, 2024, and recruitment followed Dillman methodology (Dillman et al. 2014) by sending two reminders on May 7, 2024 and May 30, 2024, and a 'final chance' on June 18, 2024. As an incentive, nurse participants were offered the opportunity to enter a lottery for one of ten \$50 Amazon electronic gift cards. Recruitment occurred for 8 weeks from April 23, 2024, through June 22, 2024. Out of 2791 nurses registered to attend one VSR, 247 (9%) consented to participate. Among the 247 nurses who consented through the email invitations, 195 reported that they attended VSR.

For concurrent recruitment, nurses were invited to participate in the survey at the conclusion of each VSR session held between April 1, 2024, and December 12, 2024. The NJ-NEW Assistant Director informed the nurses of the study's purpose and included a link using the Zoom chat feature. The link directed potential nurse participants to a consent form followed by the survey. An email reminder was sent to those who attended the recent VSR, and nurses were incentivized by being offered the opportunity to enter a lottery for one of ten \$50 Amazon electronic gift cards. Of 565 nurses who participated in at least one VSR session between April 1, 2024, and December 12, 2024, 95 nurses (16.9%) consented to participate in the concurrent survey.

3.4 | Sample

In total, 290 VSR nurse participants completed the survey. The percentage of missing data varied from 0.34% for variables such as workplace emotional well-being program participation to 16.55% for race and education attained. Fifty-five (18.9% of the sample) nurse respondents with missing data were eliminated, resulting in the analytic sample of 235 nurses.

3.5 | Instruments and Data Collection

Demographic data on nurses were collected including self-reported age, gender, race, educational attainment (diploma, associate degree, baccalaureate degree, master's degree, DNP, PhD, other doctoral degree) and weekly employment hours (0, 1–15, 16–23, 24–31, 32–40, 41–50, 51–60, 61 or more hours). These items were adapted from the National Sample Survey of Registered Nurses (Smiley et al. 2023), a psychometrically sound survey that is publicly available.

Data were collected on the workplace emotional well-being program, with nurses self-reporting whether their current employer offered a workplace emotional well-being program (yes, no, don't know) and, if yes, whether they participated in it (yes, no, don't know). To capture both WEWP availability and utilization, a three-level categorical variable was created with the following categories: 1 = participated in WEWP, 2 = WEWP was either unavailable or the nurse was unsure of its availability and 3 = WEWP was available, but the nurse did not participate.

Data on emotional well-being support outside the workplace were collected by having nurses report on emotional well-being services or programs they used outside their workplace. Ten

response options reflected three types of support: self-care (emotional support animal, mindful self-care and physical self-care, such as exercising or walking), group support (community support groups, social media groups, spiritual or religious groups, online nursing community forums or support groups, informal texting or conversations with friends and coworkers), and individual support (helplines, such as Nurse2Nurse, in-person or virtual counselling). To capture the overall utilization of emotional well-being support outside the workplace, a variable representing each nurse's total number of programs and services (out of the 10 options listed above) was created. Additionally, 10 dichotomous measures of utilizing emotional well-being support outside the workplace were created, with not utilizing emotional well-being support as the reference category in each.

WEWP availability and utilization items and emotional well-being support outside the workplace items were developed based on the research team's experience in workplace health promotion, as well as a review of the literature on emotional well-being support programs. These items were then pre-tested with a panel of nurses, who provided feedback on clarity, relevance and appropriateness, helping to refine the survey and support its content validity.

3.6 | Data Analysis

Sample characteristics are presented as counts and proportions. Multiple ordinary least squares and multinomial logistic regressions were used to examine how the overall and specific (dichotomous outcomes) utilization of emotional well-being support outside the workplace was associated with WEWP utilization. Logistic regression results are presented as odds ratios (ORs) with corresponding 95% confidence intervals (CIs) for ease of interpretation. Maximum likelihood estimation of ORs can introduce bias when data are sparse, that is, when few participants fall into certain outcome-covariate combinations. A sensitivity check was conducted, and logistic regressions were re-estimated using Firth's bias-reduction correction to address this (Heinze and Schemper 2002). All regressions were adjusted for demographic characteristics listed above. Statistical analyses were performed with StataMP 19 (StataCorp LP; College Station, TX, USA).

3.7 | Ethical Considerations

All recruitment and study methods were approved by Rutgers University Institutional Review Board (Approval Number: Pro2020002095; approval date February 5, 2024).

4 | Results

4.1 | Study Sample Characteristics

Most of the nurses who participated in the VSR were white (74.47%), worked over 40h a week (58.72%) and held a baccalaureate degree or lower (52.34%) (Table 1). The mean age of nurses in the sample was 54.2 years. The largest proportion of the sample (43.83%) reported that WEWP was either unavailable

TABLE 1 | Sample characteristics ($N=235$).

	Mean	N
Workplace emotional well-being program (WEWP)		
WEWP available, participates	26.81%	63
No WEWP available or unaware	43.83%	103
WEWP available, does not participate	29.36%	69
Education		
Master's or doctorate	47.66%	112
Baccalaureate or less	52.34%	123
Race		
Non-White	25.53%	60
White	74.47%	175
Age, years	54.2	235
Works > 40 h/week	58.72%	138
Works ≤ 40 h/week	41.28%	97

or unsure if it was available; of those who reported having WEWP, roughly half reported participating, resulting in 26.81% of the total sample reporting WEWP participation. In additional analyses (results not shown), when examining sample characteristics separately for the concurrent and retrospective recruitments, there were no statistically significant differences in race composition, age, weekly hours worked or WEWP participation.

4.2 | Utilization of Emotional Well-Being Support Outside the Workplace

On average, nurses used 3.55 different sources outside the workplace to support own emotional wellbeing (Table 2). Physical self-care was the most used strategy to support emotional wellbeing outside the workplace (72.77%), while helplines were the least used (7.66%). 66.81% used informal texting or conversations with friends and coworkers, and half (50.64%) used mindful self-care. A third participated in online nursing community support groups (35.74%), spiritual or religious group support (34.47%), or in-person or virtual counselling (34.47%).

4.3 | Regression Analysis Results

Nurses who participated in WEWP used, on average, 1.8 more external resources to support emotional well-being than those who did not use WEWP available at their workplace ($p < 0.001$) (Table 3). Nurses who reported that WEWP was either unavailable or unsure of its availability used, on average, 0.66 more external emotional support resources than those who did not use WEWP available at their workplace ($p = 0.03$).

Figure 1 further examines the relationship between WEWP participation and emotional support sources outside the workplace that nurses commonly used. Participation in WEWP

TABLE 2 | Utilization of emotional support outside workplace ($N=235$).

	Mean	N
# Emotional support programs	3.55	235
Self-care		
Support animal	15.74%	37
Mindful self-care	50.64%	119
Physical self-care	72.77%	171
Group support		
Comm support ^a	12.77%	30
Soc media ^b	23.83%	56
Religious ^c	34.47%	81
Nurse comm ^d	35.74%	84
Peer chat ^e	66.81%	157
Individual support		
Helpline	7.66%	18
Counselling ^f	34.47%	81

^aCommunity support groups.

^bSocial media groups.

^cSpiritual/religious groups.

^dOnline nursing community forums or support groups.

^eInformal texting or conversations with friends/coworkers.

^fIn-person or virtual counselling.

was associated with increased odds of using emotional support animal (OR = 3.47, $p = 0.018$), mindful self-care (OR = 2.97, $p = 0.005$), physical self-care (OR = 4.84, $p = 0.001$) and participating in community support groups (OR = 11.79, $p = 0.002$), social media groups (OR = 3.02, $p = 0.011$), online nursing community forums or support groups (OR = 2.71, $p = 0.01$) and in-person or virtual counselling (OR = 4.85, $p < 0.001$). Sensitivity analyses using Firth's bias-reduction correction were conducted and yielded comparable findings, with one exception. Participation in community support groups showed a slight shift, with the odds ratio for its association with WEWP participation changing from 11.79 to 9.27. However, this did not meaningfully affect the interpretation of the relationship.

5 | Discussion

This study aimed to examine the relationship between participation in workplace and non-workplace emotional well-being programs among VSR nurse participants. It was found that this unique sample of nurses who previously participated in VSR was highly educated, with most holding at least a master's degree, predominantly White and working more than 40 h/week. While over a quarter of the nurses reported having access to a workplace emotional well-being program, nearly one-third did not use the programs. Additionally, more than 40% of the nurses either lacked a program or were unaware of its existence.

To provide context for interpreting findings, the characteristics of VSR participants were first compared to the 2023–2024 New

TABLE 3 | Multivariate regression results: number of emotional support sources used outside the workplace ($N=235$).

	Coefficient	95% CI	p
Workplace emotional well-being program (WEWP)			
WEWP available, participates	1.80	(1.13–2.46)	<0.001
No WEWP available or unaware	0.66	(0.08–1.25)	0.03
WEWP available, does not participate (reference category)			
Education			
Master's or doctorate	0.53	(0.02–1.04)	0.04
Baccalaureate or less (reference category)			
Race			
White	0.01	(−0.57 to 0.58)	0.98
Non-White (reference category)			
Age, years	0.001	(−0.023 to 0.020)	0.89
Works > 40h/week	0.06	(−0.45 to 0.57)	0.83
Works ≤ 40h/week (reference category)			
Intercept	2.57	(1.33–3.82)	<0.001

Note: Model is estimated as multivariate ordinary least squares regression.

Jersey Board of Nursing (NJBON) Nursys survey, the most comprehensive source of data for New Jersey nurses due to its administration at license renewal for every New Jersey registered nurse. Through a data use agreement, these data are shared with the New Jersey Collaborating Center for Nursing, a state-mandated workforce centre that analyses and reports on data pertaining to the nursing workforce. Missing data in the present study sample (0.34%–16.55% across variables) were comparable to those observed in the state level survey, in which 10.46% of respondents had missing education data and 17.81% of respondents had missing hours of work data. It was found that VSR participants were older (mean age 54 vs. 49), more likely to be White (75% vs. 61%), and less likely to have attained a baccalaureate degree or lower (52% vs. 77%) compared to the New Jersey workforce (New Jersey Collaborating Center for Nursing 2025). This suggests that more experienced and well-educated nurses may be more likely to engage in seeking more opportunities to improve their emotional well-being. According to the Grossman model of health production, higher educational attainment

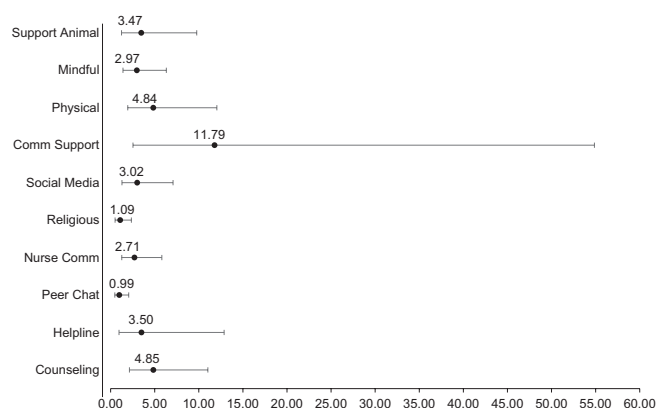


FIGURE 1 | Association of participation in workplace emotional well-being programs with utilization of emotional support outside the workplace. This forest plot presents odds ratios (OR) and 95% confidence intervals (CI) from 10 separate multivariate logistic regression models, each estimating the likelihood of using a specific emotional support source as a function of WEWP participation. Other covariates (not shown) include Workplace emotional well-being program participation, education, race, age and weekly work hours.

increases nurses' awareness of their emotional well-being and the benefits of maintaining it. Higher educational attainment also enables them to use emotional well-being programs and resources more effectively (Grossman 1972). Also, these observed differences between the sample of nurses who participate in the VSR and the overall New Jersey nursing workforce highlight the need to better understand participation in emotional well-being support initiatives and underscore the importance of the present study.

To better understand the link between workplace and non-workplace resource utilization, three categories of emotional well-being support were examined: self-care, group support and individual support. When examining three specific self-care resources including physical self-care, mindful self-care and use of emotional support animal, nurse participation in the workplace well-being program was significantly associated with increased use of all three. When examining five specific group support resources, findings indicated that workplace well-being program participation was significantly associated with increased nurse engagement including the community support groups, social media groups and online nursing community forums or support groups. However, there were no significant associations observed for spiritual or religious groups or informal conversations with friends and coworkers. Among individual support resources (mental health telephone helplines, and in-person or virtual counselling), only counselling was significantly associated with workplace program participation.

Multivariate regression analysis findings suggest that if a VSR nurse participates in a workplace well-being program, that nurse is also participating in almost two additional well-being programs outside the workplace. One potential explanation for this result is that participation in workplace well-being programs teaches nurses how to draw on additional non-workplace sources of emotional support. Another potential explanation is self-selection. Nurses who choose to participate in workplace well-being programs may differ systematically from those who

do not. For instance, these nurses may already be more proactive about their health or more likely to perceive a need for emotional support. However, all nurses in the sample participated in VSR, thereby actively demonstrating their willingness to seek emotional support and an awareness of their emotional well-being needs. This suggests that the link between participation in workplace well-being programs and engagement with additional non-workplace well-being resources is less likely to be driven by self-selection.

When examining the well-being activities that nurses participate in outside of their employment, findings indicate that VSR participants most frequently engage in physical exercise as a form of self-care. This trend aligns with results from a systematic review of 29 studies focused on physicians and nurses who actively seek to improve their well-being (Melnyk et al. 2020). In that review, six studies specifically identified physical activity as a commonly chosen strategy among healthcare professionals for enhancing their overall well-being (Melnyk et al. 2020).

Beyond physical activity, both VSR panellists and facilitators consistently encourage nurse participants to incorporate self-care practices into their well-being routines. These recommendations often include simple activities such as taking a walk outdoors, practicing deep breathing or chatting with peers through text messaging. Findings also indicate that the second most common self-care activity was being mindful. Evidence for nurses also suggests that mindfulness can improve stress and anxiety and even improve nurse outcomes such as job satisfaction (Ghawadra et al. 2020). On the other hand, although telephone helplines such as nurse2nurse, have been implemented to support nurses, findings suggest that relatively few participants used this type of resource. The low utilization may be attributed to factors such as the helplines' structure or a lack of awareness of their existence.

To address well-being, nurses are consistently using a multifaceted approach, including self-care, group support, individual support and workplace support programs. This indicates that there is no universally applicable approach to emotional support for nurses. Nurses are therefore encouraged to explore and identify the wellness strategies that resonate most personally and to be willing to adapt their approach over time. This study does confirm that despite long working hours they work, nurses will still attempt to prioritize their mental health. Therefore, nurse leaders who implement well-being programs at their employment need to recognize the influence of stigma on mental health and provide peer support that is conducive to the practicality of working nurses (Ali and Shaban 2025).

5.1 | Implications

To improve nurse well-being, outreach efforts are needed to inform nurses about the types of programs available to them. Nurses in this study who utilized resources beyond their workplace were also far more likely to utilize community support, even when compared to professional counselling and nursing community support groups. Additionally, prior studies have shown that for every dollar invested in employee wellness, the return on investment is \$3 to \$4 (Baicker et al. 2010), highlighting

a financial incentive for employers to invest in their employees' well-being. Considering half of the participants reported that their workplace either did not have an emotional well-being program or was unaware of their existence, it stands to reason that employers should invest in both the availability and visibility of these programs to benefit their workforce.

5.2 | Limitations

This study has several limitations. Foremost, this study utilized a cross-sectional design in which causality cannot be inferred. Overall, the selective nature of the VSR sample, its demographic composition, modest response rates and exclusion due to missing data may limit external validity and introduce selection and nonresponse bias. Self-selection may also influence the results, as nurses who choose to participate in workplace well-being programs may differ systematically from those who do not. It is therefore unclear whether this relationship would persist in a broader nursing workforce sample with differing levels of support-seeking behaviour. Accordingly, observed associations should be interpreted with caution, and the findings are best viewed as preliminary and hypothesis-generating, likely applying primarily to nurses who actively engage in non-workplace peer-to-peer emotional support programs. Second, modest sample size is a limitation of this study, which may affect the precision of estimates. Some of the results, especially the large odds ratio for community support groups, may indicate data instability; however, to mitigate bias from sparse data, sensitivity analyses were conducted using Firth's bias-reduction correction. However, larger samples in future research would further enhance the precision of the estimates. Future research using broader and more representative samples, including nurses who do not participate in VSR program, and employing longitudinal or experimental designs is needed to assess the generalizability, robustness and potential causal nature of these associations.

6 | Conclusions

This study is unique in that it surveyed a specialized group of nurses who proactively sought out and participated in well-being programs offered outside of their workplace. Nurses often adopt a multipronged approach to emotional well-being, including focusing on self-care activities, group support and individual support resources beyond the workplace. While workplace-based programs play an important role in well-being, results suggest that nurses continue to find more value in utilizing non-workplace support programs. This underscores the importance of maintaining a diverse range of well-being resources, with non-workplace programs complementing workplace initiatives to better meet the emotional support needs of the nursing workforce.

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Disclosure

Statistics: The authors have checked to make sure that our submission conforms as applicable to the Journal's statistical guidelines described here. There is a statistician on the author team and state which author. The authors affirm that the methods used in the data analyses are suitably applied to their data within their study design and context, and the statistical findings have been implemented and interpreted correctly. The authors agree to take responsibility for ensuring that the choice of statistical approach is appropriate and is conducted and interpreted correctly as a condition to submit to the Journal.

Ethics Statement

All recruitment and study methods were approved by Rutgers University Institutional Review Board (Approval Number: Pro2020002095).

Consent

The authors have nothing to report.

Conflicts of Interest

The authors declare no conflicts of interest.

Data Availability Statement

The data that support the findings of this study are available on request from the corresponding author. The data are not publicly available due to privacy or ethical restrictions.

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